**Huddersfield, 18 April 2016**

**John Smith's Stadium**

**CHAIR: (Pre-amble regarding seating and assistance, heating levels in the room, question forms and using the microphone)**

**(Main meeting)**
**Ladies and Gentlemen, it's one minute to six and they are about to close the doors in this room. Anybody that comes along now should go into the over-flow room downstairs; there are 420 of us in this room. Fantastic.**

**I would like to say on behalf of everybody here, the staff who are here, and on behalf of the two CCGs: Greater Huddersfield and Calderdale, and the Acute Trusts, thank you so much for coming along. Thank you so much for coming along and being part of the Consultation, part of the Debate; it's really important. We are thrilled to see you all here; it's fantastic.**

**For those of you who have already listened to this, sincere apologies, but I have to tell this you this again. Tonight we will have a Q and A session, which will be your opportunity to give an opinion, to give your view. There is a form for you to write your question, your opinion on there and, when I come around with microphone, you can read it out: nice and simple. You don't have to do that, but please do.**

**Welcome to this Public Consultation on the proposed future arrangement for community hospital services across Calderdale and Huddersfield.**

**I will run through the structure for tonight's event.**

**Firstly, I am the Chair, I am Stephen Williams.**

**I will give a short welcome and give you some more information in a moment. Then after that, I will introduce the Panel, and I will go across the Panel. Then there will be a short presentation, about 10 to 15 minutes. We know there is a broad spectrum and knowledge about the proposals in this room and some people have gone through every document on the Website and other people have got their information other ways via news papers and whatever. That is fantastic.**

**We want to go through the presentation, the reasons for change and the model and everything. Then we will go straight into the question and answer. Then in about 15 minutes' time, straight into the questions and answers, and the forms I am urging you to fill out; that is when you see the importance of those.**

**Just to say, this Event is part of a whole series of other events including drop-in sessions; the last was on Saturday and two more are coming up: Wednesday and Thursday. There is a little form on your chair and that tells you when all the others are.**

**Tonight it's going to be much about one question to the Panel and the Panel will give a response. If you go to the drop-in sessions, you can sit and have a long conversation. I had a conversation with a man**

**at the front and he had a long dialogue and conversation, so that is possible. Okay.**

**Who am I? I am Stephen Williams, Independent Chair and from a different organisation, an independent organisation, commissioned by the CCGs and Trust to provide independent analysis and reporting on the feedback received from the public as part of this Consultation. Basically that is referring to all the information that you give. So we are recording tonight and typing it up verbatim, and from the consultation survey we will be analysing the results from that, and looking at that data as well and that will go into the report. Nothing will be missed; all be included and go to the Panel so when they go through the decision-making process, they have that; all that information. Okay?**

**Next slide: some housekeeping things I need to go through. I think you will have found the toilets: out of the double doors. Any issues speak to a member of staff.**

**If you have a mobile phone that is fantastic for social media, but put your phone on silent, it's not a problem if one or two go off but if 30 or 40 go off, that will be a problem.**
**Emergency exit: we are not expecting a fire alarm tonight so if it gives off, stay in your seats. There is an announcement over the tannoy and that explains exactly what you need to do.**

**As you probably have gathered, there is filming tonight. There is immediate live filming down into the room below so they can see exactly what is going on up here, so they can see and view it. 'Hello'. It goes**

**to the over-spill room downstairs. We are really delighted you have come as well. They can see me but I can't see them.**

**Welcome to BBC Look North and ITV. It is being live streamed so people are able to watch at home; that is absolutely fantastic.**

**Before we move further I want to talk how we will move forward, discuss the Q and A and how we work that.**

**We received 29 questions from 6 different people before the Event, and I know that some of those people are here this evening and they have emailed in their question to be raised.**

**Now, every question, every point of view you put forward, as I said, will be answered and responded to tonight; as many as possible tonight. We have 29 questions. Which do we do? Then it may look like we have picked a nice one, and we didn't want to do that. So, we think there will be more than enough questions from the room. We will take questions from the room, and all the questions you put forward on those sheets we want to gather in at the end along with 29 we have already received. So, we will bring them all in and read through all of them. We know that we will be able to bring similar questions together, and so on and so forth, and then we will publish a response on to the Website. If you don't have Internet access, speak to one of the staff and we'll tell you how to overcome that and help you. Essentially, all will be responded to. I don't want anybody to think they can't raise their point. You will**

**be able to ask, and you might get a response in a different way. All right?**

**So, I want to go through this now. Tonight is the chance to ask the question. When I come up to you in the Q and A, because there are so people in the room and we want to get through as many people as possible, I am really sorry but I will be really strict. It's one question per person, so you will get a chance to read it and then it will be over to the Panel and they will respond, and then I need to move to the next person. It is not because I don't want you to have a follow-up on any feed back, but we want to get through as many people as possible because you have made the effort to get here. You may hear a voice saying, "Get to the question. What is the real point you want to make?" That is what I am looking for; don't worry, you will not be harassed; no pressure; that is what we are looking for, just so we can get through as many people as possible. Obviously it's going to be one voice at a time. The microphones will be recording, so when I come over with the microphone, you will be recorded and the voice we will hear, that is the voice the Panel will be responding to. All right?**
**So, that is just so everybody is really clear on that one.**

**Every opinion counts. We know there is some real passion tonight. There are a lot of different issues and concerns and viewpoints people want to raise, and that is fantastic, and we are looking forward to see what all of those are.**

**Just think about at the heat of the moment and in your passion how you express yourself. I am just**

**saying that. It's really hot in the room and there are a lot of people.**

**Okay, so I am now going to hand over to Dr Steve Ollerton who will give the presentation on the proposals and then we'll come back and do the questions and answers.**

**Sincere apologies, yes, the Panel: I knew I would forget something.**

**Can you all grab the sheet here; the document here out of your delegate pack which indicates and introduces the Panel and the document tells you the Organisation I am from. If you want to ask any questions about that, please do, but please do it afterwards. I will be more than happy to answer any questions on that.**

**The first person here is Dr Alan Brook. Sir, can you put your hand up. Thank you very much. I will stand out of the way so they can see you. Dr Alan Brook. He is the Clinical Chair of Calderdale Clinical Commissioning Group.**

**Next person: Dr Matt Walsh from Calderdale Clinical Commissioning Group, the Chief Officer.**

**Next person: Dr Steve Ollerton. He is the Clinical Lead at Greater Huddersfield CCG.**

**Carol McKenna: She is the Chief Executive officer at Greater Huddersfield at CCG.**

**And, Owen Williams. Owen is the Chief Executive Officer at Calderdale and NHS Foundation Trust.**

**I am going through these in sequence in your profile so it's nice and easy to follow.**

**The next person is Dr David Birkenhead. David is the Medical Director at Calderdale and Huddersfield NHS Foundation Trust.**

**We have Janet Youd, who is at Calderdale and Huddersfield NHS Foundation Trust.**

**Finally, Dr Mark Davies, and he is the Clinical Director at Calderdale and Huddersfield NHS Foundation Trust.**

**That is the Panel this evening.**
**Over to you, Steve.**

**STEVE OLLERTON: I have not decided where I will stand yet so I will come down a bit. (Where is the clicker? That is a good start. Sorry).**

**Thank you for all coming this evening. I know it's been said but we can't say it enough: we want to hear what you have to say.**

**I am Steve Ollerton and from Skelmanthorpe and one of the architects of the proposals. You probably didn't expect to see a picture of a baby on my first slide. I want to tell you this is Evie, who is four days old. She is a Huddersfield lass and lives in/near (place-name...) with Mum and Dad, and with Poppy who is nearly 2, and she was born in Calderdale Royal Hospital on Thursday, and so one of our newest Huddersfield residents. You might say what is so special about that? She is back at home now; nothing very special. She is actually my niece and I am her uncle Steve. So, please think about that when you have something**

**to say about our new design in the NHS for the future, so that it is not just for me and colleagues, and not that it is good for Evie and Poppy that live in Huddersfield, and my patients in Skelmanthorpe, but the whole of Huddersfield and Calderdale.**

**The proposals you will hear about this evening is for the whole population. I want to improve NHS services for the whole population and that is what we are going to do. Apologies for this, but anything you miss will be in the Consultation Document and I want to get through this quickly because I want to get to the questions.**

**What are we trying to do is to secure the services of health services, and this will involve significant investment in both towns; nearly half a billion pounds in both towns. That is lots of jobs, lots of opportunity and things will be much better at the end of it. We want two state-of-the-art hospitals. We will build on care in the community and make sure our hospital standards are improved. The current standards in our current hospitals, some of them are not to national standards. We fail on number of areas and we need to address those as a priority and we want to make our hospitals more attractive places for people to work. Okay.**

**So, the challenges we face - I meant to say I wanted them in a different order:- the quality and safety and patient experience is important for me. We want better quality and a safer hospital. We know that our current services are not as safe as they could be but we are going to improve that. We know that staffing is an issue; we know that consultants are leaving. Hardly a month goes by where I don't hear of another**

**consultant leaving and another locum that has come in. We have an ageing population that need specialist care and we are determined to provide that for our population.**

**Finally, there are financial pressures, and I will not heighten those, but they are there. Okay.**

**So, what are we consulting on? Everything to do with hospitals. Down in the bottom also there are community services. I will go through these individuals, so I will not read them out just at the moment.**
**Okay.**

**The thing that everybody gets very concerned about is urgent and emergency care, and rightly so, because that is when you are at your most vulnerable; when you are very sick. However, the majority of people are not very sick. About 54% currently of people who go to A and E we think will be dealt with in an urgent care centre. We are planning 2 urgent care centres: one in each hospital and these are for non-live threatening illnesses such as broken bones, what you see your GP for: cuts and burns, and head injuries etc. Those all can be dealt with mainly in an urgent care centre. However, some people are very poorly and need an ambulance and need to be taken to a specialist emergency hospital where there are specialists 24/7: that we don't have at the moment.**

**When you get there, you want to get your scans and diagnosis quickly and your operation quickly, if that is what you need, and you want all the specialists in the same hospital. You don't want some of them 5 miles**

**up the road which is what we currently have at the moment.**

**Okay. So I have mentioned the urgent care centres and the 24/7, and none of that should be a surprise. Look in your programme if you want to read more about those.**

**Planned care: this is your operations, hips and knees and gynaecological operations etc. They will be done in a brand new hospital: 120 beds on the Huddersfield Acre Mill site, and this is where the majority of planned care surgery will happen. But, as you know, increasingly we do day cases now where you go in and out the same day; done at both hospitals; and you will not have to travel further than you need to for those.**

**The majority are people that need to stay over night who will be on the Huddersfield Acre Mill site. Don't forget the urgent care centre which is there as well and the out-patient departments.**

**Paediatrics: that is one thing we need to sort out. At the moment we have surgical paediatricians on the Huddersfield site and medical paediatricians on the Calderdale site. The consultants have to try and make their way between the two depending on where they are needed. We should have a designated paediatric Accident and Emergency but we don't have that at the moment. Most of the hospitals in the country have paediatric A and E but we don't. But there is good evidence having doctors and nurses that are pretty much dealing with children which gives them a better outcome when they come into hospital.**

