IRP

Independent Reconfiguration Panel

ADVICE ON PROPOSALS FOR CHANGES TO COMMUNITY and INTERMEDIATE SERVICES IN WEST SUFFOLK

Submitted to the Secretary of State for Health

31 DECEMBER 2007

IRP

Independent Reconfiguration Panel

Kierran Cross
11 Strand
London
WC2N 5HR

Tel: 020 7389 8045/8047/8048
Fax: 020 7389 8001
E Mail: irpinfo@dh.gsi.gov.uk
Website: www.irpanel.org.uk

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Appendices

RECOMMENDATIONS

1. **The Panel recognises that the existing accommodation at Walnuttree and St Leonard's Hospitals is not fit for purpose and both hospitals should be closed at the earliest possible opportunity, subject to recommendation two.**

2. **That the accommodation be closed only when alternative health service provision for the residents of Sudbury and the surrounding area is in place.**

3. **The Panel supports the model of Intermediate care proposed by Suffolk PCT currently operating in the East of the county and partially, in the West. The model as applied to Sudbury must be underpinned by the establishment of a healthcare hub with a full local healthcare team, a day and treatment centre, access to inpatient beds and sufficient appropriately skilled and trained staff.**

4. **The Panel recommends that the intermediate model of care in Sudbury be underpinned by the provision and access to three levels and types of in-patient care:**
   - **i) 6/8 commissioned beds in a designated residential home setting replicating the provision as at Davers Court, including dedicated rehabilitation support.**
   - **ii) A further allocation of core commissioned Nursing Home type intermediate care beds (number to be determined as described in paragraph 5.3.4)**
   - **iii) Access to a further flexible supply of 'spot purchased' beds.**

5. **The Panel recommends that the PCT should work closely with the West Suffolk Hospital NHS Trust and Suffolk County Council, in implementing recommendation four, to explore how the relative needs of step-down as well as step-up services may be met. The Panel found difficulty in establishing effective information and the PCT should review their data management processes in order to support future development and collaboration.**

RECOMMENDATIONS

6. **The Panel recommends the re-provision in Sudbury of the current range of out patient, rehabilitation and diagnostic services provided by the two hospitals, including x-ray but excluding audiology. As far as possible, all these functions should be located in the proposed healthcare hub.**

7. **The Panel recommends that the PCT sets out and evaluates all the options for selecting an appropriate healthcare site in Sudbury, quickly, openly and transparently, and involves stakeholders in the decision.**

8. **The Panel believes that the current timetable is challenging but achievable working in conjunction with West Suffolk Hospital NHS Trust. The timescale requires the full involvement of current staff and all other appropriate stakeholders.**

9. **The Panel acknowledges the rural nature of the area under review and recommends that the PCT establish a specific Transport Review Group comprising health organisations, the local authorities, local community transport providers and local people to identify necessary improvements and developments arising from the introduction of the new model of care.**

10. **The Panel recognises the importance of open and transparent communication from all involved to enable these recommendations to be successfully implemented. Necessary trust and respect need to be established. The Panel recommends that the PCT establish appropriate involvement, engagement and communication strategies to address these issues, using where appropriate, external specialist advice and facilitation as well as making full use of locally available knowledge and expertise.**

11. **The Panel recommends the establishment of a local implementation group, headed by an independent chair, to take forward these recommendations. The Panel also recommends a specific overseeing role for the SHA to ensure effective progress.**

OUR REMIT

What was asked of us

1.1 The Independent Reconfiguration Panel's (IRP) general terms of reference are included at Appendix One.

1.2 On 12 April 2007, Cllr David Lockwood, Chair of the Suffolk Health Scrutiny Committee, wrote to the then Secretary of State for Health, the Rt Hon Patricia Hewitt MP, on behalf of the Council's Health Scrutiny Committee (HSC), exercising powers of referral under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. The referral concerned proposed changes to community and intermediate services in West Suffolk, specifically in Sudbury. These proposals had been set out in the consultation document "Modernising Healthcare in West Suffolk" published on 1 August 2005 by Suffolk West Primary Care Trust and subsequently modified by Suffolk PCT and presented to the Health Scrutiny Committee on 8 March 2007.

1.3 The newly appointed Secretary of State for Health, the Rt Hon Alan Johnson wrote to the IRP on 16 July 2007 asking for advice on the referral. The IRP undertook an initial assessment of the facts presented and replied on 3 September 2007 advising the Secretary of State that a full review was appropriate in this case. Terms of reference for the review were set out in the Secretary of State's letter to Dr Peter Barrett, IRP Chair, on 17 September 2007. Copies of all correspondence are included at Appendix 2.

1.4 The Panel was asked to advise by 31 December 2007:

a) Whether it is of the opinion that the proposals to close the two existing community hospitals (Walnuttree and St Leonard's), remove the provision of inpatient step down beds replacing these with locally commissioned intermediate care beds and a new ambulatory care facility integrated with local GP provision and change the intermediate model of care across West Suffolk as set out in the modified proposals presented by Suffolk PCT at the Suffolk Health Scrutiny Committee (HSC) meeting of 8 March 2007 (developed following an informal listening exercise after the decision of the Suffolk West

PCT on 11 April 2006) will ensure safe, sustainable and accessible services for the people of West Suffolk, and if not why not;

b) on any other observations the Panel may wish to make in relation to the proposals for changes to community and intermediate services and implications for any other clinical services;

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 the Independent Reconfiguration Panel's general terms of reference.

OUR PROCESS

How we approached the task

2.1 NHS East of England, the Strategic Health Authority (SHA) and Suffolk Primary Care Trust (PCT) were asked to provide the Panel with relevant documentation and to help arrange site visits, meetings and interviews with interested parties. Both organisations completed the Panel's standard information template. These can be accessed through the IRP website (www.irpanel.org.uk).

2.2 The Suffolk Health Scrutiny Committee 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 11 October 2007 informing them of the Panel's involvement (see Appendix 3). The letter invited people who felt that they had new evidence to offer or who felt that their views had not been heard adequately during the formal consultation process to contact the Panel. The letters were accompanied by press releases calling for individuals to come forward to meet the Panel and give evidence. (see Appendix 3)

2.4 In all, Panel members made eleven visits to West Suffolk and were accompanied by the Panel secretariat. Details of the site visits, meetings, and conversations of the sub-group of Panel Members who concentrated on this referral are set out in Appendices 4 and 15.

2.5 Meetings were held with three local Members of Parliament in London on 19 November 2007.

2.6 A list of all the written evidence received – from Suffolk PCT, West Suffolk Hospitals NHS Trust, Suffolk Health Scrutiny Committee, MPs and all other interested organisations and individuals is contained in Appendix 5. The Panel considers that the documentation received, together with the information obtained in interviews and meetings, provides a fair representation of the views from all perspectives.

2.7 Throughout consideration of these proposals, the Panel's aim has been to consider the needs of patients, public and staff taking into account the issues of safety, sustainability and access as set out in the terms of reference.

2.8 The Panel wishes to record its thanks to all those who contributed to this process and thanks all those who gave up their valuable time to present evidence to the Panel and to everyone who contacted us offering views.

2.9 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 Throughout the Review, Panel members were constantly reminded of the history associated with plans, proposals and promises in relation to healthcare in Sudbury and in particular the future of the two hospitals, Walnuttree and St Leonard's. In recent times, this had included the purchase by West Suffolk Hospital NHS Trust of two areas of land, one at Harps Close Meadow (also known as People's Park) and one in Churchfields Road, situated on the outskirts of Sudbury. In the past Suffolk West PCT (the former PCT) had produced proposals, involving the people of Sudbury, to develop healthcare facilities on both sites and on each occasion the plans were not implemented. Most recently the proposals to develop a new health and social care centre, incorporating "a GP surgery, a modern nursing and residential home….clinics ……..and space for day treatment" (* From 2005 West Suffolk Discussion document issued July 2005) at Churchfields Road were withdrawn by West Suffolk PCT later in the same month, July 2005.

3.2 This history, considered by many people to go back over 30 years, has had a profound effect on the atmosphere in which Suffolk PCT (the current PCT) has attempted to address the issue of planning the future healthcare provision for the people of Sudbury. Past experience has led to a loss of trust in anything put forward by the PCT, or any health organisation associated with the PCT and relationships between all parties are difficult. As will be referred to later, the actions of the PCT since October 2006 have been viewed with great suspicion. The Panel heard from a number of stakeholders that they are not sure of the proposed model of care and all it involves. There have been several changes of intention from the PCT, which have served to reinforce public suspicion, for example proposed x-ray provision, which in published documents appears to have altered a number of times since March 2007.

3.3 Throughout this time, the public of Sudbury have been keen to put their views forward. Many individuals from a broad spectrum of activities and backgrounds have been involved, a good number of whom gave evidence during the review. Much lobbying has been undertaken by Working and Acting Together for a Community Hospital, WATCH,

which replaced a group initially set up as Walnuttree Hospital Action Committee, WHAC.

3.4 On 1 August 2005, Suffolk West PCT issued a consultation document "Modernising Care in West Suffolk" and began a public consultation, ultimately extended to 12 December 2005. The proposals covered hospital, community, mental health and learning disability services and set out a new model of care. Following the consultation, the proposals and the responses were considered by the Suffolk West PCT Board on 11 April 2006 and approved.

3.5 The Suffolk West PCT's proposals were considered by the Suffolk Health Scrutiny Committee on 27 April 2006 and a decision was taken to accept them. Following receipt of a pre-application judicial review of its decision and a subsequent further examination of the information, the HSC revisited its decision on 12 September 2006 and decided to refer the Community elements of the consultation to the Secretary of State. Details of the referral are set out in a letter of 30 September 2006 and are summarised below:

- That the proposals would have a detrimental effect on patient care.
- There would be a complete removal of NHS step down beds in the area
- The proposals do not have the support of the whole community
- The proposal to consider community venture models for Sudbury and Newmarket required further consideration
- Suffolk West PCT had not carried out an adequate consultation
- The financial position of the Trust was a major concern.

3.6 Meanwhile, a consultation (August to December 2005) on proposals from Suffolk East Primary Care Trust to close a number of community hospitals and introduce a new intermediate model of care in the East of Suffolk was referred to the Secretary of State by the Suffolk Health Scrutiny Committee on 7 March 2006. Following consideration, the Secretary of State supported the East Suffolk PCT on the majority of their proposals on 27 July 2007. The decision is attached as Appendix 6.

3.7 Suffolk PCT was formed in October 2006, replacing Suffolk West PCT and the three Suffolk East PCTs. It serves a population of approximately 685,000 and commissions services primarily from Ipswich NHS Trust; West Suffolk Hospital NHS Trust (Bury St Edmunds); Suffolk Mental Health Partnership Trust and the East of England Ambulance NHS Trust. In addition, the PCT directly provides community based nursing and therapy services and specialist clinical and rehabilitation services often working in partnership with the Local Authority.

3.8 Suffolk PCT, on 18 October 2006, commenced a "listening exercise" in East Suffolk to enable it to address the HSC's concerns and establish the most appropriate way forward. This exercise was led by the Suffolk PCT Chief Executive and comprised a series of meetings with specifically invited stakeholders including Sudbury residents, WACH/WATCH members, MPs, GPs, PPI Forum members and Sudbury Town Council.

3.9 Suffolk PCT at its Board Meeting on 29 November 2006 formally withdrew the then current proposals for West Suffolk and agreed to ask the HSC to withdraw its referral to the Secretary of State. It requested a meeting with the HSC to be followed by "a period of informal consultation to support the PCT in producing revised and improved options for West Suffolk services." (Letter from Carole Taylor-Brown, Chief Executive Suffolk PCT, to Councillor David Lockwood 13 December 2006 - Appendix 7)

3.10 On 8 January 2007, the Suffolk Health Scrutiny Committee considered whether "the proposal by Suffolk PCT to withdraw the decisions made by the previous Suffolk West PCT under the Modernising Healthcare in West Suffolk document and informally to consult on any future changes to the services in West Suffolk, constituted grounds for the Committee to withdraw its referral to the Secretary of State for Health." The Committee agreed and further agreed that Suffolk PCT should "bring its new proposals back to the Committee for consideration at its meeting on 8 March 2007" (Extracts from minutes of the HSC meeting of 8 January 2007).

3.11 Suffolk PCT continued with their informal "listening" activity and submitted revised proposals for the development of community services and hospitals in West Suffolk to the Suffolk Health Scrutiny Committee at a meeting on 8 March 2007.
These modified proposals took account of the previous grounds for referral as follows:

- They included provision of NHS provided step down beds alongside commissioned NHS beds in West Suffolk
- They outlined a model of care consistent with that approved in East Suffolk
- There was a proposed phasing of the introduction of proposals over 12 months
- There was an undertaking to maintain the same current level of spending (£9m per annum) on community care in West Suffolk

3.12 The Health Scrutiny Committee decided at its meeting on 8 March 2007 to refer the revised proposals to the Secretary of State. The grounds for referral are set out in Appendix 8 with the main reasons taken from Councillor Lockwood's (Chair of the H.S.C.) letter to the Secretary of State of 12 April 2007 as follows:

"They would have a detrimental effect on patient care as,

a. The Committee was not convinced that full rehabilitation in commissioned beds would take place closer to home in accordance with the Government's policy 'Care Closer to Home', and

b. Patients would have to travel to Newmarket and Bury St Edmunds for X-Ray and Audiology services.

They did not have the support of the local community as the local community had made it adequately clear that the proposals were not acceptable;

The PCT had not carried out adequate consultation on the proposals as meetings had been confidential and not in public.

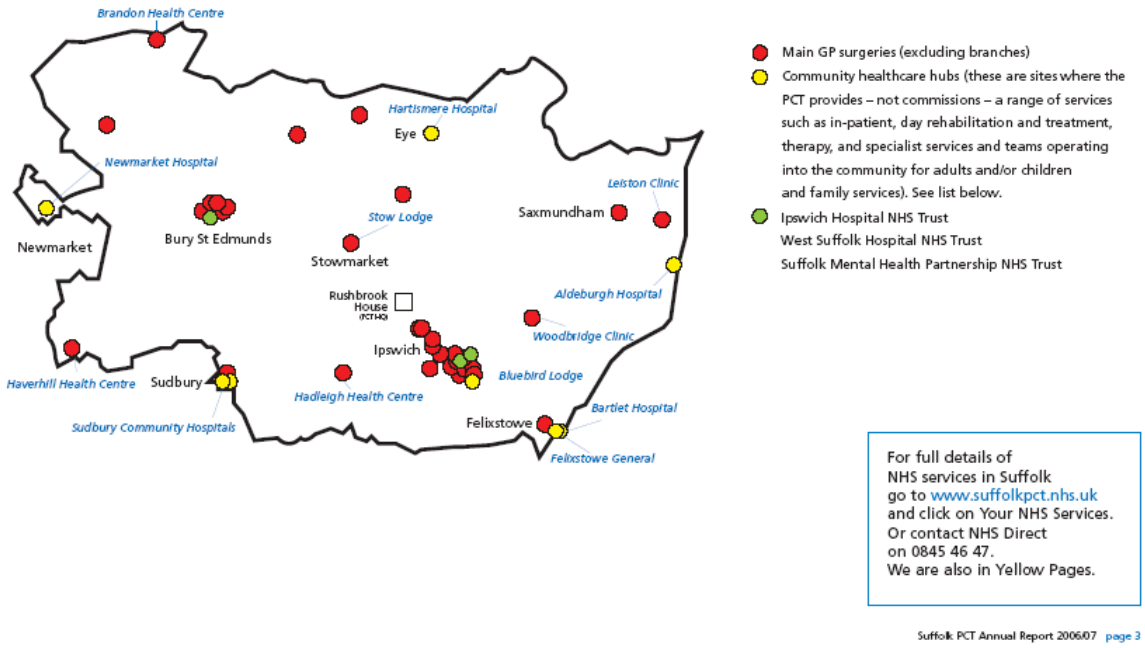
The Suffolk Health Scrutiny Committee, in considering that the proposals are not in the interest of the health services in its area, request you to refer the Suffolk PCT proposals for Community Services in the west of Suffolk, specifically those aspects relating to Sudbury, to the Independent Reconfiguration Panel for consideration.

