

**THE LIFE AND TIMES OF
WAKEFIELD COMMUNITY
HEALTH COUNCIL**

1974 - 2000

2nd April 2001



THE LIFE AND TIMES OF
WAKEFIELD COMMUNITY
HEALTH COUNCIL

1974 - 2000

CONTENTS

| | Page Number |
|------------------------------|-------------|
| INTRODUCTION | 1 |
| 1. CONSULTATIONS | 2 – 7 |
| 2. EVENTS / ISSUES | 7 – 18 |
| 3. SURVEYS | 18 – 19 |
| 4. ETHNIC MINORITY ISSUES | 19 – 22 |
| 5. INNOVATIONS SET IN MOTION | 22 – 27 |
| 6. ISSUES FROM VISITS | 27 – 33 |
| 7. OTHER RELATIONSHIPS | 33 – 34 |

INTRODUCTION

THE LIFE AND TIMES OF WAKEFIELD CHC

Community Health Councils were set up by the National Health Service Re-organisation Act of 1973. This had been deemed necessary as a result of several scandals that had been occurring in Mental Health Institutions at the time and it was thought there should be a statutory, independent organisation to monitor health service provision on behalf of the public and patients. Hence the birth of the Community Health Council (CHC).

The inaugural meeting of Wakefield CHC was held in the Board Room at Fieldhead Hospital, Wakefield on Monday, 17th June 1974. County Councillor Musgrave and Mr. C. Croxall were respectively appointed Chairman and Vice-Chairman. At that time the total membership was 24. Of those, 12 members represented Local Authorities, 8 members, Voluntary Organisations and 4 members were nominees of the Regional Health Authority. Since that time, a decision was made to reduce the membership and 27 years on, Wakefield CHC has 18 members, but also has an additional 9 co-opted members.

The Council appointed a full-time Secretary and Mr. Tom Kerrod took up his post on 1st November 1974 until his retirement in February 1982. Lesley Pattenson took over as Secretary in April 1982 until October 1989 when the current Chief Officer, Karen Dunwoodie came into post. The title changed from Secretary to Chief Officer during this latter period.

The following is a potted history of some of the work undertaken by Members and Staff of Wakefield CHC and whilst not giving a total picture, will hopefully give a flavour of the actions taken since the CHCs inception in 1974. This is written at a time when the future of CHCs is under threat with the likelihood that a new patient involvement structure will take over during 2002.

1. CONSULTATIONS

1974/75

- Proposed secure unit for psychiatric patients (RSU – Newton Lodge).
- Closure of CarrGate – originally an isolation hospital – became an annexe to Stanley Royd.

1975/76

- Future use of Sandal Grange Hospital – Geriatric Hospital.
- Closure of Mitchell Laithes Hospital.
- CHC Opposed the Fluoridation of Public Water.
- Review of Health Services & Resources for the next 10 years –
Quote from 75/76 Annual Report: -
"Proposed New District Hospital – Although there is an urgent need for a new District General Hospital, the Council is concerned that a number of peripheral hospitals might have to be closed. The Council considers that such hospitals provide a useful service and could continue to do so after the new general hospital is built."

1977/78

- AHA instituted formal consultations with regard to the proposed changes of use of wards at Snapethorpe Hospital.
- Regarding the closure and subsequent demolition of Croft House Health Centre, Ossett.

1978/79

- Wakefield Area Health Authority Operational Plans 1979/80, 1980/81, 1981/82.

1979/80

- "Patients First" – included in the document was a paragraph on CHC. "The Government argued whether or not Community Health Councils should be retained, on the premise that because the new Authorities will be more closely in touch with the needs of the community, the need for separate consumer representation is less clear."
- Wakefield Area Health Authority's Proposals for a single District Health Authority co-terminus with the Wakefield Metropolitan District Council Area.

- Wakefield Area Health Authority's Proposed Operational Plans 1980-81, 1981-82, 1982-83.
- The Future Pattern of Hospital Provision in England.

1980/81

- Vacation of Barden Ward, Snapethorpe Hospital.
- Change of use of 23 Orthopaedic and General Surgical beds at Pinderfields General Hospital.
- Closure of beds for the Mentally Ill.
- Recommendations for restructuring the NHS
- Regional Strategic Plan – 1979 – 1988
- DHSS Role and Membership of Community Health Councils in England.
- DHSS Arrangements for the administration of family practitioner services.
- NHS treatments of overseas visitors.
- Training of General Practitioners

1981/82

- DHSS Report of the Committee on Restrictions Against Disabled People.
- DHSS Moving Resources for Care in England.
- Wakefield Health Authority Operational Plans 1982/83, 1983/84.
- DHSS Role and Membership of CHCs in England.
- Leeds AHA – Western District – proposal to close "The Grove – Convalescent Home"
- Wakefield AHA – Closure and Change of Health Buildings.
- Lead pollution

1982/83

- AHA Annual Programmes 1983/84, 1984/85.
- Closure of an orthopaedic ward at Pinderfields Hospital.
- Seat Belt Legislation – opposed the charges for medical examinations for seat belt exemption certificates.
- Black Report on Inequalities in Health.

1984/85

- AHA Annual Programmes 1985/86 and 86/87.
- AHA's Draft Strategic Plan 1985-1994.
- Wakefield CHC re-iterated its opposition given in 1975 to fluoridation.

- Government's proposals for a limited drugs list.

1985/86

- AHA Short-term Programme 1986/87 – asked for longer time for Members to be consulted on this.
- Stressed to AHA that the Minister had only agreed the closure of Snapethorpe Hospital on a temporary basis and any plans for permanent closure would require further consultation.
- Proposals to provide catering through the introduction of cook/chill in the new Stanley Royd Kitchen.
- Proposal to close County Hospital.
- Royal College of General Practitioners document on "Quality in General Practice".
- Government's Green Paper on "Primary Care" and "Neighbourhood Nursing – a focus for care".

1986/87

- Proposal to transfer geriatric beds to two wards at Clayton Hospital and four converted villas at Fieldhead, as a result of the closure of County Hospital.
- AHA's Short-term programme 1987/88 and 1988/89.
- Proposed closure of the New Sharlston Branch Surgery.
- Proposed closure of Warde Aldam Hospital Minor Injuries Unit at South Elmsall. Agreed to support Pontefract CHCs opposition.
- Family Practitioner Committee Complaints Investigation Procedure.
- Health Advisory Services Report on Services for the Elderly.

