

Children's and maternity services at The Friarage Hospital

The public consultation document:
Options for the future

Consultation period 2 September - 25 November 2013



Summary

“Every patient has the right to high quality care that is safe and effective” *NHS Constitution*

Our Clinical Commissioning Group (CCG) has a legal duty under the NHS Constitution to commission high quality, safe services. This includes services for pregnant women and children.

The Friarage Hospital has a children’s outpatient and inpatient (overnight stay) service which includes a 14-bed children’s ward. It also provides a maternity service in the community and in the hospital. This includes antenatal and postnatal clinics, a labour and postnatal ward and a 10-cot special care baby unit. The hospital is owned and run by South Tees Hospitals NHS Foundation Trust.

In 2011, staff from The Friarage Hospital told us about their concerns for the future safety of these services. They are concerned that they will not be able to retain their clinical skills (and develop new ones) because there are not enough mums to be and children using the services.

As part of this process, we sought guidance from a group of independent health experts, called the National Clinical Advisory Team (NCAT). NCAT agreed that the concerns around safety and sustainability were real issues in both the children’s and maternity services and that we needed to address them.

In spring last year, we held a three month engagement exercise to talk to local people about the issues and the options for the future. Feedback from the engagement phase has helped us to form the options available and allowed us to understand the views of local people. We are now commencing the formal public consultation, which will start on 2 September 2013 for 12 weeks. It will close on 25 November 2013.

This document talks about the two options we believe will ensure the best service for women and children for the future and explains each in detail. During the consultation phase, we will also continue to look at other models used around the country to see if there is an alternative solution that we have not yet considered. Any new options that emerge will be considered against the same decision making criteria that we used to assess the two current options.

We aim to:

- **Ensure safe and sustainable services are provided in the future at The Friarage Hospital.**
- **Provide high quality, safe services for everyone living in our area.**
- **Improve access to skilled professionals to deliver better patient care and experience.**
- **Continue to provide patient choice to women and families locally.**
- **Deliver care closer to home and reduce admission to hospital wherever possible.**

Why we need to change

Paediatric (children's) services

The Friarage Hospital does not have enough consultants to fully staff the ward to national standards. This is a key concern for all of us.

There have been some incredible advances in medicine in the last few years and as a result, the way children are cared for is changing. There are new ways of diagnosing and treating illnesses and fewer children are staying in hospital overnight. Many conditions can now be managed safely and more appropriately by GPs, in the community or in the child's home, with the support of health and social care staff.

When children are very ill and need to stay in hospital, they need to be treated by doctors and nurses who have the specialist skills to recognise and treat what can be complex conditions. Evidence tells us that these services are best provided in major centres with a range of facilities and large teams of medical and support staff that have the right specialist skills.

The way doctors are trained and work when they become paediatric consultants is also very different now. Today they are skilled in very specific areas (asthma or diabetes for example) whereas in previous years they were trained to be generalists and looked after children with any condition. In other words, paediatric units need more doctors to ensure that there is always one with the right specialist skills to deal with any condition.

This view is supported by the Royal College of Paediatrics and Child Health (RCPCH). Its president, Dr Hilary Cass, says the NHS needs to make radical changes, including the centralisation of hospital services to reduce preventable deaths.

Dr Cass says: "Expertise is absent in too many small paediatric units, and there is a serious shortage of consultants. The college believe that a lack of senior paediatric doctors is so acute that the safety of treatment cannot be guaranteed at every unit."

"Paediatric care has changed immensely in my 20 years in the specialty - babies and children survive illnesses that would have been unimaginable when I was a junior doctor. This improvement has been brought about by an increasing specialisation of services and pooling expertise in treating less common or serious diseases, in specialist centres. This sadly means families have to travel further for their care but has brought about huge improvements in outcomes and survival."

Dr Ruth Roberts, Paediatric Consultant

Key facts

- Five children on average per day are admitted to the children's ward at The Friarage Hospital.
- The average length of stay is less than one day as most children are treated and go home the same day.
- The majority of children with major injuries or in need of emergency care are already taken to The James Cook University Hospital or an equivalent major centre so they can be cared for by the most experienced teams.
- The children's ward has 14 beds and a 69% average occupancy during the day and 31% at night.



Why we need to change (continued)

Maternity services

The maternity unit at The Friarage Hospital is also facing similar issues. Children's and maternity services are linked and cannot run independently of each other because both services need a range of different consultants to be able to support mums to be and children. For example, an obstetric consultant may deliver a premature baby, but a paediatric consultant would also need to be available in case the newborn baby needed any treatment.

The Friarage Hospital maternity unit is also one of the smallest units in the country with around 1,260 babies born there each year. We have looked at the local population and analysis suggests the number of births is not likely to increase.

