

“A future role for Bridlington Hospital”

Public consultation document on a future role for Bridlington Hospital

December 2006

We want to know your views...

We would like to know what you think about the proposals in this document. The consultation period runs from Thursday 21st December 2006 until 18th March 2007. We hope that you will use this opportunity to tell us your views and influence the shape of services at Bridlington Hospital in the future.

You can share your views with us by:

- Attending one of the many meetings we will be holding throughout the consultation period. These will be advertised in your local press
- Sending comments in writing to us at the following address:
Scarborough & North East Yorkshire Healthcare Trust
FREEPOST
Scarborough Hospital
Woodlands Drive
Scarborough
North Yorkshire
YO12 6QL
- Fax us on: 01723 342445
- Telephone us on:
Scarborough & North East Yorkshire Healthcare Trust PALS
01723 342434
- Completing the feedback form inserted in this document (more copies available by phoning the above number)
- Submitting comments through our website: www.scarborough.nhs.uk and clicking on "Contact us" then "Feedback"
- Submitting your comments by email at contactus@acute.sney.nhs.uk
- Sharing your views with:
Your local Council's Overview and Scrutiny Committees.
Your local Patient and Public Involvement Forum
Details on how to contact these organisations are available on our website

PLEASE MAKE SURE YOU GIVE US YOUR VIEWS BY FRIDAY 18TH MARCH 2007

Welcome...

This document describes our public consultation exercise - asking you, our patients, local people, and local organisations, about the options for a future role for Bridlington Hospital. It sets out some options for a future role for Bridlington Hospital; our shared vision for local health services. Our options have been developed from discussions over recent months in partnership with local people with key groups including the Bridlington Health Forum; Pensioners Action Group for East Riding (PAGER) and the Bridlington Town Council. These people have already taken part in different discussions to help shape this report and we look forward to many more of you sharing your views with us on the options and issues it sets out.

The health service is constantly developing and changing. Investment and medical advances make it possible for us to treat you, our patients, in providing care and treatments that were not anticipated five or ten years ago. It is essential that we continue to keep pace with developments so that we can meet the changing needs of our local people and make sure our services are safe and secure for the future.

It is important that this document complements the East Riding of Yorkshire PCT public consultation to explore the opportunities for developing community based services to meet the future healthcare needs of the population. We share the East Riding of Yorkshire PCT's strong belief that community services make a valuable contribution to the health and well-being of our population. Their existing network of community hospitals, health centres and GP practices, have allowed you to access a wide range of health care services.

We describe a future in which we work jointly with the East Riding of Yorkshire PCT to provide an integrated 24 hour minor injuries and ailments service. This, alongside direct referral from a GP is an important point of access to our services for you, and will remain so. Our family doctors and nurses working in the community will continue to play the important role of keeping you and your families well and able to get on with your everyday life, and the ability to offer you choice when you do need hospital care.

We describe a future in which Bridlington Hospital continues to provide high quality, safe, acute services. Making this part of our vision a reality will depend on taking some decisions about the future shape of our hospital services. We now want to hear everyone's views on our options for a future role for Bridlington Hospital. Thank you for your interest and please let us know what you think.

Richard Grunwell
Chairman

Iain McInnes
Interim Chief Executive

Dr Ian Holland
Medical Director

What is this document for?

The key purpose of this document is to seek your views and suggestions on the options for Bridlington Hospital that will ensure local access whilst ensuring that services are safe and sustainable into the longer term. The range of services available at Bridlington Hospital also needs to give us the best value for public money.

Working with the PCT we want to provide as much care as possible closer to people's home and ensure high quality, safe services in Bridlington Hospital. We want you to have the right care, in the right place at the right time.

Achieving this will depend upon a wide range of decisions and actions. Some of the decisions we will have to make will be straightforward, but some will be difficult and will require significant changes in the way we currently organise and provide our services.

What does the consultation cover?

The consultation covers the options for a future role for Bridlington Hospital.

It is important that this consultation complements the East Riding of Yorkshire PCT public consultation to explore the opportunities for developing community based services.

The East Riding of Yorkshire PCT is planning a major investment of between £7 million and £8 million in community services; this will mean a significant shift in services from acute hospitals like Bridlington to local community health services.

This will change the way community services are organised and will enable:

- More patients with ***chronic conditions*** and ***acute*** illnesses to be cared for in community settings – preventing up to 1 in 12 hospital admissions.
- Around 1 in 6 hospital out-patient episodes to be replaced by community-based consultations.
- The majority of diagnostics to take place before patients are referred to hospital meaning many patients can be booked straight into treatment.

The detailed development of these plans is being taken forward by our colleagues in the East Riding of Yorkshire PCT, who are running their own consultation process at the same time.

The achievement of an affordable clinically safe service for local people in Bridlington is a joint objective for both Scarborough and North East Yorkshire Healthcare Trust and East Riding of Yorkshire PCT as our main commissioners of services at Bridlington Hospital.

What do our proposals cover?

The options for a future role for Bridlington Hospital addresses the principle health challenges for Scarborough and North East Yorkshire Healthcare Trust in providing services for the people of Bridlington including:

- Providing a Minor Injuries service, integrated with local community services, to ensure local patients receive 24 hour healthcare support
- Care for the growing number of dependent older people, integrated with an intermediate health and social care service
- Maintaining and further developing strategic alliances with larger acute hospitals to ensure a robust care pathway for patients who need other health services not provided locally
- Managing the unscheduled care demand agenda

“Unscheduled Care” is the range of responses that health and care services provide to people who require – or who perceive the need for – urgent advice, care, treatment or diagnosis. People using services and carers should expect 24/7 consistent and rigorous assessment of the urgency of their care need and an appropriate and prompt response to that need.

Most people only experience the need for urgent care occasionally and may not be certain just how urgent their need is. Until they have access to a competent professional who can assess the urgency, their anxiety remains unresolved. The longer they wait for that assessment, the greater their anxiety becomes. This means it is the person accessing services who initially defines the urgency of their need.

The onset of an urgent care need can append at any time of day or night. While there is generally more capacity in the system to respond to that need during the day, the assessment of urgency should be consistent across the 24 hour period. Information on demand and patient pathways should be used to inform commissioning of the right capacity in the right places to meet urgent or emergency care in an integrated and complementary way. Not to do so may mean that services are not optimally deployed to meet the most urgent needs quickly and achieve system-wide value for money.

The proposals cover:

- A integrated 24 hour Minor Injuries and Ailments service in collaboration with the East Riding of Yorkshire PCT
- Provision of a range of diagnostic services including X Ray services and a range of other interventional diagnostic procedures, for example endoscopies. This may also expand to provide a one stop diagnostic and assessment service for some conditions in collaboration with PCT clinical staff.