1987/88

- Short-term programme 1988/89 and 1989/90
- Closure of Snapethorpe Hospital
- Health Authority Policy on Quality Assurance
- Promoting Better Health
- Audit Commission report on Use of Operating Theatres
- Community Care – Agenda for Action – Roy Griffiths

1989/90

- Closure and Change of the Use of Health Facilities – Fieldhead and Stanley Royd Hospital.
- Proposal to close Acton Hospital, Pontefract.
- Wakefield Health Authority short Term Programme 1990/91
- Wakefield FHSA Short Term Programme 1990/91

- Wakefield Health District 1989 – A Profile
- Regional Policy guidance – Services for Elderly People
- Health Advisory Service Report on Services for Mentally-ill People in the Wakefield district.
- Regional document – The Provision of Mental Health Services
- Department of Health document – Co-ordinating Services for Visually Handicapped People.
- Draft Policy Guidance – People Requiring Care Following Head Injury
- Promoting Better Health: Management of General Medical Services
- Wakefield Health Authority Patient Satisfaction Survey of Maternity Services
- Regional Prescribing Policies at the FHSA/DHA interface

1990/91

- Application to become a Trust – St. James' University Hospital
- Application to become a Trust – Leeds General Infirmary
- Leeds DHA Merger
- Applications regarding pharmaceutical services
- Transfer of GP Surgery – Kettlethorpe
- Application for new surgery in Sandal
- Support for Carers in the Yorkshire Region

1991/92

- Transfer of Manygates Maternity Services to Pinderfields General Hospital
- Changes in the Structure of Wakefield Health Authority
- Transfer of Neurosurgical Services at Pinderfields to Leeds General Infirmary
- Transfer of Minor Injuries Services from Castleford and Normanton District Hospital to Pontefract General Infirmary.
- Wakefield Health Authority's Purchasing Plan for 1992/93
- The Health of the Nation
- The Community Care Plan
- The Patient's Charter
- Alterations/Closures/Re-locations of four Branch Surgeries.
- Wakefield Health Authority Strategy for Parking and Traffic Requirements
- Proposed Pinderfields Hospital NHS Trust
- Proposed Wakefield and Pontefract Community Health Services NHS Trust
- Proposed Pontefract Hospitals NHS Trust

- Proposed West Yorkshire Metropolitan Ambulance Service NHS Trust
- Proposed Commissioning Authority for Pontefract and Wakefield

1993/94

- Centralisation of Ear, Nose and Throat Services
- Integration of Elderly Care and General Medical Services
- Mental Health Strategy and Re-provision for Stanley Royd
- Community Care Plan

1994/95

- Wakefield Healthcare Strategy
- 1995/96 Community Care Plan
- Purchasing Plan/Contracting Intentions 1995/96
- Future Services for People with Learning Disabilities
- Accountability Framework for GP Fundholders
- Implications of the Change in the Establishing Arrangements for CHCs
- Code of Conduct for CHC Members

1995/97

- Members were involved in 23 consultation and planning documents during this period.
- The major consultations involved the merger of the two Acute Trusts in the district.

1997/98

- Proposed closure of several Community Family Planning Clinics.
- Provision of inpatient ENT services in a centralised location
- Transfer of pharmacy from Clayton to Pinderfields
- Centralisation of maternity services
- Government's White Paper – A National Framework for Assessing Performance
- Our Healthier Nation
- Purchasing Plan/Contracting Intentions for 1997/98

1998/99

- Community Care Plan.
- Future provision of community dental services.
- Establishment of PCGs

1999/2000

- 'Grasping the Nettle'

- HAZ Year 2 Plan
- Health Improvement Plan
- National Bed Inquiry
- ACHCEW Decision Making Proposals
- Community Care Plan
- Oral Health Strategy
- JIP Mental Health
- National Cancer Referral Guidelines
- Housing Investment Strategy Review
- Tobacco Control Strategy
- Commission on Representing the Public Interest in the Health Service Revised Family Planning Proposals
- Rehabilitation and Recuperation Review
- Reform of the Mental Health Act 1983
- Better Services for Vulnerable People
- Learning Disability Strategy
- Mental Health National Service Framework
- Child and Adolescent Mental Health Strategy
- Healthcare in Prisons

2. EVENTS/ISSUES

1975/76

- Campaign to open a clinic at Netherton.
- Proposal to have free parking facilities for doctors.
- Due to shortage of Chiropodists, CHC pushed for AHA to sponsor suitable candidates for training; Outcome – Training School established in the Yorkshire Region.
- Befriending scheme set up for elderly patients via publicity campaign.
- Recommendation that a mini-coach be supplied to transport patients to and from County Day Hospital, to reduce problems faced by the ambulance service.
- Support given to the Abortion (Amendment) Bill, 1975.
- Improved heating was made to several clinics following recommendations from a visiting group.
- Recommendation that in order to reduce overcrowding in the Netherfield Admissions Ward of Stanley Royd Hospital, steps to be taken to reduce the catchment area, so hospital only responsible for patients in the Wakefield area.

- Investigation to find solution to problem of patients not on the telephone, waiting at home for an ambulance that does not turn up due to unforeseen circumstances.
- Issue raised at length of wait patients endured in outpatients and the need to inform patients if there is a delay.
- Concern raised at lack of dispensing facilities in rural areas.

1976/77

- Crofton Health Centre opened in November 1976.
- Sharlston Health Centre was converted from a former mini-clinic in April 1977.
- ACHCEW held its first AGM in June 1976, attended by the secretary Mr Tom Kerrod and member Mr S Fell.

1977/78

- Raised issue that there was no emergency dental service in the district. One was provided in 1979/80.
- Because of complaints, raised issue of lack of chiropodists. New teaching facilities were set up in Huddersfield in 1978.
- Expressed concern with regards to the lack of resources for the ever increasing geriatric population

1978/79

- Concerns expressed to AHA and MDC regarding the care of the elderly who were regarded as non-acute and as such could not be cared for in hospital or Local Authority Residential Homes. Research project initiated to look at the gaps in the service and the way forward.
- Geriatric Assessment Unit opened in April 1978.
- Councillor Croxall appointed to serve as a lay-member on the Mental Health Review Tribunals.
- Development Team for the mentally handicapped discussed with the CHC, looking at the facilities at Fieldhead and how they are not in line with current thinking – homely atmosphere, small groups of residents.
- Support given to Rubella Vaccination initiative.
New clinic on the Eastmoor Estate opened in May 1978.

1979/80

- Council concerned regarding discharge arrangements for elderly people

- WRVS trolley introduced at County Hospital.
- Issue of the inappropriateness of mixed sex wards raised.
- Stanley Royd Hospital – New Tea Bar provided by the League of Friends of Wakefield Hospitals was officially opened in June 1980.
- Pinderfields General Hospital – new scanner delivered.
- Fieldhead Hospital – villas are divided to provide smaller units.
- Youth Advice Centre opened at Margaret Street Clinic.
- Council expressed concern to the authorities about difficulties experienced by disabled people in negotiating various obstructions and the lack of adequate toilet facilities. Outcome – obstructions removed by the police.