We are also seeing an increase in high-risk births which is due to a range of factors such as the increased age of first-time mums, obesity and women having multiple pregnancies or other conditions that could affect a pregnancy.

These factors increase the likelihood of complications and evidence shows that this service is best provided in a major centre where the mother and baby can be managed by a specialist clinical team with the right technology and support close by.

A report by the Royal College of Obstetricians and Gynaecologists 'High Quality Women's Health Care: A proposal for change (2011)' has also highlighted national pressures on the workforce, particularly around the likely reduction in the numbers of doctors in training within obstetrics, gynaecology and neonatology, the specialisms needed to ensure safe maternity care.

Key facts

- On average three or four babies per day are born at The Friarage Hospital.
- The special care baby unit has 10 special care baby cots and supports 156 babies per year.
- On average there are 13,750 antenatal and postnatal appointments at The Friarage Hospital.



What we learned from the engagement exercise

In spring 2012, we held a three month engagement exercise to talk to the public about the issues at The Friarage Hospital and the possible options for the future. We held a number of public events and over 600 people filled in a survey to give us their views.

We listened to what you told us during this engagement exercise and a number of key points are summarised below. The full report can be found on our website:

www.hambletonrichmondshireandwhitbyccg.nhs.uk

We understand that some of these issues are complex and to support this consultation document, we have produced a range of factsheets which contain further detailed information on the areas highlighted below. These can also be found on the website.

A summary of key points

Long-term future at The Friarage Hospital

During the engagement exercise, many people expressed concern about the long term future of The Friarage Hospital. We would like to reassure people that as a group of local GPs, we have a great regard for The Friarage Hospital and we have a very bright vision for its future. We will continue to work closely with our colleagues at South Tees Hospitals NHS Foundation Trust to ensure that all the services we commission there are safe and sustainable for the future.

Safety – what does it actually mean for patients?

We know that people value local services and that in the public survey during the engagement process, people rated closeness of services above safety and quality. However, as a group of GPs responsible for commissioning these services, we absolutely have to put the safety of our patients above everything else.

Whilst we all expect NHS services to be safe, we have to strive to ensure they are also of the highest possible quality. This means making sure they are delivered in the most appropriate place, by the most appropriate clinician and with dedicated support teams in place if they are needed.

If there is an emergency situation, we need to ensure highly experienced staff are on hand who see complex emergency situations every day, and are confident in recognising the signs of a very ill child or a poorly expectant mum, and can respond quickly.

Working with the families of children who have open access to The Friarage Hospital

Open access is provided on a long-term basis to some children with complex health needs to provide speedy access to specialist paediatric care. It is also provided on a short term basis to children who have been discharged from hospital to allow many children to return to their own home sooner.

Over the last few months we have met with some of the families who have open access to The Friarage Hospital. A number of suggestions came from the meetings including a discussion around community nursing services and what types of treatment could be carried out in the child's own home in the future, to avoid the need to go in to hospital. This is one area that the CCG has committed to take forward.

We also discussed patient records and with the introduction of the Health, Education and Care Plan next year, we are confident that wherever children need to access treatment, clinicians will have all the information they need to easily decide on the most appropriate care.

We will continue through the consultation process to engage with these families to ensure future services meet the needs of their children. Our aim is to ensure that health and social care services work together effectively to support children with complex health needs.



A summary of key points (continued)

Transport

We know that one of the issues people are worried about is transport. People told us that they were concerned about travelling times, the cost of travel and access to suitable transport options. We have produced a full transport report which can be found on our website at

www.hambletonrichmondshireandwhitbyccg.nhs.uk

We have listened to your concerns and are working closely with Yorkshire Ambulance Service and South Tees Hospitals NHS Foundation Trust to plan for any increase in capacity we may need to provide.

Discussions are also underway to develop possible solutions including:

- Making sure the ambulance crews know the best place to take the patient.
- Providing a shuttle bus between The Friarage Hospital and James Cook University Hospital.
- How we can ensure families can get home from hospital out of their area, if they are transported in an ambulance and are later discharged.

These proposals will be developed further during the consultation process.

Integration between health and social care

Integration between health and social care services is one of our top priorities and we are working hard to ensure that we all work together effectively to provide a more seamless service and reduce duplication. This will make services much more efficient and effective in the future.



How did we arrive at the options for public consultation?

If we don't make changes:

- The service offered at The Friarage Hospital will compare less and less well with other hospitals and will be of lower quality than people should expect.
- We will fall short of the required clinical standards – which is a real safety issue.
- We risk more unplanned closures and more serious incidents.

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:

- **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.

We decided our preferred option was option B, however the NHS North Yorkshire and York Board (the statutory NHS body at the time) decided to consult on options B and C, after discounting option A from the consultation process. 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 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.

