

IRP

Independent Reconfiguration Panel

*ADVICE ON PROPOSALS FOR CHANGES TO
HEALTHCARE SERVICES FOR CHILDREN, YOUNG
PEOPLE, PARENTS AND BABIES IN GREATER
MANCHESTER, EAST CHESHIRE, HIGH PEAK
AND ROSSENDALE*

APPENDICES

Submitted to the Secretary of State for Health

26 June 2007

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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 Secretary of State for Health from Cllr Joe Kean

Salford City Council

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

Date: 26 January 2007

Dear Secretary of State

Referral to the Secretary of State by the Community, Health and Social Care Scrutiny Committee, Salford City Council

At its meeting on 24 January 2007, the Community, Health and Social Care Scrutiny Committee agreed unanimously to refer to you the decision of the Joint Committee of Primary Care Trusts (PCTs) to approve option A, in respect of 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.

This referral is made in accordance with Section 7 of the Health and Social Care Act 2001. Members consider that the proposals are not in the best interests of local health services.

Outlined below are the grounds on which the referral is made and the chronology of events.

1. Context

The Community, Health and Social Care and Children’s Services Scrutiny Committees of Salford City Council have met jointly on a number of occasions over the past two years to consider the Making it Better proposals. They invited evidence from a wide range of professionals/organisations to ensure an

evidence based response to the consultation. Details of meetings are outlined below:

15 March 2005: Presentation by the Children and Families Network Director, officers from Salford PCT and Acute Trust outlining drivers for change and possible future model for services

14 September 2005: Pre consultation phase. Presentation by Salford PCT representative in order for members to respond to the Making it Better Joint Health Scrutiny Committee

Consultation phase

11 January 2006

8 February 2006

3 March 2006

7 March 2006

Members received evidence on the above dates from the following people:

Strategic Director of Children’s Services Salford City Council
Lead Member for Children’s Services Salford City Council
Strategic Director of Community, Health and Social Care, Salford City Council
Lead Member for Community, Health and Social Care, Salford City Council
Chief Executive – Salford Primary Care Trust
Chief Executive - Salford Royal Hospitals NHS Trust
Chief Executive - Bolton Hospitals NHS Trust
Leader of Salford City Council
Officers from Salford Primary Care Trust regarding the public consultation.
PPI Forum

Throughout this process, members have always indicated their support for and understanding of the need for change. They produced a report in response to the consultation and to inform the response of the Making it Better Joint Health Scrutiny Committee. Members recommended that option C should be supported on the following grounds:

- All 4 original options for change in the consultation document were considered safe, equitable and feasible. No evidence was presented which suggested the “preferred” option A was any more so than the others.
- Why close the Midwife Led Unit (MLU) at Hope Hospital when it is one of only 3 in the review area? Why not build on the current excellent provision and established expertise of a leading midwife led birth centre at Hope Hospital? Option C would build on existing services at Hope in respect of the MLU and Neonatal Intensive Care Unit (NICU) meaning these would not need to be developed from scratch.

- Removing the MLU would take away choice for the people of Salford and the Greater Manchester conurbation. The only “choice” would be a home birth in Salford or hospital birth elsewhere in the conurbation. This seems perverse because the MLU is a successful unit which has doubled its intake of low risk women over the last couple of years.
- Members saw no evidence to support the relocation of the NICU to Bolton. The current model of care at Hope, with maternity, MLU and NICU, provides safe and effective services.

A copy of the full report is attached at appendix A for your information.

10 January 2007: Members of the Children’s Services and Community, Health and Social Care Scrutiny Committees received feedback from the Children, Young People and Families Network on the decision taken by the Making it Better Joint Committee of PCTs on 8 December 2006. Members felt that the issues raised in their previous response had not been addressed and in addition they expressed concerns about the process by which the eventual decision was taken.

Members present recommended that the Community Health and Social Care Scrutiny Committee refer the proposals to the Secretary of State, in accordance with Section 7 of the Health and Social Care Act 2001. Members considered that the proposals were not in the best interests of local health services.

2. Criteria: Safety, Feasibility and Equity

The reconfiguration options in the Making it Better proposals were assessed around the criteria of safety, equity and feasibility. All of the original 4 options in the consultation document were evaluated as safe, equitable and feasible.