**So, that is what we are going to design in our new service, in our new proposals. Obviously behind that there will be the maternity unit, obstetrics all on the same site together rather than being split.**

**Maternity: this is not going to change very much. We want to increase the community element of maternity, but in our proposals there is not very much of a change from what it currently is at the moment. As I mentioned with Evie, she was born in Calderdale without any problems.**

**Parking: we could not get parking so…**

**Community services: finally, those that have been following what we did last year, our care close to home, a revamp of community services, that has been running, but we are confident that it will deliver a lot more than that at the moment because we want more people dealt with at home; they should not visit hospital if they don't need to. I will not stand here and say they are fully functioning at the moment. As a GP, I don't like having to send people into hospital; I want to deal with them in the community if I can. We need to up our game if we are going to do so.**

**Sorry I am rushing, but here we go: Calderdale and Huddersfield have mid-wifery etc… (as Powerpoint slide: read). The majority of stuff will still be happening in your local hospital. More community health services. Calderdale is the emergency centre where we put all the specialists who want to help save your life in one hospital, and that is better than what we have at the moment. Okay?**

**Travel and transport: I am sure we are going to hear about the Elland by-pass this evening; it concerns me as well. I bet there is not one person in this room that has not travelled along it. You are in an ambulance and you will get through and it will be a better hospital when you get there. (Heckle from the audience)**

**PANEL MEMBER: I have nearly finished.**
**We did consider doing it the other way around, as the slide shows you. We did consider it. I have heard before that, you know, Huddersfield is a bigger town. (Applause)**

**PANEL MEMBER: I take it you are enjoying the presentation. And, so, yes we did consider it the other way around. Okay. I don't mind admitting it's financially driven that we have done it this way around having Calderdale. (Heckle from the floor)**

**STEVE OLLERTON: I am making a better health service for the whole population.**
**Okay. (Heckle from the floor)**

**STEVE OLLERTON: My son was in A and E this morning actually at Huddersfield.**

**AUDIENCE: Ah...**

**STEVE OLLERTON: Okay. I am now going to move on. So, yes I think we have just discussed this this morning. It shows the criteria applied: quality of care, value for money and fit for the future, and Calderdale actually is a better option. (Heckle from the floor)**

**STEVE OLLERTON: Happy to answer questions, Steve?**

**CHAIR: Thank you very much.**
**Yes, Steve, thank you very much. We'll move into a question and answer session. Fantastic, yes that is what we want to see. (Indicates)**

**My colleague, Linda, is going to distribute ten cards numbered one to ten, and I will come around now...**

**CHAIR: Let me run through quickly how it will work. Linda is going to distribute 10 cards numbers 1 to 10 I am going to come round and go 1,2,3,4,5,6,7,8,9,10; one at a time not from the area random distribution. There is no-one known from the area either; it is totally unbiased. We will go round as frequently as we can all right remember we will collect all these in and they will be responded to please remember this. Can I address downstairs. Is it the Howarth room that didn't have my first part of the presentation? This is for downstairs; please, everybody please bear with me, my apologies. I have to talk as they didn't hear me downstairs. So, this is for downstairs. Okay. You have this question sheet here if you have a question please fill it in and Dawn is going to distribute 5 numbered 1 to 5 questions downstairs where or however many randomly you will be brought up so you can also participate and ask your question. Okay, I think that is clear for everybody downstairs all right so let's start here as I said we ask one question from the floor and go straight to the Panel. We will get round as many people as possible so use card 1 please. When I come over to you I will hold the microphone if you s stand up and say what your**

**name is where you are from if you don't want to that is fine I will hold the microphone - certainly not sir.**

**Ladies and gentlemen, I am really sorry about this: there are 3 cars parked in a pet shop and they need to close the pet shop. If it is one of your cars you have to move it, otherwise I am guessing it is locked in for the night. The first one: Audi registration OV61 JFJ. That is OV61 JFJ. Second car: Ford, registration plate KL06 LFX. The third car is a Vauxhall, registration plate YH64 JXS. I am guessing it is nobody in the room.**

**Question 1, please. My name is Christina George I live in Huddersfield. I have been a Huddersfield resident not for all my life but a lot of it.**

**My question to the Panel: is the notion of co-dependency of reliance of other strategies such as care closer to home undermined by the number of GP and nurse vacancies in the district and ageing profile of both groups? Nationally and particularly in the North, GP training vacancies remain unfilled and there is a national problem of recruitment and retention of GPs. What assessments will be put in place to ensure community-based services are fit for purpose and are able to meet demand prior to any changes being made to hospital based services? (Applause)**

**PANEL MEMBER: Thank you; great question. We are aware of that there are GP shortages; not as acute in Huddersfield as other areas but I know they may be coming our way. We have launched a primary care strategy approved at governing body last week and, as part of that work, there is a workforce element to**

**it. We have now regular meetings with the workforce. What I said right at the outset through all my GPs when working on that strategy is we have to design the future that has fewer GPs; that's what there will be. (General uproar/heckle from the audience).**

**This is where we are. Look, I don't like that as much as you don't like that. That is a fact of the matter, and the fact is in the future we will need pharmacists, nurses and nurse practitioners. (Heckle from the audience). Okay. So all I can say is I can only deal with the problem in front of me. If we want more GPs, I know the government have promised more; great if they can provide them but I don't see where they are coming from, so at the moment we need to make general practice a better place to work. At the moment you ask junior doctors out there, and they are not looking at going into general practice. We need to make the job more appealing, which is my job, and I will try and do that.**

**FROM THE FLOOR: That's not the answer to the question. My question is what assessments will be put in place to make sure/ensure community-based services are fit for purpose and able to meet demand prior to any changes made to hospital-based services? (Applause)**

**PANEL MEMBER: Before we actually implement any changes we make, we need to make sure we are following any decision needed to make sure the system as a whole can cope with changes. We need to be clear we are going through consultation and at the moment and the expectation is we are going to be going through the process and that it will be**

**October time before we make decisions on the consultation.**

**Then what happens is there is always a (inaudible)...**

**FROM THE FLOOR: Can you speak up? I can't hear for the crowd.**

**PANEL MEMBER: Yes, sorry I will keep talking loudly.**

**FROM THE FLOOR: Stand up and we can see you then.**

**PANEL MEMBER: All right. Is that okay? Can you hear me any better? As I was saying if, and when, any decision is taken we need to (inaudible) ... that is accompanied by piece of work we call a business case. (Inaudible) gives us the confidence to enact any changes so it's not a case of taking a decision one day, starting to make changes the next and ... (people talking at the same time).**

**FROM THE FLOOR: What assessment will be done? You are not answering the question. (People talking at the same time). If there is insufficient provision in the community, what will you do if you can't recruit GPs, if you can't fill the district nurse vacancies, or can't have hundreds and thousands more babies born in the community? There was that figure in your pre-consultation business case; what will you do? How will you do that? I understand you need a full plan as everybody needs one. But what will you do if those services aren't in place? (Applause)**

**FROM THE FLOOR: Answer the question please.**

**PANEL MEMBER: We are not going to make changes. If you think making those changes will not be (inaudible) ... We need to look at that in order to decide what needs to happen after the consultation exercise (inaudible)... this, this and this we do have to have contracts for community services.**
**For example, a number of things give an indicator to those services working well and that's the kind of thing we are looking at...**

**PANEL MEMBER: We only managed to get 20 questions at Calderdale so let's do better than that; let's get some more questions. (General uproar)**

**PANEL MEMBER: We will get through as many questions as we can.**

**FROM THE FLOOR: Can we not get through all of the questions?**

**FROM THE FLOOR: We will stay until the middle of the night.**

**FROM THE FLOOR: Sir, we have 2 hours to run through and we will pack it with as many questions as we can.**

**FROM THE FLOOR: Get on with it. (Heckle from the floor)**

**FROM THE FLOOR: My name is Jean Booth and I lived in Huddersfield from 12 years old. My children were born in Huddersfield.**

**One question: my understanding is that one or maybe two babies have actually died on the Elland by-pass and there will be even more traffic if the HRI is**

**closed. What are the plans to deal with this problem? Has that problem even been thought about?**

**FROM THE FLOOR: No. (Applause)**

**PANEL MEMBER: Thank you for your question. Can everybody hear me?**

**FROM THE FLOOR: No.**

**PANEL MEMBER: Do I need a microphone?**

**FROM THE FLOOR: Yes.**

**PANEL MEMBER: My name is Janet. I nurse within emergency care; if you cut me in half it says 'children's emergency nurse'.**

**My involvement in the Consultation primarily comes as a response to my frustration of not having dedicated children's emergency services. On either site I know what good emergency care looks like as I worked in Leeds and Nottingham. I really do believe, and I wouldn't stand here from my profession and as a resident of Huddersfield myself if I didn't believe we could get a better children's department where I can recruit children's nurses and children's doctors (general uproar), and I think I know.**

**FROM THE FLOOR: Question on the traffic.**

**PANEL MEMBER: I think traffic is a very relevant issue.**

**FROM THE FLOOR: Yes it is. (Applause)**

**PANEL MEMBER: Certainly.**

**FROM THE FLOOR: What is being done about it? That was my question. Have you considered it? (Applause)**

**PANEL MEMBER: I am here to respond to your clinical questions around why we need a dedicated... (General uproar)**

**FROM THE FLOOR: Why stand up and answer it on traffic if you know nothing about it? Let somebody who knows something on it answer it.**

**FROM THE FLOOR: Pathetic.**

**FROM THE FLOOR: Where are the ambulance reps here?**

**PANEL MEMBER: We are pleased Calderdale Council are investing in making the Elland by-pass dual carriageway. (Heckle from the audience). As Janet said we are confident that the new paediatric service will save lives of children and that is why we are doing it (general uproar). We are confident more lives will be saved with these proposals.**

**FROM THE FLOOR: Rubbish.**

**FROM THE FLOOR: Still not answered it properly.**

**PANEL MEMBER: Your question was about babies dying on the by-pass?**

**FROM THE FLOOR: No, it wasn't.**

**FROM THE FLOOR: No, about the traffic.**

**PANEL MEMBER: So it's about the risks that can happen as a result of the traffic flow. Is that right? I**

**want to make sure I have the right question before I move forward. So you are right; it's not funny; it's a really important point. At this moment in time it is absolutely clear that transportation is an issue that we will have to face. Okay. I don't know at this moment in time that we have the exact answer to your question (laughter) (general uproar). You are asking for honesty here; you are asking for honesty and what you will get from me is honesty; I will tell you what I know and don't know. I think it's important if you want us to give answers so let's at least have it honestly. You might not like what I say but at least let's get honesty in this situation (applause). So, what you are saying is quite legitimate and is a concern.**

