

## Report to Joint Health Overview and Scrutiny Committee for South Yorkshire, Nottinghamshire and Derbyshire 28<sup>th</sup> July, 2020

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**Report of:** Report on update on the children's surgery and anaesthesia work and recommendations to change the appendicectomy pathway

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**Subject:** **Update:** Children's Surgery and Anaesthesia

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### Summary:

In June 2017 the Joint Committee for Clinical Commissioning Groups (JCCCG) for South Yorkshire and Bassetlaw took a decision to change the way some children's surgery and anaesthesia services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire. At that time, the JCCCG agreed to clinical recommendations that children needing an emergency operation for a small number of conditions, at night or at a weekend, would not be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfields General Hospital in Wakefield.

Since that decision, a number of factors have changed (as detailed in this report) which mean that a new recommendation has been put forward by local clinical experts. The new recommendation is for surgery for three of the four conditions covered by the previous decision (post-tonsillectomy bleeding, foreign body in the airway, torsion of the testes) to continue being provided in the local District General Hospitals, i.e. with no change to the current provision. The recommendation for the fourth condition – suspected appendicitis – is that for children aged under 8, and for children with complex needs, appendicectomies should be conducted at Sheffield Children's Hospital. This would affect around 45 children a year from across South Yorkshire and Bassetlaw. Arrangements for mid-Yorkshire children are now configured under their own local ICS.

We have a number of sources of information showing the views of patients, the public, parents and carers from across South Yorkshire and Bassetlaw on potential changes to children's surgery. In total we have received over 3500 responses about

this issue over the course of the last four years (see engagement report at Appendix A).

The involvement that has taken place over the four years has used a mixed method approach to reach out to our communities, including paper copies of documents, postcards and flyers distributed to hospitals, GP practices, libraries and children's centres, dental practices, campaign groups, town halls, community venues and organisations; public events in towns and communities as well as locations central to South Yorkshire and Bassetlaw; digital communications and engagement; broadcast and print media coverage; social media; a significant amount of engagement activities with seldom-heard communities.

Our recommendation is that due to the significant efforts that have been made over the last four years to hear from the South Yorkshire and Bassetlaw public about their views on changes such as the one proposed for appendicectomy, a further full public consultation on the proposed change, which will only affect approx 45 children a year, is not necessary.

In summary, across all of the patient involvement there are two key conflicting areas of feedback:

- The desire for children to receive the best possible specialist care, and being willing to travel to the Sheffield Children's Hospital to receive that
- The desire for children to be seen and treated in the local hospital

Despite these areas of conflicting views, there is clear consensus around the need for children to receive safe, caring, quality care and treatment; to be seen and treated by knowledgeable staff; for there to be great communication – between children, parents, carers and their clinicians – and also between hospitals; and in speed of appointment.

In the most recent engagement that has taken place, specifically seeking views on the proposed appendicectomy changes, 86% of respondents were in favour of the change, rising to 95% when taking into account the participants' likelihood to be affected by the change (ie parents/ carers with children aged under 8, or who may have children in the future).

There is no legal definition of 'substantial development or variation', we are therefore seeking the views of the South Yorkshire and Bassetlaw Joint Health Overview and Scrutiny Committee with regards whether they believe the proposed change to appendicectomy surgery for under 8s (affecting approx. 45 children per year) is substantial and would therefore trigger the duty to consult with the local authority under the s.244 Regulations.

As the JHOSC is aware, between April - June 2020 all emergency surgery for children under the age of 16 years was consolidated at Sheffield Children's Hospital as part of the Covid-19 response. This was short term work, which happened independently of the appendicectomy proposal. The majority of this emergency pathway work has now been stepped down however under 8 appendicectomies are still transferring to Sheffield Children's Hospital under the emergency protocol for

safety reasons. Should the JHOSC determine that they do require us to consult with them about the appendicectomy change this temporary measure is likely to stay in place pending the outcome of the consultation.

The development of the emergency surgery pathways during Covid-19 has resulted in the development of safe and quality generic protocols and extensive pathway development with all Trusts and partner organisations. This has therefore provided a valuable insight into how the proposed appendicectomy pathway would work. The (very positive) feedback from Trusts, NHS partners, children and families to support its effectiveness has provided further assurance of safe and quality care and improved health outcomes.

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**Type of item:** The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	<b>X</b>
Other	

**The Scrutiny Committee is being asked to:**

Consider the recommendations of the report and provide the JCCCG with any views or comments.

Provide their views on whether any changes to the appendicectomy pathway in South Yorkshire and Bassetlaw for children under 8 and those with complex needs would be considered a substantial development or variation, and accordingly if they recommend that there is a formal duty to consult with the relevant Local Authorities under the s244 regulations.

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**Category of Report:** OPEN

## **Report to update on the children's surgery and anaesthesia work and recommendations to change the appendicectomy pathway**

### **1. Introduction/Context**

- 1.1 The purpose of this paper is to provide an update to the Joint Health Overview and Scrutiny Committee on proposed changes since the Committee were last updated on the South Yorkshire and Bassetlaw Children's Surgery and Anaesthesia work (February 2019).
- 1.2 This paper sets out details of a new proposal for a revised service model, and the implementation of an associated pathway for paediatric appendicectomy surgery. The proposal has been put forward by Clinicians working in South Yorkshire and Bassetlaw and has been supported in principle, subject to JHOSC's view, by the Joint Committee of Clinical Commissioning Groups (JCCCG).
- 1.3 The JHOSC is being asked to consider the recommendations of the report and to provide their views on whether any changes to the appendicectomy pathway in South Yorkshire and Bassetlaw for children under 8 and those with complex needs would be considered a substantial development or variation, and accordingly if they recommend that there is a formal duty to consult with the relevant Local Authorities under the s244 regulations.

