

What people think about the proposed changes to hospital and community services in Calderdale and Greater Huddersfield



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Executive Summary

Between March and June 2016, NHS Calderdale and NHS Greater Huddersfield Clinical Commissioning Groups held a public consultation delivered by the Right Care, Right Time, Right Place Programme team. This consultation regarded proposed changes to local hospital and community health services in Calderdale and Greater Huddersfield.

Healthwatch Kirklees' role throughout the formal consultation process was:

- To listen to what people are saying.
- To provide good quality, impartial information to people about the proposed changes and explain how people could have their say.
- To reflect the views of the general public back to the CCG's and to the Calderdale and Kirklees Joint Health Scrutiny Committee.
- To remain completely independent of the process.

Due to significant potential impact of these proposals on the delivery of health services in these districts, Healthwatch Kirklees invested resource to gather the opinions of local people. This process was carried out through the use of social media and by Healthwatch staff visiting locations across Kirklees and Calderdale, obtaining over 800 responses as a result of hundreds of conversations with people in both areas.

The core issues raised by people when we talked to them are;

- Concerns around greater travelling distances for patients.
- The increased length of time before receiving appropriate treatment.
- Difficulties surrounding road and public transport infrastructures
- The cost of travel.
- Increased waiting times and a reduction in the availability of beds.



Introduction

From 15 March to 21 June 2016, NHS Calderdale and NHS Greater Huddersfield Clinical Commissioning Groups (CCGs) consulted people about some far-reaching proposed changes to hospital services and further proposed changes to community health services.¹

After considering a range of options, the formal consultation presented a model of care outlined below

- Emergency and acute care - to develop a single Emergency Centre at Calderdale Royal Hospital which would treat patients with very serious and life threatening illnesses.
- Urgent Care - to develop an Urgent Care Centre at both Huddersfield Royal Infirmary and Calderdale Royal Hospital. These centres would be open 24/7 and would treat people who are able to take themselves to hospital for something which requires urgent attention but is not life threatening.
- Maternity - the current arrangements for consultant-led care at Calderdale Royal Hospital and midwife-led care at both hospitals would continue. It is proposed that more care for women during their pregnancy and after the birth of their baby would be provided in the community.
- Paediatrics - developing a Paediatric Emergency Centre at Calderdale Royal Hospital, which would bring together all the medical and surgical services for children.
- Planned care - developing a new hospital for planned care on the Acre Mills site with 10 operating theatres and 120 beds.
- Community health services - the Care Closer to Home programme is already being developed in both Greater Huddersfield and Calderdale. This will continue and it is proposed that even more services will be provided in the community, which were previously provided in hospitals.

No alternatives to this model of care were offered in the consultation documents; the CCG's say this is because their assessment showed that other options would be much more expensive and would be unlikely to attract the funding needed to develop both hospital sites. Doing nothing would not achieve the improvements in quality and safety needed. The CCGs believe that the proposed changes would result in the greatest overall benefits for people living across Calderdale and Greater Huddersfield.

¹ <https://www.rightcaretimeplace.co.uk/>

Right Care, Right Time, Right Place website, 2016



The formal consultation process ran from 15 March to 21 June 2016 (with an extension until 24 June for online surveys.)

It became clear, even before the launch of the consultation that local people felt very strongly about the proposed changes. Healthwatch Trustees agreed to invest resources to better understand what people were concerned about.

What the Healthwatch Trustee Board said about Healthwatch Kirklees' role

The Trustee Board was very clear regarding Healthwatch Kirklees' role throughout the formal consultation process. This was;

- To listen to what people are saying.
- To provide good quality, impartial information to people about the proposed changes and explain how people could have their say.
- To reflect the views of the general public back to the CCG's and to the Calderdale and Kirklees Joint Health Scrutiny Committee.
- To remain completely independent of the process.

What Healthwatch Kirklees did during the formal consultation process

After carefully reviewing the CCGs' consultation documents and survey, Healthwatch Kirklees made the decision to create its own simplified survey, which asked the public if they were aware of the proposed changes, how they had found out about the proposals and whether they felt they understood them. Then people were asked to answer two simple questions:

1. How would the proposed changes affect you and your family?
2. Tell us any other thoughts you have about the proposed changes.

Healthwatch wanted to give the public the opportunity to tell their story and to explain the impact the changes might have on their lives. Initial testing of the CCG's survey showed that people found it long and detailed, which might be off-putting for some individuals. In addition, people felt that the survey's structure directed them too much. The survey created by Healthwatch was an attempt to simplify the way in which the public could have their say.

Healthwatch planned an outreach programme during the same time the formal consultation process was taking place. Most of the sessions attempted to reach out to people who may not be willing or able to attend a public



meeting or complete a written survey, meaning they may have otherwise missed out on the opportunity to have their say on the proposed changes.

Outreach sessions took place in the following places:

- New North Road Baptist Church (lunch club for older people)
- Aspire Group, Birkby (discussion group)
- 611 Centre (for asylum seekers and refugees)
- Polish Elderly Group (lunch club for older people)
- Mirfield over 50's (discussion group with guest speakers)
- Crossland Moor Community Centre (lunch club for older people)
- Pakistani Association (support for Pakistani Community in Huddersfield)
- Paddock Community Trust Carers Group (support group for carers)
- Shabang (parent support group for children with Down's syndrome)
- Huddersfield Mission (advice and support for people in need) - four sessions
- Basement Recovery Project (support for people with drug and alcohol problems)
- Clare Hill Hostel (for single people who are at risk of sleeping rough)
- Netherton Tenants and Residents Association
- Newsome Tenants and Residents Association
- Huddersfield Royal Infirmary entrance - ten sessions
- Calderdale Royal Hospital entrance - three sessions

During the outreach sessions, Healthwatch staff and volunteers referred people to the CCGs' consultation documents so that they had the facts about what was being proposed. People were also shown how they could complete the CCGs' survey, so that they had the option of completing this in addition to or instead of the Healthwatch survey.

Healthwatch ran a social media campaign to increase awareness of the consultation and to generate responses to the survey. The campaign was organic initially but then targeted individuals from whom survey responses were low, such as 18 to 30 year olds and males living in the Calderdale area.

Over 800 survey responses were received in total, from both outreach sessions and via social media.

In addition to the survey and outreach programme, Healthwatch have:

- Read, analysed and themed comments from the 'Let's Save Huddersfield A&E' Facebook campaign group. From this, questions were presented to the CCGs and their responses were shared via Healthwatch social media and directly with the campaign group.



- Met with representatives from the CCGs and Calderdale and Huddersfield NHS Foundation Trust on 9 June 2016 to discuss the proposed changes, to highlight emerging themes from Healthwatch' engagement and to ask questions which were unanswered at that stage in the process.
- Presented key issues and themes from Healthwatch' engagement to representatives from the Calderdale and Kirklees Joint Health Scrutiny Committee at regular intervals throughout the consultation period.

What people told us

We asked simple open questions in all of the places we went to. We wanted to give people the chance to reflect how the changes might impact on them and their family.

The answers below reflect what people told us.



Q1 How will the proposed changes affect you and your family?