1980/81

- County Hospital – trial of Kylie Incontinence sheets
- Clayton Hospital – recommended the introduction of a fair and uniform policy of allowing all mothers the option of the ultra sound scans – this was introduced.
- Raised the issue of consultants undertaking private practice at the detriment of NHS patients.
- Emphasised the need to staff to be flexible when organising ambulance services for patients.
- Involved in the Working Party on Elderly Severely Mentally Infirm.
- Concern expressed at the introduction of Dental Charges.
- Involvement in a seminar on "Employment Opportunities for Disabled People".
- Involvement in a day of action in July 1981 on "The Care of Patients Discharged from Mental Hospitals".
- Supported the proposal for the abolition of VAT on tampons, sanitary towels, children's shoes, toothpaste and safety equipment.
- Support given to the formation of "Action for Victims of Medical Accidents"

1982/83

- It was proposed that Snapethorpe Hospital be developed to provide care for geriatric patients and County Hospital to close.
- Urged that inpatients from psychiatric and mental handicap services not be discharged from hospital until adequate, appropriate and co-ordinated support services were provided in the community.
- Pinderfields Hospital – Casualty Department – suggested that parents should, as a general rule, be allowed to remain with their children during minor procedures.

- Cervical cytology recall – recommended the introduction of automatic call and recall system for cervical smears for all women.
- Set up Maternity Services Liaison Committee in the district.
- Clayton Hospital – all parents should be advised that they have the right to stay overnight with their child if they wish.
- Raised issue of GPs charging for the provision of sick notes etc and requested GPs display a price list in all waiting rooms.
- The first of many CHC “Christmas At Home” events took place, where staff and members invited people they had been in contact with over the year, to join them for some festive refreshment.

1983/84

- The first National CHC Week was held from 12th November to 19th November 1983.
- The publication of “Good Practices in Mental Health” booklet
- The new Wrenthorpe Health Centre opened in April 1984.
- Issue of the care of elderly patients was again raised by the CHC.
- Issue of the provision of adequate community care being in place, prior to the discharge of mentally ill or mentally handicapped patients, was again raised by the CHC.
- Snapethorpe Hospital – raised the issue with regards to future plans for the hospital.
- Requested that criteria used to assess both health needs and provision, should take into account quality of life, care and services.
- Urged the DHA to reduce the outpatient waiting times, and improve the seating and signposting of the outpatient departments.
- Raised the issue of a lack of rheumatology services – beds and consultant.
- It was urged that proper arrangements were introduced, for pre and postoperative counselling for women who may need breast surgery.
- It was recommended that information provided to women seeking home births was improved.
- Requested steps be taken to ascertain why Wakefield has a higher than average perinatal mortality rate.
- Closure of Sandal Day Nursery.

1984/85

- CHC wrote to the DHA re-iterating its opposition to the privatisation of services in the NHS.
- CHC calls for Inquiry into Salmonella Outbreak at Stanley Royd Hospital.

- After a great deal of campaigning and pressure, the Wakefield Well Women Centre was opened.
- CHC asked local MPs to support an early day motion, preventing the introduction of new regulations, which would see a reduction of herbal and homeopathic remedies.
- CHC highlighted the lack of services and accommodation for discharged patients from Stanley Royd who had drink problems and who turned to hostels in Leeds, as there was nothing available in Wakefield.
- Because of lengthy waits in ENT, and a reduction in beds from 16 to 13, the CHC asked for improved bed occupancy and better utilisation, including periodic use of operating theatres for weekend surgery.
- Call for proper support in terms of funding, adequate staffing and accommodation at clinic premises for the district's speech therapy service.
- AHA is urged to employ a female doctor at Clayton Hospital, to assist and cover for the male Consultant at the "Special Clinic" which deals with sexually transmitted diseases and other urino-genital infections.
- CHC also urged that the poor accommodation and facilities for this unit be upgraded.
- Call for urgent steps to be taken to reduce the length of time women have to wait for an appointment in the gynaecology department.
- Recommendation made by the CHC to reduce the cervical cytology screening from 5 to 3 years.
- Family Practitioner Committee urged to look into the manner in which patients are removed from GP's Lists and to identify what help is given to assist patients find a new GP.

1985/86

- Continued attempts made to get CHC observer status on the Joint Consultative Committee and the Yorkshire Regional Health Authority.
- Members disapproved of a proposal to improve private patient facilities, as they felt the DHA's role was to provide medical services for the population of Wakefield not to go into competition with private practice.
- Following a "tele-vote" on BBC Radio Leeds in which Wakefield CHC participated, 70% of the listeners felt patients should have the right of access to their medical records and other information held about them.
- Suggestion made by CHC that patients' records should be marked to assist identification of patients with special communication problems.

- CHC believes there should be an intermediary stage between hospital and part III accommodation providing 24-hour supervision and nursing attention. This could cater both for patients convalescing and those too frail for residential care but who do not necessarily need hospital care.
- The advantage of having a well-planned and organised discharge system, including comprehensive follow-up, was highlighted by the CHC and also ways of improving communication.
- Urgent request for more care for the carers; respite residential and hospital care; night sitting; nursing care for 24 hour period; more bath nurses and more day care facilities.
- From an Elderly Care Open Forum, the point was made that elderly people would prefer to be on wards with a mixed age range, not confined to geriatric wards.
- CHC called for much more involved Joint Planning to deal with care in the community and cater for the large-scale discharge of people from mental health and learning disability hospitals.
- Call for all patients whether in- or outpatients, to receive wigs or hairpieces free of charge if undergoing chemotherapy treatment.
- In May 1986, the first joint CHC/FPC meeting was held.
- Concern was expressed at the lack of safeguards on dispensing of spectacles and apprehension about difficulties patients might encounter as a result of the voucher scheme.

1986/87

- Strong concern expressed that in order to stay within budget, the Health Authority proposed bed closures in a range of acute specialties and the closure of the Younger Disabled Unit and the National Demonstration Centre.
- CHC opposed the payment of doctors for routine screening and there were reservations on the proposed incentive scheme for GPs.
- In respect of the Spectacle Voucher Scheme, there was concern that the rate of the voucher was related to the strength of the lenses required, not to the patient's ability to pay.
- Discharge arrangements for elderly patients had concerned Members for some time and further talks with the hospital were undertaken.
- A need was highlighted for the establishment of convalescent facilities, and additional respite facilities in the community, which would be located on the site of Snapethorpe Hospital.
- Continued complaints received about the significant delays of over one-hour, both before and after treatment, in respect of ambulance transport.

- CHC urges that the Health Authority actively encourages label additions on bottles used in the post-natal ward, indicating the Health Authority recognises that breast-feeding is the best way to feed an infant.

1987/88

- Again, CHC reiterated its opposition to fluoridation of the water supply, but the Regional Health Authority and the District Health Authority are in favour and the proposal is being pursued.
- Closure of wards and reduction of beds and cuts in acute services continues to be opposed. It is regretted that many 'temporary' cuts are now continuing as a permanent feature.
- High quality control and checking procedures within the cervical cytology laboratory are urged, following publicity about errors in the detection of abnormal conditions following a cervical smear.
- Improvements to public transport to and from Pinderfields hospital are welcomed by Members, following representations made by them on this matter.