By contrast the Committee was pleased with the PCT's proposals for the Newmarket area and the widespread support these proposals received from local groups, the town and district council and the local MP."

3.13 The Secretary of State wrote to the IRP Chair, Dr Peter Barrett, on 17 September 2007, asking the Panel to review the proposals.

3.14 Map showing West Suffolk NHS services:

1. Your Local NHS



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INFORMATION

What we found

4.1 A vast amount of written and oral evidence was submitted to the Panel. The Panel is grateful to all those who took the time to offer their views and information. The evidence is summarised below and is set out in key categories identified by the Panel as the review progressed. These categories and section headings are subsequently reflected in the recommendations within Section 5 of this report.

4.2 **Estate**

4.2.1 The NHS estate in Sudbury is generally in poor condition with significant areas not available for use due to Health and Safety issues and fire regulation requirements. The two hospitals are owned by West Suffolk Hospital NHS Trust and the Acton Lane Clinic site is currently owned by the Secretary of State. The PCT leases the buildings to directly provide services on these sites as well as commissioning certain services provided by the West Suffolk Hospital NHS Trust. In addition, the West Suffolk Hospital NHS Trust owns two other sites in Sudbury.

4.2.2 Walnuttree Hospital

Built as a workhouse in 1836 the hospital currently provides intermediate care with 29 beds in three wards, two female and one mixed. (See note in paragraph 4.4). The beds are primarily used as a step-down facility, although there is limited step-up use preventing acute hospital admissions as well as limited use for palliative care. The hospital also has a day and treatment centre as well as two out-patient clinic areas; one for general clinics and the other for physiotherapy and rehabilitation.

Following a fire enforcement notice in 2004, the top floor of the hospital is not used for patient activity with the notice requiring significant modifications to the ground floor area to enable compliance. The PCT have a concern over current environmental and control of infection standards in the in-patient areas of the hospital as the bed numbers can only be maintained by using all available space in each ward area, leading to the beds being very cramped and close together.

Members of the Panel noted the physical constraints within the ward areas, the closeness of the beds to each other and the lack of adequate storage space and believe that the privacy and dignity of the patients is being compromised. The site has a significant amount of backlog maintenance requirements.

4.2.3 St Leonard's Hospital

Built at the turn of the century this facility houses general outpatient services, audiology and X-ray. The X-ray machine was installed in the mid 1960's and has not been upgraded since. Although difficult to maintain it still provides an effective basic imaging service, mainly for orthopaedic and chest x-rays. The service has not been upgraded for PACS. The top floor is no longer used for patient activity but houses the community mental health team. Part of the remainder of the hospital building has been declared unsafe. The Panel also noted the poor state of the approach paths to the hospital and the presence of sandbags in readiness for possible flooding. The site also has a significant amount of backlog maintenance requirements.

4.2.4 Acton Lane Clinic

This is a 1950's style converted residential unit housing podiatry, community dentistry, district nurses and health visitors and a number of general clinics. The PCT is in the process of acquiring the site through transfer from the Secretary of State.

4.2.5 Land owned by the Health Service

West Suffolk Hospital NHS Trust currently owns two additional plots of land:

Harps Close Meadow – originally purchased for development and now the subject of a legal challenge by a private individual under Town and Village green legislation.

Churchfields Road – an eleven acre site purchased for development. The Trust now intends to dispose of all but three acres of this site, which have been provisionally secured by the PCT for possible use.

4.3 Models of Care – East and West Suffolk

4.3.1 East Suffolk

A strategic review of community services and community hospital provision in East Suffolk was followed by a consultation "Changing for the Better" between August and December 2005.

- Out of the review a model emerged proposing the development of "health hubs" as a base for integrated local healthcare teams (district nurses, rehabilitation services and intermediate care staff), with access to a wide range of services. The main purpose was to support primary care and avoid acute patient admissions, whilst promoting independence and rehabilitation with the emphasis on step-up rather than step-down beds, although step-down beds are also provided to meet slower stream rehabilitation needs.

- The model makes no distinction between NHS provided and NHS commissioned beds and has a single point of access (triage) for referral. It includes needs assessment; response to crises; it supports long term conditions; links to social services; and has Community Matron input with a twilight and overnight nursing service currently being developed.

- Suffolk HSC referred the proposals for East Suffolk to the Secretary of State in February 2006. The referral was rejected and the proposals given approval to proceed in August 2006 (see Appendix 6). Local healthcare teams began operating in 2007 in seven locations throughout East Suffolk.

4.3.2 <u>West Suffolk</u>

The current model, as described above in East Suffolk, partly operates in the West. In Bury St Edmunds there is a local healthcare team based at Davers Court (A Local Authority 38 bed Residential Home with 6 designated NHS rehabilitation beds). The team includes community rehabilitation staff, district nursing staff and an Admission Prevention Service.

- The proposals for West Suffolk involve a "roll out" of the model throughout West Suffolk establishing local healthcare teams in Newmarket, Haverhill and Sudbury, as well as Bury St Edmunds, with each locality having access to intermediate care beds as follows: Newmarket 12/14; Haverhill 4; Sudbury 6/8. Bury St Edmunds 6.

- The PCT believe that for this model to be effective the "local healthcare team must have access to a range of services provided around the locality "hub", including day and treatment services, outreach clinics, timely access to diagnostics and for those patients that need it access to community inpatient beds." The PCT proposed for Sudbury "the development of a new facility to support day and treatment services, outreach clinics, therapies etc; networked to a provision of commissioned inpatient community beds" (quotes taken from the PCT submission to the HSC meeting on 8 March 2007).

4.4 In Patient Facilities – beds

4.4.1 There are currently 29 inpatient beds at Walnuttree Hospital providing intermediate care, primarily as step down beds, with some step up and a small amount of palliative care, generally no more than one or two patients at any one time.

NB – *Towards the end of the review period the PCT notified the IRP of their intention to close 8 beds at Walnuttree Hospital on patient safety grounds, following a review of healthcare associated infection. This action took place on 14 December 2007.*

4.4.2 The original West Suffolk consultation and proposals (August to December 2005) did not make provision for any beds in West Suffolk but the former PCT subsequently proposed the provision of a number of NHS commissioned beds.

4.4.3 The modified proposals, presented by Suffolk PCT to the HSC meeting on 8 March 2007, included an intention to retain some NHS provided community beds in West Suffolk, in effect the proposed increase from the current 6 to 12/14 beds at Newmarket Hospital.

4.4.4 The modified proposals also included NHS commissioned inpatient facilities, referring to "fewer beds" than currently provided in Sudbury "because of the nature of the (new) model of care" and referred to "projected numbers of 8 beds". The PCT, whilst acknowledging the need for step down beds for some patients, indicated that these beds would be predominantly step-up.

4.4.5 The Panel has found difficulty in establishing direct evidence to support the proposed reduction of bed numbers in Sudbury. The Panel heard from the PCT that the proposed bed numbers are based on experience of the new model in East Suffolk although they

were not given clear evidence. It is, however, reasonable to assume that the full introduction of the model, with sufficiently resourced locality teams and access to effective day and treatment centres, as in East Suffolk, will lead to a requirement for less inpatient provision because the model will enable more patients to be treated in their own homes.

4.4.6 The "Black Alert" status relating to the shortage of hospital beds throughout East Anglia, including Suffolk, which came into force for a short period whilst the Panel was in West Suffolk, was brought to the Panel's attention by a number of those giving evidence. The Panel understands that Walnuttree Hospital was full to capacity during this period. The Panel also heard that the rehabilitation beds at West Suffolk Hospital have a high occupancy level and that some of the patients would be more suitably cared for away from the acute hospital environment.

4.4.7 When comparing the models of care between the East and West of Suffolk, both with similar levels of population, the Panel notes that there appears to be a significant difference in the proposed level of intermediate care beds supporting the community care model i.e. 83 beds in the East and 28/32 beds in the West It is also noted that the PCT would intend to reduce the bed numbers in the East, in future, as the new model of care reduces reliance on them.

4.4.8 The location, number and, to a lesser extent, management of the beds were by far the most contentious issues referred to by the people of Sudbury. Some saw beds as being an integral part of a hospital facility that they would wish to see replicated. The majority of people felt strongly that there was simply a need to provide somewhere for an elderly person, needing some form of rehabilitation care, to be cared for other than in an acute hospital when they were not able to look after themselves or be cared for in their own home.

4.4.9 The Panel heard a number of representations from stakeholders who felt that local nursing home provision was unsuited to provide alternatives to community hospital care. The concerns were based on: the current perceived quality of care in the homes; access to rehabilitation equipment in care homes; lack of dedicated rehabilitation/reablement areas

within existing care homes; and the perceived insufficient supply of nursing home beds in the Sudbury area.

4.4.10 The Panel also heard concerns about the reliability and effectiveness of commissioning such care in either Nursing or Residential homes. There was a feeling that when beds were needed they would not be there. The PCT emphasised to the Panel current national policy encouraging the provision of as much care as possible in patients' own homes.

4.5 Health Facilities in Sudbury

4.5.1 In addition to inpatient facilities, **Walnuttree Hospital** currently provides:
Day and treatment centre
Physiotherapy and Rehabilitation
Blood testing
Out Patient Clinics

4.5.2 **St Leonard's Hospital** provides out patient and diagnostic services as follows:
X-Ray
Audiology
Speech and Language Therapy
other general clinics

Staffing levels as at November 2007 are attached at Appendix 12

4.5.3 **Acton Lane** provides podiatry, community dentistry, general clinics and a base for district nurses and health visitors.

4.5.4 There are two main GP practices in Sudbury and two more providing services in the surrounding villages.

4.6 X-Ray Services

4.6.1 With regard to x-ray services the original consultation document in 2005 stated that this service would transfer to Bury St Edmunds or Newmarket. A press release issued by the PCT on 20 February 2007 stated "The current plan does not include x-ray services in Sudbury". Other statements made by the PCT indicated that "the continuation of x-ray

services in Sudbury had not been discounted." The Panel heard from a number of individuals who thought they were getting a mobile x-ray service in the future and the most recent communication from the PCT quoted in the Suffolk Free Press on 15 November 2007 stated "the current x-ray facility will need to be withdrawn during the change over period".

4.6.2 It is the Panel's view that the lack of clarity over the provision of x-ray services has had a significant impact on the views of local residents. The frequency with which it has been used as an example of lack of clarity supports this view.

4.6.3 The Panel understands that West Suffolk Hospital NHS Trust supports the continued provision and possible development of future x-ray provision in Sudbury. Out Patient staff and clinicians believe that a plain film x-ray service has a continuing importance as support to a viable out patient service. It was also suggested that a further extension of the imaging service to include ultrasound was appropriate to the population served and the numbers currently seen.

4.7 Audiology Services

4.7.1 Audiology Services are currently provided at St Leonard's Hospital by staff travelling from their base at West Suffolk Hospital in a weekly clinic on a Friday morning. The booth currently being used is not fully soundproofed. The Audiology Technician sees between 9 and 11 patients in each session. Activity details are attached at Appendix 11. The PCT has consistently argued that it is not viable to replicate the Audiology Technician service in future health facilities in Sudbury. The audiology service at West Suffolk Hospital is modern, and the accommodation spacious and fit for purpose and the West Suffolk Hospital NHS Trust supports the PCT in their view.

4.8 Out Patient Services

4.8.1 The modified proposals stated an intention to "review" all outpatient activities to ensure appropriateness for the level of clinical activity and to ensure that they are appropriately provided. The PCT proposals on 8 March stated "The modified proposals as presented and reported indicated that existing clinics may be redefined whilst at the same time there could be new clinics planned locally". Both the PCT and the Hospital Trust indicated that some clinics are operating below capacity although the Hospital Trust stressed to the

Panel the importance of maintaining the provision of outpatient services in Sudbury currently accounting for 5% of the Trust's total out patient activity.

4.8.2 The proposals also outlined a phased implementation indicating that audiology and x-ray would be reprovided at West Suffolk Hospital (and at Newmarket in the case of x-ray) – in the first phase. There was no further reference to either of these services.

4.8.3 The Panel found a significant discrepancy between the PCT's intentions to continue to provide a number of clinical services, in a "hub" in Sudbury and the public's understanding of this intention. Nearly all the residents, local councillors and staff interviewed were of the view that everything was being taken out of Sudbury and that nothing was going to be re-provided. On further discussion, it was clear that many were aware that certain services would remain but were unclear about the details of the proposals. The situation was summed up by the Sudbury Town Clerk who said "You never really know, there seems to be one thing after another, rumours, you just don't know what to believe."

4.8.4 Whilst there has been a lack of consistency in the information being presented from the PCT, the Panel also believes that those campaigning for a complete community hospital in Sudbury have probably underestimated the commitments being made by the PCT.

4.9 Plans for Implementation – The Transition Period

4.9.1 One of the outcomes of the PCT's Listening Exercise was a response to the HSC's concern that the original proposals were being rushed through. Suffolk PCT proposed that the changes in Sudbury be taken forward incrementally in three phases:

<u>Phase 1 – First 3/4 months</u>

- Close St Leonard's Hospital - move OPD clinics to Walnuttree, Audiology to West Suffolk Hospital and x-ray to West Suffolk and Newmarket Hospitals.
- Reduce bed capacity at Walnuttree from 29 to 12/14 with increased resources in local healthcare teams

Phase 2 - next 4/12 months

- Review all Out patient clinics (as described above)
- Source and agree an alternative provider for commissioned beds (projected 8 beds)
- Review care pathways to ensure consistency with model of care
- Work with patients, families, local partners, community to progress the reprovison of facilities

Phase 3 – post 12 months

- Continue, review and assessment of service provision.

4.9.2 The PCT has also indicated its intention to underpin the above changes with a locality planning group, under neutral chairmanship with community involvement; together with staff development and a communication plan.

4.10 Demography, Travel and Access Issues

4.10.1 Sudbury is an ancient market town dating back to Saxon times and has a number of adjoining housing estates together with a number of outlying villages and hamlets. It has a combined population of 40,000. The catchment area for the services provided by the Sudbury Hospitals includes the electoral wards of Bures St Mary, Cavendish, Clare, Chadacre, Glemsford and Stanstead, Great Cornard North, Great Cornard South, Lavenham, Long Melford, North Cosford, Sudbury East, Sudbury North, Sudbury South and Waldingfield.

Appendix 13 is taken from the 2003 electoral ward boundary statistics, the 2001 census and the 2004 subnational population projections and details population projections, ethnicity, total period fertility rates, life expectancy and deprivation. The proportion of people in the 45+ age group is higher than for Suffolk as a whole and the projected increase in those aged 65 to 84 is 8.2% by 2010 with the increase for those aged 85+ being 12.5% by 2010.

At the time of the 2001 census, 99% of the population of Sudbury was white (figure for England was 90.92% and Suffolk 97.2%). There are considerable variations in health inequalities throughout the Sudbury catchment area.

4.10.2 The Panel learned that there is considerable planned housing development for the Sudbury area with a development of 700 houses at Chilton Woods, in the Babergh District plan, being regularly quoted to the Panel. Information supplied by the Sudbury Town Council indicates that there is a possible total development of 2310 new homes over the next five years.

4.10.3 There is understandable concern from Sudbury residents at the prospect of undertaking the journey to Bury St Edmunds (about 17 miles by road) on a more frequent basis than is required now. By public transport, there is an hourly bus service from Sudbury and the journey itself takes about one hour. For many people the journey also involves travelling into Sudbury by bus from their home and, therefore, will be longer. By car the journey is about 30 to 35 minutes.

The Panel heard that there is pressure on car parking at the West Suffolk Hospital, although the Panel's observation is that on three visits to West Suffolk Hospital there was no difficulty in locating a car parking space in the public pay car park.

4.10.4 The Suffolk PCT Patient and Public Involvement Forum undertook a survey of patient access to the three community hospitals in West Suffolk, i.e. Walnuttree, St Leonards and Newmarket Hospitals between October 2006 and February 2007. The following is an extract from the summary of findings.

