

IRP

Independent Reconfiguration Panel

*ADVICE ON PROPOSALS FOR CHANGES TO
MATERNITY AND PAEDIATRIC SERVICES IN
NORTH TEES AND HARTLEPOOL*

Submitted to the Secretary of State for Health

18 December 2006

IRP

Independent Reconfiguration Panel

Kierran Cross

11 Strand

London

WC2N 5HR

Tel: 020 7389 8045/8047/8048

E Mail: irpinfo@dh.gsi.gov.uk

Website: www.irpanel.org.uk

CONTENTS

Executive Summary

- | | | |
|---|--------------------|-----------------------------------|
| 1 | Our remit | <i>what was asked of us</i> |
| 2 | Our process | <i>how we approached the task</i> |
| 3 | Context | <i>a brief overview</i> |
| 4 | Information | <i>what we found</i> |
| 5 | Our advice | <i>adding value</i> |

Some personal observations *Dr Peter Barrett*

Appendices

- 1 Independent Reconfiguration Panel's general terms of reference
- 2 Letter to The Rt Hon Patricia Hewitt MP, Secretary of State for Health, from Cllr Mary Womphrey, Chair, Stockton Borough Council Health Select Committee, 3 July 2006
- 3 Letter to The Rt Hon Patricia Hewitt MP, Secretary of State for Health, from Cllr Eddie Dryden, Chair, Section 7 Joint Consultation Committee, 7 July 2006
- 4 Letter to The Rt Hon Patricia Hewitt MP, Secretary of State for Health, from Cllr Gerald Wistow, Chairman of Adult & Community Services and Health Scrutiny Forum, Hartlepool Borough Council, 31 July 2006
- 5 Letter to Cllr Dryden from Secretary of State for Health, 24 August 2006
- 6 Letter to Cllr Womphrey from Secretary of State for Health, 24 August 2006
- 7 Letter to Cllr Wistow from Secretary of State for Health, 22 September 2006
- 8 Letter to Dr Peter Barrett, Chair, Independent Reconfiguration Panel, from Secretary of State for Health, 22 September 2006
- 9 Letter to Secretary of State for Health from Dr Peter Barrett, 3 October 2006

- 10 Letter to editors of local newspapers (inviting responses from readers) from Dr Peter Barrett, 12 October 2006
- 11 Site visits, meetings and conversations held
- 12 Information made available to the Panel
- 13 Panel membership
- 14 About the Independent Reconfiguration Panel

EXECUTIVE SUMMARY

- 1. It is not an option for the location of maternity and paediatric services to stay the same. People north of the Tees deserve access to maternity and paediatric services of at least comparable quality and safety to those provided south of the Tees.**

- 2. Consultant-led services for both maternity and paediatrics should be centralised on one site to improve patient safety and to make the most effective use of scarce clinical staff and meet all training and European Working Time Directive requirements.**

- 3. A modern hospital to replace the existing out of date hospital buildings should be provided on a new site in a well situated location accessible to the people of Hartlepool, Stockton-on-Tees, Easington and Sedgefield.**

- 4. Further initiatives are needed to improve the provision of primary and community care, including community midwifery. All services that do not need to be provided in a hospital setting should be placed in the heart of communities in line with implementing the White Paper *“Our health, our care, our say: a new direction for community services”*.**

- 5. Until the new hospital is open, consultant-led maternity and paediatric services should be centralised at the University Hospital of North Tees to ensure their continued integrity, safety and sustainability.**

- 6. Until the new hospital is open, a midwife-led maternity unit and a paediatric assessment unit should be provided at the University Hospital of Hartlepool in addition to elective surgery and emergency medical services, taking into account best practice.**
- 7. New initiatives supported by the NHS and local authorities are required to meet the transport needs of patients, carers and staff between the University Hospital of Hartlepool and the University Hospital of North Tees and the communities they serve. The North East Ambulance Service should be involved at an early stage in discussions about all changes to patient services.**
- 8. The most specialised neonatal services serving Teesside as a whole should be located in the new hospital.**
- 9. Other more specialised hospital services serving Teesside as a whole should be provided at the James Cook University Hospital and the new hospital north of the Tees determined by the optimum relationship with other clinical services and where capacity can be found.**
- 10. With the North Tees and Hartlepool NHS Trust moving towards foundation trust status, key community leaders and stakeholders should all give their full support to the successful implementation of these proposals for the benefit of local people and to bring years of uncertainty to an end.**

OUR REMIT

What was asked of us

- 1.1 The Independent Reconfiguration Panel's (IRP) general terms of reference are included in Appendix One.
- 1.2 On 3 July 2006, Councillor Mary Womphrey, Chair, Stockton-on-Tees Borough Council Health Select Committee, wrote to the Secretary of State for Health, Patricia Hewitt, exercising powers of referral under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. The referral concerned proposals for changes to maternity and paediatric services provided by the North Tees and Hartlepool NHS Trust and consulted upon by the County Durham and Tees Valley Strategic Health Authority¹, in conjunction with the NHS Joint Primary Care Trust Committee², as part of a wider review of acute services across Teesside and North Yorkshire³.
- 1.3 Councillor Eddie Dryden, Chair, Section 7 Joint Consultation Committee (Joint Scrutiny Committee)⁴, wrote to the Secretary of State on 7 July 2006 to refer the same proposals and on 31 July 2006 Councillor Gerald Wistow, Chair of Hartlepool Borough Council Adult & Community Services and Health Scrutiny Forum also wrote to the Secretary of State about the matter.
- 1.4 The Secretary of State responded to each of them advising that she had asked the IRP to undertake a review of the proposals. Terms of reference were set out in the Secretary of State's letter of 22 September 2006 to the IRP Chair, Dr Peter Barrett and were agreed in his reply of 3 October 2006. Copies of all correspondence are included in Appendices Two to Nine.

¹ Now part of NHS North East Strategic Health Authority

² NHS Joint PCT Committee comprising Easington PCT, Hambleton & Richmondshire PCT, Hartlepool PCT, Langbaugh PCT, Middlesbrough PCT, North Tees Teaching PCT, Sedgefield PCT

³ *The Right Treatment in the Right Place at the Right Time: Taking Hospital Services across Teesside and parts of North Yorkshire into the future – Have your say about local hospital services*

⁴ For Durham County, Hartlepool, Middlesbrough, North Yorkshire County, Redcar and Cleveland and Stockton-on-Tees and referred to hereafter as the "Joint Scrutiny Committee"

1.5 The Panel was asked to advise:

a) Whether it is of the opinion that the proposals for changes to maternity and paediatric services set out in the decision of County Durham and Tees Valley SHA of 22 February 2006 will ensure the provision of safe, effective and accessible maternity and paediatric services in North Tees and Hartlepool. And if not, why not;

b) On any other observations the Panel may wish to make in relation to the proposals for changes to maternity and paediatric services and implications for any other clinical services; and

c) In the light of a) and b) above, on the Panel's advice on how to proceed in the best interests of local people.

It is understood that in formulating its advice the Panel will pay due regard to the principles set out in paragraph A2 of its general terms of reference (see Appendix One).

1.6 This report does not consider the consultation process conducted by the relevant NHS bodies under sections 7 and 11 of the Health and Social Care Act 2001 since referral to the Secretary of State for Health was not made on that basis by any of the scrutiny committees involved.

OUR PROCESS

How we approached the task

- 2.1 The North East Strategic Health Authority (SHA) was asked to provide the Panel with relevant documentation and to arrange site visits, meetings and interviews with interested parties. The SHA, together with the relevant PCTs and the NHS Trust, completed the Panel's standard information template. This can be accessed through the IRP website (www.irpanel.org.uk).
- 2.2 The Joint Scrutiny Committee, Stockton-on-Tees Borough Council Health Select Committee and Hartlepool Borough Council Adult & Community Services and Health Scrutiny Forum were also invited to submit documentation and suggest other parties to be included in meetings and interviews.
- 2.3 The Panel Chair, Dr Peter Barrett, wrote an open letter to editors of local newspapers on 12 October 2006 informing them of our involvement (see Appendix 10). The letter invited people who felt they had new evidence to offer or who felt their views had not been heard adequately during the formal consultation process to contact the Panel.
- 2.4 Panel members made two visits to the University Hospital of North Tees (UHNT) and the University Hospital of Hartlepool (UHH). Members also visited the James Cook University Hospital (JCUH) in Middlesbrough. Peter Barrett, Sanjay Chadha, Nicky Hayes and Paul Roberts visited on 18 and 19 October and were joined by Gina Tiller on 19 October. Peter Barrett, Nicky Hayes, Nick Naftalin, Ray Powles and Gina Tiller visited on 14 and 15 November. Tony Shaw and Martin Houghton accompanied members on both visits. Details of the people seen on these visits are included at Appendix 11.
- 2.5 Meetings were held with four local MPs – Iain Wright (MP for Hartlepool) and Dari Taylor (Stockton South) on 8 November, Frank Cook (Stockton North) and John Cummings (Easington) on 22 November.

- 2.6 A number of other visits and meetings were held. Peter Barrett and Tony Shaw met Professor Sir Ara Darzi on 30 October and representatives of the Royal College of Paediatrics and Child Health on 22 November. Peter Barrett met the Honorary Secretary of the British Association for Paediatric Surgery on 13 December.
- 2.7 A list of all the written evidence received – from the SHA, PCTs, NHS Trust, Joint Scrutiny Committee, Hartlepool and Stockton health scrutiny committees, MPs and all other interested parties - is contained in Appendix 12. The Panel considers that the documentation received, together with the information obtained in meetings, provides a fair representation of the views from all perspectives.
- 2.8 The Panel reviewed a draft report on 24 November 2006. The advice contained in this report was agreed following that meeting.
- 2.9 Throughout our consideration of these proposals, our aim has been to consider the needs of patients, public and staff taking into account the issues of safety, access and effectiveness as set out in our terms of reference.
- 2.10 The Panel wishes to record its thanks to all those who contributed to this process. We also wish to thank all those who gave up their valuable time to present evidence to the Panel and to everyone who contacted us offering views.
- 2.11 The advice contained in this report represents the unanimous views of the Chair and members of the IRP.

THE CONTEXT

A brief overview

- 3.1 Consideration of health service provision across Teesside and the surrounding area dates back to the 1990s. The need for change has been driven by a mix of both familiar nationwide challenges – for example, the changing needs of local populations, recruitment and retention of increasingly specialised staff, national policy requirements – and of specific local health problems such as the high incidence of coronary heart disease and cancer.
- 3.2 In 2003, a formal review was launched by NHS organisations and local authorities to develop health and related services across Teesside, parts of Sedgefield and Easington for the next decade and beyond. The Tees Services Review adopted a whole system perspective, focusing on primary and community services as well as acute services. Its terms of reference were:

To Review services across health and social care across Teesside, in order to ensure sustainable solutions to managing service demand, delivery of NHS Plan targets and modernisation, while taking account of the need to maintain services, now and for the future.

- 3.3 As work progressed, an external panel of health professionals was invited to Teesside in December 2003 to examine emerging proposals. During 2004, these proposals were drawn together into draft consultation documents produced by the North Tees, Hartlepool, Easington and Sedgefield Primary Care Trusts (PCTs). A number of key findings were highlighted in the draft consultation documents with regard to services north of the Tees:

3.3.1 Key Findings:

- *Develop more services in primary care and the community*
- *Emergency care services working better together*

Key Findings (continued):

- *Over the next 6-10 years, subject to consultation:*
 - *a new strong modern single hospital for Hartlepool and North Tees, located conveniently for both areas*
 - *potentially many outpatient and diagnostic services provided in primary care settings and community settings*
- *In the meantime, over the next 2-3 years, changes for hospital services in Stockton and Hartlepool*
 - *emergency and complex operations to take place at North Tees Hospital*
 - *elective (routine or planned) operations to take place at Hartlepool Hospital*
 - *Accident and Emergency services at both hospitals*

3.4 The External Panel visited again in July 2004 to review the draft consultation documents and to offer views on a number of issues. The External Panel broadly supported the proposals under development, confirmed that the options for change had been fully explored and that the case for change was robust.

3.5 On 16 August 2004, the Department of Health wrote to the County Durham and Tees Valley Strategic Health Authority requesting that further work be undertaken to see how the fullest possible range of services could be undertaken in Hartlepool, including, for example, maintaining accident and emergency services and consultant-led maternity provision. Professor Sir Ara Darzi, Consultant Surgeon at St Mary's Hospital NHS Trust, who had conducted several reviews of hospital services around the country on behalf of the Department of Health, was asked to lead this work. His terms of reference were:

To consider how the fullest possible range of services can be maintained in Hartlepool Hospital taking into account

- *work already undertaken in the course of the Tees Service Review*
- *the wider context of proposed provision of primary and secondary care services, both north and south of the Tees*

with the aim of reporting back to the Department of Health by the end of October 2004

3.6 In December 2004, Professor Darzi's terms of reference were extended to include:

- *the work underway by the Hambleton and Richmondshire PCT and South Tees Hospitals Trust in relation to Friarage Hospital [Northallerton]*
- *the impact of the centralisation of specialist services at the James Cook University Hospital on the other hospitals in County Durham and Tees Valley and on the capacity at the James Cook University Hospital*

3.7 Professor Darzi's report, *Acute Services Review – Hartlepool and Teesside*, was published on 8 July 2005. The main recommendations were:

3.7.1 *Main recommendations:*

- *The UHH should continue to provide a doctor-led accident and emergency service and acute medicine. It should host a new Centre of Excellence in Women's and Children's Services, including consultant-led maternity, paediatric services, gynaecology and breast surgery. It should increase its inpatient elective surgery portfolio, in particular orthopaedics. Major trauma and emergency surgery out of hours should move to UHNT.*
- *The UHNT should become the main centre north of the Tees for emergency surgery, including trauma, with expanded intensive care facilities. It should continue to provide a full accident and emergency service and acute medicine. It should develop as a centre for major complex surgery, including hosting a new North Tees Complex Surgical Centre, providing upper gastro-intestinal cancer services for the whole Teesside area. Vascular surgery should be developed at the UHNT as part of a clinical network with the JCUH. An endo-luminal vascular service should also be developed at the UHNT serving the whole Teesside area. A 24 hour midwife-led maternity unit should be developed. Consultant-led maternity, high-risk obstetrics and paediatric services should be centralised in the UHH.*

3.7.1 *Main recommendations (continued):*

- *The JCUH should retain its full range of district general hospital-type services and its range of tertiary and supra-regional services. The proposed move of upper-gastrointestinal cancer services to UHNT should free up a modest amount of capacity. Work should also be intensified to improve integration with and make full use of capacity at the Friarage Hospital, for example in orthopaedics and ophthalmology, to reduce capacity pressures at JCUH.*
- *Detailed work to come up with a robust and sustainable future services strategy for the Friarage Hospital is underway. I have not anticipated the outcome of those deliberations but believe that changes will be necessary. Work should focus on securing the future of A&E services, maternity and acute medicine. It will be hard to justify major trauma and emergency surgery out of hours remaining at the Friarage for the longer term. However, greater use of the Friarage to relieve capacity pressures at the JCUH should help to secure key services at the latter, for example, anaesthetics.*

3.8 Formal public consultation on Professor Darzi's recommendations began on 23 September 2005 for a three-month period. A Joint Scrutiny Committee was formed to comply with Section 7 of the Health and Social Care Act 2001 with representation from all the relevant local authority areas – the borough councils of Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees and the county councils of Durham and North Yorkshire. A series of meetings took place between the local NHS and the Joint Scrutiny Committee from October to December 2005 to present the proposals. The Joint Scrutiny Committee also asked the Stockton-on-Tees Council Health and Social Care Committee to conduct more detailed work into the proposals for maternity and paediatrics. The Committee's findings were endorsed and appended to the Joint Scrutiny Committee report⁵ published in February 2006.