- A broad range of out patient services plus the potential to deliver a wider range of specialities where appropriate.
- In collaboration, with the local PCT seek to expand existing services on the Bridlington site to provide specialist day treatments potentially in renal dialysis and chemotherapy.
- Increase the volume, and potentially the range of day case surgery provided at Bridlington Hospital.
- Ante natal and post natal obstetrics and maternity care, including ultra sound, provided by consultant staff and midwives; further strengthened by increased consultant obstetrician out patient service.
- An option to discontinue Home from Home births at Bridlington Hospital on the grounds of patient safety and public misperception that delivery in these hospitals is safer than a home birth.
- Intensive general rehabilitation support requiring specialist medical support plus nursing and therapy services as provided currently, with the potential to ensure support for all local stroke patients.
- Review the range of acute medical services provided on the Bridlington site in light of the introduction and background sections of this paper to ensure services are safe, sustainable and affordable. This will ensure patient care provided at Bridlington is part of an appropriate care pathway.

It is envisaged there will be a broad range of acute medical services provided on the Bridlington hospital site. In common with almost every hospital in England, the number of beds on site may reduce. The number of hospital beds does not equate to the quality of care patients receive.

How where these proposals developed?

Working with the PCT we want to provide as much care as possible closer to people's home and ensure high quality, safe services in Bridlington Hospital. We want you to have the right care, in the right place at the right time.

We have already involved many local people in developing these proposals and we want to make these decisions with the broad support of our local communities. This document sets out how we propose to develop services in the future.

Our options have been developed from discussions over recent months in partnership with local people with key groups.

The views shared with us during this recent series of events have been invaluable in helping us to develop these proposals and we are committed to continuing to involve local people in planning and implementing changes in health provision.

We need to deploy our resources in a more efficient and equitable way, making the best use of medical and technological advances. This supports the trust in delivering better care and support more conveniently for the local population.

Some work has taken place to look at how health care services could be developed to provide better care for all through new models of care that would treat a greater proportion of patients closer to home, giving them greater independence as well as better health.

However, for Bridlington Hospital, and the local population it serves, there are opportunities to develop a range of services on the hospital site that are more responsive to people's needs. There is also the potential for acute and community services to work together in a much more integrated way avoiding confusion and duplication; and providing a better service to patients.

Some of the things you told us...

- You like local services and strongly support Bridlington Hospital
- You realise change is necessary and accept new drugs and treatments
- You prefer to be at home BUT...are sometimes afraid of falling ill and lack confidence in our "joint working"
- You recognise need to travel but want least travel possible
- For major surgery, you would continue to be prepared to travel further for treatment especially if this meant there was more timely access to high quality care
- For maternity services, expectant mothers would like to continue to have a named midwife or small group of known midwives throughout their pregnancy and childbirth
- Maternity changes would be viewed as service cut with some concern on potential extra travel; BUT you recognise the specialist nature of medical support and realised this could not be provided by GPs
- In services for older patients, you would like to have much more practical help and support to prevent illness and injury and help you live longer in your own homes

- Those of you with long term conditions would like to have much more involvement in the management of your own care; and want to see hospital and community working together
- Most of you did not want to stay in hospital longer than necessary; but wanted to make sure services were there to support you when you return home
- For diagnostic tests, and out patient appointments, you would like these in a place as convenient as possible

How can you help us...

We want the views of the people who will be most affected by the proposals we are making so that we can provide the best possible service. This consultation is therefore formally being carried out in those areas where the public use our services at Bridlington Hospital.

There will be a full media briefing to launch the consultation. The full consultation document will be automatically sent to the people and organisations listed at the end of this document as "Formal Consultee list"; the document is also available to anyone on request from the Scarborough & North East Yorkshire Healthcare Trust.

A Summary Document will be widely available (e.g. libraries, GP surgeries) and circulated to Bridlington Households. Feedback forms will be available in all documents and the summary.

The consultation is running from Thursday 21st December 2006 to Friday 18th March 2007. You can help us by telling us:

- What you think about our overall vision for services in the future.
- What you think about our proposed options for minor injuries, surgical, obstetric and maternity services and for acute medical services
- About any ideas you think we should consider which are not already included in the document.

The final pages of this document list the many ways by which you can feed in your views. These include:

- Completing the questionnaire at the end of this document and returning it to us.
- Representative Groups can request Trust attendance at their meetings.
- Public (and stakeholder) meetings will be held in Bridlington, chaired by the Patient and Public Involvement Forum

What will happen after the consultation period?

The consultation period finishes on Friday 18th March 2007; the Trust Board will review the results of the consultation at a Public Board meeting held on 27 March 2007. The outcome from the consultation will be widely publicised through publishing a document setting out the comments received and our response to them.

How are Hospital Services developing?

Hospital services locally have changed considerably over the past five years. The Scarborough and North East Yorkshire Healthcare Trust was established in April 2002 and now provides hospital services through clinical teams working on two sites. The Trust also provides an outreach service for out-patient services and minor and day case surgery at a further two community hospitals.

Now nearly 75% of all planned surgical operations are carried out without you needing to stay in hospital overnight. There are also new drugs and treatments that mean you can be treated without having to stay in hospital. Urgent care services have been transformed, with the majority of people being seen, treated and discharged within three hours. Children's and women's services have continued to move away from lengthy hospital stays, towards care delivered in the community and through day case hospital procedures.

Cancer services have been strengthened, with more specialist services brought together with improved outcomes for patients. People with diabetes, heart problems, respiratory problems and other long term conditions are increasingly receiving their care in community settings supported by GPs nurses and specialist staff.

Some new treatments can be provided in an out patient setting or by you attending the hospital on a day basis. We need to ensure that we are maximising the role of Bridlington Hospital in providing modern healthcare. This may result in additional, different services being offered to local people in Bridlington and the area.

We need to continue to drive forward these improvements and to do so requires us to constantly keep under review how best to improve our services, develop our staff and modernise our facilities. Our vision is to ensure that Bridlington Hospital continues to provide a range of core hospital services for the local population.

The local population in Bridlington will continue be supported by Scarborough Hospital as the local specialist centre for emergency surgery and trauma services, women's and children's services and for planned inpatient general surgery and orthopaedics.

Larger Hospitals such as Hull and York will continue to provide a range of specialist services for Bridlington patients, for example, in cancer services.

Why do we need to change Hospital Services?