"In answer to the question how they had travelled to the hospital, 71% of respondents travelled by car, 11% by taxi and 9% walked. Hospital transport was provided for 2 patients (2.5%) while 4 patients (5%) travelled to the hospitals by bus. 5 respondents (including the 2 patients who had used hospital transport) identified problems with hospital transport. These included difficulties in accessing the hospital transport department at Bury St Edmunds, lack of access to Dial a Ride and the transport taking too long."

4.10.5 There is no direct route from Sudbury to Newmarket. It is necessary to travel through Bury St Edmunds, or close to Haverhill, and it is clear that this would present considerable problems, particularly by public transport. It is, however, the Panel's understanding that it will not be necessary for people from Sudbury to travel to

Newmarket to receive any of the current out-patient and diagnostic services provided in Sudbury.

4.10.6 This review is not about acute and emergency care. It is concerned with the effective provision of community-based intermediate and generalist care, closer to people's homes where the majority of patients in receipt of the care, in hospital, at clinics and at the day centre are elderly. Travel and access issues must be evaluated in this context.

4.11 Consultation Process

4.11.1 The formal referral to the Panel related to the period of activity after 1 October 2006. However the starting point for any review of the consultation process, informal or otherwise, in relation to the provision of services in Sudbury from Walnuttree and St Leonard's Hospitals must be the consultation undertaken by Suffolk West PCT from 1 August to 12 December 2005.

4.11.2 There is a reference in the HSC's letter of 30 September 2006 to the Secretary of State that "The Suffolk West PCT has not carried out adequate consultation on the proposals" however the Panel heard evidence from the University of East Anglia that consultation was compliant with the Cabinet Office Code of Practice. This was confirmed in their report to the Suffolk West PCT in April 2006.

4.11.3 The Panel heard from a number of sources that, although compliant, the consultation did not perhaps reach all communities and stakeholders, and that there did not appear to be any evidence of a resourced and expert communications exercise or a proactive engagement strategy. This is relevant because the Panel was informed that the Suffolk PCT 'Listening Exercise' began by taking as its starting point the individuals engaged during the West Suffolk consultation.

4.11.4 The decision taken by the Suffolk West PCT (April 2006) following the consultation then had an unusual sequel. Although the sequence of events has been documented elsewhere in this report, it is necessary to revisit it in the context of the consultation and engagement process in order to understand what exactly took place and reach an appropriate conclusion.

- The decision was accepted by the Health Scrutiny Committee in April 2006

- The HSC was then challenged with a pre-application Judicial Review and following further analysis the HSC referred the proposals to the Secretary of State in September 2006
- The PCT's decision was then reviewed by the newly formed Suffolk PCT in the form of a Listening Exercise from October 2006
- The referral to the Secretary of State was subsequently withdrawn by the HSC
- Suffolk PCT presented "modified" proposals to the HSC in March 2007 leading to the current referral to the Secretary of State

4.11.5 The Panel have noted throughout the review, during meetings and in interviews, that the level of knowledge about the proposals submitted to the HSC in March 2007 varied widely. Many individuals continue to refer to the original proposals presented in the consultation document in 2005. In particular, there appears to be widespread variation in the interpretation of the information about the proposals formally presented to the Walnuttree and St Leonard's Hospitals staff since the end of 2005.

4.11.6 The new Suffolk PCT embarked on the 'Listening Exercise' to inform itself on the issues involved and to enable it to produce and test any modified proposals. The HSC confirmed to the Panel that it is was this 'Listening Exercise' that they had referred to in their referral of 12 April 2007 as "The PCT had not carried out adequate consultation on the proposals as the meetings had been confidential and not in public".

4.11.7 The PCT maintains that on addressing this issue in October 2006 it was not necessary to undertake a new formal consultation but that in order to make progress and to take account of the views of key stakeholders it embarked on a series of listening events to inform the PCT Board. The PCT undertook at least twelve events (see Appendix 14) and invited a cross section of individuals selected from those who had responded to the original consultation in 2005. The Panel understands that as such the events were for invited individuals only, were not publicised and were not recorded. The Panel has seen no documentation other than the list of events held. From these events, the PCT modified the proposals and presented them to the HSC in March 2007.

4.11.8 Despite the fact the timelines are confusing, the listening events started in October 2006 and the referral was withdrawn in January 2007. The Panel is satisfied that the HSC had knowledge of the PCTs intention to proceed informally with a 'Listening Exercise' to inform the PCT Board prior to resubmitting the proposals. The Panel is also satisfied that the HSC had adequate opportunity and knowledge to make comment or intervene in the PCT's chosen method of informal consultation. The Panel accepts that this exercise was not a formal consultation and was undertaken in good faith and with good intent by the PCT.

4.11.9 However, the Panel also believes that significant confusion and subsequent problems have arisen from the lack of clarity in the way these events were organised and promoted. In particular there is no evidence of any form of engagement or communications strategy to support them.

4.11.10 It is a recurrent theme of this report that there is a lack of clarity about the actual detail of the proposals and it is probable that one, unintended, outcome of the process adopted by the PCT between October 2006 and March 2007 has been a contribution to the overall uncertainty.

4.11.11 During the review the Panel heard from a number of individuals who were unaware of the current proposals – including special needs groups, Mencap, older peoples groups and individuals living south of Sudbury within Essex.

4.12 Communication and Conflict

4.12.1 During the course of this review, the Panel has become aware of the relationship problems between many of the people involved in the Sudbury issues, particularly those aligned to the WATCH group and the PCT. The Panel heard directly from all parties that relationships have been strained and that there is a mutual lack of trust.

4.12.2 The Panel believes that in such circumstances the ability to communicate effectively is compromised. Delivery and receipt of clear messages is made very difficult. Much of the communication has been through the local press with letters and articles from the PCT immediately challenged by individuals and vice versa. The Panel heard a number of accounts of confrontational meetings.

4.12.3 Without doubt, this breakdown in communication, albeit with all parties acting with the best of intentions, has significantly impacted on the implementation of improved healthcare for the people of Sudbury and has prevented progress. It is reflected in the views and actions of elected representatives, at Town, District, County and Parliamentary level all of whom presented cogent thoughts and proposals for the way forward to the Panel. However all are seemingly unable to find a way forward and engage with the PCT or, as importantly, the PCT with them.

4.12.4 With regard to the PCT the Panel found little evidence, if any, of any concerted communications strategy designed to address this issue. Nor was the Panel made aware of the PCT's patient and public engagement and involvement strategy.

4.13 Leadership and Management

4.13.1 During the review the Panel has heard nothing but praise about the standards of care being provided throughout the Suffolk PCT area, both in West and East Suffolk and in Sudbury itself. The Panel heard tributes about the patient services provided at West Suffolk Hospital. Everyone the Panel met in Sudbury was complimentary about the services provided by local GPs. The public of Sudbury are extremely appreciative of the staff and care provided at Walnuttree and St Leonard's Hospitals.

4.13.2 The same leaders and managers involved in taking forward and implementing improvements in healthcare in Sudbury are responsible for leading and managing the services and care referred to in the above paragraph. The Panel believes that in order to make progress it will be crucial that lessons are learned from the consultation and communication process so far. With appropriate guidance and direction, as well as full and open public and stakeholder involvement and the implementation of the Panel's recommendations as set out in the next section, positive and necessary changes can be implemented in Sudbury.

4. 14 Additional issues

During the review period in West Suffolk the Panel also heard about, and witnessed examples of initiatives and service developments that feature in the subsequent recommendations.

4.14.1 Belle Vue site – possible site development

The Panel learned of the intentions of the Hardwick House GP practice to relocate to a town centre site known as Belle Vue. The Hardwick House GPs have been planning to move for some time and their services were included in the original plans for the Churchfields development. The Panel also learned that the PCT was in discussion with the GPs to provide services on the Belle Vue site including day and treatment services, rehabilitation and outpatient and diagnostic services.

4.14.2 Social Enterprise

The Panel heard about the Social Enterprise proposals developed by the WATCH group in conjunction with other organisations, Oasis and Prime PLC. This would involve a 'not for profit' organisation being formed with a view to establishing health care services using the Social Enterprise model. The Panel also heard of the dialogue in relation to the development of a Social Enterprise approach in the east of the County at Hartismere although following local involvement and discussions, this is not now being pursued as an option.

4.15 Healthcare Commission annual health check performance rating

In the 2006/2007 annual health check performance rating, Suffolk PCT scored 'weak' for use of resources and 'fair' for quality of services. The Trust has action plans to improve the ratings in both areas.

OUR ADVICE

Adding value

5.1 Introduction

5.1.1 The Secretary of State for Health asked the Panel to consider whether the proposals presented by the Suffolk PCT at the Health Scrutiny Committee Meeting on 8 March 2007 (developed following a listening exercise after the decision of the Suffolk West PCT on 11 April 2006) will ensure safe, sustainable and accessible services for the people of West Suffolk, and if not why not. These proposals were to close the two existing community hospitals in Sudbury, remove the provision of inpatient step down beds, replacing them with locally commissioned intermediate care beds and a new ambulatory care facility integrated with local GP provision.

5.1.2 The Panel, despite the difficulties in relationships referred to earlier in the report, has consistently noted the significant areas of common ground between the Suffolk PCT's proposals and the hopes and expectations expressed by stakeholders throughout this review.

5.1.3 The Panel considers the estate and infrastructure of the two existing facilities at Walnuttree and St Leonard's Hospitals to be unsuitable for the long term delivery of healthcare. The Panel notes the safety restrictions in relation to the use of part of both hospitals and also notes the PCT's current concern in relation to control of infection issues at Walnuttree Hospital and expects the PCT to protect patient safety as its first priority.

Recommendation One

The Panel recognises that the existing accommodation at Walnuttree and St Leonard's Hospitals is not fit for purpose and both hospitals should be closed at the earliest possible opportunity, subject to recommendation two.

Recommendation Two

That the accommodation be closed only when alternative health service provision for the residents of Sudbury and the surrounding area is in place.

5.2 Model of Care

5.2.1 The Panel supports the Suffolk PCT model of care as currently in operation in the East of the county and partially in operation in the West. The evidence presented and the visits made show that, although in its infancy, the model is a safe and sustainable way of providing intermediate care. The model also accords with current national policy.

5.2.2 The Panel recognises that there are a number of necessary underpinning elements involved in delivering the model including the establishment of a local healthcare team; the provision of a healthcare "hub" including a day and treatment centre; access to inpatient beds; and sufficient trained and skilled staff.

5.2.3 Local healthcare teams are established throughout Suffolk including Sudbury (although this is limited at present) and appear to be operating with success. When developing the new model of care the proposed Sudbury team should be integrated with the existing service at the two hospitals, Walnuttree and St Leonard's. Further workforce planning should then take place to support the full implementation of the new model.

Recommendation Three

The Panel supports the model of Intermediate Care proposed by Suffolk PCT currently operating in the East of the county and partially, in the West.
The model as applied to Sudbury must be underpinned by the establishment of a healthcare hub with a full local healthcare team, a day and treatment centre, access to inpatient beds and sufficient appropriately skilled and trained staff.

5.3 In Patient Beds

5.3.1 The PCT's proposals for alternative bed provision in Sudbury have been poorly understood by local people. However, the Panel believes that all stakeholders have been united in recognising that a core number of beds are nonetheless essential to support the needs of people whose rehabilitation and care cannot be managed at home. The Panel supports this.

5.3.2 There is evidence and clinical staff believe, that effective rehabilitation and re-ablement can be provided at home for many patients using the new model of care. However, for patients who cannot be managed at home, there must be appropriate dedicated bed-based

rehabilitation facilities. These cannot be provided in unadapted care home facilities because the needs of rehabilitation patients are different from those of long-term care residents. The Panel has viewed appropriate facilities at Davers Court and recommends that an equivalent standard of facility should be identified for Sudbury and staffed appropriately by the PCT.

5.3.3 The exact number of beds required locally will be contingent on the success of the model and the management of demand from West Suffolk Hospital. The Panel agrees with the model's premise that flexibility is key but this should not exclude clear planning for a core number of dedicated rehabilitation beds.

5.3.4 The PCT should undertake a specific exercise to analyse bed requirements based on West Suffolk Hospital discharge activity and Local Authority funded capacity working closely with Suffolk County Council. This should include reference to any commissioning issues affecting discharge from hospital into long term care home placement and the volume of patients needing assessment of NHS continuing healthcare. This process should also include public and patient involvement.

5.3.5 The PCT must then ensure the provision of appropriate longer term care beds based on the outcome of 5.3.4.

5.3.6 The Panel recommends that for the future planning should be approached on a PCT wide basis unified across Suffolk. Rather than focussing on historic divisions between east and the west the PCT must take account of cross-boundary issues, such as the needs of service users from adjacent counties who access services such as those provided in Sudbury and Newmarket. This approach should be supported by the SHA.

5.3.7 The PCT should continue and strengthen its joint working with the Suffolk County Council to ensure full and proper provision of intermediate care in the Sudbury area.

Recommendation Four

The Panel recommends that the intermediate model of care in Sudbury be underpinned by the provision and access to three levels and types of in-patient care:

i) 6/8 commissioned beds in a designated residential home setting replicating the provision as at Davers Court, including dedicated rehabilitation support.

ii) A further allocation of core commissioned Nursing Home type intermediate care beds (number to be determined as described in paragraph 5.3.4)

iii) Access to a further flexible supply of 'spot purchased' beds

Recommendation Five

The Panel recommends that the PCT should work closely with the West Suffolk Hospital NHS Trust and Suffolk County Council, in implementing recommendation four, to explore how the relative needs of step-down as well as step-up services may be met. The Panel found difficulty in establishing effective information and the PCT should review their data management processes in order to support future development and collaboration.

5.4 Overall Health Facilities in Sudbury

5.4.1 The proposed model of care requires a healthcare "hub" to be provided and resourced in Sudbury. The PCT is committed to this. The Panel recommends that the hub continues to provide rehabilitation, diagnostic and outpatient services as now, with the exception of audiology. The hub must include a day and treatment centre. The PCT should also give consideration to other health services which could be provided locally.

5.4.2 The Panel agrees that x-ray services should continue to be provided in Sudbury. The PCT and West Suffolk Hospital should continue to provide x-ray services in Sudbury as part of the redevelopment of health facilities. It follows that x-ray facilities should continue to be provided in Sudbury during any transition period. The PCT should also explore the impact on the full range of service user groups, including people with a learning disability

and mental health problems, for whom any relocation of services may have significant impact on access, travelling and escort requirements. The possibility of providing ultrasound services should also be examined.

5.4.3 The Panel accepts the need to centralise audiology services at the West Suffolk Hospital. To install and staff a new booth and associated facilities is not viable in Sudbury. However, recognising the need for patients, many of them elderly, to continue to receive audiology related examinations, the PCT should explore locally other possible providers of audiology services.

Recommendation Six

The Panel recommends the re-provision in Sudbury of the current range of out patient, rehabilitation and diagnostic services provided by the two hospitals, including x-ray but excluding audiology. As far as possible, all these functions should be located in the proposed healthcare hub.

5.5 Estate

5.5.1 The Panel understands why the people of Sudbury, with so much NHS owned land including the two existing hospital sites, seemingly available in Sudbury, expect an appropriate level of health provision in their town. All possible site options and delivery models including the potential for a Social Enterprise model must be explored and evaluated expeditiously, with patient, public and staff involvement.

5.5.2 The scale of this task is not to be underestimated, requiring urgent and cohesive effort from the PCT, West Suffolk Hospital NHS Trust, the SHA and Suffolk County Council. This must be undertaken openly with full stakeholder involvement, including staff and residents in Sudbury. In particular the Panel recommends a greater involvement of clinical staff.

Recommendation Seven

The Panel recommends that the PCT sets out and evaluates all the options for selecting an appropriate healthcare site in Sudbury, quickly, openly and transparently, and involves stakeholders in the decision.

5.6 Implementation Plans – Transition period

5.6.1 The Panel believe that the published transition plans are challenging given the need to put all the underpinning support, including facilities, equipment and staff in place. The Panel believes they will be significantly more achievable if plans are progressed in an open, transparent and cohesive manner and with the full involvement of staff.