3.9 The Joint Scrutiny Committee's unanimously agreed final report in response to the consultation advised the NHS Joint PCT Committee that it opposed Professor Darzi's recommendations relating to:

⁵ Section 7 Scrutiny Review into the acute services proposals, following the review of Professor Sir Ara Darzi: Final Report

3.9.1 Joint Scrutiny Committee Points of opposition

- *the establishment of a Tees wide upper gastro-intestinal service at UHNT*
- *the establishment of a Tees wide endo-luminal vascular service and the establishment of a vascular network at JCUH*
- *maternity services*
- *paediatric services*

- 3.10 The NHS Joint PCT Committee met on 14 February 2006 to consider detailed analysis of the responses to the formal consultation and to receive the final report of the Joint Scrutiny Committee. The NHS Joint PCT Committee decided at the meeting to endorse the Darzi recommendations except for those relating to vascular surgery and also recommended that further work be undertaken on upper gastro-intestinal services.
- 3.11 These recommendations were subsequently received and approved by the County Durham and Tees Valley Strategic Health Authority Board on 22 February 2006. Between April and the end of June further meetings were held with the Joint Scrutiny Committee to discuss the opposition to the proposals for maternity and paediatric services.
- 3.12 On 3 July 2006, Councillor Mary Womphrey, Chair, Stockton-on-Tees Borough Council Health Select Committee, wrote to the Secretary of State for Health, Patricia Hewitt, to refer the proposals for maternity and paediatric services.
- 3.13 Councillor Eddie Dryden, Chair of the Joint Scrutiny Committee, also wrote to the Secretary of State on 7 July to refer the proposals for maternity and paediatrics. The referral documentation emphasizes that the decision to refer these matters was taken by a majority vote of seven to five. The representatives from Hartlepool and Stockton-on-Tees Borough Councils voted against referring the matter to the Secretary of State according to the four principles outlined in the Joint Scrutiny Committee's submission. Stockton Borough Council representatives did, however, wish to refer the matter according to a different rationale (resulting in the separate

referral from Stockton Borough Council of 3 July). These matters are discussed more fully in the next Section.

- 3.14 On 31 July 2006, Councillor Gerald Wistow, Chair of Hartlepool Borough Council Adult & Community Services and Health Scrutiny Forum wrote to the Secretary of State expressing that Committee's support for the Darzi proposals in full.
- 3.15 The Secretary of State wrote to the IRP Chair, Dr Peter Barrett, on 22 September 2006 asking the Panel to undertake a review of the proposals.

INFORMATION

What we found

4.1 A vast amount of written and oral evidence was submitted to the Panel. We are grateful to all those who took the time to offer their views and information. The evidence put to us is summarised below – firstly general background information followed by an outline of the proposals, the reasons for referral by scrutiny committees, issues raised by others and finally other evidence gathered.

4.2 Services Provided and Activity

4.2.1 The North Tees and Hartlepool NHS Trust provides hospital services from two main sites: the University Hospital of North Tees (UHNT) in Stockton-on-Tees with 563 beds and the University Hospital of Hartlepool (UHH) in Hartlepool with 393 beds. Two Trusts based in the two towns merged in 1999 to form a single NHS trust. The Trust also provides outpatient services from the Peterlee Community Hospital. Services are primarily commissioned by the Hartlepool and North Tees PCTs and also by the County Durham PCT⁶.

4.2.2 The North Tees and Hartlepool NHS Trust employs 4,413 full time staff or 3,513 whole time equivalents (WTE). This includes 123 WTE consultants, 157 WTE junior doctors, 62 WTE other medical grades, 1,112 WTE registered nurses and midwives and 344 WTE ancillary and estates staff.

4.2.3 The current vacancy rate is 6.2%. Although recruitment does not pose a major concern, there are long-term vacancies in rheumatology, diabetology, respiratory medicine and colorectal surgery. Additionally, there are a number of short-term retention issues in dietetics and audiology and in coronary care.

4.2.4 The NHS Trust provides consultant-led maternity care at both sites. In 2005/06, 2,018 births took place at North Tees Hospital and 1,680 at Hartlepool (2,005 and 1,698 respectively in 2004/05).

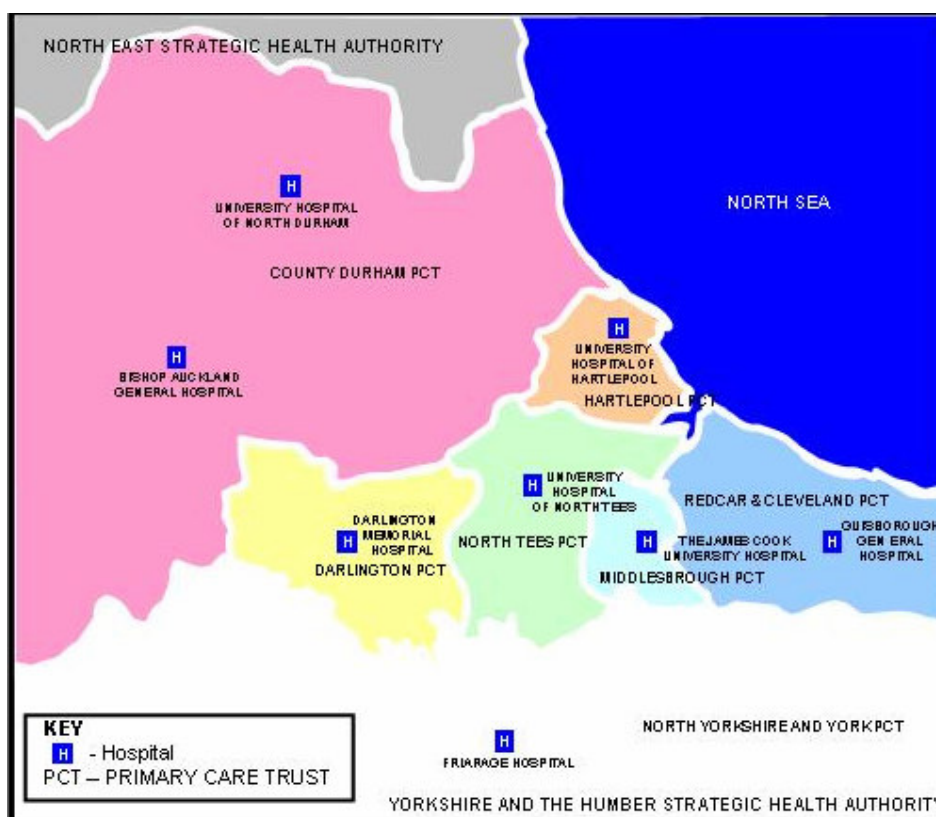
⁶ Formed on 1 October 2006 by the merger of Derwentside, Durham and Chester-le-Street, Durham Dales, Easington and Sedgfield PCTs

4.2.5 In paediatrics, 806 elective and 4,182 non-elective episodes⁷ took place at North Tees (792 and 4,027 in 2004/05) while there were 343 elective and 3,257 non-elective episodes at Hartlepool Hospital (352 and 3,055 in 2004/05).

4.3 Geography, Demography, Access and Transport

4.3.1 UHNT is located within the boundaries of Stockton on Tees Borough Council (pop. c178,000) while UHH lies within the Hartlepool Borough Council boundary (pop. c89,000). The Trust's catchment area also includes the district of Easington to the north (pop. c96,000) and the district of Sedgefield to the west (pop. c90,000) with some residents in these areas also having access to other hospital services in Sunderland, Durham, Bishop Auckland and Darlington (see para. 4.3.9 below).

4.3.2 The areas covered by local PCTs⁸ are shown below:



⁷ A paediatric episode is classified as any episode of care involving a patient aged 15 or under regardless of specialty

⁸ Following the reorganisation of NHS primary care trusts on 1 October 2006

- 4.3.3 The catchment area is bordered to the south and east by the city of Middlesbrough (pop. c177,000) whose residents receive hospital services from the James Cook University Hospital. The hospital population catchment areas north and south of the Tees are comparable at around 300,000 – 350,000.
- 4.3.4 Other relevant local authorities include County Durham Council, Darlington Borough Council, Middlesbrough Borough Council, North Yorkshire County Council and Redcar and Cleveland Borough Council.
- 4.3.5 The population is redistributing throughout the area as a result of several large housing developments, notably Ingleby Barwick and Wynyard.
- 4.3.6 Deprivation levels across the Tees Valley vary widely. Analysis of deprivation by local authority⁹ shows that the district of Easington is the 8th most deprived in England, Hartlepool the 14th while Stockton-on-Tees is ranked 75th. Analysis by the Tees Valley Joint Strategy Unit¹⁰ shows that both Hartlepool and Stockton-on-Tees contain wards with very high levels of deprivation - such as Stranton and Owton in Hartlepool and Portrack and Tilery in Stockton. However, both boroughs also contain wards of relatively high affluence, including Elwick in Hartlepool and Ingleby Barwick in Stockton.
- 4.3.7 The ethnic population of the area is relatively small at around 2.4%.
- 4.3.8 UHNT and UHH are approximately 13 miles apart. Stockton-on-Tees and Hartlepool are connected by the A19 and A689 or A179 roads. The journey time by car between the two hospitals is around 30 minutes. It can take longer in rush hour or if serious traffic problems are occurring.

⁹ 2004 Index of Multiple Deprivation, published by the Office of the Deputy Prime Minister

¹⁰ Analysis of deprivation in the Tees Valley using 2001 Census Data

4.3.9 The main flows of Teesside patients to hospital are:

Easington	Primarily to UHH but with some patients from the north of the area going to Sunderland
Hartlepool	Mainly to UHH
Middlesbrough	Mainly to JCUH
Redcar and Cleveland	Mainly to JCUH
Sedgefield	Split between UHNT, Darlington Memorial Hospital, Bishop Auckland General Hospital and University Hospital of North Durham
Stockton-on-Tees	Mainly to UHNT but with some patients from the south of the area going to JCUH and some elective patients going to UHH

4.4 **Estate**

4.4.1 The University Hospital of North Tees was built in the 1960s and consists of two multi-storey buildings and a number of other blocks all linked and accessible from the main entrance to the Hospital. The main Tower block was partly refurbished in 1999/2000 when new maternity facilities were provided.

4.4.2 The University Hospital of Hartlepool is a mixture of early 20th century buildings and more modern 1970s buildings in the central part of the hospital. There is one multi-storey block and a number of individual buildings. The acute clinical services are all accessible from the main entrance to the Hospital.

4.4.3 The backlog maintenance cost for the UHNT site is £4.5m of which £0.75m is rated as a significant risk. The backlog maintenance cost for the UHH site is £2m with a £0.5m significant risk rating. The significant risk backlog for both sites relates to the main engineering and building infrastructure of the estate.

4.5 **Healthcare Commission Annual Assessment, NHS Star Ratings and CNST¹¹ status**

4.5.1 The North Tees and Hartlepool NHS Trust received the Healthcare Commission rating of “good” for *Quality of Services* and “weak” for *Use of Resources* in 2005/06. In 2004/05, it received a two star rating and three stars in 2003/04.

¹¹ Clinical Negligence Scheme for Trusts

4.5.2 The Panel understands that financial management has improved considerably since the publication of the Commission’s 2005/06 assessment as a result of the Trust’s “turnaround exercise”, and that it is now moving towards acquiring foundation trust status.