Local people have told us that they would like to see as much care as possible provided closer to their homes and ensure high quality, safe services in our hospitals. We cannot achieve this unless we make some changes to the way we provide some of our hospital services.

There is also a central drive to ensure that services delivered in a hospital setting and appropriate, safe and sustainable. That is not to say that services at Bridlington Hospital are unsafe; we need to review the range of services provided to ensure we have robust care pathways that are fit for the future.

You, our patients have also changed. We now have an ageing population, especially in the Bridlington area where a significant proportion of local people are older and ageing. Indeed, this trend is expected to continue over the next ten to twenty years with a significant impact on health needs and service provision.

This along with other factors such as obesity, means that the main health problem is no longer predominantly acute illness (serious short term illness), but managing chronic conditions such as diabetes, respiratory diseases and arthritis. Indeed, chronic conditions have been called “the 21st century healthcare challenge”, already accounting for around 60% of hospital bed-days and a staggering 80% of GP appointments.

Hospitals across the country are changing the way they provide services because:

Specialist care leads to better clinical outcomes

Research has shown that you benefit from receiving your care from specialist doctors and other specialist staff who care for a lot of people with a specific illness rather than generalists who see patients with a wider range of conditions but may see a particular condition only rarely.

This means that we have to organise services in such a way that ensures you see the right specialist whenever you need care. In order to do this we need to make sure services match the needs of local people, ensuring there are enough of you who need and wish to use the services at Bridlington Hospital.

Medical advances have led to more specialist areas

We can successfully treat more of you than ever before because there are more and more areas of specialist care. However, this means that we need more doctors and other specialists available to provide your inpatient care than we used to. This is because whilst in the past we could have a small number of generalists on duty at any one time, now we need several specialists .

There are also shortages of skills in some specialist areas. So, even if we could afford to employ the extra doctors we need to provide all services at Bridlington Hospital, we cannot rely on being able to recruit them. Recruiting and retaining staff has been a difficulty within certain parts of the existing services provided in both Bridlington Hospital and the East Riding community services.

Anyone with a special skill needs to be able to practice it on a regular basis. Doctors and nurses are no different. This gives us particular problems in the Scarborough and North East Yorkshire Healthcare Trust. Even if we had all the specialist staff we needed to provide twenty four hour specialist cover at both hospital sites, they would not be seeing enough patients in their specialty to stay expert.

National clinical standards

More and more standards for clinical care are being set nationally. This means that wherever you live you will be able to expect the same levels of quality and safety. However, meeting these standards often depends upon having more specialists available twenty four hours a day, this can be difficult to achieve when we have the same specialist services provided from two sites.

If we do not meet clinical standards, not only does it mean that you are getting a poorer service than people living elsewhere but we also run the risk of losing the external accreditation we need to run our services. This would result in services having to be re-located to hospitals outside our area.

National Policy

Other types of national policy influence the way we can provide services.

European Working Time Directive

In the past, doctors in training worked very long hours (around 80-100 hours a week) and also slept on hospital sites so they could be available in an emergency. The law has now changed so that from 2009, all doctors will only be allowed to work a maximum of 48 hours a week.

This should ensure that you can be confident your doctor is properly rested and functioning effectively. However, it means we need many more doctors to provide the same level of service. For example: A duty rota for emergency cover that might have only needed three doctors before 1991 now needs seven and will need nine doctors from 2009.

Payment by Results

The Department of Health has set national prices for hospital services. This new payment system for hospital care services means that we have to review the efficiency

and viability of certain units and services. In order to deliver future performance targets for elective and emergency care, substantial service redesign is likely to be required, notably a significant transfer of work to community settings.

This policy will also help drive out duplication and inefficiency in the way services are provided and will mean that healthcare budgets will go further. Trusts will need to review services that cost above national prices to examine how they can be delivered more efficiently or they will have to subsidise these services from other areas within the Trust.

The governments Wanless Report (2003) stated that in the future the NHS cannot continue in its current form and that a change in the way services are provided is needed to ensure that funds are spent in a way that best meets the changing needs of the public. It also recommended changes in the way Community Hospitals are used and included the requirement to consider whether or not such facilities could be better used to deliver new models of health care.

Value for money is also important, not only for its own sake, but if we are wasting money in one part of the health system this means that we cannot fund someone else s more needed treatment elsewhere.

Services in the community

You have told us you want to see more of your services provided closer to your home. We also know that the best way to remove inequalities in your access to health services is to invest in more services in the community. We want to work with the PCT to find ways to make our hospital services more efficient so that we can spend more money developing the services you need in your local communities to help you stay healthier longer and remain independent.

Which services need to change?

For all the reasons described above, we believe we need to change the way we provide some of our hospital services at Bridlington Hospital. Some services may no longer be provided at both Bridlington and Scarborough Hospital. The services particularly affected are those where the number of people requiring inpatient care in each specialty is relatively small.

For Bridlington Hospital, and the local population it serves, there are also opportunities to develop a range of services on the hospital site that are more responsive to people's needs.

The areas for change are:

- A integrated 24 hour Minor Injuries and Ailments service in collaboration with the East Riding of Yorkshire PCT

- Provision of a range of diagnostic services including X Ray services and a range of other interventional diagnostic procedures, for example endoscopies. This may also expand to provide a one stop diagnostic and assessment service for some conditions in collaboration with PCT clinical staff.
- The potential to deliver a wider range of out patient appointments for additional specialities where appropriate.
- In collaboration, with the local PCT seek to expand existing services on the Bridlington site to provide specialist day treatments potentially in renal dialysis and chemotherapy.
- Increase the volume, and potentially the range of day case surgery provided at Bridlington Hospital.
- Ante natal and post natal obstetrics and maternity care, including ultra sound, provided by consultant staff and midwives; further strengthened by increased consultant obstetrician out patient service.
- An option to discontinue Home from Home births at Bridlington Hospital on the grounds of patient safety and public misperception that delivery in these hospitals is safer than a home birth.
- Intensive general rehabilitation support requiring specialist medical support plus nursing and therapy services as provided currently, with the potential to ensure support for all local stroke patients.
- Review the range of acute medical services provided on the Bridlington site in light of the introduction and background sections of this paper to ensure services are safe, sustainable and affordable. This will ensure patient care provided at Bridlington is part of an appropriate care pathway.
- We need to integrate our clinical teams to work across both Bridlington and Scarborough Hospitals sites.

Which services will be unaffected?