1989/90

- Criticism made by members that the recall system for cervical cancer screening for women ceases at 64.
- Continued pressure is put on by Members to have a Consultant Rheumatologist as patients still have to travel to Leeds for this service.
- Members believe there should be appropriate questions asked and noted on the 'Admission Sheet' about the respective 'home circumstances' of the patient and the discharge policy should take cognisance of this.
- Members were concerned at the change of emphasis given to the community dental service, in that many children could cease to have sufficient dental treatment with no follow up as to whether or not they were using general dentistry.
- Detailed consideration of the Government's White Papers 'Working For Patients' and 'Caring for People'.

1990/91

- Presentations made to the bus companies urging them to extend their 'no smoking' policies to cover the whole of the vehicle, not just downstairs.
- A request made for extended parking facilities for people with disabilities within hospital grounds at Pinderfields.

- The Health Authority is urged to make greater efforts to promote testicular cancer self-detection.
- Local MPs contacted to raise in Parliament the appalling situation of VAT being included in the price of sanitary protection.

1991/92

- A dispute had occurred during 1991 as to whether or not Wakefield CHC's Observer to the Health Authority would be allowed speaking rights. This was amicably resolved.
- Continued concern at the poor quality service within the Ophthalmic Department. Issues include constant re-scheduling of appointments; poor quality appointment letters; delays in appointing a replacement Consultant; poor physical environment; length of waiting lists; lack of equipment; lack of communication.
- Close monitoring of the government's position on the future of CHCs.
- Following campaigning by IVF Support Group, set up by the CHC, the Health Authority has agreed to review its policy and has allocated more money to assist couples requiring IVF treatment.
- At last Wakefield Health Authority appointed a Consultant Rheumatologist.

1993/94

- Discussions have taken place as to the ethical situation of Consultants reaching decisions, on whether or not to operate on patients who smoke.
- Issue raised with the Trust of people constantly parking in disabled zones at Pinderfields.
- Members raised their concern that the Community Trust had decided to change its format and the CHC Observer would not be included at Board meetings.
- Concern expressed that the Wheelchair Services was being taken from Pinderfields and transferred to the Community Trust, although once transferred the reports were positive.
- Continuing discussion takes place in respect of the future hospital development proposals at Pinderfields.
- Concern expressed at the rising physiotherapy waiting lists.
- New Regional Outposts will take over responsibilities of CHCs as from 1996.
- Following serious complaints about elderly care wards at Pinderfields, two Reviews by Professional Bodies and one by an Independent Organisation have taken place. The CHC is part of a Group

monitoring action being taken as a result of the recommendations made from these Review Bodies.

- Issue of poor patient transport raised, in respect of Cookridge Hospital
- Concern at closure of Harrison Ward at weekends and child patients having to be transferred to adult Wards.
- Ongoing campaign about fluoridation.

1994/95

- Ongoing topic of the proposed development of Pinderfields Hospital with the Regional Health Authority given approval in principle, subject to exploring the option of obtaining private finance.
- The move finally took place of Wakefield CHC Offices on 15th August 1995.
- Three reports from the West Yorkshire Initiative were considered involving Cancer Services; End Stage Renal Failure; and Coronary Artery Disease.
- Continued discussions with both Trusts as to the attendance of the CHC Observer at Board Meetings.
- Concern expressed at the delays in employing an Obstetric Anaesthetist at the new Manygates Unit at Pinderfields.
- Attention given to the lack of intensive care beds throughout the Region, and the need to introduce more High Dependency Beds to help alleviate the problem.
- Members felt it was an injustice to the public of Wakefield that the nationally revised funding formula meant Wakefield Healthcare would only receive 95% of the normal allocation.
- Details of the proposed specialist in-patient services to be based at Fieldhead Hospital were discussed with Officers of the Community Trust.
- Issues were discussed with Members concerning improved facilities at Pinderfields involving the creation of dedicated cataract facilities, improvement in theatre facilities and day case work, the creation of short stay wards and a dedicated gynaecology outpatient department.
- Areas of improvements to the accountability structure in respect of GP's Fundholding were highlighted.
- The 'Changing Childbirth' document was closely considered by Members and the Maternity Services Liaison Committee.

1995/97

- The official opening of Wakefield CHC Offices at Grosvenor House, 16-18 Union Street took place on 20th November 1995. Mr Alan

Langlands, Chief Executive of the NS Executive performed the opening ceremony.

- CHC invited to participate in an observatory capacity at Officer level in a 'Summit' meeting looking at aspects of Wakefield Healthcare's Strategy that could influence the acute service re-configuration.
- Outcome of the initial 'Summit' was a proposal to merge the two Acute Trusts in the District and therefore proposals to re-configure the acute services was put on hold.
- Proposals from the Community Trust to develop facilities at Fieldhead Hospital for a 100-bed specialist inpatient service. This could involve access problems from those on the Eastern side of the district.
- Members raised with the Acute Trust their breach of patient charter standards in respect of privacy and dignity in view of so many Nightingale Wards having mixed sex occupation.
- Members raised their discontent at the inequity of service that was apparent due to GP fundholding.
- Wakefield Healthcare becomes a national pilot to undertake 100% GP fundholding, known as "Partners in Health".
- As a result of the dissolution of the Yorkshire Regional Health Authority, CHCs urge the continuation of their independence in the new establishing arrangements.
- Members were involved in looking at NHS Responsibilities for meeting Continuing Health Care Needs at a local level, but believed this should have been a national decision.
- Members objected to the proposals that had been put forward of a revised Joint Planning Structure.
- Members wary as to how far privatisation may intrude into healthcare in the plans for a new hospital at Pinderfields.
- The Acute Trust merger was closely considered as part of the consultation process. The merger was opposed but the Secretary of State for Health agreed to the merger as from 1st April 1997.

1997/98

- Members involved in Working Groups facilitated by Newchurch Consultancy in preparation for the Health Authority's Green Discussion document to gauge public opinion on the proposals to re-configure acute services.
- Continued concern expressed at the delay to re-providing services in the community for the long stay residents at Fieldhead with learning disabilities.
- Continued unsuccessful pressure by Members to acquire funding to undertake a survey in respect of the discharge process.

