

**THE MID YORKSHIRE HOSPITALS NHS TRUST  
NHS KIRKLEES  
NHS WAKEFIELD DISTRICT**

**Consultation on Proposed Changes to  
Services across Wakefield, Dewsbury and  
Pontefract Hospitals:  
Summary Findings**

**Final Report**

PAUL TRUEMAN, Director  
SOPHI TATLOCK, Research Assistant

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University of York, Market Square, Vanbrugh Way, Heslington, York YO10 5NH  
Tel: 01904 433620 Fax: 01904 433628 Email: [yhec@york.ac.uk](mailto:yhec@york.ac.uk) <http://www.yhec.co.uk>

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# Executive Summary

## 1. INTRODUCTION

The Mid Yorkshire Hospitals Trust (MYHT) comprises services provided across the following three sites:

- Pinderfields Hospital, Wakefield;
- Dewsbury District Hospital;
- Pontefract General Infirmary (PGI).

During the months of August to the end of October 2009, MYHT, NHS Kirklees and NHS Wakefield District held a public consultation on the proposed development of the following specialist centres:

- Neonatal intensive and high dependency care;
- Inpatient surgery for children;
- Inpatient orthopaedic trauma surgery;
- Inpatient surgery for urology and lower gastro-intestinal cancer.

The consultation employed a number of different methods for distributing summary material to the general public, patient groups, NHS Staff and Stakeholders. Methods included delivering summary documents directly to key stakeholder organisations for distribution amongst their members, material distributed in GP surgeries and community pharmacies, and publishing articles in the local press.

In order for the public to submit and discuss their views and opinions, each consultation document contained a questionnaire that could be completed and returned to a freepost address, as well as a LINK to an online questionnaire that could be completed and submitted electronically. MYHT, NHS Kirklees and NHS Wakefield District also arranged 31 public meetings held across the region, which attracted 335 attendees. Questions and comments made at the public meetings were transcribed and collated for subsequent analysis.

## 2. OBJECTIVES

The York Health Economics Consortium (YHEC) was commissioned by Wakefield District Primary Care Trust to analyse responses to the public consultation. YHEC's remit included the following objectives:

- Providing input and advice on the form of the consultation;
- Assisting in the development of the questionnaire to elicit local opinions;
- Co-ordinating feedback to the questionnaire;
- Analysing questionnaire content;
- Analysing transcribed Q & A content from public meetings;
- Providing a summary of the responses.

The analysis conducted by YHEC was funded by the NHS. However, the analysis was conducted independently of the organisations involved and no attempt was made by any of the stakeholders to influence the content of this report.

## 3. METHODOLOGY

All postal and online questionnaire responses were returned directly to YHEC. The responses were inputted and analysed in real time, so emergent themes were monitored throughout the consultation, thus expediting the analysis at the completion of the consultation process. Information from the public meetings was collated by NHS staff throughout the three months and supplied to YHEC at the end of the consultation period for analysis. Information was captured using flip-charts. Notes from flip charts were written up and provided to YHEC in their raw form. No attempt was made to summarise key themes or issues that were raised.

Both quantitative and qualitative analysis was conducted on the questionnaire response data; quantitative analysis was conducted on descriptive statistics such as age, sex, and ethnicity of respondents using the statistical software SPSS; a thematic analysis<sup>1</sup> was conducted on the open-ended responses within the questionnaire and public meeting data. Qualitative analysis used specialist software (ATLAS.ti<sup>2</sup>), which is a computer assisted qualitative data analysis software (CAQDAS) package specifically designed to support thematic analysis of qualitative research. Emerging themes from responses were identified, and coded according to whether they were supportive of the proposed service developments (positive) or not (negative).

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<sup>1</sup> Thematic analysis is said to comprise: 'the identification of the main, recurrent or most important (based on the questions answered) issues or themes arising in a body of evidence.' - Pope, C., Mays, N., Popay, J. Synthesizing Qualitative and Quantitative Health Evidence: A guide to methods. New York: McGraw Hill; 2007. p96.

<sup>2</sup> For more information, please see [www.atlasti.com](http://www.atlasti.com)

## 4. FINDINGS

A total of 106 responses were received over the course of the consultation, the majority by post. When taking into account the 335 people who attended public meetings, and the fact that the changes being proposed would only affect a small percentage of the population, a total of 441 individuals engaging in the consultation is viewed as a highly positive outcome. A summary of the questionnaire responses is presented below.

**Table 4.1: Types of Responses Received (counts)**

<b>Negative</b>	<b>Positive</b>	<b>Positive and Negative</b>	<b>Ambivalent</b>	<b>Non-applicable</b>
31	29	22	15	9

Table 4.1 presents a summary of the responses, including counts of positive and negative responses. The number of positive and negative responses is evenly balanced. This could be interpreted as an encouraging outcome as consultations often evoke largely negative responses, as people with significant concerns about any proposed changes tend to be more motivated to voice negative views as opposed to positive views.

**Table 4.2: Whether Respondents Reportedly Understood the Summary Document**

	<b>All of it</b>	<b>Most of it</b>	<b>Some of it</b>	<b>None of it</b>	<b>Missing</b>
Counts	55	22	4	2	23
Percentages	51.8	20.8	3.7	1.9	21.8

There were naturally concerns regarding the content of the materials used in the consultation, particularly given that they involved discussion of some complex medical conditions and procedures which may be unfamiliar to many members of the public. However, responses showed that there was a high level of understanding of the issues raised, with less than 2% of respondents saying that they did not understand the information provided.

The qualitative findings identified a number of key themes from both the public meeting and questionnaire data. A high degree of consensus was found between responses to the questionnaire and the public consultation meetings.

### 4.1 Positive Responses: Improvement of Services through Centralisation and Specialisation

Positive responses tended to focus on a number of perceived benefits associated with the proposed changes in services across the region. Key issues raised included:

- **Service improvements:** An expectation of service improvements due to centralisation of specialist services in one hospital;

- **Improved quality of care/facilities:** An improvement in the quality of care due to the development of new facilities and hospitals that were seen to be fit-for-purpose and an improvement over existing facilities;
- **Improved staff levels/expertise:** The potential to attract specialist staff to the new centres, bringing with them expertise within their clinical field.

These issues reassured a great number of respondents that the proposed changes would lead to improvements in service levels and the quality of care for the specialties under consideration.

#### 4.2 Negative Concerns towards the Changes

A number of negative concerns were raised by respondents. The Trusts involved are advised to pay particular attention to these issues and wherever possible, put in place mitigating steps to address them. Key issues raised include:

- **Transport and Parking:** Transport was the primary concern reported by respondents. The Trusts involved did not present transport plans alongside the proposed changes to services<sup>3</sup>. However, respondents were unsure as to how they would logistically and financially cope with the extra distance, time and cost incurred if services were to move from their nearest hospital. Three particular groups were voiced potential concerns: the elderly and those with restricted mobility; visitors; parents visiting their children. Furthermore issues relating to parking facilities and the associated charges were also raised. People requested for these to be reviewed, especially in the case of low income families. An additional request related to ensuring that services considered travel plans, for example later appointment and visiting times may be needed to accommodate travel time in some instances.
- **Centralisation of Services:** Concerns were raised over the centralisation of specific services in a single hospital for the whole of the region and specifically the 'drawing away' of resources from Pontefract and Dewsbury hospitals. This has caused some uncertainty about the future of the hospitals in Pontefract and Dewsbury to be voiced. Conversely, a proportion of respondents questioned the logic behind the siting of Urology and Lower GI services at Dewsbury Hospital, as all other specialist services are being based at Wakefield.

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<sup>3</sup> This was intentional; transport plans will be developed only if the changes to services are supported by the consultation and approved. Furthermore, feedback from the consultation is expected to provide input to the development of transport plans.

### 4.3 Feedback for the Wider Myht Healthcare Strategy

Respondents also provided feedback for the wider MYHT Healthcare Strategy:

- **Bed Numbers:** A proportion of respondents were concerned over the proposed reductions in the number of beds in Pontefract and Dewsbury Hospitals and the degree to which these remained district general hospitals capable of providing a broad range of services.
- **Consultation Exercise:** A number of concerns were raised towards the effectiveness of the public consultation exercise and whether the changes were proposals or in actual fact, plans that were already developed. Some members of the public felt their comments and views would have no impact on the direction of the changes. In some cases, the lack of trust appeared to be a residual factor from a previous consultation 'Grasping the Nettle', held in 1999.
- **Better Aftercare:** The proposed changes aim to reduce the length of hospital stay for some patients due to the recruitment of specialist staff and new medical technologies. This raised concern among some respondents with regards to the plans for follow up care and continuity of care following discharge. Respondents requested reassurance that appropriate care would be available following discharge.
- **Accessibility:** A number of respondents requested for accessibility to be a consideration when rolling out plans for the two new hospitals. In particular, good signage and patient leaflets for the visually impaired were requested.
- **Funding:** Funding was raised as a concern for respondents in relation to the development of the two new hospitals and securing funding for the Urology and Lower GI centre at Dewsbury Hospital. In addition to this, concerns over the security of the funding were raised in relation to the possible impending change of government.
- **Cleanliness:** The improvement/maintenance of good hygiene standards was presented as a request by a number of respondents.
- **Staff:** A number of respondents presented concerns towards staff, both in terms of adequate recruitment and the recruitment of more 'hands on staff' for the wards. This was to ensure that the calibre of staff was maintained at a high level, and that current staff pressures are relieved.

## **5 RECOMMENDATIONS FROM AN INDEPENDENT REVIEW ON THE PUBLIC CONSULTATION, 'YOUR HOSPITAL'S, YOUR SAY'**

In light of these findings, YHEC provide the following recommendations to MYHT, NHS Kirklees and NHS Wakefield District.

1. MYHT, NHS Kirklees and NHS Wakefield District should provide clarity around the rationale for locating particular services in particular locations. It is understood that centralisation of services to the new-build at Pinderfields along with a commitment to the future of PGI was a key outcome of the previous consultation, Grasping the Nettle. Since this time, due to health service re-organisation, Mid-Yorkshire Hospital Trust now comprises Pinderfields, PGI and Dewsbury Hospital. The location of some services at Dewsbury was clearly a concern for respondents, particularly due to the travel time from the five-towns area.
2. MYHT, NHS Kirklees and NHS Wakefield District should provide clarity about their commitment to maintaining services at three sites across the region. Many responses raised issues much broader than the consultation, with particular concerns being raised about the future of PGI and Dewsbury hospital. Clearly, there are also concerns about the changes to bed numbers and services offered at Pontefract hospital. The proposed changes reflect national trends to reduce hospitalisation rates and length of stay, shift care closer to home wherever possible and make accessibility to services easier for patients. All of these are laudable aims but are not clearly understood by the general public, particularly those from older age groups who perceive a reduction in beds to be a scaling back of the services offered in a particular region.
3. MYHT, NHS Kirklees and NHS Wakefield District need to put in place clear and comprehensive travel plans if the proposed changes are implemented. Accessibility for patients and visitors was the main issue raised in the consultation exercise. Whilst the distance between the individual hospitals is relatively modest, for many individuals in the region, being referred to a hospital other than the nearest one is clearly a challenge, particularly for those individuals who rely on public transport. The major issues seem to be for those individuals at the extremes of the region. Individuals at the east of the region are reluctant to travel to Dewsbury and individuals at the west of the region are reluctant to travel to Pontefract or Wakefield. MYHT, NHS Kirklees and NHS Wakefield District need to reassure patients that comprehensive travel plans will be put in place to ensure that accessibility is not a problem. Furthermore, services need to acknowledge that patients may need to travel for some time/distance to access care and so the timing of appointments needs to take this into account. Access and travel for visitors should also be considered in developing travel plans.

4. Finally, we would reiterate that in our opinion, MYHT, NHS Kirklees and NHS Wakefield District have made every effort to ensure that the local population has an opportunity to comment on the consultation. Significant effort was put into running public events whilst multiple methods were made to promote the consultation and the opportunity to respond.

# Section 1: Introduction

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## 1.1 BACKGROUND

The Mid Yorkshire Hospitals NHS Trust (MYHT) comprises services provided across the following three sites:

- Pinderfields Hospital, Wakefield;
- Dewsbury District Hospital;
- Pontefract General Infirmary (PGI).

Facilities at Dewsbury were modernised in 1999 and two newly-built, state-of-the-art sites in Wakefield and Pontefract are in development with the first services set to open at PGI in January 2010. These new hospitals are expected to offer a number of key benefits for both patients and staff including:

- Improved privacy and dignity for patients;
- Modern equipment and technology improving the experience of both patients and staff;
- Flexible design with the opportunity for change to reflect healthcare advances and developments.

Over the course of three years in this development, MYHT, NHS Kirklees and NHS Wakefield District have worked with patients, doctors and other healthcare professionals to inform the planning and positioning of services across the three sites, in order to meet the changing needs of local residents in the future. With reviews on the service reconfiguration proposals from both the National Clinical Advisory Board Team (NCAT) on the 20<sup>th</sup> May 2009 and the Department of Health Gateway Team (27-29 May 2009), MYHT, NHS Kirklees and NHS Wakefield District have held the views of clinicians, patients and members of the public as a patent core to the reconfiguration process. A result of the reviews, the following work has been confirmed:

- Consultant-led accident and emergency departments, available 24 hours a day, seven days a week in all three hospitals;
- Consultant-led maternity units with special care cots at Dewsbury and Wakefield, and midwife-led care at all three hospitals;
- All outpatient appointments will continue to be available at local hospitals as they are now;
- Services will be developed in local communities to help avoid people having to be admitted to hospital and to help patients return home as quickly as possible.

From working with healthcare professionals, MYHT, NHS Kirklees and NHS Wakefield District propose the development of specialist centres for the following four services:

- Neonatal intensive and high dependency care (Wakefield);
- Inpatient surgery for children (Wakefield);
- Inpatient orthopaedic trauma surgery (Wakefield);
- Inpatient surgery for urology and lower gastro-intestinal (GI) cancer (Dewsbury).

Further details of the specialist centres can be found in Appendix A. The development, changes and placement of these specialist services have been critically informed and reviewed by healthcare professionals with the primary aim of improving the quality of care for patients.

The centres, bar the inpatient surgery for urology and lower gastro-intestinal cancer, were previously agreed by Wakefield and Pontefract residents during the 'Grasping the Nettle'<sup>4</sup> consultation held in 1999. The proposed changes would mean that Dewsbury residents would also be able to benefit from the improved services.

The proposal to develop regional specialist centres provides the opportunity for a range of improvements and benefits to be offered to both patients and staff; however it also involves the movement of services away from existing hospital sites, meaning that some patients and visiting relatives will need to travel further and may find access a problem. For reasons such as this and in order to meet the changing needs of local people now and in the future, NHS Kirklees, MYHT and NHS Wakefield District held a public consultation on the proposed changes to these services from August until the end of October, 2009.

## **1.2 THE CONSULTATION**

The public consultation on the proposed changes to services across Wakefield, Dewsbury and Pontefract hospitals involved exhaustive efforts to engage with a range of key groups, stakeholders, departments and members of the public through various direct methods as well as extensive publication and distribution of summary consultation documents<sup>5</sup> and materials.

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<sup>4</sup> 'Grasping the Nettle' was a public consultation held in 1999 regarding changes to services at Pinderfields and Pontefract hospitals.. The public engagement was led by Eastern Wakefield Primary Care Trust and MYHT. Since this time, MYHT has also taken responsibility for Dewsbury Hospital, which is why this is included in the current consultation but was excluded from Grasping the Nettle.