4.5.3 The Trust is assessed at CNST level 2 for obstetric services and at level 1 generally across the overall Trust.

4.6 **The proposals for maternity and paediatric services**

4.6.1 At present, there are consultant-led maternity units at both UHNT and UHH. Both sites also run a full paediatric service. The proposals for maternity and paediatric services referred to in our terms of reference are contained in Professor Darzi’s report *Acute Services Review – Hartlepool and Teesside* which describes “*a vision for Hartlepool and Teesside of how clinical services might best be organised to ensure that:*

- *they have a sustainable and vibrant future*
- *they make the greatest possible contribution to improving access to treatment, increasing the choices open to patients and delivering high quality care – in line with the objectives set out in the NHS Plan”*

4.6.2 The specific proposals are reproduced below.

4.6.3 *Proposals for maternity and paediatric services*

- *Maternity and paediatric services should continue to be located together*
- *All consultant-led maternity and high-risk obstetrics should be centralised at UHH alongside a consultant-led paediatric service and paediatric neonatology, including a special care baby unit (SCBU). These services would help build a focus of expertise at the UHH in these specialties, ensure a critical mass for the services and form key elements of the proposed Centre of Excellence in Women’s and Children’s Services*
- *A “9 to 9” paediatric acute assessment unit and a nurse-led overnight facility should be provided from UHNT*

4.6.3 *Proposals for maternity and paediatric services (continued)*

- *Paediatric surgery should be provided from the UHH as part of the Centre of Excellence. Paediatric trauma and emergency surgery should be provided at the UHNT, alongside other emergency surgical services and with the support of the UHNT's expanded critical care facilities. The North Tees and Hartlepool NHS Trust should also consider establishing a clinical network for paediatric surgery with the JCUH and / or the City Hospital, Sunderland. This would ensure that the specialty is strengthened at the UHNT, scarce clinical skills are utilized effectively and that children receive the best possible care suitable to their needs*
- *A 24-hour midwife-led maternity unit should be developed at the UHNT. This should give the local population a choice of the following maternity services*
 - *a consultant-led service at the UHH, the JCUH or Darlington Memorial Hospital*
 - *a midwife-led service at the UHNT or Bishop Auckland Hospital*
- *The population of the Hartlepool and Easington PCTs would be able to choose between the following maternity services*
 - *A consultant-led service at the UHH or City Hospitals Sunderland*
 - *A midwife-led service at the UHNT*

4.7 **Issues raised by scrutiny committees**4.7.1 *Issues raised by the Joint Scrutiny Committee*

The Joint Scrutiny Committee's opposition to the proposals for maternity and paediatrics is set out in its report *Section 7 scrutiny review into the acute services proposals, following the review of Professor Sir Ara Darzi: Final Report*. The JSC opposes the proposals "on the basis of four key principles

1. *The JSC does not believe that the proposals pertaining to maternity and paediatric services are in the interests of the local community, nor in the interests of the local health services*
2. *The JSC does not believe that the proposals are consistent with the ethos of the key NHS policy document Keeping the NHS Local*
3. *The JSC has consistently noted the lack of detailed information pertaining to the financial ramifications of the proposals on the local health economy. As a*

result of this, the JSC is unable to conclude as to whether the proposals are sustainable or not, as it has had to work in something of a financial information vacuum

4. *The JSC holds the view that the communities of Stockton-on-Tees, Hartlepool and the associated parts of East Durham are substantial communities in their own right. As such, they reasonably expect a certain level of District General Hospital service provision within their vicinities, as is presently provided”.*

4.7.2 Specifically, with regard to maternity services

“The JSC recognises the importance of a consultant-led maternity service at UHH serving the communities of Hartlepool and East Durham, although this should not be at the expense of the services currently on offer at UHNT or the wider Tees Valley community. On the weight of evidence received, the JSC has concerns over the impact on JCUH’s services and existing body of patients, of the migration of patients from the North Tees area, choosing to access JCUH. Accordingly, the proposal in relation to maternity services is not supported”.

4.7.3 With reference to the paediatric proposals

“The JSC is minded to take on board the advice of the Royal College of Surgeons in its document “Children’s surgery: a first class service”The JSC notes how the document states that trauma and paediatrics should be housed together, for patient safety reasons and as a result, recommends that proposals for paediatric provision should be at the level outlined in the above report, whilst recognising local need. Accordingly, the JSC does not support the proposal for paediatric services, as it stands”.

4.7.4 Issues raised by the Stockton-on-Tees Borough Council Health Select Committee

Despite having been part of the Joint Scrutiny Committee, the Stockton HSC felt unable to support the JSC’s conclusions, *“which would attempt to retain consultant-led services at both North Tees and Hartlepool hospitals”.*

4.7.5 Its opposition to the proposals is set out in *Acute Services Review: Referral to the Secretary of State for Health*. The HSC considers that:

“...the Centre of Excellence [in Women’s and Children’s Services] should be located at University Hospital North Tees because:

- Consultant-led services are not sustainable at both North Tees and Hartlepool Hospitals*
- Stockton is the major population centre and has double the number of births than Hartlepool*
- Patient choice requirements are met*
- The well regarded centre of excellence that exists at North Tees would be maintained*
- The impact on maternity services at James Cook University Hospital would be reduced especially from areas in the south of Stockton Borough*
- A midwife-led unit at North Tees is unlikely to achieve 700 births per annum and would close after 3 years if this figure is not achieved*
- It is cheaper and a better use of public funds*
- It will preserve or improve consultant retention, recruitment and training*
- It ensures 24-hour consultant paediatricians are on-site at the trauma centre north of the River Tees”*

4.7.6 Representations by Committee members indicated that there is widespread public opposition within Stockton-on-Tees to the proposal to relocate consultant-led maternity and paediatric services at Hartlepool Hospital.

4.7.7 *Issues raised by the Hartlepool Borough Council Adult and Community Services and Health Scrutiny Forum*

The Hartlepool Health Scrutiny Forum also participated in the joint scrutiny process but felt unable to support the case underlying the JSC’s referral. Instead, it considers that the Darzi proposals should be implemented in full. The Forum Chair, Councillor Gerald Wistow, indicates in his letter of 31 July 2006 to the Secretary of State for Health that the Forum:

“...recognized the report as a compromise between the narrower interests of individual sites and their host communities, on the one hand, and those of all sites and communities, on the other. This balance is a difficult one to achieve and sustain but the Darzi report achieved it through a complex set of interdependent parts designed to secure a sustainable future for all the hospitals covered by the

review. It could not, therefore, be treated as a menu from which individual localities could choose since, to do so, risked unbalancing the package as a whole”.

4.7.8 The letter also emphasizes that a “save our hospital campaign” in Hartlepool resulted in a petition with 30,000 signatures in support of the campaign.

4.8 **Issues raised by others**

4.8.1 In the course of our consideration of this referral, a number of views and issues were presented to us from a variety of sources. These are summarized below and are discussed more fully in the next Section together with our recommendations.

4.8.2 *Clinical views - the current situation for maternity and paediatrics*

- The clear view was expressed from clinicians that the current provision of consultant-led maternity and paediatric services across two sites is not sustainable. The maintenance of clinical rotas is currently achieved only through the goodwill of staff and urgent action is required to address this issue. The periodic enforced closure of the maternity units due to inadequate staffing is unacceptable for the women affected as well as placing an unwelcome additional burden on services at JCUH due to women booked to give birth at UHNT or UHH having to go to JCUH
- A high proportion of the existing midwifery staff are approaching retirement age, an issue that needs to be addressed for the future. The view was expressed by some that recruitment and retention would be a problem under the Darzi proposals for services

4.8.3 *Clinical views - the impact of other service changes on maternity and paediatrics*

- Under changes already agreed as part of the consultation process, from December 2006, major trauma services (including emergency surgery, critical care and accompanying anaesthetic services) will be consolidated at UHNT. Concern was expressed that the proposals to site consultant-led maternity and paediatric services at UHH would separate these services from trauma services. Particular concern was expressed about children

presenting through A & E and the possibility of emergency operations having to take place at night at UHNT without appropriate paediatric cover

4.8.4 *Clinical views – the possible effect of the proposals to locate consultant-led maternity and paediatric services at UHH*

- Concern was expressed that locating consultant-led maternity and paediatric services at UHH would result in many Stockton-on-Tees residents opting to travel to JCUH rather than to UHH. Some estimates put the possible extent of this movement in excess of 50 per cent of Stockton residents causing:
 - concerns about the long-term sustainability of services north of the Tees
 - capacity and planning issues at JCUH which could have knock-on effects for a much wider population south of the Tees
- This effect is already happening with some Stockton residents choosing to give birth at JCUH while unplanned births at JCUH also occur as a result of the units being closed at UHNT and UHH
- An appropriate balance of NHS services is required north and south of the Tees to serve broadly similar hospital catchment area populations

4.8.5 *Clinical views – the need for change*

- There was a common view across all staff that no change is not an option. Staff are keen to work with the Trust management and to embrace clinically driven change that secures the best outcome for patients, staff and the Trust
- An early decision is needed to put an end to the uncertainty
- There was widespread support for a new modern hospital, north of the Tees, concentrating on providing high quality hospital services that cannot be more appropriately provided in local communities

4.8.6 *Public and patient views*

- Strongly held views were expressed by representatives of all the communities involved – Stockton-on-Tees, Hartlepool, Easington and Sedgefield as well as Middlesbrough

- Access to services is a major issue due to poor public transport links and the lack of mobility of many residents - as evidenced by relatively low levels of private car ownership in some areas. There is currently no direct bus link between UHNT and UHH although transport links have been the subject of much discussion and there are also some plans for a metro link through the Tees Valley
- There are pockets of high social and health deprivation within each community
- The shortage of GPs in some communities reflects the need for greater overall primary, community and social care
- Although much has already been done, greater investment and a package of health measures are required to tackle a variety of health inequalities as well as a high rate of teenage pregnancies
- Government policy is to ensure that a range of antenatal care, birth and postnatal care services are available locally offering real choice for women – future provision of services should reflect this

4.8.7 *Managerial issues – provider views*

- Good progress has been made by the Trust in the last twelve months in moving towards financial balance and this improvement should not be jeopardized
- The total capital investment required to implement the Darzi proposals for all services is £39.9m (excluding VAT)
- Centralizing emergency surgical and orthopaedic work and women's and children's services at UHNT would require capital investment of £16.7m
- It would require an £18m capital investment to accommodate the proposed Centre of Excellence in Women's and Children's in the mental health block at UHH due to be vacated in December 2006
- This is significantly more than the Tees Services Review model that would have sited consultant-led maternity and paediatric services at UHNT at a capital investment of £12m
- Refurbishment of the mental health block at UHH would take two years

- The UHNT site benefited from £7m refurbishment of its clinical services and a £2m refurbishment of the front entrance completed in 2000. The Maternity Unit and Special Care Baby Unit (including Neonatal Services) element of the scheme represented around £4.5m of the £7m expenditure

4.8.8 *Managerial issues – commissioners’ views*

- No change would be the worst possible scenario, local people need vibrant hospital services for the future providing safe and sustainable care that represents value for money
- The Darzi proposals rejected the idea of a single hospital site north of the Tees because it was not achievable in the short-term: but he did not rule it out in the longer-term
- The Darzi proposals came as a package: any proposals to alter individual services should consider the wider implications

4.9 **Other evidence**

4.9.1 *Royal College of Paediatrics and Child Health (RCPCH)*

We heard from the Royal College of Paediatrics and Child Health that, wherever possible, paediatric surgery and paediatric medicine should be accommodated on the same hospital site. We were also told by the College that across the country the average inpatient length of stay for children was down to 1.5 days whilst the numbers of out-of-hours attendances are up demonstrating the importance of paediatric assessment centres offering an extended hours service. The presence of children’s centres situated more locally, particularly in more deprived communities, is supported especially for meeting the needs of children with longer-term conditions.

4.9.2 *British Association of Paediatric Surgeons (BAPS)*

The British Association of Paediatric Surgeons confirmed that the recommendations in *Children’s Surgery – A First Class service* (May 2000) still held true. The document specifies that the minimum requirements for district general hospitals providing inpatient surgery for children should include on-site paediatric medical cover. Most recently in the document *The Critically Ill Child in*

the DGH (August 2006), BAPS foresee a greater involvement of the DGH paediatrician in the initial assessment and management of general paediatric surgeons emergency cases as they “*are best able to identify the sick child compared to their surgical counterparts*”. Some 60 per cent of children’s operations take place in a district general hospital setting and, of these, 70 per cent are treated as day cases. The provision of a paediatric High Dependency Unit (HDU) is essential with access to a paediatric intensive care easily available under agreed protocols. To achieve the highest standards of care all paediatric and support services should be on a single site.

OUR ADVICE

Adding value

5.1 Introduction

5.1.1 The Secretary of State for Health asked the Panel to consider whether the proposals for changes to maternity and paediatric services set out in the decision of the County Durham and Tees Valley SHA of 22 February 2006 would ensure the provision of safe, effective and accessible maternity and paediatric services in North Tees and Hartlepool.

5.1.2 These are just elements of a wider package of proposals for service changes also covering elective orthopaedics, trauma and emergency orthopaedics, A&E services, elective and emergency/complex surgery, breast surgery, vascular surgery and upper-gastrointestinal (upper GI) services. Given the wide diversity of the services involved, and the communities affected, it is not surprising that widely differing views about the proposals emerged. Nevertheless, the Joint Scrutiny Committee, and all its constituent scrutiny committees, undertook a thorough analysis of the proposals and produced a high quality response to the formal consultation.

5.1.3 In its response, the Joint Scrutiny Committee raised objections about aspects of the proposals for upper gastro-intestinal services, vascular surgery, maternity and paediatrics. The NHS decision-making bodies subsequently opted to withdraw the proposals for vascular surgery and to undertake further work on upper GI services. It was, however, decided that the proposals for maternity and paediatrics should proceed.

5.1.4 Two scrutinising bodies chose to refer the maternity and paediatric elements of the proposals to the Secretary of State for Health – the Joint Scrutiny Committee itself and the Stockton-on-Tees Health Scrutiny Committee. Both referrals were made on the grounds that the proposals were not in the interests of the NHS locally; neither referral was made on the basis that the consultation process had not met the requirements of Sections 7 and 11 of the Health and Social Care Act 2001. The

Hartlepool Health Scrutiny Committee also wrote to the Secretary of State for Health in support of the proposals.

5.1.5 If there is one aspect of the proposals where there appears to be common agreement, it is that maintaining the status quo is not an option. The case for change appears to have been widely accepted and staff across the Trust, in particular, are anxious for some certainty about the future - whatever that may be. The time is clearly right to move on.

5.1.6 Acute care south of the River Tees has undergone significant change in recent years and Panel Members were very impressed with the quality of facilities that are now provided for the people of south Tees.

5.1.7 **Recommendation One**

It is not an option for the location of maternity and paediatric services to stay the same. People north of the Tees deserve access to maternity and paediatric services of at least comparable quality and safety to those provided south of the Tees.