5.6.2 The Panel understands and supports the need for a phased approach and supports the proposal to close St Leonard's Hospital with the replication, in the transition phase, of all services except audiology at Walnuttree Hospital.

5.6.3 A wider group of stakeholders, clinicians, social services and other appropriate and interested stakeholders should be involved in agreeing this important phase.

Recommendation Eight

The Panel believes that the current timetable is challenging but achievable working in conjunction with West Suffolk Hospital NHS Trust. The timescale requires the full involvement of current staff and all other appropriate stakeholders.

5.7 Travel and Access

5.7.1 The Panel recognises the rural location of Sudbury and the distances involved in travelling to the major centres in Bury St Edmunds, Ipswich and Cambridge. The Panel did also note with some concern the withdrawal of some local transport services. However the nature of Sudbury's location is not unique and there are many examples throughout the country where health organisations, local authorities and local transport organisations share information and work together to provide an effective transport service for those who need it.

5.7.2 The Panel recommends that a Transport Review Group be set up by Suffolk PCT involving all parties, including the local START transport group to identify and implement effective transport provision.

5.7.3 The PCT should also recognise the concerns expressed by both staff and residents in Sudbury about staff transport and access, particularly increased staff travel time, in the new model of care. Further work needs to be undertaken in this area.

5.7.4

Recommendation Nine

The Panel acknowledges the rural nature of the area under review and recommends that the PCT establish a specific Transport Review Group comprising health organisations, the local authorities, local community transport providers and local people to identify necessary improvements and developments arising from the introduction of the new model of care.

5.8 Communications

5.8.1 It is the Panel's view that this has been the biggest issue identified throughout the review and has been raised by virtually everyone in discussion, including the PCT.

5.8.2 With regard to Suffolk PCT's actions and the outcomes from their listening exercise the Panel is satisfied that they delivered their commitment to the HSC, i.e. the PCT produced modified proposals following this informal exercise.

5.8.3 However, the Panel believes that the subsequent confusion around the purpose and status of these events has led to further mistrust and misunderstanding as the PCT has sought to discuss and progress its proposals.

5.8.4 The lack of an identified communications strategy supported by any form of public relations initiative is of concern to the Panel as is the apparent lack of an effective involvement and engagement strategy.

5.8.5 Suffolk PCT should learn from examples elsewhere in the country where difficult reconfigurations have been underpinned and resourced by effective communication practices, often using expert facilitation and support.

5.8.6 Similarly those leading and representing local people in Sudbury in this issue of health service provision must recognise that open communication is a two way process. The

Panel do not accept that the PCT is wholly responsible for the current situation. All parties must operate in an open and transparent manner and be prepared to communicate with and respect each others views. The Panel recognises that groups and individuals such as WATCH have a lot to offer the process. These groups and individuals also have a responsibility, with the PCT, to create the environment in which an appropriate outcome can be achieved.

Recommendation Ten

The Panel recognises the importance of open and transparent communication from all involved to enable these recommendations to be successfully implemented. Necessary trust and respect need to be established. The Panel recommends that the PCT establish appropriate involvement, engagement and communication strategies to address these issues, using where appropriate, external specialist advice and facilitation as well as making full use of locally available knowledge and expertise.

5.9 Leadership and Management

5.9.1 The Panel recommends that the PCT makes greater use of the positive examples of the application of the model of care and the contribution of staff in East Suffolk and ensures greater integration of Sudbury's staff with their colleagues elsewhere in West Suffolk as well as in the East of the county. Clinical leaders should be identified to further strengthen the existing expertise in both rehabilitation and comprehensive assessment of older people within the model of care.

5.9.2 The Panel have met a significant number of individuals, including current staff, former staff, residents, and various groups all of whom have a lot to contribute to improving healthcare for the people living in the Sudbury area. They should be involved in any further work. The Panel recommends that any such working group must have an independent chair and should have greater involvement and input from local GPs and clinicians.

5.9.3 The Panel does not underestimate the significant relationship building that will be required to make progress on these healthcare improvements. The Panel recommends that the PCT give consideration to sourcing additional help and expertise in this area.

5.9.4 The whole process will need effective monitoring, as well as support and the Panel recommends a specific monitoring role for the SHA, formalised with specific accountability, to ensure progress.

Recommendation Eleven

The Panel recommends the establishment of a local implementation group, headed by an independent chair, to take forward these recommendations. The Panel also recommends a specific overseeing role for the SHA to ensure effective progress.

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 (a)

Rt Hon Patricia Hewitt MP
Secretary of State for Health
Department of Health
79 Whitehall
LONDON
SW1A 2NS

Dear Secretary of State,

Referral of the decisions of Suffolk PCT to close community hospitals, remove the provision of inpatient step down beds, and rush the introduction of the intermediate model of care in Sudbury.

The Suffolk Health Scrutiny Committee decided at its meeting on 8 March 2007 to refer to you, under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, the proposals for Community Services in the west of Suffolk relating to Sudbury as presented to the Committee by the Suffolk Primary Care Trust (PCT) on the grounds that: -

2. "They would have a detrimental effect on patient care as,
    a. The Committee was not convinced that full rehabilitation in commissioned beds would take place closer to home in accordance with the Government's policy 'Care Closer to Home',

       and

    b. Patients would have to travel to Newmarket and Bury St Edmunds for X-Ray and Audiology services.
3. They did not have the support of the local community as the local community had made it adequately clear that the proposals were not acceptable;
4. The PCT had not carried out adequate consultation on the proposals as meetings had been confidential and not in public."

The Suffolk Health Scrutiny Committee in considering that the proposals are not in the interest of the health services in its area, request you to refer the Suffolk PCT proposals for Community Services in the west of Suffolk, specifically those aspects relating to Sudbury, to the Independent Reconfiguration Panel for consideration.

By contrast the Committee was pleased with the PCT's proposals for the Newmarket area and the wide spread support these received from local groups, the town and district council and the local MP.

It is with regret that the Committee feels that it has no choice but to make this referral. The Committee has worked hard with both the West Suffolk PCT and the new Suffolk PCT to improve the original proposals made on 1 August 2005 in the document "Modernising Health Care in West Suffolk", and both PCTs have sought, as far as they were able to address the concerns of both the public and the Committee.

If you have any questions concerning this referral or the supporting documentation that is attached, please do not hesitate either to contact me, or my Health Scrutiny Officer steven.howe@suffolkcc.gov.uk, 01473 264801.

I look forward to your earliest response.

Yours sincerely

Councillor David Lockwood
Chair
Suffolk Health Scrutiny Committee

Cc Carol Taylor-Brown, Chief Executive Suffolk Primary Care Trust
Neil MacKay, Chief Executive, East of England Strategic Health Authority
Mike More, Chief Executive, Suffolk County Council

Appendicies:

1. List of decisions taken by Suffolk PCT.
2. Detailed reasons for Suffolk Health Scrutiny Committee's referral.
3. Chronology of events.
4. Map of the NHS in Suffolk.

Appendix Two (b)

From the Rt Hon Alan Johnson MP
Secretary of State for Health

Department of Health

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

SofS46253

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

16 JUL 2007

Dear Dr Barrett

Referral of the decisions of Suffolk PCT to close community hospitals, remove the provision of inpatient step down beds and introduce an intermediate model of care in Sudbury

I am writing to request the advice of the IRP in relation to the referral from Suffolk Health Scrutiny Committee concerning the decision of Suffolk PCT to make changes to community and intermediate services. I attach a copy of the correspondence from Suffolk OSC.

This request for IRP advice follows my statement to the House on 4 July 2007 that while Professor Ara Darzi is undertaking his wide-ranging review of the NHS, I will, as a matter of course, ask the IRP for advice on any decisions made at a local level which have been referred to me by Overview and Scrutiny Committees.

The Panel's advice should be provided in line with the Department of Health/Independent Reconfiguration Panel agreed protocol.

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

Yours sincerely

Alan Johnson

ALAN JOHNSON

DG1207

RH LHD

Appendix Two (c)

Kierran Cross

First Floor
11 Strand
London
WC2N 5HR

Ms Katie Cusick
Recovery and Support Unit
Department of Health
79 Whitehall
London SW1A 2NS

3 September 2007

Dear Ms Cusick

REFERRAL TO SECRETARY OF STATE – WEST SUFFOLK

Thank you for forwarding the referral letter and attachments from Cllr David Lockwood, Chair, Suffolk County Council Health Scrutiny Committee. An IRP sub-group has undertaken an initial assessment of the referral papers and its views have been endorsed by Dr Peter Barrett, IRP Chair. In accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services, the IRP offers the following comments.

Background
Modernising Healthcare in West Suffolk sets out proposals for the modernisation of health services in West Suffolk. The proposals centre primarily on community services in the area but also touch on aspects of acute hospital care, mental health and learning disability services. Specifically, they suggest the closure of community hospitals in Sudbury and of inpatient beds at Newmarket Hospital

The consultation was undertaken by Suffolk West PCT in conjunction with West Suffolk Hospital NHS Trust and Suffolk Mental Health Partnership Trust - initially between 1 August and 31 October 2005 and subsequently extended to 30 November 2005.

Suffolk HSC responded to the consultation and in the light of comments received the proposals were partially amended by the PCT Board at its decision making meeting in April 2006. The HSC initially decided not to refer the PCT's decisions to SofS but in September 2006 reviewed its decision in response to a judicial review.

Following the formation of Suffolk PCT in October 2006, the proposals were withdrawn and in January 2007 the HSC withdrew its referral to SofS. Revised proposals were then drawn up by Suffolk PCT. On 8 March 2007, those aspects of the proposals relating to services in Sudbury, were referred to SofS by the HSC.

Basis for referral
The referral has been made by the Suffolk County Council HSC under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. The HSC considers that the proposals for community services in the west of Suffolk relating to Sudbury

"would have detrimental effect on patient care" and are not in the interest of health services in the area.

The HSC also considers that *"the PCT did not carry out adequate consultation on the proposals as meetings had been confidential and not in public"*.

IRP comments and view

Proposals for changes to community services in the east of Suffolk were referred to SofS by the HSC in March 2006. SofS responded to the referral without seeking formal advice from the IRP. Whilst generally supportive of the majority of the decisions, a duty was placed on the local NHS to develop further options around certain aspects of the proposals – notably the possibility of transferring some service provision to a social enterprise.

The degree to which the changes now being implemented in the east of Suffolk can be used as a working example of the model of care for the west of Suffolk is unclear. This would require further investigation.

Based on its initial assessment, the IRP sub-group considered that more explanation was required of how the individual patient experience would be improved under the proposals. However, it seems clear from the evidence provided that continuation of the existing model of care is not viable.

In view of the above comments, the Panel would be willing to undertake a full review and offer advice to SofS if requested.

Yours sincerely

Martin Houghton
Secretary to IRP

Appendix Two (d)

From the Rt Hon Alan Johnson MP
Secretary of State for Health

Department of Health

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000

SofS46253

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

17 SEP 2007

Dear Peter

Following the IRP's confirmation that it is willing to undertake a full review and offer advice on the referral from Suffolk Health Scrutiny Committee about proposed changes to community and intermediate services, I am writing to confirm the Panel's Terms of Reference.

Terms of reference

The Panel is asked to advise the Secretary of State by 31 December 2007:

a) whether it is of the opinion that the proposals to close the two existing community hospitals, remove the provision of inpatient step down beds replacing these with locally commissioned intermediate care beds and a new ambulatory care facility integrated with local GP provision and change the intermediate model of care across West Suffolk as set out in the modified proposals presented by Suffolk PCT at the Suffolk Health Scrutiny Committee (HSC) meeting of 8 March 2007 (developed following an informal listening exercise after the decision of Suffolk West PCT on 11 April 2006) will ensure safe, sustainable and accessible services for the people of West Suffolk, and if not, why not;

b) on any other observations the Panel may wish to make in relation to the proposals for changes to community and intermediate services and implications for any other clinical services;

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 the Independent Reconfiguration Panel general terms of reference.

The IRP's advice to me on this case should be provided in accordance with these Terms of Reference. I look forward to receiving your advice.

Yours sincerely

Alan Johnson

ALAN JOHNSON

Appendix Three

Kierran Cross

First Floor
11 Strand
London
WC2N 5HR

11 October 2007

For publication

IRP: Have your say on health review

Dear Editor

The IRP, the independent expert on NHS service change, has been asked by the Secretary of State for Health to carry out a review relating to contested proposals put forward by Suffolk PCT for changes to health services in West Suffolk.

As part of our review, we would like to hear from local people who feel that they have new information that was not submitted during the formal consultation process or believe that their voice has not been heard. **Please contact us on our dedicated review line on 01223 597512 or email irpreview@eoe.nhs.uk**

Under the proposals Walnuttree and St Leonard's community hospitals in Sudbury will be closed and the facilities will be replaced with locally commissioned intermediate care beds and a new ambulatory care facility and will be integrated with local GP provision. The proposals also cover changes to the intermediate model of care across West Suffolk.

Our review will look at whether the proposals will ensure the provision of safe, sustainable and accessible services for local people.

Over the coming weeks, we will be undertaking a number of visits to the area to talk to patients, clinicians and local authority representatives, interest groups and people living and working in the area who believe they have new evidence that the IRP should take into account.

It is important that our reviews are open and accountable to local communities. We will therefore publish our report and recommendations on our website - www.irpanel.org.uk - once they have been considered by the Secretary of State for Health.

Yours sincerely

Dr Peter Barrett CBE
Chair, IRP

IRP

www.irpanel.org.uk

03 October 2007
Press release

IRP begins review in West Suffolk

The IRP, the independent expert on NHS service change, has been asked by the Secretary of State for Health, Rt Hon Alan Johnson MP, to provide advice to him relating to contested proposals for changes to health services in West Suffolk.

The request follows a referral to the Secretary of State from the Suffolk Health Scrutiny Committee. The referral relates to proposals by Suffolk PCT to close Walnuttree and St Leonard's community hospitals in Sudbury and remove the provision of inpatient step-down beds. Under the proposals the facilities will be replaced with locally commissioned intermediate care beds and a new ambulatory care facility and will be integrated with local GP provision. The proposals also cover changes to the intermediate model of care across West Suffolk.

The IRP will now undertake an independent review of the proposals and consider whether they will ensure the provision of high quality services for local people.

Dr Peter Barrett, Chair of the IRP, said: "The IRP will provide recommendations to the Secretary of State that offer local people safe, sustainable and accessible healthcare services. Our key focus throughout the review will be the patient and the quality of care. We will be listening to all sides of the debate and gathering evidence locally to ensure our recommendations are in the best interests of local people."

The IRP will also advise the Secretary of State of any observations it makes in relation to the proposals which may impact on other clinical services.

Over the coming months the IRP will make a number of visits to West Suffolk to see facilities first hand and meet with patients, clinicians and other staff. The visits will also provide an opportunity for the IRP to meet with a range of other interested parties, including local authority representatives, interest groups and individuals living and working in the area.

The IRP's final report with its recommendations will be forwarded to the Secretary of State by the 31 December 2007. The final decision on changes to services in the area will be made by the Secretary of State for Health.

ENDS

For further information, contact the IRP press office on 020 7025 7530 or email IRPpressoffice@trimediahc.com

www.irpanel.org.uk

Notes to editors

1. The full name of the IRP is the Independent Reconfiguration Panel
2. The IRP was set up in 2003 to provide advice to the Secretary of State for Health on contested proposals for health service change in England
3. Under the NHS Health and Social Care Act 2001, NHS organisations must consult their local authority Overview and Scrutiny Committees (OSCs) on any proposals for substantial changes to local health services. If the OSC is not satisfied it may refer the issue to the Secretary of State
4. IRP panel members have wide ranging expertise in clinical healthcare, NHS management, public and patient involvement and handling and delivering successful changes in the NHS
5. Further information, including details of all panel members, is available from www.irpanel.org.uk

IRP

www.irpanel.org.uk

Press release
11 October 2007

IRP invites new evidence from West Suffolk residents

The IRP, the independent expert on NHS service change, is inviting residents in West Suffolk to come forward with new information relating to contested proposals for changes to health services in the area.