- Pursued the effect on residential patients in respect of the changed mobility allowance.
- Investigated the failure to erect fencing round the Fieldhead Hospital School, next to the Regional Secure Unit.
- Looked at the impact of high bed occupancy and bed blockages with the Community Trust.
- Detailed research undertaken by Wakefield CHC Members as part of the consultation to close several community family planning clinics. A detailed response was sent to Wakefield Health Authority, opposing the bulk of the proposals. As a result of this the Health Authority agreed to re-look at their original plans.
- Raised problem of pharmacy labels on medication being difficult to read.
- Raised problem of medicine tops being difficult to open for several elderly/infirm people.
- Concern expressed at the increase in the prevalence of chlamydia.
- Highlighted a lack of awareness among GPs in respect of Alzheimer's Disease.
- Involvement in NHS 50th Anniversary Celebrations.
- Involved in monitoring Waiting List and Patient Charter standards

1998/99

- Raised issue of control of infection with the Acute Trust
- Raised issue of poor ophthalmology services at the Acute Trust. GPs have withdrawn their contract with the Trust for this service. Trust has proposed some development initiatives to try and improve the position.
- Concern highlighted at poor recruitment of hospital pharmacists.
- Involved with pilot scheme in respect of Booked Admissions.

1999/2000

- Consideration given to PFI in respect of the re-configuration of acute services proposals.
- Discussion on problems associated with winter pressures.
- Issue raised with the Council about toxic waste
- Involved in the Health Select Committee's visit in respect of medical complaints.
- Work with the Acute Trust in respect of Control of Infection issues.
- Continued monitoring of the ophthalmic service, which is improving. Decision made by Primary Care Groups to return to the Acute Trust for this service.

- Commented on the Acute Trust's Dress Code.
- Concern expressed that by the time the re-settlement of learning disability residents from Fieldhead to the community takes place, that the assessments done on each individual, will be out of date.
- Continued attempts to have better communication with the Community Trust in respect of access to reports of an Independent Inquiry concerning a spate of suicides in the District and to Mental Health Commission visits.
- Call for more information in respect of a change of emphasis of service delivery to dealing with more severe and enduring mental health problems by the Community Trust.
- Addressed changes to school nursing services
- Looked at transfer of gynaecological cancers to Leeds
- Involved with the district's financial recovery and prescribing.
- Involved with the Community Trust's breast screening project.
- Looked at nurse prescribing issues.

3. SURVEYS

1975/76

- Of Geriatric Beds – discovered 8 beds short.

1976/77

- Of food at Pinderfields over 4 month period which highlighted more than usual problems relating to temperature; preference for a lighter meal in the evening; greater choice e.g. cooked breakfast.

1979/80

- Of health services in the District.

1981/82

- Of Women's Health Services to look at the need for a Well Women Centre in Wakefield.

1987/88

- Of maternity and contraception services provided in the District by GPs.

1989/90

- Of patient satisfaction at the food within Pinderfields.

1994/95

- Regional CHC Survey, working with York University, to carry out interviews with patients discharged from Pinderfields Spinal Injuries Unit, looking at how they had been prepared for independent living before discharge and also the facilities/support in place once in the community.

1995/97

- Of GP Out of Hours.
- Of patient satisfaction with the Outpatients Department, following various complaints raised with the CHC about waiting times, the ansaphone system; and appointment letters.

1997/98

- The CHC Outpatient Survey was launched on 21st July 1997.
- Of the impact of charges for dental examinations and eye test fees on the uptake of dental and optical services. The survey was launched on 16th March 1998.
- Telephone survey to see if pharmacies provided a home delivery service of prescriptions.

4. ETHNIC MINORITY ISSUES

1976/77

- On a visit to Margaret Street Clinic "The Group was pleased to note that the welfare food leaflets are provided in Urdu".

1981/82

- Visit to Manygates Maternity Hospital highlighted problems faced by minority groups and the need to address these issues – food, communication etc.

1983/84

- Suggestion made that DHA liaise with representatives from ethnic minority groups in order to identify and resolve issues.
- Urged DHA to instigate a policy throughout all its hospitals, to provide an appropriate menu for ethnic minority groups.

1984/85

- Although attempts had been made to work with health service personnel to raise awareness of ethnic minority issues, Members

urged that much more should be done by way of training for all NHS staff.

- Hospital staff were urged to take the initiative concerning special dietary requirements for Asian patients.

1985/86

- Considerable communication difficulties between staff and Asian women were highlighted at Batley Road Clinic.
- Problems and misunderstandings highlighted in respect of communication with Asian women at Manygates Maternity Hospital and the inappropriate reliance on a member of staff to act as interpreter.
- Request made for Link Worker to interpret and provide additional information, encouragement, support and advocacy to Asian patients.
- Request made to Catering Manager to improve choices for Asian patients.

1986/87

- CHC welcomed initiatives to make family practitioner services more accessible to ethnic communities, particularly an increase in the number of female GPs.
- Regret expressed that Health Authority has still not found funding for a Link Worker as there is clear evidence that a problem still exists in the provision of appropriate, accessible and effective health care for ethnic minority patients.

1987/88

- The CHCs Working Party was strengthened with members from the Asian Community.
- Two training days were held for CHC members run by West Yorkshire Language Link on 'Providing Health Care in a Multi-Racial Society'.

1989/90

- The Health Authority appointed an Asian Liaison Officer who commenced duties in October 1989.
- Work ongoing to produce a video in Punjabi, depicting the health services available within Wakefield, in order to assist the local Asian community in making more effective use of those health services.

1991/92

- CHC asks that greater publicity be given to the post of Asian Liaison Officer, both to patients and staff.
- The video in Punjabi was launched in Wakefield Town Hall. The video was also shown to various groups of Asian Women in more local settings including their homes.

1993/94

- Suggestion made following visit to Eastmoor Health Centre, that there should be more leaflets/posters available for ethnic minority patients.
- Joint funding secured for a three-year project starting in May 1994, to employ an Asian Information Link Officer at the CHC office.

1994/94

- Contact made with the Local Ophthalmic Committee regarding eye tests for the Asian community.
- Questionnaires sent to primary care professionals in respect of their relationship with ethnic minorities.
- Issue raised of labelling drugs in other languages.
- The Islamic Culture Protocol was considered by Members.
- An issue was raised with the Community Trust about Asian patients with mental/physical disabilities.
- The CHC Newsletter was translated into Urdu.
- Approaches were made to the Chinese community.
- Publicity was given to Asian pharmacists.
- Issues raised about the need to raise awareness amongst Asian women in respect of breast screening.
- Contact made with the Health Authority about collection of Ethnic Group Data for patients admitted to hospital.
- Liaison with GP Practice in respect of their employment of an Asian receptionist.
- Looked at the possibility of recruiting hospital volunteers from within ethnic minority communities.

1995/97

- Jointly with Wakefield Health Authority, Wakefield CHC was successful in putting together a joint bid to the NHS Ethnic Health Unit for a Project Worker to undertake a year's research to identify the barriers experienced by ethnic minority women in accessing

primary and secondary health care services in Wakefield. The Launch of this work took place on 30th April 1997.

- Members involved in discussions between GPs and Pinderfields regarding ethnic data collection.

1998/99

- Sharing of information with other local CHCs on ethnic minority issues.
- Translation of CHC Annual Report's Popular Version.
- Interpreting problems with GPs.
- Lack of information on services.
- Lack of awareness of breast screening service.