5.2 **Safety issues**

5.2.1 The proposals for maternity and paediatric services that we were asked to advise on would see consultant-led care provided at UHH with a midwife-led maternity unit and a paediatric assessment unit established at UHNT. A key driver behind these proposals is the desire to provide effective, accessible and sustainable services for the future. To be effective, accessible and sustainable, services have to conform both to present safety standards and have the capacity to adapt to future standards.

5.2.2 NHS organisations have a statutory responsibility in relation to the standard of clinical care they provide. Standards for good practice in maternity and paediatric services include:

- The maternity standard of the National Service Framework for Children, Young People and Maternity Services

- The Royal College of Obstetrics and Gynaecology's (RCOG) standard for labour wards requires that dedicated consultant cover should be available for a minimum of 40 hours during the working week
- This standard specifies a minimum of 60 hours consultant cover per week by the end of 2008
- The Postgraduate Medical Education and Training Board (PMETB) approves junior doctors' posts subject to compliance with appropriate training and supervisory standards
- The European Working Time Directive limits junior doctors' hours to 58 hours per week
- This reduces further to 48 hours per week in 2009
- Guidelines for Obstetric Anaesthesia Services, published in May 2005 by the Obstetric Anaesthetists Association (OAA)/Anaesthetic Association of Great Britain and Ireland (AAGBI), require that dedicated obstetric anaesthetic services are available in all consultant-led maternity units
- Specialist neonatologists should not cover more than one site when on call
- Guidance from the Royal College of Paediatrics and Child Health (RCPCH) stating that wherever possible paediatric surgery including trauma and paediatric medicine should be accommodated on the same site
- Revised guidance on minimum standards for the organisation and delivery of care in labour is expected to be published in 2007 by a joint working party of the RCOG, Royal College of Midwives (RCM), Royal College of Anaesthetists (RCA) and RCPCH

5.2.3 Such national standards and guidelines are developed for good reason – they enhance the safety of services.

5.2.4 In the course of our visits to the North Tees and Hartlepool NHS Trust, the Panel heard strong evidence from clinicians (see Section 4.8) that the provision of consultant-led maternity and paediatric services on two sites is unsustainable and is maintained at present largely by the goodwill of hard working and dedicated staff. Even so, both maternity units – at UHH and UHNT - have been forced, on numerous occasions, to close because of a lack of staff.

5.2.5 These clinical views of obstetricians and midwives and paediatricians and paediatric nurses from within the NHS Trust were very clearly expressed to us but appeared not to have been previously documented.

5.2.6 The Panel agrees with those views. The current configuration of consultant-led maternity and paediatric services on two sites is not an effective use of personnel, makes it extremely difficult to meet current safety standards and represents a less than an optimum service for women and children across North Tees, Hartlepool and the surrounding areas. This is not simply a matter of recruiting additional staff. Specialist skills can only be acquired and maintained with sufficient “throughput” of cases. Since safety standards can only be expected to rise in the future, the current model of service provision is unsustainable.

5.2.7 **Recommendation Two**
Consultant-led services for both maternity and paediatrics should be centralised on one site to improve patient safety and to make the most effective use of scarce clinical staff and meet all training and European Working Time Directive requirements.

5.2.8 It is worth noting that both the Tees Services Review and Professor Darzi in his report reached the same conclusion as the Panel that consultant-led maternity and paediatric services should be centralised on one site. Not to do so would simply be delaying the inevitable, causing further uncertainty and, in all probability, yet another review in a few years time.

5.3 **Planning for the future**

5.3.1 Since its creation seven years ago, the North Tees and Hartlepool NHS Trust has made considerable progress in shaping clinical services across two separate hospitals into one integrated Trust-wide service. This process has speeded up considerably over the last 12 months with major changes to the provision of surgical and trauma services.

5.3.2 The consolidation of consultant-led maternity and paediatric services onto one site would represent further progress in this regard. However, in the long-term, the Panel was concerned that continuing to provide acute care from two hospital sites for the population north of the Tees was unlikely ever to achieve a wholly satisfactory provision of hospital services. The most effective arrangement would be to locate acute services on one site enjoying all the advantages of the critical mass needed to provide sustainability, better communications and integration amongst clinical services and greater scope for appropriate sub-specialisation.

5.3.3 Until relatively recently, the population south of the Tees received its acute care from four different hospital sites. Patient services have now been brought together onto one hospital site at JCUH. The Panel believes that people north of the Tees should receive their hospital care from a modern 21st century hospital.

5.3.4 **Recommendation Three**
A modern hospital to replace the existing out of date hospital buildings should be provided on a new site in a well-situated location accessible to the people of Hartlepool, Stockton-on-Tees, Easington and Sedgfield.

5.3.5 A new hospital would give north Tees residents sustainable clinical facilities of high quality comparable to those that exist south of the river. It would bring an end to the uncertainty that has blighted appropriate development of hospital services in the area for so many years. Planning should start at once.

5.3.6 In doing so, it will be important not to burden the local NHS with a large debt for many years to come. In the course of our consideration, the Panel spoke to a wide range of people within the NHS Trust, local PCTs, the SHA and the Department of Health and received assurances that creating a new hospital was a feasible proposition. The existing hospital sites should be sold and the income from land sales used to contribute to the cost of the new hospital. There will be a saving on maintenance costs across two sites as the existing hospitals are amongst the oldest in the region.

5.3.7 In making this recommendation, we consider that the effective provision of hospital services north of the Tees, including maternity and paediatric services, can only be sustained if all clinical services are viable and fully integrated.

5.4 **Primary and community care and public health**

5.4.1 Improving public health in general is vital to the whole area. The Panel heard evidence about the health inequalities that affect the local population, such as the high incidence of coronary heart disease and cancer and also the high rate of teenage pregnancies. Sustained improvements in public health are needed through a wide range of initiatives that reach the most deprived communities.

5.4.2 Some significant developments are already under way. We were told that local PCTs are working with partner agencies to tackle health inequalities through the promotion of health improvement in young people and by tackling major diseases including coronary heart disease, cancer and diabetes.

5.4.3 Action to reduce the number of people who smoke – a major contributor towards the incidence of these diseases – is also being taken through the regional Tobacco Control Initiative (FRESH). The north-east has the highest smoking rates in the country and tobacco remains the single biggest cause of preventable death and disease in the region. Initiatives such as smoking cessation drop-in clinics are much needed and are proving to be both popular and successful.

5.4.4 Good local primary and community care provision is central to bringing about improvements in the overall health of people north of the Tees. We heard of new facilities in Stockton-on-Tees at the Lawson Street Health Centre where three GPs' surgeries and a pharmacy have been brought together to offer many services normally provided in hospitals as well as dentistry and a clinic for drug addicts. We were also told about developments in Hartlepool at the Headland Surgery Health Centre in Hartlepool, the Owton Rossmere Health Centre and the planned GP complex in the centre of town.

- 5.4.5 While much good work has already been done, it is also clear that much more needs to be done to tackle health deprivation across the area - particularly in Hartlepool and Easington.
- 5.4.6 The development of community midwifery is a good example of how the provision of services locally can help. Enhanced antenatal care, that reaches disadvantaged women early in their pregnancies, has the potential to improve health outcomes for these women greatly. Similarly, the high rate of teenage pregnancies is an issue that is best tackled through primary and community services rather than in an acute hospital setting.
- 5.4.7 The Government White Paper *Our health, our care, our say: a new direction for community services*¹² sets out a vision to provide people with good quality social care and NHS services in the communities where they live. It considers how health services can be moved into the community to make them more responsive and convenient for patients.
- 5.4.8 Examples of services currently provided in hospitals that could in future be provided in the community include diabetic services, skin services, treatment for long-term conditions and post-surgical rehabilitation. Additionally, as modern medicine develops, opportunities to increase the number of procedures that can be undertaken on a day surgery basis should be kept under constant review. Local diagnostic services and outpatient clinics should also be provided where appropriate.
- 5.4.9 The new hospital discussed in Section 5.3 should provide patient services that can only be effectively delivered in a hospital setting. All other services should be provided in local primary and community care facilities. This does not mean that primary and community care services should develop separately from hospital-based services or that their development should await the building of the new hospital. On the contrary, primary and community care should be developed in

¹² Our health, our care, our say: a new direction for community services. Health and social care working together in partnership. Department of Health, January 2006

advance of the new hospital opening to ensure appropriate integration across the full range of health and social care services.

5.4.10 **Recommendation Four**

Further initiatives are needed to improve the provision of primary and community care, including community midwifery. All services that do not need to be provided in a hospital setting should be placed in the heart of communities in line with implementing the White Paper *Our health, our care, our say: a new direction for community services*.

5.5 **In the interim**

5.5.1 Whilst the new hospital and primary and community services are being planned, the integrity of current services must be maintained.

5.5.2 The problems associated with the organisation of clinical services highlighted earlier need to be addressed urgently. In the short-term, this means centralisation of maternity and paediatric services either at UHH or at UHNT.

5.5.3 Under the Darzi proposals, consultant-led maternity and paediatrics would be centralised at UHH. Clearly, this proposal accords closely with the first part of the terms of reference that shaped Professor Darzi's review: namely "*to consider how the fullest range of services can be maintained at Hartlepool Hospital*". Centralising these services at UHH would help to build a focus of expertise as well as ensuring ease of access for residents of Hartlepool and people living in the south of the district of Easington.

5.5.4 Panel members were concerned, however, that siting consultant-led maternity and paediatric services at UHH carried with it a number of disadvantages:

- The separation of emergency paediatric surgery from paediatric medicine
- The sustainability of services. The Panel heard much evidence about likely patient flows should maternity and paediatrics be centred at UHH. It was clear that if services were organised in this way, a significant proportion of Stockton-on-Tees residents would be unwilling to travel to Hartlepool and

would instead opt to use services at the JCUH. Under the NHS system of payment by results, the long-term stability and sustainability of services north of the Tees would be severely affected by such a movement. It would also have a significant impact on capacity and planning at JCUH

- The high capital outlay to convert buildings at UHH to accommodate consultant-led maternity and paediatric services and the time it would take for the work to be completed

5.5.5 The alternative would be to site consultant-led maternity and paediatric services at UHNT. The main disadvantage of this option would be that public transport links between Stockton-on-Tees and Hartlepool and Stockton-on-Tees and Easington are poor. Since both Hartlepool and the district of Easington include pockets of significant social deprivation, and relatively low levels of private car ownership, transferring maternity and paediatric services further away could disproportionately disadvantage people living in these communities.

5.5.6 However, UHNT has in the last six years benefited from the refurbishment of its maternity unit and, with modifications, the unit has the capacity to cope with the increased numbers that would be expected. This option would resolve many of the immediate quality of service issues that are the primary concern of the clinicians involved and ensure the sustainability and integrity of patient services north of the Tees. There is little point in planning a new hospital north of the Tees if the services have disintegrated before it has opened.

5.5.7 Since emergency surgery and critical care services are due to be transferred to UHNT in December 2006, this option would have the added advantage of placing paediatric medicine and surgery on the same site.

5.5.8 Locating consultant-led maternity and paediatric services at UHNT appears to have no obvious clinical disadvantages though we recognise that it would be unpopular with the people of Hartlepool. The Panel believes that the UHNT site is better suited to rapid consolidation of maternity and paediatric services on one site and at less cost.

5.5.9

Recommendation Five

Until the new hospital is open, consultant-led maternity and paediatric services should be centralised at UHNT to ensure their continued integrity, safety and sustainability.

5.6 The future for UHH

5.6.1 It was clear from the representations made to us that UHH is a highly valued institution and is part of the fabric of Hartlepool. Until the new hospital is open, UHH should continue to provide a range of existing and new services, including the establishment of a midwife-led maternity unit and a paediatric assessment unit.

5.6.2 A midwife-led maternity unit (MLU)

Pregnancy and childbirth is, for the majority of women, a normal physiological process in which clinical intervention should only be used where indicated. In many instances, women can be most appropriately cared for by a midwife. Earlier this year, Panel members visited midwife-led units in Bournemouth and Kendal. Both are highly successful units offering real choice to local women about the type of care they receive and the place where they wish to give birth. A midwife-led maternity unit in UHH will provide similar choice for women throughout the area in line with the maternity standard of the National Service Framework (NSF) for Children, Young People and Maternity Services.

5.6.3 A paediatric assessment unit (PAU)

Although nationally the inpatient length of stay for paediatric patients has reduced very significantly in recent years to an average now of 1.5 days the evidence shows that the demand for an out of hours service has increased. These needs are best met with the provision of a local paediatric assessment unit. During our tours of the paediatric facilities in UHH and UHNT we heard evidence from staff and parents about how much parents value the availability of somewhere to seek an early opinion when their child falls ill. The Panel fully recognises the importance of such reassurance being available and considers that a PAU should be made available on the UHH site, open from morning until late evening.

5.6.4 *Other services*

UHH has already become recognised as a centre for elective surgery. In the interim prior to the availability of the new hospital serving local people north of the Tees, the Panel believes this role should continue for UHH with elective operations being undertaken there, including inpatient breast surgery and gynaecological day surgery and an emergency medical service.

5.6.5

Recommendation Six

Until the new hospital is open, a midwife-led maternity unit and a paediatric assessment unit should be provided at UHH in addition to elective surgery and emergency medical services, taking into account best practice.

5.7 **Transport**

- 5.7.1 Widespread concern was expressed to us about transport difficulties between hospital sites - for patients, carers, families and friends. With the changes due to take place in December 2006, concerning emergency surgery and critical care, it is clear that good transport links between the two hospital sites are about to become even more important. The road network throughout the area is generally good but, as has been stated previously, there is a high dependency on public transport.
- 5.7.2 A large amount of work on developing public transport links has already been undertaken by the combined Trust and local authority transport group and two initiatives to provide additional bus services are in place. However, if consultant-led maternity and paediatric services are to be centralised at UHNT, it is vital that all communities are able to access them. Initiatives to improve access to UHNT from Hartlepool, Easington and Sedgefield are urgent and essential. This requirement will, in due course, also apply for gaining access to the new hospital.
- 5.7.3 The co-operation of the local ambulance service will be equally essential. The Panel was reassured to hear in discussions with representatives of the North East Ambulance Service that, with their early involvement in planning discussions, all reasonable requirements could be met.