### **2. Background**

- 2.1 In June 2017 the Joint Committee for Clinical Commissioning Groups (JCCCG) for South Yorkshire and Bassetlaw took a decision to change the way some children's surgery and anaesthesia services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire.
- 2.2 At the time, the JCCCG agreed to clinical recommendations that children needing an emergency operation for a small number of conditions, at night or at a weekend, would not be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfields General Hospital in Wakefield.
- 2.3 Since the decision:
  - Strengthened partnerships across the region and even closer ways of working have been formed across the patch

- Closer joint working across the NHS Hospitals has strengthened Ear, Nose and Throat (ENT) services and made them more stable and sustainable
  - The more detailed investigation that happens before any proposed change takes place (known as the designation process) has shown the services to be more complex than the original business case assumed
  - There is evidence that the torsions pathways are appropriate and should be retained
  - The introduction of Integrated Care System geographical footprints has changed previous joint working arrangements. In South Yorkshire and Bassetlaw this has impacted on working arrangements with Mid Yorkshire Hospitals
- 2.4 These changes of circumstance therefore led the Children’s Surgery and Anaesthesia Managed Clinical Network (which is a regular meeting of working clinicians from South Yorkshire, Bassetlaw and North Derbyshire) to develop revised recommendations, which meet the principles from the original work of:
- Commitment to a model where children are guaranteed to be seen by surgeons and anaesthetists who have current training in, and / or who regularly work on, the care of children
  - Commitment to no unnecessary transfers of patients, and that care close to home, where this is able to be delivered in line with standards, is the preferred outcome
- 2.5 The revised recommendations do not support the three hub geographical model proposed in 2017.
- 2.6 A new paper, which was received by the Joint Committee of Clinical Commissioning Groups (JCCCG) in February 2020, instead recommended that clinical models should be different depending on the type of surgery.
- 2.7 All of the information about the original proposal and consultation can be found here: <https://smybndccgs.nhs.uk/what-we-do/childrens-surgery>

### **3 Proposal**

- 3.1 A new paper, which was received by the Joint Committee of Clinical Commissioning Groups (JCCCG) in February 2020, and which was put forward by local clinicians, recommended that clinical models should be different depending on the type of surgery.
- 3.2 The new proposal suggests all district general hospitals maintain the provision of these pathways where there is evidence that they are able to provide a safe, quality and sustainable service. Only in a small number of cases would activity be transferred from district general hospitals to the Sheffield Children’s Hospital which will be supported by clear clinical protocols.

- 3.3 Anaesthetic skills across South Yorkshire and Bassetlaw, including within district general hospitals, are deemed to be effective and safe in managing paediatric cases.
- 3.4 The Ear Nose and Throat (ENT) pathways currently in place, developed through the previous Working Together collaborative programme are clinically appropriate and should be retained.
- 3.5 Torsions pathways should be retained. Further work is required within Doncaster and Bassetlaw Teaching Hospitals to recruit the workforce to secure a long term torsion service comparable to the torsion service provided in other district general hospitals.
- 3.6 Abdomens are the most complex pathway. Issues include:
- An inconsistency of approach, particularly with regards to the age ranges covered by District General Hospitals and those already transferred to SCH (children <5-7 years dependent on Trust).
  - The number of appendicectomies (surgery to remove the appendix) undertaken in South Yorkshire and Bassetlaw each year on children under 8 is very small. The numbers are so small that some surgeons in some of the district general hospitals had only been exposed to one or two cases in the past 5 years.
  - Children under 8 are not 'small adults' and if they need an appendicectomy, it is better and safer for them to be seen by a surgeon who is trained to and regularly operates on children their size.
  - Appendices do not have the time criticality of testicular torsions. All Trusts, including Sheffield Children's Hospital, already operate a policy of not operating on children after midnight, except in extremis.

A clinical pathway model was developed by senior local clinicians to address this, and would involve the movement of children under 8 years or with significant complexities or comorbidities from district general hospitals to Sheffield Children's Hospital. This would affect about 45 children a year and arrangements would be put in place to ensure safe transfers. This has been corroborated by the cases seen during the Covid-19 response paediatric emergency surgery pathway, that has seen approximately 1 transfer per week (for children <16 years requiring appendicectomy surgery from across SYB and Chesterfield).

- 3.7 For those children who will remain at their local DGH for appendix surgery, the proposal also suggests additional ways to strengthen the service – these are that all children will be jointly managed between the paediatrics and surgical teams to ensure that the child's holistic needs are met; surgery will be undertaken (or directly supervised) only by consultant surgeons. There is a view from our clinical experts that this would put our area ahead of most other parts of the UK in assuring a quality service.
- 3.8 An Equality Impact Assessment (EIA) was completed to identify whether the proposed changes to the appendicectomy pathway are likely to result in any

adverse or negative impacts in the promotion of equality and diversity. The proposed changes to the pathway are aimed at assuring equitable access to high quality surgical capability for all children and young people in South Yorkshire and Bassetlaw. The proposed changes to the pathway are not considered to hinder the promotion of equality and diversity.

- 3.9 The JCCCG supported the changed proposal, subject to the outcomes of the discussion at the JHOSC and should it be deemed necessary to carry out any subsequent consultation. If the JHOSC deem that consultation with the local authorities is not required, work would take place to change the remaining elements of the appendectomy pathway during 2020.
- 3.10 It was felt that the proposal outlined within this document addresses the issues in an appropriate and proportionate way given the changing context, whilst meeting the spirit and intent of the 2017 work in terms of ensuring all children area treated by professionals who have access to appropriate skills, and wherever possible close to their homes.

#### **4. What does this mean for people in South Yorkshire, Bassetlaw and North Derbyshire?**

- 4.1 More care will be retained closer to home than was originally agreed in 2017. Children with three of the conditions that were looked at during this work - post-tonsillectomy bleeding, foreign body in the airway, torsion of the testes - will now have their surgery provided in their local district general hospitals, as it is currently, and patients will not have to travel to one of the three out of hours hubs as had previously been agreed in 2017.
- 4.2 The proposal is for children aged under 8, and for children with complex needs, appendicectomies should be conducted at Sheffield Children's Hospital, this would affect about 45 children a year and arrangements that have been put in place during the temporary consolidation of children's surgery during the pandemic would be built upon to ensure safe transfers.
- 4.3 The JHOSC is being asked to consider these proposals and to provide views on whether this change is a substantial development or variation, and if they recommend that there is a formal duty to consult with the Local Authority under the s244 regulations.

#### **5. Covid-19 Response – Paediatric Emergency Surgery Pathway**

- 5.1 During the Covid-19 pandemic the NHS has been placed in level 4 incident and under NHSEI direct command. The SYB Strategic Health Co-ordination Group which was established to coordinate and manage the NHS response to the crisis agreed to temporarily transfer all non-time-critical emergency surgery for children to Sheffield Children's Hospital to ensure continuation of safe services for children during the pandemic and applied to children under

16 from Barnsley, Chesterfield, Doncaster and Bassetlaw, and Rotherham hospitals.

