

Appendix 5:

Stakeholder Views

The review has sought to collect all the available evidence and opinion into one place. Stakeholder opinions have been sort throughout the process and the comments of stakeholders have been summarised within the detailed evidence tables and were considered alongside all the other evidence by the commission.

The commission has not been in any way prescriptive about who is and is not a “stakeholder” and we have received views from a wide range of people; but they can generally classified onto the following groups (from both within and without North Yorkshire): NHS and healthcare professionals, Local and National Elected representatives, Local authority officials, patient groups and individual members of the public.

Views have been submitted directly by letter, email or at face to face meetings with commission members. The chair has also toured the county to “go see” and “listen to” the views of the key stakeholders – without whom any strategy cannot hope to succeed. A full list of this visits programme is included below.

We have not received permission from every stakeholder to report the happenings at specific meetings but the general views of the various stakeholders have been group together below.

The views of the GPs:

As reflected in the membership of the Commission General Practitioners have given a great deal of support for this process and engagement with it. Professor Mascie-Taylor had a full and frank discussion with GPs (clinician to clinician) early in the process at which he explained the process being adopted by the Commission and explored some of his initial prejudices with them.

Throughout the process, GP leaders have been open to challenge and have robustly defended their respective positions - they have adopted a harmonious but not singular voice on most of the issues discussed. Some of the stakeholder views expressed about GPs and their alleged conditions and behaviour (over MPIG for example) they believe have been made from a position of little knowledge of the facts, but they have genuinely engaged on each point and have contributed greatly to the production of the final report.

Issues of specific concern to GPs have related to: the overall scale of the challenge the system faces and the need to act, the expansion they have observed within the consultant body, the need to engage the public in a debate about expectations, some technical aspects of medicine provision, the need to end variation within primary care, the need to “shift care leftward” i.e. make sure the appropriate care is given to each patient and the need to work in a more integrated manner with other care giving institutions in the public and voluntary sector.

The views of secondary clinicians and foundation trusts:

The secondary acute and mental health providers were not directly represented on this “Commission of Commissioners”, but the commission fully recognises that without their support this plans have little chance of success. All the acute providers (including YAS) have been fully supportive of the process and Professor Mascie-Taylor has had regular meetings with executive directors of the foundation trusts who operate in the region.

Each Foundation Trust has its own issues, but in general they were concerned about the management of “the front door” to their service (the GP referral patterns), planned and unplanned activity levels, the need to recognise that it is not just the Acutes who must bear the weight of the saving required and the need for an honest debate with the general public about what they can expect in terms of access, urgent care and maternity services provided by DGH’s located within a rural PCT.

There was a clear impression left that they are concerned about the future (they remain convinced of their ability to face the future as independent institutions that reflect their local communities but also recognised the need for far greater cooperation on secondary provision). Specifically, whether the system they operate within will align “its business rules” about competition and cooperation to allow them to thrive in the future.

Other issues they raised included: telemedicine, the future of the community hospitals, the state of the infrastructure (roads in winter in particular), the need for capital investment in their estate, the suspicion that they are often left to pick up the pieces as the “safest place to deposit people” and a general confusion about what GP “out of hours” services and terms and conditions actually entailed.

They also expressed their wish to be included as part of the solution to the problem and to be involved in any groups set up to discuss how to implement the findings of the report.

The views of local authorities:

Local authorities welcomed the review and expressed their deeply held belief that Health and Social Care should be a seamless service for the patient. They expressed their concern about future funding (especially for Social Care of the elderly). Both tiers were very keen to include in “common solutions” especially around estate and back office functions but also in terms of actual service. There was a real feeling left that this was a shared endeavour on the behalf of the public sector and the collocation of services and people was to be encouraged.

They expressed specific concerns about the future of “lower levels of care” and the need to not overlook the public health agenda.

The views of elected representatives:

Professor Mascie-Taylor appeared before the NY&Y OSC to describe the process and gather the views of members about the future shape of services. He has also met separately with representatives of the 2nd tier authorities. The issue of access verses quality were rehearsed at both. There was a willingness to accept the need to travel for exceptional care, but also the wish to see services placed as near to home as possible. There was concern expressed about GP terms and conditions and their ability to cope with the considerable increase in bureaucracy they were being asked to oversee.

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The review has also received evidence from Members of Parliament. A personal meeting was offered to all, and many took up the invitation – others wrote expressing their views. All welcomed the review, with some questioning the expense and timing of the exercise. Some reserved their judgement on the process until they could consider the outcome and one wanted the terms of reference expanding to establish blame for the current financial situation. All MPs who engaged with the process recognised the magnitude of the challenge but made it quite clear that they did not wish to see their particular local hospital services “closed”. Most also wanted the review to suggest ways to increase access for their constituents to appropriate levels of care and some were interested in how the debt would be shared between PCT when GP Commissioners. Members of Parliament were updated regularly on the progress of the review.

14 th January	Bill McCarthy, CE NHS Y & H Karl Milner, Dir. of Comms NHS Y & H	Blenheim House, Leeds
11 th February	Executive Team Meeting	Blenheim House, Leeds
18 th February	Executive Team Meeting	Blenheim House, Leeds
28 th February	Jayne Brown, CE NHS North Yorkshire	Hornbeam Park, Harrogate
3 rd March	1 st Commission Meeting	Hornbeam Park, Harrogate
7 th March	Patrick Crowley, CE York NHS FT Richard Ord, CE Harrogate NHS FT	Blenheim House, Leeds
14 th March	Keith Ramsey, Non Exec, NHS Y & H	Blenheim House, Leeds
18 th March	1 st Reference Group Meeting	Innovation Centre, York
21 st March	Ryedale Council	Malton
28 th March	Executive Team Meeting	Blenheim House, Leeds
30 th March	2 nd Commission Meeting	Galtres Centre, Easingwold
4 th April	Bill McCarthy, CE NHS Y & H	Blenheim House, Leeds
6 th April	Julian Smith, MP	Skipton
21 st April	2 nd Reference Group Meeting	Pavilions, Harrogate
21 st April	Julian Sturdy, MP	Blenheim House, Leeds
4 th May	Executive Team Meeting	Blenheim House, Leeds

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6 th May	Simon Pleydell, CE South Tees NHS FT	Middlesbrough
9 th May	Executive Team Meeting	Blenheim House, Leeds
18 th May	Executive Team Meeting	Blenheim House, Leeds
19 th May	John Smith	Innovation Centre, York
20 th May	Scrutiny Committee North Yorkshire County Council	Northallerton
20 th May	Richard Flinton, CE NYY Council	Northallerton
20 th May	Bill McCarthy, CE NHS Y & H Alan Wittrick, Dir. Of Finance NHS Y & H	Blenheim House, Leeds
25 th May	Chris Clough, NCAT	Kings College Hospital, London
1 st & 2 nd June	3 rd Commission Meeting	Innovation Centre, York
14 th June	NHS North Yorkshire & York	Hornbeam Park, Harrogate
20 th June	Bridget Fletcher, CE	Airedale Hospital
20 th June	Richard Ord & Patrick Crowley	York Hospital
21 st June	4 th Commission Meeting	Innovation Centre, York
28 th June	Final Commission Meeting	Hornbeam Park, Harrogate
1 st July	Hugh Bayley MP	York