IRP

Independent Reconfiguration Panel

ADVICE ON PROPOSALS FOR THE FUTURE OF HEALTHCARE SERVICES IN THE NORTH EAST OF GREATER MANCHESTER

Submitted to the Secretary of State for Health

26 June 2007

IRP

Independent Reconfiguration Panel

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RECOMMENDATIONS

- **The way healthcare services are provided in the north east of Greater Manchester needs to change.**

- **The Panel agrees that it is not sustainable for Pennine Acute Hospitals NHS Trust (PAHT) to run four separate hospitals in the north east of Greater Manchester each attempting to provide a full range of traditional District General Hospital services.**

- **The Panel agrees with the decision made by the Joint Committee of PCTs to base three full A&E services on the Oldham, North Manchester and the Fairfield Hospital, Bury, sites and to develop an Urgent Care Centre at the Rochdale Infirmary. The Urgent Care Centre plans should now be finalised by the PCTs and PAHT as part of the overall arrangements for emergency and urgent care across the north east of Greater Manchester.**

- **The Panel agrees with the proposal to concentrate emergency surgery on the Royal Oldham and North Manchester Hospital sites and agrees that Fairfield Hospital, Bury can continue to provide A&E services with acute medicine, and without on site emergency surgery, if appropriate arrangements are in place. These arrangements now need to be agreed between PAHT, the PCTs and the North West Ambulance Service and thought given to the timing of these changes in relation to the changes in emergency and urgent care.**

- **The Panel agrees with the development of a locality hospital at Rochdale Infirmary. It should be at the centre of a local network of integrated intermediate care and community based services and an important part of the future hospital provision in the north east of Greater Manchester. It should provide urgent care, planned care, outpatient and diagnostic services.**

RECOMMENDATIONS

- **The proposals to develop care outside hospital, including the range of Local Improvement Finance Trust (LIFT) Centres, are critical to the success of the overall proposals for change. Priority should be given by the PCTs to ensure the successful implementation of these plans. There must be a demonstrable strengthening of community services before the changes in hospital based services takes place.**

- **It is important that the work of the Healthy Futures Transport Action Group (HFTAG) leads to easier access to health services for patients, the public and staff. The work of the Patients' Council and HFTAG must continue to have the support of the PCTs, PAHT, local authorities and transport providers.**

- **To implement these changes there needs to be a single integrated process and project management structure across the Trust, PCTs and wider health community. Excellent internal and external communications and a strong human resources function will be essential. The high standard of patient, public and staff engagement set during the pre-consultation phase and consultation must be maintained.**

- **NHS North West (the SHA) should oversee and monitor the implementation of the two sets of proposals for Greater Manchester, as well as the reconfiguration of clinical services in East Lancashire. The SHA should assume lead responsibility for ensuring the continuity of safe, sustainable and accessible services for those people affected by all of the changes.**

- **The Panel's recommendations on the *Making it Better* proposals should be read in conjunction with these recommendations. The implementation of both sets of recommendations within the north east of Greater Manchester should be coordinated as a single exercise.**

OUR REMIT

What was asked of us

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

1.2 On 9 February 2007, Mr Roger Ellis, Chief Executive of Rochdale Metropolitan Borough Council wrote to the Secretary of State for Health, Patricia Hewitt, on behalf of the Council's Health Overview and Scrutiny Committee exercising powers of referral under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. The referral concerned proposals for changes to hospital services currently provided at Rochdale Infirmary and developed under two separate consultations - *Making it Better: Making it Real* (see paragraph 1.5 below) about services for children, young people, parents and babies in Greater Manchester, East Cheshire and High Peak and *Healthy Futures* about the future of health services in the north east sector of Greater Manchester.

1.3 The Secretary of State responded to Mr Ellis advising that she had asked the IRP to undertake a review of the proposals. Terms of reference were set out in the Secretary of State's letter of 8 March 2007 to the IRP Chair, Dr Peter Barrett, and were accepted in his reply of 15 March 2007. Copies of all correspondence are included in Appendices Two to Five.

1.4 The Panel was asked to advise by 26 June 2007:

a) whether it is of the opinion that the proposals for changes to acute services as set out in the decision of the Joint Committee of Primary Care Trusts of 5 January 2007 will ensure the provision of safe, sustainable and accessible services for the north east sector of Greater Manchester. And if not, why not:

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

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

It is understood that in formulating its advice the Panel will pay due regard to the principles set out in the Independent Reconfiguration Panel's general terms of reference.

1.5 In considering the proposals for changes in acute services in the north east of Greater Manchester, the Panel will take into account the changes to inpatient services for women, babies, children and young people set out in the decision of the Joint Committee of Primary Care Trusts (PCT) of 8 December 2006 to enable safe, sustainable and accessible services for Greater Manchester, East Cheshire and High Peak and consulted on under the title *Making it Better: Making it Real*.

OUR PROCESS

How we approached the task

2.1 NHS North West (the Strategic Health Authority - SHA), was asked to provide the Panel with relevant documentation and to arrange site visits, meetings and interviews with interested parties. The SHA, together with the relevant PCTs and NHS Trusts, completed the Panel's standard information template. This can be accessed through the IRP website (www.irpanel.org.uk).

2.2 The Healthy Futures Joint Health Overview and Scrutiny Committee (HOSC) and Rochdale MBC HOSC were also invited to submit documentation and suggest other parties to be included in meetings and interviews.

2.3 The Panel Chair, Dr Peter Barrett, wrote an open letter to editors of local newspapers on 12 March 2007 informing them of the Panel's remit (see Appendix Six). 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.

2.4 The Panel issued press releases on 12 and 27 March 2007, 30 April 2007 and 14 June 2007. These can be accessed from the IRP website at www.irpanel.org.uk

2.5 In all, IRP members visited Manchester on 20 occasions and were accompanied by the Panel Secretariat. Details of visits, meetings and conversations held are included in Appendix Seven.

2.6 The Secretary of State for Health asked the Panel to review the proposals contained in the *Making it Better* and *Healthy Futures* consultations as separate but interlinked exercises- and to the same timetable. On its visits to Manchester, the Panel received evidence relating to both referrals. Appendix Seven records *all* Panel visits, meetings and conversations held relating to both *Making it Better* and *Healthy Futures*.

2.7 A list of all the written evidence received – from the SHA, PCTs, NHS Trusts, Joint Scrutiny Committee, individual scrutiny committees, MPs and all other interested parties

is contained in Appendix Nine. The Panel considers that the documentation received, together with the information obtained in meetings, provides a fair representation of the views from all perspectives.

2.8 Throughout our consideration of these proposals, our aim has been to consider the needs of patients, public and staff taking into account the issues of safety, sustainability and accessibility as set out in our terms of reference.

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

2.10 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 Healthcare in the north east of Greater Manchester has been the subject of review since the mid 1990s, driven by the need to improve and maintain the quality of local health services. A public consultation took place in 1998 which resulted in the transfer of all services to Fairfield Hospital, Bury from Bury General Hospital. In addition there was an agreement to update the facilities at Rochdale Infirmary, with a phased transfer of the majority of services from Birch Hill Hospital.

3.2 In 2001, a consultation on proposals to establish a single NHS Trust, encompassing the hospital services of Bury, North Manchester, Oldham and Rochdale, was undertaken by the North West Regional Health Authority. This resulted in the establishment of Pennine Acute Hospitals NHS Trust (PAHT) in 2002. At the time, the consultation document stressed that future plans would bring together the clinical expertise available from all four sites and create centres of excellence and gave a strong commitment to consult on any such proposals.

3.3 The PAHT Board was the subject of a no confidence vote from the medical staff in the summer of 2005. Professor Sir George Alberti was asked by Greater Manchester SHA to work with the Trust to produce an independent report with recommendations on how to move the organisation forward. A number of new appointments have been made including, a new Chair, Chief Executive, Medical Director and Director of Human Resources.

3.4 The Trust recorded a financial deficit in 2006-07. However, with the development of a financial recovery programme the Trust plans to break even and recover half the deficit in 2007/8 and aims to deliver a balanced budget and recover the other half of the deficit in 2008/09.

3.5 Consideration for this latest reconfiguration of services began in July 2004 when the north east sector PCTs, Burnley Pendle and Rossendale, Bury, Heywood and Middleton, North Manchester, Oldham and Rochdale, in partnership with PAHT, began a four stage engagement, discussion and consultation period which lasted until May 2006.

3.6 In the first engagement phase in the summer of 2004, the north east sector PCTs, with PAHT, published the *Emerging Vision for Future Health Services* document which proposed a model of care that would deliver more healthcare services closer to patients' homes and launched a process which would reshape health services in the north east of Greater Manchester.

3.7 In the second engagement phase between January and March 2005, there was further public and stakeholder engagement and the publication of a discussion leaflet *Your Chance to Have Your Say*. This document described current and future pressures on NHS services, the opportunities for service improvement and invited responses on the criteria to be used in developing services and site selection.

3.8 The publication of *Your Chance to Have Your Say* was supported by a range of meetings, presentations and patient interviews and the distribution of 350,000 response forms which were independently analysed by the University of Salford. At the same time health professionals, both in the community and in hospitals, worked together to produce models of care and proposals for shaping services.

3.9 Stage three began the discussion period and a Clinical Reference Group (CRG) was established to develop the proposals for the formal consultation phase. Working alongside the CRG was the Patients' Council, a group of regular service users from the area. The Patients' Council made sure that patient concerns were heard and addressed throughout the whole engagement, discussion and consultation processes. In addition an External Reference Group (ERG), made up of members of the local community, was established as an independent body whose purpose was to scrutinise the consultation process. A number of clinical workshops were also undertaken with over 500 healthcare professionals.

3.10 These discussions came together in the *Healthy Futures Programme - Clinical Discussions on Future Models of Care*, document, issued in July 2005 which brought together all the strands of work and opinions about local health services and which invited further comments to inform the more detailed proposals, including site selection criteria.

3.11 In preparation for the stage four consultation phase, a shortlist of options was developed by the CRG, as requested by the *Healthy Futures* Joint Committee of PCTs, using the feedback from the clinical discussions and the public and patient engagement outputs. These were identified as being Option One, four acute sites to three acute sites (with Rochdale as the Locality Hospital), Option Two, four acute sites to two acute sites (with Rochdale and North Manchester as the Locality Hospitals and Option Three, four acute sites to one acute site (with acute services based at The Royal Oldham Hospital and Fairfield, Rochdale and North Manchester as the Locality Hospitals). A 'do nothing' option (Option Four) was not put forward as this was deemed not practical and a single site new build option (Option Five), was also not put forward for consultation because it was decided that in the short to medium term this could not be achieved. Rochdale Infirmary was identified as a Locality Hospital in all the options because it has the smallest catchment population of the four hospitals, the smallest number of acute medical and surgical admissions, the lowest number of beds, the most limited site (with the least potential for expansion) and the least impact on patient flows to hospitals outside the PAHT catchment area.

3.12 The CRG and Patients' Council were given the task of scoring each option under the agreed weighted criteria. These criteria had been validated by a mini survey of 108 members of the public, selected randomly from high street surveys across the north east of Greater Manchester. The option with the highest score was Option One which retained acute medicine and A&E services at Fairfield General Hospital, North Manchester General Hospital and The Royal Oldham Hospital and emergency surgery at North Manchester General Hospital and The Royal Oldham Hospital. In this option Rochdale Infirmary becomes one of the country's first Locality Hospitals, providing an Urgent Care Centre (UCC), a range of diagnostics and a cardiology 'centre of excellence.' Rochdale Infirmary would also retain beds for selected acute medicine and day case surgery. In addition, new community-based health centres would support a wide range of locally based healthcare services. The option was recommended by the CRG as they believed that it would best meet the criteria for maintaining and developing hospital services and improve health outcomes in the north east of Greater Manchester.

3.13 The options to go forward to the next stage of the formal public consultation were agreed at a special Joint Committee of PCTs meeting on 17 November 2005, deciding to go to formal consultation on options 1, 2 and 3, as described in the *Healthy Futures* consultation document.

3.14 The 5 PCTs formally consulted from 12 January 2006 to 12 May 2006 on a range of service changes as set out in the public consultation document *Healthy Futures*. The three specific options were identified in the public consultation document and the document also openly invited alternative options. Following that invitation, an alternative option (referred to as option 1A) was put forward by the Greater Manchester Ambulance Trust which suggested that emergency surgery should be retained at Fairfield Hospital rather than North Manchester Hospital.

3.15 The consultation phase was wide ranging and the feedback, responses, petitions and evidence produced as a result of this were independently analysed by the University of Salford in their *Final Report on the Public Response to the Health Futures Consultation*, which concluded that the formal consultation had actively sought responses from all groups of the community, as required by IRP guidelines. The report also concluded that, in terms of engagement, the programme had exceeded the total number of contacts received when benchmarked against other consultations, directly engaging 109,000 people (around 12% of the total population).

3.16 Following the formal consultation phase, the Joint Committee of PCTs met on 14 September 2006 to consider the outcome. After careful consideration of all the views and the information provided, the Committee decided to approve Option 1. This was a provisional decision, as the conclusions of the *Making It Better* consultation was not yet known and the outcome of the two consultations were required to be compatible with one another. The Joint Committee of PCTs, East Lancashire, Bury, Heywood Middleton and Rochdale, Oldham and Manchester (following the reconfiguration of PCTs in October 2006) met again on 5th January 2007, once the *Making it Better* decision was known and confirmed the provisional decision made in September 2007. It also made a commitment to continue to work closely with North West Ambulance Service, Greater Manchester Passenger Transport Executive (GMPTE) and transport operators to ensure appropriate

emergency and non-emergency transport will be in place and reiterated its commitment to the investment in community healthcare.

3.17 In addition to the formal public consultation under Section 11 of the Health and Social Care Act 2001, there was consultation with the Joint Health Overview and Scrutiny Committee (OSC) of the relevant local authorities, comprising Bury Metropolitan Borough Council (MBC), Lancashire County Council (CC), Manchester CC, Oldham MBC and Rochdale MBC, in accordance with Section 7 of the Health and Social Care Act, and their views were factored into the decision making process.

3.18 At its meeting on 16 January 2007 the Joint Health OSC approved the Joint Committee of PCTs decision to adopt Option 1 from the *Healthy Futures* public consultation. It was satisfied that the Joint Committee of PCTs had explored all possible options for change and that the consultation process had been carried out properly.

3.19 On 16 January 2007, the Joint Health OSC also considered the outcome of the *Healthy Futures* consultation and its compatibility with the *Making It Better* consultation. They agreed that the two were compatible but required clarification regarding the provision of children's assessment in the UCC at Rochdale and surgical opinion for children at the Fairfield A&E department.

3.20 On 9 February 2007 the Chief Executive of Rochdale MBC wrote to the Secretary of State for Health, on behalf of the Council's Health OSC, with regard to the proposed changes (including the *Making it Better* as well as the *Healthy Futures* proposals) to the provision of hospital services currently provided at Rochdale Infirmary which were thought not to be in the best interest of local health services.

3.21 The Secretary of State for Health wrote to the IRP Chair, Dr Peter Barrett, on 21 February 2007 asking the IRP to undertake a review of proposals for both the making it better and Healthy Futures consultations.

INFORMATION

What we found

4.1 Extensive written and oral evidence was submitted to the Panel and we are grateful to everyone who took the time to offer their views and provide us with relevant information. The evidence put to us[1] is summarised below – firstly, general background information, followed by an outline of the proposals, the reasons for referral by Rochdale MBC HOSC and finally issues raised by others. The tables and maps contained in this section have been reproduced from information supplied by the Healthy Futures Joint Committee of PCTs.

4.2 **Services provided, activity and staffing**

4.2.1 PAHT provides the full range of acute hospital services from four sites – Fairfield General Hospital in Bury with 511 beds, North Manchester General Hospital with 667 beds, Rochdale Infirmary with 379 beds (includes Birch Hill Hospital which will soon discontinue inpatient services) and the Royal Oldham Hospital with 689 beds. Services are primarily commissioned by the PCTs of East Lancashire, Bury, Heywood Middleton and Rochdale, Oldham and Manchester. Pages 36-39 of the *Healthy Futures* consultation document detail the existing and proposed service provision across the sites.

4.2.2 The volume of its activity best indicates the size of a Trust and this is displayed in the table below which covers all four sites. Inpatients indicates patients who are admitted to a ward, day cases are admitted and discharged within 24 hours and outpatients are those patients who attend clinics but are not admitted.

Patient Group	**Total Number 2005/6**
Inpatients (elective)	22,550
Inpatients (non-elective)	97,815
Day cases	67,939
New outpatients	162,355
Follow up outpatients	492,727
A&E attendances	246,898

4.2.3 PAHT employs approximately 8,770 whole time equivalent (WTE) staff. This includes 862.8 WTE doctors and 3837.6 WTE nursing staff over the 4 sites (in May 2007).

[1] Some of the evidence submitted to the panel from organisations, patients and residents in the north east sector of Greater Manchester related also to the proposals contained in *Making it Better*. In accepting this evidence, the Panel recognised that for many people in this part of the conurbation the prime concern was the overall provision of services at their local hospital.