The issues we have described do not affect all our services:

- Whilst the model of service delivery may change, Bridlington and the surrounding area patients will continue to have access to a 24 hour minor injuries service
- Scarborough Hospital will continue to provide a 24 hour A&E service which will continue to thrive and develop faster, more responsive services

- Continue to provide a range of diagnostic services including X Ray services and a range of other interventional diagnostic procedures, for example endoscopies.
- New ways of working will reduce the need for outpatient appointments these will continue at Bridlington Hospital by both the Trusts own staff and visiting consultants from larger acute hospitals. Increasingly some outpatient appointments may be provided in local communities.
- Same day surgery is increasingly becoming the norm. We will continue to provide day case operations from both our hospital sites, and we also expect to increase this number considerably on the Bridlington Hospital site.
- Ante natal and post natal obstetrics and maternity care will continue, including ultra sound, provided by consultant staff and midwives. This will be further strengthened by an increased consultant obstetrician out patient service.
- A range of General medicine services and supporting diagnostic services will continue from the Bridlington site.
- Therapy services and rehabilitation services will continue to be provided in the community and from Bridlington Hospital site, with the potential to increase the level of Tier 2 Intermediate care subject to East Riding of Yorkshire PCT public consultation.

Options for the future role of Bridlington Hospital in Urgent Care, Diagnostic and out patient support and surgery...

If you need urgent care:

- You will have the information you need to access the right care in an emergency
- You will be able to access the care you need, when you need it, because our ambulance service, GPs, Minor Injuries Unit and NHS Direct will work together to respond quickly and appropriately
- Minor injuries will be treated in a unit located at Bridlington Hospital or in the community
- Waiting times for urgent care will continue to fall at both Bridlington and Scarborough Hospitals
- Children needing to see a specialist in paediatric care in an emergency will be able to see one at Scarborough Hospital

This will mean:

- A single point of contact for all services
- Increased access to urgent care and walk-in centre facilities based in the Bridlington locality
- Fewer people attending A&E departments with minor injuries
- People attending Minor Injuries but who need to see a primary care specialist will be treated without a pre-arranged appointment
- Average length of time for all people waiting for urgent care will reduce further

Minor Injuries

Option	Question	Disadvantages /Advantages
No change	What would be the consequences of leaving services as they are?	<p>The need to recruit and retain more specialist staff would seriously limit our ability to provide the specialist cover needed to provide a safe service all day, every day.</p> <p>Minor injuries and ailments services are duplicated overnight as the GP Out of Hours service also caters for this need</p> <p>Developments in primary care should mean that you have to go to hospital less for your urgent care needs to be met.</p>
MIU at Bridlington Hospital provided by the Trust – 9am to 9pm	Doesn't this reduce the level of service for patients in Bridlington?	<p>We can recruit and retain the specialist staff we need to be able to provide the cover to provide a safe service for the shorter opening hours.</p> <p>By integrating the Hospital day time service with the GP Out of Hours service, we can deliver a 24 hour</p>

		<p>access Minor Injuries and Aliments service.</p> <p>Avoiding duplication reduces a waste of money and we can fund more needed care and treatment.</p> <p>Developments in primary care should mean that you have to go to hospital less for your urgent care needs to be met.</p>
Close MIU at Bridlington Hospital provided by the Trust	This was not considered as a viable option	

Diagnostic and Outpatient support

Option	Question	Disadvantages /Advantages
No change	What would be the consequences of leaving services as they are?	<p>We have a dedicated area and further space for outpatients services at Bridlington Hospital; currently this space is under used.</p> <p>We have the potential to deliver a wider range of out patient appointments for additional specialities at Bridlington.</p> <p>The closer integration of our clinical teams to work across both Hospitals sites gives opportunity to increase patient choice.</p>
Increase the range of outpatient and diagnostic support at	Doesn't this increase the cost of providing services at Bridlington Hospital and make the hospital less viable in the longer term?	We have a dedicated area and further space for outpatients services at Bridlington Hospital; not fully using this space does not give us good value for money.

Bridlington Hospital		<p>We have invested in a dedicated endoscopies suite at Bridlington Hospital and have some spare capacity that needs to be used.</p> <p>People like local services and strongly support Bridlington Hospital. A wider range of services reduces the need to travel.</p> <p>Services will be available to support people when they return home from hospital.</p> <p>People told us they would like diagnostic tests, and out patient appointments, in a place as convenient as possible to where they lived and worked.</p> <p>Some new treatments can be provided in an out patient setting or by patients attending the hospital on a day basis</p>
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Surgery services

If you need surgery:

- You will be seen quickly, at a time convenient to you by a specialist with the skills to help you decide the best treatment option
- You will get the care you need, when you need it, because hospital doctors will focus their skills and expertise on people who need specialist treatment and care, particularly in an emergency
- When you need surgery you will be cared for in an environment that will help you recover quickly and with minimum risks of complications
- More and more of you who require surgery will be treated and discharged from hospital on the same day

This will mean:

- Shorter waiting times

- Better clinical outcomes
- More people receiving emergency surgery within 24 hours from admission
- Fewer cancelled operations
- Reduced infection rates
- Shorter length of stay in hospital
- More procedures done as day cases or in out-patient clinics

For most of you requiring surgery, your contact with the health service starts with your GP. Whether you need planned surgery, or surgery in an emergency, we want our GPs to be able to get the information they need to make the right decisions about the best course of action.

This includes access to specialist opinion in an emergency and being able to carry out more of the diagnosis and preparation for planned surgery. Furthermore, by providing new courses of treatment and performing some minor procedures, GPs and other community health professionals will be able to prevent many of you from having to attend hospital at all.

If you do have surgery in hospital, we know that as long as you get the support you need, it is best for you to get back to your everyday environment quickly. We want to see more of the post-operation rehabilitation carried out closer to your home in a more convenient location. This will involve close working with our partners in social services.

If you have to stay in hospital to have an operation, it is important to us that we provide a high quality rapid service so that your life can return to normal as quickly as possible. Planned day case surgery will continue to take place at Bridlington Hospital and emergency surgery will continue to take place at Scarborough Hospital. We will increase the range and volume of day case surgery at Bridlington Hospital.

Increased Day Case Surgery

Option	Question	Disadvantages /Advantages
No change	What would be the consequences of leaving services as they are?	<p>We have invested in a dedicated environment to meet the needs for day case surgery at Bridlington Hospital, not fully using this space does not give us good value for money.</p> <p>We have the potential to deliver a wider range of day case surgery at Bridlington.</p>

		Increased day case surgery taking work from Scarborough secures better access to theatres on the Scarborough site for emergency operations.
Increased Day Case Surgery at Bridlington Hospital	Why increase day case surgery at Bridlington Hospital?	<p>We have invested in a dedicated environment to meet the needs for day case surgery at Bridlington Hospital. This facility is currently under utilised.</p> <p>Increased day case surgery taking work from Scarborough secures better access to theatres on the Scarborough site for emergency operations.</p> <p>Planned surgery will be less affected by cancellations as a result of pressure on staff and facilities from emergency work.</p> <p>Patients having planned surgery will have less chance of last minute cancellations and a calmer environment for recovery</p> <p>It would deliver the improvements we want and need to make. We would be able to provide dedicated environments to meet the needs of planned day case surgery.</p>

Options for the future role of Bridlington Hospital in Obstetrics and maternity services...

