

Why doing nothing isn't an option

During the engagement exercise, we looked at seven possible options for the future. We took into account all the views collected from the public and the lessons learned from visiting other hospitals. Our Council of Members (a representative from each GP practice in our area) then carried out a detailed appraisal of each one. From this exercise, three options were shortlisted. The criteria which they were assessed by can be found below.

- **Option A** - Sustaining a 24-hour consultant led paediatric service and maternity unit (essentially keeping services the same by investing £2.7m in more consultants or senior doctors).
- **Option B** - Providing a paediatric short stay assessment unit (PSSAU) and midwifery led unit (MLU) with full outpatient services and enhanced services in the community.
- **Option C** - Providing paediatric outpatient services and midwifery led unit (MLU) and enhanced services in the community.

	Result		
	Option A	Option B	Option C
Criteria	Invest £2.7m in the existing service and continue to provide a consultant-led service for paediatric and maternity for both outpatient and inpatient stays.	Provide a paediatric short stay assessment unit (PSSAU), outpatients services and a midwifery led unit (MLU).	Paediatric outpatients service only and midwifery led unit (MLU).
Patient safety	Meets criteria	Meets criteria	Meets criteria
Affordability	Not affordable	Meets criteria	Meets criteria
Clinical effectiveness	Meets criteria	Meets criteria	Meets criteria
Patient experience	Meets criteria	Meets criteria	Meets criteria
Sustainability	Not sustainable	Meets criteria	Meets criteria
Equity of access	Meets criteria	Meets criteria	Meets criteria
Cost effectiveness	Not cost effective	Meets criteria	Meets criteria

Option A was assessed as not affordable, not sustainable and not cost effective, however, we decided initially to include it in the public consultation.

Following our decision, NHS North Yorkshire and York Board (the statutory

NHS body at the time) reviewed the options and decided to consult on options B and C, and discounted option A. This view was supported by the Independent Reconfiguration Panel, who carried out an initial review of the process and then agreed with this approach.

Why we didn't include option A in the consultation – the key reasons

The Department of Health's National Clinical Advisory Team (NCAT) advised us that doing nothing was not an option. Its report said: "To sustain paediatric inpatient care at the Friarage would require significant investment in consultant paediatric on-site presence.

Not only is this not affordable in the current climate but it is poor use of public funds. Consultants employed in this way would have little to do for much of their time and would be in danger of losing their clinical skills."

Our Clinical Commissioning Group (CCG) and South Tees Hospitals NHS Foundation Trust looked at small paediatric and maternity units throughout the UK. We visited other hospitals and talked to staff to understand how they are dealing with similar problems and to see if any alternative models have been overlooked. The conclusion from this work demonstrated very clearly that these units, many larger than the Friarage Hospital, were struggling with the same issues.

Option A would also have required an additional investment of £2.7m and providing this investment would mean reducing services in another area to pay for it. We also believe that it is wrong to consult on an option that we cannot afford.

