Introduction

In August and September 2019 The South Yorkshire and Bassetlaw Integrated Care System’s (ICS) Hospital Services Review Case for Change report was received by all of the ICS partners’ Clinical Commissioning Group Governing Bodies and the Trust Boards.

The full report was published online on the 6th August and a press release about the report was published on the same day.

In a continuation of the extensive patient and public engagement that has taken place throughout the development of the Hospital Services Review, whilst it was being discussed at Board and Governing Body meetings we have also taken the key recommendations from the report and sought opinions from parent/ carers. This community was targeted as they are the community most likely to be affected by the recommendations in the report, which centres around maternity and paediatric services. It was also an opportunity for us to return to the parent/ carer groups from whom we heard regularly in earlier Hospital Services Review engagement exercises to demonstrate how their input had helped shape the recommendations in this report.

Patient and public engagement has been embedded throughout this process and we are committed to continuing conversations with patients and the public as work progresses. Should any reconfiguration options be taken forwards consultation with Overview and Scrutiny Committees and patients and the public will take place in line with legal requirements.

The South Yorkshire Community Foundation carried out focus groups with parent/ carer groups in South Yorkshire; and the Bassetlaw Community and Voluntary Service conducted focus groups with parent/ carer groups in Bassetlaw.

This report details the outcomes of this engagement for the consideration of the Joint Committee of Clinical Commissioning Groups when they consider whether they will accept the recommendations in the report.

Summary of findings – South Yorkshire

In total, SYCF conducted five place-based focus groups in Barnsley, Rotherham and Sheffield with a total of 31 participants. The community groups in Doncaster contacted by SYCF were not able to attract participants to a focus group and therefore the research has not been informed by young mothers in Doncaster.
Most of the young mothers (and two grandmothers) had strong views about the recommendations because of their experiences with maternity and paediatric care. Common themes that emerged included:

1. **Carrying on with the development of closer working relationships across all of our hospitals.** They agreed this makes sense. All hospitals should have the same quality of patient care and services, so people wouldn’t have to travel too far. Another advantage could be improved communications between and within hospitals. Consistently high-quality recruitment and training that included patient care, were often mentioned. There were concerns that standardisation could lead to lack of personalised care, and that the network system risks being led by managers who do not always understand the clinical implications of their decisions. The groups identified the risk that the high standards of patient care in Sheffield might be diminished because of a levelling of standards throughout the whole network. They agreed that more resources would be needed for the host Trust.

2. **Doncaster and Bassetlaw Hospital and Sheffield Children’s working together more closely.** Rotherham and Barnsley participants were keen to have the same support provided to their hospitals and all participants, but Sheffield participants questioned its’ feasibility. Everyone agreed that enough time must be allocated to staff within their working day at all of the hospitals involved, and the network must enable these hospitals to make improvements without causing problems for Sheffield Children’s. Some advantages identified included better children’s services at Doncaster and Bassetlaw, and in the longer term, easing the pressure on Sheffield Children’s as people would go back to their local hospitals. One of the many disadvantages mentioned included staff demoralisation, as people would have to work at sites that were not local to them and may also resent training those on higher pay grades than them.

3. **Hospitals take forwards their own changes locally because the report has found that a South Yorkshire & Bassetlaw solution isn’t always the best option.** The groups agreed that enabling hospitals to take forward their own changes locally makes good sense, provided the changes are consistent with national standards, and a fair system of allocating financial resources to individual hospitals is implemented. Each site serves communities with different demographics and must be able to respond to the needs of their communities.

4. **Bassetlaw partners take forward work to consider local solutions.** Participants agreed that getting immediate help locally for poorly children is a priority, but if the lack of staff made this unsafe, then it would not be right to put them at risk. For people without resources, however, this is not ideal. If a child is very ill, the hospital should be able to provide overnight services. Having to transport them to another hospital is not a good service. Everyone agreed that staff shortages are a huge problem for the NHS. One participant felt that the government should reinstate bursaries for nurses, midwives and paramedics, which would increase available staff around the country.

Although the participants from the three local authorities agreed on many points there were some clear differences of opinion. People from Rotherham and Barnsley were keen for as much support as possible to improve their own local hospitals, while people from Sheffield who are very satisfied with the quality of patient care in Sheffield, were more concerned about the quality of these services deteriorating.

**Summary of findings – Bassetlaw**
In total, Bassetlaw CVS conducted four focus groups with a total of 23 participants.

Common themes that emerged included:

1. **Carrying on with the development of closer working relationships across all of our hospitals.** They felt that all patients should receive equitable care regardless of where they lived. They were wary about a ‘levelling out’ of services meaning that all services were reduced to the lowest standards rather than raised to the highest. Concern was also raised about having to travel too far for services and this being in-practical, particularly for rural families in Bassetlaw. They articulated the need for clear communication with the public about what services are available where so that people don’t go to the wrong place.

2. **Doncaster and Bassetlaw Hospital and Sheffield Children’s working together more closely.** Participants were largely supportive of hospitals having different specialisms and recognition was given to the excellent specialist care people felt their children had received at Sheffield Children’s Trust. Many participants expressed concern about this partnership meaning that their services would not be delivered in Bassetlaw, with many feeling that for practical reasons services should remain in Bassetlaw. Participants felt that the network must enable hospitals to make improvements without causing problems for Sheffield Children’s, if their staff were ‘off’ training other staff elsewhere. More and better trained staff and better transport networks between hospitals were also raised as issues that would need to be addressed.

3. **Bassetlaw partners take forward work to consider local solutions.** Participants largely agreed that getting immediate help locally for poorly children is a priority, and that for many practical reasons expecting Bassetlaw parents to travel further was not a good solution. Everyone agreed that staff shortages are a huge problem for the NHS but questioned whether enough was being done to address this, particularly in Bassetlaw. Parents who had experienced having to travel to a hospital further afield had experienced transport difficulties.

**Additional information**

The full engagement reports can be read at appendices 1-5.