5.7.4 **Recommendation Seven**

New initiatives supported by the NHS and local authorities are required to meet the transport needs of patients, carers and staff between UHH and UHNT and the communities they serve. The North East Ambulance Service should be involved at an early stage in discussions about all changes to patient services.

5.8 **Looking at Teesside overall – neonatal services**

5.8.1 In March 2004, a review of neonatal services on Teesside was established to inform the Tees Services Review. This followed on from a 2003 Department of Health report on Neonatal Intensive Care Services which endorsed standards published by the British Association of Perinatal Medicine in 2001. The Department's report recommended the development of managed clinical networks of sufficient capacity to provide an integrated service at all levels of care.

5.8.2 The Steering Group overseeing the review was unanimous in agreeing that changes needed to be made to neonatal services on Teesside and that a managed clinical network should be established to ensure that all neonatal care is provided within a network of units working together. The Steering Group concluded that the clinical network serving Teesside should have a single unit with intensive and high dependency cots and a second unit with high dependency cots.

5.8.3 The Steering Group also concluded that reconfiguring the present service to site the main unit at UHNT was not an option as there was insufficient space to accommodate all the southern sector's intensive care cots. It was instead suggested that JCUH should incorporate the four North Tees intensive care cots, which would require a new building.

5.8.4 As these proposals have not yet been implemented, this specialised service should be implemented in the new hospital north of the Tees.

5.8.5 **Recommendation Eight**

The most specialised neonatal services serving Teesside as a whole should be located in the new hospital.

5.9 **Looking at Teesside overall – other specialist patient services**

5.9.1 In recent years, patient services have developed more rapidly south of the Tees and the opportunity has also been taken to enhance the capability of JCUH by accommodating some more specialised services at that hospital. These are services - cardiac services for example - that might in the past have been located in the regional centres at Newcastle or Leeds. These developments are to be welcomed as they reduce the journeys for Teesside patients who require this type of care.

5.9.2 This trend should be encouraged. Future opportunities should be taken, where appropriate, to locate other more specialised services at JCUH or the new hospital north of the Tees.

5.9.3 The most specialised patient services are often very expensive to provide because of the manpower, accommodation and equipment requirements of each service. Additionally, recruiting appropriate clinical staff to these services can prove to be a considerable challenge. For these reasons, any unnecessary duplication or overlap in their provision should be avoided. Co-ordinated planning of specialist services across Teesside should seek to ensure clinical viability taking into account the best relationship with other clinical services and locating services where the physical capacity can be found. The main hospitals on Teesside, along with those at Newcastle and Leeds, should offer a package of the more specialised services that meet all but the rarest needs of Teesside patients while avoiding duplication.

5.9.4 **Recommendation Nine**

Other more specialised hospital services serving Teesside as a whole should be provided at the JCUH and the new hospital north of the Tees determined by the optimum relationship with other clinical services and where capacity can be found.

5.10 A final comment

5.10.1 In the course of our visits, it was clear to Panel members that there is a great deal of uncertainty and weariness amongst staff and in the communities affected. Local people are keen to have a decision and to move forward with it. Successful implementation of the proposals will only be achieved if key stakeholders now give their full support for the new hospital and for the interim changes. Without such local support across the communities of Hartlepool, Stockton-on-Tees, Easington and Sedgefield the opportunity will be missed and services will become increasingly dysfunctional and in some cases lost from the north Tees area.

5.10.2 The North Tees and Hartlepool NHS Trust has been through some difficult times over the last few years. During the last 12 months, the Trust has made significant progress and there is now a greater degree of cohesion amongst clinicians in the organisation of patient services than ever before. The Trust has also successfully navigated its way through some testing challenges for all concerned to address important financial issues.

5.10.3 The Trust is now in a position to consider a move towards Foundation Trust status and will be involving local people in the preparation to acquire that status and in implementing these proposals to bring benefits to patient care for people living north of the Tees. Full advantage should be taken of the considerable community and political interest in local NHS services. This energy should be channelled to work with, and support, the local NHS clinicians and managers to create an NHS north of the Tees that will be the envy of other parts of the country.

5.10.4 **Recommendation Ten**

With the North Tees and Hartlepool NHS Trust moving towards foundation trust status, key community leaders and stakeholders should all give their full support to the successful implementation of these proposals for the benefit of local people and to bring years of uncertainty to an end.

SOME PERSONAL OBSERVATIONS*Dr Peter Barrett*

In agreeing to take on this review of maternity and paediatric services at the request of the Secretary of State for Health we were soon made well aware of the long, complex and impassioned history surrounding this issue. The people of North Tees and Hartlepool had been the subject of major reviews of services since the 1990s and most recently by Professor Sir Ara Darzi in 2004/05. Some of that review had been implemented but concerns were raised by a majority of the Joint Scrutiny Committee and also by the Stockton Health Scrutiny Committee about the safety and sustainability of the maternity and paediatric services in Hartlepool if the 2004/05 proposals were to be implemented in full. Felt equally strongly was the view from Hartlepool that their services would be left to wither if Professor Darzi's recommendations were not implemented. There was also an all pervading air of weariness and a feeling of stagnation about the future of health provision across the whole of the North Tees community. The problems were compounded by the nature of the local communities. Whilst we were really impressed by their dedication to their local services, there was little tradition of using each other's facilities and both Stockton and Hartlepool residents tended to gravitate to Middlesbrough rather than travel to each other's towns. Transport services between the two communities were poor which reinforced the isolation between each town. In view of these problems, the more specialised medical and nursing staff were difficult to recruit and retain, putting additional strain on an already demoralised workforce operating at the limits of what could be delivered.

Further complications arose because of the relative success of the James Cook Hospital South of the Tees. This new facility was the result of the amalgamation of four hospitals and provides modern, vibrant healthcare, not only to its residents but also to those exercising their choice to attend what seems to them to be a better facility with easier transport links. This has resulted in the hospital struggling to cope with ever increasing numbers particularly for maternity and paediatric services.

It seemed unfair to us that those north of the Tees did not have the same opportunity to enjoy such modern facilities closer to home. After our visits to the area, it soon became

clear that as well as needing to give advice that would enable sustainable maternity and paediatric services over the next 15 or so years, there was an urgent requirement for action to prevent the disintegration of local services and provide a safe level of care to the health community in the immediate future. The NHS has developed at an ever increasing rate and what was thought to be appropriate in 2004 has been overtaken by events. If consultant-led maternity services were to be sited at Hartlepool then full paediatric services would have to follow. Many of the residents of Stockton had indicated that they would not travel to Hartlepool for these services and would instead travel south to the James Cook Hospital. The population of Hartlepool, even including surrounding catchment areas, is smaller than that of Stockton and we had grave concerns about the hospital's long-term viability should this change be implemented. Adding to our concern was the efficiency of such a move given that Stockton already had the capacity to take on an increased workload if required. The clinicians were virtually unanimous in their desire to work on one site. This was not based on their personal convenience but on clinical evidence and a belief that a real and sustainable improvement in patient care would take place.

We therefore developed our short-term advice. This would enable safe inpatient paediatric and neonatal services for consultant led maternity care at the University Hospital of North Tees for the whole of the community north of the Tees. The establishment of a midwife-led service at Hartlepool would deliver safe services to the large number of women not requiring medical intervention in their pregnancies. Based on our experience in other areas of the country around 50 per cent of pregnant women can enjoy such facilities. The evidence shows that, with proper selection procedures, they are safe and many women having used them want to use them for subsequent deliveries. There is also a high level of job satisfaction for the midwives involved easing the pressure on recruitment and training. Midwife-led units can and should be linked to networks of clinics in the community reaching out to those in very deprived areas currently not making use of health care services. These women's and children's centres can offer more comprehensive care than the traditional NHS by links with social care, housing, education and benefit advice. However they do need to be properly funded and maintained. The establishment of Hartlepool Hospital as a centre for elective surgery and the retention of an emergency treatment facility will help ensure its survival but this has to be linked to improvements in transport services between Hartlepool, Stockton, Easington and Sedgfield. It is

unacceptable for a young mother with a pushchair to have to change buses three times to reach her appointment and innovative ways of easing her journey must be sought.

We believe that our advice for the short term will help stabilise the local NHS and provide a level of reassurance about safety standards. However, there has to be a longer term solution to deal with the ongoing problems of access, worn out hospital buildings, patients, relatives and staff commuting between two sites and modernisation of the delivery of care over the years to come. We have mentioned the draw of the successful James Cook Hospital. The Government supports patient-led care and choice. Unless there is a comparable facility north of the Tees I fear that the James Cook University Hospital will be overwhelmed and patient choice will suffer.

This thinking led us to propose a new hospital north of the Tees within easy reach of Stockton, Hartlepool, Easington and Sedgefield and associated with newly developed transport services for the significant numbers of people in the area without cars. The hospital should not be just another building along traditional lines but should reflect the thrust of the Government's White Paper, *Our health, our care, our say*. Only those things that need to be done on a hospital site should be done in the new building. There will have to be an associated development of primary care health centres providing the outreach holistic care that residents of the North Tees area deserve. This would allow for care closer to home for a large number of medical conditions. The North Tees area could become a beacon of good practice for those wanting to develop their services in the future. Appropriate funding could allow for a rapid development of such facilities.

I recognise the heartfelt concerns of those affected by the proposed changes to their health service. Local councillors and MPs have argued passionately on behalf of their electorates and we have taken into account their individual positions and their diligence. However, we have the advantage of being independent and dispassionate. We can look at the whole health community and base our advice solely on patient safety, sustainability, effectiveness and accessibility. There is always a sense of loss and a fear that services will disappear entirely. There is rarely recognition that the reconfigured services will actually provide much better standards of care that will be safe, sustainable and accessible in the future. I

believe that the advice we have offered to the Secretary of State for Health can bring genuine long-term benefits to people north of the Tees.

List of abbreviations used

AAGBI	Anaesthetic Association of Great Britain and Ireland
BAPS	British Association of Paediatric Surgery
CNST	Clinical Negligence Scheme for Trusts
DGH	District general hospital
EWTD	European Working Time Directive
HDU	High dependency unit
IRP	Independent Reconfiguration Panel
JSC	Joint Scrutiny Committee (the Section 7 Joint Consultation Committee)
MLU	Midwife-led unit
NIC	Neonatal intensive care
NHSLA	National Health Service Litigation Authority
NSF	National Service Framework (in this case the Maternity standard of the NSF for Children, Young People and Maternity Services)
NTHT	North Tees and Hartlepool NHS Trust
OAA	Obstetric Anaesthetists Association
PAU	Paediatric assessment unit
PCT	Primary Care Trust
PFI	Private Finance Initiative
PMETB	Postgraduate Medical Education and Training Board
RCA	Royal College of Anaesthetists
RCM	Royal College of Midwives
RCOG	Royal College of Obstetricians and Gynaecologists
RCPCH	Royal College of Paediatrics and Child Health
SCBU	Special care baby unit
SHA	Strategic Health Authority (formerly the County Durham and Tees Valley SHA, now NHS North East)
UHH	University Hospital of Hartlepool
UHNT	University Hospital of North Tees
WTE	Whole time equivalent

Appendix One

Independent Reconfiguration Panel general terms of reference

The Independent Reconfiguration Panel is an advisory non-departmental public body. Its terms of reference are:

- A1. To provide expert advice on:
- Proposed NHS reconfigurations or significant service change;
 - Options for NHS reconfigurations or significant service change;
- referred to the Panel by Ministers.
- A2. In providing advice, the Panel will take account of:
- i. patient safety, clinical and service quality
 - ii. accessibility, service capacity and waiting times
 - iii. other national policies, for example, national service frameworks
 - iv. the rigour of consultation processes
 - v. the wider configuration of the NHS and other services locally, including likely future plans
 - vi. any other issues Ministers direct in relation to service reconfigurations generally or specific reconfigurations in particular.
- A3. The advice will normally be developed by groups of experts not personally involved in the proposed reconfiguration or service change, the membership of which will be agreed formally with the Panel beforehand.
- A4. The advice will be delivered within timescales agreed with the Panel by Ministers with a view to minimising delay and preventing disruption to services at local level.
- B1. To offer *pre-formal consultation* generic advice and support to NHS and other interested bodies on the development of local proposals for reconfiguration or significant service change – including advice and support on methods for public engagement and formal public consultation.
- C1. The effectiveness and operation of the Panel will be reviewed annually.

Appendix Two

Letter to Secretary of State for Health from Cllr Mary Womphrey



Stockton-on-Tees

BOROUGH COUNCIL

Councillor Mrs M B Womphrey

www.stockton.gov.uk

 97 Whitehouse Road Billingham TS22 5TA
 Tel: (01740) 360726 * Email: mary.womphrey@stockton.gov.uk

My ref: MW/HSC
 Your Ref:
 Please ask for: Councillor Mary Womphrey
 Tel: 01642 555755
 Email: mary.womphrey@stockton.gov.uk

3 July 2006

Dear Secretary of State

I am writing as Chair of Stockton-on-Tees Borough Council's Health Select Committee to refer aspects of the Acute Services Review that will affect University Hospital North Tees and University Hospital Hartlepool under powers in the Local Authority (Overview & Scrutiny Committees Health Scrutiny Functions) Regulations 2002, Statutory Instrument 2002 No. 3048.

It has been necessary to refer this matter separately to the Joint Section 7 Consultation Committee (Councils represented – Durham County, Hartlepool, Middlesbrough, North Yorkshire County, Redcar and Cleveland, and Stockton-on-Tees) constituted to provide the overview and scrutiny of the Acute Service Review proposals. The Joint Committee intends to refer the issue of maternity and paediatric provision and Stockton-on-Tees Borough Council, although accepting the basis of the referral from the Joint Committee is unable to support the Joint Committee's conclusions which would attempt to retain consultant-led services at both North Tees and Hartlepool hospitals.