**There is somebody here from the Ambulance Service at this moment in time. Whether this moment in time in the process we are in that they can give you the level of detail to what we are really looking for then I suspect not. The reason we are not in that place is because we need to capture as much feedback from yourselves as to the concerns and issues. It's wrong of us to assume that we know all the answers because we don't. Part of this process is to make sure we listen to what you say. I can give you assurance that this process will not carry on either from the Commissioner's perspective or a regulatory or Department of Health perspective if that very question you have asked hasn't a really detailed answer at a point in time. That's the thing I want to make sure you understand. Okay? There is not a situation where from tonight or decisions Carol alluded to that people think we have a green light to go ahead. I want to make sure you get these questions in; they are questions that are important**

**for you. I see a few colleagues nodding their heads. When you asked those questions I want to get it across to people it's an important question; we won't treat it lightly; we want to understand as much as possible. If we know it tonight we will answer it and, if not...**

**FROM THE FLOOR: Why haven't we been told there is plan B? Somebody tells us there is no plan B.**

**PANEL MEMBER: Can I add a little to the conversation with regard to ambulance journey times: we have done a lot of work actually in getting underneath the data; we have heard about the way Ambulance Services are working at the moment so we understand journey times and we have modelled the impact of moving to a model, like the model we are consulting on. We have looked at what it will look like in terms of journey time if Huddersfield had the emergency centre and if Halifax had the emergency centre. We know that we will be moving to that model and that will add some time to our journey times (general uproar). We know that is the impact and we also have the commitment from the Ambulance Service to work with us as we work through our Consultation, and we have commitment from the Ambulance Service to work with us to ensure that, whatever the model, we will transport people safely to the care that they need.**

**We have done a lot of analytical work but until we come out the other side and understand the model we want, we can't finish that work.**

**The other thing I want to say is a lot of it isn't within the gift of the NHS to sort out; we have established a**

**really clear dialogue with Local Authority colleagues and Local Authority colleagues are working very hard to secure the investment we need across this system to ensure our road infrastructure supports a new model of hospital care whichever site we are talking about.**

**PANEL MEMBER: Question 3, over here.**

**PANEL MEMBER: Barry Sheerman, MP for Huddersfield.**

**Welcome to the heart of Huddersfield. (Applause)**

**This is at the heart of Huddersfield where a hospital should be. (Applause). When I asked the question, and it's a question all my constituents, many of whom are here tonight have constantly asked from the very beginning, why for months and months we were given the impression, and I as representative was given the impression, there would be closure of an A and E when it would be Halifax not Huddersfield? I ask this question because it comes to the very nub which was always told by all of you: the real decision is the quality of clinical and medical care for the majority of our population. When the group of you, including Carol and Paul, asked to see me in an emergency situation to tell me you had reversed the situation and it was Huddersfield A and E that will close, and (inaudible). Can you answer me? Was that based on clinical care, medical care or had you looked at the financials and...? (General uproar) (Applause)**

**PANEL MEMBER: That is something we can do (heckle from the floor).**

**PANEL MEMBER: Shall I take that up? Can you hear me if I stay seated or do you need me to stand?**

**FROM THE FLOOR: Stand and use the microphone.**

**PANEL MEMBER: Two years ago we were talking about a different situation and we all recognise that, but we recognise we are in a different place now. (Heckle from the Floor)**

**PANEL MEMBER: Shortly after that time, when it was suggested around Calderdale emergency centre, we had further conversations: the Trust got involved with Monitor, the Regulator, because of the financial position. (Heckle from the Floor). We were really clear at that stage that actually.**

**CHAIR: Can you let the Panel respond. We can't have a shouting match across the room.**

**PANEL MEMBER: We want to be able to feedback to you and give you as many questions as we can which we can't do, you know, if you are shouting all the time, because we want to hear what you want to say.**

**We had to re-look at the proposals. We were very clear with a lot of people at that stage, and that every option was back on the table because we knew the financial position, not just locally but nationally it was worsening, and we knew the issues flagged up a few issues: clinical, and safety issues, and they had not gone away. So the Trust had difficulties recruiting key staff. We had conversations at that time and we were very clear that everything was back on the table. So, I genuinely don't recognise that position that says you believed it was the other way around until the eleventh hour.**

**CHAIR: Any more responses?**

**Okay. Question 4.**

**FROM THE FLOOR: Answer the question.**

**FROM THE FLOOR: Answer the question.**

**CHAIR: We'll come down there later, but this gentleman first. Number 4.**

**FROM THE FLOOR: It's not answering the question.**

**Q. I am Mike Smith and I have been a Minister here for 36 years, but I am a Southerner.**

**Is this is a general consultation or are you just telling us plebs? Under the present proposals, we will be left with no A and E at all in Kirklees, now that Dewsbury has got rid of ... (inaudible)... If the CCG had any guts they would resign en masse. (General uproar)**

**Q. (Inaudible)...absolutely PFI debt; with 64m in Halifax hospital. I don't begrudge that; I begrudge the bankers with (figure...) that we have to pay back (Applause).**

**STEVE OLLERTON: Okay. I agree with some of what you have said. (Heckle from the Floor). I will specifically answer your question. The only question I heard is, "Is this consultation a sham?" No, it's not.**

**FROM THE FLOOR: Yes it is.**

**STEVE OLLERTON: So that answers the question: we are very open to what you have to say, as we have already said before. (General uproar)**

**CHAIR: Any more questions to be answered from the Panel, please?**

**Question 5, please. Would you like to stand up, madam?**

**FROM THE FLOOR: (Applause).**

**Q. I am Dr Barbara Brown, retired NHS consultant and previously GP Principal. Now I don't want anybody to heckle please because I will lose my train of thought.**

**Now I have worked in North Middlesex Hospital A and E hospital as an SEO covering the night shift from 12 at night from 12 in the morning. Calling in a consultant was a rarity.**
**Anybody who needs specialist services should, as you said...(inaudible) The Ambulance Service advised on most things ... 90% of the cases that go to A and E are reasonably dealt with by a junior doctor with no further consultation.**

**This is a unit that is valued by the people of this area whom you serve.**

**You are too tied into current national planning. It's quite possible to be more versatile. I agree with the 7/24/7 Consultation, and I agree historically it's inadequate. But, so is the plan that you are making; currently with a fear of 30m debts and projected at 450m, probably financed privately with a private small unit in (place-name...) in Huddersfield, and the charges you pay for modernising the out-patient department which you own are ludicrous. We don't need to be posh in this world. We just need to be**

**efficient, considerate and conscientious and committed.**

**Some of the answers that you have given tonight do not meet a professional standard for the money you are being paid. I am being honest. (Applause) It's feasible to come up with a better plan. There is no reason why hospital managers should not protest about being burdened with private financial planning, financing scheme, PFI, which they didn't put their minds to at the time. It's time that was taken out.**

**We could sort this problem if you are willing to look at it more flexibly.**

**Just a little note to Steve: you are not very popular with the local GPs, Steve. (Applause). I have been told that you have said to one GP, "It's going to take more than 45,000 signatures to stop this". Ooh. It's all right my lad (Laughter); I am a Huddersfield girl; it's okay your saying about your being Uncle Steve, but, if we have a problem in getting 5%-10% of the cases to the emergency suite which they need, then the rest of it can be serviced in Huddersfield; that is if you put your minds to working out something better than what you have come up with.**
**Thank you. (Applause).**

**FROM THE FLOOR: Well done.**

**FROM THE FLOOR: Well said.**

**STEVE OLLERTON: Okay, thank you. Mark, the A and E Consultant...?**

**PANEL MEMBER: Can you hear me?**

**FROM THE FLOOR: No.**

**PANEL MEMBER: What would you like me to do so you can hear me?**

**FROM THE FLOOR: Use the microphone!**

**PANEL MEMBER: Okay, I will not be able to answer all of your questions but I will answer what I can.**

**FROM THE FLOOR: One would be good!**

**PANEL MEMBER: I am a doctor and not a hospital manager, not a finance person, but a doctor who is trying to run a safe, high-quality emergency care service as I can. Increasingly, it is not because of money but because of availability, not because of money, but because of availability of good quality middle-grade doctors. It is in the overnight period that middle-grade doctors keep our department safe. They are the doctors. If you turn up with what might be something trivial or life threatening, you need those people to recognise that and be starting the management of it appropriately. If I can't get a middle-grade doctor to work in a department overnight, that department is not safe, and all the money in the world is not getting me those middle-grade doctors to work in both departments overnight.**

**I am not talking about which site, but talking about why we need one emergency department and why we can't do it in two. Okay?**

**Those are two different questions (repeated). Do we have to have one or can we have two? And then where is the one? I am trying to say from a clinical perspective we can't have two safe hospital**

**departments. It's not possible. That is what I am saying; we are not managing.**

**As a consultant, when I go to bed at night, I want to be assured that the doctor from one department works for us on a regular basis, and he is a good quality doctor, will identify a sick patient. But in another department there may be a locum doctor that says in a reference he is good. I go to bed crossing my fingers overnight: it's not a service you want, nor what I want.**

**PANEL MEMBER: It's not acceptable. I am looking at this here: I am not speaking of closing an emergency department and A and E.**

**FROM THE FLOOR: Yes you are.**

**FROM THE FLOOR: You are.**

**PANEL MEMBER: If you will let me finish, I will explain. Half of the patients that come to A and E in Halifax or Huddersfield can be treated in an emergency care centre and we plan for that facility to be there. For the other patients that come to Halifax or Huddersfield, they need to be in an establishment that is fit for purpose that has the staff there that can deal with anything that comes through the door, and we'll deal with appropriately and safely, but we don't have that at the moment. I believe you deserve better than what you have got. I don't believe we can deliver it as we are on two sites. This plan is for making things better for you. (Heckle from the Floor)**

**CHAIR: Question 6?**

**Q. Hello and good evening. I am Dr Mohammed and I**

**am privileged to serve this area as a Consultant Paediatrician for almost a quarter of a century.**

**I find myself in a difficult situation as I mentioned earlier because there are many wonderful colleagues on the Panel. I say again and again that I am totally in disagreement over the proposal and, the more I look to the document, the consultation document, the more I feel embarrassed as a health professional who has worked for 39 years of my life in the health services. It's full of mis-information; full of contradiction; full of everything that is not good from the health professional point of view.**
**I could mention so many examples, and I really highlighted many of these examples. For example, the one that Mr Williams mentioned on the transport issue. It said here in the document there was very little impact on the patient transport services.**
**Is that the case?**

**FROM THE FLOOR: No!**

**Q. There are many examples of these contradictions. We have something now that is different totally from what is in the document. The PFI: they mentioned hundreds of figures in the document but when they come to the PFI they never have the courage to say how much it costs and the impacts on what has been said so many times. The main financial implication is the main driving force behind these proposals.**
**(Applause)**

**However, however, the more serious issues, really – and I could mention many of them - but really the urgent care that is the centre and heart of this document, what is called the urgent care report, my**