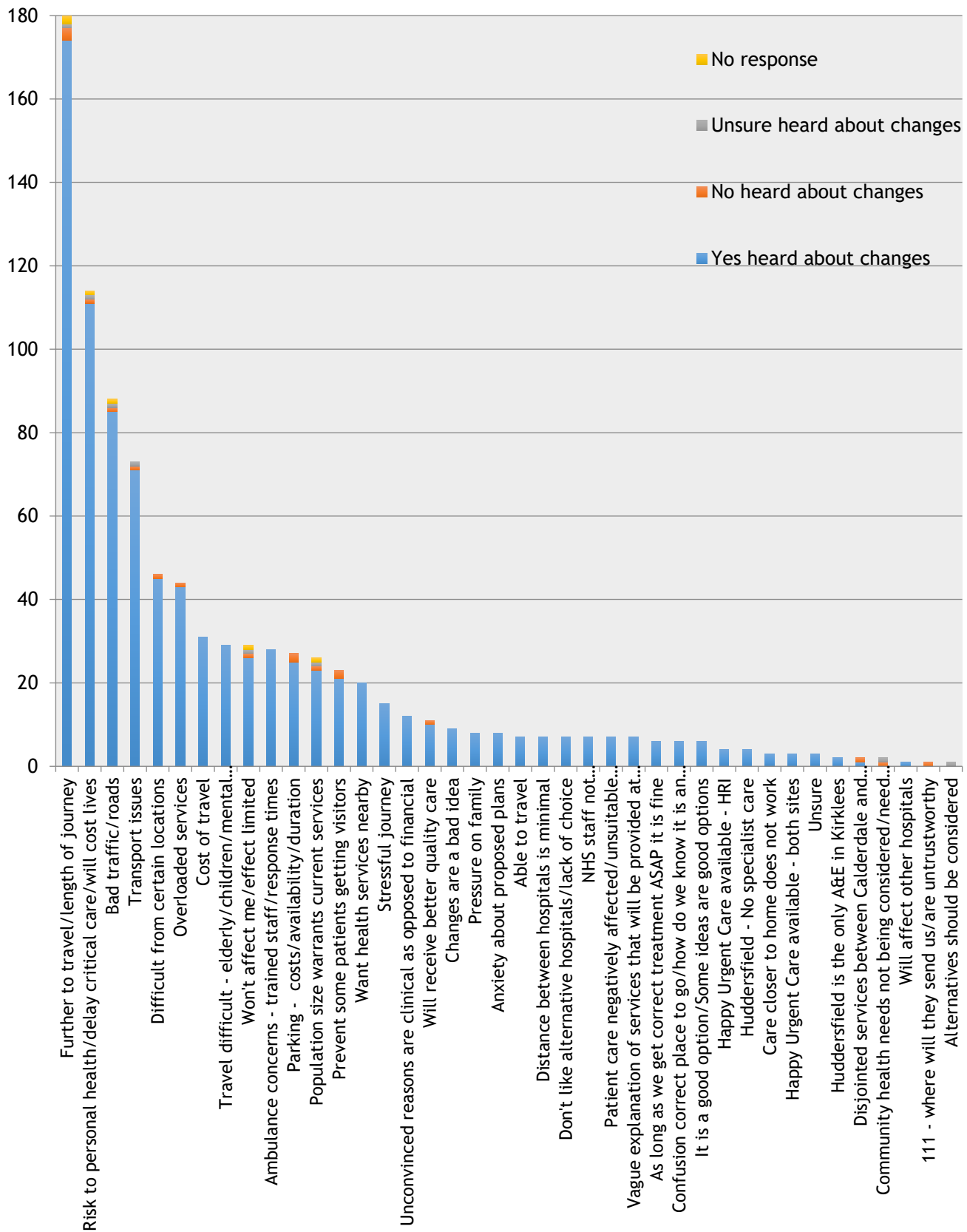
Themes	Have you heard about the proposed changes?			
	Yes	No	Unsure	No response
Further to travel/length of journey	174	3	1	2
Risk to personal health/delay critical care/will cost lives	111	1	1	1
Bad traffic/roads	85	1	1	1
Transport issues	71	1	1	0
Difficult from certain locations	45	1	0	0
Overloaded services	43	1	0	0
Cost of travel	31	0	0	0
Travel difficult - elderly/children/mental health/disabilities/vulnerable	29	0	0	0
Won't affect me/effect limited	26	1	1	1
Ambulance concerns - trained staff/response times	28	0	0	0
Parking - costs/availability/duration	25	2	0	0
Population size warrants current services	23	1	1	1
Prevent some patients getting visitors	21	2	0	0
Want health services nearby	20	0	0	0
Stressful journey	15	0	0	0
Unconvinced reasons are clinical as opposed to financial	12	0	0	0
Will receive better quality care	10	1	0	0
Changes are a bad idea	9	0	0	0
Pressure on family	8	0	0	0
Anxiety about proposed plans	8	0	0	0
Able to travel	7	0	0	0
Distance between hospitals is minimal	7	0	0	0
Don't like alternative hospitals/lack of choice	7	0	0	0
NHS staff not consulted/undermined/undervalued/hard to retain	7	0	0	0
Patient care negatively affected/unsuitable staff/quality of care	7	0	0	0
Vague explanation of services that will be provided at hospitals	7	0	0	0



Themes	Have you heard about the proposed changes?			
	Yes	No	Unsure	No response
As long as we get correct treatment ASAP it is fine	6	0	0	0
Confusion correct place to go/how do we know it is an emergency	6	0	0	0
It is a good option/Some ideas are good options	6	0	0	0
Happy Urgent Care available - HRI	4	0	0	0
Huddersfield - No specialist care	4	0	0	0
Care closer to home does not work	3	0	0	0
Happy Urgent Care available - both sites	3	0	0	0
Unsure	3	0	0	0
Huddersfield is the only A&E in Kirklees	2	0	0	0
Disjointed services between Calderdale and Huddersfield	1	1	0	0
Community health needs not being considered/need investment	0	1	1	0
Will affect other hospitals	1	0	0	0
111 - where will they send us/are untrustworthy	0	1	0	0
Alternatives should be considered	0	0	1	0



How would the proposed changes affect you and your family?





Comments relating to the most popular themes

- A total of 180 people felt that the proposed changes would lead to further and/or longer travelling times, at times being deemed too far and/or dangerous:

“It would be really hard for all of us...traffic is a major concern. The distance is long. Really difficult for people who don't have cars and have to use public transportation”

“The journey to HRI takes 20-25 minutes on average. It would take an hour to get to Calderdale. Also we can catch a bus from a stop five minutes away from us to HRI, every 10 minutes. To get to Calderdale we have to catch two buses and have been told takes about two hours to get there (with the traffic, which is shocking), so a round trip of four hours!...”

“...we would have to travel further, and this could prove fatal...”

“Too far to be taken in an emergency from remoter parts of Huddersfield, could result in an unnecessary fatality.”

“... The move of A&E and other services to Calderdale will increase their (parents) travelling time from 30 minutes to over an hour on some occasions...”

“...It is older and people with families where travel times will have an impact on their care.”

- A theme linked to travelling times was the risk to personal health, delayed critical care or the potential cost of lives - a total of 114 people voiced their concerns:

“I have diabetes and if I'm in Huddersfield and anything happens to me I would want to be taken to the nearest hospital. Time would be very important. Ambulance staff can only do so much. Would an urgent care centre be able to deal with me if I was going into a coma or would they have to get me to Halifax? It's too far and I might not make it.”

“Living in Meltham we are approximately five miles away from HRI. My husband has suffered two cardiac events and a suspected third, which 'thankfully' was an infection. The emergency ambulance was called only on one occasion at 6am and it took approximately 25 minutes to arrive...we went to HRI. Should we had had to travel to Halifax the journey would have obviously taken much longer and it was approaching rush hour...”

“As a non-driver with COPD, it is unlikely I would survive a wait for an ambulance and the journey to Calderdale...my children are very concerned.”

“We live in Huddersfield, neither of us drive or have a car and we have a 5-year-old daughter. We are therefore extremely concerned that, in the event of a life-threatening emergency, we would not be able to get medical attention for our child in time.”

“...I'm concerned about elderly people and children dying on the way to Calderdale.”



- 88 people in total voiced concerns regarding bad traffic and road infrastructure:

“We (including my 71 year old father and 69 year old mother) live in Huddersfield. It will be considerably further and more time consuming to travel to Accident & Emergency facilities. Elland Bypass is notorious for causing delays at most times of day, cannot be easily avoided and there is no time-saving alternative route. In an emergency time is of the essence and it is staggering to comprehend how it can be justified that a town the size of Huddersfield plus its outlying areas is going to be without such provision. Since maternity facilities moved to Calderdale, there have been several reported occasions of babies of mothers from Huddersfield being delivered en route to hospital between Lindley and Halifax.”

“The proposal for the main emergency care to be in Calderdale surely doesn't take into consideration or care about the traffic getting to there from Huddersfield. This would be a worrying time if there was an emergency as it can take lengthy amounts of time and I've seen plenty of ambulances stuck already...”

“... when it is bad weather up here, traffic is really bad, gets very bad snow...”

“... The journey to Halifax means going through Huddersfield and down the notorious Elland Bypass. The traffic is usually not flowing at all and it would be life threatening for us...”

- A total of 73 people mentioned issues surrounding transport:

“If we were sent to either Halifax or Oldham A&E I would 1) not be able to have visitors as my family don't drive and would take too long on public transport, 2) when discharged, no one would be able to collect me and as I disabled, cannot use public transport and can't afford taxi so don't know how I would get home.”

“We would have EXTREME difficulty in accessing any healthcare at CRH in Calderdale. The wear and tear upon us caused by such travelling (by bus) would have a highly significant deleterious effect on our health. My husband has to be closely monitored and assessed for HBP and also has bladder problems. Both these conditions would be exacerbated by lengthy travelling. I did a trial bus run from Fartown to CRH. I had to take TWO buses, and the entire one-way journey took me 95 minutes. I tried with a car-owning friend...”

“... how would I get to Calderdale in an emergency, this is not care nearer home it is further away. If I got there in an ambulance how would I get home when discharged, wait around all day for patient transport, I think not, cannot afford taxis on a pension...”

- 46 people stated how the proposed changes to services would be difficult to access from certain locations:



“We live in Holmfirth we will be a long way from life saving A&E services in Halifax, it doesn't matter how good they are if you're dead on arrival.”

“...It is a long way from Denby Dale to Halifax, or from Todmorden to Huddersfield. This could prevent some patients getting visitors. I and most other people want our health services to be near, and convenient, in our own town not a distance away...”