- 5.2 This temporary pathway was initiated at the end of March, as clinicians raised concerns that the Covid-19 pandemic might impact negatively on care for children in South Yorkshire and Bassetlaw, primarily due to:
- all Trusts converting operating theatres into critical care beds;
  - anaesthetists being reallocated to focus on intubation of critical patients.
- 5.3 Proposals for a temporary pathway were developed by clinicians from the SYB acute providers plus Chesterfield, the ambulance trusts (Yorkshire Ambulance Service and East Midlands Ambulance Service), primary care, 111, and commissioners. This included extensive work developing and implementing robust protocols and surgical red flags guidance to support ambulance services, primary care and Emergency Departments. These were signed off by NHSEI under its powers of the Health and Social Care Act 2006 (and as amended in 2012) to direct the NHS in its crisis response to the national incident.
- 5.4 This work is time limited and driven by the pandemic. It is separate to the proposed long-term appendicectomy pathway which is the subject of this paper. However, the findings of this temporary work are felt to be both pertinent and reassuring.
- 5.5 Since the Covid-19 initiated temporary pathway went live on 16<sup>th</sup> April, it has been very successful, with excellent patient and staff feedback. In summary:
- **Activity:** 177 patients have been transferred to Sheffield Children's Hospital through the pathway: 96 from Doncaster and Bassetlaw Teaching Hospitals, 35 from Barnsley, 26 from Rotherham, 20 from Chesterfield. 96 of these were admitted and the remainder treated in A&E
  - **Services:** Of the 96 admissions 46 were for general paediatric surgery, 34 for trauma and orthopaedics, 7 for plastics, 5 for Ear, Nose and Throat and 3 Facial Surgery
  - **Appendicectomy surgery:** 12 admissions were for the emergency excision of the appendix, supporting the projected numbers expected as part of the Under 8 appendicectomy pathway proposal (average 1 per week for all children <16 years)
  - **Incidents:** a formal process for monitoring risks and recording serious incidents was put in place, but no serious incidents have occurred.
- 5.6 Patient feedback was collected throughout. Patients described a "really good experience", "ambulance staff were brilliant", "transfer process was good", "fantastic care". Some patients would have appreciated more information about the Sheffield Children's site, particularly about where to find food or drink or how to re-enter the building, and there was one comment about not having enough change for the car park. Notably, there were no concerns raised about having to transfer or about accessing Sheffield Children's.

5.7 This temporary pathway is now, largely, being brought to an end where this can be done safely. The pathways for the majority of Trusts have returned largely to normal, with some exceptions including:

- Appendicectomies for children under 8 years. The interim arrangement for these has been maintained because of the safety concerns which form the rationale for the long-term proposal discussed in this paper. Following assessment at the nearest DGH, children will be transferred to Sheffield Children's Hospital. This remains a temporary measure driven by safety concerns, and does not seek to pre-empt the views of the JHOSC with regard to the longer term situation. For the long term, JHOSC's view on whether or not consultation is required (i.e. the subject of this paper) remains a key question, and this will drive the substantive development of this pathway.

5.5 The successful implementation of the Covid crisis response children's emergency surgery pathway has provided valuable insight into how the proposed appendicectomy pathway could work and the feedback from Trusts, partners, children and families to support its effectiveness has provided further assurance around the ability of the pathway to deliver safe and quality care and improved health outcomes.

## 6. Recommendations

6.1 The JHOSC is asked to consider the proposal within this report and to provide the JCCCG with any views and comments.

6.2 The JHOSC is asked to **provide their views on whether any changes to the appendicectomy pathway in South Yorkshire and Bassetlaw for children under 8 and those with complex needs would be considered a substantial development or variation, and if they recommend that there is a formal duty to consult with the relevant Local Authorities under the s244 regulations.** They are asked to consider:

- The small number of cases involved (c45 per year)
- The quality and safety aspects
- The evidence and views from the public engagement already undertaken.

## Appendix A: Patient and Public Involvement Report:

### Patient and public involvement to inform the proposed changes to the provision of appendicectomy for children aged under 8 and those with complex needs in South Yorkshire and Bassetlaw

July 2020

#### 1. Summary

- 1.1 In June 2017 the Joint Committee for Clinical Commissioning Groups (JCCCG) for South Yorkshire and Bassetlaw took a decision to change the way some children's surgery and anaesthesia services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire. At that time, the JCCCG agreed to clinical recommendations that children needing an emergency operation for a small number of conditions, at night or at a weekend, would not be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfields General Hospital in Wakefield.
- 1.2 Since that decision, a number of factors have changed (as detailed in the report to which this engagement report is appended < **Report on update on the children's surgery and anaesthesia work and recommendations to change the appendicectomy pathway**>) which mean that a new recommendation has been put forward by local clinical experts. The new recommendation is for surgery for three of the four conditions covered by the previous decision (post-tonsillectomy bleeding, foreign body in the airway, torsion of the testes) to continue being provided in the local district general hospitals (DGHs), with no change. The recommendation for the fourth condition – suspected appendicitis – is that for children aged under 8, and for children with complex needs, appendicectomies should be conducted at Sheffield Children's Hospital. This would affect around 45 children a year from across South Yorkshire and Bassetlaw.
- 1.3 We have a number of sources of information showing the views of patients, the public, parents and carers from across South Yorkshire and Bassetlaw on potential changes to children's surgery. In total we have received over 3500 responses about this issue over the course of the last four years.
- 1.4 The involvement that has taken place over the four years has used a mixed method approach to reach out to our communities, including paper copies of documents, postcards and flyers distributed to hospitals, GP practices, libraries and children's centres, dental practices, campaign groups, town halls, community venues and organisations; public events in towns and communities as well as locations central to South Yorkshire and Bassetlaw;

digital communications and engagement; broadcast and print media coverage; social media; a significant amount of engagement activities with seldom-heard communities.

- 1.5 Our recommendation is that due to the significant efforts that have been made over the last four years to hear from the South Yorkshire and Bassetlaw public about their views on changes such as the one proposed for appendicectomy, a further full public consultation on the proposed change, which will only affect approx 45 children a year, is not necessary.
- 1.6 This appendix compiles the feedback that we have received on this issue from patients, parents, carers and public in one place.
- 1.7 In summary, across all of the patient involvement there are two key conflicting areas of feedback:
  - The desire for children to receive the best possible specialist care, and being willing to travel to the Sheffield Children's Hospital to receive that
  - The desire for children to be seen and treated in the local hospital
- 1.8 Despite these areas of conflicting views, there is clear consensus around the need for children to receive safe, caring, quality care and treatment; to be seen and treated by knowledgeable staff; for there to be great communication – between children, parents, carers and their clinicians – and also between hospitals; and in speed of appointment.
- 1.9 Trust in the local NHS and scepticism that the changes are being made to save money were also raised.
- 1.10 Key areas for commissioners to take into consideration and address if the changes are put in place, which came out of feedback from all involvement activity, include:
  - Financial support for low income families
  - Support for single parent families with other dependents
  - Support with transport, particularly for those without their own vehicles
- 1.11 In the most recent engagement that has taken place, specifically seeking views on the proposed appendicectomy changes, 86% of respondents were in favour of the change, rising to 95% when taking into account the participants' likelihood to be affected by the change (ie parents/ carers with children aged under 8, or who may have children in the future).