If you are having a baby:

- We will not treat childbirth as an illness and midwives will support well women to deliver their babies with minimum intervention

- If you need specialist obstetric care, it will be safe and reliable and of the highest quality because obstetricians will be able to spend more time directly supporting mums and supervising labour wards
- You will be cared for by the same midwife, or small team of midwives throughout your pregnancy
- You will have one-to-one care during labour helping ensure that the birth of your child is a positive experience
- You will be cared for by professionals working together to secure the best possible outcomes for you and your baby

This will mean:

- One-to-one care for women in labour
- More homebirths and births in a dedicated unit run by midwives for well women anticipating uncomplicated labour and birth (but with obstetric support closely available if complications occur and specialist support is required)
- Fewer caesarean sections
- Agreed individual care pathways for women with pregnancy and birth complications

Working in collaboration with the PCT we will seek to ensure:

- Fewer low birth weight babies
- Fewer mothers smoking
- More babies being breast-fed.

Currently Scarborough Hospital offers a midwife led service combined with the current labour ward. If our proposals are implemented we will establish a dedicated midwife-led unit. This unit will provide care to women in labour who are healthy and where a straightforward delivery is anticipated. Midwives would staff it, with visiting midwives from local community teams supporting their mums. There would be no obstetricians present, although they would be imminently available in the event that any complications occurred.

All antenatal and community post natal care would continue to be provided in the community and, in many cases, even closer to your home

In considering all of the possible models for future services, we believe that the only realistic solution that will allow us to take forward our vision for high quality safe services

in hospital together with strong community services is to provide obstetric services from one hospital site only. This will mean we can:

- Provide safer hospital services for women who need to be supervised by an obstetrician during labour and need access to an anaesthetist with special skills in obstetrics
- Increase the capacity of our community midwifery services so that we can provide better care to vulnerable women and support well women to have a normal childbirth.

However, there are choices to be made about how we provide our midwife-led care. Midwife-led care could be provided in a number of ways. Our preferred approach would be to have a midwife-led unit on the Scarborough Hospital site. This would mean that women expecting a normal delivery would have the opportunity for a midwife led birth in Scarborough, or Hull for Bridlington mums as well as have a real option to birth at home should they so choose.

Option	Question	Disadvantages /Advantages
No change	What would be the consequences of leaving services as they are?	<p>There will be a continued perception that babies delivered at Bridlington Hospital are a safer birth than a home delivery.</p> <p>We do not have enough doctors to cover births on the delivery suite at Bridlington Hospital.</p> <p>We would not be able to address the issues we know are important to women and local communities such as low birth weight babies, stillbirths, the continuity of care for mothers during pregnancy and tackling inequalities in health.</p>
Withdraw “home from home” birth service at Bridlington Hospital	Doesn't this reduce the level of service for patients in Bridlington?	<p>If local women want to choose a midwife-led home delivery, we will maintain resources in home-birthing teams to support births at home.</p> <p>Local mums will be cared for by the</p>

Option	Question	Disadvantages /Advantages
Withdraw “home from home” birth service at Bridlington Hospital	Doesn't this reduce the level of service for patients in Bridlington?	<p>same midwife, or small team of midwives throughout pregnancy.</p> <p>It would help us address the issues we know are important to women and local communities such as low birth weight babies, stillbirths, the continuity of care for mothers during pregnancy and tackling inequalities in health.</p> <p>Ante and post natal consultant led care will be further strengthened by an increased consultant obstetrician out patient service.</p> <p>This model would meet the objective of providing safe high quality obstetric care and enable investment in community services.</p>
Withdraw “home from home” birth service at Bridlington Hospital	Wouldn't this result in some women being transferred to Scarborough Hospital site in an emergency during labour?	<p>Based on evidence from other parts of the country this happens infrequently and the risks associated are extremely low.</p> <p>Strict criteria will ensure that women who may have complications during labour will be identified early in pregnancy and be booked into the obstetric unit.</p> <p>Evidence also shows that with continued risk assessment and timely transfer, if the need for a transfer arises, it does not adversely affect outcomes</p>
Withdraw “home from home” birth service at Bridlington	Wouldn't this result in some women being transferred to Scarborough Hospital site in	Strict criteria will ensure that women who may have complications during labour will be

Hospital	an emergency during labour?	<p>identified early in pregnancy and be booked into the obstetric unit.</p> <p>Evidence also shows that with continued risk assessment and timely transfer, if the need for a transfer arises, it does not adversely affect outcomes</p>
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Option	Question	Disadvantages /Advantages
Withdraw “home from home” birth service at Bridlington Hospital	Would the Scarborough Hospital site be able to accommodate extra births if mums chose to have a midwife led birth at Scarborough?	<p>Yes, work has been done to look at the capacity issues and it has concluded that this option would be feasible with some redesign of current facilities.</p> <p>Yes, we would be able to provide a safer obstetric service for less, freeing up hospital resources to re-invest in community midwifery services. This would mean we could make the improvements we want to women s experience (more continuity, one-to-one care during labour) and address the issues surrounding health inequalities.</p>
Increase services at Bridlington Hospital to provide obstetric led births	Why not invest further in services to deliver a higher level of care with consultant support?	<p>Obstetric services need to be located alongside special care baby units, with paediatric back up.</p> <p>We do not have enough doctors to provide the required levels of cover for labour wards on two sites.</p> <p>We would need to increase our current number of obstetricians significantly. This would be costly and unlikely to be achieved because specialist doctors are difficult to recruit.</p>

		<p>Although the investment would improve safety during childbirth, it would help us address issues such as low birth weight babies, stillbirths, the continuity of care for mothers during pregnancy and tackling inequalities in health.</p>
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Options for the future role of Bridlington Hospital in Long Term Conditions services, care for older people and acute medicine...

If you have a long term condition:

- We will treat ‘the person, not the illness’ with services planned and designed around your specific needs
- You will feel confident, knowledgeable and supported to manage your own condition, getting professional help if and when you need it
- For those of you with long term conditions you, your families and carers, will have access to support and advice when they need it
- You will be able to access specialist services, including treatment or ongoing rehabilitation services, in community settings minimising the need for you to attend large acute hospitals.