Hospital	WTE Nursing Staff	WTE Medical Staff
Fairfield General Hospital, Bury	765.7	187.3
North Manchester General Hospital	1144.8	256.1
Rochdale Infirmary	774.7	193.4
Royal Oldham Hospital	1152.4	226.0
Total	3837.6	862.8

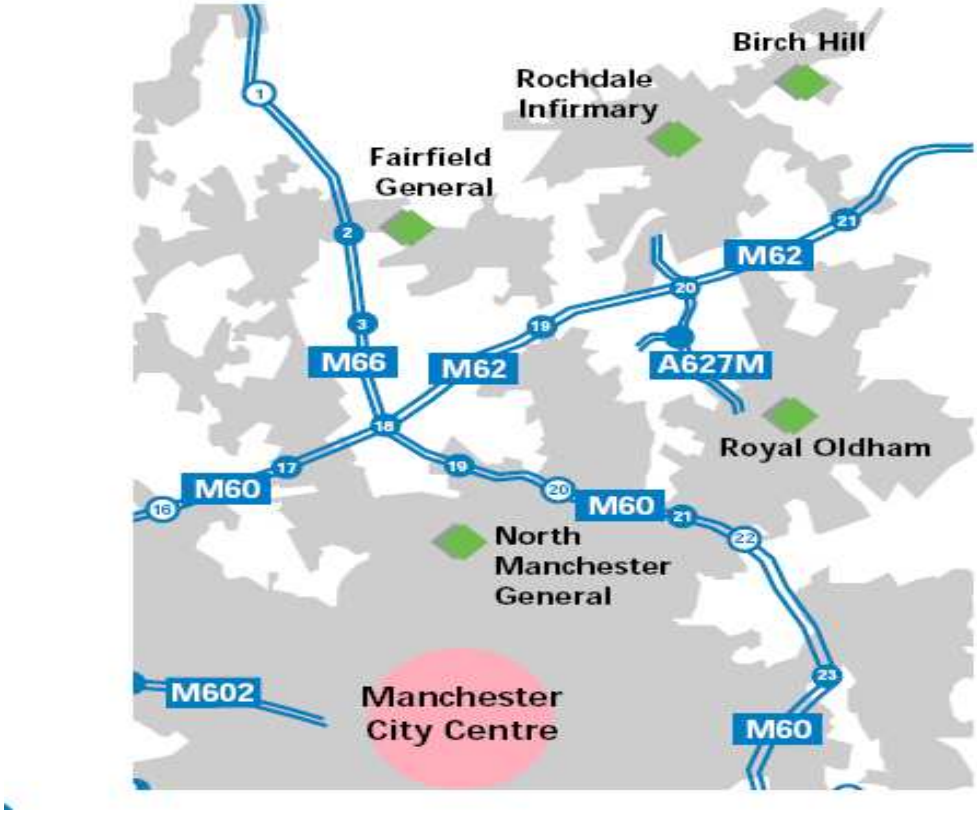
4.2.4 PAHT has an ageing workforce with 25% of its staff over 50 years old. Of all the Trusts in Greater Manchester, PAHT has the furthest to go to meet the European Working Time Directive (EWTD) requirements for junior doctor hours by 2009.

4.2.5 Work has been done by PAHT to try and evaluate the increase in medical staffing numbers that would be needed to ensure compliance with the EWTD. Under the terms of EWTD, doctors in training are currently limited to working 56 hours per week; by 2009 this will be reduced further to 48 hours per week. The implications of implementing Modernising Medical Careers (MMC), which ensures protected education and training time, would also add to the required increase due to the erosion in the number of hours available for service delivery.

4.2.6 A report to the Healthy Futures Joint Committee of PCTs in 2006 confirmed that it would be impractical to assume that employing more junior doctors is the answer as not only are they not going to be there to appoint but even if they were they would not be affordable to the local health economy. The report suggests a number of workforce modernisation measures.

4.3 Geography, demography, access and transport

4.3.1 The four hospital sites in PAHT serve a population of approximately 800,000 people living in Bury, Heywood, Middleton, North Manchester, Oldham, Rochdale and some parts of Rossendale. The area map on the next page shows the PAHT sites.



4.3.2 The population in the north east of Greater Manchester is characterised by[2]:

- High ethnic minority populations - mainly concentrated in the inner urban areas and ranging from 6.1% in Bury to 16.4% in Rochdale
- Low life expectancy rates - the SHA area (as covered by the former Greater Manchester SHA) has the lowest life expectancy in England. While Bury PCT approaches the national average, North Manchester PCT has one of the lowest life expectancy rates in the country, at 70.8 years for males and 77.1 years for females
- High levels of deprivation – only Bury PCT is below the national average. From existing information, levels of deprivation run from the greatest to the lowest from North Manchester through the boroughs of Rochdale, Oldham and Bury
- Long term illness - nearly 25% of all people in North Manchester PCT have a limiting long-term illness with approximately 20% of the other PCTs also reporting limiting long-term illnesses
- High levels of childhood poverty – some wards in Oldham, Rochdale and North Manchester are amongst the worst in the country
- A growing and increasingly elderly population

[2] Information relates to PCTs prior to reorganisation in 2006

4.3.3 The table below shows the Index of Multiple Deprivation 2004 by PCT. Source, ODPM 2004

Index of Multiple Deprivation 2004		
Area	**IMD Score**	**Rank (1 is worst, 354 is best)**
Bury	23.53	97
North Manchester	57.54	2
Oldham	30.73	43
Rochdale	33.69	25

4.3.4 The percentage of people from ethnic minorities by PCT (Heywood and Middleton PCT figures are contained within the Rochdale PCT figures) is set out in the table below. The highest percentages of ethnic minorities are in Rochdale PCT.

PCT	Percentage non-white residents
Bury	6.1
North Manchester	14.1
Oldham	13.8
Rochdale	16.4

4.3.5 The more deprived wards tend to show higher rates of emergency admissions to hospital as well as higher rates of major illness.

4.3.6 A review of public transport facilities at the PAHT sites was undertaken by Greater Manchester Passenger Transport Executive in August 2005. This review highlighted that the levels of accessibility for each of the hospital sites were as follows:

- North Manchester – well served by bus services
- Oldham – 18 buses per hour weekdays, 5 buses per hour at night
- Fairfield – Reasonably well served by public transport. 10 buses per hour weekdays, 2 buses per hour at night
- Rochdale - Least well served by public transport, 900 metres from bus station – ring-road makes access difficult.

4.3.7 The table below shows the travelling distances between each of the 4 hospitals.

To:	From:	Miles
Fairfield Hospital	Rochdale Infirmary	4.8 miles
Fairfield Hospital	North Manchester General	10.0 miles
Fairfield Hospital	Oldham General	13.7 miles
Oldham General	Rochdale Infirmary	5.6 miles
Oldham General	North Manchester General	7.4 miles
North Manchester General	Rochdale Infirmary	13.4 miles

4.4. **Estate**

4.4.1 Hospital estate is measured in terms of the condition of the buildings, their suitability for the function for which they are used, their utilisation of space, energy performance and compliance with statutory requirements (fire, disabled access etc). A is the best X the worst. Space utilisation is classed from E (empty) to O (overcrowded). The most recent estate evaluation for PAHT (see table below) shows that all sites require investment to reach level B, with North Manchester scoring the lowest on the condition of its buildings and North Manchester and Rochdale lowest on energy performance. In terms of utilisation, most sites were scored as F (fully utilised) with some overcrowding (O) in North Manchester but underutilisation (U) in Rochdale.

	Condition (ABCDX)	Suitability ABCDX)	Utilisation (EUFO)	Energy Performance (ABCDX)	Compliance with Standards (ABCDX)
North Manchester General Hospital	**C**	**B/C**	**F/O**	**C**	**B/C**
Fairfield General Hospital	**B**	**B/C**	**F**	**B**	**B/C**
The Royal Oldham Hospital	**B/C**	**B/C**	**F**	**B/C**	**B/C**
Rochdale Infirmary	**B/C**	**B/C**	**U**	**C**	**B/C**

4.4.2 The largest site, North Manchester General Hospital, is made up of a variety of new and older (late 19th Century) buildings with the older buildings making up the majority of the site. Car parking is adequate and the site is easy to access by public transport.

4.4.3 The Fairfield General Hospital site in Bury has a mix of new and older hospital buildings. Around half of these are around 5-15 years old. The newest buildings were developed because of the closure of Bury General Hospital following the 1998 public consultation.

4.4.4 The Royal Oldham Hospital includes a substantial modern block, built in the late 1980s. There are a number of much older buildings, which continue to be used for inpatient clinical care. A site control plan for future developments is in place.

4.4.5 The Rochdale Infirmary consists of a modern, recently built block and a number of older and temporary pre-engineered buildings which continue to be used for clinical care. The site is generally quite constrained, with difficult access and close to both residential housing and common ground which would make expansion challenging. A Walk-In Centre is adjacent to the site.

4.5 Healthcare Commission annual assessment

4.5.1 Healthcare Commission ratings for each site in 2005/06 are shown in the table below

Health Care Commission Ratings 2005/2006		
Hospital	**Quality of Services**	**Use of Resources**
Fairfield General Hospital	GOOD	FAIR
North Manchester General Hospital	FAIR	FAIR
Rochdale Infirmary	FAIR	FAIR
Royal Oldham Hospital	GOOD	FAIR

4.6 Proposals agreed by the Joint Committee of PCTs

4.6.1 The preferred option would see Fairfield General Hospital, North Manchester General Hospital and the Royal Oldham Hospital continuing to provide a full range of acute medicine and A&E services. Emergency surgery would be provided at North Manchester General Hospital and the Royal Oldham Hospital but not at Fairfield, where patients would still be able to receive an emergency surgical opinion, 24 hours a day, 7 days per week.

4.6.2 The Rochdale Infirmary would become a locality hospital, providing an Urgent Care Centre (UCC) which would continue to receive the majority, approximately 85%, of the current A&E attendances.

4.6.3 The locality hospital would continue to be Consultant-led with a medical assessment function, taking the majority of medical admissions, but not those that require specialist or intensive care, or seriously unwell patients. These and patients with major trauma and injuries that require specialist or intensive care would be taken directly to the nearest acute hospital. The locality hospital would also provide:

- Intermediate care and rehabilitation services
- A wide range of outpatient and diagnostic services, including endoscopy
- Day case surgery
- Medical day care for a variety of patients undergoing tests and investigations
- Renal services
- Rheumatology services
- Women and Children's services as proposed by the *Making it Better* consultation.

4.6.4 A full range of health services would be provided in the local community, many of them in new community-based health centres.

4.6.5 The proposals are compatible with the preferred Option A of the *Making It Better* consultation which covers inpatient maternity, children's and neonatal services throughout Greater Manchester, East Cheshire and High Peak and which were agreed on 8 December 2006 but subsequently referred to the IRP.

4.6.6 The *Making it Better* proposals involve the creation of eight centres of excellence for maternity and children's services (including North Manchester and the Royal Oldham Hospitals) with level three neonatal intensive care provided at three large, specialist units (including the Royal Oldham Hospital). Every consultant-led maternity site would have high dependency and special care cots.

4.6.7 The proposals mean that Fairfield Hospital and the Rochdale Infirmary would no longer continue with inpatient paediatrics and consultant-led maternity care. However, paediatric urgent care and assessment would be provided from these locations. Under *Making It Better* healthcare services outside hospitals will be expanded with more services being provided in peoples own homes, in clinics, children's centres and schools.

4.7 Issues raised by the *Healthy Futures* Joint HOSC and by the Rochdale HOSC

4.7.1 The Joint HOSC supported the Joint Committee of PCTs' decision though there was one area where further clarification was sought. With regard to surgical opinion at Fairfield there was a requirement "*to ensure that as far as possible, patients do not present at Fairfield General Hospital if they require emergency surgery."* Support for this model would require:

- *"Confirmation that access to a surgical opinion would be available 24 hours, 7 days a week to the A&E department at Fairfield General Hospital and other associated specialities.*
- *Confirmation of the level and seniority of that surgical opinion and the surgical rota*
- *Confirmation of access to a senior anaesthetist and cover for 24 hours, 7 days a week.*
- *The surgical rota will be agreed by appropriate consultation with clinical directors"*

4.7.2 Rochdale MBC, on behalf of its HOSC, referred both the *Healthy Futures* proposals and the *Making it Better* proposals. The Council Chief Executive's letter of 9 February 2007 stated that Council's HOSC *"do not consider the proposals contained in either reconfiguration to be in the interests of the local community, nor in the interests of local Health Services in the Borough on the grounds that;*

- *It does not believe that the proposals are consistent with the ethos of the White Paper Keeping the NHS Local.*
- *There is a lack of detailed financial information about the capital costs of the proposals, in particular, concern at the figures quoted for the cost of providing maternity and paediatric services at Rochdale Infirmary compared to the cost of initiating the same services at North Manchester.*
- *There is insufficient weight been given to the health inequalities and relative deprivation of Rochdale compared to other parts of the conurbation.*
- *The communities of Rochdale, Whitworth and Rossendale are substantial communities and have a legitimate expectation that health services will be provided at a District General Hospital in their areas.*
- *In recognising the need for change, there is, nevertheless, concern that the Joint Committee failed to look at alternative models for the provision of local services."*

4.8 **Issues raised by others.**

4.8.1 In the course of the Panel's consideration of this referral, a large number of views and issues from many sources were presented. These are summarised below and discussed in the context of the Panel's recommendations in Section 5.

4.8.2 *Public and Patient Views.*

- The Patients' Council broadly support the *Healthy Futures* proposals. They agree that there is a requirement to strengthen community based services, enabling patients to receive care closer to home. They are concerned that the financial position within the health economy, particularly that of PAHT, and the management challenges involved, may affect the implementation of the proposals. They are particularly worried about the capital developments required. They need to be assured that the capital plans and community developments will be delivered, particularly in the light of PAHT's recovery plan.
- Transport and access to services are key issues for patients and the public, particularly for those relying on public transport. The Patients' Council and HFTAG have done considerable work in this area, supported by the PCTs, PAHT, local authorities and transport operators. This needs to continue and deliver improved transport services.
- There is widespread support from people in Rochdale for the Infirmary to continue its full range of DGH services and concern that the local population would be disadvantaged if it became a locality hospital. Almost 500 people wrote to the IRP in support of retaining services at this hospital and see the *Healthy Futures* proposals as downgrading of its services. Concern was expressed that Rochdale Infirmary was designated as a locality hospital from the start of the consultation and in all the options. There is anxiety that the proposed changes might be "the thin edge of the wedge" and that further services might be lost or the hospital closed. People are generally complimentary about the high quality of the care they receive at the hospital.
- Some concerns were also expressed about the capital costs of developing the North Manchester site and that better accommodation is available on the Fairfield and Rochdale sites.
- There is concern that the population of Rossendale and the surrounding area would be particularly disadvantaged, being required to travel further for health care in an area that is poorly served by public transport. It was suggested that the people of Rossendale and the surrounding area tend to travel south rather than north as the transport links are generally better.
- Widespread desire for decisions to be made to end uncertainty and improve staff retention, recruitment and morale.

- More detail requested on what services will be provided in the new LIFT centres and other community facilities and stressed that these developments must be in place before the changes to hospital services are made.
- People also require confirmation that ambulance staff are fully trained and resourced to cope with the proposed changes and that they are made aware of what services are available and where they will be located to avoid any confusion**.**

4.8.3 *Clinical views - the need for change*

- There is a broad clinical consensus that it is not an option to do nothing. A decision, whatever the outcome, should be made quickly in order that proposals can progress. Staff can then develop plans for future care provision and explore new roles and ways of working.
- The development of the proposals for change has been clinically led and there is overall support for Option 1, the option chosen by the Joint Committee of PCTs. Some concerns have been expressed, in particular with regard to the proposal to retain acute medicine at Fairfield Hospital without emergency surgery services on site.
- There is a general feeling that PAHT is seen as four separate organisations and that clinical cohesion has been a challenge. This, however, appears to be changing as staff begin to see the benefits of working in clinical networks, across previous organisational structures
- Issues regarding the quality of Trust management in the past were raised; however there was also a feeling that with the new appointments in place the Trust was now in a position to move forward.

4.8.4 *Clinical views - the development of the Urgent Care Centre at Rochdale Infirmary*

- There was general support for the UCC model which would continue to see around 85% of the current workload.
- There was some concern that staff, especially the emergency nurse practitioners (ENPs), would be moved to support those sites with full A&E services, affecting service provision in Rochdale.
- There was concern that community services should be in place to support the UCC especially at the evening and weekends.
- It was felt that training and education issues need to be addressed sooner rather than later and that there is the investment in both time and resources to make this possible.