Stockton-on-Tees Borough Council believes that Professor Darzi's proposals are not in the interests of the local health service or the local communities they serve and are not consistent with the ethos of the key NHS Policy document *Keeping the NHS Local*. The original Tees Service Review that began in 2003 proposed that a midwife-led unit should be located at University Hospital Hartlepool but this was reversed by Professor Darzi in July 2005 who favoured a Women and Children's Centre of Excellence to be created at Hartlepool. Stockton-on-Tees Borough Council oppose that proposal and suggest that the Centre of Excellence should be located at University Hospital North Tees because:

- Consultant-led services are not sustainable at both North Tees and Hartlepool Hospitals.
- Stockton is the major population centre and has double the number of births than Hartlepool
- Patient choice requirements are met
- The well regarded Centre of Excellence that exists at North Tees would be maintained
- The impact on maternity services at James Cook University Hospital would be reduced especially from areas in the south of Stockton Borough
- A midwife-led unit at North Tees is unlikely to achieve 700 births per annum and would close after 3 years if this figure is not achieved
- It is cheaper and a better use of public funds
- It will preserve or improve consultant retention, recruitment and training
- It ensures 24-hour consultant paediatricians are on-site at the trauma centre north of the River Tees

Stockton-on-Tees Borough Council's Health Select Committee undertook specific scrutiny of maternity and paediatric issues on behalf of the Joint Committee as they directly affected Stockton Borough residents. The Joint Committee endorsed the evidence and findings of Stockton's Health Select Committee in its final report.

I have enclosed a referral document that provides background and the basis for reconsideration of the Acute Service Review recommendations. Throughout this process the Health Select Committee has ensured that it has reached conclusions that are balanced and reasonable and based upon the weight of evidence and representations received.

It is now three years since the beginning of the Tees Service Review and almost one year since Professor Darzi presented his recommendations. It is hoped that consideration and conclusion of this matter can be carried out expeditiously giving due regard to the evidence presented to you.

Yours Sincerely,

A handwritten signature in blue ink, appearing to read 'MB Womphrey', with a horizontal line underneath.

Councillor Mary Womphrey
Chair, SBC Health Select Committee

Appendix Three

Referral letter to Secretary of State for Health from Cllr Eddie Dryden

Middlesbrough Council

www.middlesbrough.gov.uk

Performance & Policy

PO Box 99A, Town Hall, Middlesbrough TS1 1QQ
Switchboard: (01642) 245432



Right Honourable Patricia Hewitt MP
Secretary of State for Health
Department of Health
79 Whitehall
London
SW1A 2NL

Contact Officer: Jon Ord
Telephone: (01642) 729708
Switchboard: (01642) 245432
Email jon_ord@middlesbrough.gov.uk
7 July 2006

Dear Secretary of State

Re: Review of Acute Services on Teesside

I write to you as the Chairman of the Joint Section 7 Consultation Committee (Joint Scrutiny Committee), established to scrutinise proposals contained in The Acute Service Consultation Document¹. This followed Professor Sir Ara Darzi's study (Acute Services Review, Hartlepool & Teesside, July 2005²) of the Acute Provision that services the communities of Teesside, North Yorkshire and East Durham.

The Acute Services Review made recommendations to reconfigure the following services

- a) Upper Gastro Intestinal Services
- b) Vascular Services

Following the Joint Scrutiny Committee's investigation into the two above proposal areas, it should be noted that the County Durham & Tees Valley Strategic Health Authority decided against implementing those proposals. Through the Joint Scrutiny Committee evidence gathering process, these proposals were demonstrated as a backward step and would actually constitute a worse set of services. This decision by County Durham & Tees Valley Strategic Health Authority is in itself evidence that the recommendations contained within the review need to be examined and justified individually.

The Acute Service Review also made recommendations in respect of;

- c) Maternity provision
- d) Paediatric provision
- e) Trauma
- f) Elective Orthopaedics
- g) Breast Surgery
- h) Gynaecology

¹ The Consultation Document was entitled "The Right Treatment, in the Right Place, at the Right Time: Taking Hospital Services across Teesside and parts of North Yorkshire into the future – Have your say about local hospital services"

² Can be found on www.countydurhamandteesvalley.nhs.uk

In relation to maternity and paediatric services. The Joint Scrutiny Committee holds the view that the proposals are not in the interests of the local health service, the communities they serve and the communities that the Joint Scrutiny Committee represents. Consequently, under the powers granted to it³, the Joint Scrutiny Committee wishes to refer the disputed matters for your consideration and determination.

The Joint Scrutiny Committee opposes the proposals pertaining to maternity and paediatrics on the basis of four key principles.

1. The Joint Scrutiny Committee does not believe that the proposals pertaining to maternity and paediatric services are in the interests of the local community, nor in the interests of the local health services.
2. The Joint Scrutiny Committee does not believe that the proposals are consistent with the ethos of the key NHS Policy document *Keeping the NHS Local*.
3. The Joint Scrutiny Committee has consistently noted the lack of detailed information pertaining to the financial ramifications of the proposals on the local health economy. As a result of this, the Joint Scrutiny Committee is unable to conclude as to whether the proposals are sustainable or not, as it has had to work in something of a financial information vacuum.
4. The Joint Scrutiny Committee holds the view that the communities of Stockton-on-Tees, Hartlepool and the associated parts of East Durham are substantial communities in their own right. As such, they reasonably expect a certain level of District General Hospital service provision within their vicinities, as is presently provided.

As evidenced by the enclosed documentation, the Joint Scrutiny Committee has conducted a thorough scrutiny of the Acute Services Proposals, taking evidence from a wide range of stakeholders. The process included nineteen meetings all open to the public and local media, as well as 'Question Time' style Public Meetings held in Stockton and Hartlepool and considered evidence from in excess of fifty sources including chief clinical staff, chief non-clinical staff, Patients Forums, Support Groups, a Health Economist, local community activists and Local Medical Committees.

For clarity, the Joint Scrutiny Committee does not wish to make any significant comment of the local NHS' consultation process. The Joint Scrutiny Committee felt that the consultation process was of sufficient length and communicated the proposals in appropriate detail and the Joint Scrutiny Committee was furnished with senior clinical and managerial staff when necessary.

The Joint Scrutiny Committee agreed the text of a Final Report on 6 February 2006 and the report was presented to the local NHS on 14 February 2006. A formal response from the local NHS was received within the specified 28 days timeframe. The subsequent discussions between the Joint Scrutiny Committee and local NHS, failed to reach agreement on the proposals pertaining to maternity and paediatric services.

³ In Section 4.7 of the Local Authority (Overview & Scrutiny Committees Health Scrutiny Functions) Regulations 2002, Statutory Instrument 2002 No. 3048

Accordingly, the Joint Scrutiny Committee feels it has exhausted all other avenues and duly refers the matter for your attention and direction. In support of the referral, I enclose a referral document and a copy of the Joint Scrutiny Committee's Final Report.

In the interests of probity, I would like to bring to your attention that the Joint Scrutiny Committee refers the matter to you by a majority vote. The original Final Report, which was agreed on 6 February 2006, had unanimous support of the Joint Scrutiny Committee. At the concluding meeting the Joint Scrutiny Committee's representatives from Stockton-on-Tees Borough Council and Hartlepool Borough Council voted against the matter being referred according to the four principles outlined above. Stockton Borough Council's representatives also expressed a wish to refer the matter, although according to different rationale, which they expressed a desire to pursue independently. For your information the voting was 7:5 in favour of the Referral.

As Chair of the Joint Scrutiny Committee, I believe the process has been thorough and fair and the conclusions reached are balanced and reasonable and based upon the weight of evidence and representations received. I conclude by pointing out that the review into the services has been ongoing for a considerable length of time and I believe that this has created a degree of uncertainty for health professionals and local communities and I would urge a speedy consideration and conclusion to this process.

As a final comment, I would like to commend the Government on the introduction of the Health Scrutiny powers for local authorities. The Members of the Joint Scrutiny Committee, representing six local authorities and made up of the major political parties and independents, feel it is entirely appropriate that local elected representatives have a responsibility to review health services and proposals to change them, on behalf of the local communities that elected them to office. I believe that the working of this Joint Scrutiny Committee has demonstrated how well health scrutiny can work, with elected representatives working in partnership to review services, for the common good of the communities they represent. The scrutiny process is also good for the National Health Service.

Yours sincerely



Councillor Eddie Dryden
Chair, Section 7 Joint Consultation Committee

Appendix Four

Letter to Secretary of State for Health from Cllr Gerald Wistow

Civic Centre
Hartlepool TS24 8AY

Tel: 01429 266522
Fax: 01429 523701
DX: 60669 Hartlepool-1

Our Ref: SB/GW

Right Honourable Patricia Hewitt MP
Secretary of State for Health
Department of Health
79 Whitehall
London
SW1A 2NL



31 July 2006

Dear Secretary of State,

Re: Acute Services Review on Teesside

I am writing to you as Chair of Hartlepool Borough Council's Adult and Community Services and Health Scrutiny Forum in relation to the Acute Services Review on Teesside and the subsequent Joint Scrutiny process which resulted in a referral to your office on 7 July 2006.

Representatives from Hartlepool participated fully in what was generally considered to be a thorough and informative Section 7 Joint Scrutiny process. Ultimately, however, they were unable to support the case that underlies the referral. The Hartlepool scrutiny forum wishes, therefore, to apply its own right to refer which, it understands, "may be exercised by any of the Overview and Scrutiny Committees originally consulted."¹ The purpose of this letter is to set out briefly the reasons why the Hartlepool Scrutiny Forum is unable to support the joint committee's referral and why it would urge you to ensure that the Darzi report is fully implemented.

The full Council has discussed Professor Darzi's terms of reference and report on a number of occasions. It *unanimously* declared its support for the process during March 2005 and for his proposals in July 2005. At every stage, Elected Members have properly sought both to represent the views of local people and to act in the best interests of a community that has followed the Acute Services Review process closely. It has campaigned vigorously to ensure a solution that, at the very least, sustains the long-term viability of Hartlepool hospital. A 'save our hospital campaign' was launched and resulted in a petition of 30,000 signatures in support of the campaign. I am pleased to note that you have recently reported as encouraging patients to launch such petitions to campaign for better local health services².

¹ Health Scrutiny Guidance 2003- Para 10.77 refers.

² Telegraph, 17-07-2006.

Scrutiny Forum Members would wish to emphasise, however, that their support for a viable district general hospital is not equated with necessarily sustaining the current range and mix of services on any particular site. For this reason, the Council has repeatedly welcomed the potential for properly funded primary care development to enhance services closer to home, with inescapable consequences for new patterns of demand and supply for hospital services. It remains concerned about the priority given to such investment and has plans to conduct a scrutiny of their development and funding.

At the same time, the Council has recognised that securing a sustainable future for all local hospitals may necessitate some degree of specialization between sites, again with inevitable consequences for the maintenance of existing patterns of supply at individual sites. It was in this spirit that the Council welcomed the establishment of the Darzi process as a replacement for the original Tees Review. It approached his report and subsequent consultations in the same way. In essence, it recognised the report as a compromise between the narrower interests of individual sites and their host communities, on the one hand, and those of all sites and communities, on the other. This balance is a difficult one to achieve and sustain but the Darzi report achieved it through a complex set of interdependent parts designed to secure a sustainable future for all the hospitals covered in the review. It could not, therefore, be treated as a menu from which individual localities could choose since, to do so, risked unbalancing the package as a whole.

It was from this perspective that the Hartlepool scrutiny forum has approached the Joint Committee's referral to you. It considers that the referral's treatment of the Darzi proposals for maternity and paediatric services threaten the integrity of the overall package, including the sustainability of Hartlepool Hospital. As these consequences are apparently neither recognised nor accepted in the referral, the forum cannot accept that the proposals for maternity and paediatric services are in the interests of either its local community and local health services or those on Teesside, more generally.

It is strongly reinforced in this judgment by evidence provided by medical professionals throughout the scrutiny review which had apparently established one unifying fact - that the status quo cannot be maintained and without the establishment of a centre of excellence in Hartlepool the viability of its hospital is clearly threatened. Such an outcome, they accepted, was not in the interests of the local community or healthcare across Teesside.

However, the forum would wish to add its support for the Joint Committee's view that the lack of detailed information pertaining to the financing of the proposals impacted greatly on the Joint Committee's ability, and subsequently its own ability, to conclude whether the proposals were sustainable or not. It is deeply disturbed that the financial underpinnings of the implementation of Darzi have not been fully provided through the scrutiny process. As a result, it feels obliged to question whether the process has been properly conducted and seeks a re-assurance from you that you are fully satisfied with the extent to which the necessary financial costing and modeling has been carried out. It will continue to pursue this issue separately but is seeking, through this letter, a fuller

explanation of the reasons for all the necessary financial information not being provided to the joint committee and very much hopes your officials will be able to supply it.

As indicated at the outset this forum is clear that we are unable to look at acute hospital services in isolation from the primary, community and social care domains. Whilst noting the concerns expressed by other Local Authorities and the Joint Committee in relation to the Acute Services Review, it is our view that the full Darzi proposals present a vision for both Hartlepool and Teesside of how clinical services may be organized to ensure that:-

- they have a sustainable and vibrant future
- they make the greatest possible contribution to improving access to treatment, increasing the choices open to patients and delivering high quality care – in line with the objectives set out in the NHS Plan

Hartlepool welcomed the full proposals as a carefully constructed package which would enable populations already dealing with multiple deprivation, associated major health inequalities and under-developed primary care facilities to maintain much needed local hospital services. There is an acute shortage of General Practitioners in the area which has led to an over-reliance on hospital services. In this connection, it is worthy of note that Hartlepool residents, like others throughout the North East, use hospital services 10-12% more than the England average. Urgent care is apparently used particularly heavily.³ The Darzi proposals were, therefore, also significant for recognizing both the difficulties faced by Hartlepool residents in accessing primary care and the importance of securing the viability of Hartlepool hospital for the region.