Choices for mums to be in Hambleton and Richmondshire

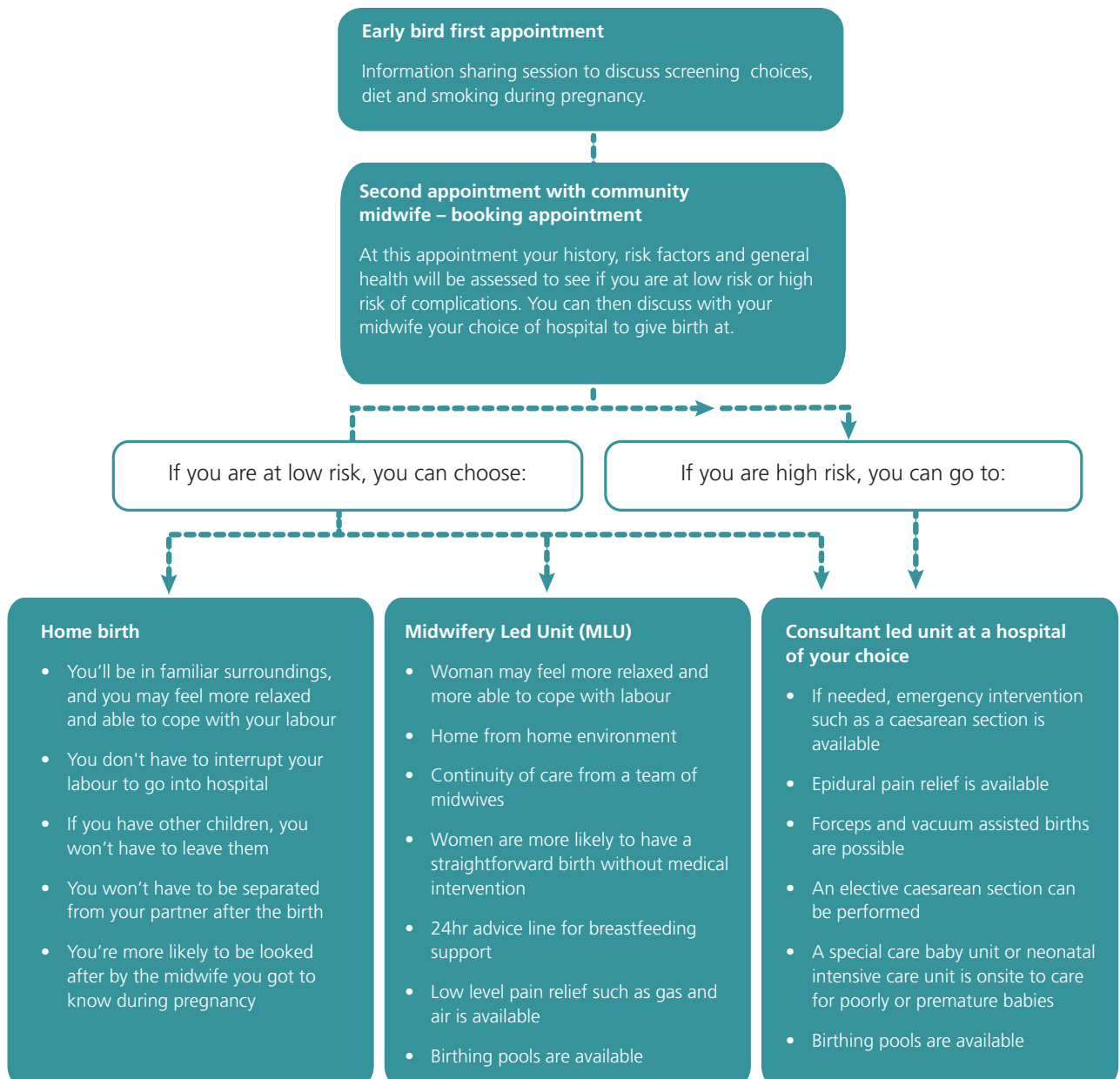
We are consulting on two options. In both options, maternity services will be the same. (The options for paediatric services are different. An explanation of these options can be found on pages 10 and 11.) This page shows how maternity services in Hambleton and Richmondshire will look in the future.

We are proposing to open a Midwifery Led Unit (MLU) at The Friarage Hospital. MLUs are run by experienced midwives and are a safe local option for women who are medically fit, have had a normal pregnancy and are at low risk of complications.

If there were any complications during the birth, women would be transferred by ambulance to a consultant led unit, supported by their midwife.

Women who are at high risk of complications would need to have their baby at a consultant led unit, to ensure specialist doctors are available to provide supervision or medical intervention (such as caesarean deliveries.)