- A total of 44 people felt that services/already overstretched services would be overloaded:

“...My child has also required emergency care, at our local hospital of Calderdale A and E. An increase in the number of patients would make already busy waiting rooms hard to manage with ill children, and would impact waiting times. Considering that parking is charged for, increasing waiting times would increase costs associated with trips to the emergency department, also reducing the available resources such as food/drink available in vending machines in the waiting room.”

“...A&E is getting busier - last time we came there were people queuing. I think they're running the hospital down so that it will fail. They must be spending a fortune at HRI on glossy pictures in the corridor - are these really necessary? We don't need these frills, we need a fully functioning hospital. There's a shortage of frontline staff. I've seen high-ranking staff having to help patients to the toilet because there's not enough healthcare assistants to do this. It must be very stressful for staff...”

- 29 people in total felt that the changes would not affect them or that the effect would be limited:

“At present not a great deal. I live in Huddersfield but am 53 and have only ever been to A&E once, and that was for an injury that would be treated at the urgent care centre. If I need tests or surgery, they would be available at Huddersfield, or I am able to travel to Calderdale (which I did a few years ago for a consultant appointment as it was quicker than HRI). However I am fit, healthy and mobile. I may feel differently if I was older, didn't have a car, or lived in rural Kirklees...”

“No different from now. Already have divided care between hospitals - Calderdale residents travelling to Huddersfield for operations and vice versa. A/E would be on one site but both sites would have Urgent care centres which would remove the rubbish that goes to A/E at moment.”

- 29 people were concerned about travel difficulties for the elderly, those with children, or people who had mental health issues, disabilities or were vulnerable:

“...We have no transportation to get to hospital so rely on public transport. God forbid anything would happen to any of us as it would take a long time



to get to Halifax hospital. My youngest son is very accident-prone and being a single parent, the distance to the nearest hospital would cost a fortune..."

"... I personally have travelled to Leeds and Halifax to visit my husband and it takes longer to get to Halifax on the bus than to get to Leeds by train. What will happen to elderly, families etc. visiting an elderly spouse or child, it would be expensive, tiring, and hard work."

- A total of 28 people were worried about issues surrounding ambulance services:

"...We live in Holmbridge. Journey time to CRH is over an hour or more at busy times. I have arthritis and find walking difficult. If I had an emergency that wasn't severe enough for an ambulance what could I do? I wouldn't be able to go. Last time I called an ambulance in an emergency I waited over an hour for it to arrive. It would be as though we just didn't have an A&E because it would simply be inaccessible."

"...I worry in an emergency how long ambulances will take to get to us. Figures estimate 10,000 extra ambulance hours - will ambulances increased enough? I worry that scheme depends on more GPs and care in the community. This is an area struggling, how can these people bring in changes based on it?"

- 27 people were concerned about parking at Calderdale Royal Hospital:

"...We were in three traffic jams (11am) and when we arrived at Calderdale Hospital there was nowhere to park either in the small car park, or in the surrounding streets, so we had to return to Fartown without actually reaching the hospital door. This journey took us one hour one-way, as we spent a lot of time touring the area looking in vain for car parking."

"...Also parking is poor and it will be worse if the capacity is doubled."

- 26 people in total felt that the population size of Huddersfield, Kirklees and/or Calderdale warranted that services remain as they are:

"...A town as large as Huddersfield should have a good hospital with a fully functioning A + E department..."

"... we need care A and E care and also in patient care in Huddersfield, it is a huge town with outlying areas , the new hospital 120 beds with 10 operating theatres sounds very like a day hospital only !! Just not good enough..."

- 23 people felt that the proposed changes would mean that some patients would not see any of their loved ones/receive visitors:

"It is affecting my family now - my 85 year old parents cannot visit each other if either is in hospital; have to rely on family members with a lot of time to spare..."



“...It is also difficulty for often also elderly family to visit which is very isolating and if the person has dementia, this in turn leads to poor outcomes or the possibility of care being actually harmful.”

- 20 people felt that it was important for current services to remain nearby:

“I live close to Huddersfield HRI and have received excellent service from them when I or my children have been ill. Huddersfield needs an emergency facility and I cannot accept that not having one is better clinically. My parents are becoming older and they have a right to expect their local hospital to be able to cater for their needs.”

“...I want emergency and acute care nearer not further away from my home. This is not place right time for the people of Huddersfield. I want acute and emergency care available for me and my community in Huddersfield!!...”

The overarching theme from the most popular responses is accessibility. People are concerned that their experiences of the following issues are not being addressed or dealt with prior to the proposed changes, which they feel could negatively impact the health of either themselves or their loved ones:

- traffic-related problems delaying access to appropriate care and potentially risking lives
- hazardous weather- geographic- or traffic-related driving conditions, delaying (or potentially denying) access to care and endangering lives
- the challenges of public transport and its associated costs, i.e. time consumption or financial implications, especially for more vulnerable individuals
- Calderdale hospital’s capacity to deal with an increased number of patients and visitors - there are concerns regarding long waiting times, overstretched hospital services and lack of parking spaces
- Concerns regarding Huddersfield hospital’s reduction in bed numbers and the reliability on Care Closer to Home



Q2. Please tell us any other thoughts you have about these proposed changes

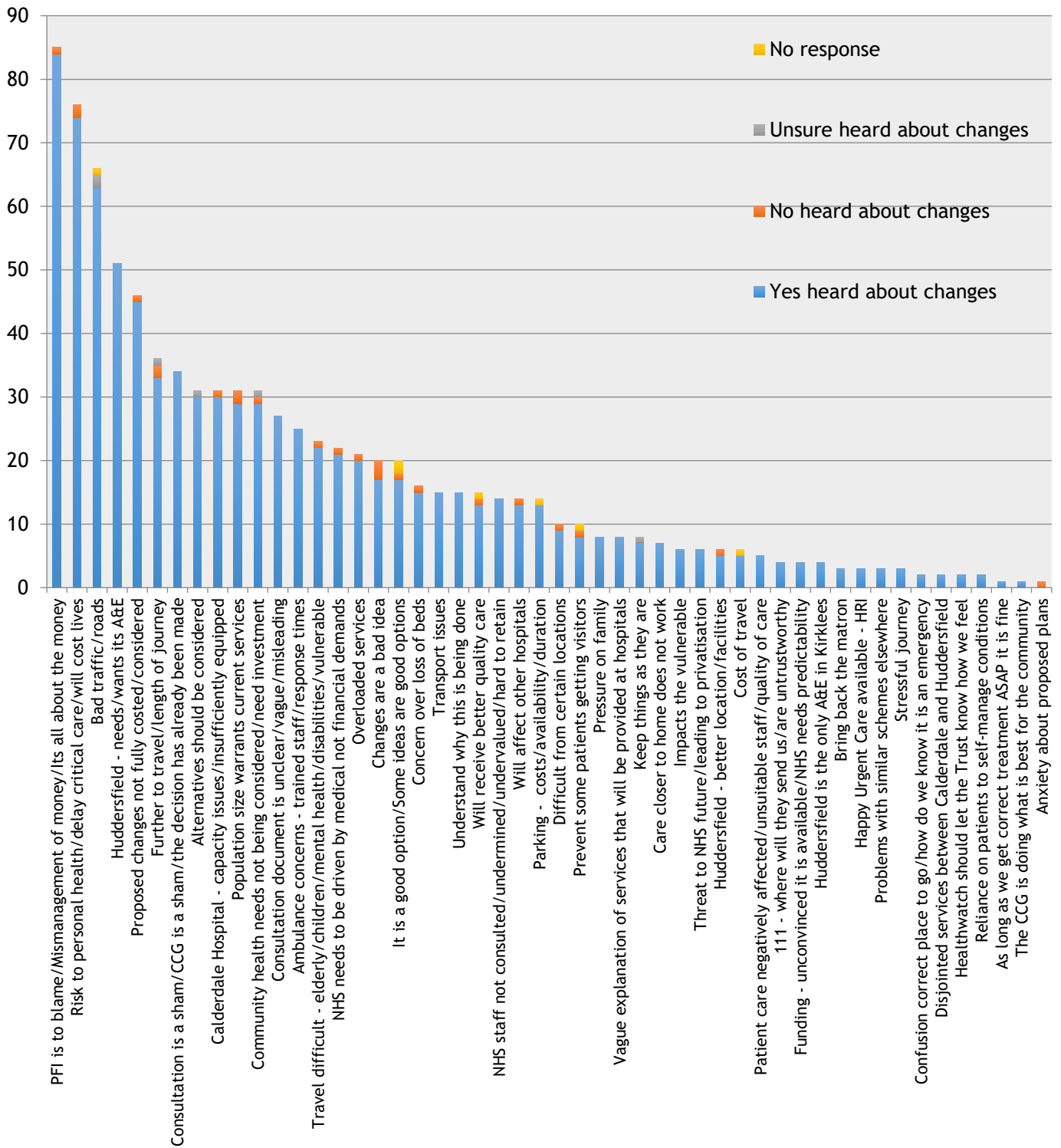
Themes	Have you heard about the proposed changes?			
	Yes	No	Unsure	No response
PFI is to blame/Mismanagement of money/Its all about the money	84	1	0	0
Risk to personal health/delay critical care/will cost lives	74	2	0	0
Bad traffic/roads	63	0	2	1
Huddersfield - needs/wants its A&E	51	0	0	0
Proposed changes not fully costed/considered	45	1	0	0
Further to travel/length of journey	33	2	1	0
Consultation is a sham/CCG is a sham/the decision has already been made	34	0	0	0
Alternatives should be considered	30	0	1	0
Calderdale Hospital - capacity issues/insufficiently equipped	30	1	0	0
Population size warrants current services	29	2	0	0
Community health needs not being considered/need investment	29	1	1	0
Consultation document is unclear/vague/misleading	27	0	0	0
Ambulance concerns - trained staff/response times	25	0	0	0
Travel difficult - elderly/children/mental health/disabilities/vulnerable	22	1	0	0
NHS needs to be driven by medical not financial demands	21	1	0	0
Overloaded services	20	1	0	0
Changes are a bad idea	17	3	0	0
It is a good option/Some ideas are good options	17	1	0	2
Concern over loss of beds	15	1	0	0
Transport issues	15	0	0	0
Understand why this is being done	15	0	0	0
Will receive better quality care	13	1	0	1
NHS staff not consulted/undermined/undervalued/hard to retain	14	0	0	0
Will affect other hospitals	13	1	0	0
Parking - costs/availability/duration	13	0	0	1
Difficult from certain locations	9	1	0	0
Prevent some patients getting visitors	8	1	0	1