This will mean:

- Faster diagnosis of long term conditions
- Shorter waiting times for expert opinion and diagnostic tests
- Fewer unnecessary routine follow ups, with care planned according to individual needs
- Access to information and a broader range of services which support individuals to manage their condition and reduce the overall impact on lifestyle
- Individualised management plans with information to help you follow through areas identified for action
- More specialist care provided in the community by a range of professionals

- Fewer emergency admissions to hospital and when it occurs individual planned discharges

Working in collaboration with the PCT we will seek to:

- Promote healthy lifestyles and, over time, reduce the level and impact of these long term conditions
- Ensure you have much more information about your condition and be involved in making decisions about your own care, treatment and medication
- Structured education packages to support and enable you to self manage and work in partnership with health professionals
- More people, who want to, participating in support groups and managing their own condition

If you are an older person you will:

- Get the care you need regardless of age
- Be able to access support services to keep you healthy and independent
- Have your needs identified early so you can have them treated and return to your normal life as soon as possible
- Have better coordinated care when you need the help of a range of agencies and professionals
- Only stay in hospital when it is the best place for you to be and when you do need to go into hospital everything you need for your return home will be arranged well in advance

This will mean:

- More people supported to live in their own homes
- More specialist services available in local communities reducing the need to travel to hospital
- Shorter waiting times for treatment when it is needed
- Fewer people admitted to hospital for less than 24 hours
- Fewer emergency admissions and readmissions to hospital

Acute medicine

There are four consultant physicians working at Bridlington Hospital with specialist interests in:

- respiratory medicine,
- cardiology,
- diabetes and endocrinology, and
- care of the elderly.

The hospital has a cardiac monitoring unit, two acute medical wards, a care of the elderly/rehabilitation ward and the GP/Macmillan Unit. In 2002 there were around 3500 medical admissions per year; current admissions are approximately 9 per day.

The facilities we have at Bridlington Hospital determine the type of patients we are currently able to treat there, and who would be treated at Scarborough Hospital.

At Bridlington Hospital we cannot provide care for people who are very seriously or critically ill, people with emergency surgical problems, e.g. acute appendicitis, babies or children, or those who have had serious accidents or injuries. We also have to send some patients who we admit to Bridlington Hospital, to other sites to have more complex diagnostic tests, which are nowadays part of modern medicine.

Because you, our patients, live in a rural area, we face a challenge given the need to provide high quality, safe inpatient treatment on two main sites over 20 miles apart. For example, we currently run two cardiac monitoring units, two medical admissions facilities and midwife led “home from home” birth centres on four sites, where most urban hospitals serving the same size of population would run only one of each, incurring correspondingly lower costs.

We have seen huge increases in funding locally and nationally in the NHS and Scarborough and North East Yorkshire Healthcare Trust currently spends about £1.6 million a week on hospital services. Unfortunately Scarborough and North East Yorkshire Healthcare Trust is overspending and needs to do something about it. A major factor is that we serve a large rural area and where most Trusts would only run one hospital for the size of its population, we run two and support a further two community hospitals.

Any service changes that we propose to make will be measured against four criteria following the end of the consultation period. These criteria are:

- **clinical safety and sustainability** - to make sure that the changes made provide high quality and clinically safe services with the appropriate staffing, in the appropriate environment
- **value for money** - to make sure that the capital and revenue investment is affordable.

- Service provision should be efficient, effective and economical by working in accordance with best practice.
- **future proof** - that the option chosen is “fit for purpose” to achieve national targets aimed at improving the quality and timeliness of patient care
- **acceptable and deliverable** - that the changes made are acceptable to most of the staff we employ, the other organisations we work with and the patients and public we care for. The option chosen must be deliverable.

There are both clinical and financial arguments why the provision of acute medical services within Scarborough and North East Yorkshire Healthcare needs to be reviewed.

Clinical Issues

Currently we do not admit acute surgical patients to Bridlington Hospital. We currently admit acute medical patients on both Bridlington and Scarborough sites, although some acute medical patients from the Bridlington area already go direct to Scarborough Hospital.

When you need a pathology test your laboratory samples are sent to Scarborough and the out of hours service requires the use of a hospital taxi or equivalent to transport the samples. Some blood tests including blood gases and U&Es can be performed on site. Patients requiring nuclear medical investigations or CT scanning go to Scarborough or Hull. There are no anaesthetists or surgeons based on site and the neurologists and renal physicians do not routinely visit the site as they do Scarborough.

A report published by the Royal College of Physicians (RCP) Working Party on “Isolated Acute Medical Services” has indicated that patients in hospitals like Bridlington on which don’t have acute general surgery, an A&E department taking casualties, resident anaesthetic cover, an intensive care unit and a cardiac care unit suffer disadvantage and experience delays in diagnosis, longer hospital stays and the need for temporary transfer to another hospital for diagnosis or surgical opinions. The main problems faced by the service in Bridlington relate to the lack of resources on site, staffing problems and the isolated nature of the unit.

The Royal College of Physicians guidance recommends that hospitals in this position should only provide a “step- down” facility. This means that patients should only be cared for in these hospitals following a confirmed diagnosis in a DGH, the patient’s condition has been stabilised and a medical plan for the patient’s care has been made.

Consultant physicians working at Scarborough and North East Yorkshire Trust have, on several occasions, raised issues with the Trust regarding the admission and management of acute medical patients to Bridlington Hospital. The publication of the

Royal College's guidelines has focused that debate and has led to concerns about the clinical sustainability of acute medical services at Bridlington Hospital.

A large number of patients admitted to Bridlington receive entirely appropriate care, however, from the medical point of view the lack of other specialists based in the hospital does cause delays in patients' management. Unfortunately it remains the case that with the best will in the world acute surgical conditions can be misdiagnosed by GPs, paramedics or admitting physicians and we do have a small but steady number of patients being transferred to Scarborough Hospital solely for a surgical opinion.

The main problem associated with the isolated nature of the unit has surrounded the resources available for the management and transfer of the critically ill. Medical staff are occasionally faced with patients for whom no definitive treatment exists on the Bridlington site and yet who are too ill for transfer with the resources available. The staff at Bridlington may rightly assess that the patient should be intubated and ventilated prior to transfer, but the receiving hospitals may not provide the necessary cover for the transfer, this applies to both Scarborough and Hull.

The Royal College of Physicians report clearly recommends that interim arrangements for isolated medical services should include:

- Outreach critical care services to identify patients whose condition is deteriorating, and
- Agreed protocols for the transfer of sick patients to a hospital with appropriate services.