Choices for mums to be in Hambleton and Richmondshire



Before and after care for mums and new babies

Antenatal care

This care monitors the mother's and baby's health during pregnancy and can predict possible problems so action can be taken to avoid or treat them. It includes routine checks such as blood pressure, urine tests, scans, weight, listening to baby's heart beat and asking questions about the baby's movement. These services would be provided at The Friarage Hospital as they are now, even for women with high risk pregnancies who are booked to deliver in the consultant led unit at The James Cook University Hospital. Antenatal care by community midwives will continue to be delivered in the community such as at your local GP surgery, in children's centres or at The Friarage Hospital Midwifery Led Unit

Postnatal care

Postnatal care is the care of mother and baby in the hours, days and weeks following childbirth. The midwife will make sure the mother and baby remain well physically, psychologically and emotionally and will look out for signs of complications and postnatal depression. Midwives also assist and support the mother in establishing feeding, whether by breast or bottle.

The midwife will supervise the care of the new mother and baby for around 10 to 28 days after the end of labour. Some of this care will be in the hospital but the majority of it will be at home.

This care is available at:

- A woman's own home
- All birth settings, including MLU and consultant led units
- GP surgeries and children's centre



Options for paediatric services

Option 1

- Develop a Paediatric Short Stay Assessment Unit (PSSAU) at The Friarage Hospital.
- Continue to deliver community paediatric nursing and consultant paediatric outpatient service at The Friarage Hospital. More specialist inpatient paediatric services will be available at The James Cook University Hospital, Darlington Memorial Hospital, Harrogate District Hospital and York Hospital.

Explanation

Under option 1, a PSSAU would be offered at The Friarage Hospital, based on Royal College of Paediatrics and Child Health guidance (RCPCH), providing rapid access to treatment for children and ensuring we meet the 10 standards laid out by the RCPCH.

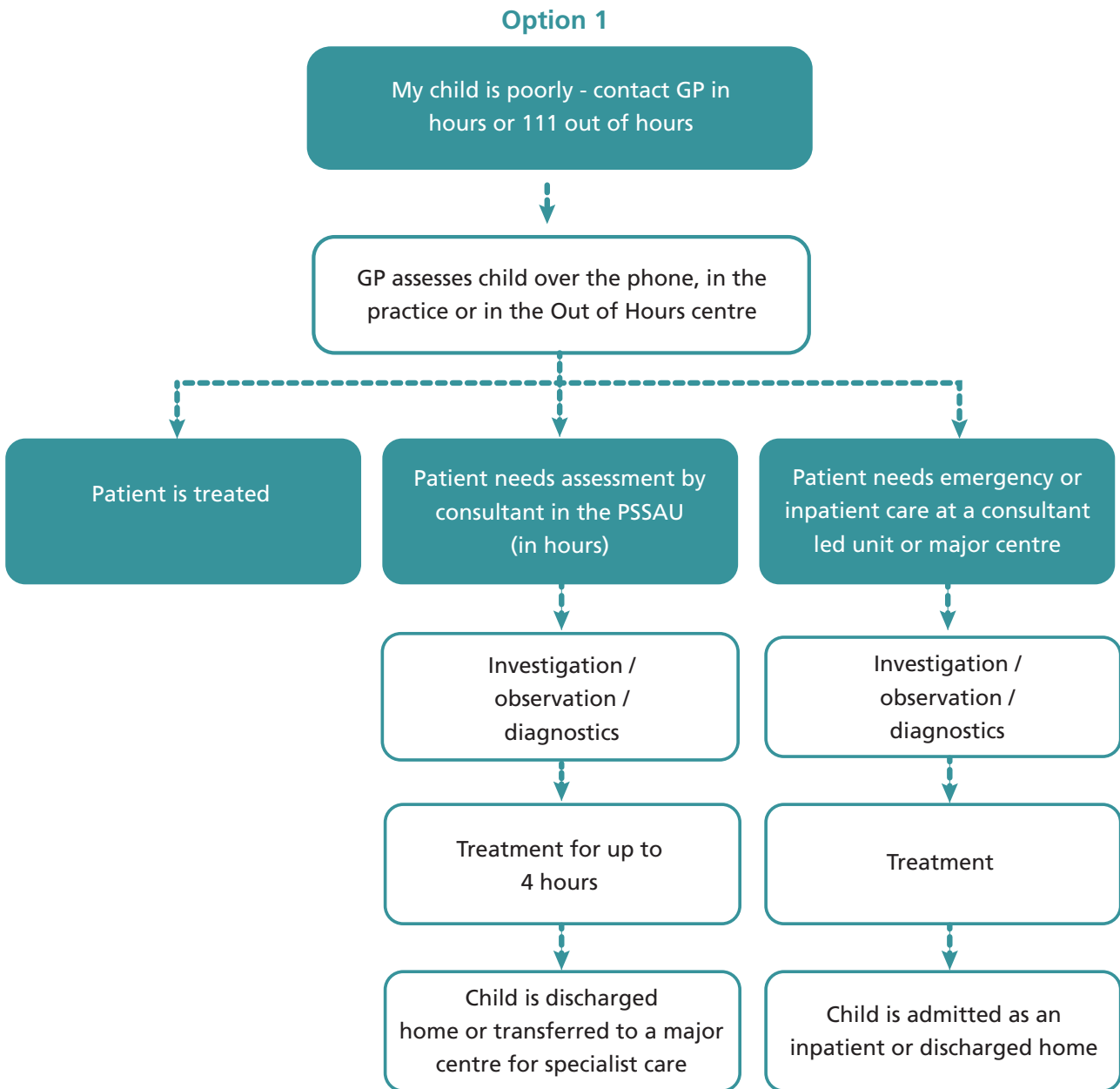
Working closely with local GPs, the PSSAU will help to reduce unnecessary hospital admissions and overnight stays. However, children who need to stay in hospital will be dealt with promptly and taken to the most appropriate place for their inpatient care. No inpatient (overnight) care would be available at The Friarage Hospital.