4.8.5 *Clinical views - the retention of A&E without emergency surgery at Fairfield Hospital Bury*

- The move to concentrate emergency surgery on two sites is supported and would allow for the development of a dedicated trauma team at North Manchester General Hospital and a supporting infrastructure.
- There are, however, some concerns about the provision of full A&E services without emergency surgery at the Fairfield site, especially taking into account the potential for the unit to become busier with some additional acute medical patients from Rochdale.
- The panel saw some clinicians at Fairfield Hospital who had these concerns and their view was that either emergency surgery needed to remain at Fairfield Hospital alongside acute medicine to support A&E services or that the number of A&E departments across the Trust should be reduced to two, at Oldham and North Manchester Hospitals.
- Other clinicians argued that having acute medicine without emergency surgery on site is acceptable and is working in a number of hospitals elsewhere in the country. Clinicians agreed that access to a senior surgical opinion at all times was essential.

4.8.6 *Managerial issues - provider views*

- The continuing development and success of the community health centres is seen as important; this will be the catalyst for further developments in the future.

- There is recognition that, with the support of local people, plans will need to be refreshed or modified as new strategies emerge. Therefore it is important to recognise that this is a point in time on a journey.
- Progressing with the implementation of the proposals would enable the capital developments to commence, in particular on the North Manchester site which has some of the poorest estate.
- Agreeing the detail about the provision of acute medicine without emergency surgery at Fairfield is seen as important. This will require exploring, for example, the input from the surgeons performing elective surgery at Fairfield, the use of telephone/telemedicine and the development of ambulance protocols. It was thought that there may also be occasional instances where transporting a patient would not be appropriate and a surgeon may need to attend from another site. This requires further discussion.
- Managers and clinicians have been involved in developing the medicine without emergency surgery model, including a number of visits (e.g. Chorley Hospital, Preston). The key issues were a requirement to access to a surgical opinion and the surgical capacity on the specialist sites.
- There was confirmation that day case surgery will be provided at Rochdale Infirmary.
- Compatibility with *Making it Better* was an important consideration and any changes to the *Making it Better* proposals must link with the *Healthy Futures* implementation.

4.8.7 *Managerial issues - commissioners views*

- Agreed that no change would be the worst case scenario and would not provide people with the services they deserve. There was awareness that there are misconceptions about the PAHT financial recovery plan and *Healthy Futures* proposals and that they are two different but related matters and that has not helped in gaining public trust in the proposals.
- There was concern that there were public misconceptions about the Locality Hospital model and which services need to be provided. It was important that this was clearly communicated and that it would be a vibrant hospital site offering a good range of local services
- It was not thought possible to indicate the final number of community healthcare centres definitively as this depends on a number of other issues e.g. the development of

independent sector diagnostics and Integrated Clinical Assessment and Treatment Services (ICATS).

OUR ADVICE

Adding value

5.1 Introduction

5.1.1 The Secretary of State for Health asked the Panel to undertake two reviews relating to the provision of health services in Greater Manchester - *Healthy Futures* covering acute services in the north east of Greater Manchester and *Making it Better : Making it Real*, covering inpatient services for children, young people, parents and babies in Greater Manchester, East Cheshire and High Peak. This report concerns *Healthy Futures* and considers if the proposals for the changes to acute services agreed at the Joint Committee of PCTs meeting of 5 January 2007, would ensure the provision of safe, effective and accessible health care services for the local population. It should be read in conjunction with the Panel's separate report on *Making it Better*.

5.1.2 The Joint Committee of PCTs' decision was to approve the preferred option (Option 1) in the *Healthy Futures* consultation document, providing acute medicine and A&E services on three sites, at Fairfield General, North Manchester General and The Royal Oldham Hospitals and emergency surgery on two sites at North Manchester General and the Royal Oldham Hospitals. Rochdale Infirmary would become one of the country's first locality hospitals, including an urgent care centre. More services would be developed in the local community, many in new, community-based health centres, closer to people's homes.

5.1.3 The task of scrutinising these proposals in conjunction with the wider changes under *Making it Better* was complex and the Joint HOSC deserves praise for the balanced way in which it has done this. At its meeting on 16 January 2007 it came to a majority decision in support of the Joint Committee of PCTs decision on *Healthy Futures*. In view of the strength of opinion expressed, it is understandable that the Rochdale HOSC decided to refer this matter to the Secretary of State.

5.1.4 Whilst there was debate about whether the selected option was the most appropriate, there was clear agreement on the need for change. The demand for health services is constantly evolving, as is the capacity of the NHS to respond. The emphasis is increasingly on the whole health and social care system and increased multidisciplinary

working. The boundaries between primary and secondary care are lessening and the White Paper *Our Health, our care, our say* emphasises the need to shift more care into community settings, closer to people's homes, with acute hospitals only doing what cannot be done elsewhere. At the same time, in order to maintain safe, high quality and sustainable services some specialist acute services are being concentrated on a smaller number of hospitals. Future provision will be about well managed networks of care across community and hospital care. These trends are set out in the opening sections of the *Healthy Futures* consultation document. The north east of Greater Manchester will need to make changes to develop the most appropriate solutions for its local services. These changes need to be made in a planned way.

5.1.5 **Recommendation One**

The way health care services are provided in the north east of Greater Manchester needs to change.

5.2 **Safety and sustainability of services provide by PAHT**

5.2.1 The IRP was asked to advise on whether the proposals for change provide safe, sustainable and accessible services for people in the north east of Greater Manchester. The issues of safety, sustainability and accessibility have been at the forefront of the Panel's considerations throughout this review.

5.2.2 The clinical services are required to conform to the safety standards set out in a number of national standards. These include the Postgraduate Medical Education and Training Board (PMETB), which approve doctors' posts subject to compliance with appropriate training and supervisory standards and the European Working Time Directive (EWTD), which currently limits junior doctors working hours to 58 hours per week, reducing further to 48 hours per week in 2009.

5.2.3 PAHT is one of the largest acute Trusts in the country, serving a population of approximately 800,000, but still providing most of its services from four separate hospital sites. The Panel received evidence from clinicians and others that continuing to run a full range of services on all four hospital sites would not be sustainable. The Panel supports these views. The current configuration, particularly when considering the requirements of the EWTD, would need considerable additional medical staff to provide safe rotas. The

numbers required would be neither affordable nor available. Junior doctor recruitment is restricted by the requirements set out for the training of medical staff within PMETB and *Modernising Medical Careers* standards. These assure the quality of the training experience and that trainee is exposed to a sufficient number of patients to gain the skills required.

5.2.4 Concentrating A&E services on three sites and emergency surgery on two sites would allow both medical and nursing staff to work more effectively in order to both provide safe patient care and receive high quality training. This would comply with the requirements of both the EWTD and the training and supervisory standards.

5.2.5 The model of care proposed, which develops services outside hospital whilst concentrating specialist expertise in acute hospitals, is in line with current policy. The Government White Paper *Our health, our care, our say: a new direction for community services* clearly sets out a vision to provide people with good quality health and social care in communities close to where they live. The report of the National Leadership Network *Strengthening Local Services: The Future of the Acute Hospital*, published in March 2006 and building on *Keeping the NHS Local* and the series of clinical Tsar reports, published earlier this year, all make the case for clinical change and active networks of care.

5.2.6 The Panel believes that this approach has been taken into consideration when developing the chosen option and that not only will services be sustainable and safe, but with the development of new community facilities and the support of a good transport infrastructure, they will be accessible to all.

5.2.7

Recommendation Two

The Panel agrees that it is not sustainable for Pennine Acute Hospitals NHS Trust to continue to run four separate hospitals in the north east of Greater Manchester each attempting to run a full range of traditional District General Hospital services.

5.3 Accident and Emergency services and the Urgent Care Centre at Rochdale Infirmary

5.3.1 The option approved by the Joint Committee of PCTs involves reducing the number of hospitals providing full A&E services to three, with Rochdale Infirmary developing a UCC. It was considered that this was required to sustain the necessary staff rotas and other services which are needed to support A&E departments.

5.3.2 The Panel heard arguments for the retention of full A&E services at Rochdale Infirmary but the arguments put forward for Rochdale to develop a UCC model were persuasive. Rochdale was identified as having the smallest catchment population of the four hospitals, the smallest number of acute medical and surgical admissions, the lowest number of beds and the most limited site with the least potential for expansion. Whilst Rochdale has high levels of deprivation, they are higher in North Manchester. If North Manchester did not have full A&E services on its busy site it would put additional pressure on services in Central Manchester. This was one of the reasons why Options 2 and 3 (with North Manchester becoming a second locality hospital site) were not preferred options.

5.3.3 The Panel heard evidence that the UCC will be staffed appropriately to support the new model but there had been some uncertainty expressed. The plan is to change the service whilst maintaining the current staffing levels and then adjust the staffing levels and roles required over time as the service develops. It will be important to monitor the impact on other sites and be able to react accordingly but it is expected that the UCC will see approximately 85% of current activity. Middle grade and staff grade medical staff will work in the UCC and receive adequate mentorship. Junior doctors will rotate to the UCC for experience, which the Deanery believes will be a good training environment, especially as the majority of the doctors will be undertaking GP training.

5.3.4 The Panel heard from staff who argued that training and education issues need to be addressed at an early stage in order to develop the new models of care successfully and that there was sufficient investment available for this to be achieved. The emergency nurse practitioner (ENP) training was seen as key to this approach.

5.3.5 The Panel having considered the arguments carefully agrees that the number of full A&E services should be reduced to three and that Rochdale Infirmary should be the location for the UCC. The plans for the UCC need to be finalised as part of the overall implementation plan for the change in A&E services. It is essential that the capital is available for the planned changes and that a fully networked approach is adopted for the delivery of A&E and urgent care across the north east of Greater Manchester.

5.3.6 **Recommendation Three**

The Panel agrees with the decision made by the Joint Committee of PCTs to base three full A&E services on the Oldham, North Manchester and the Fairfield Hospital, Bury, sites and to develop an Urgent Care Centre at the Rochdale Infirmary. The Urgent Care Centre plans should now be finalised by the PCTs and PAHT as part of the overall arrangements for emergency and urgent care across the north east of Greater Manchester.

5.4 Providing acute medicine without emergency surgery at Fairfield Hospital

5.4.1 The option approved by the Joint Committee of PCTs involves the concentration of emergency surgery on two sites, North Manchester General Hospital and the Royal Oldham Hospital. This will enable EWTD 2009 targets to be met and enables dedicated trauma teams to be developed on these sites. The Panel supports this move.

5.4.2 This option retains a full A&E service at Fairfield Hospital, Bury. This can only be sustained if acute medicine, critical care and other supporting facilities are also present on site.

5.4.3 Ideally, both acute medical and surgical facilities would be present in hospitals with full A&E services. It is recognised, however, that this is not possible in all DGHs and a number of hospitals have retained acute medicine on site, but concentrated emergency surgery in larger DGHs. They have protocols in place for the ambulance service to divert surgical emergencies where possible and arrangements in place to ensure senior surgical opinion is available at all times to the hospital which no longer has on site emergency surgical facilities

5.4.4 This model of care was included in *Keeping the NHS Local (2003)* as a potential for smaller DGHs wanting to retain local access to as many services as possible and is also included in *Strengthening Local services: The Future of the Acute Hospital (2006).*

5.4.5 Some clinicians expressed concern to the Panel that this model represented an uneasy compromise and that it would be better either to retain emergency surgery on site or remove A&E facilities altogether and make Fairfield Hospital a Locality Hospital with a UCC and have full A&E services at North Manchester General Hospital and The Royal Oldham Hospital

5.4.6 The Panel acknowledges these concerns but agrees with the Joint Committee of PCTs reasons for proposing this option. PAHT has visited hospitals where this arrangement is working and has made it very clear that appropriate arrangements will be in place before any change is made. It is essential that PAHT, the North West Ambulance Service and PCTs now agree the necessary arrangements to ensure that wherever possible patients who require emergency surgery do not present at Fairfield Hospital. Access to a senior surgical opinion must be available at all times for any medical patient at the hospital who requires it.

5.4.7 **Recommendation Four**

The Panel agrees with the proposal to concentrate emergency surgery on the Royal Oldham and North Manchester Hospital sites and agrees that Fairfield Hospital, Bury can continue to provide A&E services with acute medicine, and without on site emergency surgery, if appropriate arrangements are in place. These arrangements now need to be agreed between PAHT, the PCTs and the North West Ambulance Service and thought given to the timing of these changes in relation to the changes in emergency and urgent care.

5.5 **The locality hospital at Rochdale Infirmary**

5.5.1 The Panel considers that there is an opportunity to create a new way of providing health care at Rochdale Infirmary through the development of a locality hospital. It will play an important part in the provision of future hospital services at the centre of a local network of integrated intermediate care and community based services. Whilst the immediate

sense of loss among people in Rochdale is very understandable, the locality hospital offers the best opportunity to sustain local access over the longer term.

5.5.2 The Panel heard that the Rochdale Infirmary site was not identified as a locality hospital at the outset but that this option emerged as the discussions progressed for the reasons identified earlier in this chapter and which the Panel supports.

5.5.3 The Rochdale HOSC has argued that insufficient consideration was given to health inequalities. While the Panel recognises that there is deprivation across the whole area, North Manchester is the area with the greatest degree of deprivation. Both the locality hospital and improved services outside the hospital setting will play an important part in addressing deprivation issues in Rochdale

5.5.4 Although the people in Rochdale will have to travel further to access some services this will be for good clinical safety and sustainability reasons. Rochdale will see the development of the UCC, a cardiac 'centre of excellence,' the continuation of the majority of outpatient services, selected medical admissions and the majority of elective surgical procedures, together with the development of local community health centres. This will enable the majority of patients to still be seen within the Rochdale locality.

5.5.5 From the evidence submitted to the Panel, it is clear that many local residents do not fully understand what will be provided at the locality hospital in Rochdale. Clearly, there is more work to do. Robust plans need to be fully developed with the local community, including describing the level of elective surgery (including orthopaedics) which is planned to be undertaken, which selected acute medical patients can receive inpatient care locally, how the cardiology centre will function, how the UCC will operate and what the staffing model will be. The public will also need to be reassured that arrangements are in place for the safe transfer of patients to acute sites within the Trust.

5.5.6 While the detail of services will be provided in community settings has still to be finalised, the Panel found the public generally supportive of the movement of care towards more local settings, such as the proposed community health centres. This would mean that patients would have to make fewer journeys to an acute hospital site. However,

the public were anxious about the capability of the PCT and PAHT to deliver care in the new centres. There was concern about the lack of detail, resources and timing.

5.5.7 The Panel found a strong commitment from the service providers and commissioners to the development of community health care centres with many either under construction or in development. The local authorities were also fully committed to becoming partners in the development of a *one stop shop* approach

5.5.8 The Rochdale Infirmary site has a number of older and temporary buildings. Consolidating care in the newer accommodation would create a pleasant and spacious environment for a locality hospital and free up space for additional car parking making the site more easily accessible.

5.5.9

Recommendation Five

The Panel agrees with the development of a locality hospital at Rochdale Infirmary. It should be at the centre of a local network of integrated intermediate care and community based services and an important part of the future hospital provision in the north east of Greater Manchester. It should provide urgent care, planned care, outpatient and diagnostic services.

5.6 Primary and community care development

5.6.1 The proposals to develop LIFT centres and care outside hospital are critical to the success of the overall proposals for change. They have the potential to improve local access to many services and shorten waiting lists as well as attracting good staff.

5.6.2 During the evidence gathering process the Panel was made aware of concerns that these developments would not be in place before changes to hospital services were made. There were also concerns that the whole LIFT programme might not be affordable.

5.6.3 The Panel was told of the progress with a number of new developments having either been built, undergoing construction or at the design development stage. The Panel also understands that until decisions are made it is difficult to move forward with alternative service provision.

5.6.4 There must be a demonstrable strengthening of community services before the changes in hospital based services take place. This will give people the confidence that the services are safe and effective and enable further developments, providing care closer to home. Along with redesigned hospital services these community health facilities would enable an increase in the amount of planned care, unplanned care and long-term disease management which can take place in the community.

5.6.5

Recommendation Six

The proposals to develop care outside hospital, including the range of Local Improvement Finance Trust (LIFT) Centres, are critical to the success of the overall proposals for change. Priority should be given by the PCTs to ensure the successful implementation of these plans. There must be a demonstrable strengthening of community services before the changes in hospital based services takes place.

5.7 Transport and accessibility

5.7.1 The public requires health care services to be accessible; transport is seen as a key issue and a number of concerns being were raised during the Panel's visits. The Panel heard evidence that within the sector there appeared to be little equity of access to good public transport systems, which largely depended on where you lived and for some communities services were far from adequate.

5.7.2 The Panel were also made aware that there are concerns within voluntary and charitable organisations that the proposed health care services will make some health care inaccessible and unaffordable for hard to reach elderly, disabled and non-English speaking residents.

5.7.3 The Panel also heard of the work of the Healthy Futures Transport Action Group (HFTAG) and the Patients' Council services. Their work with transport providers, Greater Manchester Passenger Transport Executive, patients groups and staff identified 11 key areas that need to be addressed to ensure that both current and future health care is accessible by means of public transport where needed. The HFTAG intends to work on the short term immediate issues that can be resolved over the next 1-5 years whilst a Healthy Futures Transport Strategic Group (HFTSG) will work on long-term strategies. However, both of these groups require support from the NHS, local authorities and the

voluntary sector, to develop a transport strategy with innovative solutions by which health care services can be accessed.