Suffolk PCT plan to close Walnuttree and St Leonard's community hospitals in Sudbury and remove the provision of inpatient step-down beds. Under the proposals the facilities will be replaced with locally commissioned intermediate care beds and a new ambulatory care facility and will be integrated with local GP provision. The proposals also cover changes to the intermediate model of care across West Suffolk.

The IRP is undertaking an independent review of the proposals at the request of the Secretary of State for Health. As part of the review the IRP is calling for residents to come forward if they feel they have new information that was not submitted during the PCT's formal consultation process or believe that their voice has not been heard.

Dr Peter Barrett, Chair of the IRP, said: "The key focus of our review is the patient and the quality of care. During the review we will be seeing facilities first-hand and hearing directly from patients, clinicians, staff and interest groups. Local people with new evidence or who feel that their voice has not been heard should not hesitate to get in contact with us as we are keen to hear from all sides of the debate."

The IRP is undertaking its first visit to the area today and over the coming weeks it will make a number of visits to meet and take evidence from the Primary Care Trust, NHS Trust, Local Authority representatives, patients, public and interest groups, as well as staff and individuals living and working in the area.

Anyone who feels they have further information to offer can contact the IRP review team through the dedicated review line on 01223 597512 or email irpreview@eoe.nhs.uk

The IRP's final report with its recommendations will be forwarded to the Secretary of State for Health by the 31 December 2007. The final decision on changes to services in the area will be made by the Secretary of State for Health.

ENDS

For further information, contact the IRP press office on 020 7025 7530 or email IRPpressoffice@trimediahc.com

Notes to editors

About the review

The IRP has been asked by the Secretary of State for Health, Rt Hon Alan Johnson MP, to provide advice to him following a referral from the Suffolk Health Scrutiny Committee.

The IRP

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Appendix Four

Site visits, meetings and conversations held

7th November

Carole Taylor – Brown	Chief Executive. Suffolk PCT
Martin Royal	Programme Director Business Development. Suffolk PCT

Tony Robinson	Ex Chairman. Suffolk PCT
Dr Peter Bradley	Director of Public Health. Suffolk PCT
Dr Andrew Hassan	PEC Chair West Suffolk PCT and Suffolk PCT.
John Such	Chief Operating Officer. Suffolk PCT.
Jonathan Williams	Chief Nurse. Suffolk PCT.
Dawn Godbold	Head of Adult Services. Stow lodge Centre.
Mary Heffernan	Head of Adult Services. Suffolk PCT.
Jackie Urry	Team Leader Adult Services. Newmarket Hospital.
Tim Holland-Smith	Ex Chair. Suffolk PPI Forum.
Gerry Oakley	Apollo Medical Partners.

8th November

Mike Stonard	Former Chief Executive. Suffolk West PCT
Lois Reseigh	Former Performance Manager. West Suffolk PCT.
Colin Muge	Ex Chairman. Suffolk West PCT.
Pam Chappell	Professional Nurse Lead. Provider Services.
Catherine Wardle	Senior Physio. Intermediate Care Team. West Suffolk.
Alison Cooper	East Suffolk Community Services.
Julia Smith	Clinic Clerk. Chantry Clinic.
Denise Walton	Day and Treatment Nurse. East Suffolk
Chris Bown	Chief Executive. West Suffolk Hospital NHS Trust.
Gwen Nuttall	West Suffolk Hospital NHS Trust.

14th November

Nicole Day	General Manager. West Suffolk Hospital NHS Trust.
Ann Nicholson	Consultant Geriatrician. West Suffolk Hospital NHS Trust
Nigel Beaton	Head of Radiography Services. West Suffolk Hospital NHS Trust.
Andy Willshire	Head of Audiology Services. West Suffolk Hospital NHS Trust.
Mark Halladay	Chief Executive. Suffolk Mental Health Partnership NHS Trust.
Graham Gatehouse	Director Adult Care Services. Suffolk County Council.
John Lewis	Locality Director.Suffolk County Council.
Dr. Steven Wilkinson	Senior Research Associate. University of East Anglia.
David Lockwood	Chair. Suffolk Health Scrutiny Committee.
David York-Edwards	Vice Chair. Suffolk Health Scrutiny Committee.
Ian Kemsley	Former Scrutiny Officer.
Carole Taylor-Brown	Chief Executive. Suffolk PCT.

15th November

Meeting with Suffolk Health Scrutiny Committee

David York-Edwards	Vice Chair
Jeremy Glover	Councillor
Michelle Bevan	Councillor
Tim Marks	Councillor
Cathy Pollard	Councillor
Peter Beer	Councillor
Malcolm Cherry	Councillor
Dean Walton	Councillor
Sue Morgan	Scrutiny Team Manager
Dian Campbell	Scrutiny Officer

Steve Howe	Former Scrutiny Officer
Phyllis Felton	Sudbury Resident (ex nurse at Walnuttree)
Mr Felton	Sudbury Resident
Alistair McWhirter	Chair Suffolk PCT.
Jo Douglas	Locality Manager. Suffolk East

19th November Meetings in London

Tim Yeo MP
David Ruffley MP
Richard Spring MP

22nd November

Anesta Newson	Resident (Bridge Project, Sudbury)
Frances Jackson	Resident
Dr. Donnelly	G.P.
Judy Slinger	Walnuttree Hospital Staff
Karen Line	Walnuttree Hospital Staff
Sue Cole	Walnuttree Hospital Staff
Steven Bolter	Councillor
Dr Anne Nicholls	Chair of Suffolk PPI Forum
Halcyon Mandelstam	Walnuttree Hospital Staff
Jill Fisher	Resident (former nurse)
Colin Spence	Ex Vice Chair Suffolk West PCT. Councillor.
Sylva Byham	Councillor
Betty Bone	Resident
Rev. Stennar	Baptist Minister
John Chaplin	Resident
Dr Susan Sills	GP
Richard Kemp	County, District, Parish Councillor (Former Mayor)
Lynda Lunn	Resident
Becky Plumb	Walnuttree Hospital Staff
Warwick Hurst	Newmarket Councillor

23rd November

Denis Saville	Resident
Mrs Saville	Resident
Peter Turner	Resident
Dr McLaughlin	GP
Dr Raja	GP
Stuart Attride	Sudbury Mencap
Helen Perrott	Sudbury Mencap
Graeme Garden	Sudbury Mencap
Mandy Poulson	Walnuttree Hospital Staff
Jenny Turkentine	Walnuttree Hospital Staff
Peter Clifford	Sudbury Watch
Michael Mandelstam	Sudbury Watch

27th November

Lord Andrew Phillips	Resident
Jane May	Resident

Margaret Mills	Resident (ex Walnuttree Hospital Staff)
Jenny Antill	District Councillor
Claire Mathieson	Social Care – Occupational Therapist
Jack Owen	County Councillor
Helen Tucker	Resident Community Hospitals Association
Joanne Bone	Walnuttree Hospital Staff
Maggie Skipper	Walnuttree Hospital Staff
Shirley Brown	Walnuttree Hospital Staff
Pat Large	Walnuttree Hospital Staff
Christine Bywater	Walnuttree Hospital Staff
Sean Harvey	Walnuttree Hospital Staff

28th November

Sue Brotherwood	Sudbury Town Clerk
John Sayers	Sudbury Deputy Mayor
Peter Goodchild	Sudbury Mayor
Barry Porter	Sudbury Town Councillor
Neil McKay	Chief Executive. East of England NHS

Site visits were undertaken by Panel members to:

Walnuttree Hospital
St Leonard's Hospital
West Suffolk Hospital (specifically audiology and x-ray departments.)
Newmarket Hospital
Stow Lodge Day and Treatment Centre
Davers Court Residential Home, Bury St Edmunds
Land sites in Sudbury Area:
Harps Close Meadow;
Churchfields Road

Appendix Five

Information made available to the Panel

Supporting papers

Paper	Title
1	Map of area and services provided by Suffolk PCT
2	Map showing main healthcare premises in Suffolk PCT
3	Briefing paper on Health Scrutiny in East of England
4	Chronology of events document
5	Modernising healthcare in West Suffolk – Consultation Document, August 2005
6	Modernising healthcare in West Suffolk – addendum to document
7	Summary report – West Suffolk Consultation
8	PowerPoint presentation from Suffolk West consultation
9	Intermediate Care Strategy Document – West Suffolk 2004
10	Babergh District Council Response to Suffolk West Consultation 2 Dec 2005
11	WHAC response to Suffolk West consultation
12	WHAC response to Suffolk West appendix
13	Report to Suffolk West PCT Board - 11 April 2006
14	Letter Suffolk West PCT to Suffolk HSC – 6 March 2006
15	Minutes of Suffolk West Board meeting – 22 July 2005
16	Minutes of HSC meeting 12 September 2005
17	HSC report 27 April 2006
18	Report to HSC 12 September 2006
19	Minutes of HSC meeting 8 January 2007
20	Minutes of HSC meeting 8 March 2007
21	Suffolk PCT paper presented to Suffolk HSC on 8 March 2007
22	Suffolk HSC paper for consideration at meeting on 8 March 2007
23	Letter Suffolk PCT to Suffolk HSC – 13 December 2006
24	Appendix doc – summary of recommendations Suffolk PCT/Suffolk West PCT
25	Appendix doc – comparison of decisions Suffolk PCT/Suffolk West PCT
26	Briefing note – outlining Suffolk PCT modified proposals
27	Letter Suffolk PCT to SHA – 27 April 2007
28	SHA statement on Suffolk PCT proposals
29	HSC meeting papers – Newmarket Hospital 18 March 2007
30	Suffolk PCT document – spreadsheet of Service Level Agreements
31	Suffolk PCT document – 12 month account of travel costs to clinics
32	Suffolk PCT document – x-ray activity data at St Leonard's
33	Suffolk PCT document – out patient data at Walnuttree and St Leonard's
34	Suffolk PCT document – Audiology test numbers at St Leonard's
35	Babergh District Council – Health and Activity profiles
36	PCT referral pattern maps x 3
37	Additional map showing distances between areas in Suffolk
38	Bus services and timetables – to and from Sudbury
39	Train services and timetables to and from Sudbury
40	Suffolk PPI Forum - Patient Survey Report into travel – Oct 2006 to Feb 2007
41	Suffolk PCT workforce statistics
42	Suffolk PCT budget details

43	Suffolk PCT – overview of Sudbury estate
44	Health Care Commission annual assessment, statement and letter
45	Suffolk PCT briefing for Department of Health – 31 May 2007
46	HSC discussion document – Suffolk West consultation – 5 September 2005
47	HSC document – Adult Care Perspective – 12 September 2005
48	HSC response to Suffolk West consultation – 22 November 2005
49	HSC document – Community Care – January 2006
50	HSC document – recommendation of decision to refer consultation – Sept 2006
51	Document outlining proposals for model of care in East Suffolk
52	Suffolk HSC referral letter to Secretary of State – 7 March 2006
53	Appendix to above letter
54	Document – chronology of events re East Suffolk referral
55	Suffolk PPI Forum – presentation to Suffolk HSC re modified proposals
56	Letter from Suffolk PCT to Sudbury residents
57	Suffolk PCT press statement – 20 February 2007
58	Suffolk PCT press statement – 15 November 2007
59	Report from East Anglia University – Suffolk West consultation 2005
60	Sudbury Locality profile (2004)
61	Public Health population data – 5 October 2007
62	Paper – proactive management of long term conditions – Sheila Burns
63	Paper – Approved Model of Care for former Suffolk East PCT's and revised proposals for Suffolk PCT – PCT officers
64	Papers outlining location and model of care in East Suffolk – PCT officers
65	Paper and case studies from stow Lodge and Hadleigh – PCT Officers
66	Paper and case studies from Eye – PCT Officers
67	Comparison of West Suffolk bed provision against potential patients >65 in each locality
68	Bus link information from WATCH
69	Train link information from WATCH
70	Coach link information from WATCH
71	Letter from Tim Yeo MP
72	Case Study from Tim Yeo MP
73	Delayed Transfer of Care (DTOC) statistics for West Suffolk and Ipswich hospitals
74	Acton Lane – room usage as at 23 November 2007
75	Booklet produced by Newmarket Health Forum Action Group for the development of Newmarket Community Hospital
76	Out Patient statistics from Tina Partridge, St Leonard's staff
77	Submission from Sudbury WATCH – 23 November 2007
78	Letter from Dr J Fasler to Tim Yeo MP – 1 July 2005
79	Submission from Amanda Poulson and Jenny Turkentine, Walnuttree staff
80	Papers detailing Out patient workload from Amanda Poulson and Jenny Turkentine
81	Submission from Rev. Richard K Titford, Sudbury resident
82	Submission from Halcyon Mandelstam, Walnuttree staff
83	Submission from Peter Turner, Sudbury resident
84	Submission from Sudbury Mencap Society
85	Submission from Frances Jackson, Sudbury resident

86	Submission from Jill Fisher, Sudbury resident
87	Two submissions from Helen Tucker, Community Hospitals Association
88	Submission from Clare Mathieson, Rehabilitation staff
89	Two newspaper articles from Sean Harvey, Walnuttree staff
90	Submission from Jack Owen, Sudbury Councillor
91	Letter from Tim Holland-Smith to Secretary of State – 16 April 2007
92	Letter from Peter Clifford, WATCH group - 16 October 2007
93	Letter from Chris Bown to Suffolk HSC – 6 March 2007
94	Written statement from Prime plc
95	Written statement from Oasis Community Health
96	Letter from Mr Fahmy, ENT Consultant
97	Email from Una C Faithful, Friends of Sudbury Hospitals
98	Telephone information from Roy Baldry, Sudbury resident
99	Telephone information from Caroline Pemberton, Sudbury Mental Health Partnership
100	Telephone information from Mrs Doris Licence, Sudbury resident
101	Letter from Peter Clifford WATCH group – 12 November 2007
102	Email from Martin Richards, Sudbury resident
103	Email from Penny Baker, Success after Stroke
104	Letter from Mr D.P. Saville, Sudbury resident
105	Letter from Mrs Lesley Ford-Platt
106	Letter from Jill Fisher, Sudbury resident
107	Letter from Valerie Moulton, Chair Stour Valley Old People's Centre Committee
108	Letter from Mrs Patricia Maltby, Sudbury resident
109	Letter from Mrs Gillian Riches, Sudbury resident
110	Letter from Mrs I M Rowan, Sudbury resident
111	Letter from Mrs Marion Saville, Sudbury Resident
112	Letter from Mrs Margaret Shannon, Sudbury resident
113	Letter from David H Simmons, Sudbury resident
114	Letter from Ann and Bob Smith, Sudbury residents
115	Email from David Tolhurst, Sudbury resident
116	Letter from Mrs Karen Lee, Sudbury resident
117	Letter from Raymond V White
118	Letter from Miss D.M. Bell, Sudbury resident
119	Letter from Sylvia Ball, Sudbury resident
120	Letter from Dr Jeremy Webb, Orchard House Surgery
121	Letter from Margaret Whybrow. Halstead resident
122	Letter from Dr R Donnelly, Siam Surgery

Appendix Six

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

Department of Health

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

SofS 43172

Jane Hore
Chair
Suffolk Health Scrutiny Committee
Suffolk County Council
Box RES 1206
Shire Hall, Castle Hill
Cambridge CB3 0AP

27 July 2006

Dear Councillor Hore,

Referral of the decisions of Suffolk East PCT to close community hospitals, reduce the number of inpatient step down beds, and rush the introduction of the intermediate model of care

Thank you for your letter of 7 March 2006, which refers to proposals made by Suffolk East Primary Care Trusts to the Secretary of State under the Local Authority (Overview & Scrutiny Committees Health and Scrutiny Functions) Regulations 2002.

In order to come to my decision I have reviewed your grounds for referral, the papers publicly available, including the consultation document, and the PCTs' response to the referral. I have also considered the views of the Strategic Health Authority and Department of Health stakeholders.