<sup>5</sup> For a copy of the summary document 'A consultation on developing specialist hospital services for mid Yorkshire, August 2009', please go to:  
[http://www.wakefielddistrict.nhs.uk/\\_library/WD\\_KD\\_MY\\_consultation\\_book\\_final.pdf](http://www.wakefielddistrict.nhs.uk/_library/WD_KD_MY_consultation_book_final.pdf)

Details of the types of groups and activities engaged to date can be found below:

- **Communication and engagement with key groups and stakeholders** (Details of changes and publication materials for distribution including posters sent to GP surgeries, Pharmacists and Community Centres, for example);
- **Cancer/Urology Groups** (User groups such as Prostate cancer service user group, networks and medical audit/surgical teams were contacted and provided with documents for distribution, as well as the opportunity to arrange a meeting);
- **Neonatal/Children's inpatient surgery** (Various user groups, community midwife teams and networks were contacted and sent material on the changes for distribution to members);
- **Orthopaedic Trauma** (User groups and networks contacted and supplied with information on the changes for distribution);
- **Informal Engagement Activity** (Information on the changes was distributed to and discussed with members of the public at various informal events such as Choice roadshows in local markets and events at local centres);
- **Public Meetings** (34 Public meetings were held across the three regions in central and accessible venues);
- **Media Activity** (55 articles on the proposed changes were published in various local press. A further 6 articles were translated into different languages for non-English speakers);
- **NHS Staff Engagement Activity** (In addition to meetings held by managers of the specific services with their staff teams, meetings were held for staff at the three hospitals with presentations and Q & A sessions. Details of the consultation, public meetings and how to respond were also distributed via staff intranets and magazines).

For full details of the activities and engagements which have taken place, please see Appendix B. To date, 10,000 full and summary consultation documents have been distributed, each of which contains a feedback questionnaire with a freepost address as well as a LINK to an online questionnaire.

### 1.3 OBJECTIVES

The York Health Economics Consortium (YHEC) was commissioned by NHS Wakefield District to support the public consultation exercise. The remit of YHEC included the following objectives:

- Providing input and advice on the form of the consultation;
- Assisting in the development of the questionnaire to elicit local opinions;
- Co-ordinating feedback to the questionnaire;
- Analysing questionnaire content;
- Analysing transcribed Q & A content from public meetings;
- Providing a summary of the findings.

This report summarises the work conducted by the research team at YHEC. Whilst YHEC was funded by the NHS to summarise the findings of the consultation exercise, the findings presented in this report were collated entirely independently from MYHT, NHS Kirklees and NHS Wakefield District and are intended to be a fair reflection of the responses to the consultation exercise and feedback provided at public consultation events. Every effort has been made to capture the main themes raised by responses to the consultation, be they positive or negative.

## Section 2: Methodology

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### 2.1 QUESTIONNAIRE DESIGN

The YHEC research team helped to devise a feedback questionnaire to be used in this consultation in order to elicit local opinions on the proposed changes to services across Wakefield, Pontefract and Dewsbury. The questionnaire was reviewed by other members of the PCT. The final version used within the consultation document can be found in Appendix C. The questionnaire was also made available online<sup>6</sup>. Both completed postal questionnaires and electronic responses were sent directly to YHEC and were not made available to MYHT, NHS Kirklees or NHS Wakefield District.

When designing surveys with potentially significant response rates, it is often desirable to keep the questionnaire as simple as possible, incorporating closed-ended questions (i.e. yes/no type responses) in order to avoid possible misinterpretation of responses. However, it was recognised that the consultation involved consideration of complex medical issues that impact on a wide range of stakeholders. As such, responses and views of local people were anticipated to be complex both in terms of the range of individual factors each response raises and the possible sensitive nature of the factors and experiences drawn upon in forming the response.

For these reasons, the questionnaire contains both closed and open-ended questions. Closed-ended questions were mainly employed to obtain descriptive factors such as age, sex and ethnicity. Such descriptive responses were collated to form a quantitative data set for analysis. Open-ended questions were employed to break down positive or negative comments towards the proposed changes and the consultation document.

### 2.2 ANALYSIS OF QUESTIONNAIRE RESPONSES AND PUBLIC MEETING TRANSCRIPTS

Although primarily a qualitative study, this project employs a mixed methods research design utilising both qualitative and quantitative data within the analysis:

- Public meeting Q & A transcripts- Qualitative analysis used;
- Open-ended questionnaire responses- Qualitative analysis used;
- Descriptive variables such as age, sex and ethnicity- Quantitative analysis used.

All data within the public meeting transcripts was qualitative and the majority of data obtained from questionnaires was also qualitative, whilst descriptive factors such as age,

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<sup>6</sup> The following LINK was used for the online questionnaire:  
[www.wakefielddistrict.nhs.uk/yourhospitalsyoursay](http://www.wakefielddistrict.nhs.uk/yourhospitalsyoursay).

gender and ethnicity were entered into a quantitative data set to allow analysis of responses to be categorised by various factors, such as age.

### **2.2.1 Qualitative Analysis of Questionnaire Responses**

All questionnaire responses received either by postal or online electronic means, were inputted and analysed in real time. Qualitative responses were entered into a Computer Assisted Qualitative Data Analysis Software (CAQDAS) program entitled ATLAS.ti<sup>7</sup> for thematic analysis which is designed specifically for facilitating the analysis of qualitative data from surveys such as this. It enables the researcher to conduct such tasks as collating quotes, coding text into applicable themes and categories as well as analysing the relationships between themes (termed axial coding). As a CAGDAS piece of software, ATLAS.ti is far more suited towards the task of thematic analysis than other software tools such as Microsoft Excel. Thematic analysis is said to comprise:

‘the identification of the main, recurrent or most important (based on the questions answered) issues or themes arising in a body of evidence.’<sup>8</sup>

Given that the survey was expected to lead to a significant number of individual responses covering a wide range of topics, it made sense to group themes emerging in the responses for ease of analysis. Emerging themes from both positive and negative responses were identified, coded and analysed within the contexts provided. The process of thematic analysis enabled the analysis to be conducted through the identification of themes in an inductive manner, so no *a priori* knowledge had been enforced upon the analysis which in turn could have restricted the scope and type of responses analysed. This is a particularly pertinent point when considering the anticipated scope of individual circumstances or factors that responses may have been based on.

### **2.2.2 Qualitative Analysis of Public Meeting Transcripts**

The Q & A transcripts for the public meetings held across the three regions were prepared for analysis when all meetings had been completed. For this reason, the transcripts were not analysed in real time unlike the questionnaire responses. However all other methods of analysis are akin to those employed on the questionnaire responses. The primary findings and focus of this report are based upon those analysed within the individual questionnaire responses. The public meeting data, although analysed separately to the questionnaire responses, are intended to supplement the emerging themes from questionnaires and to provide a broader macro picture of the reported issues at hand.

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<sup>7</sup> For further information, please see: [www.atlasti.com](http://www.atlasti.com)

<sup>8</sup> Pope, C., Mays, N., Popay, J. Synthesizing Qualitative and Quantitative Health Evidence: A guide to methods. New York: McGraw Hill; 2007. p96.

### **2.2.3 Quantitative Analysis of Questionnaire Responses**

All responses from closed-ended questions were collated and entered into a quantitative dataset for analysis. Simple frequency counts were conducted using the statistical software programme, SPSS<sup>9</sup>. The aim of this analysis was to illustrate the scope of respondents in terms of age, sex and ethnicity as well as to gather information which may help inform the organisation and facilitation of future consultations, such as the most common methods of introduction to the proposed changes (public meetings, local press) in order to establish which methods had been the most fruitful.

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<sup>9</sup> For further information, please see [www.spss.com/uk/](http://www.spss.com/uk/)

## Section 3: Quantitative Findings

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### 3.1 DEMOGRAPHIC STATISTICS OF QUESTIONNAIRE RESPONDENTS

This section presents the collated demographic statistics of respondents who submitted their views through either an online questionnaire or through the postal system. In total, 106 responses were received through online and postal questionnaires.

**Table 3.1: Medium of responses (counts)**

<b>Postal</b>	75
<b>Online</b>	31
<b>Total</b>	<b>106</b>

As can be seen from the above table, of the final 106 responses, the most frequent medium of response was through postal means (n=75). This may be explained by the age of respondents and a preference for more traditional methods of submission and communication. The final number of 106 respondents to the questionnaire is viewed to be a positive outcome for the consultation. When taking into account the 335 people who attended the public meetings, a total of 441 individuals were actively engaged within the consultation. Considering the changes being proposed would only affect a minor percentage of the population, due to the services being specialist, an outcome of 441 individuals actively engaging with the consultation is concluded to be a positive outcome. It must be noted this final figure does not include official responses from key organisations, or responses to surveys conducted by LINK services.

**Table 3.2: Age bands of respondents (counts)**

<b>18-29 years</b>	<b>30-49 years</b>	<b>50-69 years</b>	<b>70 years or over</b>	<b>Not reported</b>	<b>Total</b>
5	26	34	17	24	<b>106</b>

As can be seen from the above table, out of 82 people who reported their age, the highest proportion of respondents fell within the 50-69 years age band and the lowest number of respondents fell within the 18-29 years age band.

**Table 3.3: Gender of respondents (counts)**

<b>Male</b>	<b>Female</b>	<b>Not reported</b>	<b>Total</b>
33	42	31	<b>106</b>

Table 3.3 presents the number of males and females who responded to the public consultation. Although 31 individuals did not state their gender, it is possible to state that a

reasonable outcome has been achieved in terms of equal coverage and interest across the genders.

**Table 3.4: Ethnicity of Respondents**

<b>Ethnicity of Respondents</b>	<b>Count</b>
White British	67
Any other White Background	2
Asian or Asian British Indian	2
Mixed White and Asian	2
Any other Asian or Asian British Background	1
Mixed White and Black African	1
White Irish	1
Not Reported	30
<b>Total</b>	<b>76</b>

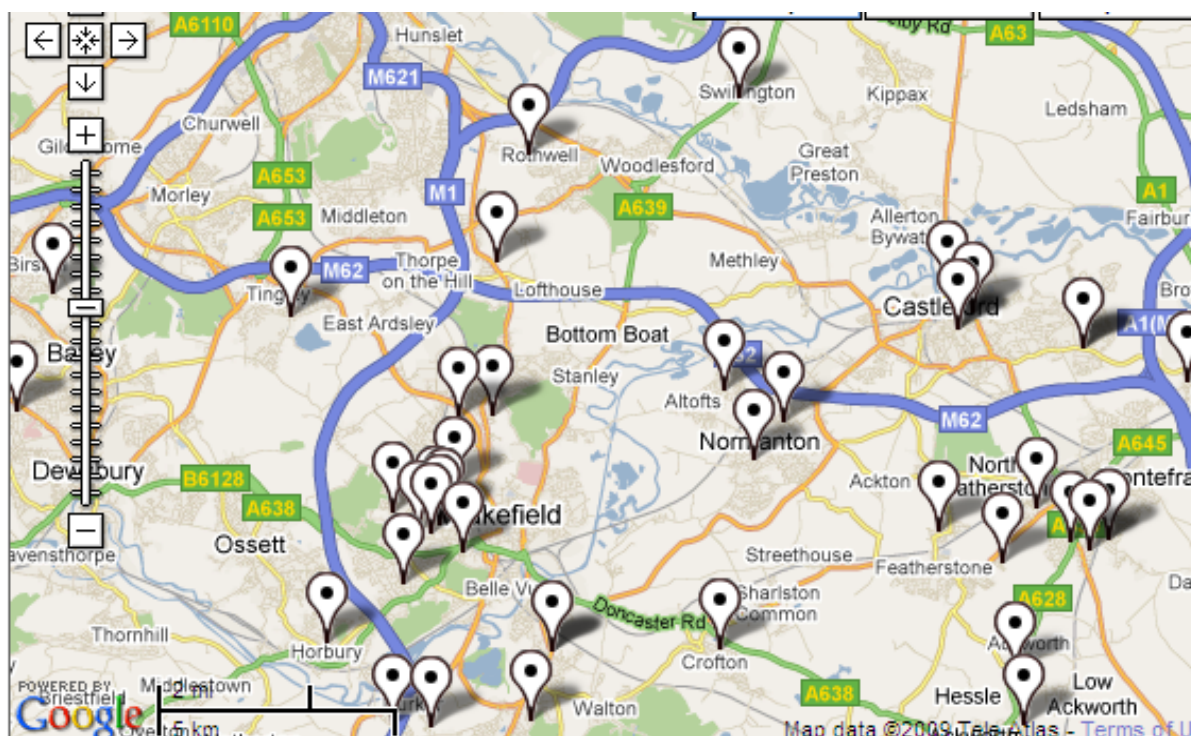
Table 3.4 presents frequency counts of respondent's ethnicities. The highest proportion of respondents was White British. Despite efforts to engage with local ethnic minority communities, relatively few responses were received from non-White British groups. However, it must be noted that 30 responses did not state their ethnicity.

**Table 3.5: Positions of Respondents**

<b>Position</b>	<b>Count</b>
Local Resident	38
A Patient	17
NHS Staff	10
Patient and Local Resident	7
A Patient/A Carer/A Local Resident	3
A Carer and Local resident	2
Local Resident/ Ex NHS Staff	2
A Carer	1
A Patient/ NHS Staff/ Local Resident	1
A Patient/A Carer	1
Ex Carer	1
Ex Patient/ Ex Staff	1
Local resident/NHS staff	1
Not Reported	21

The above table presents the self-reported position of respondents. Local residents accounted for over a third of responses (n=38), whilst patients were the second highest (n=17) and NHS staff were third (n=10). The remaining positions are overlapping variants of these three positions, with the additional role of carers. The fact that many respondents considered themselves residents rather than patients suggests a good degree of community involvement, given that these individuals may not be directly affected by the changes to services, at least in the immediate future.

**Figure 3.1: Geographical Plotting of Respondent's Postcodes**



Source: Google Maps. Postcodes plotted using an online tool: <http://www.aardvarkmap.net/>

Figure 3.1 presents a mapping of postcodes offered by respondents. Only 39 postcodes were provided by respondents, out of a possible 106. Therefore, the geographical variation in response as presented in Figure 3.1 should not be taken as a definitive illustration, considering the low number of postcodes obtained from the total sample of 106 respondents.

**Table 3.6: Number of respondents reporting disabilities (counts)**

No	Yes	Total	Missing
50	29	79	27

As can be seen from the above table, of 79 respondents who stated whether they considered themselves to have a disability, 50 stated no, whilst around a quarter of respondents had a self-reported disability.

**Table 3.7: Whether respondents understood the contents of the consultation document**

	All of it	Most of it	Some of it	None of it	Missing
Counts	55	22	4	2	23
Percentages	51.8	20.8	3.7	1.9	21.8

The postal and online questionnaire also asked respondents the degree to which they understood the material within the summary document of the proposed changes. Less than 2% of respondents had significant problems understanding the content. This is a positive outcome in terms of communicating the proposed changes effectively with members of the public, particularly as they involve some complex medical terms which may not be familiar to many members of the public.

**Table 3.8: How respondents heard about the consultation**

<b>Medium</b>	<b>Count</b>
Post	15
NHS Wakefield District	14
Local Press	7
Word of Mouth	6
Internet	3
GP Surgery	3
LINks Council	3
Local Chemist	3
Pinderfields Hospital	2
Public Meeting	2
Shopping area	2
The People Bank	2
Cancer Partnership Group	1
CNDH	1
Dewsbury Hospital	1
Kirklees Older People's Network	1
Local Council	1
Lupset Healthy Living Centre	1
Midwife	1
Through organisation	1
Work-LINK Kirklees	1
Health Promotion Meetings	1
Not Reported	34

Table 3.8 presents different ways in which respondents heard about the consultation. The most frequently reported method was via the post (n=15). Respondents were not entirely clear as to who sent the information to their homes (please see Appendix B for a full breakdown of the organisations, groups and institutions which received information to distribute). The second most frequent form of communication was through NHS Wakefield District; although these groups consisted primarily of members of NHS staff, a small number of members of the public claimed they heard about the consultation through NHS Wakefield District.