We believe a PSSAU would offer better access to services as children who need routine assessment, investigations, minor treatment and day surgery would still receive this local care. The unit would still only see, on average, three children a day but the unit would allow us to support care closer to home for the majority of children.

It is important to remember that the first point of contact for a parent with a sick child should always be the child's GP. They can advise where the child should be treated. If a child needs medical attention when the GP surgery is closed, parents should contact NHS 111 who will refer the child to the most appropriate place for their care.



How children's services will look under option 1



NOTE: If a child needs to be assessed by a paediatrician out of hours (when the PSSAU is closed) they will be referred to the nearest major centre for specialist care.

Option 2

- Continue to deliver community paediatric nursing and consultant paediatric outpatient service at The Friarage Hospital. More specialist inpatient paediatric services will be available at The James Cook University Hospital, Darlington Memorial Hospital, Harrogate District Hospital and York Hospital.

Explanation

The difference between the options is that Option 2 does not include the development of a Paediatric Short Stay Assessment Unit (PSSAU). Instead, an urgent clinic would be developed for assessing children who are unwell and require outpatient assessment only as there will be no observation area for children.

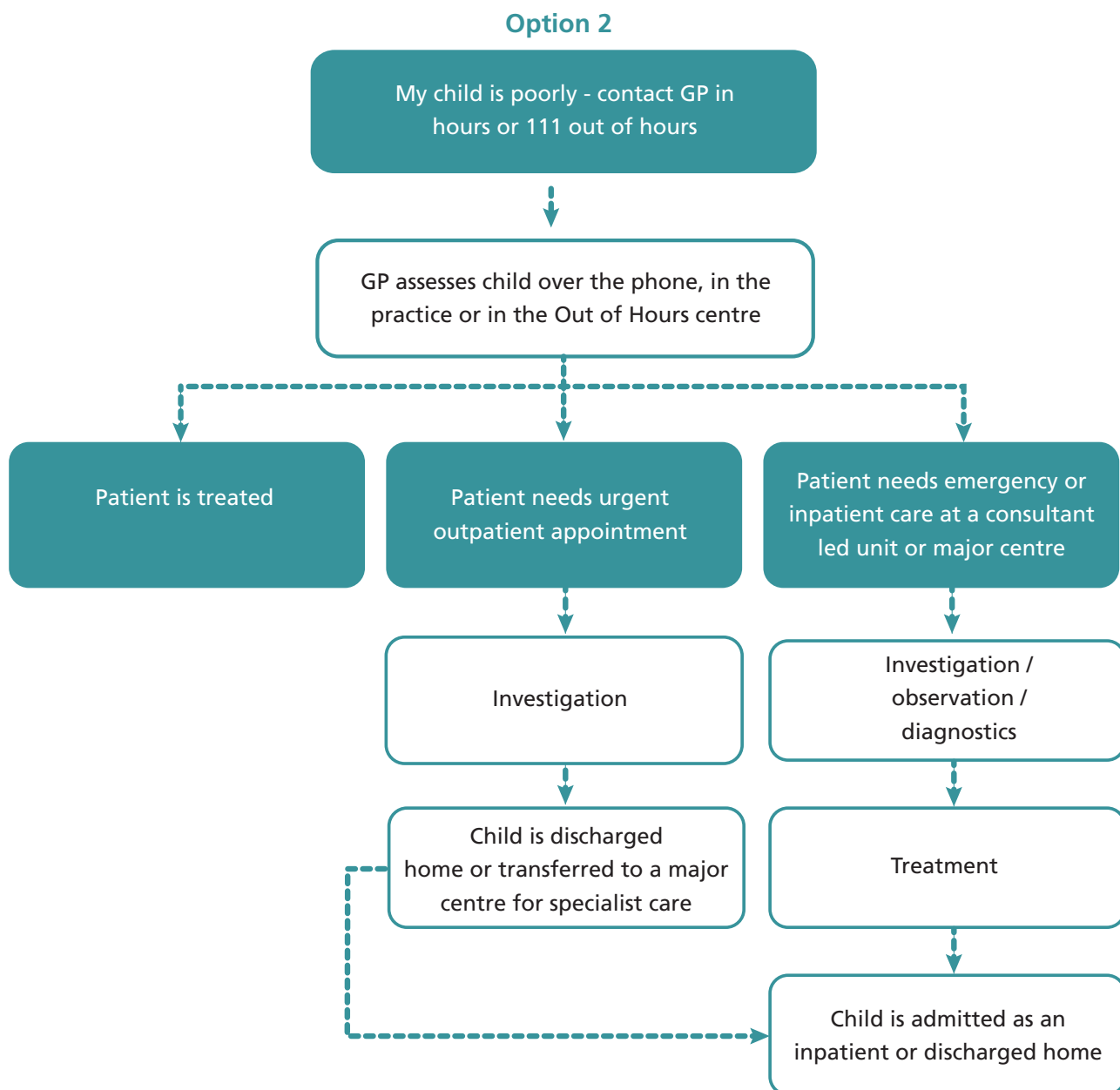
We would work with local GPs to ensure that clear pathways of care are in place so that children are seen at right location to meet their needs. This model ensures children's care is delivered by a wider range of specialists available in bigger centres of expertise and therefore able to deal with a wide range of conditions. Children will be directed to consultants with the specialist skills they require enabling better quality of care to be delivered.