Safe

- Members believe that the current model of care at Hope, with maternity services, a co-located MLU and NICU, provides safe and effective services. The Trust’s established expertise in neonatal and maternity services together with its record of working in partnership with other organisations provides the necessary credibility and confidence that is well placed to offer services for the future. Members are concerned that the Joint Committee of PCTs did not believe it appropriate to take account of “existing performance ratings and expertise” when taking their decision.
- The Maternity Network’s stated aim, as presented in a report to the Joint Committee of PCTs on 8 December, is “to develop obstetric units, together with co-located midwife-led units....” This is the current model at

Hope Hospital, but there is no guarantee under option A that this model will be replicated elsewhere. We believe this constitutes reduced choice for Salford women in terms of the option of a midwife led birth.

- An independent review of Neonatal Medicine: Intensive and High Dependency Care for the Greater Manchester, East Cheshire and High Peak Children and Families Network Board, which reported in February 2005, states:

“The DH Expert Working Group advised that there is no requirement for the “very largest neonatal centres” to be adjacent to paediatric units. In this respect Hope Hospital therefore remains a viable option”

And

“In terms of which sites should provide specialist neonatal care it is sensible to build on the existing, well-established and accredited units at St Mary’s and Hope Hospital. There is no evidence from the service user, clinical or commissioning perspectives, or published audits available to this review that either of these two established services should be moved from the two existing hospital sites.”

Members are concerned that this report was never considered by the Joint Committee of PCTs, as we consider it to be material to the debate.

- Salford’s unique range of specialist services enables it to support high-risk maternity cases involving neurosciences, renal, and endocrinology. About 120 pregnant women every year with brain, kidney and endocrine problems are looked after by specialists at Hope Hospital working in multi-disciplinary clinics. Members are concerned that this level of service will not be provided in the future.

Feasible

- Hope Hospital currently provides co-located NICU, maternity services and MLU. We understand that the establishment of a NICU at Royal Bolton Hospital would require capital investment of £5 million. We feel there is potential for this money to be invested elsewhere.
- We understand that the future capacity for neonatal and maternity services at Hope Hospital meets the safety standards required.
- Retaining these services at Hope Hospital would provide a quicker and more cost effective option.
- The analysis of the all the options presented to the Joint Committee of PCTs on 8 December included financial costs estimated for each option in terms of new capital investment and ongoing revenue costs. The committee agreed to option A which, based on the figures presented, costs between £1m and £2m more than option C. The scrutiny committee is concerned that the Joint Committee of PCTs took no account of the cost difference between options A and C in making its decision and

effectively committed the additional revenue spend without evaluating any equivalent benefits provided by option A against this cost.

- The closure of Hope Hospital will mean that none of the students based at Salford University will get a chance to experience providing midwife led, less medicalised, birth centre care. Currently this is an extremely valuable aspect of the education provided at Hope for student midwives and student midwives based at other units spend time on free allocation there to experience this type of care provision.

Equitable

- Salford has a large proportion of residents who don’t have access to a car (39.2%) and this will undoubtedly cause significant problems in accessing services in Bolton or Manchester. The removal of the obstetric services at Hope Hospital would therefore have a significant detrimental impact, not only on the mother but on the extended family in respect of making visits.
- Whilst members acknowledge that travel distances from certain parts of Salford to alternative sites may be relatively short, they are very concerned that the issue of congestion has not been taken into account, particularly for journeys into North or Central Manchester. Indeed, reports to the Joint Committee of PCTs, indicate that “during the peak period travel times, the journey to central Manchester is likely to take longer, and....it is not known to what extent this would change patient flows and alleviate the pressure of demand for CMMC.”
- In addition the time of day used to provide peak travel times across the conurbation was 9am. It is felt that this should have been 7am as rush hour begins to build from 7am and starts to ease at 9.30am.
- In some areas of Salford people would encounter extreme difficulty travelling to Bolton, for example, residents of Irlam and Cadishead. We understand that under option A, the assumption has been made that the nearest available services for this population would be at Warrington General Hospital. However, in its response to the Joint Health Scrutiny Committee, the Joint Committee of PCTs states that “It is considered unlikely that the Making it Better proposals would affect the flow of patients to Warrington General Hospital...” which would appear to contradict previous information.
- Hope Hospital offers choice to people in Trafford and Bury through proximity to the Metrolink service. Accessibility to Hope is also good for other areas due to its excellent motorway links.
- Salford has particularly high levels of low birth weight babies. Greater emphasis should have been given to the comparative number of low birth

weight babies for a given population when deciding on the siting of neonatal intensive and high dependency care.