**Table 3.9: Organisations of respondents**

<b>Organisation</b>	<b>Number of respondents</b>
NHS Wakefield District	6
LINKS	3
Mid Yorkshire NHS Trust	2
Cancer Partnership Group- MYHT	2
Hemsworth Older People Enabling Forum (HOPE)	2
The People Bank	1
The Nerve Centre, Kirklees	1
Children and Adolescent Mental Health Services (CAMHS)	1
YMCA, Chantry	1
Neighbourhood Management	1
Hemsworth Town Council	1
Age Concern, Calderdale and Kirklees	1
Sure Start Children's Centre	1
Overview Scrutiny Social Care and Health	1
Wakefield Over Fifties Action Group (WOFAG)	1
Castleford & District, Cancer Self Help Group	1
Public Involvement Patient Committee	1
Yorkshire and Humber Specialised Commissioning Group	1
Yorkshire Ambulance Service	1
Bradford Teaching Hospitals NHS Foundation Trust	1

Table 3.9 presents the organisations some responses were received from and the number of respondents from each organisation who submitted their views. Individuals from a range of relevant organisations or stakeholder groups submitted responses, including groups representing the interests of cancer patients and children. Although official responses were received for Wakefield LINK<sup>10</sup> and Kirklees LINK, individuals from these organisations also submitted responses; it was not defined as to which LINK organisation they were responding from.

### 3.2 CONTENT OF QUESTIONNAIRE RESPONSES

This section presents collated statistics regarding the content of responses received.

**Table 3.10: Types of responses**

<b>Negative</b>	<b>Positive</b>	<b>Positive and Negative</b>	<b>Ambivalent</b>	<b>Non-applicable</b>
31	29	22	15	9

<sup>10</sup> LINK refers to 'Local Involvement Network'

Responses were coded to determine whether they were largely supportive of the proposed changes (positive), against the proposed changes (negative) or indifferent or ambivalent. In some cases, the same response raised both positive and negative opinions on the changes whilst in some cases responses raised issues which were relevant to the general state of health services across the region but were not directly applicable to the proposed changes considered in the consultation.

Table 3.10 presents the frequencies of response types received. Overall, the number of positive and negative responses were evenly balanced (negative=31, positive=29). A high proportion of negative responses is not an unexpected outcome in such a consultation, as it is often expected for people with negative views to have more motivation to respond as opposed to those who agree with the proposed changes.

**Table 3.11: Specific interests in consultation reported by respondents**

<b>Specific Interest of respondents</b>	<b>Count</b>
No	26
Urology	8
NHS generally	6
All Cancer Services	5
Neonatal Services	4
Orthopaedic	4
Paediatric	3
Gastro-Intestinal Cancers	2
A and E	2
Beds	2
Elderly	2
Local need	2
Management of changes	2
Maternity	2
Neurology	2
Not Reported	34

Table 3.11 presents specific interests of 72 respondents to this question. 34 participants did not state a specific interest and a further 26 stated that they had no specific interest to the services covered by the consultation. Smaller numbers of respondents had interests specific to a particular specialty covered by the consultation (e.g. urology).

**Table 3.12: Factors reported to encourage response from respondents**

<b>Factors Which Encouraged Responses</b>	<b>Count</b>
Interest in Local health	21
Voice Concerns	13
Desire to Improve Services	14
Personal Hospital Experience	7
Public Meeting	4
Belief in NHS	3
Previous Inadequate Service	3
To Express Anger	3
On Behalf of Patients	3
PCT	2
Work in Paediatrics	1
<b>Total</b>	<b>74</b>

The above table presents factors which were reported by 74 respondents to encourage submission of views. The most frequently reported factor was an interest in local health (n=21), which is a theme found to underpin the majority of comments and concerns received.

### **3.3 PUBLIC MEETING DATA**

Table 3.13 on the following page presents information regarding 31 public meetings held across three regions for the consultation. A total of 335 people attended the events. Only three events had zero attendance, however (apart from Church of Nazerene, Morely) the events in Dewsbury and Pontefract town halls were repeated to ensure that all interested members of the public had had their chance to voice their concerns and opinions.

**Table 3.13: Public meeting venues, dates and number of attendants**

<b>Meeting Venue</b>	<b>Date</b>	<b>Numbers Attended</b>
Pinderfields Hospital	17 August 2009	21
Dewsbury and District Hospital	18 August 2009	18
Pontefract Town Hall	26 August 2009	35
Dewsbury Town Hall	27 August 2009	2
Agbrigg Community Centre	2 September 2009	5
Pontefract Hospital	10 September 2009	14
Knottingley Town Hall	7 September 2009	11
Al Hikmah Centre, Batley	8 September 2009	3
Tracey Hall, Wakefield	8 September 2009	28
Minsthorpe Community College	14 September 2009	1
Ossett Town Hall	17 September 2009	2
Mirfield Community Centre	17 September 2009	1
Kinsley & Fitzwilliam Community Centre	22 September 2009	16
Wakefield Wildcats	24 September 2009	2
Church of the Nazarene, Morley	28 September 2009	0
Cleckheaton Town Hall	29 September 2009	3
Ravensthorpe Community Centre	30 September 2009	2
Normanton Library	1 October 2009	8
Pontefract Town Partnership	5 October 2009	20
Prostate Cancer Service Users Group	2 October 2009	15
Pontefract Town Hall	8 October 2009	10
LINK – Wakefield Town Hall	9 October 2009	40
Glasshoughton Centre	12 October 2009	9
Wakefield Town Hall	12 October 2009	11
Batley Town Hall	13 October 2009	6
Dewsbury Town Hall	15 October 2009	0
Al Hikmah Centre, Batley	19 October 2009	30
Al Hikmah Centre, Batley	19 October 2009	7
Pontefract Town Hall	20 October 2009	0
Dewsbury Town Hall	22 October 2009	1
Kinsley & Fitzwilliam Neighbourhood Management Board	28 October 2009	14
<b>Total</b>		<b>335</b>

## Section 4: Qualitative Findings

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The questionnaire responses and public meeting data were subject to a thematic analysis whereby the common emerging themes and issues raised were examined. There was significant correlation between the themes raised in the questionnaire responses and the notes of the public meetings. As the themes which were defined in the analysis were common across both data sets, the findings are presented jointly. The presentation of the findings is organized into two primary areas: findings directly related to the proposed changes and further feedback in relation to the wider mid Yorkshire Trust Healthcare Strategy.

### 4.1 FINDINGS IN DIRECT RESPONSE TO THE CHANGES

The qualitative findings from both questionnaire and public meeting data are broken down and presented under the following categories:

- Positive perceptions towards proposed changes;
- Negative perceptions towards proposed changes.

#### 4.1.1 Positive Perceptions Towards the Proposed Changes

This section presents two themes and select quotations derived from a thematic analysis upon the qualitative questionnaire and public meeting responses pertaining to positive perceptions towards the changes:

- Centralisation and Specialist Equipment;
- Improved Services.

##### 4.1.1.1 Centralisation and specialist equipment

A substantial number of positive questionnaire responses and comments from Public Meetings were in relation to the perceived benefits associated with the regional centralisation of services to a particular hospital in the region, and the increased use and acquisition of specialist equipment these centres.

Within the selected quotations which were extracted from questionnaire responses as to how the services will affect the respondents positively, it is possible to note two key underpinning premises of *control* and *reassurance*:

'Urology and lower gastro-intestinal cancers at Dewsbury will be beneficial because of expertise centralised and specialist equipment available.'- *A Wakefield resident, via questionnaire.*

'Seeing the best consultants in one place for chronic long term conditions'- *A Knottingley resident, via questionnaire.*

'Developing health care services in the communities is positive. Purpose built facilities for specialist services will be positive if they are in the right place.'- *A Pontefract resident, via questionnaire.*

'In a positive way, knowing where expert help is available'- *A Wakefield resident, via questionnaire.*

'Dewsbury for Urology and gastro-intestinal cancers would be much more convenient. I am in favour of Specialist Services'- *A Batley resident, via questionnaire.*

Reassurance is expressed by respondents through the acquisition of knowledge. By knowing exactly where services are located and knowing the quality of specialist treatment is expected to increase with better equipment, respondents with positive views feel more knowledgeable and therefore more in control over the location and quality of their future healthcare.

In turn, control lead to feelings of reassurance being expressed. Previous studies have examined the influence of knowledge and resulting feelings of control and reassurance in patients<sup>11</sup>, therefore it may be suitable in this case to conclude that respondents who reported positive perceptions are reassured to know services (apart from Urology and Lower GI) are located within one site, therefore reducing concerns associated with transfers between sites and the possible negative impact that may have on both family and friends, as they feel elements of control in areas of health that are generally fraught with uncertainty.

By knowing more specialist equipment will be used, where it will be used and the potential of the new centres to attract staff with high credentials within the disease or health areas concerned, levels of reassurance are built upon through instilling feelings of control in areas of health which is generally rife with uncertainty.

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<sup>11</sup> A. Fareed. The experience of reassurance: patients' perspectives. *Journal of Advanced Nursing.* 23(2).2006.

#### 4.1.1.2 Improvement of services

Comments defining positive perceptions of the proposed changes on the basis of the improvement of services, build on comments within the first theme. Not only do respondents express reassurance within their comments, but they promote elements of new found confidence within their local NHS and services provided.

'[the changes give me] much more confidence in the way Hospital Services are being planned and structured- e.g. Provision for segregated wards: stress on cleanliness; time in hospital; care in the community'-A *Wakefield resident, via questionnaire*.

'I have five children and often need to make visits to the hospital and A & E. Pinderfields is my local but it is quite poor service. This change should make a big difference.'- A *Rothwell resident, via questionnaire*.

'My point is that the new facility in Wakefield would offer a higher standard of care and provide a specialist service to the people of West Yorkshire but also cut down the unnecessary need to transfer babies, therefore technically saving lives.'- A *Dewsbury resident, via questionnaire*.

"I am pleased to hear changes are for the benefit of the patient. We appreciate the services of the hospital."- *Attendant from Al Hikmah Centre Public Meeting, Batley 19 October 2009*.

'I think the changes will provide much better care for people need specialist care. I am please the majority of services will remain at Dewsbury Hospital.'- A *Ravensthorpe resident, via questionnaire*

The proposed improvements to services are reported to instil confidence in the respondents for their current and future healthcare prospects.

#### 4.1.2 Negative Perceptions Towards the Proposed Changes

Four primary themes of negative views against the proposed changes were delineated. Although each theme is broken down and presented independently in this section, there is a clear relationship between factors and some degree of overlap which must be noted.

#### 4.1.2.1 Distance and travel

The distance and need to travel between hospitals was the most frequent concern expressed by respondents both in questionnaire responses and public meeting data. There were three main concerns raised regarding the distances and the need to travel.

##### 1. Difficulties for the elderly and patients with restricted mobility:

There were concerns expressed by a proportion of respondents about the difficulties facing elderly patients and those with restricted mobility in travelling to different hospital sites.

‘It was bad enough having to travel to Pinderfields for people like myself (I’m 70 next year, Mother is 88 and Aunt is 86). Dewsbury is definitely a ‘no-no’ and wasn’t mentioned in the previous ‘Grasping the nettle’ consultation’- *A Pontefract resident, via questionnaire.*

##### 2. Incurred cost and time of travel:

As well as difficulties for the elderly and those with restricted mobility, concerns were expressed towards potential travel costs between sites, with a high frequency of comments from respondents about travelling to Dewsbury from Wakefield or Pontefract and vice versa:

‘Travelling to Dewsbury Hospital is almost impossible without a car. To visit anybody at today’s prices by taxi would cost £50 for a return journey. By bus would take hours on 3 different buses’- *A Hemsworth resident, via questionnaire.*

‘A friend’s husband had to go to hospital in Dewsbury and it cost his wife £26 a day to get there by taxi. It is very important there is support there for visitors.’- *Attendant from Knottingley Town Hall Public Meeting, 7 September 2009*

“Transport to Dewsbury is an issue. I can’t drive to Dewsbury. I would have to get the 8am bus. Dewsbury is the back of beyond for us in Castleford. According to Metro journey planner I would have to leave at 11.15am to get to Dewsbury for 2.30pm visiting and would not get home until 22.15 if I stayed for evening visiting.”- *Attendant from Glasshoughton Centre Public Meeting, Castleford 12 October 2009*

It is also worth noting that although a proportion of respondents were concerned about incurred travel costs in relation to the proposed changes, a number of respondents felt that the proposed shuttle service<sup>12</sup> should not be free, in light of saving costs to the NHS.

“I am lucky because I can still drive. If you can sort transport issues then it will be good. I don't think people should expect free transport.”- *Attendant from Glasshoughton Centre Public Meeting, Castleford 12 October 2009*

‘Having worked in the Social Services Transport Department for 24 years before I retired, transport was always a major issue. I think transportation needs to be addressed urgently- people would be put more at ease. I am not saying this should be a free service. To help with the costs of running I would suggest charging people who used the service a minimal fee of £1 per journey. I think the service should operate on an hourly basis from all sites.’- *A Castleford resident, via questionnaire.*

Further to this, there were also contrasting views towards the perception of distances between sites:

“I have had experiences of cancer in the last 20 years and I've changed my mind over that time about where people want to go. I will go wherever the best clinicians are. I also want to have my relatives visiting me. The PCT needs to provide transport for patients and visitors. Transport needs to be advertised. People need to be realistic about expecting all services available in all hospitals. Look at people in Cornwall who have to travel up to 50 miles. Travelling 25 miles to Dewsbury is not unrealistic.” – *Attendant from Pontefract Town Hall Public Meeting, 8 October 2009*

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<sup>12</sup> Transport plans have not yet been made in relation to the proposed changes. MYHT are awaiting feedback from respondents in order to inform future plans. At this stage, a shuttle service between the hospital sites has been proposed.

### 3. Difficulty in travel for visitors:

Ease of visiting for friends and relatives was expressed as an essential aid to recovery by a proportion of respondents, and concerns were expressed towards the potential anxiety and isolation suffered from visitors being unable to travel distances to hospital sites:

*'Being in hospital is traumatic enough, but to be so far away from home that relatives struggle to visit is terrible'- A Dewsbury resident, via questionnaire.*

*"Even 4 days away from home in Dewsbury is difficult for people who don't want to be parted from loved ones. The logistics are too difficult. There is a perfectly good hospital in Pontefract so why can't the services go there?"- Attendant from Kinsley & Fitzwilliam Community Centre Public Meeting, 22 September 2009*

*'For older people, accessibility for partners, family, and friends can be an important issue. I welcome the survey you have conducted on transport issues and your commitment to a shuttle bus service for patients and their visitors.'* - A Cleckheaton resident, via questionnaire.

The concerns expressed towards the distances between the hospitals and the travel required underpinned the concerns expressed regarding the provision of transport between sites.

#### 4.1.2.2 Transport

Building on previous concerns of distance and travel required, respondents also raised issues with the availability of transport, and requested for this issue to be a top priority for the trusts involved:

*'According to cancer patients that I have spoken to, transport for patients, carers and family must, in their opinion be your priority'- A Knottingley Resident, via questionnaire.*

Responses draw on current issues with public transport and the cost involved in travel. Again, the cases presented in each response are dependent upon the geographical location and individual circumstances of the respondent. Specific concerns about transport have been presented according to the geographical location of the respondent. Responses were more detailed in terms of transport problems within questionnaire responses in comparison to the public meeting data.