In reviewing the grounds for referral, and the proposals put forward by the Suffolk East Primary Care Trusts I have decided to support the local NHS in the majority of their decisions, whilst also placing on them a duty to develop the options further around their proposal for Hartismere Hospital. Specifically, I would like the possibilities of transferring service provision to a social enterprise to be further explored.

I have responded to each of your points in turn below, and put some detail to what I would like the process for development of the Hartismere site to look like. I fully appreciate the work the local NHS has already undertaken in the development of their health strategy. My wish is to see that taken one step further for Hartismere, as I truly believe a social enterprise could provide a workable and innovative avenue for sustainable, economic and high quality patient healthcare.

From the Secretary of State for Health

DH Department of Health

Points in Referral Letter:

1. The decisions do not have the support of the local community;

It is clear, both from the correspondence that the Department of Health has received on this issue, and from the analysis undertaken by Clear Consultancy, where in numerical terms we are aware that support for the proposal ranged from 2% to 8% depending on the issue, that there is significant unease in the community regarding changes to services.

I have considered that the final decisions of the PCTs took considerable account of the views of stakeholders and that significant amendments were made to the original proposals, in response to the independent analysis of the consultation responses. The PCTs responded to all of the recommendations made by the independent consultants in the analysis of the consultation documents:

- **Speed of transition** – a changeover period of approximately six months incorporated into the proposed implementation plans.
- **Transitional flexibility** – the proposed implementation plans include flexible use of community inpatient beds as step up and step down beds during the changeover period.
- **New services** – it is proposed that the Suffolk East PCTs reaffirm their commitment to develop new local services, particularly for those people with long term health conditions.
- **Step down provision** – it is proposed that some provision remains for step down beds in the community where there is an identified clinical need.
- **Transitional 'teething problems'** – a robust risk management system will be used during the proposed changeover period and a special vigilance will be maintained for more vulnerable people who could fall between the 'safety net' of health and social care services. Additional vigilance will be maintained on those affected by the proposed changes in mental health services. The proposed implementation of the PCT changes and subsequent monitoring of those changes would be led by a jointly appointed health and social care senior manager.

The Clear Consultancy's independent report counselled against placing excessive weight upon the quantitative views expressed during the consultation. They felt that the questionnaire had poorly drafted questions that tended to lead respondents towards an apparently obvious and negative answer, that there was little way of knowing whether the responses were in any sense representative, and that there was evidence of batch completion. However, the Suffolk East PCTs have clearly taken the strength and breadth of responses into account whilst making significant changes to the original proposals.

From the Secretary of State for Health

Department of Health

The Department of Health has also received advice from the local headquarters of the NHS, the Norfolk Suffolk and Cambridgeshire Strategic Health Authority. This states that they would wish to see the proposals implemented as a matter of priority, and is an unequivocal message of support.

2. Neither the Committee nor the local community have sufficient confidence that intermediate care without sufficient NHS step-down inpatient beds will meet the health needs of local people;

The Suffolk East PCTs had originally proposed step up provision only for the proposed intermediate model of care, but responded to the concerns of the community expressed during the consultation exercise by making provision for step down community inpatient beds – where there was a clinical need.

The proposals are supported by a clinical assessment of need which identifies that a relatively small number of people need to utilise step down beds in the current model of care and fewer will need to do so in the future, particularly with the enhanced services that are planned in place. Furthermore, The Scrutiny and Performance Committee of the Suffolk East PCTs, made up of Non Executive Directors and Chairs of the PCTs, found that the case for ending the provision of step down beds in Felixstowe and Aldeburgh Hospitals and for the closure of the Bartlet and Hartismere Hospitals had been convincingly made because;

"The alternative systems for the rehabilitation of patients discharged from acute hospitals would be preferable to those presently provided".

In reading the report by the Health Scrutiny Officer to the Committee, we are aware of their support for the model in theory:

"the evidence is such that it suggests that to delay further the implementation of the new model of care is to deny the benefits of more effective rehabilitation to those people about to enter the Suffolk Health System".

The same report suggests that a lack of clarity in information about the proposed intermediate model of care has lead to lack of confidence by the Committee. It is important to recognise the very real concerns of the Health Scrutiny Committee, and to ensure that a process is in place that will result in their increased confidence for the intermediate model of care.

However, having committed to providing step down beds on a flexible basis during the transition, thus allowing suitable local evidence to build up, the PCTs should be allowed to go forward with their proposal. As they have also committed to providing step down beds as clinically required after the transition period, they should use the 6 month transition time to build up a local evidence base that can be presented to the HSC, both to inform their decision as to what is appropriate provision, and to provide confidence in their decisions to the local community.

From the Secretary of State for Health

Department of Health

3. The decisions have been rushed through with the primary purpose of saving money, at the perceived risk to the health of local people;

The PCTs' board papers acknowledge the genuine anxiety across the community as to the wider impact of the financial challenges facing healthcare services in East Suffolk. I am very pleased to note that the PCTs have subsequently allowed for a 6 month transition period which should go some way to ameliorating those anxieties.

It is understandable that when information about service reconfiguration is communicated in the context of financial difficulties a local community will be concerned about the motivation behind such changes. I also note the comments in the Clear Consultancy report that state, "The questions in the *Changing for the Better – next steps* consultation document would not have passed the test of the Market Research Society Questionnaire Design Guidelines". I have noted that the PCTs recognise the necessity of a communication programme with the public to allay concerns and misconceptions about the proposed new way of working.

In reading the PCTs' commentary on the HSC's Referral, the report by the Health Scrutiny Officer to the Committee, the SHA assessment of the proposals against Our Health Our Care Our Say White Paper, the statement of support from the Strategic Health Authority, and the appendices to the referral, I have formed the following view:

- The proposals are in line with national strategy.
- It is the speed of the original proposed transition that is based on financial pressures, not the transition itself.
- The PCTs are able to demonstrate a clear audit trail which shows that the modernisation of community services and hospitals in East Suffolk has been under consideration for some considerable time.
- Furthermore the PCTs have always been clear that clinical development and improving services to patients was the prime driver for these changes.

The benefits of the proposed new model of care are well set out in the assessment of compliance with the Our Health, Our Care, Our Say White Paper. The proposals do offer, amongst other things:

- more rapid access to community services for mental health, disabled persons, older people, vulnerable people and end of life care
- Evidence of joint service and workforce planning
- Examples of new roles that work across health and social care, hospital and community (e.g. community matrons and local care teams)
- Better care for patients with long term conditions
- Shifting care from acute hospitals to the community
- Integration of health and social care

From the Secretary of State for Health

Department of Health

- The development of admission prevention, out of hours, social services, crisis resolution

I believe that this represents modernisation and improvement of services, and the development of a more patient centred system of care, envisaged as a strategy in November 2004 when the Suffolk East PCTs commissioned their Strategic Review of Community Hospitals. This review, published in March 2005, is clear that it represents "a move towards local services for local people. The emphasis of services in the community hospitals … towards rehabilitation and intermediate care and there would be other services to support and underpin primary care."

It is right to recognise that any transition can involve risk and I am further reassured by the PCTs' proposal to implement a robust risk management system during the transition period.

4. Neither the committee nor the local community have any confidence that the changes made to the original proposals, to ameliorate the impact of the closure of hospitals and beds, will actually be implemented;

The PCTs' commentary on the HSC referral states that:

"The PCTs have agreed and published their plans to revise community services and hospitals following a formal public consultation. The PCTs have incorporated within their future financial plans an investment of £3m revenue and £1.4m capital to support the changes they are proposing. Considerable development work has also been undertaken to support staff affected by these changes. The PCTs have made consistent and clear statements that these changes are necessary to meet the increasing health needs of the local communities.

The PCTs have also demonstrated the key role that these changes will play in securing the financial stability of the health economy in forthcoming years through the reduction in inappropriate and avoidable emergency admissions to the acute sector along with improved support to people with long term conditions. "

This is supported by the SHA who see the proposals as being mapped to the SHA's agreed health strategy, and who are committed to monitoring the overall delivery of the PCTs' savings plan associated with the proposals. Furthermore the SHA is satisfied that some of the resources released through these changes will be re-invested in community care teams to provide support to a larger number of patients than currently served by the community hospital beds.

I would expect that the dialogue that has taken place between the PCTs and the HSC would continue during the development of services, and that they can expect further information on how the proposed new services take shape.

From the Secretary of State for Health

DH Department of Health

5. The increasing need for the PCT to save further money in order to meet the expectation for it to repay its £23.8m debt by the end of the next financial year will make it even more unlikely that the proposals will be implemented in full;

The Secretary of State for Health announced Turnaround teams in a written ministerial statement on 1 December 2006. They have supported the NHS in identifying opportunities to deliver services with greater cost-effectiveness and in making financial savings. Their remit was to look at a range of ways to improve the efficiency of both clinical and support services in the local NHS and offer suggestions for the local management teams, who will identify those that are suitable for the situation. The first stage of the Turnaround process aimed to ensure there is an agreed understanding of the local financial problem and that actions are in hand to address this.

Suffolk East PCTs' plans were subject to review by the Turnaround experts and are considered robust and appropriate. The proposed investments in the community services infrastructure that support the changes have been included in the PCTs' financial plans and are not considered at risk.

I understand the anxieties of the local community that they will see services taken away, and not replaced by the proposed new model of care. I am confident that the plans of the local NHS are robust, and that patients in the Suffolk East PCTs will benefit from modernised service delivery.

6. The decisions are badly timed: the imminent reconfiguration of PCTs within Suffolk further reduce the Committee's confidence that the new organisation will continue with the ameliorating improvements to the original proposals promised by the existing PCT;

The reconfiguration of PCTs in Suffolk, part of the "Commissioning a Patient Led NHS: Delivering the NHS Improvement Plan", was driven by a locally developed assessment of what the best commissioning organisation would look like for that locality.

In their commentary on the referral the PCTs anticipate that significant progress will have been made in reconfiguring the community services during the summer of this year, subject to the outcome of the referral. They consider it unlikely that the proposed changes to the PCT configurations in Suffolk, which are planned for October 2006 at the earliest, will have material effect on established and well evidenced plans for service redesign particularly where these have been demonstrated to be compliant with the White Paper and have the support of the SHA.

I have been given assurance that the proposals will be carried out in full and do not see this as a reason to halt progress.

From the Secretary of State for Health

Department of Health

7. The three PCTs in Suffolk have different approaches to their Community Hospitals, which is obviously unsustainable and casts further doubt on the long-term implementation of these proposals.

I am advised that the 3 health systems which cover Suffolk, West Suffolk, East Suffolk and Great Yarmouth and Waveney, have a common strategic approach to community services and hospitals. All of the systems are consistently following the theme of supporting more people at home wherever possible, avoiding inappropriate acute hospital admission, managing long term conditions more effectively and using community facilities appropriately. The detail of how each local system will achieve this varies because there are differences in the baseline positions in regard to the following issues:

- how primary care has used the community hospitals/services
- how the acute trust have interacted with the local primary and community based services
- Previous levels of investment
- health characteristics
- condition and location of estate
- geography and demographics etc

The PCTs' proposals are in line with the SHA's strategic direction, and with national frameworks. I do not have any doubt that the proposed reconfiguration of the Suffolk PCTs will do anything other than strengthen the delivery of modernised services that the Suffolk East PCTs have worked to develop, and am confident that their implementation will be to the long-term benefit of the local population.

Supplementary Issues

I have read the appendix that accompanied the referral letter, and would also like to respond to the points that are raised separately there.

8. The Health Scrutiny Committee " does not think that it is adequate for the PCT to offer 'a limited step down provision for people requiring post acute care in exceptional circumstances and according to clinical needs of the individual'". The concern is that the "reasons for refusing to offer greater step down bed provision are entirely financial – a fact fully accepted by the PCT itself". The HSC further states, "the PCT is nervous of offering step down beds because of the risk that the acute hospitals will transfer patients before they are medically stable, without transferring the funding necessary to see the patient through to medical stability". The HSC does not want to see patients caught in the middle of conflicting financial incentives that would arise from this situation.

I have considered the response in the commentary from the PCTs. This states that patients are not currently transferred from acute hospital to community services until they are medically stable, and nor will they be in any future model of care. Therefore there are no conflicting incentives.

From the Secretary of State for Health

DH Department of Health

The PCTs' clinical needs assessment believes the provision to be adequate, and furthermore the PCTs are committed to providing care in a step down bed as and when clinically required.

The concern that the reconfigurations are purely financially driven has been responded to in Point 3 above.

9. The Health Scrutiny Committee "does not think that the PCT has offered sufficient evidence to support the argument that nursing home or residential home beds are satisfactory replacement for community hospital beds, even where visited by the intermediate care team"

In their commentary the PCTs explain that this is a misunderstanding by the HSC as Suffolk East PCTs do not intend this to be the case and are not proposing this as a development.

"The PCTs are proposing a limited but important development of NHS commissioned beds (in preference to NHS provided beds) in one locality. These beds will be supported by NHS staff for the health component of their care, with non NHS staff addressing social and personal care issues." This builds on the well established practice which operates elsewhere in the NHS and in other parts of East Suffolk, and Suffolk more generally.

10. The Health Scrutiny Committee is concerned by the lack of certainty about the level of activity, and therefore the resource needed.

I am assured that the Committee have been provided with detailed evidence on the assessed levels of local demand and activity. The PCTs have also presented workforce plans setting out the capacity planned for the enhanced locality teams. In the absence of the Committee offering any alternative clinical or substantiated evidence, the PCTs remain committed to the evidence based proposals put into the public domain which are further supported by local working models of effective clinical practice.

The PCTs are committed to providing an intermediate model of care appropriate to their population. They are supported in this by their SHA. The Health Scrutiny Officer notes in his report "If numbers need to be adjusted to meet demand then this is something the PCT will need to deliver" and this would reflect my expectations of the PCTs.

11. The Health Scrutiny Committee believes that the "closure of Hartismere was taken with the financial pressures of the PCT in the forefront. Proven by the fact that pre-consultation discussions with the local community considered a number of options, none of which were finally put to public consultation."

In the papers provided the PCTs describe a convincing evolution of the options for Hartismere Hospital, from the six discussed in the October 2004 meeting, to the final option put forward for public consultation in August 2005.

The minutes of the PCT Scrutiny Committee Review of Changing for the Better describe the PCTs' work on service design prior to the Changing for the Better consultation, the desire to reflect locally the national policies for

From the Secretary of State for Health

DH Department of Health

intermediate care and the best practice guides for patient treatment, the NSF for Older People, the NSF on Long Term Conditions and the 10 High Impact Changes for Service Improvement and Delivery.

The Hartismere Options Report published in June 2005 describes the second of the two options being considered at that time,

- "Completely refurbish the hospital and the lodge and sell off the remaining site"

as not scoring well against the SHA's criteria for strategic fit. It is described as not promoting new models for delivering services, not being sufficiently flexible and robust to cope with future changes in patterns of service delivery, and not enabling better integration of services; this is clearly not consistent with the Our Health, Our Care, Our Say White Paper.

I understand that you believe the narrowing of options to be evidence that the PCTs were considering the financial implications of the proposals above all other rationale. It is clear, in the minutes of the Central Suffolk Board meeting held on 19th July 2005, that the PCTs consider the acceleration of developed and pre-existing modernisation plans to be part of their plan for achieving financial balance.

However, there is much evidence to suggest that finance was not the single, or primary, driver for change, rather it was used in conjunction with other criteria to assess viability and strategic fit of the proposals for the PCTs and the communities they serve. The building itself is acknowledged to be unfit for purpose, and the PCTs want to develop the new model of intermediate care in line with the Our Health, Our Care, Our Say White Paper.

There is no requirement for more than one option to be consulted on, and the PCTs have clearly put forward for public consultation the option they believed represented the best model of care, and the best use of resources, for their community.