## 2. Engagement Approach

2.1 To understand the views of patients, the public, parents and carers about the proposed changes to appendicectomy surgery we have reviewed existing feedback that we have previously gathered on this topic, including during the original Children's Surgery Consultation, the Hospital Services Review. We then looked to supplement the information we already had by launching an online survey, which was promoted to parent/ carer groups for their views specifically on this issue. We have also been able to utilize the patient experience data gathered from Sheffield Children's Hospital during the pandemic, whilst children have been transferring from the District General Hospitals for all of their surgery.

### 2.2 Pre-consultation and Consultation on the original Children's Surgery options, January 2016 – February 2017

2.2.1 In June 2017 the Joint Committee for Clinical Commissioning Groups (JCCCG) for South Yorkshire and Bassetlaw took a decision to change the way some children's surgery and anaesthesia services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire. At that time, the JCCCG agreed to clinical recommendations that children needing an emergency operation for a small number of conditions, at night or at a weekend, would not be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfields General Hospital in Wakefield. This decision was informed by a full public consultation (see full report:

[https://smybndccgs.nhs.uk/application/files/8614/9183/4440/Independent\\_Consultation\\_Analysis\\_March\\_2017.pdf](https://smybndccgs.nhs.uk/application/files/8614/9183/4440/Independent_Consultation_Analysis_March_2017.pdf)). The first step in looking to change the decision made by the JCCCG in 2017 was to consider what patients and the public had already told us in this consultation so we have reviewed this report and included information relevant to this decision (full report is still available to view online, See: [https://smybndccgs.nhs.uk/application/files/8614/9183/4440/Independent\\_Consultation\\_Analysis\\_March\\_2017.pdf](https://smybndccgs.nhs.uk/application/files/8614/9183/4440/Independent_Consultation_Analysis_March_2017.pdf))

2.2.2 Between January and April 2016, Communications and Pre-Consultation Engagement took place, gathering the views of patients and the public, with efforts to particularly focus on patients, carers, families and the wider public, clinicians and staff working in the services and place based stakeholders such as Overview and Scrutiny Committees (OSCs), Health and Wellbeing Boards, MPs and other interested groups, following the NHS England "Planning, Assuring and Delivering Service Change for Patients" Guidance (November 2015). The purpose of the pre-consultation engagement work was to gather views and input to inform the development of the options for future service configuration. The resultant options informed the later public consultation.

2.2.3 As well as promoting the pre-consultation, each CCG led on local conversations with groups and communities in their area – ranging from established patient and public participation groups to health ambassadors (representing community and interest groups such as the homeless, asylum seekers and the deaf community), parent and carer groups (including a group for parents with children who have autism), disability networks and

local employers. These were further complemented by regional events with clinicians, staff involved in the services and patient and public representatives.

2.2.4 In October 2016 a full public consultation was launched. Based on feedback and insight from the Pre-Consultation phase, and through the work of the Communications and Engagement group, a range of communications and engagement activity took place throughout the 19 week Consultation period to raise awareness of the proposals and to encourage feedback on the options. This included:

- Hard copies of the consultation documents, postcards and flyers distributed to hospitals, GP practices, libraries and children's centres, dental practices, campaign groups, town halls, community venues and organisations and at public events. 50,000 copies of the consultation document were printed and distributed both on request and through the above channels.
- Digital communications and engagement - 8,318 unique visitors used the website - 62,000 page visits to the consultation webpages
- Broadcast and print media releases - 19 pieces of media coverage in local, regional and national trade media
- Social media - Tweets generated more than 55,000 impressions - Our 21 Facebook posts reached 16,991 people and saw 939 users take action
- Public consultation events took place in Barnsley, Bassetlaw, Doncaster, North Derbyshire and Hardwick and Sheffield.
- Specific interest engagement took place as focus groups or discussions, such as the Rotherham Parents' Forum
- Seldom-heard group engagement via email, hard copies of the consultation documents and face to face discussion groups
- Stakeholder briefings including local MPs and councillors, Health and Wellbeing Board, Health Overview and Scrutiny Committees
- Staff briefings via internal communications channels, newsletters, forums and groups

2.2.5 There were a number of ways in which internal and external stakeholders could respond to the consultation, these were:

- An online consultation questionnaire
- Paper surveys
- Meetings and events, e.g. public meetings and focus groups
- Individual submissions, e.g. via telephone, email or letter
- Representative telephone survey (i.e. randomly selected respondents comprising a fair representation of the demography of the region)

2.2.6 A total of 1268 responses were received for the consultation to change Children's Surgery and Anaesthesia services:

- 405 were from the online survey
- 83 were from the paper survey
- 740 were from the telephone survey
- 3 individual written submissions
- 6 from partner organisations
- 30 public meetings/focus groups/local groups
- 1 petition

## 2.3 Engagement on the Hospital Services Review, October 2017 – October 2019

2.3.1 In October 2017 the South Yorkshire and Bassetlaw Integrated Care System undertook a review of Hospital Services in South Yorkshire and Bassetlaw. The review included patient and public engagement throughout. After the initial stages of the review the scope shortened to look at five service areas, which included childrens and maternity. In the final report of the review in October 2019, a Case for Change, The system was strongly supportive of the approach to shared working between the Trusts. The report recommended that the transformation agenda should continue to go forward, in particular with a focus on strong workforce planning across the system, and development of new models of care and patient pathways, through shared working. This approach of collaboration was strongly supported by public engagement. All of the documents, including the engagement reports from the Hospital Services Review can be found here: <https://www.healthandcaretogethersyb.co.uk/what-we-do/working-together-future-proof-services/looking-at-hospital-services>

2.3.2 In total there were four patient/ public engagement reports written during the hospital services review:

2.3.3 The first phase of engagement full report can be read here: [https://www.healthandcaretogethersyb.co.uk/application/files/3515/0903/4254/Hospital\\_Services\\_Patient\\_and\\_Public\\_Engagement\\_Report.pdf](https://www.healthandcaretogethersyb.co.uk/application/files/3515/0903/4254/Hospital_Services_Patient_and_Public_Engagement_Report.pdf) it involved:

- A public event in a location central to South Yorkshire and Bassetlaw
- An online survey

2.3.4 The second phase of engagement full report can be read here: [https://www.healthandcaretogethersyb.co.uk/application/files/4815/2231/8192/15\\_HSR\\_Stage\\_1b\\_Engagement\\_Report.pdf](https://www.healthandcaretogethersyb.co.uk/application/files/4815/2231/8192/15_HSR_Stage_1b_Engagement_Report.pdf) it involved 1849 participants via:

- A telephone survey of a random sample of 1000 members of the public who were selected to be as representative as possible of the demographic makeup of South Yorkshire and Bassetlaw.
- Sessions with seldom heard groups, arranged with the help of organisations in the voluntary sector. This included face to face sessions with people from seldom heard groups including: young mothers, asylum seekers and refugees, members of ESOL (non-english speaking) groups, members of the deaf and mute community, Pakistani and Somali women, members of the Roma community, members of the LGBT community, young people's groups, elderly people's groups, recovering addicts, current drug and alcohol addicts, members of a support group for people with physical and/ or mental health conditions, and young people from the autistic 8 community.
- Public event open to anyone in South Yorkshire and Bassetlaw. This event, attended by 68 people from across the footprint, took place in a venue central to South Yorkshire and Bassetlaw. Invites to the event were promoted via regular social media promotion, promotion in partners' communications mechanisms, web presence, and distribution of the link via existing engagement networks held by Healthwatch and

other voluntary/community/faith sector organisations, the CCGs and the ICS team's own database.

- A session with the Youth Forum of Sheffield Children's NHS Foundation Trust was held to ensure the voices of young patients are heard around services for children and young people.
- Face to face drop-in sessions for the public in individual places within the footprint of South Yorkshire and Bassetlaw. These were held in Barnsley; Rotherham; Bassetlaw and Doncaster. These events were led and marketed by the CCGs in each place
- Paper-based surveys were also made available at a range of events, by request, and were given out in hospital out-patient department waiting areas, main entrances, and areas convenient for staff, including Sheffield Children's hospital, Rotherham hospital and Chesterfield hospital.

2.3.5 The third phase of engagement full report can be read here: [https://www.healthandcaretogethersyb.co.uk/application/files/5615/3996/5160/37.Hospital\\_Service\\_Review\\_Engagement\\_Report\\_-\\_October\\_2018.pdf](https://www.healthandcaretogethersyb.co.uk/application/files/5615/3996/5160/37.Hospital_Service_Review_Engagement_Report_-_October_2018.pdf) and involved:

- 251 responses to an online survey
- 24 discussion groups including People from the deaf community in Rotherham, People from the older Irish community, members of a Tenants & Residents association in North Derbyshire, an equality group in Chesterfield, a Pakistani womens group from Rotherham, domestic violence victims from Doncaster & Barnsley, people from the Roma-Slovak communities in Sheffield & Rotherham, people from the Black & Ethnic minority communities in Doncaster, members of a drug & alcohol addiction group, people from the Chinese community in Sheffield, a community worker on behalf of the sex worker community, attendees of a Surestart Children's Centre, members of the Worksoop Stroke Association, people from the Older People's Action Group, a Male Domestic Violence group, Prisoners and Prison workers from Doncaster, employees of major South Yorkshire employers – including Sky and Stagecoach

2.3.6 The final phase of the engagement full report can be read here: [https://www.healthandcaretogethersyb.co.uk/application/files/6615/7797/1906/Hospital\\_Services\\_Review\\_C\\_for\\_C\\_Engagement\\_Report\\_Sept\\_2019.pdf](https://www.healthandcaretogethersyb.co.uk/application/files/6615/7797/1906/Hospital_Services_Review_C_for_C_Engagement_Report_Sept_2019.pdf) and involved:

- Targeted focus groups with some of our most seldom heard parent carer communities, including:
- attendees of a group in Barnsley that supports young mothers who are long-term unemployed
- attendees of a Barnsley Comeback Centre weekly playgroup service, which aims to help overcome the inequalities and lack of access to services
- a charity group attended by those who require emotional wellbeing and mental health support in motherhood and their families during pregnancy, birth and afterwards
- a group from YWCA Rotherham a charity that supports children and families through a range of accommodation, support, empowerment and advocacy services

## **2.4 Online survey about the proposed changes to appendicectomy for children aged under 8 and with underlying health conditions, February – March 2020**

2.4.1 In February 2020 the Joint Committee of Clinical Commissioning Groups agreed to consider a revised proposal to the Children's surgery and anesthesia decision that had been made in 2017. The new recommendation was for surgery for three of the four conditions covered by the previous decision (post-tonsillectomy bleeding, foreign body in the airway, torsion of the testes) to continue being provided in the local District General Hospitals, with no change. The recommendation for the fourth condition – suspected appendicitis – was that for children aged under 8, and for children with complex needs, appendicectomies should be conducted at Sheffield Children's Hospital. This would affect around 45 children a year from across South Yorkshire and Bassetlaw. The patient and public engagement from the original consultation and from the Hospital Services Review were considered in making this recommendation. It was agreed that an additional survey would be launched and would target parent/ carer groups to specifically seek views on the appendicectomy proposal.

- An online survey was launched and was promoted via:
- Social media accounts of the ICS and all ICS partners
- Media release
- Internal communications channels of the ICS and all ICS partners
- Websites of the ICS and all ICS partners
- External communications channels of the ICS and all ICS partners
- Channels to the local Maternity Voice Partnerships
- Information sent to the Healthwatches for distribution
- Information sent to parent/ carer VCSE groups
- Thirty-seven responses were received to the survey. The verbatim responses to the open-ended questions can be seen here: <put online and include link here>.

## **2.5 Responses to the patient survey for parents/ carers of children who received their treatment at Sheffield Children's Trust rather than their local District General Hospital during the peak of the Covid-19 pandemic, April – June 2020**

2.5.1 In April 2020, in order to protect the quality of services for children within South Yorkshire, Bassetlaw and Chesterfield, NHS England Bronze Command directed the Trusts, as an emergency measure, to move emergency children's surgery and some high dependency children's care into Sheffield Children's Hospital for the duration of the pandemic. During this time patient experience has been measured.

2.5.2 Over 164 children were transferred (up to 28<sup>th</sup> June): 83 from Doncaster and Bassetlaw Teaching Hospitals, 35 from Barnsley, 26 from Rotherham, 20 from Chesterfield. 87 were admitted and the remainder treated in A&E. Of the 87 admissions 40 were for general paediatric surgery, 34 for trauma and orthopaedics, 7 for plastics, 4 for Ear, Nose and Throat and 2 Facial Surgery.

2.5.3 Patients/ carers were contacted retrospectively following their discharge from the hospital and asked about their journey to the hospital, their experience before and during their time at the hospital, their overall experience and what could have made it better. Thirty-two responses were received.

### 3. Feedback

#### 3.1 Pre-consultation and Consultation on the original Children's Surgery options, January 2016 – February 2017

3.1.1 Between January and April 2016 patients and the public in South Yorkshire and Bassetlaw were asked 'what would matter to you if your child needed an operation?' as part of a pre-consultation phase.