## **Kirklees and Dewsbury Residents**

### **1. Dewsbury and Kirklees Residents travelling to Wakefield:**

'Currently the North Kirklees bus services provide good LINKs into Dewsbury Hospital. For North Kirklees residents suffering orthopaedic trauma, consideration should be given to LINKing these to a shuttle bus service to Wakefield.'- *Member of Age Concern, Calderdale and Kirklees, via questionnaire.*

## **Pontefract and Castleford Residents**

### **1. Pontefract and Castleford residents travelling to Dewsbury:**

'Even if you put transport on from Pinderfields to Dewsbury, it is 2 bus rides before we could get to Pinderfields. Not satisfactory.'- *A Castleford resident, via questionnaire.*

'It will be hard for many residents to access services when they are only available from Dewsbury- for example- to get there from Pontefract is really difficult. What is going to happen to transport to make it accessible?'- *A Castleford resident, via questionnaire.*

'Travelling from Hemsworth, Fitzwilliam and Kinsley to Dewsbury involves numerous different buses for patients'- *A Hemsworth resident, via questionnaire.*

'Dewsbury is not easily accessible from Ackworth, near Pontefract'- *An Ackworth resident, via questionnaire.*

'Provision of a shuttle bus is not the answer. Anyone visiting an in-patient at Dewsbury for both visiting times still faces 10 hours plus away from residence'- *A Castleford resident, via questionnaire.*

"To get from Fitzwilliam to Dewsbury you have to take the train to Leeds then change and get one to Dewsbury. From Dewsbury station there is a bus every 20 minutes to the hospital."- *Attendant from Kinsley & Fitzwilliam Community Centre, 22 September 2009*

### **2. Pontefract residents to Wakefield:**

'You pay lip service to travel arrangements but realistically it takes an hour to get from Pontefract to Wakefield'- *A Pontefract resident, via questionnaire.*

## Wakefield Residents

### 1. Wakefield residents to Dewsbury:

'The main problem is transport for me to get to Pontefract or Dewsbury. For me to get to these hospitals it takes 3 buses to get there. If I'm an in-patient I get no visitors.'- *A Wakefield resident, via questionnaire.*

There are very clear concerns regarding transport which, it is understood, will be taken into full account by MYHT, NHS Kirklees and NHS Wakefield District when devising travel arrangements for patients and visitors between the sites.

The objection to the diffusion of services across the three sites is directly underpinned in many cases by concerns about the distance between sites, the costly and time consuming travel that would be involved and the potential isolation from friends and family being unable to visit inpatients. However, there were also specific objections to the proposed movement of services based on factual aspects of the changes.

#### 4.1.2.3 Diffusion of services across the three hospital sites

Responses within the questionnaire and public meeting data were found to object to the diffusion and movement of services across the three hospital sites. These views in particular appear to be informed by the geographical location and, in some cases, the individual circumstance of the individuals responding. The views expressed in this section appear to be from residents and staff expressing a sense of loss and a desire to maintain services locally and in many cases do not refer to specific issues related to the services in the consultation.

### 1. Loss of services at Pontefract:

There were concerns expressed by residents that services are being removed from PGI and being transferred to different locations or institutions. There were also concerns expressed by members of staff regarding the loss of resources at PGI and the degree to which local healthcare professionals had been listened to as part of the development of the plans:

'My main concern is the constant drawing away of resources from Pontefract, i.e. beds, expertise department's e.t.c. leaving Pontefract General as nothing more than a cottage hospital. It's a sad indication of affairs when consultants are ignored on their views, as were GPs and staff in general.'- *Physiotherapist, via questionnaire.*

"Why does Dewsbury get more special care beds [and] Pontefract doesn't get anything?"- *Attendant at Knottingley Town Hall Public Meeting, 7 September 2009.*

Although the bed numbers involved in the consultation are relatively small, there is a perception that this is part of a wider scale initiative to reduce capacity at Pontefract hospital.

## 2. Loss of services at Dewsbury Hospital:

A proportion of respondents expressed concerns about focussing resources on the new Wakefield hospital and the loss of services for Dewsbury District:

'It seems that most of the major improvements are Wakefield led and not Dewsbury. Very little improvements are going to be made in Dewsbury. The new hospital in Wakefield will look like a 21<sup>st</sup> Century Hospital compared to Dewsbury District Hospital.'- *A Batley resident, via questionnaire.*

'We as a family see a 'Big Super Hospital' with all the services for the residents of Wakefield and nothing for Dewsbury area. I have seen similar things with Kirklees Council, everything centralised in Huddersfield and only few scraps for Dewsbury. I have spoken to people in the wider community who feel apathy and very resentful and suspicious of the changes, especially when most of the money allocated is being spent for the residents of Wakefield.' *A Batley resident, via questionnaire.*

Although a new specialised centre for Urology and Lower GI Cancers is proposed for Dewsbury District, there were concerns expressed about a lack of any significant improvements in the Dewsbury hospital. The notion of having to attend Wakefield Hospital for any care was not acceptable for some respondents, with a clear desire to keep all services local:

'Wakefield Hospital may be cosmetically better than Dewsbury, but local people want local services. I personally would have great difficulty attending there'.- *Attendant at Cleckheaton Town Hall Public Meeting, 29 September 2009*

There were clear notions expressed that all hospital services should be kept local and not diffused:

'My home is in Cleckheaton and I must insist, that as a contributing customer with NHI and tax charges, that we have a full "LOCAL" service for medical treatment.'- *A Cleckheaton resident, via questionnaire.*

For respondents from Dewsbury and Pontefract who had negative perceptions towards the proposed changes, a loss of local services was a key underpinning premise to the objections. Conversely, concerns were raised regarding the siting of Urology and Lower GI services at Dewsbury, which will be discussed further in 4.1.2.4 where specific objections to factual issues within the proposed changes are presented.

#### **4.1.2.4 Factual issues in proposed changes**

Three main areas of concern were reported in relation to factual issues in the proposed changes in services.

##### **1. Siting of Urology and Lower GI services at Dewsbury:**

'To plan for the inpatient surgery for Urology and lower gastrointestinal cancer to be at Dewsbury Hospital is (in my opinion) totally wrong, when two new Hospitals are being built. The planning for this should have been, and should still be for the Urology Unit to be at Pinderfields or Pontefract Hospitals.'- *via questionnaire*

'If acutes are not at the same location as elective colorectal they will need two consultants on all of the time- one to cover potential complications in the elective colorectal cases and one for acute cases. The cases which return to theatre most infrequently are those having breast and UGI surgery. Furthermore if the lower GI centre was to be in Dewsbury, patients from the East and South of the region would probably migrate to Doncaster, York or Barnsley. As a Council member of the ACPGBI, I would happily review the situation, but feel strongly that lower GI needs to be with acutes.'- *Council member of The Association of Coloproctology of Great Britain and Ireland, via questionnaire.*

##### **2. No in-patients at PGI:**

'The population are being confused by comments that state 90% of the treatment contacts will continue on the Pontefract site. What this really means is that 90% of out-patient consultations and some diagnostic and surgical procedures will occur on the Pontefract site. People believe that they will continue to be treated on this site in a 375 bed hospital'- *Consultant Orthopaedic Surgeon, PGI via postal letter.*

### 3. Siting of children and neonatal services at Pinderfields, Wakefield:

‘Any child who requires surgery other than day surgery will have to go to Wakefield, same with orthopaedic trauma. Neonatal intensive care is non-existent at Dewsbury, therefore it is easier to transfer having been told you cannot get the staff, you have just let this extremely important service go to all mothers who attend DDH [Dewsbury District Hospital] instead of trying to develop it...You are suggesting patients will only need a few days in hospital before being discharged home, what about the patients involved in an RTA (road traffic accident) suffering multiple injuries, I don't think for a minute you will transfer a patient like this to a ward following cold surgery due to the infection risk.’- *Attendant at Cleckheaton Town Hall Public Meeting, 29 September, via email*

As previously stated, objections to the proposed changes in services by local residents are underpinned by concerns relating to travel, time, cost incurred and an overarching appeal to maintain all services locally. Specific objections in relation to the siting of services were raised by a smaller number of respondents, but typically by individuals whom presented a more in-depth and working knowledge of hospital structures, services and processes.

## 4.2 FEEDBACK FOR WIDER MID YORKSHIRE HEALTHCARE STRATEGY

In the questionnaire and public meetings, there were opportunities for respondents to express additional concerns and feedback in relation to the proposed changes. Primary concerns that were raised in relation to the consultation are presented.

### 4.2.1 Bed Numbers

Bed numbers in the hospital sites were expressed as a noteworthy concern by some respondents. General concerns were raised regarding the ability of the sites to cope with an ever increasing population:

‘I am told there will be less beds in these hospitals! I have in the past laid in A and E for hours waiting for a bed and had to be transferred in the middle of the night. What will happen now?’- *Wakefield resident, via questionnaire.*

‘The 3 existing hospitals are nearly always on red alert. If these proposals go ahead, consideration of relieving pressure on bed availability must be a factor.’- *A Denby Dale resident and NHS Staff Member, via questionnaire.*

There were more specific concerns expressed in relation to both the Pontefract and Dewsbury sites and the reduction in hospital bed numbers which are proposed in the changes:

'I was outraged to learn that Pontefract will only have 64 hospital beds. This is a step backwards from the amount of beds we have now and you have built a new hospital.'- *A Pontefract resident, via questionnaire.*

'Are there sufficient beds available relevant to demand i.e. proposed cut in beds at Pontefract, Dewsbury?'- *A Wakefield resident, via questionnaire.*

Again, reductions in bed numbers are expressed as losses to local services by respondents, which are further compounded by concerns regarding the UK's growing population.

#### **4.2.2 The Consultation Exercise**

The consultation exercise and its purpose was received positively by the majority of respondents.

'Pleased to be consulted- it shows you are making a genuine effort to deliver services tailored to the needs of the community.'- *via questionnaire.*

However there were concerns expressed by some respondents that the public consultation failed to meet its purpose, with some participants considering that the changes were a 'fait accompli' and that the consultation would have little influence on the final outcome:

'Why are these changes not open to consultation? It is just a tick the box exercise'- *via questionnaire.*

'Start by listening to your public- not dictating to them'- *via questionnaire.*

"Consultation is too late. It is being presented as a fait accompli."- *Attendant Kinsley & Fitzwilliam Community Centre Public Meeting, 22 September 2009.*

There were also concerns expressed stating the Consultation and public meetings were not advertised sufficiently, therefore hindering the efficiency of the consultation exercise:

'The public meetings have been inadequately advertised and therefore poorly attended. Consultation progress is brief and the documentation available provides little data. There is no opportunity for change.'- *Consultant Orthopaedic Surgeon, PGI via postal letter.*

'[I found] a brief mention of meetings at the end of an article in the Pontefract and Castleford Express. May I suggest that posters in such places as Marks and Spencer's and local supermarkets would have resulted in more people attending.'- *via questionnaire.*

The distribution and advertising of materials pertaining to the changes as well as times and locations of public meetings can be reviewed in Appendix B.

#### **4.2.3 Better Aftercare**

Current and prospective patients have requested improved patient aftercare within the three sites:

'Privacy and rest are essential for [the] post-operative experience. The curtain and external noise (endless music/television e.t.c.) in urological wards is likely to increase work for staff.' *An Ackworth resident, via questionnaire.*

The proposed changes also aim to reduce the amount of time required for patients to stay in hospital post-treatment. This is to enable patients to return to their homes sooner and recover within a familiar and comfortable setting. However, some concerns were expressed towards the reduction of time in patient's stays after treatment and surgery:

'You talk about being in and out of hospital very quickly. I know what it's like to be sent home after major surgery feeling very weak with no one at home to help me. This is very worrying thought now I am getting old.'- *A Wakefield resident, via questionnaire.*

"Aftercare is not given enough importance and there should be provision of suitable convalescent care to ensure patient make a full recover following surgery / hospital treatment."- *Attendant at Dewsbury Town Hall Public Meeting, 27 August 2008*

It may be possible to state that there are issues of varying perceptions towards reduced hospital stay times designated by generation gaps. Younger generations view reduced stays in hospitals as a sign of medical technology advances and improvements in care. However, elderly generations may view a reduction in hospital stay as a reduction in treatment time, which is not necessarily the case.

#### **4.2.4 Accessibility**

Accessibility of services was a key underpinning theme raised in responses ensuring that all services and sites are accessible to all patient groups being a key request. For example, good signage within the new sites was one issue raised by a number of respondents.

‘Good signage in the hospitals is a must, taking into consideration the font size and colour. Blind and partially sighted patients can easily lose their way and end up late for appointments.’- *A Wakefield resident, via questionnaire.*

“Signage inside the buildings needs to be very clear”- *Attendant at Normanton Library Public Meeting, 1 October 2009.*

#### **4.2.5 Travel with Regards to Appointment and Visiting Times**

The concerns relating to transport are presented in section 3.2.2.3. Further comments were also raised in relation to this issue. Two quotes requested the timing of appointments to be a consideration when planning travel services:

‘Consider the timing of our patient appointments (new and follow up), for the persons who have to travel some distance. E.g. 9.00am at Dewsbury is no good to me due to volume of traffic- or Pontefract for that matter.’- *A Wakefield resident, via questionnaire.*

Further to that request, it was requested that safety of travel at night was also considered when planning travel:

‘I am particularly concerned that any shuttle bus services extend into the evening visiting time, so that older visitors are able to make safe visits during periods of darkness.’ *via questionnaire.*

#### 4.2.6 Parking and Charges

Car parking and the associated charges was an issue raised by a substantial proportion of respondents. Both issues relating to the amount of parking available as well as the charges incurred when using the facilities were raised for consideration:

‘Adequate parking for everyone who will use the new hospitals [is requested for consideration], and reasonable charges that people can afford when they use the car parks.’- *Wakefield resident, via questionnaire.*

“What about having more reasonable prices for car parking? We don’t expect it to be free. However, what about short-term or drop off initiatives?”- *Attendant at Al Hikmah Centre Batley Public Meeting, 19 October 2009.*

#### 4.2.7 Funding

Originating from positive views towards the proposed changes, a small proportion of respondents requested for funding to be secured in order to ensure the changes are put in place:

‘Ensure that the funding is absolutely secure (and enough to cover any over budget expenses) to ensure proposals go ahead - especially purpose build specialist centre at Dewsbury.’- *A Wakefield resident, via questionnaire.*

There were also several concerns about the impact of potential changes in the future government on securing funding:

‘Change in government may result in reduced funding for the NHS, in spite of assurances to the contrary.’- *A Featherstone resident, via questionnaire.*

Although these responses are based on positive perceptions towards the proposed changes, there are clear requests for reassurances that the services have secured appropriate funding and that they will go ahead.

#### 4.2.8 Future of Pontefract and Dewsbury Hospitals

With the perceived movement of services away from Pontefract and Dewsbury hospitals and bed numbers being reduced at these sites, some concerns were expressed within questionnaire responses and in public meetings regarding the future of these hospitals.

'I have spoken to people in the wider community who feel apathy and very resentful and suspicious of the changes, especially when most of the money allocated is being spent for the residents of Wakefield. Many unfortunately feel nobody will listen to their views and decision for D.D.H. closure in the future is very likely.'- *A Batley resident, via questionnaire.*

#### 4.2.9 Cleanliness

The cleanliness and maintenance of hygiene standards across the three sites were presented as a requested consideration within responses:

'I think that if these new units/hospitals have cost huge amounts of money then every means available should be used to ensure cleanliness! In my experience, the hospital wards are not cleaned thoroughly.'- *A Pontefract resident, via questionnaire.*

#### 4.2.10 Staff

The final theme to emerge was that of staffing. Two subthemes of adequate recruitment and the request for more 'hands-on' staff constitute responses.