The importance of retaining a sustainable hospital in Hartlepool has previously been emphasized publicly by both your predecessor as Health Secretary, John Reid, and the Prime Minister. The former stated that:-

““Let me make it clear, as long as I am Secretary of State, Hartlepool's hospital will not be closed. Hartlepool's hospital is one of the best in the UK and I am determined to keep it that way. In particular I want to assure you I have no intention of approving - no matter where the suggestion comes from - any proposal to downgrade hospital services for Hartlepool, or any suggestion Hartlepool's hospital is closed and people are left without accessible hospital services.”⁴

This statement was reinforced by his further commitment:

“I promise Hartlepool's hospital will not close. I promise there will be considerable improvement and increased investment and change for the better in the health service in Hartlepool.”⁵

³ As quoted in the Darzi Acute Services Review Report July 2005

⁴ As reported by The Hartlepool Mail – 06 September 2004

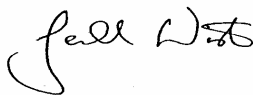
⁵ As reported by The Hartlepool Mail – 07 September 2004

The (then) Health Secretary's comments were supported by the Prime Minister who stated:

"There is no question of the hospital closing or being run down. I hope people understand there has never been any question of the hospital closing, we are there to **improve** it and not run it down."⁶

Against all this background, the forum requests that you reject the Joint Committee's referral in favour of a full and funded commitment to implement in full the Darzi proposals for maternity and paediatric services in order to secure a robust and sustainable future for all local hospitals. In addition, the Forum hopes that, in your consideration of this referral, you will both provide Hartlepool with the same assurances given by the former Health Secretary and the Prime Minister and also endorse the proposals presented by Professor Sir Ara Darzi.

Yours sincerely,



Councillor Gerald Wistow
Chairman of Adult & Community Services and Health Scrutiny Forum

⁶ As reported by The Hartlepool Mail – 15 September 2004 - (emphasis added)

Appendix Five

Letter to Cllr Eddie Dryden from Secretary of State

From the Rt Hon Patricia Hewitt MP
Secretary of State for Health



Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3000

SofS 43452

Councillor Eddie Dryden
Chair, Section 7 Joint Consultation Committee
Middlesbrough Council
PO Box 99A
Town Hall
Middlesbrough
TS21 2QQ

24 AUG 2006

Dear Councillor Dryden,

Maternity and Paediatric services at North Tees and Hartlepool

Thank you for your letter of 7 July 2006.

I have reviewed your letter and the grounds for referral under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, and have taken a view from the local NHS.

I have asked the Independent Reconfiguration Panel to undertake a review of the issues raised in relation to maternity and paediatric services in Teesside and to report back to me with their advice. I have asked my officials to liaise with the IRP to take this forward with the local NHS.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Patricia Hewitt', with a long horizontal flourish extending to the right.

PATRICIA HEWITT

cc: NHS North East

Appendix Six

Letter to Cllr Mary Womphrey from Secretary of State

From the Rt Hon Patricia Hewitt MP
Secretary of State for Health



SofS 43452

Councillor Mrs W B Womphrey
Stockton on Tees Borough Council
97 Whitehouse Road
Billingham
TS22 5TA

Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3000

24 AUG 2006

Dear Councillor Mrs Womphrey,

Maternity and Paediatric services at North Tees and Hartlepool

Thank you for your letter of 3 July 2006.

I have reviewed your letter and the grounds for referral under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, and have taken a view from the local NHS.

I have asked the Independent Reconfiguration Panel to undertake a review of the issues raised in relation to maternity and paediatric services in Teesside and to report back to me with their advice. I have asked my officials to liaise with the IRP to take this forward with the local NHS.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Patricia Hewitt'.

PATRICIA HEWITT

cc: NHS North East

Appendix Seven

Letter to Cllr Gerald Wistow from Secretary of State

From the Rt Hon Patricia Hewitt MP
Secretary of State for Health



SofS 43613

Cllr Wistow
Hartlepool Borough Council
Civic Centre
Hartlepool
TS24 8AY

Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3000

22 September 2006

Dear Cllr Wistow

Maternity and Paediatric Services at North Tees and Hartlepool

I am writing to apologise for the oversight that resulted in you receiving a belated response from one of my officials to your letter to me of 31st July.

I would assure you that I was aware of the views you expressed in your letter in considering my request to the Independent Reconfiguration Panel to undertake a review of the issues raised in the referrals I had received from local Overview and Scrutiny Committees.

I enclose the terms of reference for this work for your information.

Yours sincerely,

PATRICIA HEWITT

Appendix Eight

Letter to Dr Peter Barrett from Secretary of State for Health

*From the Rt Hon Patricia Hewitt MP
Secretary of State for Health*



Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3000

SofS 43612

Dr Peter Barrett
Chair
Independent Reconfiguration Panel
Keirran Cross
11 The Strand
London
WC2N 5HR

22 September 2006

Dear Peter,

Referral to the Secretary of State for Health by Stockton-on-Tees Borough Council Health Select Committee, Hartlepool Borough Council Health Scrutiny Forum and the Joint Scrutiny Committee for Durham County, Hartlepool, Middlesbrough, North Yorkshire County, Redcar and Cleveland and Stockton-on-Tees

I am writing to request the advice of the IRP in relation to the referrals from Stockton on Tees HSC, Hartlepool Borough Council Health Scrutiny Forum and the JSC for Durham County, Hartlepool, Middlesbrough, North Yorkshire County, Redcar and Cleveland and Stockton-on-Tees relating to maternity and paediatric services in North Tees and Hartlepool. I attach copies of the correspondence with the three committees.

The advice should be provided in accordance with the following terms of reference, which have been agreed between the Panel's secretariat and DH officials.

Terms of reference

"The Panel is asked to advise the Secretary of State by 18 December:-

- a) Whether it is of the opinion that the proposals for changes to maternity and paediatric services set out in the decision of County Durham and Tees Valley SHA of 22 February 2006 will ensure the provision of safe, effective and accessible maternity and paediatric services in North Tees and Hartlepool. And if not, why not;
- b) On any other observations the Panel may wish to make in relation to the proposals for changes to maternity and paediatric services and implications for any other clinical services; and
- c) In the light of a) and b) above, on the Panel's advice on how to proceed in the best interests of local people.



It is understood that in formulating its advice the Panel will pay due regard to the principles set out in paragraph A2 of its general terms of reference. "

I look forward to receiving your advice and thank you for your assistance with this matter.

*Best wishes,
Patricia Hewitt*

PATRICIA HEWITT

Appendix Nine

Letter to Secretary of State from Dr Peter Barrett

IRP

*Kierran Cross
First Floor
11 Strand
London
WC2N 5HR*

The Rt Hon Patricia Hewitt MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

3 October 2006

Dear Secretary of State

Referrals to the Secretary of State for Health by Stockton-on-Tees Borough Council Health Select Committee, Hartlepool Borough Council Health Scrutiny Forum and the Joint Scrutiny Committee for Durham County, Hartlepool, Middlesbrough, North Yorkshire County, Redcar and Cleveland and Stockton-on-Tees

Thank you for your letter of 22 September about the above.

I am happy to confirm that the Independent Reconfiguration Panel will provide advice in accordance with the terms of reference set out in your letter – and, as requested, by 18 December 2006. The consultation process conducted by the Trusts under sections 7 and 11 of the Health and Social Care Act 2001 will be outside our remit.

The process of calling for and reviewing evidence is already well advanced. Panel Members will be undertaking visits to Teesside and Hartlepool in the near future. We will be meeting people and hearing views from all sides of the debate.

As you know, in keeping with our commitment to open and transparent working, we will be publishing our advice on the IRP website. We would expect this to happen early in the New Year.

Yours sincerely



Dr Peter Barrett CBE
Chair, Independent Reconfiguration Panel

Independent Reconfiguration Panel
Tel: 020 7389 8045/8048 Fax: 020 7389 8001
E Mail: irpinfo@dh.gsi.gov.uk Website: www.irpanel.org.uk

Appendix Ten

Letter to editors of local newspapers from Dr Peter Barrett

IRP

*Kierran Cross
First Floor
11 Strand
London
WC2N 5HR*

12 October 2006

Darlington and Stockton Times
Hartlepool Mail
Middlesbrough Evening Gazette
Northern Echo

For publication

Dear Editor

The Independent Reconfiguration Panel, the independent expert on NHS service change, has been asked by the Secretary of State for Health to review proposals for maternity and paediatric services in North Tees and Hartlepool. We are looking at whether the NHS proposals will ensure the provision of safe, effective and accessible maternity and paediatric services for the people of North Tees and Hartlepool.

As part of our review, we are visiting Hartlepool and North Tees this month and then again on 14 and 15 November 2006 to talk to staff and patients and meet with people who believe they have new evidence that the panel should take into account. If you feel you have any new information, that was not submitted during the formal consultation process, or feel you have not been heard we would like to hear from you. Please contact Alison Hyde at NHS North East on 01642 666721 or alison.hyde@northeast.nhs.uk.

It is important that our review is open and accountable to the communities of Hartlepool and North Tees. We will therefore publish our conclusions once they have been considered by the Secretary of State for Health.

Yours sincerely



Dr Peter Barrett CBE
Chair
Independent Reconfiguration Panel

Independent Reconfiguration Panel
Tel: 020 7389 8045/8048 Fax: 020 7389 8001
E Mail: irpinfo@dh.gsi.gov.uk Website: www.irpanel.org.uk

Appendix Eleven**Site visits, meetings and conversations****North Tees and Hartlepool NHS Trust (NTHT)****Wednesday 18 October August 2006**

Mr Ian Dalton	Chief Executive, NTHT
Dr Peter Gill	Medical Director, NTHT
Ms Angela Lamb	Deputy Chief Executive and Director of Acute Services, NTHT
Mr Aidan Mullan	Deputy Chief Executive and Director of Nursing and Clinical Governance, NTHT
Mr Graham Birtle	Health Scrutiny Officer, Stockton-on-Tees Borough Council
Cllr Ken Luptin	Stockton-on-Tees Borough Council Health Scrutiny Committee
Cllr Liz Nesbitt	Stockton-on-Tees Borough Council Health Scrutiny Committee
Cllr Julia Roberts	Stockton-on-Tees Borough Council Health Scrutiny Committee
Mr Tony Beckwith	Leader of Support Services for Children, Education and Social Care, Stockton-on-Tees Borough Council
Mr George Garlick	Chief Executive, Stockton-on-Tees Borough Council
Cllr Bob Gibson	Leader of Stockton-on-Tees Borough Council
Mr Simon Featherstone	Chief Executive, North East Ambulance Service NHS Trust
Mr George Marley	Clinical Development Manager, North East Ambulance Service NHS Trust
Mr Kevin Aston	Head of Patient Experience, Hartlepool PCT
Ms Jan Atkinson	Head of Patient and Public Involvement/Health Records Manager, North Tees and Hartlepool
Mr Ron Foreman	Chair, Hartlepool PCT PPI Forum
Mr John Simpson	PPI Forum, South Tees
Ms Kate Wilson	PPI Lead, Hambleton and Richmondshire
Dr Kailash Agrawal	Clinical Director, Child Health, NTHT
Mr David Emerton	Lead Consultant, A&E, NTHT
Dr Bruce McLean	Consultant Paediatrician, NTHT
Dr Andrew Simpson	Clinical Director, A&E, NTHT
Dr Ian Verber	Consultant Neonatologist and Paediatrician, NTHT
Ms Heather Duckers	Modern Matron, paediatrics, NTHT
Dr Jaget Jani	Consultant Paediatrician, NTHT
Dr Sivakumar	Consultant Paediatrician, NTHT
Mr John Rhodes	Staff Side Chair, NTHT
Ms Catherine Linford	Unison representative and Staff Side Secretary, NTHT
Mr Iain Loughran	Staff Side, NTHT (Physiotherapist)
Mrs Sue Stokes	Royal College of Midwives local representative
Mr Joe Corrigan	Acting Locality Director for Easington, County Durham PCT

Ms Melanie Fordham	Acting Locality Director for Sedgefield, County Durham PCT
Mr Colin McLeod	Chief Executive, Middlesbrough PCT and acting Chief Executive, Redcar and Cleveland PCT
Dr Carl Parker	PEC Chair, Hartlepool PCT
Mr Graham Prest	Chair, North Tees PCT
Dr Rodger Thornham	PEC Chair, North Tees PCT
Mr Steve Wallace	Chair, Hartlepool PCT
Ms Chris Willis	Chief Executive, North Tees and Hartlepool PCTs

Thursday 19 October 2006

Dr Anne Ryall	Clinical Director, Obstetrics and Gynaecology, NTHT
Ms Sue Blowers	General Manager, Family Health, NTHT
Mr Ian Dalton	Chief Executive, NTHT
Mr Elaine Gouk	Consultant Obstetrician and Gynaecologist, NTHT
Ms Janet Mackie	Head of Midwifery and Gynaecology, NTHT
Mr Isaac Magani	Consultant Obstetrician and Gynaecologist, NTHT
Mr Alan Robertson	Consultant Obstetrician and Gynaecologist, NTHT
Ms Judith Stout	Midwifery Services Manager, NTHT

Tuesday 14 November 2006

Mr Eddie Dryden	Chair, Section 7 Joint Scrutiny Committee
Mr Jon Ord	Scrutiny Officer, Section 7 Joint Scrutiny Committee
Cllr Rob Crute	District of Easington Council
Cllr Eunice Huntingdon	District of Easington Council
Cllr Robin Todd	District of Easington Council
Mr Richard Prisk	Director of Regeneration and Development, District of Easington Council
Ms Nicola Bailey	Adult and Community Services, Hartlepool Borough Council
Ms Sajda Banaras	Scrutiny Support Officer, Hartlepool Borough Council
Cllr Jonathan Brash	Hartlepool Borough Council
Mayor Stuart Drummond	Hartlepool Borough Council
Cllr Marjorie James	Hartlepool Borough Council
Cllr Geoff Lilley	Hartlepool Borough Council
Cllr Jane Shaw	Hartlepool Borough Council
Ms Adrienne Simcox	Director of Children's Services, Hartlepool Borough Council
Mr Paul Walker	Chief Executive, Hartlepool Borough Council
Cllr Ray Waller	Hartlepool Borough Council
Dr Peter Broadway	Clinical Director, Anaesthetics, NTHT
Mr Lawrence Rosenberg	Clinical Director, General Surgery, NTHT
Mr David Emerton	Consultant, A&E, NTHT
Mr Stephen Groves	General Manager, Emergency Care, NTHT
Dr Andrew Simpson	Clinical Director, A&E, NTHT
Mr David Allsop	Director of Operations and Human Resources, NTHT
Mr Barry Kirton	Deputy Director of Operations, NTHT
Mr Alan Foster	Director of Finance, NTHT