Themes	Have you heard about the proposed changes?			
	Yes	No	Unsure	No response
Pressure on family	8	0	0	0
Vague explanation of services that will be provided at hospitals	8	0	0	0
Keep things as they are	7	0	1	0
Care closer to home does not work	7	0	0	0
Impacts the vulnerable	6	0	0	0
Threat to NHS future/leading to privatisation	6	0	0	0
Huddersfield - better location/facilities	5	1	0	0
Cost of travel	5	0	0	1
Patient care negatively affected/unsuitable staff/quality of care	5	0	0	0
111 - where will they send us/are untrustworthy	4	0	0	0
Funding - unconvinced it is available/NHS needs predictability	4	0	0	0
Huddersfield is the only A&E in Kirklees	4	0	0	0
Bring back the matron	3	0	0	0
Happy Urgent Care available - HRI	3	0	0	0
Problems with similar schemes elsewhere	3	0	0	0
Stressful journey	3	0	0	0
Confusion correct place to go/how do we know it is an emergency	2	0	0	0
Disjointed services between Calderdale and Huddersfield	2	0	0	0
Healthwatch should let the Trust know how we feel	2	0	0	0
Reliance on patients to self-manage conditions	2	0	0	0
As long as we get correct treatment ASAP it is fine	1	0	0	0
The CCG is doing what is best for the community	1	0	0	0
Anxiety about proposed plans	0	1	0	0



Please tell us any other thoughts about the proposed changes





Comments relating to the most popular themes

- 85 people in total felt that the proposed changes are due to PFI (Private Finance Initiative), the mismanagement of money and/or that solely money as opposed to health was the main consideration behind the proposed changes:

“The whole fiasco is down to a shortfall of funding brought about by Calderdale borrowing at a very disadvantageous rate and Kirklees are being expected to pick up the tab and lose out into the bargain.”

“...Huddersfield is bigger than Halifax so why should that close? Also just because the Trust overspent on their loan with the development of the Halifax hospital, why should Huddersfield suffer? What about those people who live further out of Huddersfield (Holmfirth, Shelley) who don't drive - it's hard enough getting to Huddersfield Royal Infirmary let alone trying to get to Calderdale. Being tied in with the Trust is the worst thing that could of happened. Both Huddersfield & Halifax NEED an A & E.”

“...I regret that a PFI contract was taken out by the previous government without proper consultation with voters...Money can be saved elsewhere. Poor administration, overspending on consumables, private products and drugs and utilities can be addressed...”

“...How many people is this cost saving exercise worth? One or two children? An adult? If those lives are just figures then they mean nothing to people making decisions. Perhaps if it was their mother? Or son? Would their lives be worth the saving?”

“... It feels as if the people of Huddersfield are being made to pay for the costly PFI debts in Calderdale, and in consequence arbitrarily deprived of an adequate health service...”

“...Our community is not benefitting from this transaction. It feels like theft...”

- A total of 76 people felt that the proposed changes would risk health, delay critical care or potentially cost lives:

“Death rates will increase due to lack of beds, increased travel time, overworked and tired staff and not having equipment on site. ICUs for planned surgery removed, again increasing risk if complications occur as transfer to emergency site will be needed...”

“How many people will have to die to prove to you this was a disastrous decision if the plans go ahead? Ambulances stuck in traffic and ambulances waiting for hours at A & E before they can go back to get someone else - there aren't enough ambulances now, let alone if it happens...”

“...Journey distance has been shown to affect mortality rates, as has closure of A & E...”



“...I do not believe that these proposed changes will bring about a better level of patient care than what exists currently. I do believe that lives will be lost through the further distance to reach A&E...”

- 66 people felt that bad traffic, roads and/or road infrastructure was a serious issue that had not been considered:

“...I am concerned that the proposal has few hard facts. Travel times quoted are average and include times for local people and therefore hide the times taken from far side of Huddersfield to Calderdale. I have heard a well respected Paediatrician say that the added travel time could particularly mean life threatening situation to a badly bleeding child. The CCG admit they have no data on ambulance journeys and times to A and E. When problems occur on the M62 the whole Ainley Top area becomes gridlocked. Currently patients from M62 accidents are taken to Huddersfield which has easy access...”

“Huddersfield is one of the largest towns with a large student population, right next to one of the busiest and most accident prone motorways. Having a hospital A&E that is not served by good road links with multiple routes in case of blockages is a ludicrous situation.”

“...At peak travel times, even an ambulance would struggle to make the journey in under 30 minutes (from Huddersfield town centre), which could mean the difference between life and death...”

“...the road from Huddersfield to Halifax is a very busy road - traffic cannot get through quickly ambulances have a massive problem getting through and if you had an emergency in your car you would have no chance of getting there on time...”

- 51 people felt that Huddersfield needs and wants its Accident and Emergency department:

“1. Huddersfield are has greater population so emergency cover should be at Huddersfield. 2. Expanding university numbers. 3. HRI situated close to M62 so ideal position for RTA's. 4. Road to Halifax often very congested and ambulances would take longer to get patients to emergency care. And although doctor cover might be better - it could be late for many. 5. Calderdale only chosen because of cost of closing it due to the way it was funded to be built. 6. HRI is an excellent hospital and should not be downgraded. 7. What's the cost of new HRI?”

“I cannot understand why Huddersfield should lose its emergency and acute care facilities, as Huddersfield has the larger population. Also, it is a university town and the university is growing in size. Also, point 2, why should Huddersfield citizens have to help pay back the loans Halifax Council took out to build their Calderdale hospital?? My opinion in that this is a retrograde step for Huddersfield.”

“It is disgraceful that a populated town with a good university ranking can not supply basic health care...”



“Huddersfield and areas adjacent have a considerable population - to have such a large number of people moved further away from A&E facilities cannot be considered as a process...”

- A total of 46 people stated that they did not feel the proposed changes have been fully costed or considered:

“1. Extra ambulances will be needed, plus back-up staff such as drivers, paramedics, mechanics etc. 2. The time it takes to get from the outer districts of Huddersfield to Halifax, especially at peak times. 3. The cost of enlarging Halifax to cope with thousands of extra patients. 4. The cost of creating a much larger car park. 5. The cost of building a new small hospital in Huddersfield, as against keeping the old hospital, which is still having refurbishment! 6. It has been reported that the Department of Health wants to close all 'smaller' hospital A & Es and concentrate patients in large towns and cities like Bradford, Leeds etc. - apparently Huddersfield [6th largest town in Yorkshire] is not big enough for an A&E - is this so?”

“The changes are poorly devised and lack detail. Adequate research and data collection have not been done. Transport information on journey time to Calderdale are fanciful, and not based on fact. Average times are used with no reference to longer journey times. In a major accident, e.g. -M62 crash or Syngenta, HRI is accessible, CRI much less so. In a motorway closure the whole Ainley top area is at a standstill. Road changes to Calderdale can't remove the bottleneck. If HRI has no A & E, emergencies occurring during routine operations will have no experts on site to intervene. Currently there are too few beds to cope - this scheme reduces them. Far greater numbers of critical patients have a HD postcode so this is where A&E needs to be. The information ignores student numbers in Huddersfield and the proposed building of thousands of houses.”