3.1.2 The following points were consistently raised in Pre-Consultation feedback, in terms of what people said mattered to them.

- Safe, caring, quality care and treatment
- Being seen and treated by knowledgeable staff
- Access to specialist care
- Care close to home
- Communication – between children, parents, carers and their clinicians – and also between hospitals
- Being seen as soon as possible

3.1.3 The following points were also raised:

- Having appropriate facilities, especially for parents and carers who need to stay over
- Successful operations
- A willingness to travel for specialist care
- Consideration for children with complex needs – especially around pre-surgery

3.1.4 The pre-consultation engagement contributed to options in a full public consultation, which launched in October 2016. A total of 1268 responses were received for the consultation to change Children's Surgery and Anaesthesia services.

3.1.5 A number of key themes emerged that underpinned people's attitudes and views towards the proposals.

These are broadly expressed as:

- better quality of care and better health outcomes for children
- fairer and equal access to the best services
- more effective allocation of resources
- trust in NHS locally
- not being able to access high quality care closer to home
- potential impact on patient outcomes and patient safety
- other concerns

#### 3.1.6 **Better quality of care and better health outcomes for children**

A significant number of respondents thought that children's surgery and anaesthesia services, offered in this way, would provide better quality of care and health outcomes for children.

- 3.1.7 Some also felt that travelling a bit further for non-urgent surgeries was not an issue if they would be accessing better care as a result.
- 3.1.8 The ability to access children's surgical services and care every day of the week, including out of hours, was also highlighted as a feature by some that would lead to better health outcomes for children and less pressure on their families.
- 3.1.9 Fair and more equal access to the best services**  
There was a strong feeling among some respondents that these proposals would allow all children to have the same opportunities to access high quality care. They felt this was a right that everyone was entitled to have and that these proposed changes appeared to give as many people the same chances to access the best services. Many felt that, as a consequence, this was fair.
- 3.1.10 More effective allocation of resources**  
There were many who felt that the proposed changes would lead to the delivery of quicker, more efficient and safer services and care for young patients.
- 3.1.11 A number felt it was sensible and more effective to have fewer surgical and anaesthesia services that are still accessible to as many people as possible.
- 3.1.12 It was also felt that allocating resources and specialisms in this way would help address the current staffing recruitment issue: some felt current under-resourcing was impacting negatively on patient safety at the moment.
- 3.1.13 Many also felt that this would allow surgical and medical staff to continue developing their experience and specialist knowledge and expertise in a way that could only benefit patients in the long-term. A small number of respondents also felt that these changes were a more cost-effective allocation of resources and might save money in the long term.
- 3.1.14 There were a number of respondents who also approved of making Sheffield Children's Hospital one of the proposed centres since it was recognised that it already offered 'specialist' children's services and care and it was respected by many.
- 3.1.15 A number of respondents gave anecdotal stories about positive experiences there as well as stating that they did not mind travelling from places such as Chesterfield or Barnsley to access high quality services there.
- 3.1.16 Trust in NHS locally**  
A number of respondents also felt that the case for change put forward felt sensible and logical and trusted the NHS locally to make the right decisions on their behalf. (This was a point of view raised mainly by telephone survey respondents).
- 3.1.17 Not being able to access high quality care closer to home**

There were a significant number of concerns raised about the pressures placed on sick children and their families that the potential additional travel required under these changes would cause. These pressures included additional travel and possibly parking costs which would impact on the most vulnerable and disadvantaged and the pressures on families who are reliant on public transport.

3.1.18 Another group mentioned who might be impacted are those who have carer responsibilities, for whom combining the care for their sick child, elderly parent, other children and so on with making the journey to a hospital further afield could cause significant challenges in the form of added stress when bringing them, or finding alternative care when leaving them at home.

3.1.19 It was also felt by some that long journeys with a sick child can also be stressful and traumatic for both the families and the child.

3.1.20 A small number of respondents also felt that everyone had a right to access the best services closer to home and that these proposals were unfair as a consequence.

**3.1.21 Impact on patient outcomes and patient safety**

A number of respondents felt that these proposals would increase the likelihood of some children who are having surgery being in unfamiliar environments and separate from their families for longer periods of time which might lead to anxieties that impact on their recovery time. Conversely, this could also impact on worried parents and families who are not as close to their children during their recuperation.

3.1.22 A number also felt that the potentially increased travel time could pose a to patient safety and the health outcomes of sick children.

3.1.23 The importance of having quick and easy access to high quality care was frequently mentioned.

3.1.24 Some also felt that by concentrating resources into fewer centres, would increase pressure on already over-stretched services which would be a risk to patient's safety and wellbeing.

**3.1.25 Other concerns**

A small number felt that if there was a staffing issue then this should be addressed directly rather than to propose changes that would cause problems for patients and families – they did not feel that this was a patient-centred approach.

3.1.26 Some also worried that expertise would be lost at their local hospitals and that these might lead to a de-skilling of staff.

3.1.27 A few commented that it would be better to have a mobile specialist team who could travel across the area.

3.1.28 There were a number of respondents who mentioned the particularly good experience they had with their local hospital, and therefore could not see the need of moving services away from these places. Positive

examples were mentioned of Barnsley District General Hospital, Chesterfield Royal Hospital, Rotherham Hospital as well as Bassetlaw District General Hospital.

3.1.29 There was also some scepticism expressed about the motives behind the changes: they felt that the changes were finance and funding led rather than patient led and felt that quality of care was being impacted as a consequence.

3.1.30 A small number also felt that this was the beginning of a process that would see the removal of all local hospital services to the bigger cities.

3.1.31 A few respondents also felt that services should remain as they are and that there should not be any further changes.

### **3.2 Engagement on the Hospital Services Review, October 2017 – October 2019**

3.2.1 In the phase of the hospital services review which gathered responses from 1849 people, respondents were asked 'In your opinion what would make care for poorly children who need a hospital service the best it could be?'

3.2.2 The key themes that emerged from this engagement were:

- Improving response times and reducing waiting times
- Increased staffing, which would lead to improved quality of care
- Knowledgeable staff
- Increased funding
- Local services
- Friendly 'home-like' spaces
- Good communication
- Some views that overnight paediatrics services should be available on every hospital site
- Some views that quality of services is most important, and that it makes more sense to focus care for acutely ill children on more specialist sites

3.2.3 Participants were asked to state how important the following were to them. With all responses combined, in order of priority (i.e. highest level of importance) the statements were rated as follows:

- That a service can run safely because the other services that regularly provide additional care around maternity, A&E, stroke, children's or gastroenterology are also provided (joint highest with bullet below)
- That ALL people in South Yorkshire and Chesterfield, not just people who live in one part of the area, can see the same level of highly specialised doctors and nurses and have access to the best technology for their care. (joint highest with bullet above)
- That the care is as good as it national guidance says it should be and how we deliver the care is as soon as other areas in the country.
- That the service provides a wide range of training opportunities for trainees and supports all staff to develop their skills.