The difficulties surround two main groups of patients:-

- A) Those patients who are known to have conditions which, were they to deteriorate, would require resources not available at Bridlington Hospital.
- B) Those patients who are apparently appropriate for admission to the Bridlington site but following admission the diagnosis changes or an additional problem develops resulting in a critical deterioration in their condition.

The issue of clinical sustainability has also been raised in connection with recent and proposed changes to the European Working Time Directive (EWTD). The EWTD recently reduced the number of hours that junior doctors and other staff work, the law has now again changed so that from 2009, all doctors will only be allowed to work a maximum of 48 hours a week.

Although beneficial to staff and patients from a safety aspect, this increases the number of doctors required to cover hospital rotas particularly over two sites. Serious concerns have been raised about whether or not the current medical staffing at Bridlington Hospital could be sustained.

Financial Issues

Scarborough and North East Yorkshire Trust finished the last financial year (2005/06) with a significant deficit. We have a statutory duty to break even. In order to do so in 2006/07, we will have to make cost savings in excess of £7 million. To achieve this, the Trust has been reviewing all areas of current expenditure.

In terms of patient services, we have compared the actual costs of running each service with the income we receive for each service under the new national funding system called Payment by Results (PbR). PbR sets a price list or tariff for undertaking a particular procedure (operation) or admitting a patient with a particular condition based on national average costs. Trusts are paid on the basis of this average cost.

Whilst Scarborough and North East Yorkshire Trust is generally cost effective in terms of elective (planned) work, it has particular challenges in higher than average costs for its emergency work especially in acute medicine; given the financial challenge, we have focused on acute medicine for this more in-depth review.

We have identified four possible options for acute medical services.

Option 1: No change

Option 2: All acute medical wards transferred from Bridlington Hospital

Option 3: Acute medical admissions at Bridlington Hospital provided by the Trust – 9am to 9pm

Option 3a: As option 3 without Coronary Care Unit at Bridlington Hospital

There is no preferred option. At this stage we have not assigned any costs or income to the four options. As part of the process of working up the detail behind each of these options a cost benefit analysis will be undertaken so that the decision-making criteria – value for money – can be applied.

Acute medicine services options

Option	Question	Disadvantages /Advantages
No change	What would be the consequences of leaving services as they are?	Given the current changes to the training of medical staff and reducing the number of hours junior doctors work, the need to recruit and retain more specialist

		<p>staff would seriously limit our ability to provide the specialist cover needed to provide a safe service all day, every day.</p> <p>Developments in primary care should mean that older people (a significant number of medical patients) have to go to hospital less for medical care needs to be met.</p> <p>We would not address the issue of the small but steady number of patients being transferred to Scarborough Hospital solely for a surgical opinion.</p> <p>We would be unable to implement the recommendations within the report published by the Royal College of Physicians Working Party on Isolated Acute Medical Services</p> <p>Patients for whom no definitive treatment exists on the Bridlington site and yet who are too ill for transfer with the resources available would be at risk.</p>
All acute medical wards transferred from Bridlington Hospital	Doesn't this reduce the level of service for patients in Bridlington?	Service provision should be efficient, effective and economical by working in accordance with best practice; this option would place a burden on the Yorkshire Ambulance Service in transferring significant numbers of patients between Bridlington and Scarborough .

Option	Question	Disadvantages /Advantages

<p>All acute medical wards transferred from Bridlington Hospital</p>	<p>Isn't this a cut too far for patients in Bridlington?</p>	<p>This option would ensure that the changes made provide high quality and clinically safe services with the full range of back up services and appropriate staffing, in the appropriate environment.</p> <p>We could fully implement the recommendations within the report published by the Royal College of Physicians Working Party on Isolated Acute Medical Services.</p> <p>This option could be seen as “fit for purpose” to achieve national targets aimed at improving the quality and timeliness of patient care; however, it would place significant pressure on the Trust to deliver care to the current number of patients requiring medical admission to hospital.</p> <p>This option would not be acceptable to most of the staff we employ, some of the other organisations we work with and the patients and public we care for.</p>
<p>Acute medical admissions at Bridlington Hospital provided by the Trust – 9am to 9pm</p>	<p>Doesn't this reduce the level of service for patients in Bridlington?</p>	<p>Given the current changes to the training of medical staff and reducing the number of hours junior doctors work, we can recruit and retain the specialist staff we need to be able to provide the cover to provide a safe service for the shorter admitting hours.</p> <p>The small but steady number of patients being transferred to Scarborough Hospital solely for a surgical opinion may be better managed by planned transfer during day time hours.</p>

Option	Question	Disadvantages /Advantages
<p>Acute medical admissions at Bridlington Hospital provided by the Trust – 9am to 9pm</p>	<p>Doesn't this reduce the level of service for patients in Bridlington?</p>	<p>Possibly avoids need for very expensive investment in services on Bridlington site with potential duplication (with Scarborough) reducing a waste of money and we can fund more needed care and treatment.</p> <p>Developments in primary care should mean that you have to go to hospital less for your urgent care needs to be met. This will reduce the number of non elective medical admissions.</p> <p>There could be significant financial savings in relation to the medical cover required for the hospital at night and in achievement for the 48 hour working week.</p>
<p>Acute medical admissions at Bridlington Hospital provided by the Trust – 9am to 9pm without Coronary Care Unit</p>	<p>Will this mean some patients are at less risk?</p>	<p>All of the above points apply.</p> <p>In addition the recommendations within the report published by the Royal College of Physicians Working Party on Isolated Acute Medical Services could be largely met.</p> <p>Medical staff would not be faced with patients for whom no definitive treatment existed on the Bridlington site and yet who were too ill for transfer with the resources available.</p>

General issues – Travel and Transport

We know that providing the best services is not enough if people have difficulty accessing them.

During our recent meetings and workshops we found that local people appreciate that services cannot always be in their nearest town and that they support our main aim to keep strong hospital services within our area rather than losing them to neighbouring cities.

Nevertheless, we, alongside the PCT, are committed to improving access to our current services and ensuring that any new service models build in robust plans for making our services accessible to local people.

We have reviewed the way in which people currently access our services. Understandably it is people without access to their own vehicle or that of a friend, relative or neighbour, particularly in outlying areas, that currently face the greatest difficulties. We will minimise the burden of travel that falls on this group of people under any future agreed service model.

We are setting up a review group, with a majority membership of people dependant on public transport, to explore options to alleviate the issues raised by proposals put forward in this document.