As discussed above in Point 3, these proposals have been shown to be driven by a desire to improve and modernise services to patients. The review by the PCT Scrutiny Committee, composed of Chairs and Non-Executive Directors, on the closure of Hartismere makes a valid point:

"Work at Hartismere was showing that whilst staff were doing a good job the building/service was 'not fit for purpose' and there was a need to follow the trends set out in the strategy for intermediate care. In March 2005 the review recommended the new model of care which led to further proposals being presented to the PCT Boards in June 2005. In June the financial position was far worse than imagined in the last financial year which resulted in the need to accelerate the proposals in order to achieve financial balance. The proposals in terms of moving to the new model of care were based on an extensive amount of work carried out during November 2004 and June 2005. "

I appreciate the concerns of the Health Scrutiny Committee, and consider it right to have an open discussion regarding the motivations and the proposed outcomes for service reconfigurations.

From the Secretary of State for Health

DH Department of Health

However, with regard to the proposals for the Hartismere Hospital, I do believe that there is further scope for the PCT to work closely with the community and local GPs on the future of services on the Hartismere site, including the longer-term possibility of transferring service provision to a social enterprise.

I believe there to be considerable overlap between what the PCT is proposing on the Gilchrist Centre part of the Hartismere site, and what an embryonic social enterprise could propose for the whole site.

Clearly these proposals would need to further develop the question as to whether or not there should be any inpatient beds on the site. Given the power and responsibility GPs will have under practice based commissioning, their enthusiasm for a social enterprise solution providing a wide range of services at Hartismere, and the enthusiasm of local people for an embryonic social enterprise, this is an excellent opportunity for the local health economy to revisit their strategy, in a way that will benefit all stakeholders.

12. The Health Scrutiny Committee has concerns for Eye: "there is no remaining provision for NHS beds of any sort, and this runs counter to the Committee's understanding of best practice and to the thrust of the White paper." They raise concern about the culture and level of care provided in Nursing Homes and state that they do not agree "that nursing home or residential home beds are the clinical equivalent of NHS beds".

It is helpful to be reminded of the specifics relating to the Hartismere hospital at Eye.

- Removal of inpatient beds over a changeover period of approximately 6 months.
- Transfer community services to the Gilchrist centre at an appropriate time as part of the changeover.
- Development of multi disciplinary teams around care of people at home on a phased basis as inpatient beds are reduced.
- Keeping a small base at Eye.
- Closure and sale of the Hartismere hospital at an appropriate point in the changeover period.
- Early commissioning of up to 10 local beds according to assessed health need from the independent/social care sector. These non NHS intermediate care beds to have enhanced nursing support and be developed in line with the model proposed in option 5 of Annex D. This provision to be reviewed at the end of the changeover period using the health impact assessment [Annex F] principles and any future requirement defined according to health need.
- Commitment to developing the land at Hartismere in line with Mid Suffolk District Council planning preferences.

From the Secretary of State for Health

Department of Health

- After the changeover period, maintaining commitment to a predominantly step up inpatient bed provision in community settings subject to a limited step down provision for people requiring post acute care in exceptional circumstances and according to the clinical needs of the individual.

I have considered the PCTs' commentary on these issues, the supporting detail to the proposals, and the scrutiny paper the PCT Scrutiny Committee have provided. The PCTs' proposals are in line with the Our Health, Our Care, Our Say White Paper, and have the full support of the SHA. The approach intended for the development in the Hartismere area, "Option 5: Safer approach as skill within carers increases and intermediate care team established", should provide reassurance to the HSC that appropriate levels of care are supplied.

13. Regarding the proposed closure of the Bartlet Hospital in Felixstowe the Health Scrutiny Committee believes that due to variation in the number of beds "the PCT had inadequately prepared its proposals, and in fact did not have a clear idea what it was doing; and secondly, that the proposals were not based on a clinical needs assessment at all". Although impressed with plans for the development of Felixstowe General Hospital, the Committee feels that as the plans have not been seen or discussed by the people of Felixstowe, and are not in any way finalised, they do not have the confidence that the plans are firm, likely to proceed and have the explicit commitment of the Strategic Health Authority. The Health Scrutiny Committee believes there to be a history of broken promises by the NHS in Suffolk

In their commentary on the referral, the PCTs give a robust response to this point, and I would agree that their approach is a demonstration of good practice in listening and responding to stakeholder views. The commentary talks through detailed planning activity taking place as a "live event" during the consultation period, involving clinicians and other stakeholders, and further describes the health needs assessment.

I understand that the concern around broken promises is that the proposed reconfigurations will not take place in full, and that the public will be unable to benefit from the new model of care. I have also noted the PCTs response that they are aware "that the histories of NHS developments in the Felixstowe locality…have contributed to a perceived lack of public confidence in the local health system." The PCTs have gone to some lengths to counter this but recognise nonetheless that there is some way to go and continues to work proactively on this agenda."

Point 4 explores the PCTs' commitment to ensuring the proposals are followed through in full, and I can reiterate the full support the SHA has given to the PCTs proposals. The documents the PCTs have shared, the facilities summary and the presentation briefing addressed to the Suffolk Health Scrutiny Committee, represent a firm commitment to developing Felixstowe General Hospital to the benefit of the health community.

From the Secretary of State for Health

Department of Health

I am aware that original proposals did not take any account of opportunities to modernise the model of care. The delivery of the current proposals vision of reduced reliance on inpatient bed provision, and greater accessibility of services to a wider range of people in the local community will go some way towards winning back the trust that is felt to be missing. The PCT is committed to building trust through continued stakeholder involvement, and I urge them to continue to share developments, and to build on the feedback they receive.

14. The Health Scrutiny Committee state that "the public position of the GPs has also been unanimously against the proposals".

The PCTs' commentary refers to evidence "that the local Boards, staff, partners, GPs and the local communities were not cognisant of the full extent of the [financial] difficulties until these details were presented by the new executive team and inevitably there was considerable anger and disquiet at all levels as these details emerged". In the context of accelerated service reconfiguration it is to be expected that GPs wish to be consulted on the health needs of their local community and that particular attention is paid to the concerns they raise.

I have considered in Point 1 that the Suffolk East PCTs have made significant changes to their original proposals, and have taken the responses from all contributors to the consultation into account. The PCTs also recognise that they need to go further in their communications programme to allay concerns and misconceptions about the proposed new way of working. I would therefore suggest that in ongoing communication and development work the PCTs need to pay particular attention to GPs, who are vital and committed stakeholders for their local communities.

15. The Health Scrutiny Committee's concerns for the Aldeburgh and Bluebird Lodge proposals rest on the commitment to step down beds: "With regard to the proposals in Aldeburgh, the Committee accepts that these are reasonable, and have the support of the local League of Friends, with the exception of the limited nature of the commitment to step down beds.... [on Bluebird Lodge] the Committee's concerns rest on the limited nature of the commitment to step down beds"

For Aldeburgh the proposals relating to step up and step down beds are:

- A reduction in the number of NHS commissioned beds at Aldeburgh hospital to approximately 20 by September 2006.
- Redefinition of the inpatient beds as step up beds by the end of the changeover period.
- After the changeover period, maintaining commitment to a predominantly step up inpatient bed provision in community settings subject to a limited step down provision for people requiring post acute care in exceptional circumstances and according to clinical needs of the individual.

From the Secretary of State for Health

Department of Health

For Bluebird lodge the proposals to step up and step down beds are:

- Redefinition of the 28 beds at Bluebird lodge as step up beds by the end of the changeover period.
- After the changeover period, maintaining commitment to a predominantly step up inpatient bed provision in community settings subject to a limited step down provision for people requiring post acute care in exceptional circumstances and according to clinical needs of the individual.

The PCTs state in their response to the referral that their proposals are backed up by a clinical assessment of need which identifies that a relatively small number of people need to utilise step down beds in the current model of care, and fewer will need to do so in the future.

Given the PCTs' commitment to providing access to step down beds on a case by case basis, and following on from my response to Point 2, I regard the commitment by the PCTs on provision of step down beds on the basis of clinically assessed need to be reasonable. I am also reassured by the commitment of the PCT to carry out a Health Impact Assessment, and to share this with the HSC.

16. The Health Scrutiny Committee believes that the reasons for closure of the Hayward Hospital are purely financial and that this will increase the burden on Bluebird Lodge.

I have discussed under Point 3 why I do not believe the reasons for the service reconfiguration across Suffolk East to be purely financial. The PCTs do acknowledge that the reasons for closing the Hayward Day Hospital are driven by the need to manage Ipswich Hospital's financial situation, whilst also referencing the desire to move away from a traditional day hospital model of care towards the modernised intermediate model of care described in the proposals. For example I have noted that an important aspect of the model of care being developed under the PCTs proposals is to expand the current advice and diagnosis available from the Ipswich Hospital consultants. Currently sessions are only run in some places around East Suffolk. Under the revised model of care being developed there will be increased access for GPs and other health care professionals to the advice of a consultant geriatrician.

Both the Trust and the PCTs are confident that the new model of care being developed will not compromise patient safety. They recognise that patients may not have continuity of consultant care but they will receive care closer to their own home from appropriate clinicians.

Furthermore, they do not see the closure of the Hayward day hospital as posing increased pressure on Bluebird Lodge as Bluebird Lodge is not intended as a straightforward replacement for the Hayward Day Hospital. The PCTs are planning to develop a day and rehabilitation treatment centre at the Gilchrist Centre in Eye, at Aldeburgh Hospital and Felixstowe General

From the Secretary of State for Health

Department of Health

Hospital as well and there is already such a centre operating at Stow Lodge in Stowmarket and in Hadleigh.

17. The Health Scrutiny Committee believes that there was poor engagement with public during the consultation and that the PCTs "failed to take the public with them in explaining the benefits of the new model of care, or to assuage people's fears about the closure of beds."

I am aware of the considerable effort the PCTs went to in order to convey information about the consultation to the public, which went above and beyond the consultation documents. The extension to the consultation time period, the willingness to engage in public meetings, to answer questions raised by the process, and to publish these items on their website, all of these are indicative of an organisation who are committed to communicating openly and clearly with their local population.

The Clear Consultancy report states that "the health community did not simply manage a planned schedule of consultation but engaged in a two way process" and I was very pleased to learn that they intend to continue the dialogue to allay concerns and misconceptions about the proposed new way of working.

18. As the public have expressed the view that they value and wish to continue to use both the Bartlet and Hartismere hospitals it is beholden on the PCT to prove that they are not clinically viable. They have failed to do this.

In their commentary on the HSC's referral the PCTs have provided me with an analysis on the clinical viability of the facilities scheduled for closure under the proposals. This includes the following comments. "Clinical viability is predicated on a number of issues including:

- **Privacy and dignity** – Victorian style wards separated by curtains in some cases with one bath for a ward and in all cases requiring patients to either bed bath or share communal basic washing facilities is not a facet of modern healthcare delivery – this is the situation in both the Bartlet and Hartismere. In these conditions delivery of specialist care (eg palliative) is difficult.
- **PEAT standard** – the environmental report for these hospitals is unfavourable and will only be rectified with major building works to achieve clinical standards, and a deep refurbishment just to achieve environmental standards.
- **Infection Control** - open wards with no recourse to isolation for either health, clinical or dignity issues creates difficulties for the management of patients requiring this form of care.
- **Practicality** – in Felixstowe two hospital facilities less than 300m apart each of which is underutilised (FGH <40% usage; Bartlet < 50% usage) is not a sensible use of healthcare resources. "

From the Secretary of State for Health

Department of Health

I am also reminded that the headquarters of the local NHS, the SHA, fully supports these proposals, and that the proposals have been successfully considered against White Paper recommendations. On this basis I support the analysis of the local NHS, with the exception of the Hartismere Hospital.

As detailed in Point 11, I would like the option for the Hartismere Hospital to be explored further with particular reference to the creation of a social enterprise. The issues the SHA and Primary Care Trusts raise about clinical viability of the site will need to be fully addressed in any viable proposal for a social enterprise.

19. The Health Scrutiny Committee would also like to reflect on the strength of the public consultation response. The Joint PFI forum for Suffolk expressed concerns and GPs have been unanimous in their public disagreement about the proposals. The committee contends that "the PCT has failed to win the full engagement of the community in East Suffolk, and should go back to the drawing board".

The Suffolk East PCTs have demonstrated to me in their supporting papers that they have engaged in a genuine and comprehensive consultation, and modified their proposals to take account of the feedback they received. They may not have won full support, but they are clearly keen to go further with their communications, and to continue to increase engagement of the local community in the development of their health services. I remain supportive of their plans, again with the exception for the Hartismere Hospital where I am asking the local NHS to consider a social enterprise scheme.

20. On the topic of PCT reconfiguration the Health Scrutiny Committee states,"It is of paramount importance that the strategic planning is right for the geography of Suffolk." They are further concerned that when the new PCT (or PCTs) for Suffolk are created they will need to take a fresh look at provision of community services across the County as a whole.

In my response to Points 6 and 7 I come to the conclusion that the PCT reconfigurations will not have a material effect on the well established and evidenced plans that Suffolk East PCT have developed. In commenting on the variation between health economies, the PCTs demonstrate an understanding of the strategic planning that is required for their communities. In appendices to their board papers they have shared with me, there is also significant evidence that they have taken account of the differing health needs that exist across Suffolk East.

21. The Health Scrutiny Committee "urges SoS to ask Suffolk East to think again, develop its plans in full consultation with the community it serves, and implement them over a longer period, and in the context of a defined, agreed and sustainable strategy".

I believe that the PCTs have engaged in a full public consultation, evidenced by the independent Clear Consultancy report, agreed to a six month implementation period, and have in place a strategy for the modernisation of services, and improvement to financial position.

From the Secretary of State for Health

Department of Health

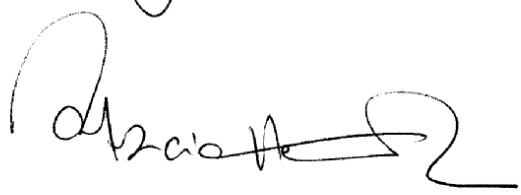
In conclusion, my response to the full referral is that the Suffolk East PCTs and the Ipswich Hospital NHS Trust should proceed with all proposals excepting that for Hartismere Hospital, as

- the PCT proposals are consistent with the Our Health, Our Care, Our Say White Paper.
- I have reviewed the points set out in the detailed PCT rebuttal document, which I support;
- the SHA supports the PCT proposals;
- the PCT responded to the consultation by making a number of changes to their original proposals and this was acknowledged by the HSC.

I trust you will continue to work with your local partners to make improved health services a reality for the residents of Suffolk.

I am copying this letter to Pearse Butler (Chief Executive of the East of England SHA), Carole Taylor-Brown (Chief Executive of Suffolk East Primary Care Trusts), and Peter Barrett (Chairman of the Independent Reconfiguration Panel).

Yours sincerely,



PATRICIA HEWITT

Appendix Seven

Suffolk NHS
Primary Care Trust

Administrative HQ
Bixley Office
St Clements Hospital
Foxhall Road
IPSWICH
IP3 8LS

Our ref: CTB//MR/lmb
Date: 13 December 2006

Tel: 01473 329528
Fax: 01473 329047
Website: www.suffolkpct.nhs.uk
E-Mail: carole.taylor-brown@suffolkpct.nhs.uk

Councillor Lockwood
(by Email)

Dear Councillor Lockwood

Walnuttree Hospital

I write to notify your committee that in part 2 of the Board meeting on 29 November, Suffolk PCT agreed that the PCT would withdraw its current proposals for services in West Suffolk, ie it will not implement the decisions made by Suffolk West PCT on 11 April 2006.

After a period of informal review of the proposals and a listening exercise with the public, staff and community representatives the PCT has decided that the future configuration of services in West Suffolk requires a re-think. This review will need to take into account the changes in modern healthcare and the fact that a Secretary of State approved model of care for community services has been approved for the East of the county. Clearly the PCT has a responsibility to put in place the necessary arrangements to ensure we have equitable services in terms of access and provision and we need to plan carefully how this can be achieved. The PCT will also need to take note of the changing shape of hospital services that may emerge from the acute services review across the east of England.

The PCT intends to meet with local partners and people with an interest in West Suffolk's health services including, if possible, your Committee in the New Year. That will start a period of informal consultation and will support us in producing revised and improved options for West Suffolk services.