All other care that cannot be delivered at an outpatient appointment, would be delivered at another hospital such as The James Cook University Hospital, Darlington Memorial Hospital, Harrogate District Hospital and York Hospital.

As with option 1, it is important to remember that the first point of contact for a parent with a sick child should always be the child's GP. If a child needs medical attention when the GP surgery is closed, parents should contact NHS 111 who will refer the child to the most appropriate place for their care.



How children's services will look under option 2



NOTE: If a child needs to see a paediatrician out of hours, they will be referred to the nearest major centre for specialist care.

Local services under our preferred option (option 1)

If option 1 is chosen, this page summarises the wide choice of hospitals providing children's and maternity services across the region. Many of these services will remain unchanged such as antenatal and postnatal care. Consultant led services at all hospitals apart from The Friarage Hospital will also stay the same.



York Hospital

- Consultant led maternity unit
- Antenatal and postnatal care
- Special care baby unit
- Paediatric assessment and inpatient unit

Friarage Hospital, Northallerton

- Midwifery Led Unit (MLU)
- Community antenatal and postnatal care
- Consultant antenatal outpatients
- Paediatric Short Stay Assessment Unit (PSSAU)
- Children's outpatients department

Harrogate District Hospital

- Consultant led maternity unit
- Antenatal and postnatal care
- Special care baby unit
- Paediatric assessment and inpatient unit

The James Cook University Hospital, Middlesbrough

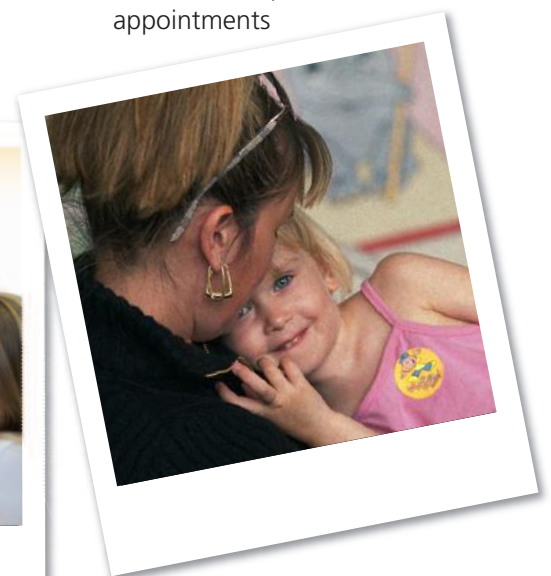
- Consultant led maternity unit alongside Midwifery Led Unit
- Antenatal and postnatal care
- Neonatal intensive care and special care baby unit
- Paediatric intensive care
- Complex children's surgery
- Major trauma centre
- Paediatric assessment and inpatient unit

Darlington Memorial Hospital

- Consultant led maternity unit
- Antenatal and postnatal care
- Neonatal and special care baby unit
- Paediatric assessment and inpatient unit