5. INNOVATIONS SET IN MOTION

1977/78

- Assisted in formation of Stroke Club. Inaugural meeting held in Jubilee Hall, Lupset in September 1977.

1981/82

- Setting up a local branch of the Asthma Society, first meeting held in June 1981.
- The first CHC Newsletter was introduced.

1982/83

- The beginning of many Elderly Care Open Forums, that toured the district, the aim being to hear first hand from elderly residents any issues they wished to raise about health and social care and also give them the opportunity to hear from a panel of professionals what services were available. This first Forum was held in Lupset.
- Urged that the DHA approve, support and facilitate the CHC and Well Women Centre Volunteers Group's proposals, to establish a Well Women Centre in Wakefield. The Well Women's Centre was finally opened in 1984.
- The first year that the CHC takes part in the Wakefield Annual Show – In 1985 Wakefield CHC received a 'highly commended' award for their stand!

1984/85

- The First Children's Health Day was held on 22nd June 1984. The aim of the day was to educate parents in various aspects of children's health and play, through information and discussion workshops.

1985/86

- Steering Group set up by CHC to initiate several "Age-Well" projects with local elderly groups and organisations.
- After many years of trying and with support from the CHC, DIAL was granted Community Programme money to enable an Access Guide to be produced.

1986/87

- Resulting from a letter to the CHC from a member of the public, an Access Awareness Day was organised jointly by the Local Authority, the CHC and the Access Unit.
- Recognising particular service needs of the dying and their families, the CHC undertook some research and produced a report containing 30 recommendations for improvement.

1987/88

- A CHC Complaints Sub-Committee was set up.

1988/89

- A mobile breast cancer screening service is proposed for introduction in 1989, but Members urge that account is taken of the need for immediate support and counselling for women receiving results, which indicate a problem.
- Following representations from the CHC, staff at Pinderfields agreed to produce a 'Children in Hospital' booklet.

1989/90

- The Health Authority has appointed an Asian Liaison Officer, who commenced duties in October 1989.
- The Regional Association of CHCs produced a catalogue of CHC achievements in which Wakefield CHC featured prominently.
- CHC Members take part in World AIDS Day on 1st December 1989.
- Concern expressed that a charge is made for chiropody services received at residential and nursing homes.
- Members continue to pursue with both the Health Authority and the Local Authority, the need for a Register of Carers.

- Health Authority urged to treat the need for an additional Clinical Psychologist as a priority.
- Health Authority urged to have additional staff in the child psychology department but also to consider the use of Margaret Street for this service rather than Stanley Royd hospital in view of the stigma attached.

1990/91

- In order to increase awareness of hospital and Health Authority staff of the work of Wakefield CHC, an Open Forum was held where the Chairs of the CHC Groups outlined the work of the CHC and invited questions.
- CHC Members were instrumental in encouraging the Health Authority to employ an Advocacy Worker in the Mental Health Unit. Encouragement is also given to set up a Patients' Council.
- Assistance given to the setting up of an Infertility Self-Help Group.
- Granada TV contacted to see if it would be possible to introduce breast-feeding into the Coronation Street's script. This created an enormous amount of publicity.
- Six months trial to involve a CHC Member in the FHSA informal complaints procedure.

1991/92

- Support Group for Carers who have relatives with Learning Disabilities at Fieldhead Hospital.
- A Task Group set up to look at introducing a 'Smokebusters' aimed at preventing young children from starting to smoke.
- Considerable work undertaken to produce a Hysterectomy Booklet which was launched in November 1991
- Nursing and Residential Home Booklet launched, showing questions that should be asked by relatives and carers when independent living ceases to be an option.

1993/94

- West Yorkshire CHCs contribute to the 'West Yorkshire Initiative' whose main aim is to significantly improve the overall health status of the population, by reviewing traditional patterns of health care delivery.

- 1993 was the European Year of the Elderly and a Steering Group was set up to introduce a new innovation of 'Celebrating Age' which continued on a yearly basis, coming to a conclusion in 2000.
- Chief Officer to act as Lay Chair to the Maternity Services Liaison Committee.
- Questionnaire being sent to all GPs in the area to try and have a closer relationship and better understanding.
- Involvement with Regional Project to produce a video about CHCs.
- Greater consideration given to performance standards of CHCs.
- Opening of Wakefield Hospice.

1994/95

- Disability Action Day held which highlighted good and bad practices in respect of access around the district for those with a physical disability.
- An ongoing questionnaire aimed at complainants' satisfaction with the CHC service was introduced.

1995/97

- Workshop facilitated by both Pontefract and Wakefield CHCs, at which women could give their own personal experiences of mental health in an attempt to raise awareness of some of their problems with health professionals. This was part of world Mental Health Day on 10th October 1995. A report was produced of this event.
- A public meeting was held, called by Wakefield CHC, with a panel of speakers from all statutory agencies and including GPs and MPs, to discuss the many issues facing the district such as intensive care, the Leeds Review, neurosurgery, funding allocations, mental health, learning disabilities and the acute service re-configuration.
- A booklet giving women's experiences on Hormone Replacement Therapy was produced by Wakefield CHC Members and launched on 30th July 1996.
- A Healthy Eating Initiative was launched in the CHC Office.

1997/98

- Co-ordination with West Yorkshire Association of CHCs to undertake a research project to identify reasons why there is a shortage of organs to help people with end stage renal failure.
- Wakefield CHC organised a seminar in respect of physical disabilities.
- Disability Action Day Report launched on 6th October 1997.
- A new audit approach to visiting was tested out.

- Joint work with the GP Multifund and the Health Authority to produce referral guidelines.
- Joint work with the Health Authority and Pontefract CHC and GPs to produce GP Home Visiting Guidelines.
- Joint work with the Health Authority and Pontefract CHC to produce a Patient Partnership Strategy for Localities.
- A successful CHC Men's Health Awareness Evening held with over 30 men present to discuss prostate problems. Input and assistance was given by Dr. Leading to this event.
- A Working Group set up to make contact with Thyroid organisations and organise a public meeting.
- Involvement in local Health Action Zone bid
- Involvement in national Casualty Watch Exercise organised by ACHCEW, which became a yearly event.
- Two highly successful Health Awareness Evenings held in respect of Hormone Replacement Therapy, with input from Dr. Rena Morgan.

1998/99

- Follow-up report produced from Disability Action Day.
- Facilitated a meeting between the National Schizophrenia Fellowship and the Community Trust.
- Health Awareness Evenings held in respect of breast care and osteoporosis for women and heart disease, diabetes and sexual health for men.
- An extremely successful Awareness Evening in respect of thyroid problems held, at which a Consultant from Pinderfields, Dr. Burr was in attendance. Hope to facilitate the setting up of a self-help group.
- Involved in a great deal of developmental work within primary care, such as public involvement groups; primary and community care strategy and mapping; discussions with PCG lay members; observer status on PCG Boards; involved in PCG lifestyle questionnaire.
- Involved in an Asthma Card Launch.
- Involved in the DNA Campaign.