3. Process followed for making the final decision

Members believe that the process followed by the Joint Committee of PCTs in making their final decision was fundamentally flawed, for the following reasons:

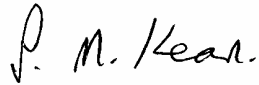
- Hope was not included in the original options when considered at the first meeting of the Joint Committee of PCTs in November 2005. At the next meeting in December 2005 it was included as a “sub-optimal” option. However during the proceedings of the Joint Committee meeting on 8 December 2006, the Committee accepted that it had previously agreed to include option C and acknowledged that on that basis it could be considered as ‘safe’. Dr Anthony Emerson, the specialist clinical advisor to the network team stated that it was feasible clinically to adopt option C. The conclusion to be drawn from that statement is that option C (and therefore the provision of obstetrics and a MLU coterminous with neonatal intensive care) is clinically safe.
- The Joint Committee of PCTs agreed a model of care based on the **need** for co-location of services (consultant obstetrics, in patient paediatrics and neonatal intensive care). This was not made clear during the consultation process and we believe that the model of co-location at Hope Hospital (consultant obstetrics, neonatology and MLU) is no less safe.
- The Joint Committee of PCTs took the decision using a step by step elimination process. Option C was eliminated at this first stage because the criterion of co-location was elevated above all others. The other factors around equity and feasibility were consequently not taken into consideration.

The scrutiny committee understands that on the grounds of equity the Joint Committee of PCTs was advised that there is no material difference between the options and that this factor would not determine the final outcome. However on consideration of feasibility there are two salient areas, which do differentiate the options. First, on grounds of cost, where option A is more expensive than option C (and most other options). Secondly on setting an appropriate minimum and maximum number of births for each future site. Having set a benchmark of 3000 as a minimum number of births, the committee selected a sub optimal option in option A. Under option A sites in Wigan and Tameside would deliver fewer than 3000 babies annually. Option C results in only the Wigan site falling below this threshold.

A balancing of factors should have been looked at prior to making the decision, allowing all options to be examined across all criteria. This would have enabled a cost benefit approach allowing for any perceived benefits in option A to be measured against the additional cost required - in effect a value for money test.

I look forward to your response to this referral. Should you require any further information, please do not hesitate to contact me.

Yours sincerely,

A handwritten signature in black ink that reads "P. M. Kean". The signature is written in a cursive style with a large initial 'P'.

Councillor Joe Kean
Chair, Community, Health and Social Care Scrutiny Committee

appendix A

Submission to the Making it Better Joint Health Scrutiny Committee by the Children’s Services and Community, Health and Social Care Scrutiny Committees of Salford City Council

In response to the Consultation on the changes to Healthcare Services for Children, Young People, Parents and Babies in Greater Manchester, East Cheshire, High Peak and Rossendale

1. Impact of the proposals for the local area and the local authority

- 1.1 The Children’s Services and Community, Health and Social Care Scrutiny Committee’s of Salford City Council have been looking at the Making it Better proposals and have invited evidence from a wide range of professionals/organisations to ensure an evidenced based response to the Making it Better Joint Health Scrutiny Committee.
- 1.2 The Scrutiny Committees agree that there is a need for change to ensure that the safest and best possible services are provided for children, young people, parents and babies across the consultation area and to ensure that people are given a choice in deciding where to have their care.
- 1.3 The committee has based its approach on what is best for the people of Salford and the wider area.

2. Impact on local authority services

See implications for the workforce

3. Financial Impact

- 3.1 There has been inadequate time for the scrutiny committees to fully consider the financial implications of the proposals. An interim report providing financial information was made available on 16 March 2006 allowing insufficient time for this to be considered. There are concerns that the scrutiny committees have been expected to respond to this aspect of the consultation in a very short timescale, without full information being available.
- 3.2 In addition members identified an error contained in the financial report prepared by Teamwork Management Services and clarification was sought as to the capital investment requirements which were outlined in the document as follows:-
- 3.3 Page 54 of the financial assessment produced by teamwork management services gives an outline of the capital investment needed by Bolton Hospitals NHS trust which totals £9M. A cost of £5M has been estimated in the report for the NICU.
- 3.4 Page 52 provides a table outlining requirements identified for each option. Bolton’s capital investment under each option stays at £10.5M.