“They are ill-conceived, would be unsustainable and not fit for purpose...”

- 36 people were concerned about the further distance required to travel, and/or the length of the journey:

“... I would like to see a much clearer articulation of the solutions to deal with increased travel time and the lack of parking facilities at the Calderdale site. Perhaps some of the £31m proposed savings could be invested in improving the road infrastructure to allow swifter ambulance access. Policies and approaches to support patients and carers who don't have access to a car would also be beneficial. For instance, were I not able to drive, to travel to CRH would require 20 minutes of walking and two 30 minute buses in each direction. This will not be unusual for people living in the rural areas of the locality.”

“What happens if the weather is bad and snowing or flooding again and access to Calderdale is not possible? Parking at Calderdale is not ample for all of these extra people. Roads and the Elland bypass has a bottle neck at the bottom, people will die in ambulances waiting to get through there. If I have broken my arm how will I get to Calderdale? The distance is too far for family and friends to visit in Calderdale, how will people who are vulnerable or aging be able to pay for this? It will cost million to sort of



the roads in Calderdale why can't this be spent on a new Huddersfield Hospital? Patient care comes first before road improvements."

"It takes a long time to travel relatively short distances in the South Pennines due to the unique terrain of the area, all the main road and traffic are pushed into the valleys. I am not sure these challenges have been taken seriously by commissioners."

- 34 people mistrust the consultation process and/or the CCG:

"(1) How the hell can a town the size of Huddersfield, with a burgeoning university and student body, be left without an A&E?? (2) This consultation is widely thought to be a box-ticking sham. Consultation and CCG are a sham/The decision has already been made."

"...I strongly believe this is all down to money, (PFI) and Huddersfield is now the scapegoat. We deserve better than this. The CCG are extremely arrogant and patronising. I went to the drop in consultation at Shelley, and felt that the only reason they were doing it was because they had to, by law. Angry does not cover how I, and every one I know feels about these proposals. Two towns, two hospitals, two A & Es."

"... I think the CCG will introduce these changes regardless of the wider public opinion."

- A total of 31 people felt that community health needs are not being considered and/or need investment:

"I believe that this cost saving exercise is not justified, nor in the best interests of the community, despite the lengths that have been reached to gain supposed case studies and clinical support - far more clinicians are against this move..."

"I want not only a fully equipped and staffed A & E department. In the nearest town, but the full range of services we currently have at H.R.I. With reduced bed capacity, I feel the standard of care (especially out of hours) will be potentially dangerous. Having worked in the operating theatres at Halifax, I do not believe they have the capacity to cope with the increase in volume of surgery that these proposals will incur. Huddersfield already have 6 theatres in the main suite (dealing with complex surgery) plus 3 day surgery theatres in a separate unit (unlike Halifax where all surgery done in main 7 theatres) plus a special procedures unit, which performs surgery under local anaesthetic. It is a ridiculous situation to demolish this building and then build a smaller unit 'over the road, which is possibly going to be funded in a similar way to Halifax. With the increase in Huddersfield's population through the house building programmes and the university, we need a fully functional general hospital to remain in Huddersfield."

"They are not adequate to provide the necessary care required by the local, and surrounding population. There should be other options..."

- 31 people feel that Calderdale Royal Hospital has capacity issues or is insufficiently equipped for the proposed changes:



“Still don't understand how Calderdale is going to cope...I've been to both A & Es with my children and have waited at least four hours at Calderdale and three hours at HRI. To me, losing an A & E in these circumstances does not make sense...”

“I feel they are wrong and being a previous NHS employee, I don't think the CCG are being entirely honest. Calderdale is not equipped to cope with current emergency services. It doesn't have a fully functioning pathology unit like it has at Huddersfield; to fit new analyses will cost millions. Also Calderdale is only partly a new building the rest of it is old and requires up-keeping, which is part of the argument for Huddersfield...”

“The proposed changes are damaging to the community and to Halifax hospital as well, as it will struggle to deal with the demand brought about by the closing of HRI A&E. Already, stretched staff cannot deal with such volumes of people in the A&E department. Longer waiting times, under par care etc.”

- 31 people feel that the population size in the area warrants current services:

“Calderdale and Greater Huddersfield is such a vast and heavily populated area that, to me, having one A+E unit serve the entirety of that area makes as much sense as having zero A+E units. Ideally we should be looking at three or four A+E units to serve the area and the population. Two A+E units should be the absolute minimum conceivable.”

“Both Huddersfield and Halifax need an A&E and a hospital it's been proved by the amount of times they have both had to close their doors because they had no room for more patients...”

“Both Kirklees and Calderdale are large areas spreads over big distances. In my opinion both areas warrant their own A&E departments.”

- 31 people feel that alternative options/ideas should be considered instead of the proposed planned changes:

“They are not adequate to provide the necessary care required by the local, and surrounding population. There should be other options, especially considering the large amount of unsecured funds required. For example, if £470m could be secured, why build an exemplary teaching hospital akin to Liverpool, which costs far less to build. This would also help to help with staff retention.”

“...Instead of building a new hospital with urgent care, can't they spend less money on doing the existing HRI. Let Calderdale keep their A&E and Huddersfield keep theirs. Two TOWNS, two A&E'S!!!”

“...I am furious about the arrogant attitude of the CCG. They have one plan and have admitted publically that they have no alternative. Surely a consultation should consult on alternatives...”

- 27 people felt that the consultation document was vague, unclear or misleading:



“In the information, which the CCG have produced regarding the proposed changes, it says they have been collecting information regarding the views of the public together with consultants, clinicians GPs and other medical staff and this information has helped inform their decision to move emergency services to Calderdale and make the many changes described in their information. I have been to some of the consultation meetings and at these meetings it was clear that many clinicians, consultants, GPs and members of the public hadn't been consulted within the last two years. So where have they got their information from?”

“The documents and events have not provided answers to questions. Senior clinicians have not been consulted and have spoken out...Funding is not yet in place and no guarantee that it will be. Areas where reconfiguration has taken place still have problems recruiting staff so the argument that these changes will solve staffing problems is unproven...”

- **A total of 25 people were concerned about the ambulance service:**

“... I do have concerns with regards the initial care provided by paramedics. If the Emergency Care is centred in just one place, is there a need for more ambulances? I don't know how the ambulance service is structured, but if there are say eight ambulances that serve the Huddersfield area, if these ambulances are now having to travel further to take people to the Emergency Care Centre, they are spending more time 'on the road' taking people for treatment at the Emergency Care Centre. Is there a danger that ambulances won't be available within the Huddersfield area as much of the time as they are now? What consideration has been given to this? And what re-assurance can be given?”

“...Also what considerations have been given to the increases in the budget paid to the ambulance service, due to increased staffing and travel times required to transport patients to Halifax, and also increases in budget to other trusts A&E units. Will these increases not make the reconfiguration less cost effective?...”

- **23 people were concerned about the difficulties the elderly, those with children, the disabled and vulnerable would experience with regards to travel:**

“...The elderly living in places like Holmfirth and Denby Dale are likely to be effected most by increased difficulty in travelling to CRI...”

“It would be a struggle and ridiculous for elderly people have to travel for. Especially pensioners. People with small children will also struggle. I had an 8am appointment at HRI, I had to use a taxi which cost me over £20 each way.”

- **22 people felt that decisions should be made on medical needs as opposed to financial demands:**

“Why can't we have A & E in both towns? It shouldn't be about money it should be about patient care.”

“I cannot believe that these proposals are being suggested with patient care at the forefront. It is obvious that they are being cobbled together



with financial considerations as a priority. There needs to be a complete overhaul of these proposals where patient care is the top priority.”

- 21 people were concerned about services being overloaded/strained:

“The hospitals that are expected to take patients in Barnsley, Oldham and Wakefield are already finding it difficult to cope with patient numbers and cannot take the additional numbers that will result from any proposed change. Ambulances won't be able to cope and no evidence of how the extra hours needed will be paid for or where staff will come from...”

“The reconfiguration plan appears to be over optimistic with no real evidence to support its claims to provide a good service...Journey distance has been shown to affect mortality rates, as has closure of A & E. Rates at BOTH towns are affected by the latter because of increased numbers of patients, which puts stress on both patients and staff...”

- 20 people felt that the changes were, quite simply, a bad idea:

“Ill conceived. Reliant on funding that isn't yet allocated. Reliant on better community based services at a time when there is a shortage of GPs, vacancies that can't be filled, District Nurses on their knees and Locals with a notice to improve. Plans to enter into further PPP that will put more public money into the hands of private companies. No evidence that the plan will result in the outcomes that are being suggested. A possibility that NHS sustainability and transformation plans for West Yorkshire could supersede these planned changes. The most vulnerable will be the hardest hit so further inequality will be seen. I could go on. A complete disaster.”

“It's really unthinkable that this would go ahead! It's crazy it was even proposed!”