In light of the Department of Health's letter to you of 15 November, together with our Board's decision, may I respectfully request that the committee withdraws its referral because the decision that was referred is no longer going to be implemented.

Looking ahead, I very much look forward to working with you and your colleagues to agree a programme of activity for developing a new plan for West Suffolk that will provide modern, appropriate, accessible and affordable health services and which will have regard to the specific issues raised in your committee's referral of the previous PCT's decision.

Yours sincerely
Carole Taylor-Brown
Chief Executive

Appendix Eight

Detailed reasons for Suffolk Health Scrutiny Committee's referral

Introduction

1. This appendix sets out in detail the grounds for the Suffolk Health Scrutiny Committee's referral to the Secretary of State of the decisions taken by the Suffolk Primary Care Trust, as detailed in the report *Community Services In The West of Suffolk*, reference H07/9.

Detailed decisions

Proposal for Newmarket

2. The Committee was pleased with the PCT's proposals for the Newmarket area and the wide spread support these received from local groups, the town and district council and the local MP.

The decisions would have a detrimental effect on the patient care in Sudbury

The Committee was not convinced that full rehabilitation in commissioned beds would take place closer to home in accordance with the Government's policy 'Care Closer to Home'.

3. The Committee felt that the PCT was not specific enough in its proposals around how the alternative model of care would operate.

4. The Committee has expressed the opinion that the Trust's proposals for treating inpatients from Sudbury, at Newmarket Hospital or West Suffolk Hospital goes against the Government's Policy of treating patients closer to their home. If patients have to travel to Newmarket or Bury St Edmunds for treatment, this poses a significant challenge for patients, especially those living in rural areas, even if they have their own means of transport.

5. The Committee is also concerned over public perception that there would be an additional burden placed on carers by the reduction of Step-Up and Step-Down beds in the Sudbury area. The intention is for the Trust to move from providing 30 beds in the Walnuttree hospital, to 8 beds being provided in an unspecified location, by an unspecified provider and with no indication of whether they will be supported by NHS staff.

6. These changes do not take in to account the burden that may be placed on carers or if the patients have friends or family that are capable of carrying out these duties.

Many patients currently served in Sudbury would have to travel to Newmarket and Bury St Edmunds for X-Ray and Audiology services.

7. The Committee has also expressed concern that the withdrawal of diagnostic facilities, which are currently conveniently provided at St Leonard's Hospital Sudbury, will have a significant impact on the patient care in the area. The Audiology service is to be moved to Bury St Edmunds, an hour away by public transport. Some X-Ray services are to be re-provided at Newmarket Hospital, for which there is no practical link by public transport from the Sudbury area, and at the West Suffolk Hospital in Bury St Edmunds.

8. For patients who do not have easy access to their own means of transport or who may not be able to drive due to their condition, the relocation of these services would place an unacceptable and unnecessary burden on them and their carers.

The proposals still do not have the support of the local community and there is general concern that the Suffolk PCT has not carried out adequate consultation on the proposals for Community Services in the west of Suffolk.

9. It was recognised that the following relate to the former Suffolk West PCT

- There has been concern about the consultation process for these proposals. The original consultation, which was launched over the summer period in 2005, was unacceptable in that. Suffolk West PCT was slow to give supporting evidence for its proposals and no options were given by the PCT for consideration in the consultation document.

- The situation was exacerbated in West Suffolk by the confusion caused by people sending consultation responses and a substantial petition directly to the Department of Health, and the Department's failure to pass these on to the Suffolk West PCT.

- The Suffolk West PCT also failed to engage constructively with a number of groups that were expressing concerns and objections to the planned changes at Sudbury and Newmarket.

- The key point is that the Suffolk West PCT had clearly failed to take the public and other stakeholders with them in explaining the benefits of the new model of care, or to assuage people's fears about the closure of beds.

10. It was hoped that with the formation of the new Suffolk PCT the perceived shortcomings in the original consultation and the inability to address the concerns of the general public would be addressed.

11. The Suffolk PCT held the view that the previous consultation had been considered to be in line with Cabinet Office guidance by external assessment and was still valid. The Suffolk PCT offered to carry out an informal 'listening' exercise to gauge the concerns highlighted in the Committee's letter of referral. In both the Sudbury and Newmarket Localities.

12. The listening exercise carried out by the Suffolk PCT was very limited and did not fully involve the general public in the Sudbury or Newmarket areas, nor did it include whole sections of the community in west Suffolk such as, Haverhill, Brandon, Mildenhall or Bury St Edmunds. Where the Suffolk PCT did arrange meetings such as those with the Walnuttree Hospital Action Committee and Sudbury Town Council, the meeting was held in private. This could not be construed as being an opportunity for the general public to share the concerns and worries over the proposed changes to their Health Services.

13. The Committee heard from representatives of the town council, county council and local Member of Parliament as well as the Walnuttree Hospital Action Committee. The Committee considered that, on the whole, the Suffolk PCT has not gained the support of the local community in the Sudbury area for their proposals for the west of Suffolk.

Appendix Nine

Walnuttree and St Leonard's Hospital

The numbers of patients seen at Walnuttree and St Leonard's Hospital. For comparison I've also included the number of patients seen at West Suffolk Hospital. This data is for the financial year 2004-05.

New Patients

Total seen at all West Suffolk Hospital Sites	51,000
West Suffolk Hospital	43,350 (85%).
Walnuttree	1,530 (3%)
St Leonard's	1,020 (2%)
Other Sites e.g. Newmarket	5,100 (10%)

Follow Up Patients

Total seen at all West Suffolk Hospital Sites	109,000
West Suffolk Hospital	94,000 (86%)
Walnuttree	3,600 (3%)
St Leonard's	2, 000 (2%)
Other Sites e.g. Newmarket	9,400 (9%)

Total Number of Clinics Held

All Sites	13,300
West Suffolk Hospital	11,300 (85%)
Walnuttree	530 (4%)
St Leonard's	208 (1.5%)
Other Sites e.g. Newmarket	1,262 (9.5%)

Source: Suffolk PCT

Appendix Ten

Sudbury Health Centre (Acton Lane)
Room Usage November 2007

Clinic	**Frequency**
Enuresis	2 afternoons per month
Continence Clinic	2 days per month
Paediatric School Doctor	2 afternoons per month
Orthoptist	1 per month
Paediatric Consultant	2 mornings per month
Adult Mental Health Consultant	1 morning per month
Self Weigh baby clinic	Weekly
Breast Feeding Drop In	Weekly
Baby Clinic	Weekly
Chiropody	1/2 rooms used daily
Dental	3 days per week
Paediatric SALT	1 day per week
Adult SALT	1/2 part days per week
STAFF BASED AT CLINIC	
4 Reception	
12 District Nurses	
3 Podiatry	
1 SALT	
3 School Nursing staff	
2 Dental staff	

Appendix Eleven

St Leonard's Hospital

Audiometric patient numbers	Totals
Apr-07	60
May-07	30
Jun-07	50
Jul-07	54
Aug-07	36
Sep-07	42
Oct-07	36
Nov-07	27
Dec-07	34

Source: Suffolk PCT

Appendix Twelve

ST LEONARDS AND WALNUTTREE HOSPITALS

SKILL MIX – OCTOBER 2007

Nursing Staff:
Band 7 x 1
Band 6 x 3
Band 5 x 12.63
Band 2 x 21.51

Outpatients (Outreach Clinics)
Band 5 x 2.56
Band 2 x 1.80

Occupational Therapy (cover in-patients and day hospital)
Band 7 x 0.54
Band 5 x 0.87
Band 3 x 3.11

Band 3 (admin) x 0.54

Physiotherapy
Band 7 x 2 – musculoskeletal physiotherapy
Band 6 x 0.49 – in-patients and day hospital only
Band 3 therapy assistant x 1.58 (0.58 in-patient and day hospital; 1.0 musculoskeletal)
Band 3 admin x 0.43

Ancillary x 3.8

Catering
Cook x 1.31
Catering Assistant x 2.58

Housekeeping
Band 3 x 1
Band 1 x 2.08

Admin
Band 4 x 1.86
Band 2 x 5.05

Appendix Thirteen

Independent Reconfiguration Panel Sudbury.
Public Health Population Data 5th October 2007 – supplied by Suffolk PCT

The Sudbury locality is made up of the market town of Sudbury, with its outlying 1960's housing estates including those in Great Cornard, a number of large and relatively prosperous villages, and many smaller outlying villages and hamlets.
The catchment area for the Sudbury Hospitals includes the following electoral wards, which have been used in the population calculations presented here unless otherwise stated:

Cavendish	St Edmundsbury LA
Clare	St Edmundsbury LA
Bures St Mary	Babergh LA
Chadacre	Babergh LA
Glemsford and Stanstead	Babergh LA
Great Cornard North	Babergh LA
Great Cornard South	Babergh LA
Lavenham	Babergh LA
Long Melford	Babergh LA
North Cosford	Babergh LA
Sudbury East	Babergh LA
Sudbury North	Babergh LA
Sudbury South	Babergh LA
Waldingfield	Babergh LA

Population estimates

Estimated resident population
Electoral wards (2003 boundaries) (EW) in Suffolk
2004
Source: S. Patterson Suffolk PCT
Persons

		Age (years)										
		0 - 4	May-14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85 plus	All Ages
Sudbury Locality	**No**	2259	5407	4442	4454	6008	5719	6230	4291	3299	1116	43225
	%	5.50%	13.20%	10.80%	10.90%	14.70%	14.00%	15.20%	10.50%	8.10%	2.70%	
Suffolk	**No**	37544	85702	76951	79599	99546	88295	88114	65447	46801	15737	683736
	%	5.50%	12.50%	11.30%	11.60%	14.60%	12.90%	12.90%	9.60%	6.80%	2.30%	

Percentages do not add up to 100 due to rounding

Although the proportion of the population aged 0 to 14 years is slightly higher in Sudbury locality than in Suffolk as a whole, the proportion aged 15 to 34 years is smaller in the Sudbury locality, the proportion of older people is higher than for Suffolk as a whole in each age group over 45 years.

Population Projections

Revised 2004-based Subnational population projections
Babergh District
Persons
ONS

AGE GROUP	2007	2010	2015	2020	2025	2029
						thousands
0-4 yrs	4.6	4.6	4.6	4.8	4.8	4.8
5-14 yrs	10.8	10.8	10.8	10.9	11.2	11.4
15-24 yrs	9.3	9.6	9.5	9.2	9.2	9.4
25-64 yrs	45.6	45.6	45.6	46.7	47.4	47.3
65-84 yrs	14.7	15.9	18.8	20.4	21.9	23.3
85+ yrs	2.4	2.7	3.2	3.7	4.4	5.2
ALL AGES	87.5	89.3	92.4	95.7	99	101.3

The latest Office for National Statistics population projections show an overall increase in the population of Babergh District of 5.6% by 2010 and 13.8% by 2029. However, the projected in crease in the numbers of those under 24 years is small (3.6%) over this period compared with the projected increase in those aged 65 years and over. Those aged 65 to 84 years are projected to increase by 8.2% by 2010 and 58.5% by 2029, and the very elderly aged 85 years and over will increase by 12.5% by 2010 and 83% by 2029. The projected increase in the very elderly in Babergh is one of the highest in Suffolk.

The very young and the very elderly make particular demands on health and social care services, and so this population pattern within the Sudbury locality, especially the relatively high proportion of elderly people will have a significant impact on service need.

The increase in population in Suffolk creates a need for affordable housing, but most of the growth identified in the Draft East of England Plan (see Joint Strategic needs Assessment 2007) is expected to be in Ipswich and St Edmundsbury. In 2007 Babergh had the least affordable housing of the Suffolk districts, which suggests problems for the young and others with low incomes in the Sudbury locality.

Ethnicity

At the time of the 2001 census, 99% of the population of the Sudbury locality was white, compared with England as a whole with a white population of 90.92% and Suffolk at 97.2%. In the Sudbury locality 0.53% the population were of mixed race, 0.16% Asian or Asian British, 0.14% Black or Black British and 0.15% Chinese or Other race. Since the time of the census changes in the county have included the arrival of workers from former Eastern Bloc countries. There were 4,980 new National Insurance registrations in Suffolk in 2006/07 (of whom over a third were from Poland), but only a relatively small proportion of these registrations appear to have been made in Babergh.

Total Period Fertility Rate

Total period fertility rate (TPFR) is the hypothetical number of children an average woman would produce in her lifetime if current fertility rates continued. This is calculated for women aged 15 to 44 years, and standardised for the age structure of the population. The figure for Babergh LA for 2003 to 2005 is 1.95 children , compared with 1.88 for Suffolk and 1.77 for England. The growth in the population over time, is partly due to numbers of babies born in the area, but also to migration into the area from other parts of the UK and abroad.

Life Expectancy

Life expectancy at birth only tells us how long a baby born at that point in time, in a particular place is predicted to live, but it is still a good indicator of the general health of a population. Within the Sudbury locality, at ward level life expectancy for women for the years 1999 to 2003 ranged from 78.7 years in Great Cornard North to 84.2 years in Sudbury North. For men the figures are 70.6 years in Great Cornard North and 82.5 years in North Cosford. The differences in these figures demonstrate the health inequalities within the Sudbury locality.

Deprivation

Health inequalities is a significant issue within the Sudbury locality, and there is considerable variation between wards as they are measured by the Indices of Multiple Deprivation 2004 (IMD 2004) Sudbury South and Great Cornard are ranked in the bottom 30% of wards in England, and Sudbury East and Sudbury North are in the bottom 40%, while Clare, Lavenham and Bures St Mary are ranked in the top 80%. The IMD 2004 includes a range of health and socio-economic measures, so the overall IMD rank still masks important discrepancies between wards.

Source: Suffolk PCT

Appendix Fourteen

Listening Events

Organisation	**Visit Date**
Orchard House Surgery, Newmarket	25 October 2006 & 26 February 2007
Harwicke House Surgery, Sudbury	31 October 2006 & 23 February 2007
Rookery Medical Centre, Newmarket	6 February 2007
Tim Yeo MP & WHAC representatives	18 October 2006
Newmarket Town Council/Patient Involvement Forum	25 October 2006
WHAC representatives	20 November 2006
Representatives of Sudbury Town Councillors (private meeting)	11 December 2006
Tim Yeo MP & WHAC representative	30 November 2006
Representatives of Sudbury Town Councillors, Tim Yeo MP & WHAC representatives	20 February 2007
Patient & Public Involvement Forum	13 November 2006 & 19 February 2007
R Spring MP	Telephone discussion
Various informal ad-hoc discussions with staff	October to December 2006

Source: Suffolk PCT

Appendix Fifteen

Panel membership

Chair

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

Members

Cath Broderick*	Independent consultant for involvement and consultation
Sanjay Chadha	Trustee, Multiple Sclerosis (MS) Society; Justice of the Peace
Ailsa Claire	Chief Executive, Barnsley Primary Care Trust; Chair/Manager, Yorkshire and Humber Specialist Services Consortia
Nicky Hayes*	Consultant Nurse for Older People at King's College Hospital NHS Trust; Clinical Director of the Care Homes Support Team
Brenda Howard	Director of Strategic Development, East Midlands Strategic Health Authority
Nick Naftalin	Emeritus Consultant in Obstetrics and Gynaecology at University Hospitals of Leicester NHS Trust; Former member of the National Clinical Governance Support Team
John Parkes	Chief Executive, Northamptonshire Teaching PCT
Linda Pepper	Independent consultant for involvement and consultation; Former Commissioner, Commission for Health Improvement
Ray Powles	Head, Haemato-Oncology, Parkside Cancer Clinic, London; Former Head, Haemato-Oncology, Royal Marsden Hospital, London
Paul Roberts*	Chief Executive, Plymouth Hospitals NHS Trust
Gina Tiller	Tutor for the University of Northumbria and for the TUC; Chair of Newcastle PCT
Paul Watson	Director of Commissioning, East of England Strategic Health Authority

Administration

Tony Shaw	Chief Executive
Martin Houghton	Secretary
John Williams	Consultant

** Members specifically involved with West Suffolk referral*

Appendix Sixteen

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