**friend, honestly, on page 23, to make it easier for you, what they are proposing is we deal with the broken bones and infections, like a throat infection. So, honestly, my friends and colleagues, it's almost, well, it's embarrassing for the twenty first century. (Laughter) It's really embarrassing what is proposed if there is no other reason to credit this plan or consultation, or things. This is enough reason is to scrap the whole plan altogether because what is offered on the urgent care I am privileged to work at in refugee camps in many different places in the world. They keep saying in this document we are offering blood tests and x-rays. My friends, they are even available at refugee camps.**
**(Laughter) (Applause)**

**Honestly, my friends, you know the people of Huddersfield are not refugees and they deserve something better; far better (Applause).**

**CHAIR: Can the Panel please respond to that.**

**PANEL MEMBER: Can you hear me?**

**The biggest question referred to is being driven by national policy: that is known as the Keogh review and that is something we were ahead of in Calderdale and Huddersfield rather than behind on. So the model of Accident and Emergency departments to be in place by a network of at least as many urgent care centres supported by a small number of emergency centres is happening across the country. It's something which is known to be much safer.**

**The whole idea of Accident and Emergency departments is extremely old-fashioned. Indeed is**

**the model of a simple general hospital. The days when a single specialist can handle everything from heart attacks and strokes to serious infections are gone. They are now managed to much more specialised individuals but they need to be together in a larger team.**

**I am not sure what Dr Mohammed actually objects to, and agrees with, but I would be interested to know if he agrees whether or not all the services, specialised services across our area, should be put together into one hospital? Is it just the location that he is disagreeing with? We are absolutely convinced that they do the work, spread across two hospitals. Neither of them have the proper necessary set of integrated services to provide for people in an emergency.**

**Why don't we close them both down? The danger is if we do not sort out our local health services, make them safe and sustainable into the future then people will come in from outside and do things to them much more drastically than we are proposing. (General uproar). We are attempting in difficult circumstances to offer you the best deal we can.**

**FROM THE FLOOR: Rubbish.**

**PANEL MEMBER: I can tell you as a local GP, like Dr Ollerton I would not stand in front of you proposing this if I didn't believe it was an improvement of what you have now. One of the absolute standard we have applied through all this is the Clinical Commissioning Groups would not propose anything we did not believe was an improvement on the safety.**

**FROM THE FLOOR: Rubbish.**

**PANEL MEMBER: Question 7, please.**

**FROM THE FLOOR: I am from Barnsley's 'Save our NHS Group', and there is a group of us here today from Barnsley. (Applause). We are very concerned about the safety of patients up in Barnsley and obviously we are concerned about patient safety everywhere including Huddersfield and Halifax. What Barry Sheerman said: "Beggar my neighbour in Halifax", I thought was disgraceful actually.**

**To come back to the issue of Barnsley we asked the question at the Halifax meeting about the additional demand on Barnsley A and E which is an A and E department already failing to meet its target response times. What are the additional impacts of that? What additional numbers of patients and deaths of people in Barnsley would there be? We have no answer to that question in Halifax.**

**What I would like to ask about today is a related question, and it was already raised, and it is about the additional demand on the Ambulance Services: as a result of these cuts in the Services - and let's make no bones about it, this is part of the Tory's agenda to cut the National Health Service; it's part of that overall Tory agenda, and politics can't be kept out of this I am afraid - according to your own travel analysis as a result of the cuts, will it be that the Ambulance Service will have an additional 10,000 hours of journey time? My question is: have the additional resources been set aside to give to the Ambulance Service to cover for that, or will this**

**result in a worsening of ambulance response times? (Applause)**

**PANEL MEMBER: I would like to clarify. I don't think Barry Sheerman said anything about "Beggar my neighbour in Calderdale". He didn't say that at all.**

**I am going to ask Carol to answer the question on ambulances in Barnsley etc.**

**PANEL MEMBER: (Inaudible)**

**FROM THE FLOOR: Can't hear you. How will you run hospital if you can't use a microphone? (Laughter)**

**PANEL MEMBER: All right. We had comments from people in Halifax last week on the impact in Barnsley and that might give an answer there: people are asking for more detail. To reassure you, we are in continuing dialogue with colleagues in Barnsley. I was speaking to my opposite number at Barnsley Commissioning Group to get a view from colleagues there on the impact of the proposals. Within our business case we produced before we went out to Consultation, we set out detail of the findings from our travel analysis and that indicated a number of increased number of journeys expected to go to Barnsley than Huddersfield as they might do now those figures are in the public domain. I know Barnsley colleagues are looking at them and they will be formally responding as part of the Consultation. I welcome that either from the hospital in Barnsley or CCG. We are talking to them. There are the 10,000 additional hours or journeys which we talked about which is overall; that is not just Barnsley. We will have on-going conversations with the**

**Ambulance Service on what needs to be done to address that. We recognise a need for additional investment in the Ambulance Services to meet demand.**

**PANEL MEMBER: Who asked question 8, please? Thank you.**

**FROM THE FLOOR: Thank you. My question actually has been asked by the gentleman from Barnsley but I would further add that could the CCG please explain what representations there has been from the Ambulance Service for what is going to be an apparent shortfall due to the extra 10,000 hours' travelling time? I ask because we constantly read in the Press nowadays that the Ambulance Service is stretched already. So, what do the Ambulance Service have to say about that?**

**PANEL MEMBER: To say, we are at the Joint Health Overview Scrutiny tomorrow where the Ambulance Service discussions will carry on. We have an Ambulance Service as part of the the work and what we have done so far is - do you mind raising your hand – (indication). He is here this evening. We talk regularly with the Ambulance Service and won't make any changes to anything without fully involving the Ambulance Service; they are what the sickest people need to use. It's all about the sickest people being cared for and being safe. We will use them all the way and continue to work with them.**

**PANEL MEMBER: Question 9, please.**

**FROM THE FLOOR: Joyce Wilson, resident of Huddersfield.**

**What I would like to ask is why can't a town of over quarter of a million people have its own proper hospital and an accident and emergency department?**

**I would also like to mention the Consultation Document. Concerns overall points to a hospital address and these points... Why are too many patients having experiences in hospital? Why are they staying longer in hospital? Why are they being admitted and dying? Is it because of HRI? Are they going to be better at Calderdale?**

**PANEL MEMBER: Our proposals are trying to address those questions you have just asked. You have quoted the things in the Consultation Document and our proposed system will address those problems; they are what we see as current problems in our system.**

**I have forgotten the first bit - oh yes, town site. Yes, the problem of the quarter of a million people is not actually enough people for a full hospital, as you talked about (general uproar).**

**Halifax also is not big enough, and several other towns...**

**FROM THE FLOOR: Rubbish.**

**PANEL MEMBER: Let's take Bolton, Rochdale, Chorley: there are loads of them nationally round the country. As Dr Brooks said before, the concept of a district general hospital serving 250,000 people, that is not big enough because you need hospitals serving**

**bigger populations, and so you get specialists working together and that way you are looking at more like half a million people as a minimum.**

**FROM THE FLOOR: Rubbish.**

**PANEL MEMBER: Ladies and gentlemen, can I ask you please to settle down.**

**Question 10 - who has number 10? Thank you.**

**FROM THE FLOOR: Hello. I am Ted Casey and a long-time resident of Huddersfield.**

**I read in the Examiner that following the closure of Rochdale A and E there was numerous occasions at Oldham A and E of ambulances having to wait over an hour to be seen to at the A and E. What are the current waiting times for ambulances at Calderdale A and E, and what measures have you put in place to make sure they are not extended when you are doubling the number of ambulances going there? (Applause)**

**PANEL MEMBER: Is this microphone on?**

**FROM THE FLOOR: No.**

**PANEL MEMBER: Is it on now? I am getting the hang of this microphone.**

**Waiting times for ambulances at Calderdale and Huddersfield are not as good as we would like them to be; they are nowhere near an hour.**

**Answering your question on how we will fit two lots of patients into one department: part of this plan is that I get a brand new purpose-built state of the art**

**emergency department which can give you much better care at the time you need it, when you need it, with the (inaudible word) you need.**

**FROM THE FLOOR: Answer the question.**

**PANEL MEMBER: I think the question was "How can you fit more patients into one department"? (General uproar). So, by having a department and system staffed with all the skills and staff we need to deliver a good system.**

**FROM THE FLOOR: Answer the question.**

**PANEL MEMBER: I am sorry; I am answering the question. Can you ask the question again, please sir, so I can make sure I am answering the question that I think you asked?**

**FROM THE FLOOR: This was following a report in the Huddersfield Examiner regarding the number of ambulances having to wait over an hour at the hospitals. Oldham A and E drastically increased after the closure of Rochdale A and E. I want to know what waiting times are like at Calderdale at the minute, and what measures you put in place to come up with doubling of the number of people going there to make sure you don't have long waiting times.**

**PANEL MEMBER: Current ambulance turn-around waiting time is to be assessed, and seen in the emergency department at Calderdale which is 20 to 30 minutes, which is not as good as we would like it to be; we want less than 15 minutes. By developing a system that's more effective, we won't have an increase in waiting times, and I expect them to improve. (General uproar)**

**FROM THE FLOOR: Ladies and gentlemen, I need to go to the next person.**

**So it's number 1 now; it's the gentleman from downstairs.**

**FROM THE FLOOR: From downstairs, mate.**

**FROM THE FLOOR: Evening, ladies and gentlemen. I am Richard Draper, a resident of Huddersfield. I am an accountant by profession.**

**I would like to ask the question: has Halifax PFI liability been the prime driver in the situation? If so, how is the new Huddersfield hospital in inverted commas going to be funded? Will it be more PFI, another liability put on our children? And what's more, (applause) has the business case... we are all aware resources are scarce, and that there are constraints both on staffing and on financial availability but have these proposals been subject to independent perusal? (Applause)**

**PANEL MEMBER: The initial driver for the whole thing was about two and a half years ago, purely based on quality and safety of care, because myself and GP colleagues, along with hospital colleagues, were becoming increasingly aware services were not of the standard needed. So, that was the initial driver, long before finances. So, that was that bit. I hand to Owen on PFI.**

**PANEL MEMBER: There are 2 elements to the question: if you talk about the Private Finance Initiative - I know everybody knows but perhaps somebody could say what PFI actually means? In terms of where we go next, let's just say**

**we get through the Consultation Process and joint overview and scrutiny process and get to a point where then we have to work with the Department of Health and Treasury to say how will this be financed? There are 3 possible routes which you have already indicated. One potentially is what is known as PFI 2, okay? Yes, exactly. Exactly. (General uproar). Yes. I don't need to say much about that, do I?**

**Two other routes are either accommodation of the Dept of Health, or the Treasury: they give us borrowing permissions to borrow but then they will also contribute to what would be annual payments in terms of rent. So, that's another route they can go down.**

**The third route could be they give us a lump sum to deal with build costs; you will know if you have an accounting background that down the line someone has to pay somewhere in that; somebody has to pay. I don't need to tell anybody in the room about the state of the nation's finances at this moment in time, do I?**