5.7.4 The Joint Committee of PCTs' and PAHTs commitment to continue to work closely with North West Ambulance Service, GMPTE and transport operators to ensure appropriate emergency and non-emergency transport is essential.

5.7.5 Whilst the Panel understands the concern of local residents about the loss of some local services and potential difficulties with transport, it should be remembered that the majority of care will continue to be provided as it is now and in some cases even closer to home within community-based health centres.

5.7.6

Recommendation Seven

It is important that the work of the Healthy Futures Transport Group (HFTAG) leads to easier access to health services for patients, the public and staff. The work of the Patients' Council and HFTAG must continue to have the support of the PCTs, PAHT, local authorities and transport providers.

5.8 Implementing the proposals

5.8.1 The implementation of the *Healthy Futures* proposals needs to be fully developed within a single project management structure with worked up timelines for the development of the proposals both in the community and on the hospitals sites, including capital development. They should be in line with the implementation of the White Paper *Our health, our care, our say: a new direction for community services.*

5.8.2 Developing implementation arrangements with local people, and utilising the communication channels already in place following the *Healthy Futures* consultation will enable local residents to take ownership of the developments, gain confidence in what is proposed and enable a good understanding of what services are available and how these services are accessed

5.8.3 It has been seen that the single acute site option (originally option 5) located in the Heywood and Middleton area north of the M60 was favoured by some clinicians and local people. This option was discounted quite early on in the process as it was thought

to be only achievable in the long term and it was important to achieve sustainable services change in the short to medium term. Therefore whilst identified as a potential long-term option it did not form part of the formal consultation.

5.8.4 The Panel was made aware of PAHT's financial recovery programme, which will see the Trust breaking even and recovering half its deficit for 2007/8. It aims to deliver a balanced budget and recover the other half of the deficit for 2008/09. The ability of the Trust to deliver the implementation of these plans needs to be underpinned by the successful achievement of its financial recovery programme.

5.8.5 **Recommendation Eight**

To implement the changes there needs to be a single integrated process and project management structure across the Trust, PCTs and wider health community. Excellent internal and external communications and a strong human resources function will be essential. The high standard of patient, public and staff engagement set during the pre-consultation phase and consultation must be maintained.

5.9 Meeting the needs of Rossendale and the surrounding population

5.9.1 The Panel have been made aware of the strength of feeling that Rochdale, Whitworth and Rossendale are substantial communities in their own right and should expect to have their own DGH. Not only was this a concern of the Rochdale HOSC but also a number of people who gave evidence to the Panel.

5.9.2 It was understood that a large part of the population in and around Rossendale travelled south, towards Manchester to access acute healthcare. By not providing all of this in Rochdale, patients would have even longer travel times for some services.

5.9.3 As has been argued earlier, it is not possible for PAHT to continue to run four separate hospitals, each attempting to provide a full range of traditional DGH services. The combined population of Rochdale, Whitworth and Rossendale is also smaller than one would expect to support a full DGH service.

5.9.4 Whilst there has been criticism of the Joint Committee of PCTs for not looking at alternative models for the provision of local services the Panel found little evidence of alternative safe, sustainable or accessible solutions being presented.

5.9.5 Therefore to ensure the needs of the people in Rossendale are met, the Strategic Health Authority should take responsibility for overseeing the implementation of the *Healthy Futures* and *Making it Better* decisions along with the implementation of the reconfiguration of services for East Lancashire following the *Meeting Patients Needs* consultation.

5.9.6 This approach will ensure that the needs of the people of Rossendale and the surrounding population are taken fully into account in respect of the location of the local community-based health care centres. This should include transport requirements both from home to hospital and home to community sites to ensure equity of access to the services.

5.9.7

Recommendation Nine

NHS North West (the SHA) should oversee and monitor the implementation of the two sets of proposals for Greater Manchester, as well as the reconfiguration of clinical services in East Lancashire. The SHA should assume lead responsibility for ensuring the continuity of safe, sustainable and accessible services for those people affected by all of the changes.

5.10 ***Healthy Futures*** **compatibility with** ***Making it Better*****.**

5.10.1 The proposals in the *Making it Better* consultation and supported by the Panel, will enable the most effective use of scarce clinical staff, enable all training and EWTD requirements to be met and, most importantly, provide high quality accessible care for children, young people, parents and babies in the Greater Manchester, East Cheshire and High Peak areas.

5.10.2 The Panel's agreement that consultant-led maternity services should continue on eight sites as proposed under Option A of the *Making it Better* consultation supports the retention of full acute services at North Manchester and Oldham, which both retain consultant-led services. It is recognised that the feasibility of standalone midwifery-led

services on the other sites within the *Healthy Futures* consultation at Fairfield General Hospital and the Rochdale Locality Hospital should be explored.

5.10.3 The proposal for the development of three level three neonatal intensive care units at the Royal Bolton, Royal Oldham and St Mary's Hospitals, with further special and high dependency care units on six other sites, including North Manchester, will be supported by retaining a full range of acute based services at both North Manchester and Oldham.

5.10.4 The decision to co-locate inpatient paediatric services with consultant-led maternity services on eight sites overall, which include North Manchester and Oldham, is supported by the *Healthy Futures* consultation as both of these sites retain the full range of acute based services as required by this option.

5.10.5 The emphasis on community based antenatal and postnatal care and child health services within the *Making it Better* proposals, and the promotion of locally based care wherever appropriate, will be supported with the development of the community based health centres under the *Healthy Futures* proposals.

5.10.6 The Panel's recommendations for the *Healthy Futures* consultation are compatible with the recommendations for the *Making it Better* consultation. A single implementation programme by PAHT and the north east of Greater Manchester PCTs should be initiated to integrate the two sets of recommendations and their implementation.

5.10.7

Recommendation Ten

The Panel's recommendations on the *Making it Better* proposals should be read in conjunction with these recommendations. The implementation of both sets of recommendations within the north east of Greater Manchester should be coordinated as a single exercise.

SOME PERSONAL OBSERVATIONS

Dr Peter Barrett

I would like to express my sincere thanks on behalf of the Panel to all those who generously gave their time to meet the Panel and made such a valuable contribution to our understanding of the Healthy Futures review. There was understandable and commendable passion expressed about the retention of their local health services. The people we met were thoughtful, sincere and considered in their opinions. They could see the overwhelming case for change but many did not want to see their own services affected.

There was a great sense of loss and frustration at what they saw as an unfair reduction in services provided to certain very deprived localities. I was aware that the discussions about changes to their NHS had been going on for a long time but the strategic decisions required to sustain safe services in the 21st Century had in the past been delayed. It was noteworthy that on this occasion the Joint Health Overview and Scrutiny Committee had voted 7:1 to accept the proposals for change and I commend them for their diligence. It is all too easy to avoid making difficult decisions but it seemed clear that for the communities served by the Pennine Acute Hospitals Trust "no change" was simply not a sustainable option. However, it was also made abundantly clear that there were heartfelt concerns about the provision of services should the changes go ahead as planned. We listened carefully to these concerns. It seemed important to ensure that those living in the most deprived areas could access high quality medical care. There is a tradition of residents in such areas not making use of the facilities offered in hospitals until their need becomes urgent. For that reason it is of the utmost importance that good quality and well resourced community clinics are set up and maintained to bring care closer to those in need. These facilities need to be established before changes to hospital services take place. It is also of great importance to ensure that when hospital care is required, that care meets the highest possible standards.

A number of groups were anxious about access to health services should the changes go ahead. Having experienced transport in and around Manchester I can understand some of their fears but the area is fortunate to have a well motivated and innovative group of people looking at new ways of providing transport to and from health services. I think it

is very important that this group receives support for its work uniting health, local authorities and transport agencies. I do not think this is an issue that the NHS can avoid, given the huge number of journeys made by staff, patients and visitors accessing health services. The anxiety of not being able to make an appointment on time or worse, not even attending because it is simply too difficult, should not be underestimated. The cross agency involvement of the transport group is to be commended.

I recognise that the Pennine Acute Hospitals Trust has had major problems in the past. It now has a new Chair and Chief Executive. The financial problems faced by the Trust seem to be coming under control and opportunities for further developments in health service provision can now be considered. There is a danger that after such a wide ranging reconfiguration that the proposed changes will become set in stone. We have to recognise that the NHS is in a constant state of flux and that the changes proposed in *Healthy Futures* should be regarded as a point on a journey. Whilst recognising this it is imperative that all those involved concentrate on making the current proposed changes work and are not distracted from their immediate task by possible developments in the mid to long term. The residents within the Pennine Acute Trust area deserve good services now and for the immediate future.

List of abbreviations used.

A&E	Accident and Emergency
CC	County Council
DGH	District General Hospital
EWTD	European Working Time Directive
Healthy Futures	Healthy Futures. Public consultation on the future of healthcare in the north east sector of Greater Manchester
HOSC	Health Overview and Scrutiny Committee
IRP	Independent Reconfiguration Panel
LIFT	Local Improvement Finance Trust
Making it Better	Making it Better: Making it Real. Public consultation of changes to healthcare services for children, young people, parents and babies in Greater Manchester, East Cheshire, High Peak and Rossendale.
MBC	Metropolitan Borough Council
NHS	National Health Service
PCT	Primary Care Trust
SHA	Strategic Health Authority
UCC	Urgent Care Centre

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. whether the proposals will ensure safe, sustainable and accessible services for the local population.

ii. clinical and service quality, capacity and waiting times

iii. other national policies, for example, national service frameworks

iv. the rigour of consultation processes

v. the wider configuration of the NHS and other services locally, including likely future plans

vi. any other issues Ministers direct in relation to service reconfigurations generally or specific reconfigurations in particular.

A3. The advice will normally be developed by groups of experts not personally involved in the proposed reconfiguration or service change, the membership of which will be agreed formally with the Panel beforehand.

A4. The advice will be delivered within timescales agreed with the Panel by Ministers with a view to minimising delay and preventing disruption to services at local level.

B1. To offer *pre-formal consultation* generic advice and support to NHS and other interested bodies on the development of local proposals for reconfiguration or significant service change – including advice and support on methods for public engagement and formal public consultation.

C1. The effectiveness and operation of the Panel will be reviewed annually.

Appendix Two

Letter to The Rt Hon Patricia Hewitt MP, Secretary of State for Health, from Mr Roger Ellis, Chief Executive, Rochdale Metropolitan Borough Council, 9 February 2007

ROCHDALE
METROPOLITAN BOROUGH
COUNCIL

LEGAL AND DEMOCRATIC SERVICES
Catherine Witham LL.B (Hons) LL.M (Harv)
Borough Solicitor

COMMITTEE SERVICES SECTION

PO Box 15, Town Hall, Rochdale OL16 1AB

Telephone: Rochdale (01706) 647474
Fax: Rochdale (01706) 924820
Web Site: www.rochdale.gov.uk

The Secretary of State for Health
Richmond House
79 Whitehall
LONDON
SW1A 2NS

Your Ref:
Our Ref: PJ/djw
Enquires to: Peter Jones
Extension: 4710
Date: 9th February 2007
e-mail: peter.jones@rochdale.gov.uk

Dear Secretary of State,

Hospital Services in Rochdale

I write on behalf of the Council's Health Overview & Scrutiny Committee with regard to proposed changes to the provision of Hospital Services currently provided at Rochdale Infirmary.

Under proposals contained in the "Making it Better" reconfiguration of Maternity and Children's Services in Greater Manchester and the "Healthy Futures" reconfiguration of Hospital Services in the North East Sector of Greater Manchester, both of which have been subject to statutory consultation under Section 11 of the Health & Social Care Act 2001, the respective Joint Committees of Primary Care Trusts plan to close the Maternity Units at Fairfield General Hospital and Rochdale Infirmary, and re-designate the Accident & Emergency Unit at the Infirmary as an Urgent Care Centre.

This Council's Health Overview & Scrutiny Committee has considered the details of both proposals and do not consider the proposals contained in either reconfiguration to be in the interests of the local community, nor in the interests of local Health Services in the Borough on the grounds that;

- It does not believe that the proposals are consistent with the ethos of the White Paper "Keeping the NHS Local."

- There is a lack of detailed financial information about the capital costs of the proposals, in particular, concern at the figures quoted for the cost pf providing maternity and paediatric services at Rochdale Infirmary compared to the cost of initiating the same services at North Manchester.
- There is insufficient weight been given to the health inequalities and relative deprivation of Rochdale compared to other parts of the conurbation.
- The communities of Rochdale, Whitworth and Rossendale are substantial communities and have a legitimate expectation that health services will be provided at a District General Hospital in their areas.
- In recognising the need for change, there is, is nevertheless, concern that Joint Committee failed to look at alternative models for the provision of local services.

Accordingly, in accordance with paragraph 7 of the Local Authority (Overview & Scrutiny Committee Health Scrutiny Functions) Regulations 2002 I hereby request that you exercise your powers in accordance with that paragraph to halt the proposals under the Making it Better and Healthy Futures.

The Health Overview & Scrutiny Committee supports the request with the attached information.

Yours faithfully

Roger Ellis
Chief Executive

Executive Summary

The attached paper presents statistical information which demonstrates why the proposals contained in the "Making it Better" and "Healthy Futures" reconfiguration of Hospital Services are not in the interests of the Health Service in the Borough of Rochdale.

The proposals will mean the loss of key services from the Borough and will have a negative impact on the ability of residents to access services. Rochdale Borough is one of the most deprived Boroughs in England, with high levels of poverty and particularly high levels of health deprivation and disability compared with England as a whole. A third of all households in the Borough do not have access to a car or van. If services move out of the Borough, patients will have to travel further and incur greater costs to access services. A significant proportion of residents will be reliant on public transport to access services. This will pose particular problems for disabled people, older people and families with children. If the changes go ahead it could lead to greater health inequalities and poorer general health for people living in the Borough.

Introduction

We (Rochdale MBC Health Overview and Scrutiny Committee) are concerned about the proposed re-location and delivery of key services and most of our residents have stated that they do not support the proposed changes to health care services.

The proposed changes to health care services in Rochdale Borough mean the loss of the following services within the Borough:

- Emergency surgery
- Acute medicine
- Accident and Emergency Services
- In-patient children's service
- Maternity services

The changes to children's services mean that a large area of the region, including Rochdale, Heywood, Bury and Rossendale are left without Obstetric and Paediatric provision.

These changes to health care provision will have a negative impact on the ability of residents in Rochdale Borough to access services. The changes will mean that residents within the Borough will need to travel outside of the borough for these services. They will need to travel to:

- North Manchester General Hospital or the Royal Oldham Hospital for emergency surgery
- Fairfield General Hospital, North Manchester General Hospital or the Royal Oldham Hospital for acute medicine and accident and emergency services
- The Royal Oldham Hospital or North Manchester District General Hospital for in-patient Paediatric and Obstetric Services.

Rochdale Borough is one of the most deprived boroughs in England, with high levels of poverty and particularly high levels of health deprivation and disability compared with England as a whole.

33.4% of all households in the Borough do not have access to a car or van. If services move out of the Borough, patients will have to travel further to access services, and a significant proportion of residents will be reliant on public transport to access services. This will pose particular problems for disabled people, older people and families with children.

People need to be physically and financially able to access transport and feel safe using it. Age and disability can stop people driving and using public transport. People need to get to key services at a reasonable cost, in reasonable time and with reasonable ease. Difficulties in accessing transport to health care services could lead to people missing, turning down, or choosing not to seek medical help. This would serve to deepen health inequalities.

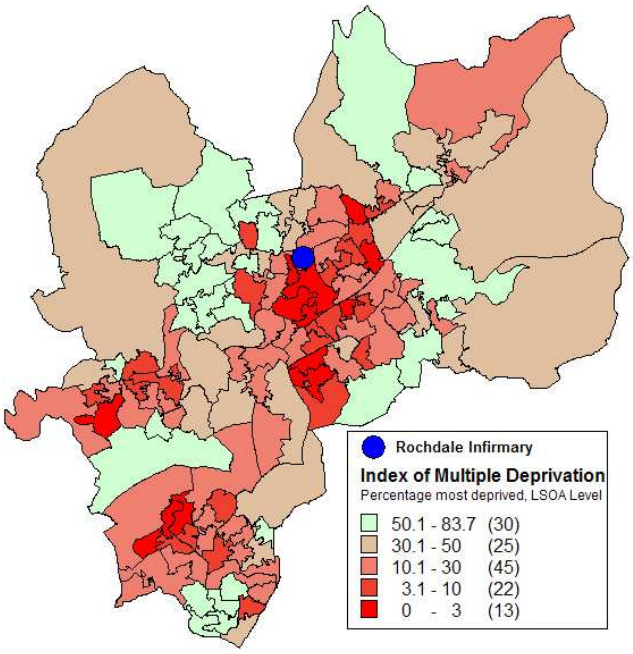
Deprivation

Rochdale Borough is one of the most deprived boroughs in England, and is ranked between 12th and 46th most deprived in the Indices of Deprivation 2004 measures of deprivation at district level.