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When clarification from Teamwork Management Services was sought we were advised that the figures provided in the table are factually incorrect and that under option C Bolton will not require £5M for the NICU development. This therefore reduces the capital investment required under option C by £5M.

- 3.5 Members are concerned that a document which has been produced very late in the process contains factual inaccuracies which is misleading and does little to re-assure members that the information provided in the report is accurate and reliable.
- 3.6 Members need assurance that plans will be in place, prior to a decision being made, that information is factually correct and want to know what safeguards are in place to ensure that information is as accurate and robust as possible.
- 3.7 Members also need assurances that plans will be in place, prior to a decision being made, to ensure that no acute trusts are left financially disadvantaged as a result of the reconfiguration.
- 3.8 Options A, B and D require 2 additional builds for NICUs at Bolton and Oldham estimated to be in the region of £5M for Bolton. Capital investment required for the preferred option totals £139.4M, capital investment for option C totals £126.4M. Could £13M not be better spent elsewhere? We do not consider that there would be any increased level of service for this additional investment.

4. Long term impact on the future of the NHS

4.1 Paediatric Services

4.1.1 Members are supportive of the move to provide more community based paediatric services. This is in line with the vision for Children’s Services in Salford and existing plans to develop specialist children’s health services at the Pendleton LIFT Centre.

4.1.2 Members support the development of a children’s observation and assessment unit at Hope Hospital.

4.2 Maternity

4.2.1 The preferred option A would close obstetrics services in Salford. If the NICU moves to Bolton, Salford Royal Hospitals NHS Trust Board have

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agreed that they could not sustain the existing Midwife Led Unit (MLU) on the grounds of safety and affordability.

- 4.2.2 Removing the MLU takes away choice for the people of Salford and the Greater Manchester conurbation. The only “choice” would be a home birth in Salford or hospital birth elsewhere in the conurbation. Existing MLUs at Buxton and Stepping Hill are not realistic options from Salford, or other areas to the north of the conurbation. This seems perverse because the MLU is a successful unit which has doubled its intake of low risk women over the last couple of years.
- 4.2.3 Why close the Midwife Led Unit at Hope Hospital when it is one of only 3 in the review area? Why not build on the current excellent provision and established expertise of a leading midwife led birth centre at Hope Hospital? Option C builds on these existing services and does not need to be developed from scratch. There is potential for money to be invested elsewhere.
- 4.2.4 We understand that under options A,B and D, the assumption has been made that the nearest available services for people in Irlam/Cadishead would be at Warrington General Hospital. We are not clear whether any consultation has taken place with the relevant trust in respect of the potential impact of increased patient flows? We feel that there is likely to be a similar impact on other neighbouring trusts to outlying areas of the conurbation.
- 4.2.5 Salford’s unique range of specialist services enables it to support high-risk maternity cases involving neurosciences, renal, and endocrinology. About 120 pregnant women every year with brain, kidney and endocrine problems are looked after by specialists at Hope Hospital working in multi-disciplinary clinics. Under options A,B or D, this level of service would be lost.
- 4.3 Neonatal Intensive Care Unit (NICU)
 - 4.3.1 An independent review of Intensive and High Dependency Care for the Greater Manchester, East Cheshire and High Peak Children and Families Network Board, which reported in February 2005, states: “The DH Expert Working Group advised that there is no requirement for the “very largest neonatal centres” to be adjacent to paediatric units. In this respect Hope Hospital therefore remains a viable option”

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And

“In terms of which sites should provide specialist neonatal care it is sensible to build on the existing, well-established and accredited units at St Mary’s and Hope Hospital. There is no evidence from the service user, clinical or commissioning perspectives, or published audits available to this review that either of these two established services should be moved from the two existing hospital sites.”

- 4.3.2 Whilst we understand that this review focused on neonatal intensive care alone, we still consider it to be material to the debate and are concerned that the above evidence wasn’t provided to the Joint Committee of PCTs when choosing their preferred option.
- 4.3.4 In addition we do not support an option which would result in the relocation of the existing NICU which is situated at a 3* rated trust, to a 2* rated trust, particularly when this will require new build and we have received no evidence that any added value will be gained from this.
- 4.4 Child and Adolescent Mental Health Services (CAMHS)
 - 4.4.1 The CAMHS element of the document needs strengthening as there is a lack of information as to how such services are to be structured. This is within the context that people who suffer from mental health related problems are often the people who find it the hardest to access services.
 - 4.4.2 There is currently a lack of community based services for older adolescents with complex mental health needs and this is not addressed in the consultation document. Members would like to see this addressed as part of the reconfiguration.
 - 4.4.3 It is crucial that individuals have the appropriate community based services and that priority is given to those people who suffer from mental health problems – this is an ideal opportunity to address this and get it right for the needs of present and future populations.
 - 4.4.4 Investment in training primary care workers to recognise early symptoms of mental illness in children and adolescents is an area that needs to be planned into the reconfiguration of services.