Ms Julie Henderson	Head of Strategy and Planning, NTHT
Mr John Maddison	Acting Head of Financial Management, NTHT
Mr Ron Foreman	Hartlepool Local Strategic Partnership
Mr Leo Gillen	Hartlepool Local Strategic Partnership
Ms Joanne Smithson	Hartlepool Local Strategic Partnership
Mr Malcolm Walker	Hartlepool Local Strategic Partnership
Mr Steve Wallace	Hartlepool Local Strategic Partnership
Mr Iain Wright MP	Chair, Hartlepool Local Strategic Partnership

Wednesday 15 November 2006

Ms Ann Baxter	Stockton Local Strategic Partnership
Cllr Ann Cairns	Stockton Local Strategic Partnership
Ms Elizabeth Bird	Stockton-on-Tees Borough Council
Mr Rob Farnham	Stockton-on-Tees Borough Council
Mr Peter Harding	JPC Consulting
Ms Julie Henderson	Head of Strategy and Planning, NTHT
Ms Claire Sullivan	Deputy Director of Public Health, ?
Mr Tony Byrne	Strategic Head of Planning, North East NHS
Ms Carole Langrick	former Chief Executive, Easington PCT
Mr David Stout	Director of Finance, North East NHS
Mr Russell Hart	Chair, NTHT
Ms Julie Jobson	Save our Services, Mother and Children Group
Ms Barbara Robinson	Save our Services, Mother and Children Group
Ms Jean West	Save our Services, Mother and Children Group

The James Cook University Hospital NHS Trust (JCUH)

Thursday 19 October 2006 and/or Wednesday 15 November 2006

Ms Fiona Hampton	Consultant Paediatrician, JCUH
Mr Stewart Hutchinson	Chief of Service, JCUH
Ms Eileen Lee	Consultant Obstetrician and Gynaecologist, JCUH
Ms Glenys Marriott	Trust Chair, JCUH
Ms Jill Moulton	Director of Planning, JCUH
Mr Simon Pleydell	Chief Executive, JCUH
Ms Yvonne Regan	Central Delivery Suite Co-ordinator, JCUH
Ms Helen Simpson	Consultant Paediatrician, JCUH
Ms Fran Toller	Divisional Manager, JCUH
Ms Jane Wiles	Children's Services Manager, JCUH
Ms Arlene Ashton	South Tees PPI Forum
M Pat Gallon	South Tees PPI Forum
Ms Cathy Harvey	Tees Esk and Wear Valley PPI Forum
Mr Ian Michelson	Chair, South Tees PPI Forum
Ms Ann Sutcliffe	Deputy Director of Nursing, JCUH

NHS North East

Tuesday 14 November 2006

Mr David Flory	Chief Executive, NHS North East
----------------	---------------------------------

Meetings with Dr Peter Barrett, Chair IRP

Monday 30 October 2006

Prof. Sir Ara Darzi	Consultant Surgeon, St Mary's Hospital NHS Trust
---------------------	--

Wednesday 8 November 2006

Ms Dari Taylor MP

Member of Parliament for Stockton South

Mr Iain Wright MP

Member of Parliament for Hartlepool

Wednesday 22 November 2006

Mr Frank Cook MP

Member of Parliament for Stockton North

Mr John Cummings MP

Member of Parliament for Easington

Meeting with the Royal College of Paediatrics and Child Health

Wednesday 22 November 2006

Dr Patricia Hamilton

President, RCPCH

Dr Simon Lenton

Vice President (Health Services), RCPCH

Meeting with British Association of Paediatric Surgery (BAPS)

Wednesday 13 December 2006

Mr Richard Stewart

Honorary Secretary, BAPS

Appendix Twelve

Information made available to the Panel

Supporting papers and correspondence / comments submitted to the IRP

Paper	Title
1	Acute Services Review – Hartlepool and Teesside. Report by Professor Sir Ara Darzi, July 2005
2	The Right Treatment in the Right Place at the Right Time: Taking hospital services across Teesside and parts of North Yorkshire into the future. NHS Consultation Document on Professor Sir Ara Darzi's report, September 2005
3	The Right Treatment in the Right Place at the Right Time: Taking hospital services across Teesside and parts of North Yorkshire into the future. NHS Consultation Leaflet
4	Formal consultation on future hospital services in the Teesside area to begin. NHS media release, 21 September 2005
5	Approval to recommendations for hospital services across Teesside, NHS Media release, 22 February 2006
6	Referral letter to Secretary of State for Health from Cllr Mary Womphrey, Chair, Stockton-on-Tees Borough Council Health Select Committee, 3 July 2006
7	NHS Joint PCT Committee papers for meeting 14 February 2006 and minutes of that meeting
8	Letter to Chief Executive, County Durham and Tees Valley SHA from NHS Joint PCT Committee, 14 February 2006
9	County Durham and Tees Valley SHA Board meeting – report to Board by NHS Joint PCT Committee, and minutes of meeting, 22 February 2006
10	Letter to Cllr Eddie Dryden, Chair Section 7 Joint Consultation Committee from SHA Director of Planning and Performance, response to consultation report, 6 March 2006
11	Tees Services Review External Panel feedback reports and draft consultation documents, December 2003 and June 2004
12	Acute Services Review. Supporting documentation with referral letter, 3 July 2006
13	Acute Services Review, Stockton-on-Tees Borough Council Health and Social Care Select Committee, 2005-2006
14	Referral letter to Secretary of State for Health from Cllr Eddie Dryden, Chair Section 7 Joint Consultation Committee, 7 July 2006
15	A brief history of acute services review in the Tees Valley. Supporting documentation with referral letter, 7 July 2006
16	Section 7 Scrutiny Review into the acute services proposals following the review of Professor Sir Ara Darzi, Section 7 Joint Consultation Committee (February 2006). Supporting documentation with referral letter, 7 July 2006
17	Letter to Secretary of State for Health from Cllr Gerald Wistow, Chair Hartlepool Borough Council Adult and Community Services and Health Scrutiny Forum, 31 July 2006
18	Letter to Cllr Mary Womphrey, Chair Stockton-on-Tees Borough Council Health Select Committee, from Secretary of State for Health, 24 August 2006
19	Letter to Cllr Eddie Dryden, Chair Section 7 Joint Consultation Committee, from Secretary of State for Health, 24 August 2006
20	Letter to Iain Wright MP from Secretary of State for Health, 24 August 2006
21	Letter to Frank Cook MP from Secretary of State for Health, 24 August 2006
22	Letter to Dari Taylor MP from Secretary of State for Health, 24 August 2006
23	Letter to Cllr Gerald Wistow from Secretary of State for Health, 22 September 2006
24	Letter to IRP from Cllr Eddie Dryden, Chair Section 7 Joint Consultation Committee, from Secretary of State for Health, 2 October 2006
25	Acute Services Review - Hartlepool and Teesside, Timeline NHS September 2006
26	Assessing the transport Implications of the Darzi Acute Services Review for Tees. Final Report. JMP Consulting, 28 February 2006
27	Acute Services Review. Costing and Service Profile Analysis, North Tees and Hartlepool NHS Trust, September 2006

28	Acute Services Review. Directorate staffing positions, North Tees and Hartlepool NHS Trust, August 2006
29	Acute Services Review. Impact on activity flows and sensitivity analysis, North Tees and Hartlepool NHS Trust, October 2006
30	Acute Services Review. Obstetrics and paediatrics: options and financial analysis, North Tees and Hartlepool NHS Trust, October 2006
31	Acute Services Review. A&E statistics - Brief, North Tees and Hartlepool NHS Trust, October 2006
32	Briefing on Darzi recommendations for maternity and paediatric services, Stockton Local Strategic Partnership, November 2006
33	Annual performance ratings 2005/06, Summary of results for North Tees and Hartlepool NHS Trust. Healthcare Commission, October 2006
34	Trust forecast for income 2005/06, North Tees and Hartlepool NHS Trust, October 2006
35	Births and paediatric activity data, North Tees and Hartlepool NHS Trust, October 2006
36	Population and deprivation data for north and south Tees catchment areas, 2004 Index of Multiple Deprivation, Office of the Deputy Prime Minister
37	Letter to NHS North East from Cllr Eddie Dryden, Chair Section 7 Joint Consultation Committee, from Secretary of State for Health, 18 October 2006
38	Email to IRP from Stockton-on-Tees HSC, 30 October 2006
39	Neighbourhood Statistics, Stockton, Hartlepool, Middlesbrough, HMSO
40	County Durham and Tees Valley Neonatal Intensive Care Review: Update. Northern Specialised Commissioning Group, May 2006
41	Children's Surgery - A First Class Service. Report of the Paediatric Forum of the Royal College of Surgeons of England, May 2000
42	Joint statement on General Paediatric Surgery provision in District General Hospitals on behalf of the Association of paediatric Anaesthetists, the Association of Surgeons for Great Britain and Ireland, the British Association of Paediatrics and Child Health and the Senate of Surgery for Great Britain and Ireland
43	Maternity Standard of the National Service Framework for Children, Young people and Maternity Services, September 2004
44	Access, Choice and Sustainability, Consultation on General Acute Hospital Services across County Durham and Darlington, County Durham and Tees Valley Health Authority, February 2002
45	An Independent Assessment of the Consultation Response, Acute Services Review – Hartlepool and Teesside, Rocket Science, February 2006
46	Written answers to Parliamentary Questions, Iain Wright MP for Hartlepool, 9 November 2006
47	Letter and information on public transport and car ownership, Dari Taylor MP for Stockton South , 10 November 2006
48	Letters to IRP from Iain Wright MP for Hartlepool, 16 November 2006 and 12 December 2006 enclosing Hansard extracts
49	Letter to IRP from John Cummings MP for Easington, 27 November 2006
50	Teenage Pregnancy Briefing Paper, Hartlepool Teenage Pregnancy Partnership Board
51	Information provided by Representatives of The Mothers and Children's Save our Services Group, University of North Tees
52	Presentation to IRP by Dr P Broadway, Clinical Director, Anaesthetics, North Tees and Hartlepool NHS Trust
53	Telephone call to Enquiry Line from Ms J West, Stockton-on-Tees
54	Telephone call to Enquiry Line from Mrs Pearce, North Tees and Hartlepool NHS Trust
55	Telephone call to Enquiry Line from Mr Menabawey, North Tees and Hartlepool NHS Trust
56	Telephone call to Enquiry Line from Mr S Tosson, North Tees and Hartlepool NHS Trust
57	Email from Mrs Jane Bellas, Stockton-on-Tees, 5 November 2006
58	Letter to IRP from Mr R Prisk, Director of Regeneration and Development, District of Easington, 16 November 2006
59	Letter to Secretary of State for Health from Cllr A Napier, Leader, District of Easington, 17 November 2006
60	Emails from Mr S Tosson, Consultant Obstetrician and Gynaecologist, North Tees and Hartlepool NHS Trust, 9 and 20 November 2006

61	Letter to IRP from Mr M Tremlett, Consultant Anaesthetist, the James Cook University Hospitals NHS Trust, 22 November 2006
62	Mr A Skinner, Cons Consultant Anaesthetist, the James Cook University Hospitals NHS Trust, 24 November 2006
63	Review of proposals to improve arthroplasty and cancer services provided by North Tees and Hartlepool NHS Trust, May 2002
64	Old Problems, New Solutions: 21 st Century Children's Healthcare. Royal College of Paediatrics and Child Health, November 2002
65	Corporate Strategy 2006-2009, North Tees and Hartlepool NHS Trust
66	Corporate Strategy 2006-2009 Leaflet, North Tees and Hartlepool NHS Trust
67	Midwifery and Nursing Strategy, Obstetrics and Gynaecology Department, North Tees and Hartlepool NHS Trust
68	Letter to IRP from John Cummings, MP for Easington, 27 November 2006
69	Email from Ms Barbara Harrison, Neonatal Unit Manager, North Tees and Hartlepool NHS Trust, 1 December 2006
70	Safer Childbirth: Minimum Standards for Care in Labour , draft joint report by the Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Royal College of Paediatrics and Child Health and Royal College of Anaesthetists

Appendix Thirteen

Panel membership

Chair

Peter Barrett Chair, Nottingham University Hospitals NHS Trust
Former General Practitioner, Nottingham

Members

Sanjay Chadha Trustee, Multiple Sclerosis (MS) Society
Justice of the Peace

Nicky Hayes Consultant Nurse for Older People at King's College
Hospital NHS Trust
Clinical Director of the Care Homes Support Team

Nick Naftalin Emeritus Consultant in Obstetrics and Gynaecology at
University Hospitals of Leicester NHS Trust
Former member of the National Clinical Governance
Support Team

Ray Powles Emeritus Professor of Haematological Oncology
Institute of Cancer Research
Former Head of Haemato-oncology, the Royal Marsden
Hospital

Paul Roberts Chief Executive
Plymouth Hospitals NHS Trust

Mark Santer Former Bishop of Birmingham
Non-executive member of University Hospital Birmingham
NHS Trust Board

Gina Tiller Tutor for the University of Northumbria and for the TUC
Chair of Newcastle PCT

Administration

Tony Shaw Chief Executive

Martin Houghton Secretary

Appendix Fourteen

About the Independent Reconfiguration Panel

The Independent Reconfiguration Panel (IRP) offers advice to the Secretary of State for Health on contested proposals for NHS reconfigurations and service changes in England. It also offers informal support and generic advice to the NHS, local authorities and other interested bodies in the consideration of issues around NHS service reconfiguration.

The Panel consists of a Chair, Dr Peter Barrett, and members providing an equal balance of clinical, managerial and patient and citizen representation.

Further information about the Panel and its work can be found on the IRP Website:

www.irpanel.org.uk