The overall index of multiple deprivation (IMD 2004) shows the general level of deprivation at a small area scale across the borough. It is divided into 135 Super Output Areas(SOAs) which cover the entire Borough, out of the 135:

- 35 of Rochdale's SOAs are in the 10% most deprived SOAs in England
- 58 are in the 20% most deprived in England
- None of Rochdale's SOAs are in the 10% least deprived in England

The map below shows the IMD 2004 percentage deprivation across the Borough:



It shows the location of Rochdale Infirmary and it highlights the fact that it is located in a SOA which is one of 20% most deprived in England. It is also very close to one of the main area of deprivation in the Borough, with the SOAs next to the infirmary being in the worst 3% in the England.

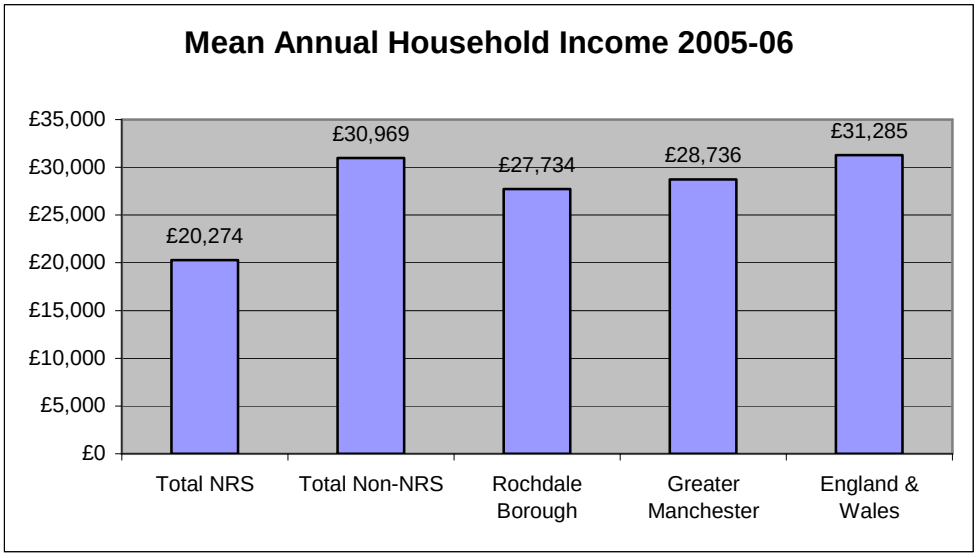
As deprivation is closely linked to the level of general health of an area it can be said that the people living in the area in close proximity to the hospital will be the people that need the services the most. The closure of the A & E department and other hospital services will have a hugely detrimental effect on the people living in these deprived areas as they will have to travel elsewhere for these services. This in turn is a problem as people living in areas of high deprivation have, on average, less numbers of people that have access to private means of transport.

Poverty

Average Household Income

The graph below shows the mean annual household income for 2005-06. It highlights the fact that households in Rochdale Borough have a lower average income than in Greater Manchester and England and Wales. Average household income can be related to households having a lower disposable income. If patients have to pay for transport to other hospitals outside the Borough this could lead to patients not able to afford the extra costs that the travel will incur, this in turn could lead to the general health of patient declining.

The graph also shows the Neighbourhood Renewal Areas (NRS) in the Borough have a significantly lower income than the other areas. The Infirmary is located on the edge of many of these neighbourhoods, and as such the closure of hospital services will have a greater affect on the people that live in these areas as they are likely to have less disposable income than other people in the Borough to pay for transport to hospitals outside the Borough.



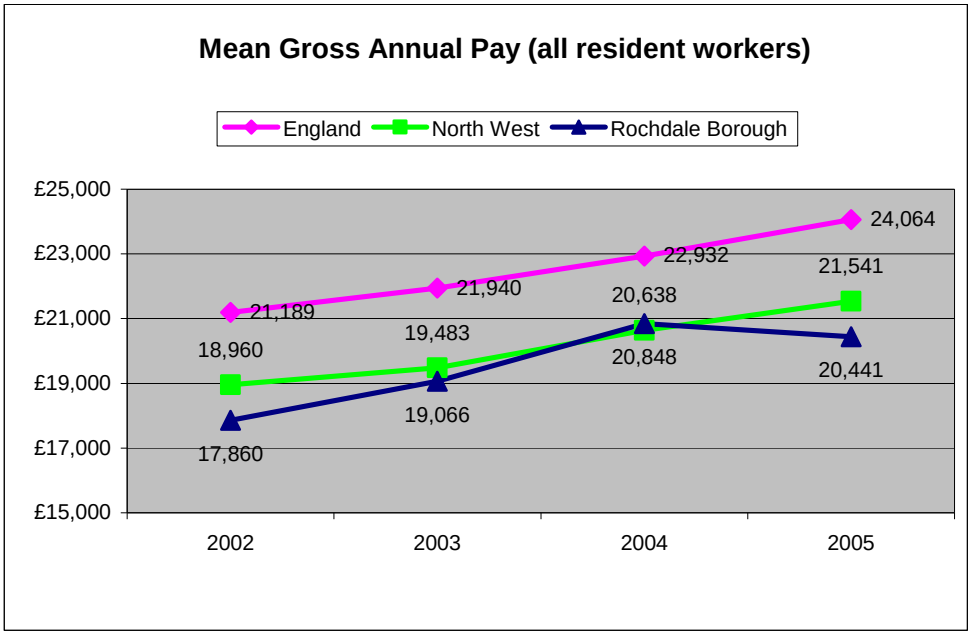
Source: PayCheck, CACI

Mean Annual Pay

Mean gross annual pay is the mean income received by all workers (full-time and part-time) who are resident in the Borough. The graph below shows the Borough average compared with the North West and England. The Borough level is considerably lower than the England level, and lower than the North West level, both being significantly different. There has been an increase in wage levels in all areas in the past four years.

This again shows the level of poverty in the Borough to be higher than average. Generally, people living in poverty have poorer health and reduced access to private means of transportation. This means they may not be able to afford or are well enough to use public transport to reach the hospitals outside the Borough. This may lead to people not attending

hospital due to financial or health restrictions, and in turn having an even more reduced level of health.



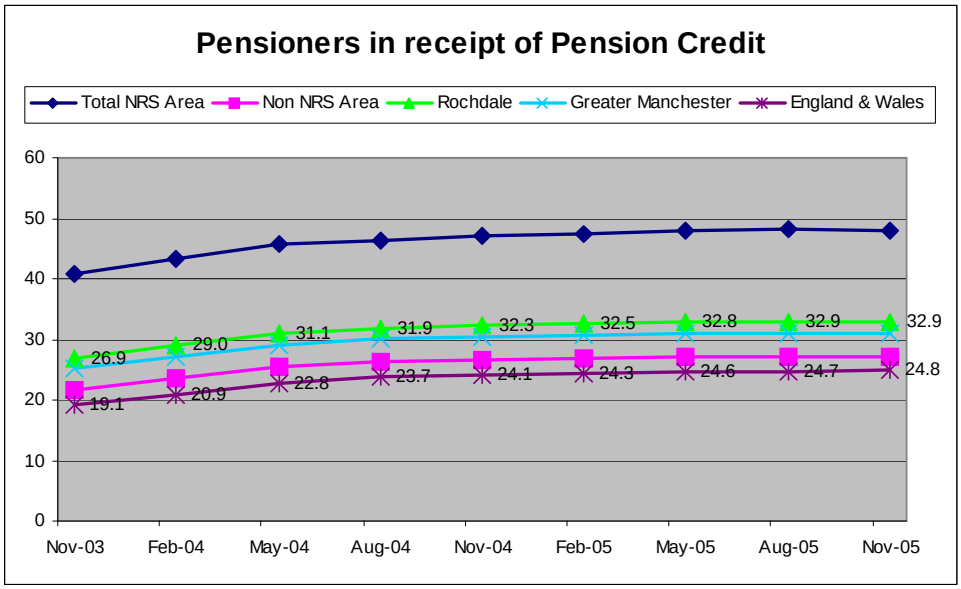
Source: Annual Survey of Hours and Earnings

Pensioners

Pensioners form one of the groups most likely to be living in poverty, as well as one of the groups which use hospital services the most. The graph below shows the percentage of pensioners in receipt of pension credit. This indicates those people aged 60 or over whose income is below a set threshold. In November 2005 11,300 pensioners were on pension credit – a third of the Borough's pensioners.

Pensioners are likely to have high level of poor health and may need regular visits to hospital. If the hospitals services are moved outside the Borough, these pensioners may be severely disadvantaged due to the extra distance they will have to travel for healthcare.

The graph also shows that a very high percentage of pensioners that live in the NRS areas are in receipt of pension credit. As mentioned before, the Infirmary is located on the edge of many of these neighbourhoods.



Source: Department for Work and Pensions

Health Inequalities

It is feared that the closure of the A & E department and the maternity, neo-natal and children's wards at the Infirmary will lead to greater health inequalities throughout the borough.

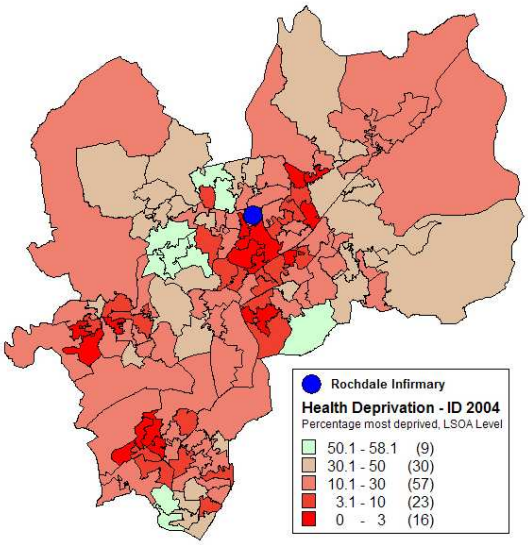
The Borough of Rochdale displays particularly high levels of health deprivation and disability as measured by the Indices of Deprivation 2004 compared with England as a whole. All of Rochdale's SOAs are in the 60% most deprived areas in England. 39 SOAs are in the 10% most deprived areas in England, and 74 (55%) of Rochdale's SOAs are in the 20% most deprived. See map below for details.

Areas with high levels of health deprivation and disability are areas with relatively high rates of people who die prematurely or whose quality of life is impaired by poor health or who are disabled, typically the people who need greater levels of healthcare and hospital visits. As all of the SOAs in the Borough are in the 60% most deprived in England this equates to a large number of people needing, or are likely to need emergency care at an A & E department or longer-term out patient care. If services are removed from the Infirmary these people will have to travel a much further distance to get these service, and this may lead to poorer heath of population.

Life expectancy in the Borough is significantly less that the regional and national average. Men can expect to live 74 years while woman can expect to live to 78.9 years. This figure may well decrease even further if the Infirmary is not able to provided the services that the local community needs.

General health in the Borough is poor, with the rate of deaths from heart disease and stroke being the fourth highest of all local authorities in England, and the second highest in the North West region. Deaths from smoking and cancer are also higher than the regional and national averages.

Conditions such as heart disease/attacks and strokes are conditions, which need emergency care and immediate treatment in an A & E department. If the Borough loses its A & E department, residents will have to travel further and longer to reach to hospitals outside the borough.



Transport and Travel

Figures from the 2001 Census state that 33.4% of all households in the Borough do not have access to a car or van. This is greater than both the Greater Manchester figure of 32.8% and the England & Wales figure of 26.7%. If services move away from the Infirmary, patients will have to travel much further to the hospitals outside the Borough either using public or private transport.

The recent Healthy Futures Program Transport Report, which looked in to the travel, and transport issues regarding the hospital restructure states that:

- Public transport links to local health services (in the North East sector of Greater Manchester) are already poor
- Car parking facilities are currently insufficient at both local GPs, Walk in Centres and local hospital sites, and that this will only become worse with the proposed changes
- The proposed changes to local heath care services will make transport links to local health services even more difficult, if not impossible
- A lack of public and community transport and the costs of accessing this transport is a huge concern.

As a high proportion of residents do not have access to private transportation they will most likely have to rely on public transport to get them to the hospitals outside the Borough, but as the points above explain, the public transport infrastructure is unlikely to be able to support the rise in number of people trying to travel from the Borough to hospitals in Oldham and Bury. As mentioned previously, the Borough has very high levels of deprivation and poverty and as such the extra cost of travelling to hospital may be unaffordable for a large proportion of residents.

The most recent data on the number and cost of town centre car parking states that Rochdale Borough has around 1,500 more parking spaces than Bury and around 2,500 more than Oldham. The typical cost of parking in the borough is £0.70 per hour for short stay and £1.50-£2 per 6 hours for long stay. This is significantly cheaper than Bury (Oldham parking cost was unavailable

at the time of writing). This means that if people do use private transport (which is quite likely due to the lack of good quality public transport) to reach the other hospitals in Bury and Oldham they will have to pay extra to park and have fewer spaces to choose from.

Whatever transport method is used, most residents from the Borough are going to have to travel further and longer than they do now to access certain hospital services. The table below gives some approximated figures regarding travel distances from the four main centres in the borough.

	Rochdale Infirmary	**Fairfield General Hospital, Bury**	**Royal Oldham Hospital**
Rochdale	1.2 miles	4.4 miles	6.5 miles
Heywood	4.6 miles	3.7 miles	7.6 miles
Middleton	7.8 miles	9 miles	5.2 miles
Littleborough	3.8 miles	8 miles	10.3 miles

People travelling from Rochdale and Littleborough are going to be the most affected by services moving away from the Infirmary, as they will have a further distance to travel to reach the hospitals in Bury or Oldham. As the borough's population density is highest in the wards in the Rochdale Township, more people are going to have to travel further, even though Heywood and Middleton are closer to the other hospitals. For the large majority of people living in Rochdale this incurs additional cost and time.

Currently, journeys using public transport from the Borough's local centres to Rochdale Infirmary take between 1 and 35 minutes, and average just 19.5 minutes. The average journey time to Royal Oldham Hospital is 39 minutes across the borough, with journeys up to 53 minutes. The average journey time to Fairfield General Hospital is 53.5 minutes across the Borough, with journeys up to 90 minutes. This clearly shows the extra time and effort needed for the people of Rochdale getting to alternative hospitals. The only journey that is quicker is between Middleton and Royal Oldham Hospital, and this only by approximately 5 minutes and is no cheaper.

The extra cost of public transport is limited by the need to buy a Day Saver for most journeys due to the necessity of using more than one bus per journey. A Day Saver ticket can cost up to £2.50 a day more than Rochdale residents currently pay for a single trip to Rochdale Infirmary.

The extra time taken to travel to the alternative hospital is not only a matter cost and time. These journeys involve changing buses, walks between bus stops and waiting at bus stops, all of which may be difficult if not impossible for people trying to access medical care. Public transport along these routes also reduces service in the evenings, and usually stops altogether sometime after 10:00 pm.

For the many people who are unable to use public transport to get to hospitals, private taxi hire is the only other method. The average cost to people travelling to Rochdale Infirmary from across the Borough by private taxi is £7 each way. This is £4.50 cheaper than to Royal Oldham Hospital and £3.50 cheaper than to Fairfield General Hospital. This clearly shows the substantial extra cost involved for Rochdale residents in getting to the alternative hospitals.

Conclusion

Due to the high levels of deprivation, poverty and general health inequalities in the Borough, the proposed changes to close the consultant led A & E department as well as the maternity, neo-natal and children's wards will make healthcare inaccessible and unaffordable for many of Rochdale's residents. The people living in the more deprived areas of the borough, older people, disabled people and families with children will be most affected. If the changes go ahead it could lead to greater health inequalities and poorer general health for people living in the Borough.

Appendix Three

Letters to Mr Roger Ellis from The Rt Hon Patricia Hewitt MP, Secretary of State for Health, 21 February and 8 March 2007

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

SofS45385

Roger Ellis
Chief Executive
Rochdale City Council
Legal and Democratic Services
Committee Services Section
PO Box 15
Town Hall, Rochdale
OL16 1AB

21 FEB 2007

Dear Mr Ellis,

Referral to the Secretary of State for Health by Rochdale Council's Overview and Scrutiny Committee relating to the "Making it Better" consultation on the reconfiguration of in-patient services for women, babies, children and young people in Greater Manchester, East Cheshire and High Peak and the reconfiguration of hospital services "Healthy Futures" in North East Manchester

Thank you for your letter of 9 February 2007.

I have reviewed your letter and the grounds for referral under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002.

I have asked the Independent Reconfiguration Panel (IRP) to undertake a review of the issues raised in relation to the reconfiguration of in-patient services for women, babies, children and young people in Greater Manchester and the reconfiguration of hospital services in North East Manchester and to report back to me with their advice. I have asked my officials to liaise with the IRP to take this forward with the local NHS.