##### 1. Adequate recruitment:

It is stated within the proposal document that that the new specialist centres would attract highly qualified staff who are experts within their clinical areas. Yet responses also requested that the quality, experience and bedside manner skills of all staff within the new sites should be a consideration:

'More care in the selection of the right staff from top to bottom. A cheerful dinner lady can be more therapeutic than a sombre, egotistical, uncaring doctor.'- *A Wakefield resident, via questionnaire.*

Further comments relating to staff are clearly informed by negative past experiences, and are therefore highly contextualised within individual circumstances:

'[ensure treatment is not] given in an uncaring mechanical manner, without compassion and a 'lets get it over with' attitude. "Lets fill in the forms, never mind the patients.'- *via questionnaire.*

Although from individual experience, concerns regarding the bedside manner and personable skills of medical staff are at the core of requests for better patient care and most certainly are a consideration for MYHT.

## 2. More 'Hands-On' Staff:

Participants also commented on pressures on current staff and the impact on patient care, with specific requests for more 'hands-on' staff within wards:

*'We need more on hands staff in the wards e.t.c. and less admin staff- modern technology does this in most industries.'*- A Wakefield resident, via questionnaire.

*'From personal experience, I have seen and been on the receiving end of flaws in the NHS - Plus everyone working in the system seem [sic] constantly under pressure.'*- A Wakefield resident, via questionnaire.

The request for adequate and more 'hands-on' staff is illustrative of a desire to maintain good standards of patient care for both patients and staff. There were also concerns expressed towards the recruitment and retainment of specialist staff:

*"The increase in agency nursing by 40% is concerning. These staff are not specialist so what will be done to address this for the future specialist services?"*- Attendant at LINK Wakefield Town Hall Meeting, 9 October 2009.

*"I am pleased to hear about specialist staff but can you guarantee they won't be moved to other areas if there is a staff shortage?"*- An Attendant at Wakefield Town Hall Public Meeting, 12 October 2009

## 4.3 RESPONSES TO CHANGES FROM KEY ORGANISATIONS

Responses were received from a number of key organisations with a vested interest in the proposed changes. It must be noted that these official responses were not included in the response numbers; response numbers apply to individuals who responded via questionnaire. A summary of the official responses is provided on the following page.

#### **4.3.1 Joint Health Scrutiny Committee**

1. The Committee is supportive of the proposals and hopes they will be successful. However if this is not the case and the proposals have to be revisited, then the Committee requires early discussions on the way forward;
2. The Joint Health Scrutiny Committee has requested to be informed as a matter of urgency of the decision of the Strategic Health Authority regarding the business plan for the Urology and Lower Gastro-Intestinal Cancer Services;
3. The Trust should have clear guidelines agreed with Yorkshire Ambulance Service on the use of pre-alerts in severely injured patients prior to the proposals being implemented. The Committee would seek assurances from the Trust that this has been agreed and procedures put in place;
4. The Committee remains convinced that the Trust will need to facilitate access to the specialist facilities and that the current solutions are not as robust as they should be;
5. The Committee recommends the development of a Trust wide travel plan that LINKs to a regional transport strategy to the specialist facilities. Connectivity needs to be about neighbourhoods and not just hospital to hospital connections. The Committee supports the travel consultant's recommendation that a travel plan co-ordinator is appointed;
6. The Committee requests that it receives further updates on the progress of consideration of the transport impacts of the consultation proposals;
7. The Committee would request that the planned investment in Intermediate Tier provision is maintained and where possible increased. It recommends that the PCTs continue to monitor activity profiles and to plan for contingencies, where necessary and that regular updates are provided to the Joint Health Scrutiny Committee.

#### **4.3.2 MYHT Cancer Partnership Group**

'The Cancer Partnership Group feels that the proposals should go ahead in order to provide the best possible care and treatment for patients. The plan to develop specialist centres, with specialist teams of staff carrying out complex procedures is admirable and will produce far more favourable health outcomes for the patient.'

'The benefits are many and in addition the Trust will be able to recruit and retain the best staff who are specialists and fit for purpose in today's highly competitive health care environment.'

'Allowing specialist orthopaedic trauma surgery, the very latest robotic surgery in urology and surgery for gastro-intestinal cancer allows the Trust to make incredible advances in these specialities and benefits the patient in receiving seamless local care. We view these changes as extremely positive.'

As can be seen in the above statement, the MYHT Cancer Partnership Group has provided a positive response in support of the changes. This response is based on the view that the specialist centres will provide the 'best possible care' for patients of cancer with the latest medical technology and recruitment of staff with high expertise.

#### **4.3.3 Yorkshire Ambulance Service NHS Trust**

The Yorkshire Ambulance Service has been working closely with MYHT in the development of the plans in order to ensure that ambulance services are best placed to support the proposed changes. The Yorkshire Ambulance Service support the proposals under consultation upon the agreement that the following five pieces of work are fully completed before any of the proposed changes are implemented:

- Jointly agreed clinical risk assessments, in line with NPSA best practice;
- Jointly agreed clinical protocols that ensure patients are taken to the place that can best meet their needs;
- An agreed understanding of the potential impacts on A & E ambulance services, intra hospital transfers and PTS;
- An agreement about how any impacts will be managed between us;
- An agreed timetable of change to support the above.

Pending the completion of the above tasks, Yorkshire Ambulance Service NHS Trust supports the proposed changes under consultation.

#### **4.3.4 Yorkshire and Humber Specialised Commissioning Group**

The Yorkshire and Humber Specialised Commissioning Group (SCG) provided the following response towards the proposed changes:

1. The proposal of centralising neonatal care at the new Wakefield Hospital is supported, however there were concerns expressed towards workforce issues associated with staffing a level 3 service which requires 24/7 cover by neonatologists. It is advised for the changes to take into account the recommendations in the national Neonatal Taskforce Report which is due to be published later this year;
2. The proposal to centralise inpatient surgery for children at the new Wakefield Hospital is supported by the SCG, as it seems like the most logical option when considering the likely patient numbers and the need to maintain critical skills.

A general concern was provided by the SCG towards workforce implications as a result of the proposed changes. However, the SCG overall support the changes and it is advised for the deliverability of the plan, from a workforce perspective, to be considered.

#### **4.3.5 Joint response by Yvette Cooper MP and Jon Trickett MP, Members of Parliament for Pontefract, Castleford and Hemsworth Constituencies**

MPs Yvette Cooper and Jon Trickett met with constituents throughout the consultation in order to understand their primary concerns. Generally, feedback on behalf of their constituents was largely positive towards the proposed changes and constituents welcome the opening of two brand new state-of-the-art hospitals. However, there were some concerns which they felt needed to be addressed.

1. The implementation and use of robotic assisted surgery is welcomed as the treatment times will be reduced and recovery will be quicker for patients;
2. Further clarification was requested as to why Urology and lower GI services are situated at Dewsbury, as insufficient explanations are provided in the summary document, nor why lower GI is being co-located with Urology in the proposals;
3. Locating Urology and lower GI at Dewsbury was reported to cause considerable difficulties for patients at the Pontefract and Hemsworth end of the district. Public transport connections were reported as very poor:

‘For example by bus or by train, the journey from this end of the district to Dewsbury easily takes almost two hours and is by no means straight forward. From Knottingley, patients would need to get the hourly train service to Leeds station before connecting to Dewsbury and then onto the hospital. Many people will need to take at least three buses leaving from the Five Towns in Wakefield before getting the hourly service to Dewsbury hospital. Getting home again will be even more of a challenge. Even if patients get help from hospital transport, for visitors returning in the evening will be difficult.’

4. Concerns were raised regarding the large health inequalities in Wakefield and the need to consider the possible impact of travel on families with low income. Further clarification on the travel plans were also requested;
5. Concerns were expressed regarding the placement of services at Dewsbury and what was agreed at the ‘Grasping the Nettle’ consultation held in 1999. It was stated these changes go against the previous consultation;
6. There were concerns presented regarding the movement of services away from localities and a precedent being set for moving more services in the future. Further guarantees of outpatient, day surgery and diagnostics services to be retained at the current hospitals were requested as well as further reassurance that Pontefract patients would not have to travel for outpatient and day surgery appointments for orthopaedic trauma;
7. The MP’s urge the NHS to ensure that there is free transport from Pontefract to Dewsbury which fits easily with appointment and visitor hours.

#### **4.3.6 Official Response from Shahid Malik, MP for Dewsbury**

MP for Dewsbury, Shahid Malik, expressed some travel concerns towards the proposals but overall termed proposed changes to be 'broadly sound' and 'based on common sense thinking' which will result in 'healthier outcomes for people across the whole of Yorkshire'. With regards to each specialist service proposed to be based at the new Wakefield Hospital (Orthopaedic Trauma, Inpatient Children's Surgery and Neonatal Intensive Care) MP Malik broadly offered his support. With reference to the siting of Urology and Lower Gastro-Intestinal Cancer services at Dewsbury District Hospital, MP Malik welcomed the proposed development and requested for every effort to be made in order to secure future funding as soon as possible.

The only concerns MP Malik raised in relation to the proposed changes were those concerning transport. In particular he expressed concerns towards accessibility for elderly patients and visitors. MP Malik therefore requested to be notified of the transport proposals once they had been established.

#### **4.3.7 Official Response from Mike Wood, MP for Batley**

MP Mike Wood offered his support towards the proposed changes under consultation. A pertinent point made in MP Woods response was a key desire to ensure Dewsbury District Hospital has a 'vibrant future working alongside the new Wakefield and Pontefract Hospitals' in relation to the results of the most recent Joint Health Needs Assessment and the major health needs of the North Kirklees population expressed in those results. However, it is accepted by MP Woods that the development of specialist centres, as detailed in the proposed changes, would benefit and improve health outcomes for the North Kirklees population.

MP Wood offered full support for the siting of Urology and Lower GI services at Dewsbury District Hospital; his only concern being the current lack of secured funding for the proposals to go ahead. He requested for the funding to be secured as soon as possible in order for the public to be clear about the outcome of the consultation and the future of Dewsbury Hospital. Further to these comments, MP Wood also raised concerns towards transportation for elderly patients and the proposed transport plans. He urged for the transportation plans to receive considerable attention, in order to ensure that the full health benefits of the proposed changes are delivered.

## Kirklees LINK

Kirklees LINK was asked by the Joint Overview and Scrutiny Committee, Kirklees Metropolitan Council and Wakefield Metropolitan District Council to undertake some survey work on the proposed changes. The survey differs slightly from the consultation questionnaire and the types of respondents are unknown as such, a summary of the responses from the Kirklees LINK survey are presented separately below.

### 1. Neonatal Services:

**Table 4.1: Are you happy that Neonatal intensive care for newborn children will be available at the new hospital site in Wakefield?**

Answer	Count	Percentage (%)
Yes, it's near enough in Wakefield	4	25
No, the service should be available in Dewsbury	7	43.75
No Answer	5	31.25

**Table 4.2: Would these changes affect you in a positive way and/or a negative way?**

Positive	Negative
If better treatment and staffing.	We should have local services, as not everyone can travel to Wakefield. Even if you can travel by car, what about parking?
Would love better equipment and better trained staff.	Too far for visiting daily to parents. Care often needed immediately without the trauma of moving baby.
	Access to hospital (transport) would be an issue
	It would be too far to travel

### 2. Inpatient Surgery for Children:

**Table 4.3: Are you happy that inpatient surgery for children, who would have to spend a night in hospital, will be available at the new hospital site in Wakefield?**

Answer	Count	Percentage (%)
The service should be available at Dewsbury	9	56.25
A service based in Wakefield is near enough	3	18.75
No Answer	4	25.00

**Table 4.4: Would these changes affect you in a positive way and/or a negative way?**

Positive	Negative
Better hospital site	Why are services being taken away from Dewsbury?
	I believe families are going to find it hard to travel to Wakefield. Services should be provided at Dewsbury
	Transport needs to be in place as would be a problem (respondent with 5 year old)
	Too far away for visiting a child daily

3. Inpatient Orthopaedic Surgery:

**Table 4.5: Are you happy that orthopaedic inpatient surgery will be available at the new hospital site in Wakefield?**

Answer	Count	Percentage (%)
A service in Wakefield is fine	6	37.5
The service should be local	6	37.5
No Answer	4	25

**Table 4.6: Would these changes affect you in a positive way and/or a negative way?**

Positive	Negative
	In emergency you need quick local services. With modern traffic it would take a long time to get to Wakefield.
	From where I live the Hospital would be 10 miles away- too far, when there is a hospital 5 miles away.
	Distance element- will this have an impact on survival rates? Every minute counts, don't want to be stuck travelling to hospital if other hospitals are closer.

4. Urology and Lower GI Services:

**Table 4.7: Are you happy that Urology and Lower GI services will be available at Dewsbury Hospital?**

Answer	Count	Percentage (%)
Yes, I'm happy that this service will be available at Dewsbury	11	75
No answer	3	18.75
Not completed	1	6.25

**Table 4.6: Would these changes affect you in a positive way and/or a negative way?**

Positive	Negative
All for more services in Dewsbury as opposed to taking everything to Wakefield	There is an assumption that all people have access to private transport in these arrangements. None of my family are able to drive, this means a round trip of about three hours (bus connections assumed) to get from my home to Wakefield. Depending on the time of day this may actually increase. This makes visiting people virtually possible on a working day. Keep all services local. There is a duty to the Community to provide care at the point of need, not at a point of convenience.

Although coverage and response figures cannot be commented on, it is possible to see similar concerns being raised towards the movement of services, and similar positive perceptions as those presented in the main consultation exercise.

#### **4.3.8 Wakefield LINK**

The Wakefield LINK conducted an online survey ('over 20 people' responded; no exact figure provided) and held a public meeting on 9 October 2009 where 40 people attended (see section 3.3). As the online survey was conducted separately to this review, the results and response figures were not included in this report. Whilst overall the Wakefield LINK did not specifically state whether they supported the proposed changes (although they officially welcome the new Wakefield and Pontefract Hospitals), the group did provide a summary of key concerns and issues raised from the public meeting and online survey, which are presented below.

1. Wakefield LINK stated there were some complaints regarding a lack of staff within GP surgeries (where consultation documents were located) who were well informed about the changes and could comment on them further. The LINK then stated that low literacy levels in the areas concerned may have led to a lack of understanding towards the proposed changes, due to a lack of plain English in the documents, and this was reflected within 'low turnout's' at Trust meetings. In response to these issues it can be stated that great lengths were taken by MYHT, NHS Kirklees and NHS Wakefield District to ensure the proposed changes were presented in as much plain English as possible. The success of this is reflected in the degree to which people reported they understood the document (please see table 3.12). Although only 78.2% of the sample responded to this question, over 50% of the entire sample reported to have understood all of the document and 20.8% stated they understood most of the document. Therefore 70.8% of the sample, out of a possible 78.2% percent whom responded, understood either all or most of the document, which is a positive response. Further to this, it was often found that people who did not understand all of the changes attended public meetings in order to clarify the issues and attain full understanding of what is being proposed, as opposed to being deterred;
2. There were concerns regarding discharge rates with patients possibly being discharged too soon before proper care plans have implemented. It was stated that PCT and Hospital managers must work 'seamlessly' to effectively implement this strategy, or patients will need to return to the hospitals;
3. As in the MYHT consultation, concerns were expressed regarding the growing population and the proposed cut in beds for Pontefract and Dewsbury Hospitals;
4. Wakefield LINK reported there were expressions of surprise towards the siting of Urology and Lower GI services at Dewsbury Hospital which is dependent on funding which is yet to be acquired. There was also a lack of understanding towards this decision when other services are being relocated to Wakefield;

5. Transport and incurred cost was reported as a major issue, especially the distance from Ferrybridge to Dewsbury. There were also concerns regarding the ability of visitors and the elderly to travel the distances required. However, it was reported that many favoured the shuttle bus;
6. A key factor was a lack of publication regarding travel plans. It was felt that the public felt uncertainty and fear due to the lack of information regarding travel and future plans;
7. Car parking was raised as a major concern;
8. Centralisation of neonatal services was not reported to raise concerns.