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5. Implications for the workforce

- 5.1 It remains unclear from the evidence presented in the consultation document how current staff shortages in the NHS and the health and social care sector are to be addressed, in particular the recruitment and retention of midwives.
- 5.2 There are implications of having to re-train staff to cope with the changes and also potential impact on service delivery while training is carried out.
- 5.3 IT systems across the NHS and health and social care sector are currently incompatible – how is this to be addressed, in order to meet the needs of the child and in respect of child protection.
- 5.4 If the preferred option is agreed this would result in the closure of Maternity Services at Hope Hospital. Evidence provided to members from the University of Salford Directorate of Midwifery advised that the centralisation of services will hit student midwives. Currently 1 in 5 students discontinues training largely due to financial difficulty (RCM2004). Changes which involve students travelling greater distances may well impact on retention, as travel to placements has been identified as one of the main causes of student stress (Prymachuk 2004). The recruitment and retention of midwives is a key issue that should be addressed urgently and certainly before any changes go ahead.
- 5.5 The closure of Hope Hospital will mean that none of the students based at Salford University will get a chance to experience providing midwife led, less medicalised, birth centre care. Currently this is an extremely valuable aspect of the education provided at Hope for student midwives and student midwives based at other units spend time on free allocation there to experience this type of care provision.

6. Accessibility and transport issues

- 6.1 Salford has a large proportion of residents who don’t have access to a car and are therefore reliant on public transport. The removal of the obstetric services at Hope Hospital would have a significant detrimental impact.

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- 6.2 Whilst we acknowledge that travel distances from Salford to alternative sites are relatively short, we are concerned that the issue of congestion has not been taken into account, particularly for journeys into North or Central Manchester.
- 6.3 Whilst we acknowledge that some women from neighbouring areas of Salford do choose to give birth at Royal Bolton Hospital already, this represents only 7% of total Salford births. In some areas of Salford people would encounter extreme difficulty travelling to Bolton– eg residents of Irlam/Cadishead. We understand that under options A,B and D, the assumption has been made that the nearest available services for this population would be at Warrington General Hospital. We are not clear whether any consultation has taken place with the relevant trust in respect of the potential impact of increased patient flows.
- 6.4 Hope Hospital offers choice to people in Trafford and Bury through proximity to the Metrolink service. Accessibility to Hope is also good for other areas due to its excellent motorway links.
- 6.5 Retaining the NICU at Hope would mean that in the majority of cases lengths of journey are reduced (Central Manchester, East Cheshire, North Manchester, Oldham, South Manchester, Stockport and Trafford are all nearer to Hope). Bury, Rochdale and Tameside distances are the same; only Wigan is further away from Hope (19 miles against 10 miles for Bolton).
7. Evidence for decision making
 - 7.1 All options are safe, equitable and feasible. No evidence has been presented which suggests the preferred option A is any more so than the others.
 - 7.2 There seems to be no evidenced based appraisal of how the preferred option was chosen. We understand that the Joint Committee of Primary Care Trusts approved the preferred option based on the views of clinicians and managers only. However the Scrutiny Committees have not received any compelling evidence to support option A over option C.

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8. Lack of information

- 8.1 The Scrutiny Committees accept that North Manchester is more deprived than South Manchester and that the Making it Better Consultation has been aligned with the North East sector consultation, however it is not understood why North Manchester is in all of the options when it doesn’t currently have Neonatal Intensive Care Unit or paediatric services and neither does Tameside – where is the evidence to support why these hospitals were included and Hope Hospital was not given that Salford also has high levels of deprivation?
- 8.2 Members feel that patient flows and implications of each option have not been looked at sufficiently in the consultation document and that comparative information on what each option means for each area is not available.
- 8.3 Further evidence has arrived very late in the consultation process not allowing people the opportunity to comment, which fundamentally flaws the process.