Yours sincerely,

PATRICIA HEWITT

cc: NHS North West
Independent Reconfiguration Panel

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 45702

Roger Ellis
Chief Executive Rochdale City Council
Legal and Democratic Services
Committee Services Section
PO Box 15
Town Hall
Rochdale OL16 1AB

Dear Mr Ellis,

MAKING IT BETTER AND HEALTHY FUTURES

I wrote to you on 21 February 2007 about my request to the Independent Reconfiguration Panel to undertake a review of the issues raised in the referrals I had received from local Overview and Scrutiny Committees.

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

Yours sincerely,

PATRICIA HEWITT

Terms of reference

MAKING IT BETTER

The Panel is asked to advise the Secretary of State by 26 June 2007:

(a) whether it is of the opinion that the proposals for changes to in-patient services for women, babies, children and young people set out in the decision of the Joint Committee of Primary Care Trusts of 8 December 2006 will ensure the provision of safe, sustainable and accessible services for Greater Manchester, East Cheshire and High Peak. And if not, why not;

(b) on any other observations the Panel may wish to make in relation to the proposals for changes to in-patient services for women, babies, children and young people and implications for any other clinical services; and

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

It is understood that in formulating its advice the Panel will pay due regard to the principles set out in the Independent Reconfiguration Panel's general terms of reference.

HEALTHY FUTURES

The Panel is asked to advise the Secretary of State by 26 June 2007:

(a) whether it is of the opinion that the proposals for changes to acute services as set out in the decision of the Joint Committee of Primary Care Trusts of 5 January 2007 will ensure the provision of safe, sustainable and accessible services for the northeast sector of Greater Manchester. And if not, why not;

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

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

It is understood that in formulating its advice the Panel will pay due regard to the principles set out in the Independent Reconfiguration Panel's general terms of reference.

Appendix Four

Letters to Dr Peter Barrett from The Rt Hon Patricia Hewitt MP, Secretary of State for Health, 21 February and 8 March 2007

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

SofS45464

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

21 FEB 2007

Dear Peter,

Referral to the Secretary of State for Health by Rochdale Council's Overview and Scrutiny Committee relating to the "Making it Better" consultation on the reconfiguration of in-patient services for women, babies, children and young people in Greater Manchester, East Cheshire and High Peak and the reconfiguration of hospital services "Healthy Futures" in North East Manchester

I am writing to request the advice of the IRP in relation to the referral from Rochdale Council's Overview and Scrutiny Committee in respect of the "Making it Better" and "Healthy Futures" consultations.

I attach a copy of the correspondence from Rochdale Council.

The advice should be provided in line with the DH/IRP's agreed protocol. My office will be in touch to arrange a date for us to discuss the detailed terms of reference.

I look forward to receiving your advice.

Thank you for your assistance in this matter.

Best wishes, as ever,

Patricia

PATRICIA HEWITT

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

SofS45465

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

21 FEB 2007

Dear Peter,

Referral to the Secretary of State for Health by Bury Council's Healthier Communities Scrutiny Commission relating to the "Making it Better" consultation on the reconfiguration of in-patient services for women, babies, children and young people in Greater Manchester

I am writing to request the advice of the IRP in relation to the referral from Bury Council's Overview and Scrutiny Committee in respect of the "Making it Better" consultation.

I attach a copy of the correspondence from Bury Council.

The advice should be provided in line with the DH/IRP's agreed protocol. My office will be in touch to arrange a date for us to discuss the detailed terms of reference.

I look forward to receiving your advice.

Thank you for your assistance in this matter.

Best wishes,

PATRICIA HEWITT

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 45700

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

Dear Peter,

MAKING IT BETTER AND HEALTHY FUTURES

I am writing to request the advice of the IRP in relation to the referrals from Local Overview and Scrutiny Committees relating to "Making it Better" (which covers in-patient services for women, babies, children and young people in Greater Manchester, East Cheshire and High Peak) and "Healthy Futures" (which covers the review of acute service provision provided by Pennine Acute Hospitals NHS Trust in the north east sector of Greater Manchester).

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

Terms of reference

Making it Better

The Panel is asked to advise the Secretary of State by 26 June 2007:

(a) whether it is of the opinion that the proposals for changes to in-patient services for women, babies, children and young people set out in the decision of the Joint Committee of Primary Care Trusts of 8 December 2006 will ensure the provision of safe, sustainable and accessible services for Greater Manchester, East Cheshire and High Peak. And if not, why not;

(b) on any other observations the Panel may wish to make in relation to the proposals for changes to in-patient services for women, babies, children and young people and implications for any other clinical services; and

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

It is understood that in formulating its advice the Panel will pay due regard to the principles set out in the Independent Reconfiguration Panel's general terms of reference.

Healthy Futures

The Panel is asked to advise the Secretary of State by 26 June 2007:

(a) whether it is of the opinion that the proposals for changes to acute services as set out in the decision of the Joint Committee of Primary Care Trusts of 5 January 2007 will ensure the provision of safe, sustainable and accessible services for the northeast sector of Greater Manchester. And if not, why not;

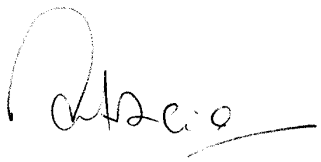
(b) on any other observations the Panel may wish to make in relation to the proposals for changes to acute services and for implications for any other clinical services; and

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

It is understood that in formulating its advice the Panel will pay due regard to the principles set out in the Independent Reconfiguration Panel's general terms of reference.

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

Best wishes, as ever,



PATRICIA HEWITT

Appendix Five

Letter to The Rt Hon Patricia Hewitt MP Secretary of State for Health from Dr Peter Barrett, 15th March 2007

IRP

Kierran Cross

First Floor
11 Strand
London
WC2N 5HR

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

15 March 2007

Dear Secretary of State

Referrals to the Secretary of State for Health by Rochdale Metropolitan Borough Council's Health Overview & Scrutiny Committee, Bury Metropolitan Borough Council's Healthier Communities Scrutiny Commission, Salford City Council's Community, Health and Social Care Scrutiny Committee

Thank you for your letter received 8 March about the above.

I am happy to confirm that the Independent Reconfiguration Panel will provide advice on Making it Better and Healthy Futures in accordance with the terms of reference set out in your letter – and, as requested by 26 June 2007.

The process of calling for and reviewing evidence is already well advanced. Panel Members have already begun undertaking visits to Manchester. As usual, we will be meeting people and hearing views from all sides of the debate.

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

Yours sincerely

Dr Peter Barrett CBE
Chair, Independent Reconfiguration Panel

Appendix Six

Letter to editors of local newspapers (inviting responses from readers) from Dr Peter Barrett, 2 March 2007

IRP

Kierran Cross

First Floor
11 Strand
London
WC2N 5HR

Letter to Editors
Greater Manchester Newspapers

12 March 2007

For publication

Dear Editor

The IRP (Independent Reconfiguration Panel), the independent expert on health service change, has been asked by the Secretary of State for Health to carry out two separate, but related, reviews following the *Making It Better* and *Healthy Futures* consultations.

Our reviews will look at whether the existing proposals for:

a) inpatient services for women, babies and young people in Greater Manchester, East Cheshire and High Peak (*Making It Better*), and

b) acute services in the northeast sector of Greater Manchester (*Healthy Futures*)

will ensure the provision of safe, sustainable and accessible services for local people.

Over the coming months, we will be undertaking a number of visits to the area to talk to patients and staff and meet with people who believe they have new evidence that the IRP should take into account.

If you feel you have any new information that was not submitted during the formal consultations or believe that your voice has not been heard, we would like to hear from you. Please contact us via the team at NHS North West at irp@northwest.nhs.uk or by calling 0161 237 2901.

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

Yours sincerely

Peter Barrett

Dr Peter Barrett CBE
Chair, IRP

Appendix Seven

Site visits, meetings and conversations held

(covers both *Making it Better* and *Healthy Futures*)

Monday 12 March 2007
Fairfield General Hospital, Bury and North Manchester General Hospital
Royal Albert Edward Infirmary, Wigan; Royal Bolton Hospital and Hope Hospital, Salford
Site visits

Friday 16 March 2007
Stepping Hill Hospital, Stockport; Trafford General Hospital and Wythenshawe Hospital
Rochdale Infirmary and Royal Oldham Hospital
Site visits

Wednesday 21 March 2007
Tameside General Hospital
Site visit

Making it Better Network Team

Ms Jayne Arnold	Project Officer for the Network
Dr Anthony Emmerson	Clinical lead for the Neonatal Network
Ms Halcyon Edwards	Associate Director of the Network
Mr Tony Gick	Consultation Manager
Dr Peter Powell	Clinical lead for the Paediatric Network
Ms Leila Williams	Network Director

Thursday 22 March 2007
Healthy Futures Project Team

Dr Zuber Ahmed	PEC Chair for Oldham
Dr Nick Dawes	PEC Chair for Heywood Middleton and Rochdale PCT
Ms Celia Gaze	Director of Reconfiguration
Dr Derek Fletcher	PEC Chair for Bury
Dr Ruth Jameson	Medical Director, Pennine Acute Hospitals NHS Trust
Mr Paul Mainwaring	PPI Lead and Chair of Patients' Council
Mr Trevor Purt	Chief Executive, Heywood Middleton and Rochdale PCT
Ms Gail Richards	Chief Executive, Oldham PCT
Dr Nick Tierney	Clinical Director for Anaesthesia and Pain, Pennine Acute Hospitals NHS Trust
Mr Tom Wilders	Director of Strategic Planning, Pennine Acute Hospitals NHS Trust

Tuesday 27 March 2007
Healthy Futures Joint Health Overview and Scrutiny Committee

Ms Helen Anderson	Joint HOSC Officer
Mr Matthew Drolwin	Scrutiny Officer, Oldham MBC
Mr David Cartwright	Vice Chair Patients' Council, Oldham
Cllr Derek Clefton	Oldham MBC
Cllr Jane Gartside	Rochdale MBC
Cllr Colin McClaren	Oldham MBC
Cllr Pauline McGuire	Rochdale MBC

Mr Paul Mainwaring	PPI lead and Chair of Patients' Council
Cllr Tony Parkinson	Manchester City Council
Mr David Regan	Director, Manchester Joint Health Unit
Cllr John Smith	Bury MBC

Making it Better Health Scrutiny Committee

Ms Karen Dainty	Officer, Salford City Council
Ms Elaine Fisher	Scrutiny Officer, Trafford MBC
Mr David Fletcher	Association of Greater Manchester Authorities
Cllr Alan Jones	Derbyshire County Council
Cllr Jean Jones	North Lancashire Council
Cllr Joe Kean	Salford City Council
Cllr Pauline McGuire	Rochdale MBC
Cllr John O'Brien	Wigan MBC, Chair *Making it Better* HSC
Cllr Tony Parkinson	Manchester City Council
Mr David Regan	Director, Manchester Joint Health Unit
Cllr Gladys Sandiford	Rossendale Borough Council
Cllr Eileen Sharrock	Tameside Council
Cllr John Smith	Bury MBC
Ms Katie Spencer	Officer, Stockport MBC
Cllr June Somekh	Stockport MBC
Cllr Patricia Young	Trafford MBC

Community, Health and Social Care Scrutiny Committee, Salford City Council

Mr Russell Bernstein	Scrutiny Support Team
Ms Amanda Carberry	Scrutiny Support Team
Ms Karen Dainty	Scrutiny Support Team
Cllr Christine Gray	Member
Cllr Janice Heywood	Vice Chair
Cllr Joe Kean	Chair
Cllr Bernard Pennington	Chair, Children's Services Scrutiny Committee

Wednesday 28 March 2007
St Mary's Hospital, Manchester
Site visit

Monday 16 April 2007
Wythenshawe Hospital, Manchester
Site visit

Member of Parliament

Mr Paul Rowen	MP for Rochdale

Tuesday 17 April 2007
Healthier Communities Scrutiny Commission, Bury MBC

Cllr Gary Baldwin	Member
Ms Barbara Barlow	Co-operative Member, PPI Chair Bury PCT
Dr Peter Elton	Director of Public Health, Bury PCT
Dr Satinda Lal	General practitioner
Cllr John Smith	Member
Cllr Roy Walker	Member

Health Overview and Scrutiny Committee, Rochdale MBC

Cllr Jane Gartside	Member
Cllr Brenda Kerslake	Member
Cllr Robin Parker	Member
Cllr Linda Robinson	Member
Cllr Paul Rowen	Member (also MP for Rochdale)
Cllr Elwyn Watkins	Member
Mr Andy Zuntz	Executive Director, Rochdale MBC

Rochdale Infirmary
Site visit

Wednesday 18 April 2007
Making it Better Network

Ms Halcyon Edwards	Associate Director of the Network
Ms Leila Williams	Network Director

Directors of Public Health

Mr David Regan	Director, Manchester Joint Health Unit
Dr Eleonor Roaf	Public Health Consultant, Manchester PCT
Dr Sheila Well	Director of Public Health, Heywood Middleton and Rochdale PCT

Patients' Council

Ms Barbara Allen	Member Patients' Council, Rochdale
Mr David Cartwright	Member Patients' Council, Oldham
Ms Liz Hudson	Officer, Patients' Council
Mr Paul Mainwaring	PPI lead and Chair of Patients' Council

Trafford General Hospital
Site visit

Royal Oldham Hospital
Site visit

Monday 23 April 2007
Making it Better Network

Mr Ian McCrae	Network Chair

Midwifery Lecturers of Salford

Ms Brenda Ashcroft	Midwifery Lecturer
Ms Lesley Choucri	Midwifery Lecturer
Ms Sarah Davies	Midwifery Lecturer
Ms Eileen McCullen	Midwifery Lecturer
Ms Ann Walsh	Midwifery Lecturer

Bolton Hospitals NHS Trust

Dr John Dean	Medical Director Bolton PCT
Mr David Fillingham	Chief Executive
Ms Gail Naylor	Divisional Manager Women and Children, and Head of Midwifery
Dr Peter Powell	Associate Medical Director, Women and Children Services

Ms Ann Schenk	Director of Service Development

Rochdale Infirmary
Site visit

Royal Bolton Hospital
Site visit

Stepping Hill Hospital, Stockport
Site visit

Tuesday 24 April 2007
Salford Royal Hospital NHS Foundation Trust

Dr Ravi Agarwal	Consultant Paediatrician
Ms Deborah Carter	Assistant Director of Nursing and Midwifery
Mr Mike Frayne	General Manager, Children's Services
Dr Teresa Kelly	Consultant Obstetrician and Gynaecologist
Dr Jonathan Moise	Consultant Paediatrician
Ms Kathryn Murphy	Consultant Midwife
Dr Mike Robinson	Consultant Paediatrician
Ms Donna Wilson	Matron for Women's Health
Dr Paul Settle	Consultant Neonatologist

Salford Royal Hospital NHS Foundation Trust and Salford PCT

Mr Mike Burrows	Chief Executive, Salford PCT
Mr David Dalton	Chief Executive, Salford Royal Hospital NHS Foundation Trust
Mr Simon Neville	Director of Strategy and Development, Salford PCT

Tuesday 1 May 2007
Members of Parliament

Mr David Chayter	MP for Bury North
Mr David Crausby	MP for Bolton North East
Mr Jim Dobbin	MP for Heywood and Middleton
Mr David Heyes	MP for Ashton-Under-Lyne
Mr Brian Iddon	MP for Bolton South East
Mr Tony Lloyd	MP for Manchester Central
Mr Ian Stewart	MP for Eccles
Mr Graham Stringer	MP for Manchester Blackley

Tuesday 8 May 2007
Members of Parliament

Mr Graham Brady	Altrincham and Sale West
Mr Andrew Stunell	Hazel Grove

Thursday 10 May 2007
Members of Parliament

Ms Barbara Keeley	MP for Worsley
The Rt Hon Hazel Blears	MP for Salford

Heywood Middleton and Rochdale PCT

Dr Latif Ali	Clinical advisor

Mr David Edwards	Non-Executive Director
Dr Musharraf Hussein	Member PACT Professional and Surgical Committee
Mr Ian Mello-Baron	Lead Officer

Members of the public

Mr Roger Chadwick	Rochdale
Mrs Elizabeth Heath	Bacup

Friends of Rochdale Infirmary

Ms Jean Ashworth	Friends of Rochdale Infirmary
Ms Carol Ashworth-Lord	Friends of Rochdale Infirmary
Ms Ann Duckworth	Friends of Rochdale Infirmary
Mr Ashley Durnley	Friends of Rochdale Infirmary
Ms Jennifer Fletcher	Friends of Rochdale Infirmary
Ms Jane Gartside	Friends of Rochdale Infirmary
Ms Vera Hirst	Friends of Rochdale Infirmary
Father Arthur Neary	Chair, Friends of Rochdale Infirmary
Ms Angela Slater	Friends of Rochdale Infirmary

Friday 11 May 2007

Tameside General Hospital

Ms Ann Bickerdike	Head of Midwifery
Mr Tariq Mahmood	Consultant Obstetrician and Gynaecologist

Tribal Secta

Mr Tony Gick	Making it Better Network
Ms Heather Heathfield	Director of Research and Evaluation