#### **4.3.9 Responses from Cancer Service Users, MYHT**

15 responses were received from Cancer service users at MYHT. Unfortunately, as the responses were received too late in the report process, they were unable to be fully included in the final report. However, a summary analysis of the responses showed responses to be primarily positive with regards to the improvement and centralisation of services (Urology and Lower GI services in particular). The negative concerns were found to be in line with those already reported, meaning distances that will be required to travel, transport concerns and diffusion of services. Although some respondents felt positively about the specialist Urology service, a substantial number expressed concern about the siting of the service at Dewsbury District Hospital.

#### **4.3.10 Response from South West Yorkshire Partnership (SWYPFT), NHS Trust**

SWYPFT stated they are 'broadly supportive' of the proposals outlined, viewing potential benefits for patients and communities. With that being said, in view of the current financially challenged climate, SWYPFT requested further details as to how the proposed changes will be afforded; specifically assurances as to how the needs of patients with mental health problems and or learning disabilities will be met with no disadvantages resulting from cost pressures. SWYPFT reinforced their offer to work in partnership with MYHT on some key areas such as liaison services and the Dementia Strategy, 'with a view to improving whole systems quality and productivity.'

## Section 5: Discussion

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### 5.1 EVALUATION OF THE CONSULTATION EXERCISE

The consultation exercise involved extensive efforts to ensure that information was made readily available and interested parties had the opportunity to comment on the proposed changes. The exercise ran for a period of almost three months during which time there were over 30 public meetings, with multiple meetings in key locations across the region to ensure that participants had several opportunities to attend.

Promotion of these meetings was through local press, local NHS organisations as well as other routes, such as pharmacies. It is our opinion that every effort was made to ensure that the information on the proposed changes was readily available to the public and that the consultation meetings were scheduled to maximise participation. Furthermore, specific efforts were made to reach out to black and ethnic minority communities by siting consulting events in local communities and making information available in multiple languages.

This is believed to represent a very considerable effort on the part of local trusts to ensure that all individuals in the region had the opportunity to participate in the consultation. Indeed, it should be noted that the number of services, beds and patients affected by the proposed changes is relatively modest when considered in the context of the regional health economy. As such, the trusts involved should be praised for their efforts to undertake a wide-ranging consultation exercise.

#### 5.1.1 Characteristics of Respondents

Over 100 individuals or organisations provided responses to the consultation exercise with over 300 individuals attending public meetings. Responses were received from organisations with a strong vested interest in the proposed changes (e.g. cancer support groups). Individual responses were received from across the affected region. Where individuals provided demographic information this showed that there was a reasonable mix of males and females as well as responses from individuals in all age groups.

The high proportion of White British respondents in comparison to the frequencies of people from other ethnic backgrounds is the primary and sole issue of imbalance in responses. This was an unfortunate outcome when considering the steps taken to promote even and fair coverage including six articles translated into different languages for non-English speakers and attempts to place public meetings in venues where local residents of all ethnicities would have been able to attend, including the Al Hikmah Centre, Batley.

## **5.1.2 Forms of Responses**

More postal questionnaire responses were received than online, which may reflect a greater tendency of older respondents to use traditional methods of communicating, rather than electronic/on-line approaches.

### **5.1.2.1 Nature of responses**

Responses were fairly balanced in their perceptions of the proposed changes. Typically, consultations on proposed changes to hospital services often result in a largely negative response, reflecting the fact that those individuals who are motivated to respond often feel strongly about the proposed changes and may have had poor experiences of care in the facilities affected. In contrast, the current consultation elicited a relatively high proportion of positive responses which reflects positively on the proposed changes. The balance between positive and negative responses received suggests that respondents have presented rationalised and secured thoughts on the changes, bringing both positive aspects and concerns to light. The positive views reinforce the foundations of the proposed changes, whilst the negative views and concerns raise issues which need to be addressed by the trusts involved.

It should be noted that many individuals provided responses which raised issues that reach well beyond the scope of the current consultation. Issues associated with the management of hospitals across the mid-Yorkshire region more generally, as well as the level of patient care provided in the region, were raised by many participants. Whilst these are perfectly valid responses and should be noted by the trusts involved, they do not provide any specific feedback on the proposed changes to services.

When analysing the factors which encouraged people to respond, it is understandable that an interest in local health issues was the most frequent factor. The interest and concern for local health and the desire to maintain local services is a key theme underpinning the majority of responses and discussion within this report. It is also good to note that the encouraging factors reported, 'to voice concerns' and a 'desire to improve services', are very close in terms of frequencies. This shows a fairly even balance towards the number of individuals who were concerned about the changes, and those who viewed them positively and wished to support them.

### **5.1.1 Accessibility of Summary Documents**

It is useful to analyse the methods by which people heard about the proposed changes and the consultation, in order to advise effective methods and practices for future consultations. A number of methods were employed to distribute information regarding the changes to the public. Not all respondents provided an explanation as to how they heard about the consultation, but through the postal system was the most frequently reported method. This is unfortunate in terms of defining the exact source of distribution (many groups/surgeries were sent material to distribute), but also illustrates the postal system to be the most popular medium of communicating the changes and receiving feedback. The numbers are dispersed

across a large range of groups and institutions, illustrating a positive outcome in terms of the scope of dispersal.

As stated within the findings, there was a very positive outcome in the numbers who understood the material of the document. Considering the proposed changes being discussed are quite complex in nature, it is very encouraging to see over 50% of the entire sample report understanding all of the material, and that overall the information appears to have been communicated effectively.

## **5.2 QUALITATIVE FINDINGS IN QUESTIONNAIRE REPONSES AND PUBLIC MEETING DATA**

Discussions of the qualitative findings both in direct relation to the proposed changes under consultation and wider feedback towards the Mid Yorkshire healthcare strategy are presented below.

### **5.2.1 Positive Perceptions: The Improvement of Services Through Centralisation and Specialisation**

The high numbers of positive responses in relation to negative responses illustrate a supportive and welcoming response from the majority of the public who took part in the consultation. The perceived improvement of services through centralisation and specialisation was identified by a substantial proportion of respondents who welcome the development of fit for purpose, brand new hospital builds which have the potential to attract key staff with high expertise in their fields. There were elements of reassurance expressed by a substantial number of respondents, in terms of the quality of care they might receive in these hospitals.

A number of respondents raised both positive and negative perceptions to the changes, suggesting that whilst the new facilities may lead to benefits, there are some mitigating steps that need to be put in place to ensure that these are achieved.

### **5.2.2 Negative Concerns: Distance, Transport and Parking**

The distance between sites and issues of transport was the most frequently expressed concern among respondents and attendees to the public meetings. There were three key groups whom were reported to be potentially affected the most in terms of transport difficulties: the elderly and those with restricted mobility, visitors (and more specifically parents visiting children daily) and non English speakers. Although these key groups were raised for consideration, there were a considerable number of other respondents who reported difficulties as they simply do not have their own transport and public transport systems are logistically difficult to navigate and are unreliable.

The time, stress and incurred cost of travelling between sites were the most frequently reported concerns of this consultation. One substantial concern regarded travel to and from Dewsbury Hospital. Primarily this was an issue of distance, however a second issue may perhaps relate to the fact that Dewsbury residents were not initially a part of the 'Grasping the Nettle' consultation held in 1999. Therefore Dewsbury residents felt resentment towards services being moved away to Wakefield, whilst some Pontefract and Wakefield residents felt resentment towards Urology and Lower GI services being sited at Dewsbury Hospital.

A third underpinning theme of this issue, as raised in the feedback for the wider Mid Yorkshire healthcare strategy, could possibly have been caused by a lack of publication over future transport plans. As Wakefield LINK respondents reported, as well as many attendees of the public meetings and respondents to the MYHT questionnaire, a lack of clarification over the future transport plans instilled great uncertainty and concern within respondents.

Although it is stated that future transport plans have not yet been proposed, as MYHT, NHS Kirklees and NHS Wakefield District are waiting for the views of respondents (as reported within the consultation) to inform planning, respondents felt a great deal of uncertainty. Perhaps if more transparent assurance is provided to the public that their transport concerns will be attended to and taken into consideration for future plans, less negative concerns would have been raised in the proposal.

Concerns were also raised in conjunction with travel issues, regarding appointment/visit times and parking facilities and costs. Respondents expressed concern that any travel offered between sites may not operate during appropriate times in relation to appointments and visiting hours.

Hospital parking facilities have been subject to media scrutiny over the past few months following the release of financial figures relating to the income generated. There is a perception that hospital trusts make large amounts of profit from car parking payments, which is viewed in essence as 'extra money'. This led to respondents of this consultation requesting either car parking charges to be reduced or removed and facilities expanded, or the 'extra money' gained from parking facilities to be fed into new transport plans. It is perhaps advisable for the MYHT to address the issue of car parking facilities in light of these requests, as well as educating the public as to how the financial logistics of car parks are arranged. With Scotland and Wales scrapping car parking fees for all hospital attendees, and with Labour proposing to provide free parking for in-patients and staff if they win the next election, MYHT should consider how to respond to this issue.

It was noted within the findings that some participants welcomed the proposal of a shuttle transport service and not everyone expected this service to be for free.

### **5.2.3 Negative Concerns: Diffusion of Services across sites and Bed Numbers**

As part of the concerns raised, respondents expressed concern about the movement of services away from Pontefract and Dewsbury hospitals and reductions in bed numbers at these sites. Whilst some expressed a stern request to keep and maintain services locally (an underlying premise to a substantial number of objections), others felt uncertainty towards the future of the two hospitals with services being removed and bed numbers being reduced. The term 'cottage hospital' was frequently expressed towards the Pontefract and Dewsbury hospitals. The feeling of uncertainty sometimes manifested itself into suspicion and lack of trust towards the local NHS in some cases, with accusations of hidden agenda's being made by a small number of respondents.

It is understood that there are currently no future plans to shut down or significantly reduce services at Pontefract and Dewsbury hospitals. It is understandable that residents wish to keep their services local, but a breakdown of the rationale behind the proposed changes, in terms of centralisation and creating the specialist centres throughout the region, would alleviate these concerns. The lack of clear reference to number of beds being reduced in the Pontefract and Dewsbury hospitals within the consultation document may have added to elements of suspicion and lack of trust. It may be in the best interest of the local NHS to respond to accusations of withholding information with more transparency in the presentation of their information.

### **5.2.4 Negative Concerns: Factual Issues in the Siting of Urology and Lower GI at Dewsbury**

The primary issue raised in the siting of services, was the proposal to place Urology and Lower GI at Dewsbury Hospital. There were factual concerns (number of staff required, transfer time) provided by clinicians, as well as overall questioning of the decision. Many public respondents questioned the rationale for placing a specialist service at Dewsbury, where all other services are being centralised in a new hospital in Wakefield. It is understood that there are logistical planning reasons which have informed this decision, but the public whom responded to the public consultation are not aware of this reasoning. Again, perhaps further transparency regarding the rationale behind the proposed changes would alleviate concerns.

### **5.2.5 Wider Concerns: The Consultation Process**

A proportion of respondents expressed concern towards the validity of the public consultation and whether their comments and views would have any impact on the future decisions of implementation. It was felt by some that the changes had already been decided and the consultation was simply a standard procedure of 'going through the motions'. Whilst many respondents appreciated the consultation and the chance to voice their views, misconceptions were formed which illustrate lack of trust towards the MYHT and NHS in general. Although these concerns were not expressed by a substantial number of people, they were present throughout the consultation and deserve to be addressed, if only to reinforce public faith. This mistrust may be partially due to the decisions made after the

'Grasping the Nettle' public consultation held in 1999. Perhaps in future consultations, the changes presented should be reiterated throughout as proposals rather than plans, leading to the public role in the consultation being reinforced.

#### **5.2.6 Wider Concerns: Patient Aftercare**

Patient aftercare was raised as a concern within the consultation. There were two key issues presented in this area. Firstly, a perception made by elderly respondents regarding reduced time of stay in hospitals after treatment and lack of care; secondly a proportion of respondents were anxious regarding the suitable implementation of community services and follow up care in time with patients being sent home.

Similarly with community service and follow up care; if definitive plans of implementation are presented to interested members of the public, with associated timescales and targets, this concern would alleviate and instil feelings of reassurance.

## Section 6: Recommendations

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### 6.1 RECOMMENDATIONS FROM AN INDEPENDENT REVIEW ON THE PUBLIC CONSULTATION, 'YOUR HOSPITAL'S, YOUR SAY'

Based on the findings presented above, a number of recommendations are presented for consideration by the local NHS and other interested parties in the region. The recommendations include mitigating factors which, if put in place, would help to address some of the key concerns raised by respondents.

1. MYHT, NHS Kirklees and NHS Wakefield District should provide clarity around the rationale for locating particular services in particular locations. It is understood that centralisation of services to the new-build at Pinderfields along with a commitment to the future of PGI was a key outcome of the previous consultation, Grasping the Nettle. Since this time, due to health service re-organisation, Mid-Yorkshire Hospital Trust now comprises Pinderfields, PGI and Dewsbury Hospital. The location of some services at Dewsbury was clearly a concern for respondents, particularly due to the travel time from the five-towns area.

We would suggest that MYHT, NHS Kirklees and NHS Wakefield District could have been more transparent in explaining why particular services are proposed for particular hospital sites. For example, it is our understanding that the 'footprint' at Pinderfields is simply not large enough to accommodate all the services required for the population covered by Mid-Yorkshire Hospitals Trust. This is not a result of poor planning, but rather due to changes in services and the population served by MYHT, NHS Kirklees and NHS Wakefield District which were unforeseen at the time plans were put in place for Pinderfields. The general public is expected to be largely sympathetic to such issues, so long as they are explained in a clear and transparent manner.

2. MYHT, NHS Kirklees and NHS Wakefield District should provide clarity about their commitment to maintaining services at three sites across the region. Many responses raised issues much broader than the consultation, with particular concerns being raised about the future of PGI and Dewsbury hospital. Clearly, there are also concerns about the changes to bed numbers and services offered at Pontefract hospital. The proposed changes reflect national trends to reduce hospitalisation rates and lengths of stay, shift care closer to home wherever possible and make accessibility to services easier for patients. All of these are laudable aims but are not clearly understood by the general public, particularly those from older age groups who perceive a reduction in beds to be a scaling back of the services offered by a particular hospital.

MYHT, NHS Kirklees and NHS Wakefield District should be clearer in explaining how the changes to bed numbers across the region affect the general public, emphasise that this is part of a wider trend to keep patients out of hospital where it is not necessary and ensure that out-patient, primary and community care services are being expanded to address these needs. Clearly, the general public needs this reassurance to ensure that the proposed changes (which amount to a relatively small number of beds) are not seen to be part of a wider attempt to reduce services in particular hospitals. It should also be noted that the new-build at Pontefract and the plan to move some services to Dewsbury show a clear commitment to the future of these hospitals but that this has not necessarily been clearly communicated.