**FROM THE FLOOR: We are the 6th richest in the world.**

**PANEL MEMBER: When we get to, or if we get to, I use the word 'if' we get to the position where those decisions are taken, it is probably Department of Health and Treasury that will determine the route we take, and it's fair to say if you look at the feeling in the room term, PFI is not a popular term, is it?**

**The other bit to think about is often in the conversation we forget about HRI as a building, which I feel quite passionately about actually**

**because generations of our workforce worked in HRI. And, I don't want to be in a situation where we take decisions and make it lightly, which is why I always encourage our workforce and whatever else to have their say; it's as much on them as you and I about what we are doing here.**

**The reality is since that Building 50 or 60 years, since it was originated, we have had a situation where there was singular underinvestment in the up-keep of the Building. You can talk about why. All I know is that a building that contains things like asbestos... we had a situation 2 weeks ago where the sewerage pipe burst , and we had to displace the patients as a result of that.**

**FROM THE FLOOR: Ahh...**

**PANEL MEMBER: I don't think it felt 'ah' for them. This is not just a conversation on PFI or disastrous whatever; it is a conversation on what we are doing about HRI as a current building: £100m over 5 years to get it to a state to where it will last another 10 or 15 years. From an accounting perspective, yes, for the first part somebody has to pay. I don't know how it will work.**

**The other thing, let's not forget, HRI needs some development too, and if there is a chance for us to get a new hospital on or near that site it has my vote. Thank you.**

**PANEL MEMBER: Question 2 from downstairs, please.**

**FROM THE FLOOR: Yes, my name IS Charles Bowe. I have lived in Huddersfield for last 15 years. I work in transport.**

**I would like to go back to the point on journey times in Halifax. In optimum conditions, a car journey time estimated at 15 to 20 minutes didn't use words 'in optimum conditions'. We all know that's the only way you get there in 15 to 20 minutes.**

**I wanted to ask how much assessment was done about the increasing incidents of stand-stills and closures on the M62? No-one mentioned the fact it's not just Elland bypass; it's the crossing of one of the busiest roads in our region.**

**How much have you looked at forecasts and evidence, if you like, of any break down of the traffic, and the knock-on effects that occur around the rest of the area? The reason I ask is that not everybody goes to hospital in a blue light vehicle; not everybody can get through the traffic.**

**PANEL MEMBER That is an important point to get across here. If somebody is very seriously ill, that is where they should be; they should not be making their own way to the nearest hospital. That decision can be partly informed by the Ambulance Service, 999 or 111 to get an ambulance. Setting off and trying to get yourself to a hospital is quite dangerous and you might go to the right one, but when the ambulance comes, it will often take some time, and will often some be time at the scene, suggesting treatment and stabilising that patient and deciding which is the correct place to go. So, if any of us in this room are unfortunate to have a heart attack, we will not be**

**taken to Calderdale, to Huddersfield, but by ambulance to Leeds. If we had serious burns we would be taken to Pinderfields. So, already we have ambulances passing the nearest hospital to go to the one that is most appropriate, and that travel should take place in an ambulance.**

**CHAIR: Yes, thank you very much. Move to the question from downstairs.**
**Madam, please. Can we hear from the question downstairs?**

**Q. I am Chris and a life-long Huddersfield resident. We heard a lot about the ambulances, but what is the actual cost of the Yorkshire Ambulance Service on the increased ambulance times which can be 30 or 40 minutes from your area to Calderdale Royal Hospital?**

**PANEL MEMBER: There is clearly more work that needs to be done. (Heckle from the floor)**

**PANEL MEMBER: There is a process whereby we translate all the information we have got about the impact of the Model we are consulting on, on the Ambulance Service, on the number of journeys, on the number of crews, and that means they need to commission or people need to be employed. Then there is a contractual conversation that will take place between us as commissioners and those providing services. As I said earlier in my response to the earlier question, we have a strong dialogue with the Yorkshire Ambulance Service, a really supporting relationship with the Ambulance Service, and I am confident when we make a decision about the Model of Care that the Ambulance Service will support us, and we'll agree with contractual**

**arrangements how that will work. That will cost money. That will cost money. The final business case of consultation will need to capture those costs.**

**I am really sorry, Sir, you have not got a microphone.**

**FROM THE FLOOR: (Reference to ambulance time)**

**PANEL MEMBER: I have already given that answer.**

**FROM THE FLOOR: (Inaudible) (no microphone)**

**PANEL MEMBER: We can get the cost and answer directly to the question, no problem.**

**Q. I am Jason McCartney, Member of Parliament for Colne Valley. The hospital lies in my constituency, and I live in Honley.**

**When I returned from Service in Iraq, I was ill and had to use the A and E. When my Mum was ill, and fell on the icy pavements, she had to use A and E.**

**I am sorry to say everything I have heard this evening so far demonstrates to me that you have already made your minds up.**

**The aim of the Consultation was to demonstrate that you have the support of the people and of doctors and of clinicians. It's so clear to me that the people, and doctors, and clinicians, do not support these proposals. (Applause)**

**So what I want to know is if, or should I say, when, you come to the end, and realise that you don't have the support for these proposals, what is the process then for plan B? And when you embark on plan B, can I just give a little bit of a recommendation: can we**

**please have the wonderful Dr Brown over here (Applause) as part of the new consultation team.**

**So, what is the plan B? Demonstrate to me and everybody here that you are listening, and what will you then do when you do decide, because I am sure you will, that you don't have support for these proposals.**
**(Applause)**

**PANEL MEMBER: We have shared with you in the Consultation Document all of the options that we have considered. (Heckle from the floor)**

**Those considerations go from doing very little and making small changes to the service all the way to asking for a brand new hospital to replace all of the existing facilities.**

**We have shown you the shortlist that we thought were actually credible ones, and we made a decision around September-time last year that we were not prepared to go to a Consultation unless we could give you a better idea as to which way things will form so you could make an informed opinion on the changes being proposed to you.**

**So, at that point, we were unclear. We had established, to our satisfaction, doing minimal change was not acceptable. That view was supported by the People's Commission run by Calderdale Council. A lot of independent advice was undertaken.**

**Let us be clear: the People's Commission in Calderdale agreed that no change was not an option, but they made their recommendations for the way**

**they should be made under the belief, at that time, that the acute site, the hot hospital, would be in Huddersfield. May be they didn't like it: they were grudgingly in a position to accept that and provisos were made. So those changes were looked at independently. (Heckle from the floor)**

**PANEL MEMBER: (Reference to microphone). I would just like to make a final response and I will say it from a perspective from someone who is not a clinician, as you may be aware. The clinical model we are talking about was designed by the GPs and, along with Commissioners in the Trust, they designed the clinical model before the work had been done around finance and the site. So they designed it in a way it would work; no matter which way services fell.**

**I wanted re-iterate something that Owen said earlier: that we are determined to be really honest with you through this process. (Heckle from the floor)**

**It would be really easy to put a public documentation document together to contain 4 to 5 options and, if, as you said, are 3 are affordable, are you then likely to get the money for them, given they are more expensive? I would say no, it's unlikely to be given more money as that is a more costly option, and I am being openly honest with you in the proposals that were made.**

**Question 4: I am Roger from Holmfirth, and I owe my life for the last 20 years to the NHS, Huddersfield Royal Infirmary and Saint James.**

**Closing district hospitals or accident and emergencies is not an advance: it's a symptom of failure.**

**FROM THE FLOOR: Yes!**

**Q. Less is not more. Sorry.**
**Jason said, quite rightly, that you have obviously made your minds up; that has been obvious all along. But, what has not been obvious all along, but is very obvious now, is that you have persuaded no-one. (Laughter) (Applause)**

**If you go ahead with these plans against the clear full opposition of all the population practically who live here, then your decision will lack moral legitimacy: it will have no democratic mandate, and we will be justified in taking all the steps we can to resist their imposition.**

**The junior doctors are leading the way. And I hope that people will be on the junior doctors' picket-line next week.**
**Those are the comments.**
**(Applause)**

**STEVE OLLERTON: The one thing I would say is while I have said that we have not convinced many people in the room (heckle from the floor) we have had plenty of consultation events so far and the people that I have sat down and actually talked with, generally speaking, have been quite supportive. (Heckle from the floor).**

**Q. Victoria Kennedy, local resident. The College of Emergency Medicine said that 20% of patients who**

**attend A and E could be seen by other clinicians. However, you said 50% of those attending A an E are urgent care so could go to the urgent care centres.**

**Where do you get the money from and why is it not the same figure by the college of emergency medicine? What if you are wrong and the centre for Huddersfield and Halifax is significantly over-crowded? (Applause)**

**PANEL MEMBER: (Microphone reference). If we look at a description of the cases that could be seen in an urgent care centre: broken bones, and burns and that sort of thing, we know that just over 50% of patients who are coming to our A and E departments now fit into that group. That is where our figure of 54% comes from. I know that 54% of the patients that come to our department are currently being seen by emergency nurse practitioners in our department.**

**FROM THE FLOOR: Is that because they can't get a GP?**

**PANEL MEMBER: I am talking about the patients that come to me. We know that there are problems with GP services going forward. We talked earlier about the lack of GPs so we are saying you don't need a GP for these sorts of things. Nurse practitioners are looking after those patients and will continue to do so in Huddersfield across the room where they do it from now... and that is more than half of the patients which are coming to Accident and Emergency.**

**CHAIR: Last one from downstairs. Yes, sir. Thank you.**

**Q. The faces of the Panel tonight tell a picture: you have not got a clue.**

**FROM THE FLOOR: Yeah! (Applause)**

**Q. I have an awful lot of - I am Ray Thomas and I live in Holmfirth and it's easier to get to (inaudible) than Huddersfield. I have a lot of thankfulness to Dr Mark Davies who sorted my wife when she was critically ill. Thank you, Doctor.**

**At a public meeting about 10 years ago, by the Calderdale and Huddersfield NHS Foundation Trust, the issue of the removal of maternity care at Huddersfield Royal Infirmary arose and the simple answer was 'yes' or 'no'. Have you made up your mind that maternity provision will be made from HRI? Answer: deafening silence. History seems to be repeating itself.**

**FROM THE FLOOR: Yes. (Applause)**

**Q. Not so long ago, Kirklees had to find a new seat for increased demand for burials and right time, right care, right place - it's filling up. I suppose the people of Huddersfield should be grateful. You might not be able to be born here but at least you can be buried here. (Applause)**

**You had been asked before and you had not got it, but I will ask it again: what is plan B? What is plan B? (Applause)**

**STEVE OLLERTON: We have put these proposals out to you and we are listening. Okay? If we need to modify the current proposals, that will be plan B. But**

**it is plan A we are presenting to you. We will listen to what you have to say.**

**CHAIR: Question 1 now, and back in this room. Yes, please, Sir.**

**Q. Hello, good evening. I am Fernando from Huddersfield, born and bred and raised in Huddersfield.**

**I will ask Owen to say the word "honesty" again. So far he has used it twice but he does not understand the meaning of it.**