9. What consultation activity is planned locally?

- 9.1 Members are satisfied with the public/staff consultation which the PCT has carried out locally. However, members want to highlight their concerns in relation to the late availability of information and continually emerging evidence which should have been available when the preferred option was chosen and before the consultation process was started.

10. Options for Change

- 10.1 The Scrutiny Committee support Option C for the following reasons:-
- 10.2 All options are safe, equitable and feasible. No evidence has been presented which suggests the preferred option A is any more so than the others. There seems to be no evidenced based appraisal of how the preferred option was chosen. We understand that the Joint Committee of Primary Care Trusts approved the preferred option based on the views of clinicians and managers only. However the Scrutiny Committees have not received any compelling evidence to support option A over option C.

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- 10.3 Why close the Midwife Led Unit at Hope Hospital when it is one of only 3 in the review area? Why not build on the current excellent provision and established expertise of a leading Midwife birth centre at Hope Hospital? Option C builds on existing services and does not need to be developed from scratch. There is potential for money to be invested elsewhere.
- 10.4 Removing the MLU takes away choice for the people of Salford and the Greater Manchester conurbation. The only “choice” would be a home birth in Salford or hospital birth elsewhere in the conurbation. Existing MLUs at Buxton and Stepping Hill are not realistic options from Salford, or other areas to the north of the conurbation. This seems perverse because the MLU is a successful unit which has doubled its intake of low risk women over the last couple of years.
- 10.5 We see no evidence to support the relocation of the Neonatal Intensive Care Unit at Bolton. The current model of care at Hope, with maternity, MLU and neonatal intensive care unit, provides safe and effective services.
- 10.6 We agree that Hope Hospital can and should continue to make a positive contribution to services across the whole of Greater Manchester. We believe that the Trust’s established expertise in neonatal and maternal services together with its record of working in partnership with other organisations provides the necessary credibility and confidence that it is well placed to offer services for the future.

Councillor Bernard Pennington
Chair of the joint Children’s Services and Community, Health and Social Care Scrutiny Committee Meetings
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Contact Officers

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Appendix Three

Letter to Secretary of State for Health from Mr Roger Ellis, Chief Executive Rochdale Metropolitan Borough Council, 9 February 2007



ROCHDALE
METROPOLITAN BOROUGH
COUNCIL

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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 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, 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 relocation 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.

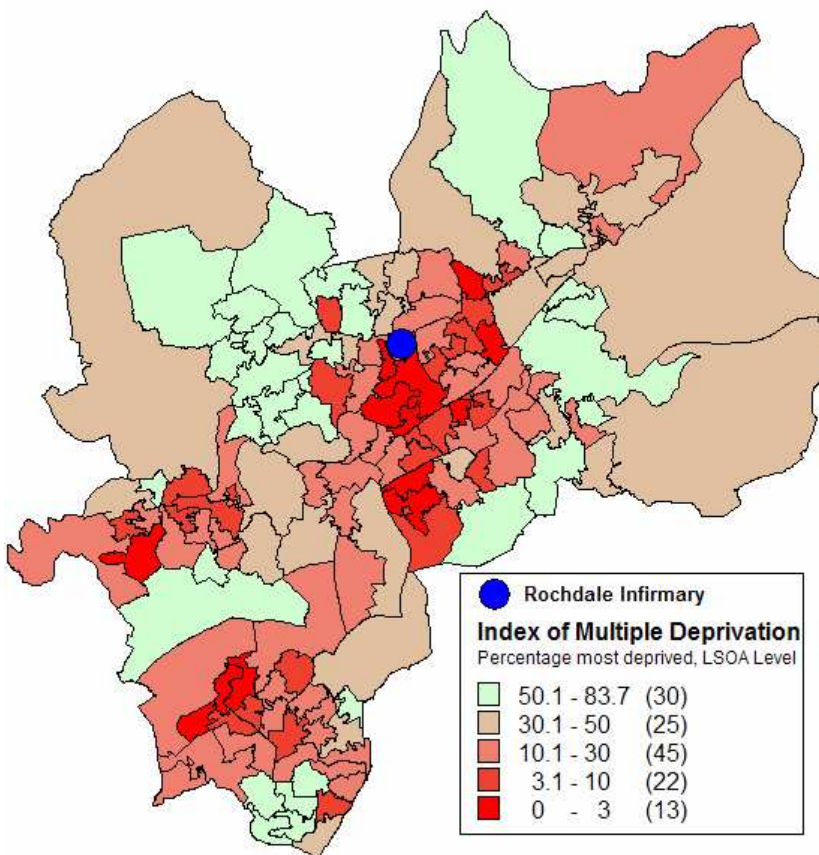
Deprivation

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.