Duchess of Kent Hospital, Catterick

- Antenatal clinic
- Children's outpatient appointments



Our preferred option

There are a number of reasons why option 1 is our preferred option:

- The Friarage Hospital is too small to continue to operate safely and effectively as a consultant led unit and in making the changes we will avoid temporary and unplanned closures, which can be extremely traumatic for the patients and mothers to be who had planned to use the services.
- Changes in the way we treat children and the general improvement in our health means fewer unwell children need to stay in hospital overnight. When children need to stay in hospital, they need to be treated in a major centre with access to a range of facilities and staff with the skills and experience in treating a very sick child.
- Women with uncomplicated births now often choose to leave hospital after only a few hours, reducing the need for postnatal beds. Under this option pregnant women (with low-risk deliveries) also have the option of giving birth in a local unit, staffed by skilled midwives. However there is also an increase in high risk pregnancies overall and for these mums to be they need to be in a major centre.
- The way doctors are trained and want to work when they become consultants has changed. Advances in medical care means doctors develop advanced skills in specific areas within a specialty (care of the new-borns, asthma, diabetes etc.), rather than have generalist skills.
- Replacing the current consultant workforce, several of whom have recently retired is becoming increasingly challenging.
- Higher safety and quality standards have been introduced to improve patient care. These require clinicians to train and work in environments where they have regular exposure to large numbers of patients with varied and complex problems.
- It would be a poor use of public funds to invest extra money to try and sustain a consultant led service. We do however need to ensure we keep services which can be delivered safely local and support a long and vibrant future for the Friarage Hospital which this option does.
- We want to continue to offer choice to mums to be and families of where they can receive their treatment or care.

Conclusion

This is a complex story and we have attempted to provide a broad overview of some of the challenges we face. In getting to this stage, we have already produced a lot of detailed information and supporting factsheets all of which can be found on our website at

www.hambletonrichmondshireandwhitbyccg.nhs.uk

Finally, it is important to emphasise that this consultation is driven by safety and quality standards and the need to provide sustainable services at The Friarage Hospital which are fit for the future. Our aim is to provide a wide range of choices for women and children in Hambleton and Richmondshire and these are explained throughout this document.

Glossary

Antenatal:	Refers to the care of pregnant woman and their unborn baby.
Clinical Commissioning Group (CCG):	A group of local GP practices responsible for planning and purchasing local NHS services.
Consultant:	Consultants have the same basic medical training as doctors but have specialised in one particular field of medicine, such a neonatal medicine.
Doctor:	The term doctor usually applies to someone who is somebody trained in a broad range of medicine.
Maternity:	The treatment given in relation to pregnancy and delivery of a newborn child.
Midwifery Led Unit (MLU):	A delivery unit staff by experienced midwives.
Neonatal:	Relating to newborn children, especially in the first week of life and up to four weeks.
Obstetrics:	The medical specialty dealing with the care of all women's reproductive organs and their children during pregnancy.
Paediatrics:	The branch of medicine that deals with the medical care of infants, children, and adolescents.
Paediatric Short Stay Assessment Unit (PSSAU):	An assessment unit staffed by paediatricians to assess and treat children on a short term basis.
Postnatal:	Refers to the care of women after they have given birth.

Over to you

There are a number of ways you can give us your feedback:

Fill in our questionnaire

A questionnaire is included at the back of this document. It would help us if you could answer the questions and return to the FREEPOST address. If you prefer, you can visit our website and fill in the questionnaire online. After the consultation has closed on 25 November 2013, an independent third party will collect all the responses and a comprehensive analysis will be published in the final report.

Come to a public event

During the next three months the CCG will make this document widely available and will also be presenting the options at a number of public meetings. These are open to everyone and will give you the chance to talk to clinicians and others about the proposals and give your views. All meetings will follow the same format.

7.00pm – 7.30pm – An introduction to the consultation and presentation of the key facts.

7.30 pm – 8.30pm – Question and answer session.

The Saturday meeting will follow the above format commencing 10.30am – 12noon.

The meetings will be hosted by GPs, hospital clinicians and senior NHS managers from the Hambleton, Richmondshire and Whitby Clinical Commissioning Group and South Tees Hospitals NHS Foundation Trust.

Please note that due to strict fire regulations, once a venue's capacity is reached, we will not be able to admit any further guests. Anyone unable to attend will be able to submit a question for the panel and feedback will be posted online and made available in hard copy on request.