**Also, Dr Steve, you are a very good qualified Doctor. You are not a businessman.**

**All of you people there, some of you are professionals doing what you are doing within your pamphlets, have been doing this for 13 years or more. You should sit with your heads held in shame because we are proud Halifax and Huddersfield people. Some of you with your Welsh or Scottish accents you have, you don't have the brightness or passion of the people in this room. Okay. (Applause)**

**On your admission, our hospitals are in such a bad state at the moment.**

**FROM THE FLOOR: Because of them.**

**Q. Because of you. Because of you.**
**Right. You should not be trusted with our national hospitals. I am not the most educated person, but I am telling you that the people of Huddersfield are not happy with your decision or prospects for the hospital of Huddersfield.**

**One simple truthful question, and I would like all of you to answer, if possible, not just the nodding dogs syndrome, but please answer the question: why should we trust you? If we can't trust you, clear off. (Heckle from the Floor) (Applause)**

**OWEN WILLIAMS: From one proud Yorkshire to another: the reason why I think you can trust, not just me, and the people here, but also a number of the clinicians, doctors and nurses that I know are in this room, is because we care about the services the same way you do. The reason why we are here, and we are willing to take whatever you are willing to question us on, is because the one thing we don't lack is a lack of conviction. That is because we believe in what we are doing, and we believe we are doing it for the safety of our patients.**
**Okay?**

**Let's just ask the question: is it just this so-called Calderdale and Huddersfield NHS Trust or the Social Care areas that are in this area, or the general practice area in this area that are just unique to the rest of the United Kingdom? Answer: absolutely not. We are in a situation where this year we have had to deliver, and I say 'deliver', a £20m deficit on expenditure of £352m. That is 20m as a part of 2.8 billion nationally where Trusts, like us, economies like ours, are in debt today. So, there is something happening; not just here in our system, but something happening nationally in this country.**

**What you have got here with this group of people - okay, we have not always been friends, let us be honest - but what you have with this group of people here, are people who are fighting for services and**

**care in this service. So you asked for a response and that is the one you get from me. (Applause)**

**CHAIR: Please allow the Panel to respond.**

**My name is Janet Youd. I currently Chair the Royal College of Nursing emergency association; they elected me to be their Chair and Spokesperson. I have been an A and E nurse over 25 years. I am children's nurse. I know what we have at Huddersfield at Halifax is not the best care in emergency care for children. I want a dedicated children's department. The department is not big enough: I can't recruit children's nurses. I recently stood in Huddersfield A and E department, on Wednesday afternoon, and there was one child there, but I can't recruit a whole team of children's nurses to look after one child. If we pool them in one hospital - let me speak - if we pool them into one hospital, we can have children's nurses and children's doctors in the emergency department.**

**For me, I am a clinician so I don't mind where the hospital is. Financially it's impossible at the minute to look at doing it at Huddersfield. Huddersfield needs so much work doing on it. I am being honest with you: I want one emergency department. (Heckle from the floor)**

**FROM THE FLOOR: Ladies and gentlemen, please, the Panel is listening to your questions and they are answering them; we must allow them to speak without heckling them. Sorry.**

**PANEL MEMBER: Hello.**

**FROM THE FLOOR: Leave it on.**

**PANEL MEMBER: I know people trust me because 70,000 come every year to my Department to see me and come to see the service I am in. (General uproar).**

**What I am saying is the Service I am trying to deliver is not as good as it could be. That is all I want to do: to give the best service I can to the people of Huddersfield and Halifax. I wasn't elected, but the 140,000 across both towns vote with their feet every year and I don't think they are getting as good a service as they could get.**

**FROM THE FLOOR: I am the elected political leader. (People talking at the same time). I am the elected clinical leader of over 100 GPs in Calderdale. I know that they widely support these proposed changes. Also, importantly, I am privileged to be the GP, senior GP, in a practice looking after 4,000 patients. That is not something I take lightly. I have experienced with them what goes well and what goes less well for them within the Health Service.**

**We GPs, however, have a unique perspective on what happens to patients because of the large number of people we see over many years, and that includes the good things and less good things that happen to them. That experience is being brought to bear in this Consultation, in these proposals. I hope I can be trusted because I represent those patients as well and I would not put anything forward to you that I felt was not confident and was not in their best interests.**

**PANEL MEMBER: Is it my turn, so I am not going to try and persuade you to trust me. (Laughter). I will tell you who I am. I am Matt Walsh. I am a husband, I am a Dad. Can you just hear me out? I live in**

**Calderdale. I have lived there for the last 16 years. I am really proud to live in Calderdale. I am really proud to have a job where I can serve the people of Calderdale.**

**My background is in general practice. I am a doctor, though I have not been in clinical practice the last 3 years. It's my root as a doctor that guides me in to the conversations here which are having about change. I can't sit and watch the system that I am responsible for fail to meet the needs of the population I am responsible for. No. No, I have a broader view than that. You can shake your heads. I am telling you who I am.**

**I have worked across West Yorkshire, Bradford and Leeds and cared deeply about the places I worked in. I cared deeply about this place and I don't care if we are talking Calderdale or Huddersfield. I just want to try and be part of a piece of work that will deliver something that I have more confidence in than I have confidence in our existing system; that's why I am here and doing the work I am doing.**

**I am really proud of the people I am working with, trying to get something better for our system and our patients.**

**PANEL MEMBER: Okay, this microphone, is it on? Okay let me say a little about my contribution on this and why you can trust me as you rightly point out. I am not from Yorkshire but I have lived here for the last 22 years and Huddersfield 16 years. What I can say is in the job I am doing in the NHS you get re-organised quite a lot and there is opportunity to apply for jobs in number of places. In the last 16 years I**

**have always chosen to try and stay in Huddersfield and the reason is that I believe the practices work really closely, and that the staff working in the NHS are absolutely committed to doing the right thing.**

**I chose to stay here because I want to be part of that. From a personal point of view, myself and my family used services in (inaudible) some of that time; it is most difficult; the most difficult part of my life. I want to make sure the way we design services going forward stays that way so we can continue to deliver top-class services to Huddersfield and Calderdale: we use services in both those towns now.**

**PANEL MEMBER: Thank you. Apart from my being a very unpopular GP, thank you for highlighting that fact. (Laughter).**

**I am Chair of the Organisation and I think the majority of the GPs in Huddersfield do support these proposals because... (general uproar) (inaudible). I will answer the question. Can you trust me, you might not like to hear this but I was actually born in Merseyside. I don't know whether there are any comments on Scousers but, anyway, that's me.**

**I came over to Leeds University at 18 and graduated and stayed over here ever since because certainly I thought West Yorkshire was definitely the place for me.**

**I started working in Skelmanthorpe in 2003, so I have been in Huddersfield 13 years. I have worked about 10 at the moment. Okay.**

**FROM THE FLOOR: David?**

**PANEL MEMBER: Can everybody hear me? I am David Birkenhead. I am the Trust's Medical Director at the moment. I am a microbiologist. I work with infectious diseases. I have worked in Huddersfield Royal primarily for/since about 2000. I did my undergraduate training in Leeds as well. I am committed to West Yorkshire.**

**One of my responsibilities as Medical Director is to make sure (people talking at the same time) that the quality of care we give is the best it can be. I work with medical colleagues and nursing colleagues to deliver for the population we serve. We have some real challenges that we are facing at the moment, particularly on medical specialities where we have a lot of vacancies. Let me give you an example.**

**FROM THE FLOOR: You are wasting time.**

**PANEL MEMBER: With my colleagues we are trying to…**

**PANEL MEMBER: One more answer from David, please.**

**FROM THE FLOOR: I am David Hughes. I am a GP on Greater Huddersfield CCG Urgent Care Lead - you can throw rotten apples at me.**

**Part of it is the design. I have been a GP in the Holme Valley for 29 years. I live in the Holme Valley. Two of my four children were born locally. You will not find a more passionate advocate for NHS than me. Both my parents were at medical school when the NHS was formed and worked in the NHS all their working lives. (Inaudible) (general uproar).**

**I wish to be part of producing something that is better than we have now. Actually, it is not asking how can you trust us because I work in this system and, like Steve, I see people every day of the week when I am in surgery. I know we can do better than we are doing now, and I know also if we don't do something, things are going to get worse. (People talking at the same time).**

**FROM THE FLOOR: Better than a football match at times! (Laughter).**

**There have been some points that have sort of come up through some of the answers we have received from yourself tonight; it's not part of my main points I came with but I think what you folk have to accept if we are ordinary Joes, citizens, whatever you want to call us. A lot of the time with our health service we have to put up with stuff that is just done; we don't have a say in many things. Before you lot were sat there, somebody made a decision to shut St Luke's stores hall, and yet we were constantly told, and it's only a week or two back now that there was a big emphasis on mental health, and the lack of function for them.**

**A lot of what we talked about tonight is on physical issues, illness, injury, babies and there has been a whole shooting match. Generally, while I am blessed with the facts, I hope I will never get into a mental health situation although it's always a possibility as figures stand.**

**You health professionals should know how many men and women will have a mental health issue in their life; we have aggregated it around here and put up**

**with it; but let's put this situation knowing finances were stretched for whatever reason, reduction in government stuff, and everything.**

**I will say my bit, and a lot of others: please, it is a simple question, and you don't have to answer it because I think we know the answer. If you knew a year or two back there were issues on finance and issues on that poor building falling down in Acres Tree, why did you tart-up the reception area? Why is it a café? Stop chucking money at it, and that brand new reception and all that: the silvery sign out the front, it's not what I call patient care. We know where the hospital is and we don't need a fancy sign; it's window dressing and it puts us ordinary Joes off. We are tired of it. You tell us there is no money and we see that sort of thing.**

**My question – and I will get here, don't worry lad - (laughter): a lot of you people have seen the rising debts you admit that we have had since 2010. Specifically, if we think about it, you don't negotiate things like paying extortionate agency fees, but we hear complaints about it. What are you guys doing about it? Are you getting down to the nitty-gritty of sorting that out? That's something that will help your situation, if there was a situation. I mean, I know of somebody personally who was an agent for one of those organisations: 10,000 a week for that one guy is not unusual but 10,000 a week is out of order.**

**Those are the kind of things that want addressing. Right. Sorry about this one: choose employed staff to manage our NHS. Need to remember that we are the paymasters, not merely customers, clients or service recipients, or whatever it is called.**

**The last point, no, it is not quite, (laughter).**

**Experts: maybe some of you guys, or maybe somebody else, I don't know who to blame, but they carried through that PFI contract and processed it and ticked it off and agreed to it. Did they look at the small print? Did they look at the debt they will get our money into? Are they still around? Is there an issue there? Let's be honest about it, I don't care what you say tonight, Steve, but in the thing put in the Examiner you said in no uncertain times that the PFI was the sole reason for all this.**

**On another note - it's not aimed at you - we have had 2 local MPs in here. I know a few other people might know some of the PFI contracts have been, shall we say, addressed by Mr Hunt's Department, but I would ask those MPs and anybody else who can have a word elsewhere, maybe, as it's coming up to a few good things, not so good for the government such as Europe - and Europe I would like to think some things are put in to get that burden off your back, not just our back but your back. (Applause).**