Making it Better Network

Mr Peter Rowe	Chair, Network Supervisory Board
Ms Leila Williams	Network Director

Healthy Futures Project Team

Mr Niall Farrell	Project Manager
Ms Lillian Neville	Independent Evaluator
Mr Tim Presswood	Chair of Joint Committee of PCTS

Bury PCT

Ms Janet Taylor	Non-Executive Director

Monday 14 May 2007

North Manchester General Hospital

Site visit

North Manchester General Hospital

Dr Ian Hartopp	Consultant Anaesthetist
Dr Don MacKechnie	Clinical Director, A&E
Dr Egware Odeka	Divisional Medical Director, Women and Children's Division
Dr R Prudham	Clinical Director, General Medicine
Ms Caroline Rice	Clinical Director, Obstetrics
Mr John Saxby	Chief Executive, Pennine Acute Hospitals NHS Trust
Ms Kathy Trinick	Clinical Nurse Manager

Tuesday 15 May 2007

North West Ambulance Service NHS Trust

Mr Tim Butcher	Associate Director for Service Improvement
Mr Delwyn Wray	Area Ambulance Director, Greater Manchester

Local Midwifery Supervisory Authority, Salford

Ms Deborah Carter	Supervisor of Midwives
Ms Lesley Choucri	Lead Midwife for Education, Salford University
Ms Marion Drazick	Local Supervising Authorities Midwifery Officer North West
Ms Halle Hewitt	Supervisor of Midwives
Ms Jeanne Lithgow	Supervisor of Midwives
Ms Cathy Murphy	Supervisor of Midwives
Ms Andre Patnick	Supervisor of Midwives
Ms Anna Sharrock	Supervisor of Midwives
Ms Avril Tomlinson	Supervisor of Midwives

Public and Patient Involvement

Ms Barbara Barlow	Chair PPI, Bury PCT
Ms Irene Divine	PPI member for East Lancashire PCT Forum

Bury MBC

Cllr Wayne Campbell	Leader Bury Council

Fairfield Hospital, Bury

Dr Anton Sinniah	Chair, Senior Medical Staff Committee

Monday 21 May 2007

Bury PCT

Dr Derek Fletcher	Chair
Mr Steve Mills	Chief Executive

Member of the public

Mr Stephen Rennie	Salford

North Manchester Medical Staff Committee

Dr Ian Hartopp	Chair North Manchester Medical Staff Committee

Action for Sick Children

Pam Barnes	Chair

LIFT centre, Wythenshawe

Site visit

Tuesday 22 May 2007

Fairfield Hospital, Bury

Site visit

Department of Obstetrics and Paediatrics, Fairfield General Hospital

Ms Jackie Blease	Unit Manager, Neonatal unit

Dr Bridget Hayden	Consultant Obstetrician and Gynaecologist
Dr Umesh Prabhu	Consultant Paediatrician
Dr Ruth Wakefield	Consultant Paediatrician

Department of Surgery, Fairfield General Hospital

Dr Arthar Basiem	Consultant Gastrolenterologist
Dr Sarah Coulter	Consultant Physician and Dermatologist
Mr D'Zouza	Consultant Surgeon
Dr Neil Haslam	Consultant Gastrolenterologist

Archdeacon of Bolton

Archdeacon John Applegate	Archdeacon of Bolton

Monday 4 June 2007

Trafford General Hospital

Mrs Rosemary Connor	Head of Midwifery
Mr Andy Howard	Commissioning Manager, Trafford PCT
Mr Alwyn Hughes	Divisional Manager, St Mary's Hospital
Ms Gina Lawrence	Acting Director of Commissioning
Dr Tony Nysenbaum	Consultant Obstetrician and Gynaecologist
Mr Martin Wakeley	Deputy Chief Executive

North East Sector Transport Group

Ms Barbara Allen	Patients' Council representative
Mr Neil Foley	Heywood New Heart Community Transport Development Manager
Ms Beverley Gallagher	Greater Manchester Transport Executive
Mr Howard Gott	Rochdale MBC
Mr Paul Mainwaring	Chair, Transport Action Group
Mr Tony Williams	Bury MBC

North Manchester General Hospital

Dr Vivek Sen	Divisional Medical Director, Diagnostics and Clinical Support

Royal College of Midwives

Ms Sue Coates	Regional Officer
Ms Mary Rooney	Lancashire, Cumbria, Manchester

North East Lancashire PCT

Mr David Peat	Chief Executive

Bury Lifeline

Mr Darren Entwistle	Member
Mrs Sharon Entwistle	Member
Mrs Janet Etchels	Member
Dr S Hannay	Chair
Mrs Joanne James	Secretary
Ms Kate Roberts	Member
Mrs Donna Shepherd	Accountant

Tuesday 5 June 2007

Rochdale Infirmary

Dr Mike Finnegan	Secondary care clinical lead for unplanned medicine
Dr Pervais Meed	Consultant Paediatrician
Dr Rupert Smith	Consultant Paediatrician

Healthy Futures Team

Mr Nick Dawes	PEC Chair, Heywood Middleton and Rochdale PCT
Mr Derek Fletcher	PEC Chair, Bury PCT
Ms Celia Gaze	Project Team
Mr Trevor Purt	Lead Chief Executive Chief Executive, Heywood Middleton and Rochdale PCT
Mr Tom Wilders	Director of Strategic Planning, Pennine Acute Hospitals NHS Trust

Heywood Township

Cllr Jacqui Beswick	Member
Ms Marion Corns	Children's Chair
Ms Sheila Hill	Health Chair
Cllr Colin Lambert	Chair

Lancashire Overview and Scrutiny Committee

Mr Tim Omerod	Member
Ms Emma Wilkinson	Member

Wednesday 6 June 2007

Members of Parliament

Mr David Chayter	MP for Bury North
Mr Jim Dobbin	MP for Heywood and Middleton

Friday 8 June 2007

Members of Parliament

The Rt Hon Ruth Kelly	MP for Bolton West
Mr Ian Stewart	MP for Eccles

Wednesday 13 June 2007

Members of Parliament

Mr Brian Iddon	MP for Bolton South East
Mr David Heyes	MP for Ashton-Under-Lyne
Mr Ivan Lewis	MP for Bury South
Mr Tony Lloyd	MP for Manchester Central
Mr Graham Stringer	MP for Manchester Blackley

Thursday 14 June 2007

Bolton PCT

Mr Tim Evans	Interim Chief Executive
Dr Dan Hindley	Consultant Paediatrician
Dr Jan Hutchinson	Director of public Health

Fairfield Hospital, Bury

Dr Michael Saab	Consultant in Emergency Medicine

Making it Better Network

Dr Carol Ewing	Clinical Workforce Lead

Making it Better Network

Dr Anthony Emmerson	Clinical Lead for the Neonatal Network
Ms Halcyon Edwards	Associate Director of the Network
Mr Tony Gick	Consultation Manager
Ms Leila Williams	Network Director

Manchester City Council and partners

Ms Anna Addison	Associate Director of Service Improvements Children Central Manchester and Manchester Children's NHS Trust
Dr Phil Bullen	Clinical Director Obstetrics, St Mary's Hospital
Cllr Basil Curley	Member
Ms Pauline Newman	Director of Children's Services
Mr David Regan	Director, Joint Health Unit
Ms Laura Roberts	Chief Executive, Manchester PCT
Mr Derek Welsh	Director of Human and Corporate Services Central Manchester and Manchester Children's NHS Trust

Staff side representatives

Ms Pat Grant	Unison
Ms Liz McInnis	Amicus
Ms Kathy Parker	Royal College of Nursing
Ms Mary Rooney	Royal College of Midwives

Appendix Eight

Information made available to the Panel

Supporting papers

Paper	Title
1	Healthy Futures-Consultation on the future of healthcare in the north east of Greater Manchester January 2006
2	The Healthy Futures Consultation: Consultation Assessment Report. Report for consideration by the Healthy Futures Joint Committee of Primary Care Trusts. September 2006
3	Membership of the Special Review Panel established by the North East Sector Strategic Board
4	Response to the Joint Overview and Scrutiny Committee's report on its report on the reconfiguration of health services in the north east of Greater Manchester (May 2006)
5	Joint Overview and Scrutiny Committee for Healthy Futures-response to the NHS proposals for the reconfiguration of health services in the north east sector of Greater Manchester (May 2006)
6	East Lancs. Review (Meeting Patients Needs)-impact on patients flows
7	Summary of the University of Salford's Final Report on the Public Response to the Healthy Futures Consultation (July 2006)
8	Summary of the Department of Health's White paper 'Our Health, Our Care, Our Say: A new Direction For Community Services (2006)
9	Healthy Futures Consultation-Final report to the north east Greater Manchester PCTs and Pennine Acute Hospitals NHS Trust-Incorporating a robust strategic workforce model into reconfiguration proposals-John Sargent, Workforce Development Consultants (August 2006)
10	Frequently Asked Questions in relation to the Healthy Futures Programme
11	Travelling Distances Review-Healthy Futures patients Council (August 2006) and Transport Action Plan
12	The proposed model for Rochdale Infirmary
13	Analysis of Acute (Emergency Surgery), Pennine Acute Hospitals NHS Trust
14	Impact of the healthy Futures proposals on patient flows to other hospitals
15	Healthy Futures Service Reconfiguration-Financial option Appraisal Report-Tribal Secta
16	The Health of the Population of the North East Sector: A Summary Analysis
17	Proposals for examining health equity concerns expressed through Healthy futures consultation process
18	Hospital Site Selection and Appraisal Process (web doc)
19	Healthy Futures-Summary Consultation Document
20	Emerging Vision for Future Health Services-the north east of Greater Manchester-IRP initial advice
21	Referral letter and supporting information to SofS from Rochdale MBC on behalf of the Rochdale HOSC
22	SofS letter to Roger Ellis, C/E of Rochdale MBC, 21st Feb 2007
23	SofS letter to Peter Barrett, 21st Feb 2007
24	SofS letter to Peter Barrett, 8th March 2007-Terms of Reference
25	IRP Template
26	NE Sector Visioning-'Emerging vision for future health services NHS
27	Evaluation-Have your say responses
28	Best for Health-Healthy Futures programme
29	Joint Overview and Scrutiny Committee Report
30	Joint Health Overview and Scrutiny Committee for Healthy Futures Final Minutes January 2007
31	Final Report for DDV5
32	Report-NE Sector NHS Reconfiguration Programme
33	Staffing Issues-Urgent Care Centre-May 2007
34	Letter-Michael Saab 23rd May 2007
35	Letter-Beverley Griffiths 10th May 2007
36	Letter-Jennifer Fletcher 10th May 2007
37	Letter-Archdeacon of Bolton 12th April 2007
38	Letter-Anton Sinniah 12th March 2007
39	Statement to the IRP on behalf of the North Manchester Medical staff Committee 12th April 2007
40	Joint Committee of Primary Care Trusts Decision Making Meeting Minutes 14th September 2006

41	Joint Committee of Primary care Trusts Public Meeting Minutes 20th October 2007
42	Joint Committee of PCTs Public Meeting Minutes 17th November 2006
43	Joint Committee of Primary care Trusts Meeting 5th January 2007
44	North East Sector of Greater Manchester Reconfiguration Programme Position Paper
45	Judicial Review Claim-summary grounds paper 19th January 2007
46	Newsletters-Your chance to have your say Jan-March 2005
47	The Case for Hospital Reconfiguration Not Proven-The Response to the IPPR's Future Hospital March 2007
48	Report Commissioned by Rochdale Borough Council re: The Healthy Futures and Making it Better Proposals for Health Services in Rochdale. May 2007
49	Hospital Site selection-Estates and Facilities
50	Report of the current and future workforce issues in the north east of Greater Manchester
51	Notes on a meeting held between representatives of Pennine Acute Trusts and clinicians in Chorley Hospital. December 2006
52	Information report provided to IRP June 2006 by the Healthy Futures Project Director
53	Strengthening Local Services: The Future of the Acute Hospital (March 2006) The Report of the National Leadership Network Local Hospitals Project
54	Keeping the NHS Local: A New Direction of Travel. DH 2003
55	LIFT Centres in north east of Greater Manchester February 07
56	Health Overview and Scrutiny Special Meeting 9th February 2006
57	Compatibility and Coordination of the Provisional Decisions of the Healthy Futures and Making it Better Consultations, Paper for Healthy Futures Joint PCT Committee 5th January 2007
58	Making it Better: Making it Real-Consultation Document and supporting leaflets

Responses to the IRP Enquiry Line (emails and telephone calls) Covers *Making it Better* and *Healthy Futures* reviews

1	Ms V Time
2	Mrs Joyce Whyatt
3	Mr Cooper, Dukinfield
4	Mr George Knight, Littleborough
5	Ms Marion Drazek
6	Mr and Mrs Fitton, Castleton, Rochdale
7	Mrs Crompton, Bolton
8	Mrs Ward, Patricroft
9	Mrs Higginson, Bolton
10	Ms Block
11	Mr Keylock, Littleborough
12	Mr Derek Cohen
13	Mrs Baligac, Rochdale
14	Ms Beverley Walkden
15	Cllr Lambert, Rochdale
16	Dr Ian Hartopp, Chair, North Manchester Medical Staffing Committee
17	Mr Neil Anderson, Superintendent Registrar for Rochdale Borough
18	Mrs Elizabeth, Bacup
19	Mr Stephen Mills, Chief Executive Bury PCT
20	Mr Andrew Bradbury, Consultant Paediatrician, South Manchester University Hospitals NHS Trust
21	Mr John Andrews, Rochdale
22	Ms Sue Curzon, Manchester PCT
23	Mr Peter Morris, Chief Executive, South Manchester University Hospitals NHS trust
24	Mr Ken Boardman
25	Ms Christine Green
26	Mr Tom Wilders, Pennine Acute Hospitals NHS Trust
27	Mr Roger Chadwick, Rochdale
28	Ms Jackie Hayden, North Western Deanery
29	Mrs Rachel Schwarz, Salford
30	The Rev'd Arthur Brockbank, Bury
31	Ms Judy Isherwood, Bury
32	Mr Michael Revers
33	Mr Stephen Rennie
34	Ms Andrea McEwen
35	Ms Helen Russell
36	Ms Barbara Buckley, Rochdale
37	Mr B DeSousa, Consultant Surgeon, Fairfield General Hospital
38	Cllr W Campbell, Leader Bury Council
39	Ms Barbara Barlow
40	Mr Nick Samuels
41	Mr Cooper, Dukinfield
42	Mrs Garner
43	Ms Beverley Griffiths, Nurse Manager, Rochdale Infirmary
44	Mr Michael Saab, Consultant in Emergency Medicine, Fairfield Hospital Bury
45	Mr Colin and Ns Carolyn Smith,

Letters received from members of public relating to Rochdale Infirmary and the *Making it Better* and *Healthy Futures* reviews

1	Kathleen Marlow, Littleborough
2	S McLaren - no address given
3	Joseph Hill, Rochdale
4	Marilyn Jackson – no address given
5	Mr S and Mrs M Abdulla, Littleborough
6	Eveline Ward, Rochdale
7	Mr G and Mrs J Masters, Rochdale

8	Lisa Hardman, Littleborough
9	Mr R and Mrs M Williams – no address given
10	Eva and Cyril Mansley, Rochdale
11	Mrs M Algen, Rochdale
12	Eileen and Clifford Ashton – no address given
13	PJ Misella, Littleborough
14	Kim Wakefield, Rochdale
15	Joan M Schofield – no address given
16	S Bowler, Rochdale
17	S A Fleming, Rochdale
18	KM and R Chetham – no address given
19	Linda Fern, Rochdale
20	E Miller, Littleborough
21	Eric B Haigh, Rochdale
22	Gordon Hall, Littleborough
23	B and J Snape, Rochdale
24	Margaret Shaw, Rochdale
25	Mr Y Yuinn, Littleborough
26	Mrs R Wells, Rochdale
27	R & B Mc Connell, Rochdale
28	K Solomczak, Rochdale
29	HM Travid, Rochdale
30	A & J Wolfenden – no address given
31	Mr & Mrs Akhtar, Rochdale
32	C Murphy, Rochdale
33	B Hindle, Rochdale
34	DM Butterworth – no address given
35	Joanne Wilson, Rochdale
36	Mr D Ogden, Rochdale
37	Rosemary Ratcliffe, Littleborough
38	Mrs M Taylor, Rochdale
39	Mrs JA Maher, Rochdale
40	Audrey Longden, Rochdale
41	V Connor, Rochdale
42	Donald Cryer, Littleborough
43	R Grant, Littleborough
44	Janet Kulbat, Rochdale
45	Peter Howard, Rochdale
46	I Mayne, Rochdale
47	L Edouardes, Rochdale
48	A Naveen, Rochdale
49	Mr & Mrs Williams, Littleborough
50	Audrey Beaumont, Littleborough
51	Zeenat Begu, Rochdale
52	Fateh Alam, Rochdale
53	Ed Cooper, Littleborough
54	Alan Kershaw, Rochdale
55	S & A White, Littleborough
56	Mrs A Mackin, Rochdale
57	R Leatham & Colin , Rochdale
58	Paul ?, Rochdale
59	Mr & Mrs Taylor, Rochdale
60	Mrs L Shedden, Littleborough
61	N & J Beresford-Dent, Littleborough
62	Pamela Howarth, Littleborough
63	Sheila Byrne, Littleborough
64	K Whitam, Rochdale
65	Dilys Kershaw, Littleborough
66	A Law, Rochdale