3. MYHT, NHS Kirklees and NHS Wakefield District need to put in place clear and comprehensive travel plans if the proposed changes are implemented. Accessibility for patients and visitors was the main issue raised in the consultation exercise. Whilst the distance between the individual hospitals is relatively modest, for many individuals in the region, being referred to a hospital other than the nearest one is clearly a challenge, particularly for those individuals who rely on public transport. The major issues seem to be for those individuals at the extremes of the region. Individuals at the east of the region are reluctant to travel to Dewsbury and individuals at the west of the region are reluctant to travel to Pontefract or Wakefield. MYHT, NHS Kirklees and NHS Wakefield District need to reassure patients that comprehensive travel plans will be put in place to ensure that accessibility is not a problem. Furthermore, services need to acknowledge that patients may need to travel for some time/distance to access care and so the timing of appointments needs to take this into account.

Whilst there were some concerns raised about the lack of travel plans presented alongside the proposed changes to service, it is entirely appropriate for MYHT, NHS Kirklees and NHS Wakefield District to wait for completion of the consultation exercise to formulate these plans and put in place appropriate mitigating steps based on the responses. We recommend that MYHT, NHS Kirklees and NHS Wakefield District develops a clear strategy following completion of the consultation to develop a comprehensive travel plan that will ensure that access to the three sites does not present problems to the local population.

4. Finally, we would reiterate that in our opinion, MYHT, NHS Kirklees and NHS Wakefield District have made every effort to ensure that the local population has an opportunity to comment on the consultation. Significant effort was put into running public events whilst multiple methods were made to promote the consultation and the opportunity to respond.

## **APPENDIX A**

### **Summaries of Proposed Changes**

**Table 1.1 Summaries of Proposed Changes**

Service	Proposed Changes	Benefits	Who Would be Affected
Neonatal Intensive and high dependency care	<ul style="list-style-type: none"> <li>• A specialist centre dedicated to supporting complex births and caring for premature or seriously ill newborn babies requiring high levels of care;</li> <li>• The number of special care cots in Dewsbury would increase from 11 to 14, caring for babies born up to eight weeks early, ill or with low birth weight;</li> <li>• A new dedicated ambulance service with specialist neonatal staff will be available for babies requiring urgent transportation to and between hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>• The centre would provide the best possible expert care for complex births and babies requiring high levels of care, in line with recommendations from national experts;</li> <li>• Patients would receive 24 hour care from specialist staff;</li> <li>• The number of intensive and high dependency cots would increase in mid Yorkshire from six to eight, therefore helping to prevent the transfer of babies outside the region.</li> </ul>	<ul style="list-style-type: none"> <li>• Approximately 1% of all births in mid Yorkshire require neonatal intensive or high dependency care. This would mean approximately 65 babies a year would be affected by this change.</li> </ul>
Inpatient surgery for children	<ul style="list-style-type: none"> <li>• A specialist centre dedicated to complex surgery for children requiring at least one night's stay in hospital</li> <li>• All current children's outpatient services (pre and post operations) would continue to be available in patient's local community and at all three hospitals</li> <li>• A &amp; E departments at all three hospitals will have separate dedicated facilities for examining and diagnosis children.</li> </ul>	<ul style="list-style-type: none"> <li>• The purpose built centre, specifically designed to meet the needs of children different ages, therefore improving the hospital experience and recovery.</li> <li>• Children would have access to a consultant-led service with specialist staff and equipment 24 hours a day, preventing the need to transfer to different hospitals for different specialists.</li> <li>• The centre would help attract the best staff to mid Yorkshire and enable existing staff to develop skills.</li> </ul>	<ul style="list-style-type: none"> <li>• Approximately 200 children a year, or four children a week, who are currently treated at Dewsbury would be treated at this proposed specialist centre.</li> </ul>

<p>Inpatient orthopaedic trauma surgery</p>	<ul style="list-style-type: none"> <li>• A specialist centre for patients requiring complex emergency surgery to bones or joints, requiring a minimum of 1 nights stay in hospital.</li> <li>• All hospitals will have facilities for orthopaedic day and short-stay surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence from hospitals around the country that have introduced specialist centres suggests this change could help save around 25 lives a year for the region.</li> <li>• All patients would have access to dedicated theatres and specialist x-ray equipment within 24 hours, in line with recommendations from national experts</li> <li>• All patients would have consultant-led care, with surgery performed by doctors who specialise in the specific area of treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Approximately three patients a day from Dewsbury would be treated at the specialist centre in Wakefield.</li> <li>• The centre would only be for people requiring emergency surgery, therefore patients would stay at the centre for a short period of time and continue recovery and rehabilitation at their local hospital.</li> <li>• Planned, non emergency surgery to bones and joints will continue to take place at all three hospital sties.</li> </ul>
<p>Inpatient surgery for urology and lower gastro-intestinal cancer</p>	<ul style="list-style-type: none"> <li>• A new, purpose-built specialist centre at Dewsbury dedicated to inpatient surgery for urology and lower gastro-intestinal cancers.</li> <li>• The centre is proposed to provide the best possible surgery for cancers such as the bowel, bladder and prostate cancers. It would also provide expert inpatient surgery for all urology patients.</li> </ul>	<ul style="list-style-type: none"> <li>• It would provide the opportunity to invest in new technology such as robotic-assisted surgical equipment, making surgery less invasive and helping patients to recover more quickly.</li> <li>• It would ensure patients would receive care 24 hours a day from specialist staff, in line with national guidelines.</li> <li>• It would help maintain mid Yorkshire's status as one of just three centres across the whole of Yorkshire that provides urology surgery, by ensuring the facilities are of the highest standard.</li> </ul>	<ul style="list-style-type: none"> <li>• Approximately three patients a day from Pontefract would travel to the centre in Dewsbury</li> <li>• No changes are being proposed towards to the current arrangements for inpatient surgery for other types of cancer and non-surgical urology or cancer treatment.</li> <li>• Outpatient urology services and urology day surgery will continue to be available at all three hospitals.</li> </ul>

## **APPENDIX B**

### **Consultation Activity Summary**

## Details of consultation activity

The following information outlines the extent of consultation and engagement activity that has so far taken place for our current consultation on developing specialist hospital services for mid Yorkshire.

To date, we have distributed over 10,000 full and summary consultation documents.

<b>Communication and engagement with key groups and stakeholders</b>	
GP Surgeries	<p>Consultation summary documents and posters sent to every GP surgery in north Kirklees and Wakefield District.</p> <p>Letter sent to each Practice Manager informing them of the consultation and requesting information is made available to patients in waiting areas and offering to hold a meeting with their surgery to discuss the consultation</p>
GPs	<p>Letter and consultation document sent to every GP in north Kirklees and Wakefield District.</p> <p>Meeting/engagement events organised and held with GPs across north Kirklees and Wakefield District.</p>
Pharmacists	<p>Letter, consultation summary documents and posters sent to every pharmacy in north Kirklees and Wakefield District. Letter requested information was made available in patients areas and offered to meet with their pharmacy to discuss the consultation</p>
Libraries	<p>Consultation summary documents and posters sent to all 32 libraries in north Kirklees and Wakefield District</p>
Community Centre	<p>Consultation summary documents and posters sent to every community centre in north Kirklees and Wakefield District</p>
Voluntary groups	<ul style="list-style-type: none"> <li>- Consultation summary documents, poster and covering letter offering to hold a meeting with any interest groups sent to 350 voluntary groups in north Kirklees and Wakefield District</li> <li>- A reminder letter and consultation document sent to all voluntary groups in early October</li> </ul>
VOX	<ul style="list-style-type: none"> <li>- 250 consultation summary documents handed to VOX, plus posters, for them to display and handout to any relevant groups.</li> <li>- Article also sent for inclusion in their weekly e-newsletter.</li> <li>- Meeting held with VOX pre consultation to explain plans and gain their support in contacting groups</li> <li>- Attended VOX September Board meeting to discuss consultation and request their support in contacting wider groups</li> </ul>
Voluntary Action Kirklees	<ul style="list-style-type: none"> <li>- 250 consultation documents handed to VAK for them to issues to all their member organisations with their next board meeting minutes and to also display and pass on to other interested groups</li> <li>- Article also sent for inclusion in their weekly e-newsletter</li> <li>- Meeting held with VAK pre consultation to explain plans and gain their support in contacting groups</li> <li>- Further discussion ongoing re organising a consultation event with their member organisations</li> <li>- Information also distributed to Kirklees Network &amp; the VCS</li> </ul>
Wakefield LINK	<ul style="list-style-type: none"> <li>- Meetings held with LINK in build up to consultation.</li> <li>- 250 summary documents and posters given to LINK to distribute and display.</li> <li>- Consultation meeting being organised for LINK members and</li> </ul>

	partner organisations in October - LINK tailored their own response form for consultation
Kirklees LINK	-Meeting held with LINK in build up to consultation. - 250 summary documents and posters given to LINK to distribute and display. - Offer made to organise meeting with them. - LINK conducted some face to face public surveys - LINK developed online response form
Mid Yorkshire Hospital sites	Consultation summary documents and posters made available to public and staff at all three hospital sites general offices, medical education and libraries
NHS Wakefield District Patient Bank	Letter and consultation summary document sent to all 72 members of NHS Wakefield District Patient Bank
NHS Kirklees PPI Volunteers	Letter and consultation summary document sent to all 139 members of NHS Kirklees PPI volunteers
Mid Yorkshire Hospital NHS Trust	Letter and consultation summary document sent to all 30 members of The Mid Yorkshire Hospitals' Volunteers
MPs	Letter and consultation document sent to every MP -Further meetings being organised with MPs -Additional 25 summary documents and 25 consultation documents sent on request to Ed Balls
PIPEC	Summary documents sent out to members of NHS Wakefield District's Public Involvement & Patient Experience Committee (PIPEC), plus discussion held at September meeting
Kirklees Local Area Committees	LAC co-ordinators for north Kirklees contacted, information supplied and offer made to meet with.
Kirklees Tenants & Residents Associations	Kirklees Neighbourhood Housing TRA co-ordinators for north Kirklees contacted, information and consultation documents supplied and offer made to meet with.
Wakefield Tenants & Residents Associations	Contacted to ask re sending info to residents regarding consultation, public meetings and offer to meet with associations.  Wakefield District Housing placed information about consultation on their website  Information distributed to local service access points throughout Wakefield district and to tenant involvement officers.
Expert Patient Programme Dewsbury	NHS Kirklees PPI team met with programme coordinators and discussed consultation
OSC	- Letter and consultation summary document sent to OSC - Consultation summary documents sent to OSC members to distribute to local residents - Joint OSC met with and presented to.
Dewsbury means Business	Information on consultation sent for "Dewsbury means Business" meeting.
Local NHS Trusts	Summary document and letter inviting response sent to all neighbouring NHS Trusts
Supermarkets/ post offices	Information sent for display at supermarkets and post offices across Wakefield District and north Kirklees
Community workers	Information sent to Kirklees Council Community liaison staff and NHS Wakefield District Community Health Trainers staff to distribute local people and groups
<b>Cancer/ Urology</b>	
Cancer service user	Group contacted, met with and presented to. Further consultation

network partnership	information supplied and further offer made to meet with group.
Prostate cancer service user group	Group contacted, information supplied and offer made to meet with members. Meeting organised 2 October
Urology/colorectal service user groups	Group contacted, information supplied and offer made to meet with members
Yorkshire Cancer Network	Consultation documents and letter offering further information and opportunity for a meeting sent out.
Castleford and District Cancer Self Help Group	Group contacted, information supplied and offer made to meet with members. Meeting organised 2 October
Cancer/Urology patients	Summary documents provided to medical audit team and surgical teams for them to distribute to patients/service users.
<b>Neonatal/Children's inpatient surgery</b>	
Children's Centres	- Consultation summary documents and posters sent to all 26 children's centres in the north Kirklees and Wakefield District. Letter offering to hold a meeting for any groups at the children's centre. - Drop in sessions organised at 5 key Sure Start Children Centres in north Kirklees.
Bliss	Group contacted, information supplied for distribution to local members and offer made to meet with members
The Madressah, Batley - Muslim Evening School	Information provided for distribution to over 800 parents
Yorkshire neonatal network	Neonatal network contacted and details of consultation supplied.
NCT Wakefield	Group contact, information supplied for distribution to local members and offer made to meet with members
NCT Dewsbury	information supplied for distribution to local members and offer made to meet with members
Community midwife team Dewsbury	Summary documents provided to the community midwife teams based in Dewsbury for staff to distribute to patients.
Community midwife team Pontefract	Summary documents provided to the community midwife teams based in Pontefract for staff to distribute to patients.
Community midwife team Wakefield	Summary documents provided to the community midwife teams based in Wakefield for staff to distribute to patients.
Breastfeeding group coordinators	Information sent out to breastfeeding coordinators in Wakefield District and north Kirklees
Barnardos Signpost	Information supplied for distribution to local members and offer made to meet with
<b>Orthopaedic Trauma</b>	
Kirklees Older peoples network	Group contacted. Presented and discussed proposal at meeting on 7 September
WISE Wakefield district wide older peoples forum	Group contacted, information supplied for distribution to local members and offer made to meet with members.
Helping hands	Copy on proposal and consultation provided for Helping Hands newsletter for older people
Dewsbury Pensioners network	NHS Kirklees PALS team met with group and discussed consultation
Age Concern	Consultation docs and posters sent to Age Concern, Cleckheaton
Young at Heart Older persons group	Group contacted and meeting arranged to speak with the group about new hospitals

<b>Informal engagement activity</b>		
Choice roadshow	15 September 2009	Information given out and discussed with local people at South Elmsall Market.
Choice roadshow	16 September 2009	Information given out and discussed with local people at Pontefract Market.
Choice roadshow	17 September 2009	Information given out and discussed with local people at Tesco in Hemsworth.
Choice roadshow	18 September 2009	Information given out and discussed with local people at Castleford Shopping Precinct
Choice roadshow	19 September 2009	Information given out and discussed with local people at Wakefield Precinct
Choice roadshow	29 August & 2 September	Information given out and discussed with local people at Dewsbury Town Centre
Choice roadshow	4 September	Information given out and discussed with local people at Batley Town Hall
Birstall & Birkenshaw Children's Centre	22 September	Information given out and discussed with local people
Thornhill lees childrens centre	23 September	Information given out and discussed with local people
Thornhill Childrens Centre	24 September	Information given out and discussed with local people
Savile Town Childrens Centre	29 September	Information given out and discussed with local people
Wakefield Speaks, Glasshoughton	3 October	Information distributed to local people
Batley Children's Centre	5 October	Information given out and discussed with local people
Batley Health Centre	7 October	Information given out and discussed with local people
Dewsbury Health Centre	9 October	Information given out and discussed with local people
South Elmsall Market	13 October	Information given out and discussed with local people
Eddercliffe Health Centre	13 October	Information given out and discussed with local people
Pontefract Market	14 October	Information given out and discussed with local people
Northgate Surgery, Pontefract	16 October	Information given out and discussed with local people
Madina Majid Mosque, Batley	16 October	Information provided for distribution
Snowdon Mosque, Batley	16 October	Information provided for distribution

<b>Meetings</b>			
<b>Date</b>	<b>Time</b>	<b>Venue</b>	<b>No. of attendees</b>
Wednesday 26 August	7pm	Pontefract Town Hall	35
Thursday 27 August	7pm	Dewsbury Town Hall	2
Wednesday 2 September	1pm	Agbrigg Community Centre, Wakefield	5