**PANEL MEMBER: I actually agree. Yes, absolutely. I hope our MP (inaudible) ... never mind, we have said this to them, and they said first thing when we talked to Jason McCartney at Christmas before it came out, and his first reaction was we need to do something about that PFI. I will lobby higher up, fine, and get on with it. The more noise upstairs the better. Anybody can write a letter to their MP and say that. Great.**

**The PFI: we didn't negotiate that; you are right. I might let Owen deal with that. Owen, can you answer on HRI and things?**

**PANEL MEMBER: One thing that it does show is we weren't of a mind to get rid of HRI, if you know what I mean? It does mean at that point in time we were very clear. As I say to you, there has been significant changes, not just in our local circumstances but changes in national circumstances and that we cannot deny really what we have do now is absolutely right. Everybody's views in here are legitimate, okay? You are not going to hear me decrying any view put here I respect the people giving those views and every word you said.**

**PFI: there is no point me looking back on who did it because, quite frankly, there are none of them around. All I can say is maybe we are going through full circle, I don't know. But what I do know is we are here trying to help and assist all of us getting to a place about the future and making it sustainable for us all.**

**I absolutely accept lots of people in the room will not agree with what is on the table at this moment in time. We have been asked the question about: is this a done deal? I don't think it's within this group of people I know to be done deals. Part of also what we are saying as well is saying, no, this is what we don't want. So, if we can also give some thought to what we do want if, yes, somebody said what's plan B? What is plan B? We have good doctors, nurses, therapists, cleaners I work with. We will do our damned hardest to keep the service afloat; it's very, very difficult each year. I am in my 4th year now**

**at the Trust and each year I have seen it get worse and harder for those clinicians at midnight and those 72 people presenting in A and E. It's hard. These proposals are for us trying to address a brighter future. Every word you have said... I am not saying you are unreasonable and I understand the points made. We are trying to make sure you understand what is behind our proposals. I am thanking you for at least giving us that opportunity. (Applause)**

**CHAIR: I will allow this man from the back to ask a question.**

**FROM THE FLOOR: Initially I want to say about the proposals that had been done but it's quite obvious: the Reverend has referred to it and a few others as well; it's not really a Consultation process. You may say it is, but it's not really. That's because three or four times you have already slipped up when you said "My design". You have referred to it in the affirmative rather than, "Well, we think this is what is going to happen, but we are not quite sure".**
**Those are my questions.**

**But my good lady, and you may have done this already, I don't really know, but she just says, "Well there's trouble with Calderdale and trouble with Huddersfield, so why not build it between?"**

**You want a design that is fit for purpose, then why don't you build it somewhere around the Ainley Top? (Applause) There is plenty of land there.**

**If it's about finances, and I do believe you are a genuine guy as you sound genuine to me and I believe**

**what you are saying, but if it is finance, which is obviously is, and we know where the problem lies, it's with Government, but we will not go political, but you can't really not do, but if it is finance and it really is, you have two hospitals there that are tailor-made for development.**
**Why don't you build a purpose-built hospital with everything that you have put forward, everything that you want, to provide for us a better service, a better quality? Why don't you sell-off your existing assets, get a loan, build a purpose-built hospital in the first place, get the staff in, get your doctors in, build it exactly as you want and then sell off your land? Because that will finance what you need. It will. (Applause)**

**OWEN WILLIAMS: Okay. I think there are some of our clinical colleagues here from CHFT.**

**I think if you said to them, "If we could get to a single site where we could provide care, would they accept it, like that"? I think the answer would be 'yes'. I am looking at a couple of them to see there is smoke in this. It's true. They would like to get to that place.**

**FROM THE FLOOR: Of course they do; they have been told to say that.**

**OWEN WILLIAMS: A member of the audience has just talked about, if, in the ideal world, the place we could get to in a single facility, let us say Ainley Top, and it did the planned and unplanned care, as talked about here, that is the place that we kind of would like to get to be.**

**What I am saying to you, and I come back to this, is that we have had thoughts around this. Okay? And, when we looked at it, the finances don't work out.**

**However, what is really important is if there is enough critical mass - and this is why have your say is really important, and this is why in our Trust there is no three-line whip - the suggestions are there, but there is not the (inaudible) because I am saying to our workforce have your say.**

**If part of the answer is that we need to go back and say it's about single site, then we need to be able to describe what we do with PFI. Okay? And where do we locate it?**
**And, if that land is available, and we could do a single site, will the Government let us sell that and use it to invest in a new site?**

**These are all questions. But the important thing is that if this is what people are passionate about, then use this Consultation Process to get that view put in.**

**FROM THE FLOOR: What about the sports centre? There is nice big land owned by the council; it is a nice place to put a hospital.**

**FROM THE FLOOR: I have been in nursing for 30 something years; I am an ex-army nurse and went in to A and E nursing, so I beat you into it, and the Panel. Then into palliative care nursing, but I am disabled so I can no longer do it.**

**I know that both nurses and A and E nurses are not hitting their targets for sorting patients out, but I want to ask the Panel: how will you sort it out if you move it to one A and E? You have already said you**

**can't recruit enough staff. How are you going to sort it? (Applause)**

**PANEL MEMBER: Can you hear me? Thank you for that question. Yes, I agree it's a massive national problem recruiting emergency nurses. As an ex-work nurse you know you can't just draft any nurse into an emergency department to do that assessment. Likewise, you can't draft in any nurse to look after children. Nationally, we have to make the specialism attractive again and invest in development so that people realise they have a career in emergency nursing and not just coming in to work, day in and day out slogging away with others that have been in the department too long and having gone home and not given the care they want to give.**
**I firmly believe if we have urgent care centres we can grow the nurse practitioner development. We have already seen it in some GP practices, and I am sure you have seen nurse practitioners, as we have had them in emergency departments. We need to grow the next generation and have the specialist nurses with dedicated career and development in one centre. I agree with you. Nobody in this country in a type 1 emergency department is hitting the targets, and it's about time we addressed the whole system to look at that.**

**FROM THE FLOOR: I am Mr Smith and a resident of Huddersfield. Call me a pleb. Why can't the CCG do what Transport for London did and refuse to pay the PFI contract?**
**That is one question. (Applause)**

**I also asked a question at the Public Consultation I went to and asked the Chairman: who do you pay the**

**money to?**
**He pays £22m a year and does not know where he pays it to. How is he supposed to have faith in people that make important decisions on our lives who have such a long association with complete and utter fantasy?**

**I also want to know: can we propose a vote of no confidence in the CCG? ...**
**(Applause)**

**PANEL MEMBER: Can I call on the PFI payments and the refusal to pay. It's not the CCG who pays the PFI; that is a contract between the Trust and - is it Catalyst? It's an interesting point. It's a bit like saying - well, first of all, I think we have explained through the various documents and meetings. A lot of work has been done to see if there is any way of changes to the contract to make it more affordable. That is impenetrable and that has not gone; no way.**

**Can I just finish? We have done all we can and the Trust have done all they can to explore. It's like saying, "Why don't you stop paying your mortgage"? If the system stops paying its debt, that will land us in a whole load of other bother and we will end up in court not honouring the existing contract.**

**STEVE OLLERTON: NHS England is in charge of the CCGs and if they are not happy with the way our CCGs are performing, then they can take the appropriate action.**

**Q. I am Brian and one of the consultant surgeons from the Trust. First of all can I just say that I know the Panel. I know we have been a bit hard on them**

**but I don't doubt their integrity as to what they think they are doing are the right things, and I think we are giving them a bit of a bad time for this.**

**However, as a clinician, I am not going to ask a clinical question: I work at Huddersfield and Halifax, both sides. I know in proposal there is a planned proposal for both sides. The question is where is the new build going to be at Calderdale? Will you build on top of the one that is there?**
**I am not aware of any architects drawing up true plans. With this in mind, we have put a lot of costings together with regards to how much it will cost and yet there are no plans out there. It's a huge cost of - what is it? £400m. There is supposed to be a saving of about £31m.**

**Anybody that has had work done on their own house, we are told to factor-in a 10% contingency plan and usually spend 15% or 20%. Is there not a fear, drawing-up the plans, and so on, that the plan will be more expensive than an alternative? And, when do we get to know? And, if that is the case, do we scrap plan A?**
**(Applause)**

**OWEN WILLIAMS: Okay. I am living proof we do not have any three-line whips in our Trust. People get to see it as they are.**
**So it's interesting, is it not, if we had fancy Venn diagrams up here, what people said about done deals and that sort of stuff would be labelled right now.**

**So, a lot of the stuff we have done so far has been done with independent architects, building sites and whatever else. The site where it's currently proposed**

**to build on, Calderdale Royal, is effectively on the maternity car park: not on the existing building. Okay? (Heckle from the Floor).**
**That is where it will be. It's pretty-well documented, building the urgent care centre and the planned care facility- it's all right, people can have their say; it's all right (to Chair) - with the urgent care facility there, and the plan is to build it adjacent to where the Acre Mill site is at this point of time. We'll probably not get that level of detail until we have heard. It's ironic, there is irony here: part of what we are trying to do is to make sure. Are there other thoughts, ideas? This is what the Consultation Process is trying to do. There may be gold dust that comes out of the 3-month Consultation that adjusts the thinking. Therefore, you will be in a position to re-think, re-model. So there is that.**

**The latter point of your question: it's absolutely right, whatever financial figure we put on to it, there is a reality about overspends and all sorts of things. Equipment and bill costs can change. The one thing I do know is that the Department of Health and Treasury in this environment are not going to let any plan get passed unless it's absolutely as robust and fool-proof it can be at that point in time.**

**I wanted give you that reassurance and we can discuss more if you want.**

**FROM THE FLOOR: I am Philippa and I live in Huddersfield. Recently, in the Examiner there was an article about the beds and the waiting long hours. What will you do about this? And, if you close HRI down, what's going to happen to it?**

**So, we need our answers. What will happen please?**

**STEVE OLLERTON: I will say a bit. Seeing these corridors full of trolleys and that in the Examiner, it's actually kind of the reason why we need to change it really. Because you are right; it's not working at the moment. That is why, with care close to home and with re-designing the whole urgent care system, and making you work in a different way, we can avoid having the trolleys in corridor, and having ambulances working over 30 minutes. And, that is what we intend to do.**

**PANEL MEMBER: That is a symptom of a failing system and we are trying to make it better so those things are a thing of the past. At the moment we can't think of an alternative solution. I have been trying to fix this problem for the last 6 years since I have been in this post, and every time it comes back again and again to the only way we can make the urgent care and emergency care system work in our area is by having one emergency department. And that is where we are at the moment.**

**CHAIR: Question 6, please.**

**PANEL MEMBER: As was mentioned earlier: where it is; I don't care where it is. The important point from a clinical perspective is to give the quality of care that these people of Huddersfield and Halifax need. It has to be one emergency centre.**