1999/2000

- Close co-operation with both Primary Care Groups during their first year.
- Involvement on the Co-ordinating Group and several other Groups of the Health Action Zone.
- Involvement with the Health Improvement Programme Management Group.

- Participation in the recently structured community Assemblies of the Local Authority.
- Successful bids to HAZ to undertake two projects, one on Public Partnership Network and one on a Discharge Project.
- Health Awareness Evenings held in respect of HRT/Menopause and Caring for Carers.
- The production of a 'question and answer' leaflet in respect of dental issues.
- Involved in the setting up of the Wakefield Walk-in Centre.

6. ISSUES FROM VISITS

1976/77

- Toilet facilities on Hannah Pickard Ward inadequate. Interim alterations put in place in 77/78.
- A night warden was introduced at Stanley Hall Nurses Home.

1977/78

- Urged that a more frequent over-all cleaning schedule be introduced in the kitchens at Pinderfields, which left much to be desired.
- Too much overcrowding on female Medical Ward and on Hannah Pickard Ward.
- Inadequate record storage facilities at x-ray department highlighted.
- New parking signs erected at Snapethorpe Hospital leading to better parking practices.
- Call for more easy chairs to accommodate changed nursing practices, which involved patients being out of bed for longer periods – A Day Room access was also suggested.
- Publicity campaign undertaken to encourage people to befriend long stay geriatric patients at County Hospital.
- Improved layout to Azalia ward to improve fire escape access.
- Kerb access for wheelchairs – call for improvements.

1978/79

- Concern was expressed at the lack of a receptionist at Clayton Hospital.
- G2 female medical ward still overcrowded.
- Alterations to Hannah Pickard Ward delayed due to lack of funding until 1980/81.
- It was recommended that E Ward – Male Orthopaedic Trauma Ward – was upgraded for the benefit of staff and patients.

- Industrial Action took place at Pinderfields General Hospital with only minimal effect on the care of patients.
- Carr Gate Hospital – members advised that some of the patients would be better suited in alternative accommodation but none is available.
- Concern was expressed at the poor state of repair of the Corsellis and Wright Wards at Stanley Royd Hospital – members assured it would be dealt with; outcome - upgraded 1979/80.
- Recommended that a larger door to the rear of the Younger Disabled Unit at Pinderfields Hospital is installed to improve ease of access.

1979/80

- Clayton Hospital – medical records department needs to be improved to provide better accommodation and a more modern filing system.
- Middlestown Health Centre – paintwork on the outside of the building in a poor state of repair – outcome – repainted later in the year.
- Wrenthorpe Clinic totally inadequate - cold and inspected for rat infestation. Recommended a new Wrenthorpe Health Centre is built.
- Recommended the provision of pram ports at all Clinics and Health Centres.

1980/81

- Pinderfields General Hospital – Geriatric Assessment Unit – provision of a hand rail to aid patients.
- Clayton Hospital – Medical Records – an appeal was again made to improve the accommodation.
- Clayton Hospital – Outpatients' Department – waiting area too small, signposting poor and reception and registering system needs to be improved.
- Pinderfields General Hospital – Ward 4 Eye Ward – provision of curtains, additional toilet facilities and isolation room.
- Central Dental Clinic – parking and traffic congestion, recommend AHA request MDC re-open part of the road to traffic.

1981/82

- County Hospital – Recommendation made to install air conditioning.
- Pinderfields General Hospital – Wards E & F - recommendation made to increase night staffing levels.

- Pinderfields General Hospital – highlighted the need for the system of delivery of food to be reviewed.
- Snapethorpe Hospital – emphasised the need to retain privacy and dignity on mixed sexed wards.
- Manygates Maternity Hospital – highlighted the need to improve parking facilities and allow mothers to spend more time with their child.

1982/83

- Pinderfields Hospital – Spinal Injuries Unit – recommended the upgrade of the ward and an increase in staffing.
- County Hospital – recommended the purchase of “high-low” adjustable beds.

1983/84

- Upgrade all orthopaedic wards to the standard of Ward H.
- Monitor staffing levels on Spinal Injuries Unit (Ward 1) and upgrade the ward in line with the facilities on Ward 2.
- Increase the provision of physiotherapy provided on Younger Disabled Unit, Pinderfields Hospital.

1984/85

- An additional trolley was introduced on QV and G1 Wards to transport food, resulting in-patients receiving food at a more reasonable temperature.
- Following an evening visit to Clayton Hospital, it was suggested that televisions should be linked into the radio earphones to avoid disturbance to other patients.
- Encouraged better public relations, when notifying patients that elective surgery had to be cancelled at short notice.
- Recommended that cervical cytology screening should take place for women from about 20 years old.
- Urged the hospitals to give regular and clear information as to why patients were have to wait for their outpatient’s appointment.
- Asked that appointment desks be opened earlier, to avoid patients having to stand in a narrow corridor waiting to report in.
- A mini-bus is suggested for use by staff at the Regional Secure Unit, to help transport patients to court etc.
- Following three visits in the year to Fieldhead Learning Disability Villas, Members stressed that if care in the community was to be

successful as part of the re-settlement process, it was vital to have co-ordination between the Health Authority and the Local Authority.

1985/86

- Recommendation that simple but highly significant improvement to 'aids to movement' be installed on K Ward at Pinderfields.
- Re-arrangement of existing furniture on the medical and chest clinics to avoid patients having to sit in a small cramped corridor.
- Recommendation of the installation of a vending machine in the main block of Pinderfields.
- A wider choice of meat-free food was requested and specific Asian meals.
- Members strongly recommended that a small number of "Z" beds for parents, which convert to comfy bedside chairs by day, for the children's wards.
- Members suggested the hospital may wish to reconsider agency arrangements if the gynaecology waiting lists continue to remain at such an unacceptable high level.
- Urged that Manygates be fully staffed to provide intensive care for the two cots.
- DHA urged to investigate and remedy the cause of delays with the West Yorkshire Metropolitan Ambulance Service and also to provide refreshment and some form of stimulation in the waiting areas of the physiotherapy department.
- At a visit to Stanfeld Ward, Stanley Royd, Members were concerned that it was hospital policy to keep bathrooms locked and that two members of staff had to be in attendance while patients bathed.

1986/87

- Following a visit to Stanley Royd, a recommendation was made for greater flexibility in providing services such as a later starting time for day care.
- Suggestion that more preventative mental health work could be done with at risk members of the community e.g. stress management, coping with anxiety, confidence building etc.
- Members were critical of poor staffing ratios and sparse, bare conditions on Shelley Villa.
- Petitioning walls were suggested for the Occupational Therapy department in order to maximise the work done.
- Members felt less exploitative and more rewarding therapies should be explored with the users of those working in the Industrial Therapy Workshop.