- That the service can offer care that's not just 9am-5pm Monday to Friday. (joint with bullet below)
- That all patients can get to emergency services within safe travel times by ambulance. (joint with bullet above)
- That there are enough qualified, permanent staff to run the service safely for patients.
- That staff, venues and equipment are used in the best possible way so that we aren't wasting valuable staff skills and resources. (joint with two bullets below)
- That the service can meet required standards on waiting times. (joint with bullets above and below)
- That the doctors see enough patients to practice their skills regularly. (joint with two bullets above)

3.2.4 At an event which took place in March 2018 participants took part in detailed focus group discussions with clinicians from potentially affected services. The discussion on children's services included the following themes from patients/ the public:

### 3.2.5 **Access to specialist services**

A man and woman had moved to Sheffield from the South many years ago but they stated that we were very lucky in this region to have so many 'specialist' services and the closeness we have to these experts should be acknowledged. They argued that even if this was reduced in a radius this would still be very good compared to many areas in the country.

3.2.6 Many thought we were in a better position than some and that many South Yorkshire patients expect to go to Sheffield for some specialist care/diagnostics. They also went on to discuss that having listened to presentations that it wasn't feasible to have specialists in every area but it is necessary to take appropriate action in terms of transport/logistics for families

3.2.7 They agreed it was logical to have less services (looking at the model) but said assurances would be needed for when something goes wrong to avoid unintended consequences.

### 3.2.8 **Convenience and affordability, including travel, accommodation and caring responsibilities**

People stated that accommodation for family/adults must be taken into consideration, that affording the cost of public transport for families without a car would be an issue, issues were raised around single parents with other dependents, and the cost of car parking and inconvenience of middle of the night journeys were also areas of concern.

3.2.9 **Safety of transfer** was also raised in an unwell child, as was **potential patient confusion** that may be caused by any change, about where to go if your child is unwell at night.

3.2.10 **In the phase of the hospital services review which involved over 400 people (October 2018), respondents were given the ideas that**

**had been put forward for potentially changing children's services and asked for their views:**

3.2.11 "We are looking at ways that we could work together and have considered a number of options. Most children can be cared for at home, or only stay in hospital for a few hours and can go home very quickly. There are a small number of children who are seriously ill and need to stay in hospital for longer. At the moment we don't provide enough care for children at home, and our services aren't designed to make the most of the specialist doctors, nurses and healthcare staff that we have. We think it might be useful to:

- Care for more children at home or "in the community" as we think it makes sense for poorly children to get as much care as possible close to where they live, in their own home, by their GP.
- Look after seriously ill children in units with more specialist doctors, nurses and healthcare staff. The number of children who are sick enough to stay in hospital overnight is small but we think it is important that seriously ill children are looked after 24/7 by people who are specialists.
- Explore whether some less ill children should be cared for in units which are open during the day. All our hospitals would have children's units that were open during the day. One or two of them would not open overnight. So we would have the specialists working in 5 or 6 larger centres that were open overnight rather than trying to staff all seven, all of the time. This would mean that some children who are very poorly would have to travel a bit further, but they would be cared for by specialists available more of the time.
- We would be very interested to hear your thoughts on the ideas mentioned above for children's services and how you think it might best work?"

3.2.12 The key themes that emerged from this engagement were:

**3.2.13 Preference for services in local hospitals**

"I know how stressful a very sick child is and I think transferring or going to another hospital in a different area would be an added stress they don't need."

"I believe that it isn't very practical for seriously ill children to have to travel far or further than they have to when they need immediate care and constant care."

"I think every hospital should have 24/7. I have children and I want them treated in my local hospital."

"The issue of transport and access to visiting is an issue for people who don't drive or who have other children to care for at home."

"All children should be looked after at the hospital closest to them."

**3.2.14 Willingness to travel for specialist care**

"Child's health is most important so should be prepared to travel."

"I would want the best possible care for my child so I would find a way to get to the specialist if required."

"24/7 care is great as seriously ill children may need more help and care. - Even though further travel may be required, children will be better cared for."

“Good idea- it can't be sensible to have services everywhere especially if they aren't fully utilised.”

### **3.2.15 Support for more care close to where people live and in their own homes**

“Good for poorly children to be treated at home - more comfortable for them and maybe more 'normal' life”

“I think if it is safe and possible it would be great if kids could get treatment at home as this would mean the kids would be more comfortable/less distressing.”

“Children do recover quicker at home in an environment with their parents with them.”

“Good idea, not messing about getting to hospitals, good for single mums.”

### **3.2.16 Concerns that this is about cost cutting**

“Care for children at home or in the community sounds like a cost cutting exercise. Don't like the sound of this idea. Terrible idea, two hospitals not opening overnight for children. Wouldn't be able to take an emergency child to a hospital with no overnight ward.”

“The health of people should not be placed second to save money.”

### **3.2.17 Concerns about extra work for ambulances**

“All hospitals to have a children's unit open overnight for vulnerable and financially poor families to visit their children. More ambulances needed to transport children and parents to units further than their closest hospital.”

“Is there ambulance capacity to transport children to other hospitals?”

## **3.3 Online survey about the proposed changes to appendicectomy for children aged under 8 and with underlying health conditions, February – March 2020**

3.3.1 In February 2020 we launched an online survey targeting parent/ carer groups, and specifically seeking their views on the appendicectomy proposal.

3.3.2 Of the 37 respondents to the survey they were overwhelmingly in support of the proposal (86%) stating that they'd prefer their child to be treated by a specialist who deals regularly with young children or in a specialist children's hospital.

3.3.3 Some stated that their local hospital would have been more convenient, and that they were worried about issues such as transport, parking, cost and other caring responsibilities, however they still said they would be willing to travel in the best interests of the health of their child.

3.3.4 A small number didn't indicate a willingness to travel and stated that the care their children needed should be available in their local hospital.

3.3.5 When taking into account the likelihood of the respondent being affected by the change (those with children aged under 8 or who may have a child in the future) 95% were in support of the change.

3.3.6 Four respondents had children who underwent an appendicectomy in the last five years and all were supportive of the proposal.

3.3.7 Key pieces of feedback from this engagement include:

Feelings that we are lucky to have a specialist children's hospital within South Yorkshire and Bassetlaw and a willingness to travel to it:

"I don't feel that the location would make too much of a difference. All hospitals within South Yorkshire are within an easy reach. If the operation is pre planned I don't see how the location would be an issue. And as we all know the provision for children in Sheffield is excellent."