67	Z Bruce, Rochdale
68	K J Kibble, Rochdale
69	Mr & Mrs Toye, Rochdale
70	D & C Baron, Milnrow
71	A Gale, Whitworth
72	Mr & Mrs Teale, Rochdale
73	P & T Dewhurst, Rochdale
74	C Davenport, Littleborough
75	A Ballson, Littleborough
76	A & K Crossley, Rochdale
77	N Jain, Rochdale
78	Patrick & John Herbert, Rochdale
79	M Miskella, Littleborough
80	Margaret Bateson, Littleborough
81	B Binns, Rochdale
82	M & N Miah, Rochdale
83	Sugra Begum – no address given
84	Akhtar Hussain – no address given
85	Zabir Hussain – no address given
86	Charles Mottley, Rochdale
87	Jane & Jack Heaton – no address given
88	V L Kinklater – no address given
89	D Brown, Rochdale
90	P Greenwood, Rochdale
91	F & A Gregory, Rochdale
92	Anonymous, Rochdale
93	Mary Rowan, Rochdale
94	D Palfrey, Rochdale
95	H & P Mannion, Rochdale
96	S Whittle, Rochdale
97	Mr & Mrs Twist, Rochdale
98	G Watson, Rochdale
99	Elsie Clough, Rochdale
100	GB Young, Rochdale
101	M Whatmough – no address given
102	P & K Heaton, Rochdale
103	R Massey, Littleborough
104	E Ford, Littleborough
105	J Emerson, Littleborough
106	G Harris, Rochdale
107	H Jones, Rochdale
108	Mr & Mrs Parkhill, Rochdale
109	P & N Baron, Rochdale
110	G & P O'Brien, Rochdale
111	Mr & Mrs R Lees, Rochdale
112	D & W Pollitt, Rochdale
113	G & B Taylor – no address given
114	M Hartley, Rochdale
115	Jane Hanson – no address given
116	P Gilligan, Littleborough
117	Mr & Mrs J Pinder, Rochdale
118	Mrs A Buckley, Rochdale
119	D & Y Thompson, Rochdale
120	John Huntbach, Rochdale
121	Bernard McDevitt, Rochdale
122	Isobel Mills, Rochdale
123	Patricia Fisher, Rochdale
124	S Hands, Rochdale
125	M Taylor, Littleborough

126	Linda, Leonard & Bruce Kane, Rochdale
127	GR Jones, Milnrow
128	L Gregory, Rochdale
129	D Kissad, Rochdale
130	Phyllis Jackson, Rochdale
131	R & M Wilson – no address given
132	LA Lock, Rochdale
133	Jean Deri, Rochdale
134	K Bispham – no address given
135	Anne Lamb – no address given
136	R Greenwood, Littleborough
137	Basil Harrison, Littleborough
138	A Gregory, Rochdale
139	L & MS Thornley – no address given
140	Norma Oddy, Rochdale
141	Kathleen Birtwistle, Littleborough
142	Fazal Hussain, Rochdale
143	Ulfat Begu, Rochdale
144	E Ashworth, Rochdale
145	P & M Shackleton, Rochdale
146	P Dale, Rochdale
147	Marion Pearce, Rochdale
148	D & V Williamson, Rochdale
149	C Cadman, Rochdale
150	Patricia Chidgey , Littleborough
151	Joan Mason, Rochdale
152	A Hudders – no address given
153	M & G Fargher, Littleborough
154	D Daveron, Rochdale
155	Sister M Maguire, Rochdale
156	B Vernon, Rochdale
157	Sister C Fitzpatrick, Rochdale
158	F Allen, Rochdale
159	M & E Frames, Rochdale
160	Anne Mallinson, Rochdale
161	John Kaye, Littleborough
162	M Ridgway, Milnrow
163	J Shackleton, Rochdale
164	Mr & Mrs Nicholson, Rochdale
165	J Wild, Littleborough
166	J Greevh, Littleborough
167	John Lemonofides, Littleborough
168	Edith Houghton, Rochdale
169	Paul Ingham, Rochdale
170	D Bateson, Littleborough
171	Mr & Mrs Mottram, Rochdale
172	B Maher, Rochdale
173	W & T Nicholson, Rochdale
174	D McKinnie, Milnrow
175	Father Neary, Littleborough
176	Peter Lewis – no address given
177	A Dadd, Rochdale
178	L & V Sulcas, Rochdale
179	H Vidic, Littleborough
180	E Park, Rochdale
181	E Wild, Rochdale
182	G & W Whitehead-Holt, Rochdale
183	I & C Rawstron, Rochdale
184	Sir Cyril Smith, Rochdale

185	Sarah Bell, Littleborough
186	MH Slade, Rochdale
187	TJ Farrelly, Littleborough
188	T Rawlinson, Rochdale
189	Michelle Anchor, Littleborough
190	S&P Howarth, Rochdale
191	J & D Pitchforth, Littleborough
192	J Nuttall, Littleborough
193	D & B Rickett, Rochdale
194	J Ricketts, Rochdale
195	L Shepherd, Littleborough
196	G & E Shepherd, Littleborough
197	V Shepherd, Littleborough
198	B Glynn, Rochdale
199	Dorothy Travis, Littleborough
200	Mr & Mrs G Hoyle, Rochdale
201	Lily Jones – no address given
202	Belinda Baron – no address given
203	Kenneth Wilson, Rochdale
204	Lynn Powell, Rochdale
205	Kenneth Wood, Rochdale
206	E Kershaw, Rochdale
207	Emma Linklater, Rochdale
208	M Barker, Rochdale
209	Y & F Kirby, Rochdale
210	Janice Forrester, Rochdale
211	CJ Leonard, Rochdale
212	V Daniels, Littleborough
213	JR Dyer, Littleborough
214	Mr & Mrs Lawler, Littleborough
215	E Hudson, Littleborough
216	Bodrul & Jahanara Begum, Rochdale
217	Caron Clegg, Rochdale
218	Eric Fletcher, Rochdale
219	MJ Steeple – no address given
220	Roy & Brenda Finnigan, Rochdale
221	Deborah Fitton, Littleborough
222	L & H Clarke, Littleborough
223	CR & N Black, Rochdale
224	S Maxon, Rochdale
225	BJ Donovan & Family, Rochdale
226	K & S Boardman, Rochdale
227	Mr & Mrs Iqbal, Rochdale
228	G Lightfoot, Rochdale
229	J & O Brennan, Rochdale
230	M & D Binns, Littleborough
231	B & D Pride, Littleborough
232	Robert Brierley, Rochdale
233	D Kirkham, - no address given
234	MS Hussain – no address given
235	Anthony Smith, Rochdale
236	V Hughes, Rochdale
237	B McKeon, Rochdale
238	C Pickston, Rochdale
239	V Ash, Oldham
240	L & B Hoyle, Rochdale
241	Gerard Booth, Littleborough
242	T Hartnell-Booth, Littleborough
243	R Middlemass, Rochdale

244	Donna Greer, Rochdale
245	Simon Darnbrough, Rochdale
246	A Fellingham on behalf of 200 members of Littleborough Area Pensioners Assoc.
247	D Collins, Littleborough
248	J & B Roberts, Littleborough
249	S & N Ahmed, Rochdale
250	Doreen Collins, Littleborough
251	L & T Bolton, Rochdale
252	G Bracegirdle, Rochdale
253	E Dewhurst, - no address given
254	RM & L Slater – no address given
255	MJ Slater – no address given
256	Mark & Helen Johnstone, Rochdale
257	G Hogan, Rochdale
258	3 letters – signatures indecipherable – no addresses given
259	JM Carr, Rochdale
260	S Sharp, Littleborough
261	S Gannon & Family, Littleborough
262	B, B & S Leach, Littleborough
263	C Earnshaw, Rochdale
264	M Taylor, Rochdale
265	H & J Williamson, Littleborough
266	H Meadowcroft, Rochdale
267	K & A Gilbert, Rochdale
268	L Knibb, Rochdale
269	E Renshaw, Littleborough
270	BPM Scott, Littleborough
271	A Crabtree, Rochdale
272	E Wercholer no address given
273	R Lord, Littleborough
274	Gary Simpson, Rochdale
275	H Bevan, Littleborough
276	M & H Yates, Rochdale
277	Irene Tenny, Rochdale
278	D Britton, Rochdale
279	S & D Humphreys, Littleborough
280	Mr & Mrs Griffiths, Rochdale
281	Mrs J Williams, Littleborough
282	H & G Stevenson, Rochdale
283	J Quigley, Rochdale
284	B Smith, Littleborough
285	J Haiglerty Rochdale
286	TL Fleming, Rochdale
287	D & E Hardman, Rochdale
288	G Pinder, Rochdale
289	W & E Needham, Rochdale
290	G Penson, Rochdale
291	E Hull, Rochdale
292	P & R Stock, Rochdale
293	2 letters – signatures indecipherable – no addresses given
294	T Parfitt, Littleborough
295	Lesley Bickerdike, Rochdale
296	Michelle Tattersall, Littleborough
297	Kathryn Stocks, Rochdale
298	L Murphy, Rochdale
299	SA Gill, Rochdale
300	J Kershaw, Littleborough
301	K Doherty, Rochdale
302	A Wilson, Rochdale

303	Cherry Simpson, Rochdale
304	Anonymous, Rochdale
305	S Bamford, Rochdale
306	Pauline Chick, Rochdale
307	Jill Highton, Rochdale
308	D Moore, Rochdale
309	A Gregory, Littleborough
310	E Charlesworth, Oldham
311	Carol Shellard, Rochdale
312	L Taylor, Rochdale
313	L Smith, Rochdale
314	K Mahmood & M Khawar, Rochdale
315	I Newton, Littleborough
316	D Blanthorn, Rochdale
317	M Gregory, Littleborough
318	Mr & Mrs Cooper, Littleborough
319	J V &E Creagh, Littleborough
320	L Franz, Rochdale
321	GF Taylor, Rochdale
322	M & R Riley, Littleborough
323	Brian Matthew, Rochdale
324	SJ Ashworth, Littleborough
325	Anonymous, Littleborough
326	Gordon Hall, Rochdale.
327	P Ashcroft, Rochdale
328	B Chappell, Rochdale
329	J Kelly, Rochdale
330	C & D Wallwork, Littleborough
331	Mr & Mrs Podmore, Rochdale
332	PV Slough – no address given
333	K Winterbottom, Rochdale OL16 4RJ
334	J Borg, Rochdale
335	SL Harrison, Rochdale
336	T Davies, Rochdale
337	R Grogan, Rochdale
338	Sheila Edge, Littleborough
339	Mr & Mrs F Allen, Rochdale
340	A Ward – no address given
341	David Earnshaw, Rochdale
342	C & J Lees, Littleborough
343	G Liddell, Rochdale
344	Mr & Mrs White, Rochdale
345	Andrew Bury, Littleborough
346	B Lewis & W Lemmy, Rochdale
347	Catherine Rigby, Rochdale
348	A & C Donoghue, Rochdale
349	S & M Buckley, Rochdale
350	F & J Matthew, Rochdale
351	D & L Whittle, Rochdale
352	M Fuller - no address given.
353	Zoe Snape & Matthew Wood, Rochdale
354	Jean Ashworth, Rochdale
355	B Greer, Rochdale
356	J Chadwick, Rochdale
357	Kathleen &Rebecca Martin, Littleborough
358	D Beech – no address given
359	Eunice Wilson, Rochdale
360	Mr & Mrs Lloyd, Rochdale
361	Pauline Greenwood, Rochdale

362	Denise Worrall, Rochdale
363	M Ashton, Rochdale
364	Nellie Holroyd, Rochdale
365	Ann Naylor, Rochdale
366	Stella Devaney, Rochdale
367	Mrs B Lloyd, Rochdale
368	MG & J Moran – no address given
369	C Moran – no address given
370	Mary Thorpe, Rochdale
371	William Hopkins, Littleborough
372	A Parkinson – no address given
373	D Paul – no address given
374	G Eastwood & N Ashworth, Rochdale
375	G & D Jones, Rochdale
376	Frank Wood, Rochdale
377	E Rothwell, Rochdale
378	Sister Philomena O'Malley – no address given
379	Jane M Byrne, Littleborough
380	H Davies, Rochdale
381	Andrew Abraham, Rochdale
382	Denise Frain, Rochdale
383	P & J Daly, Rochdale
384	DJ & J Wright, Littleborough
385	S & J Gallagher, Rochdale
386	J & K Mellor – no address given
387	S Holt, Rochdale
388	S Edmundson, Rochdale
389	CA Pattinson, Littleborough
390	M & B Edmondson, Littleborough
391	G Ashworth, Littleborough
392	M Hussin, Rochdale
393	B Deemer, Rochdale
394	DC Jackson – no address given
395	Ferdinand Reyes, Rochdale
396	ST Taylor, Littleborough
397	A Marshall, Rochdale
398	A Farden, Littleborough
399	Caroline Guy, Littleborough
400	D Pickles, Rochdale
401	N Meeridan, Rochdale
402	C Chadwick, Littleborough
403	T Kavanagh, Littleborough
404	Emma Cudgeon, Littleborough
405	Karen Bowker, Rochdale
406	Mr & Mrs Gibbons, Littleborough
407	Mr & Mrs Buckley, Rochdale
408	Mr & Mrs Clarke, Littleborough
409	M Tahir, Rochdale
410	E Grindrod, Rochdale
411	June Exon, Rochdale
412	Mr & Mrs Holt, Rochdale
413	R Lees, Rochdale
414	Sheila Church, Littleborough
415	T Bradbury & P Crossley, Rochdale
416	Mr & Mrs Holland, Rochdale
417	A Shepherd, Rochdale
418	B Fallows, Littleborough
419	A Watson, Rochdale
420	M & JP Morgan, Rochdale

421	S Kausaur, Rochdale
422	I Niah, Rochdale
423	A Al-Qasmi, Rochdale
424	R & M Brown, Rochdale
425	E Matthews, Rochdale
426	ET Marshall, Rochdale
427	A Gaskell, Rochdale
428	Janet Hewitt & Jonathan Lynch, Rochdale
429	C & J Ray, Rochdale
430	B & K Hazlehurst, Rochdale
431	R & M Walton
432	M Taylor, Rochdale
433	Mrs A Wildblood, Rochdale
434	M Kelsh, Rochdale
435	RG Potts, Littleborough
436	Mr & Mrs Hartley, Rochdale
437	Lance Steel, Rochdale
438	D Briscoe, Rochdale
439	B Chamberlain, Rochdale
440	G & D Cook, Rochdale
441	Jill Greenwood, Littleborough
442	G & J Smith, Rochdale
443	K & B Ford, Rochdale
444	V Pidliswyj, Rochdale
445	N Shinwell, Rochdale
446	David Barlow, Middleton, Manchester
447	Enid Smith, Rochdale
448	C&E Howarth, Rochdale
449	P Knowles – no address given
450	S White, Littleborough
451	Anonymous
452	Margaret Uttley, Rochdale
453	David Harding, Rochdale
454	P Brazendale, Littleborough
455	David Hall, Littleborough
456	G. Stock, Rochdale
457	V Natlock – no address given
458	R Nuttall – no address given
459	M Pasha, Rochdale
460	Mr John and Ms Pamela Radcliffe, Rochdale
461	Copy of letter from Rev Fr A Neary to Rt Hon Gordon Brown MP
462	Miss Claire Morris, Rochdale

Appendix Nine

Panel membership
(as at 8 March 2007 when terms of reference for
Making it Better and *Healthy Futures* referrals were agreed)

Chair

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

Members

Sanjay Chadha	Trustee, Multiple Sclerosis (MS) Society Justice of the Peace
Nicky Hayes	Consultant Nurse for Older People at King's College Hospital NHS Trust Clinical Director of the Care Homes Support Team
Nick Naftalin	Emeritus Consultant in Obstetrics and Gynaecology at University Hospitals of Leicester NHS Trust Former member of the National Clinical Governance Support Team
Ray Powles	Emeritus Professor of Haematological Oncology Institute of Cancer Research Former Head of Haemato-oncology, the Royal Marsden Hospital
Paul Roberts	Chief Executive Plymouth Hospitals NHS Trust
Mark Santer	Former Bishop of Birmingham Non-executive member of University Hospital Birmingham NHS Trust Board
Gina Tiller	Tutor for the University of Northumbria and for the TUC Chair of Newcastle PCT

Administration

Tony Shaw	Chief Executive
Martin Houghton	Secretary
Chris Howgrave-Graham	Consultant
Nick Savage	Consultant

Appendix Ten

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