- 20 people felt that the proposed changes, or aspects of the proposed changes are a good idea:

“I think they make sense as it is not possible to have the expertise needed at two sites in such close proximity.”

“We would have no problem travelling to either hospital for planned operations or outpatient treatment - it is only the proposed change to emergency care that worries us.”

In summary, the most popular responses concern the following aspects:

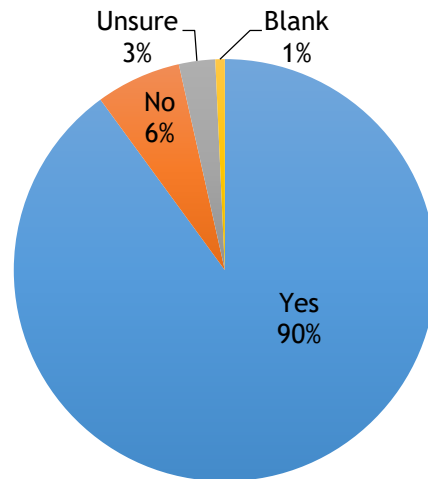
1. Accessibility, as highlighted in the previous section of this document
2. The proposed changes are based on misjudged decisions (previous and current) and have not taken into consideration the health requirements of the community and associated costs
3. Respondents do not trust the consultation process and question the motives of the CCG



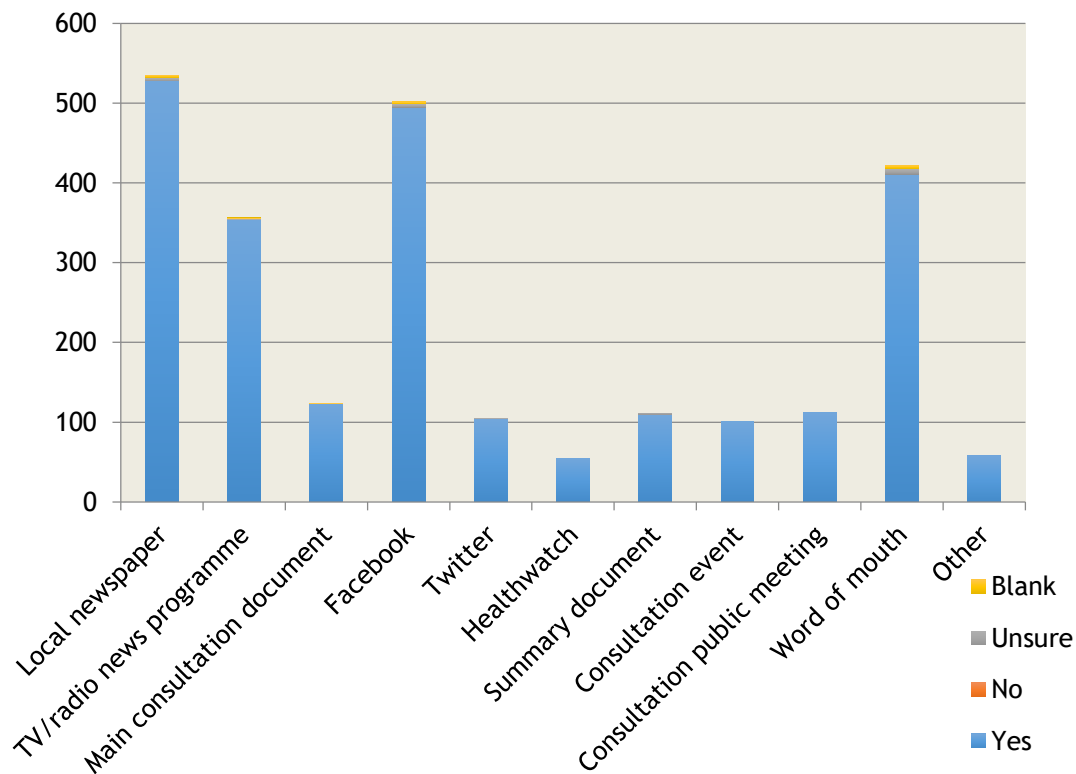
Appendix: Demographic and background information

In addition to the 2 open questions, we asked some other simple questions to ensure that we were reaching as wide a sample of people as we could.

Have you heard about the proposed changes to Huddersfield Royal Infirmary and Calderdale Royal Hospital?

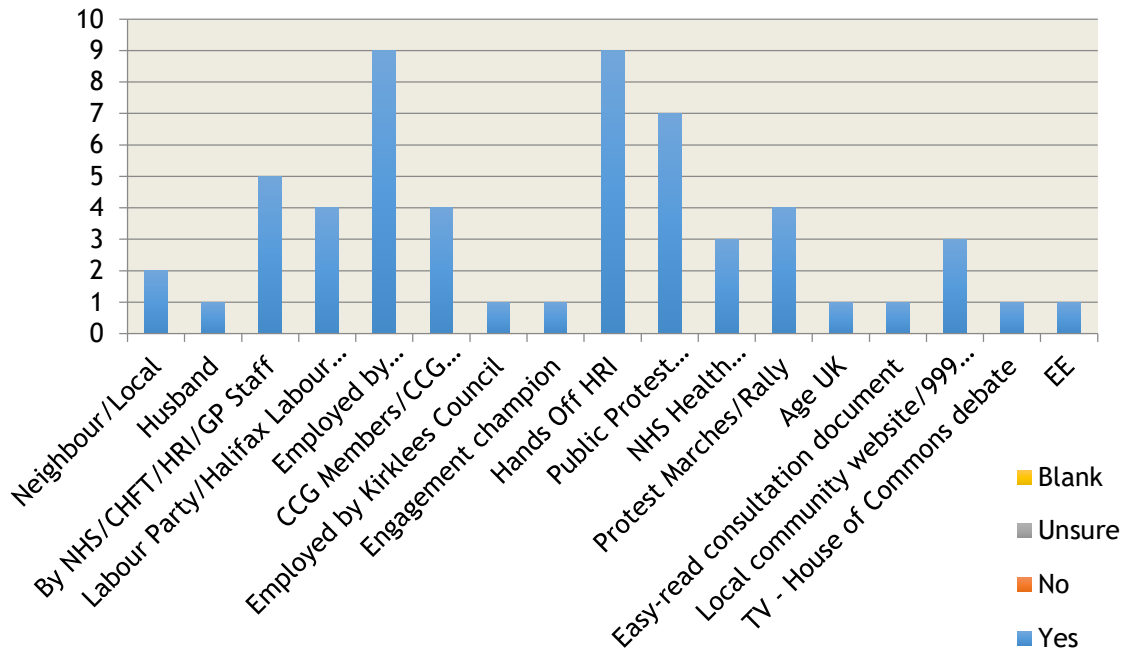


Where have you heard about the proposed changes? (Please select all that apply).

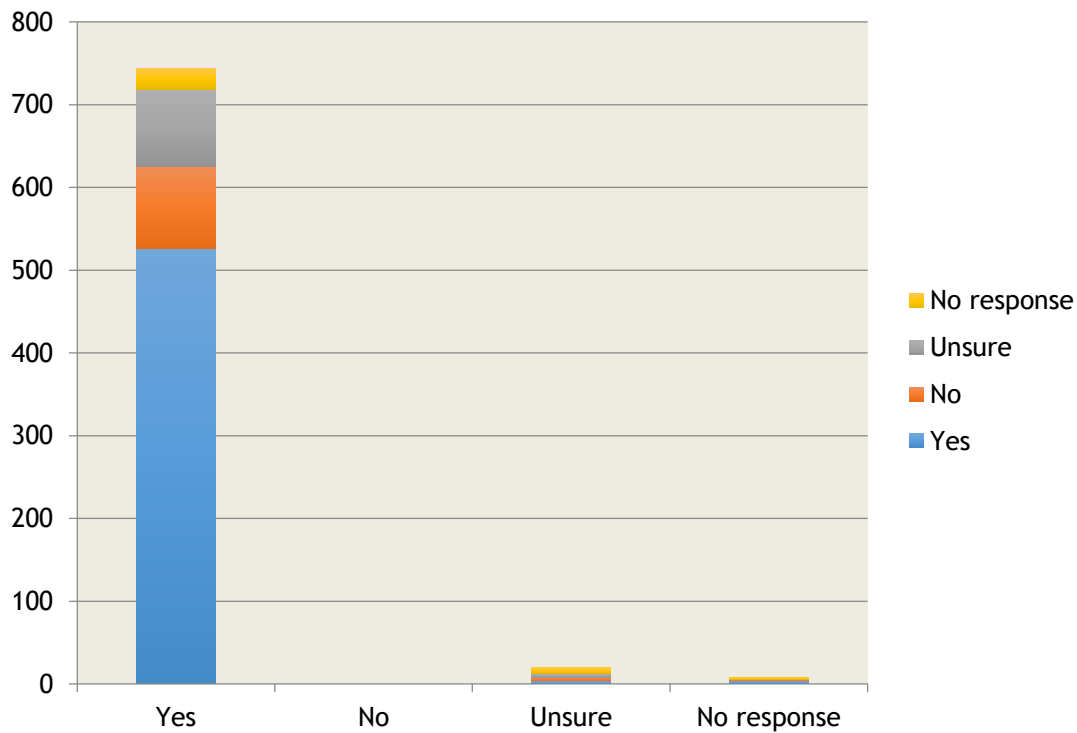




Where have you heard about the proposed changes (other)?