- Recommendation that there should be an increase in professional therapy time for the Younger Disabled Unit.
- Patients within the Spinal Injuries Unit, expressed concern at the lack of community resources to facilitate 'real' community living for patients with spinal injuries, once back in their respective authorities.
- Members have raised on more than one occasion, concern that there is no provision for a resident anaesthetist at Manygates Maternity Hospital.

1987/88

- Recommendation that a safe pedestrian path be installed at Stanley Health Centre.
- Request that non-resident parents be able to use the small kitchen on B Ward.
- Members remain unhappy about the large numbers of women still having to wait for treatment within gynaecology.
- Concern that modernisation/upgrading had still not taken place at the Genito-urinary department.
- A need to urgently address the lack of speech therapy staff.

1989/90

- Concern at poor staffing levels in the Intensive Care Unit.
- Welcome given to the new clinic for genito-urinary medicine at Clayton.
- Praise given to the upgrading of Hannah Pickard Ward as a renal dialysis unit, a much needed service for the area.
- Request that attention be given to the poor transport facilities for patients travelling to the renal dialysis unit from outside the district.
- Following a night visit to Fieldhead, a severe staff shortage was found and the Health Authority urged to do something about this urgently.
- Information was sought about the type of resuscitation equipment that should be available in dental clinics.

1990/91

- Long standing complaint about inadequate heating on O, Q and M Wards still not rectified.
- Improvements suggested to the referral letter used in outpatients.
- Concern at the under-utilisation of physiotherapy at the Younger Disabled Unit.
- An urgent needs was highlighted for respite care beds for the Younger Disabled Unit.

1986/87

- Met with representatives from the National Schizophrenia Fellowship who raised issues about the lack of facilities within Wakefield for sufferers and their families

1987/88

- Links made with the Local Authority's Equal Opportunities Unit.

1993/94

- Close association with Age Concern as part of the Celebrating Age Event organisation.

1994/95

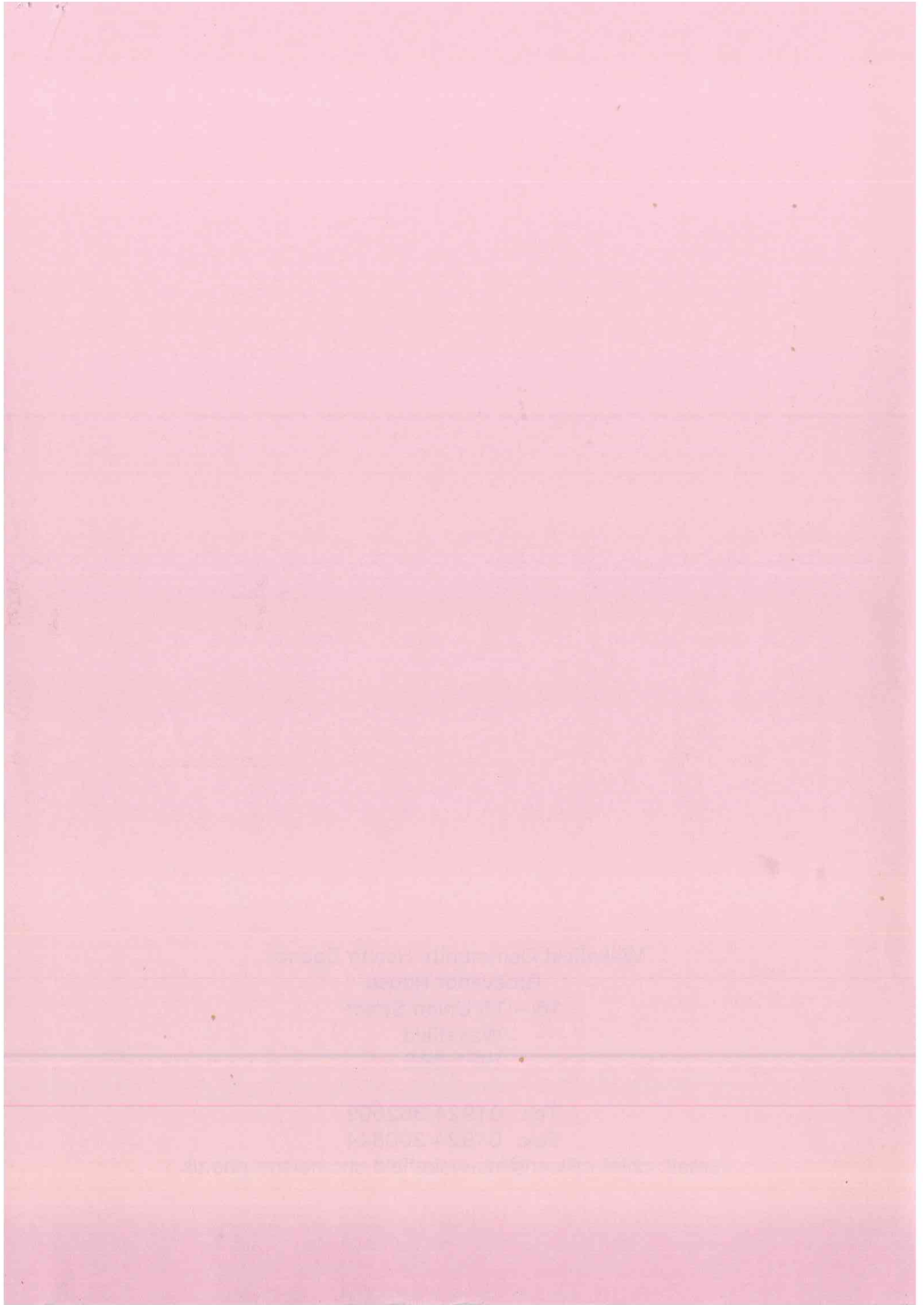
- Liaison with Queen Elizabeth Grammar School whose students assisted Members in the Disability Action Day.

1997/98

- Association made with the Coronary Care Support Group, the Voluntary Services Bereavement Group and the ME Support Group and various issues raised on their behalf with the appropriate statutory agencies.

1997/98

- CHC representation on the Mental Health Forum.
- CHC representation on all the Joint Group Special Interest Groups.
- Involvement with the West Yorkshire Transport Group.
- Involvement with Wakefield Anti-poverty strategy group.
- Input to the Wheelchair User Group
- CHC Members joined the Registration and Inspection Advisory Panel.
- Input to the MESMAC Advisory Group.
- Had postal contact with 46 organisations, but had little response.
- Input to the Domestic Violence Forum
- Involvement with staff training at Marks and Spencers in respect of physical disability awareness



Wakefield Community Health Council
Grosvenor House
16 – 18 Union Street
Wakefield
WF1 3AE

Tel: 01924 362509

Fax: 01924 200844

Email: chief-officer@ms.wakefield-chc.northy.nhs.uk