Initial discussions have identified the following possible solutions:

- Ensure timing of appointments maximises people's ability to use travel cards and discounted fares
- Taking action to influence public transport routes and schedules
- Improved use of Patient Transport Services
- Taxi vouchers and national travel tokens.

Until the future model of service provision is agreed we cannot plan transport solutions in detail. Over the next few months our review group will explore these options. We are committed to ensuring that we have identified realistic transport solutions to ease difficulties people will face.

These proposals may also require us to review and develop the provision of emergency ambulance services. We are committed to working with the Yorkshire Ambulance Service to ensure that appropriate high quality, responsive ambulance services are available to ensure the timely and safe transfer of patients to the most appropriate hospital site to receive specialist care, should the proposed changes included in this document be agreed following public consultation.

General issues – Financial context

Funding for the provision of health services in Bridlington Hospital is allocated by the Department of Health to the two local Primary Care Trusts (PCTs). This funding is based on the relative size and characteristics of the population taking into account factors such as deprivation that are known to have an impact on the demand for health services.

These allocations (resource limits) are for fixed amounts and Primary Care Trusts are under a statutory duty to ensure annual expenditure does not exceed the amount allocated.

Recent years have seen significant above inflation growth in funding from which the local health community has benefited. The two local PCTs know their allocations for the next two years, which includes some growth for both PCTs given they have been under target PCTs.

A national tariff of prices now exists which governs how much PCTs pay Trusts for carrying out particular patient treatments. It is the responsibility of PCTs to fund Trusts at this level whilst remaining within resource limits and for Trusts to provide services at a cost that does not exceed these national prices.

The two PCTs and acute hospital Trust did not achieve financial balance in 2005/06. Undoubtedly all organisations face significant financial challenges in the years ahead, however, the nature of healthcare means that there will always be demands to spend more than is made available and it is therefore important that we ensure that all available funding is put to the best possible use. These proposals for consultation have therefore been developed with the aim of maximising the patient benefit by making the best possible use of that funding and by ensuring value for money.

How fast will change happen?

The vision in this document represents the next two years plan for local services. Some of the improvements we want to make to services are already happening. These changes are making waiting times shorter, increasing services in your local community and increasing the choice of services available to you. We will continue to work on these.

However, whether we implement many of the service improvements described in this document depend on the outcome of this consultation. This means that we cannot set out timescales for implementation at the moment. It will, in any case, be difficult to be precise because some of changes we describe would depend upon training and recruiting additional staff. Others would depend on making changes to our current hospital facilities.

When we publish our response to your views on these proposals, and our decisions on how we take them forward, we will set out the expected timescales for any change.

Questionnaire Response form

Thank you for reading the consultation document. Please use this form to let us know what you think. When you have filled in this form, detach it from the document and post it in an envelope addressed to:

Scarborough & North East Yorkshire Healthcare Trust
FREEPOST
Scarborough Hospital
Woodllands Drive
Scarborough
North Yorkshire
YO12 6QL

Or hand the completed form in to reception at Bridlington Hospital

This form should reach us by 12 noon on Friday, 18th March 2007.

Please tick **one box only** for each question and use the comment boxes provided. If you need more space, write further comments on a separate sheet and attach it to this form.

Question 1:

Do you think we need to change the way acute medical services are provided in Bridlington Hospital? (tick **one**)

Agree

No strong feelings either way

Disagree

Comments: *(continue on an extra sheet if necessary)*

Question 2:

Four options have been outlined in the document. Which option do you support?
(tick **one**)

Option 1 No change

Option 2 All acute medical wards transferred from Bridlington Hospital

Option 3 Acute medical admissions at Bridlington Hospital provided by the Trust – 9am to 9pm

Option 3a Acute medical admissions at Bridlington Hospital provided by the Trust – 9am to 9pm without Coronary Care Unit

Question 3:

Are there any variations on the four options in the document we should be considering?
(tick **one**)

Yes

No

Don't know

If yes, please describe: *(continue on an extra sheet if necessary)*

Question 4:

Do you have any comments about the consultation process?
: *(continue on an extra sheet if necessary)*

You do not have to complete the following information but it would help us analyse the responses we receive.

Question 5:

I am responding to this consultation as:

- A patient
- A member of the public
- NHS staff
- A representative of an organisation/group
- Other (Specify)

Question 6:

The first **three** letters (eg. LA9) of my post code are:

Responses can also be made by:

online www.scarborough.nhs.uk and clicking on “Contact us” then “Feedback” or by email at contactus@acute.sney.nhs.uk

The comments you make will be subject to the Freedom of Information Act 2000.

If you would like **electronic** updates on the consultation review please write your email address here:

Formal List of Consultees

Public Consultation on Future role of Bridlington Hospital

Chief Executive, East Riding of Yorkshire Council (ERYC)

Chief Executive, North Yorkshire County Council (NYCC)

Director of Corporate Services, East Riding of Yorkshire Council

Director of Corporate Services, North Yorkshire County Council

ERYC Councillors – Bridlington, Drifffield, Hornsea & Withernsea & OSC members

NYCC Councillors – Coast and Moors Area Committee area & OSC Members

Chair, East Riding Local Strategic Partnership

Chair, North Yorkshire Local Strategic Partnership

Members of Parliament

Chairs, Town Councils

Chairs, Parish Councils

ERYC Customer Service Centres

GPs ERYPCT

GPs NYYPCT

Scarborough & North East Yorkshire Healthcare Trust staff

Chair, Joint Partnership Group (Trust Negotiation and Consultation Committee)

Chair & Chief Executive, Hull & East Yorkshire Hospitals Trust

Chair & Chief Executive, York Hospital Trust

Chair & Chief Executive, Yorkshire Ambulance Trust

Chair & Chief Executive, Humber Mental Health Teaching Trust

Chair & Chief Executive, East Riding of Yorkshire Primary Care Trust (ERYPCT)

Chair & Chief Executive, North Yorkshire and York Primary Care Trust (NYYPCT)

Chair & Chief Executive, NHS Yorkshire & the Humber

Chief Officer, North Bank Forum

Voluntary Sector

Chair of PAGER

National Childbirth Trust

Members of the East Riding Patient and Public Involvement Forum

Members of the North Yorkshire Patient and Public Involvement Forums

Macmillan Cancer Relief

National Childbirth Trust

Chair of League of Friends Bridlington Hospital

Chair of Bridlington Hospital Save/Support our Hospital Campaign Group

Chairs and Members of Bridlington, Hornsea and Withernsea Health Forums

Women's Institute East Yorkshire Federation

Local Media

Libraries, East Yorkshire; Filey and Malton areas

Rural Partnerships

December 2006