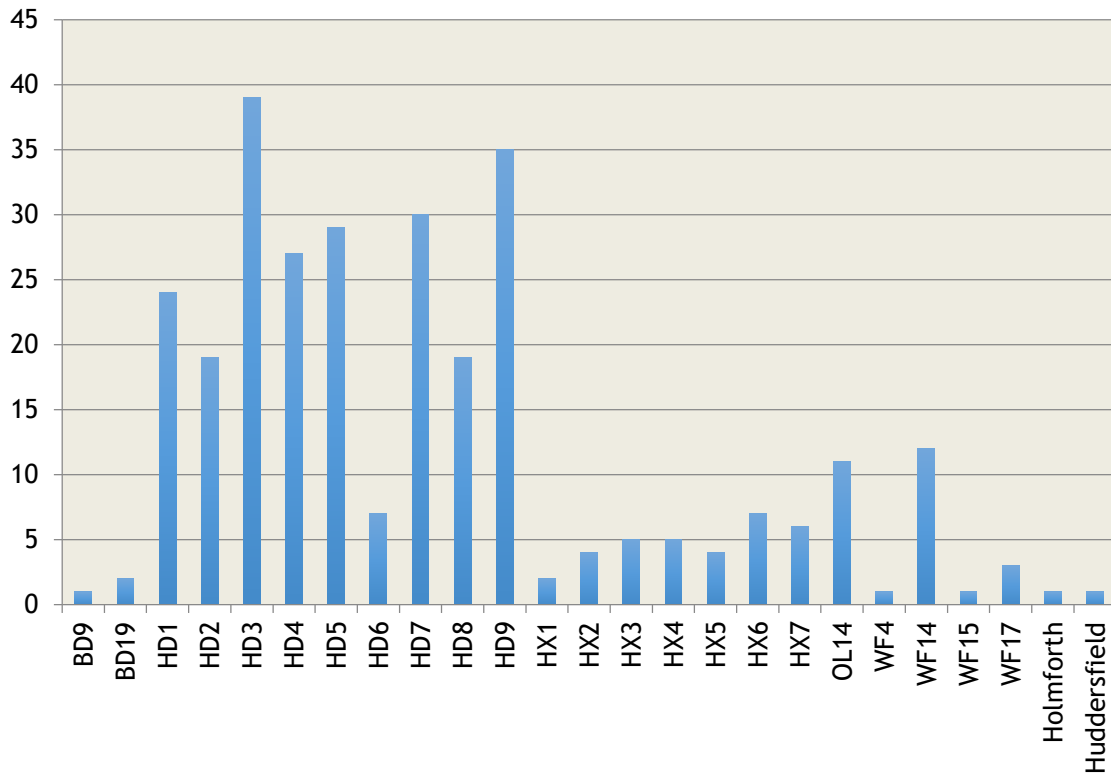


Do you feel like you understand the changes that have been proposed?

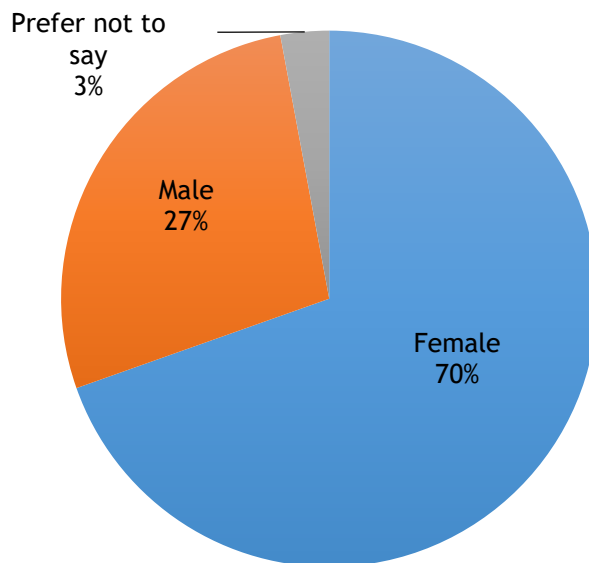




What is the first part of your postcode? e.g. HD1, WF12 If you would prefer not to say, please leave the box blank. (531 did not respond to this question)

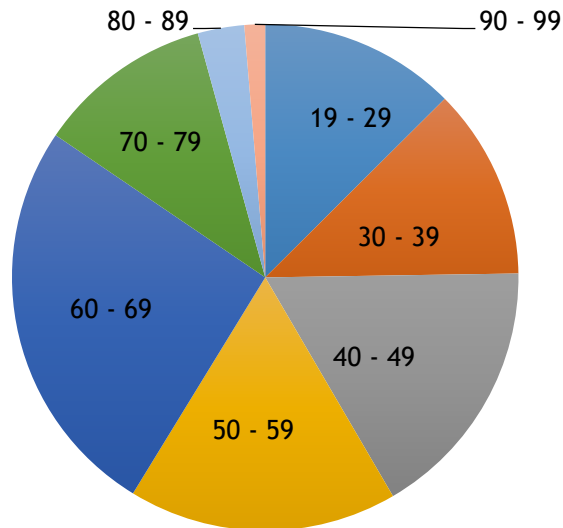


What sex are you? (494 did not respond to this question)

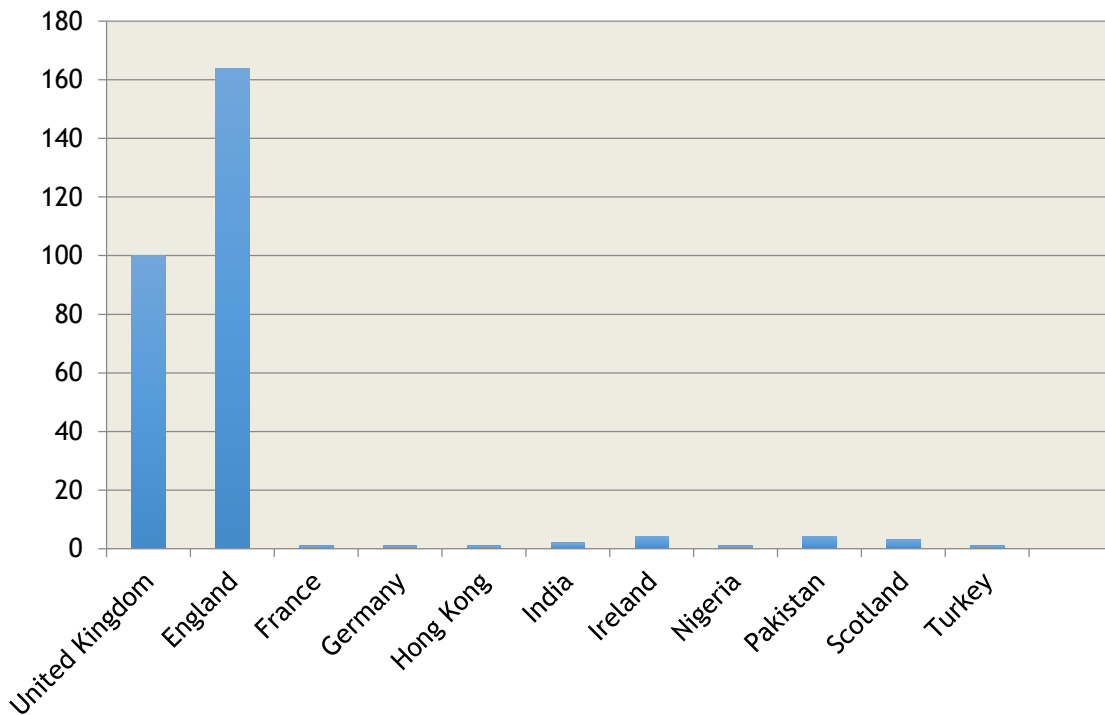




How old are you? e.g. 42 If you would prefer not to say, please leave the box blank. (523 did not respond to this question)

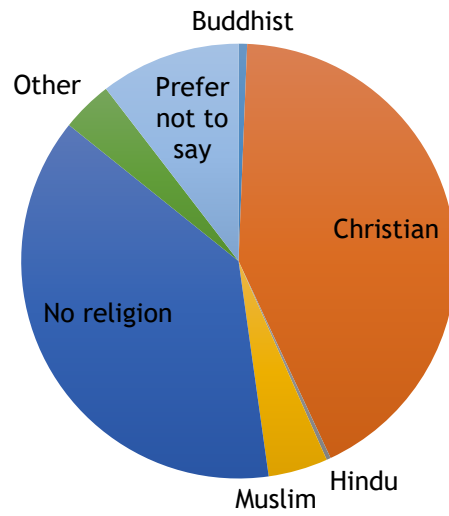


Which country were you born in? If you would prefer not to say, please leave the box blank. (544 did not respond to this question)