**CHAIR: Question 6, please.**

**PANEL MEMBER: Can I briefly add if it is going to cost a load more money to have it on one site rather than another? That money comes from somewhere**

**and that money comes out of the services that the two CCGs have to spend on the population of the two towns.**

**So, from my point of view, as a Huddersfield resident, having worked here for 29 years, I would prefer it went where we get the best value for money rather than actually satisfying another town's population.**

**FROM THE FLOOR: I am Jules from Holmfirth. I will try and keep calm because I am really angry and upset about this: this is not your hospital, not your NHS: it's ours. I owe my daughter's life to the NHS.**

**Between Jeremy Hunt and PFI and you lot, frankly, it's a mess, and we are being asked to pay for this mess. It's not on. It is really not on. What makes me angry is it's not just about the A and E and expecting to go to Huddersfield for these services. It's really not on. It's one thing if you have a car, but a lot of people have not got a car (repeated). When did you last get on a bus from Holmfirth to Huddersfield? When did you last do that? I bet you never had, and that is what you are asking people in Holmfirth to do: people that are disabled, elderly and young people and just poor people that can't afford a car to get over there (Applause). It's shameful.**

**What I want to know is you have also got a legal duty, a legal duty, because fortunately I know about the law here, and under the Public Sector Equality Duty, you should have put in that expensive consultation brochure of yours an Equality Impact Assessment explaining how these changes will impact on those people and you have not done it, because you don't care enough; you don't care enough. (Applause)**

**PANEL MEMBER: Okay. I will work my way through. There were a few points and you might have to remind me if I don't address the points.**

**Have I ever got on a bus from Holmfirth to Huddersfield? No.**

**FROM THE FLOOR: (Inaudible).**

**PANEL MEMBER: I have used a bus to get from my part of Halifax into the middle of town. It's absolutely clear in our Consultation Document we have clocked the issue of travel and transport. It's absolutely clear that it's causing you a huge amount of concern. That has been heard.**

**What we have said in our Consultation Document, and in questions that have been raised subsequently, is that we'll create a group, a forum where we can explore some of those issues more widely. We can start to engage with voluntary and third sector and other organisations that can help with transport.**

**We'll make sure we have got appropriate car parking built into our plan once we are at the other side of the consultation, and we are clear about what we are doing.**

**I talked earlier about the Ambulance Service and the work we are doing there. So, we have clocked the issue of transport. We understand. We are keen to maintain a dialogue with people who are interested so that we can work together and deliver something better.**

**The Equality Impact Assessment is not in the Consultation Document. There is one that is on the**

**Right Care, Right Time, Right Place Website.**

**FROM THE FLOOR. Dr Steve Ollerton has been quoted on the BBC News site today saying 'It's a purely financial decision that Calderdale had to be the emergency centre because it's a PFI".**
**Previously, there is no plan B. Aside from the fact that this offers no persuasive clinical benefits to support the proposed closure of HRI, how are we, the people that you are meant to represent, meant to reconcile Dr Ollerton's statement that it is NOT a done deal, and crucially have any faith that it's meant to be a Public Consultation Document, as opposed to this being an arena for you to impose your views on the public? (Applause).**

**PANEL MEMBER: Okay, yes. I was quoted as saying that as the clinical model. As we said, many times it could have worked the other way round, okay, and I have said, and it is true, that finance has been the single driver that made Calderdale the emergency site. In my presentation, the criteria, it did mention that fact that actually it would have worked the other way around perfectly, well, apart from finance, as we need to get value for money for taxpayers' money. That's what I quoted: I said there is not a plan B.**

**Plan B, from my point of view: I mean I am only a doctor that designed a clinical model and here I want to work and get it through. I am sorry if you feel I am imposing that on you; it's my best efforts. My colleagues and I clearly are hearing lots of things, and we will feed into that and we will, as I have said it tonight, may end up at a different plan B.**

**I am sticking with plan A because that is what I have designed with my colleagues and I think it has a good chance. Yes, we may need to tweak it and, yes, it has good chance of being better for the whole population.**

**FROM THE FLOOR: Hello. I am Andrew Cooper, a local resident. This is a plan B question. At the moment with plan A, that is the only thing that is on the table.**

**My question is have you actually assessed how much it would cost to provide an A and E urgent care services? All the things we require at both Huddersfield and Halifax? That is so we are able to go to Government and actually lobby them for the service we all deserve in our areas, because that is the way we need to approach it. We need to have a plan B. We need to have people to put that together. At the moment that doesn't exist. You are not going to get anywhere with plan A; it won't happen. You can see from what everybody is saying here and all the lobbying that will happen, you ain't going to get this so you need to start now on plan B. You need to know how much it will cost and then take that from there. (Applause**

**PANEL MEMBER: Just to remind ourselves what we have said several times already this evening, we started the process for clinical not financial issues. (General uproar) If you just let me finish and hopefully it will make sense. We started the process because of clinical issues when it came down to making an assessment on which was the preferred site for each of the services; that's where finance came in. Finance was not the reason we started the process. I think you said where is your plan B and**

**costing on the other options. You have heard from colleagues tonight; they said it started off with something like 11 and came down to a shortlist of 5. Those are costings what I said previously. If we go through the process Owen described, to go to the Dept of Heath to talk about securing funding for it, we stand less chance of getting funding for a more costly option and that's why we are not putting it forward.**

**To emphasise what people have said, if there is anyone in the room – and I know the MPs had previously suggested they may have better ideas, then let's hear it. As part of the Consultation Process, we are open to hearing that. There is a place in the Consultation Response, so if you have those thoughts, let's have them. Detailed costings have been done on other options, which is why they have landed with the proposal they have had.**

**PANEL MEMBER: As to that, when we originally set off, the problem's trying to do everything on 2 sites. Your proposal there is saying carry on trying to do everything on 2 sites. That's the fundamental problem with our current health system at the moment, and that's why we need to put a lot of specialities together to save lives in a better system. We can't do it twice in 2 hospitals; it's not working.**

**FROM THE FLOOR: Good evening, everybody. I am one of the consultants working at Huddersfield and Halifax. I appreciate the difficulties you have as a commissioning group to make decisions but I disagree with the plans. I think the emergency care should be at Huddersfield. (Applause).**

**There are two very practical reasons why I think that is the case and I don't think they have been looked at in the Consultation Document. The majority of patients we look after in this organisation are from a Huddersfield post code. Changing these plans and making acute care in a different hospital, you will make that care for the majority of patients harder to access.**

**The second reason is that your Consultation Document doesn't provide a hospital big enough for a current in-patient base. I use this time for a question, where I use to illustrate the point to a specific question and I would like a specific answer: the Consultation Document allows for 56 in-patient beds for general surgery and neurology as of today, and at this time we have 99 general surgery patients and 22 neurology patients and 121 patients, currently in-patients for emergency or (inaudible) surgery; all at your proposed Calderdale site. Were this move to happen tomorrow, where would we put those 70 patients? (Applause).**

**PANEL MEMBER: Okay. So, in terms of how we cope with fewer beds and increasing numbers of patients, clearly the Consultation is not just about re-organising the hospital but it is also making sure only patients who need to be in hospital beds are there. We know we have some variations (general uproar), so we have to work on making sure when patients are fit enough to leave hospital they can do so in a timely manner, and that is not just across surgery but all specialities; it's how we make sure only patients who need to be in a hospital bed are in a hospital bed, and**

**it requires us to work differently across primary care and the acute centre.**

**PANEL MEMBER: If you can give the microphone back to my colleague.**

**Can I check when you talk of services being in Huddersfield, can you clarify what you would mean in terms of what services will be offered in Calderdale? Are you talking whole kit and caboodle? Can you clarify that? One of the best people I worked with, I would never question his integrity.**

**FROM THE FLOOR: To be clear there are 56 beds on the proposed document for major surgery and emergency surgery and we have at the moment 121 patients in Huddersfield who fit those criteria. Where are those 70 patients going to go?**

**PANEL MEMBER: I want to check, is what you are saying that actually you would see all the services we provide that will help service those people in the future be on a single site in Huddersfield? I am just trying to understand that point. Or, are you suggesting we carry on as we are? Help me answer the questions.**

**FROM THE FLOOR: Sorry, about the Consultation Document, 56 beds are not enough to provide care for the good people of Huddersfield. (Applause)**

**PANEL MEMBER: I think that is exactly the type of question that needs to be tested in this process because it's linked to the point David talked about (inaudible). We are looking at services right now and we are the lenses; we know it's how we provide services today.**

**Part of what the proposals are about is about providing services not just in hospital but out of hospital differently as well. It goes back to the question which I think was the very first question that talked about general practice, if I remember rightly, and the need. It is a really good question you asked about actually, and we have to think about engineering and doing things differently to what we have done in the past.**

**My point is to say about part of the proposals. It also goes to our clinical colleagues as well, which is about envisaging providing services in a different way to meet the needs of our patients, and so it's a good challenge is around 56 beds.**

**Based on what happens today, based on the lens of how we provide services today, what we need to do and further work with yourself, it is to get to a point where we re-model the care, and what you would accept. You may have a view. We can improve some of the work you have done and the changes you have made with the team that lead around laryngscopy which is the best around the United Kingdom, and that's because you changed what you did.**

**FROM THE FLOOR: Right, first of all, I first stood out and down this side here, and when you look across the table you can see the noses like that (indicates), (laughter). For one thing, there are so many stories: a gentleman has said here that it's not about money. Is he lying? He never denied a gentleman down here who said he went home knowing he hadn't given 100% to his patients. Can you believe that? I am glad you are in my surgery only.**

**The question is you were telling us earlier about the £100,000 to re-do the hospital; fine. Can I ask, as you are all managers, you are married and you have wives - I will be done in a minute - but you are all married, as I am, and the majority of the people have wives. I have a wife that will say to me, "That back bedroom wants decorating". She comes and says that the kitchen wants decorating; she doesn't wait until it's all falling off the walls. We do the job. So, why don't you, so you can spend your hundred grand?**

**PANEL MEMBER: Agree with that; it's 100m, actually. No matter what happens, however we end up doing this, anything we decide to put in it is 3, 5 years down the line; you can't think that we will change stuff and let's stop doing everything today. You have to keep going and that's why we have put in Silverside and Costa Coffee. We have kept up with things. You can't change the asbestos or make the corridors wider by spending money on it; the building is not fit for purpose (people talking at the same time). You have to work different, smarter and better.**

**FROM THE FLOOR: Can we have a show of faith in this lot? Stand up. Anybody?**

**PANEL MEMBER: Thank you very much. I would like say, but I am afraid we have gone half an hour over.**

**FROM THE FLOOR: It's time to leave; they won't give you a truthful answer.**

**PANEL MEMBER: Ladies and gentlemen - (people talking at the same time) - the forms you were**

**provided with at the start, hand those in on the way out particularly the equality form and (inaudible)...**

**I would like to thank you very much for coming along. It's been a long debate and discussion but we appreciate your coming along. Okay.**

**(End)**