Thirsk Wednesday 18 September

Thirsk Racecourse, Station Rd, Thirsk YO7 1QL

Richmond Wednesday 25 September

Richmond School, Darlington Road, Richmond DL10 7BQ

Northallerton Saturday 28 September

Main Hall, Hambleton Forum, Bullamoor Road, Northallerton DL6 1LP

Catterick Garrison/Village Tuesday 1 October

Catterick Leisure Centre, Small Studio, Catterick Road, Catterick Garrison DL9 4QH

Masham Thursday 3 October

Masham Methodist Church, 34 Park Street, Masham, Ripon HG4 4HN

Leyburn Tuesday 8 October

Conference room/ Restaurant, Tennants Auction House, Harmby Road, Leyburn DL8 5SG

Bedale Monday 14 October

Bedale Hall, North End, Bedale DL8 1AA

Hawes Thursday 17 October

Hawes Community Primary School, Town Head, Hawes DL8 3RQ

Stokesley Monday 21 October

Town Hall, Main Hall Stokesley TS9 5DG

A number of documents giving more detailed information can be found on our website at: www.hambletonrichmondshireandwhitbyccg.nhs.uk

Twitter

You can follow us on Twitter @HRW_CCG

If you would like to get in touch with us about this you can:

- Telephone: 0800 068 8000
- Email: frilage.feedback@nhs.net
- Write to us at:
FreePost Plus RTER-KESE-BGCH
NHS Hambleton Richmondshire and Whitby Clinical Commissioning Group (CCG)
Civic Centre
Stone Cross
Northallerton
DL6 2UU

What next

The results of the formal consultation process will be presented to the CCG'S Council of Members and Governing Body by the CCG who will need to make a decision in January 2014 based on:

- Your views that we have collected during the formal consultation period
- Specialist advice from health service professionals about the opportunity and challenges maintaining and improving the quality of services
- Views and comments from partner organisations – particularly those organisations that have a statutory role in representing your interest, such as Local Authority Health Overview and Scrutiny Committees and Local Involvement Networks
- Detailed analysis of the challenges and opportunities outlined in this document

If you would like this document in a different format, for example, large print, audio cassette/CD, Braille or in another language, please call 0800 068 8000.



**Hambleton, Richmondshire and Whitby
Clinical Commissioning Group**

Public consultation questionnaire

Public consultation on the children's and maternity services at the Friarage Hospital, Northallerton

Thank you for reading the public consultation document. Please use this form to let us know what you think. When you have completed this form, detach it from the document and return it in an envelope to our FREEPOST address. All completed forms should reach us by Monday 25 November 2013.

This form can also be completed online at www.hambletonrichmondshireandwhitbyccg.nhs.uk

Your views

1. Thinking of maternity care, what is most important to you?

(Please rank your response in order of preference, 1 = first, 2 = second, 3 = third etc.)

- Access to a high quality and safe service
 - Availability of specialist care
 - Care closer to home (support in own home)
 - Distance from home to hospital
 - other (please state which)
-
-

2. Thinking of paediatric care, what is most important to you?

(Please rank your response in order of preference, 1 = first, 2 = second, 3 = third etc.)

- Access to a high quality and safe service
 - Availability of specialist care
 - Care closer to home (support in own home)
 - Distance from home to hospital
 - other (please state which)
-
-

3. Which of the options below do you think should be taken forward? (Option 1 is the preferred option of Hambleton, Richmondshire and Whitby CCG)

- Option 1 - Paediatric Short Stay Assessment Unit (PSSAU) with outpatient services and enhanced community services and a Midwifery Led Unit (MLU).
- Option 2 - Paediatric out patient services and enhanced community services and a Midwifery Led Unit (MLU).



To make sure the replies we receive are balanced across Hambleton and Richmondshire, we would appreciate it if you would let us know about you. Your response will be completely anonymous and all of the questions are optional.

About you

8. Are you completing this survey as? (Please tick all that apply)

- a patient
 - a carer
 - an expectant parent
 - a parent or someone who cares for children/young people
 - an employee of the NHS
 - a member of the public
 - a Councillor/MP
 - a representative of an organisation (please state which)
-
-

9. What is your gender?

- Male
- Female

10. What is your age group?

- Under 16 years
- 16-19 years
- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60-69 years
- 70-74 years
- 75+ years

11. What is your ethnic background?

- White
- Mixed/multiple ethnic group
- Asian/Asian British
- Chinese
- Black/African/Caribbean/Black British
- Other ethnic group (please specify)



12. What is your religion?

13. What is your sexuality?

14. Do you consider yourself to be disabled?

Yes

No

If yes, please tell us how

15. Which area do you live in?

Hambleton

Richmondshire

Other

16. Where have you heard about this consultation? (Please tick all that apply)

Health centre/GP surgery

Newspaper

Radio

Television

Website

Word of mouth

other (please state which)

If you would like to receive the final consultation report, please write your name and address or email address below:

Name:

Address:

Postcode:

Email:

Thank you for taking the time to provide us with your comments. If you require more help or information please contact Patient Relations 0800 06 88 000.