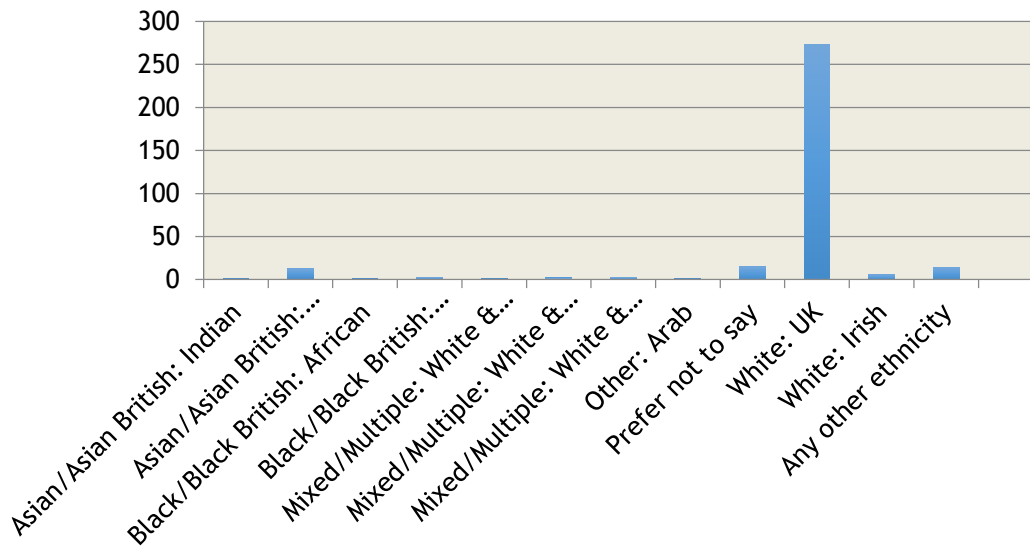




Do you belong to any religion? (510 did not respond to this question)

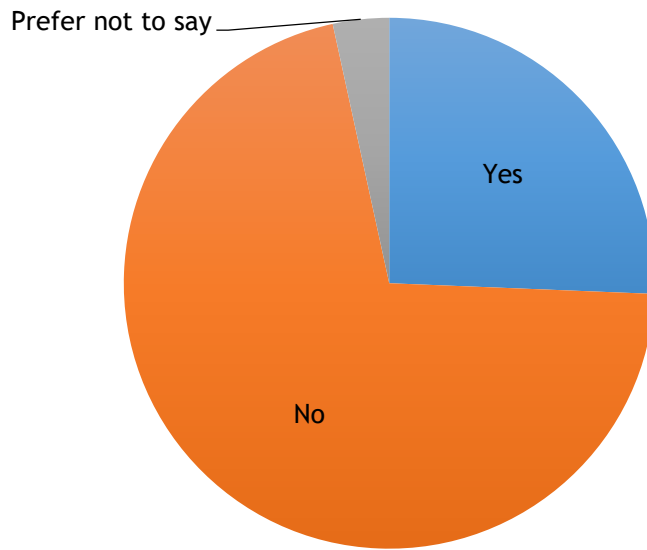


What is your ethnic group? (493 did not respond to this question)

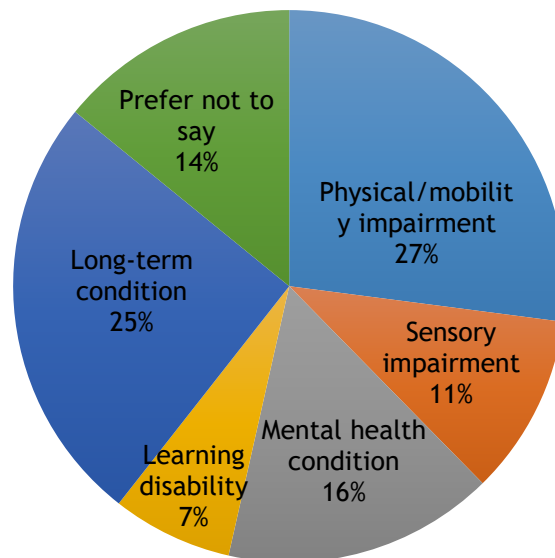




Do you consider yourself to be disabled? (709 did not respond to this question)

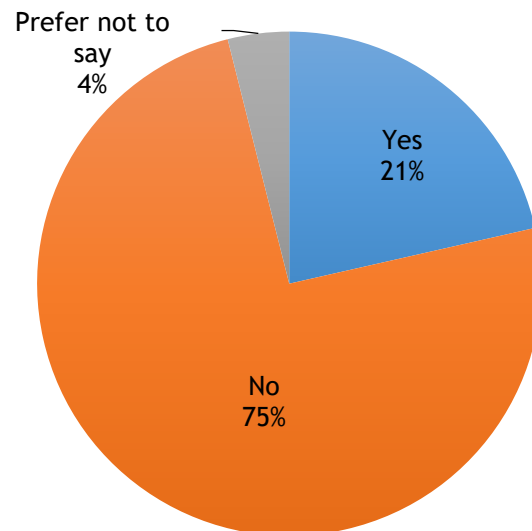


Types of impairment: If you selected yes to the question above, please tick all that apply.

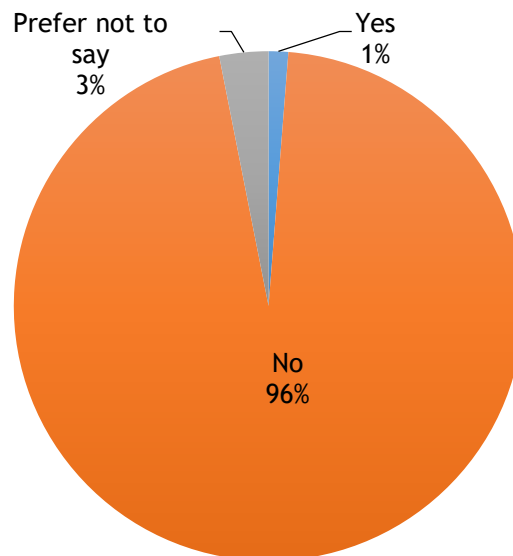




Are you a carer? Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age? (495 did not respond to this question)

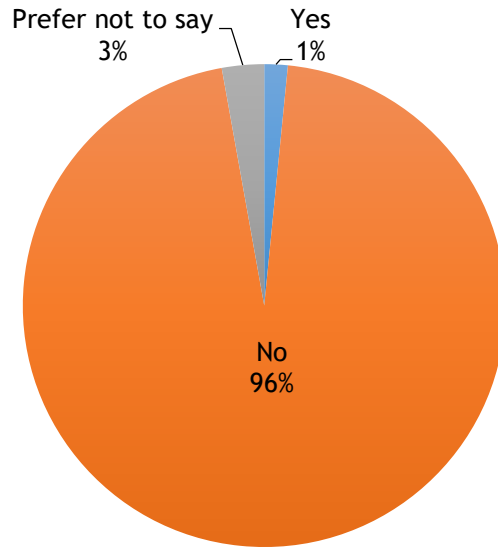


Are you pregnant? (504 did not respond to this question)

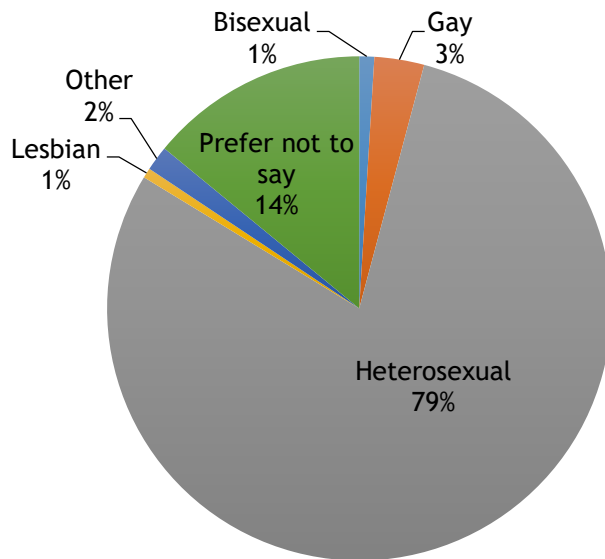




Have you given birth in the last 6 months? (507 did not respond to this question)



What is your sexual orientation? (513 did not respond to this question)





Are you transgender? Is your gender identity different to the sex you were assumed at birth? (524 did not respond to this question)