"I would feel more comfortable at childrens as both the environment and clinical staffing are tuned into children's health"

"Good idea to send to a specialist hospital with consultants who have experience of working with complex patients"

"I feel it's a good move to ensure children are having operations by surgeons used to working on children rather than adults"

"Not great in terms of travel - getting to SCH is a nightmare for people in Rotherham but if it means a better standard of care then I would be willing to travel. Must think about parents who rely on public transport though, for them this would be incredibly difficult"

"Would want my child to have the best possible treatment and if that involves them being operated on a Sheffield then I am fine with it."

"If the surgery was to be carried out by a more appropriate clinician who was more used to this kind of surgery I would support the change. Obviously the closer the better in terms of travelling but not if it reduces the clinical effectiveness / safety of the surgery."

I support this as likely to have the most appropriate care from staff experienced in dealing with children under age 8"

"To me it makes sense for children to be treated by specialists where and whenever possible especially if they have more complex needs. We have a specialist children's hospital in our region so it is the best place for smaller children and those with complex needs to be treated."

"I would more comfortable for my child to have surgery at Sheffield Children's. The reason being as the staff at this hospital treat children day in day out and that is what they are trained to do."

"I think it's a good idea. We are lucky to have a specialist children's hospital so close by and i'd always want my children treated there if possible."

"Sheffield children's is the most experienced and skilled centre children are little and precious this should happen"

3.3.8 Preference for the service to remain in local hospitals

"Children need to be near their parents and family. How do you expect parents and family to get to Sheffield children's hospital particularly if they're on UC? Even moderately paid people will find the cost a real worry and add to their distress."

"It's a long way to travel with public transport not great and parking difficult. this will put greater pressures on families with more than one child and even more so with single parent families. It's bad enough your child facing surgery and they need support of their parents but there could be times when visiting will be more difficult and may be having to make the decision of if able to visit and support children which could have a longer psychological effect on the ill child"

“People should not have to travel so far, this should be done in local hospitals.”

3.3.9 When asked about what we needed to consider if we made this change, respondents expressed concerns over costs for families of parking and public transport, and also convenience for people with other dependents, particularly those in South Yorkshire and Bassetlaw living furthest away from Sheffield Children’s Hospital. The need for clear communication and a pleasant environment were also highlighted.

### 3.4 **Responses to the patient survey for parents/ carers of children who received their treatment at Sheffield Children’s Trust rather than their local District General Hospital during the peak of the Covid-19 pandemic, April – June 2020**

3.4.1 In April 2020, in order to protect the quality of services for children within South Yorkshire, Bassetlaw and Chesterfield, NHS England Bronze Command directed the Trusts, as an emergency measure, to move emergency children’s surgery and some high dependency children’s care into Sheffield Children’s Hospital for the duration of the pandemic. During this time patient experience has been measured.

3.4.2 Patients/ carers were contacted retrospectively following their discharge from the hospital and asked about their journey to the hospital, their experience before and during their time at the hospital, their overall experience and what could have made it better. Thirty-two responses were received.

3.4.3 Many of the patients who gave their feedback were **very positive about their experience:**

- “Outstanding staff couldn't have wished for anything better.”
- “Amazing welcome, appropriate communication and child friendly. Seen straight away.”
- “Sleeping arrangements lovely.”
- “Rooms were brilliant. Staff communicated well. Care was excellent.”
- “We have always received amazing care. We have the best Children's Hospital a parent could ask for.”
- “All made clear. Felt safe and comfortable. Left straight after procedure so didn't have to wait long for discharge.”
- “Outstanding care on ward. As a family we can't thank the hospital enough. The care was amazing from the nurses to the doctors. Everyone was great, we are truly grateful for the care we received and would recommend the hospital to everybody.”

3.4.4 Some patients felt that there were **areas for improvement:**

- “TV in the room didn't work properly which was disappointing.”
- “Family left alone for long periods of time. Were told about procedures but waited for approx 4 hours in ED.”
- “Communication between departments seemed poor.”
- “Bench bed for the parent which was very hard and uncomfortable.”
- “It would have been good for someone to tell me where to get food from - Co-op, takeaways, Costa, etc.”

- “It would have been good for aftercare instructions to be written down rather than given verbally.”
- “No information given about the ward.”
- “A long time to wait for surgery.”

3.4.5 There were **no concerns raised about having to transfer** or about accessing Sheffield Children’s.

#### **4. Themes from the feedback**

4.1 Across all of the patient involvement there are two key conflicting areas of feedback:

- The desire for children to receive the best possible specialist care, and being willing to travel to receive that
- The desire for children to be seen and treated in the local hospital

4.2 Despite these areas of conflicting views, there is clear consensus around the need for children to receive safe, caring, quality care and treatment; to be seen and treated by knowledgeable staff; for there to be great communication – between children, parents, carers and their clinicians – and also between hospitals; and in speed of appointment.

4.3 Trust in the local NHS and scepticism that the changes are being made to save money were also raised.

4.4 Key areas for commissioners to take into consideration and address if the changes are put in place, which came out of feedback from all involvement activity, include:

- Financial support for low income families
- Support for single parent families with other dependents
- Support with transport, particularly for those without their own vehicles

#### **5. Next steps for engagement and consultation**

5.1 The National Health Service Act 2006 sets out the legislative framework for public involvement (Sections 13Q (NHS England), 14Z2 (CCGs) and 242 (NHS Trusts and FTs)). Consultation with local authorities is provided for in the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the s.244 Regulations”) made under section 244 (2)(c) of the NHS Act 2006.

5.2 There is no legal definition of ‘substantial development or variation’ and for any particular proposed service change, commissioners and providers should work with the local authority or local authorities’ Overview and Scrutiny Committee (OSC) to determine whether the change proposed is substantial. If the change is substantial it will trigger the duty to consult with the local authority under the s.244 Regulations.

5.3 Public consultation, by commissioners and providers, is usually required when the requirement to consult a local authority is triggered under the s.244 Regulations because the proposal under consideration would involve a substantial change to NHS services.

- 5.4 The decision of the South Yorkshire and Bassetlaw Joint Health Overview and Scrutiny Committee with regards whether the proposed change to appendicectomy surgery for under 8s is substantial and therefore triggers the duty to consult with the local authority under the s.244 Regulations will determine the next steps for engagement and consultation.
- 5.5 Should s.244 be triggered planning to undertake a full public consultation will take place.
- 5.6 Should s.244 not be triggered arrangements will be put in place to ensure patient experience of the new pathway is monitored and reviewed at appropriate intervals.

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