Thursday 3 September	10.30am	PIPEC meeting, White Rose House	20
Monday 7 September	10.30am	Kirklees Older People Group, Gateway to Care, Huddersfield	12
Monday 7 September	6pm	Knottingley Town Hall	11
Tuesday 8 September	1pm	Al Hikmah Centre, Batley	3
Tuesday 8 September	6pm	Treacy Hall, Wakefield	28
Thursday 10 September	2.30pm	VOX Board meeting, Featherstone	15
Friday 11 September	10am	Joint OSC, Dewsbury Town Hall	N/A
Friday 11 September	1pm	Joint OSC, Dewsbury Town Hall	N/A
Monday 14 September	6pm	Minsthorpe Community College, South Elmsall	1
Thursday 17 September	6pm	Ossett Town Hall	2
Thursday 17 September	1pm	Mirfield Community Centre	1
Tuesday 22 September	1pm	Kingsley & Fitzwilliam Community Centre	16
Thursday 24 September	6pm	Wakefield Wildcats – Belle Vue Stadium	2
Monday 28 September	1pm	Church of Nazarene, Morley	0
Tuesday 29 September	10.00am	Joint OSC, Dewsbury Town Hall	
Tuesday 29 September	6pm	Cleckheaton Town Hall	3
Wednesday 30 September	1pm	Ravensthorpe Community Centre	2
Thursday 1 October	1pm	Normanton Library	8
Friday 2 October	3pm	Prostate Cancer service users group, St Peters and St Paul's church Wakefield	15
Monday 5 October	1.30 pm	Pontefract Town Centre Partnership Meeting	20
Monday 5 October	2.30pm	Normanton Town Council Meeting Normanton Town Hall	15
Thursday 8 October	1pm	Pontefract Town Hall	10

Friday 9 October	2pm	Wakefield LINK Meeting, Wakefield Town Hall	40
Monday 12 October	1pm	Glasshoughton Healthy Living Centre, Castleford	9
Monday 12 October	7pm	Wakefield Town Hall	11
Wednesday 14 October	6pm	Batley Town Hall	6
Thursday 15 October	7pm	Dewsbury Town Hall	0
Monday 19 October	1pm	Al Hikmah Centre, Batley	30
Monday 19 October	5.30pm	Al Hikmah Centre, Batley	7
Tuesday 20 October	7pm	Pontefract Town Hall	0
Thursday 22 October	7pm	Dewsbury Town Hall	1

### Media Activity

3/8/09	Huddersfield Daily Examiner	Plans for Dewsbury District Hospital announced	Article highlighting disagreements between Shahid Malik MP and Councillor Iqbal around the security and future of hospital services at Dewsbury, following the start of the public consultation.
4/8/09	Yorkshire Evening Post	Shake-up for Wakefield and Dewsbury hospital services	<p>Article saying that there will be radical changes to hospital services in Dewsbury and Wakefield with the creation of four specialist centres.</p> <p>The paper version also referred to an article in last week's paper (20 July) about patient, Elaine Roberts. Elaine's baby, Jack, was transferred from Bradford, to Dewsbury, to Leeds and then Pontefract over the course of one week due to a lack of special care cots. Elaine says that if the change means more specialist neonatal cots at Dewsbury then it would be 'fantastic' but she feels there is still a need to look at what facilities and units Dewsbury needs.</p>

4/8/09	Huddersfield Daily Examiner online	Leader: Hospital shake-up	Comment piece about the announcement of proposed changes in specialist services at Dewsbury. The piece points out that whilst some people may be concerned, there are positive changes and people should keep an open mind about them.
5/8/09	Ridings FM	Morning news bulletin: Radical changes at Pinderfields and Pontefract have been revealed	The news bulletin piece highlights proposals to bring four key services together to create specialist centres. It also says that a public consultation is now underway.
6/8/09	Pontefract and Castleford Express	NHS services to get major shake-up	Continued coverage about "controversial" proposals to bring key services together to create four specialist centres. Includes comments from Yvette Cooper MP and Jon Trickett MP saying that it is important that specialist centres are "easily accessible for all patients" and the majority of care is still provided closer to home.
6/8/09	Batley News	Have your say on the big changes at our hospitals	Article focuses on the proposals for Dewsbury and highlights that the 'Your Hospitals Your Say' public consultation will take place over the next three months.
7/8/09	Wakefield Express	Patients invited to have their say in hospital centres	Article highlights the proposed specialist centres at Wakefield and Dewsbury but states that "hospital bosses say it would mean an average of three Wakefield patients per day travelling to Dewsbury for surgery." Article says that patients can have their say on the "shake-up" of services at a series of public consultation meetings and a decision on the proposals will be announced
7/8/09	The Press	NHS facing the flak	Continued coverage about our proposals for a "radical shake-up" of hospital services. Article says that the proposals have created a "political row" centred around Councillor Iqbal believing that hospital services are "under threat" whilst Shahid Malik MP has said he welcomes the new plans and hospital services at Dewsbury are safe.

7/8/09	Dewsbury Reporter	Have your say on the big changes at our hospitals	Article focuses on the proposals for Dewsbury and highlights that the 'Your Hospitals Your Say' public consultation will take place over the next three months.
7/8/09	Spensborough Guardian	Have your say on the big changes at our hospitals	Same article as in Dewsbury Reporter (see above).
7/8/09	Mirfield Reporter	Have your say on the big changes at our hospitals	Same article as in last Friday's Dewsbury Reporter about our proposals for the creation of four specialist centres.
13/8/09	Batley News	Hospital provision under the spotlight: Neonatal services	Feature article which explains about proposed service neonatal changes highlighting what they will mean for Dewsbury patients. It says that "health chiefs have said" that most mums in north Kirklees would still have their babies at Dewsbury.
14/8/09	Dewsbury Reporter	Hospital provision under the spotlight: Neonatal services	Same article as in yesterday's Batley News which explains about proposed neonatal service changes highlighting what they will mean for Dewsbury patients. It says that "health chiefs have said" that most mums in North Kirklees would still have their babies at Dewsbury.
14/8/09	Spensborough Guardian	Hospital provision under the spotlight: Neonatal services	Same article as in Dewsbury Reporter
14/8/09	Dewsbury Reporter	Politicians spar over new Dewsbury hospital plans	Article about political division in Dewsbury over our service change proposals for the hospital. It says that Shahid Malik MP and Conservative candidate Simon Reeve support the proposals whilst Councillor Iqbal is "concerned" it will mean services moving away from Dewsbury. Simon Reeve said that they are well thought out plans and the Trust can be "congratulated."
20/8/09	Batley News	A picture of health: Children face surgery trip to Pinderfields	Second weekly feature article about what our service strategy proposals would mean for patients in Dewsbury. This week highlights that children with complex surgery needs would be treated at a specialist centre for children's inpatient surgery in Wakefield. Article says that the 'your hospitals, your say' report highlights that this could mean around four children a week travelling

			from north Kirklees to Wakefield. Article also says that all children's outpatient and medical services would still be offered at Dewsbury.
20/8/09	Pontefract & Castleford Express	Public meeting dates	Advertisement for public meetings
20/8/09	Hemsworth & S Elmsall Express	Public meeting dates	Advertisement for public meetings
20/8/09	Batley News	Public meeting dates	Advertisement for public meetings
21/8/09	Dewsbury Reporter	Public meeting dates	Advertisement for public meetings
21/8/09	Spensborough Guardian	Public meeting dates	Advertisement for public meetings
21/8/09	Wakefield Express	Public meeting dates	Advertisement for public meetings
21/8/09	Dewsbury Reporter	A picture of health: Children face surgery trip to Pinderfields	Feature article about what plans to create a number of specialist centres would mean for patients in Dewsbury. It highlights that children with complex surgery needs would be treated at a specialist centre for children's inpatient surgery in Wakefield.
21/8/09	Spensborough Guardian	A picture of health: Children face surgery trip to Pinderfields	Same article as in yesterday's Batley News and today's Dewsbury Reporter
27/8/09	Batley News	New centre could save even more lives	Third weekly feature article about what our proposals for specialist centres would mean for patients in Dewsbury. This week's article highlights that patients from Dewsbury with complex orthopaedic surgery needs would be treated at a new specialist centre at Wakefield. It says that the hospital have said having this specialist centre could save an extra 25 lives a year. Day and short-stay surgery would still be carried out at Dewsbury.
28/8/09	Dewsbury	New centre	Same article as in yesterday's (27

	Reporter	could save even more lives	August) Batley News about what our proposals for specialist centres would mean for patients in Dewsbury. This week's article highlights that patients from Dewsbury with complex orthopaedic surgery needs would be treated at a new specialist centre at Wakefield.
3/9/09	Pontefract and Castleford Express	Not a good deal for us	Letter from a member of the public who says that as we near the completion of the new hospital at Pontefract, local people are being told what services are going to be in it, rather than consulted, and that they are losing ten services and gaining just two. Adds that people had "better invest in a sat nav to Dewsbury" and the "nice new hospital" at Pontefract will have 300 less beds.
3/9/09	Batley News	Centre plans at hospital	Article detailing the plans for the new surgical centre at Dewsbury for patients who need bladder or kidney surgery or surgery for bowel or lower intestinal cancer. Includes that the developments will improve care
3/9/09	Wakefield Extra	Front page wraparound	Detailing future plans and proposed service changes for hospitals
3/9/09	Dewsbury Extra	Front page wraparound	Detailing future plans and proposed service changes for hospitals
3/9/09	Pontefract Extra	Front page wraparound	Detailing future plans and proposed service changes for hospitals
11/9/09	Dewsbury Reporter	Public meeting dates	Advertisement for public meetings
11/9/09	Mirfield Reporter	Public meeting dates	Advertisement for public meetings
17/9/09	Batley News	Hospital: Have say on plans	Article reminding readers to have their say on service strategy proposals for Dewsbury by sending their views and questions to the paper to be passed on to the local NHS.
17/9/09	Hemsworth and South Elmsall Express	We are meeting our promises	Letter from Julia Squire responding to previous letters regarding the new Pontefract hospital. Provides details of where to learn more about the consultation
18/9/09	Dewsbury Reporter	Hospital: Have say on plans	Article reminding readers to have their say on service strategy proposals for Dewsbury by sending their views and questions to the paper to be passed on to the local NHS.

23/9/09	Huddersfield Examiner	Hospital: Have say on plans	Article inviting residents to have their say at a meeting of the OSC on Tuesday 29 September.
24/9/09	Pontefract and Castleford Express	NHS Answer critics	Letter from Julia Squire responding to previous letters regarding the new Pontefract hospital. Provides details of where to learn more about the consultation
25/9/09	Wakefield Express	Have hospital say	Article about a meeting being held by Wakefield LINK to discuss proposed hospital service changes in Wakefield.
7/10/09	Wakefield midweek extra	Advertisement for public meetings	
7/10/09	Pontefract and Castleford midweek extra	Advertisement for public meetings	
7/10/09	Hemsworth and South Elmsall midweek extra	Advertisement for public meetings	
7/10/09	Ossett and Horbury midweek extra	Advertisement for public meetings	
8/10/09	Batley News	Have your say	Article reminding readers to have their say on proposals for the creation of specialist treatment centres at a final public consultation meeting in Dewsbury.
8/10/09	Dewsbury Reporter newspapers	Response to letter on hospital services	
8/10/09	Pontefract & Castleford Express	Advertisement for public meetings	
8/10/09	Reporter Extra	Advertisement for public meetings	
8/10/09	Batley & Birstall News	Advertisement for public meetings	
9/10/09	Wakefield Express	Advertisement for public meetings	

9/10/09	Dewsbury Reporter	Advertisement for public meetings
9/10/09	Spensborough Guardian	Advertisement for public meetings
15/10/09	Pontefract & Castleford Express	Advertisement for public meetings
15/10/09	Reporter Extra	Advertisement for public meetings
15/10/09	Batley & Birstall News	Advertisement for public meetings
16/10/09	Dewsbury Reporter	Advertisement for public meetings

#### **Media Activity for non-English speakers**

W/c 30 August 2009	Information promoting the consultation and public meetings distributed to Muslim groups in Batley via the receiver.
September 2009	Article translated into different languages for Paigaam magazine.
September 2009	Article translated into different languages for Awaaz magazine.
9 October 2009	Information promoting the consultation and public meetings distributed to Muslim groups in Batley via the receiver.
11 October 2009	Information promoting the consultation and public meetings distributed to Muslim groups in Batley via the receiver.
16 October 2009	Information promoting the consultation and public meetings distributed to Muslim groups in Batley via the receiver.

#### **NHS Staff engagement activity**

This is in addition to meetings held by managers of the specific services with their staff teams.

4 August	Update given at meeting with staff side union reps
17 August	Meeting held for all staff at Pinderfields Hospital. Included presentation of the proposed changes and Q&A session
18 August	Meeting held for all staff at Dewsbury & District Hospital. Included presentation of the proposed changes and Q&A session
10 September	Meeting held for all staff at Pontefract Hospital. Included presentation of the proposed changes and Q&A session
15 October	Information stand for staff at CNDH
23 October	Information staff for staff at White Rose House
MYHT staff intranet	Details of consultation, public and staff meetings and how to respond.
NHS Wakefield District staff intranet	Details of consultation, public meetings and how to respond.
NHS Kirklees staff	Details of consultation, public meetings and how to respond.

intranet	
MYHT staff e-newsletter	Details of consultation, public meetings and how to respond.
NHS Wakefield District e-newsletter	Details of consultation, public meetings and how to respond.
NHS Kirklees staff e-newsletter	Details of consultation, public meetings and how to respond.
MYHT staff magazine	Details of consultation, public meetings and how to respond.

## **APPENDIX C**

### **Questionnaire**

## Consultation response sheet

Please give your views on the proposed changes in this document by filling out this questionnaire. An online version of this form is also available at [www.wakefielddistrict.nhs.uk/yourhospitalsyoursay](http://www.wakefielddistrict.nhs.uk/yourhospitalsyoursay)

### Part One: About our proposals

1. Will any of the proposed changes affect you positively? If yes please explain
  
2. Will any of the proposed changes affect you negatively? If yes please explain
  
3. What are the key issues we need to consider if these changes to services were agreed?
  
4. Are there any other comments you would like to make?

### Part Two: About you

1. Name (optional)
2. Postcode or town
3. Address (optional)
4. Email (optional)
5. Are you responding as:

A patient  NHS staff   
A carer  Local resident

Organisation (please give name of organisation)

6. Do you have a specific interest in any of the services discussed in this consultation?

**Part Three: Additional questions (optional)**

**To help us with future consultations, please answer the following:**

11. Where did you hear about this consultation?

12. What encouraged you to respond to it?

13. Did you find the information in it easy to understand?

All of it  Most of it  Some of it  None of it

Any comments

**To help us be sure we have reached all parts of the community, we would appreciate it if you could provide following information about yourself.**

14. Age:

Under 18  18 – 29  30 – 49  50 – 69  70 or over

15. Male  Female

16. Do you consider yourself to have a disability?

Yes  No

17. How would you describe yourself?

White British

White Irish

White Any other background

Mixed White & black Caribbean

Mixed White & black African

Mixed White & Asian

Mixed Any other mixed background

Other Ethnic Groups Chinese

Asian/ Asian British Indian

Asian/ Asian British Pakistani

Asian/ Asian British Bangladeshi

Asian/ Asian British other background

Black or Black British Caribbean

Black or Black British Africa

Black or Black British other background

Any other ethnic group

**When you have filled in this form please return it to:**

**York Health Economics Consortium**

**FREEPOST YO405**

**Market Square**

**University of York**

**Vanbrugh Way**

**Heslington**

**York YO10 5ZZ (PT246)**