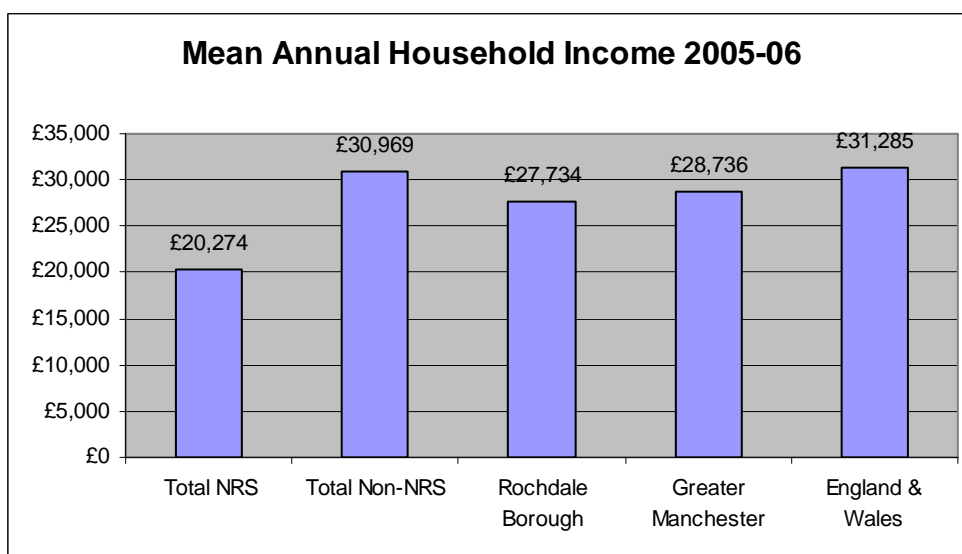
As deprivation is closely linked to the level of general health of an area it can be said that the people living in the area in close proximity to the hospital will be the people that need the services the most. The closure of the A & E department and other hospital services will have a hugely detrimental 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.

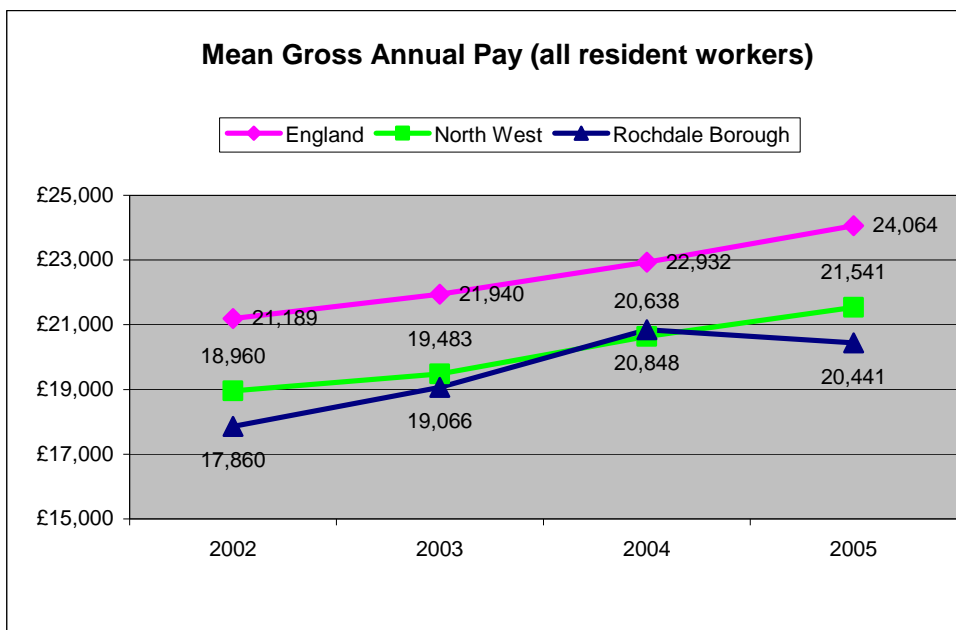


Source: PayCheck, CACI

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.



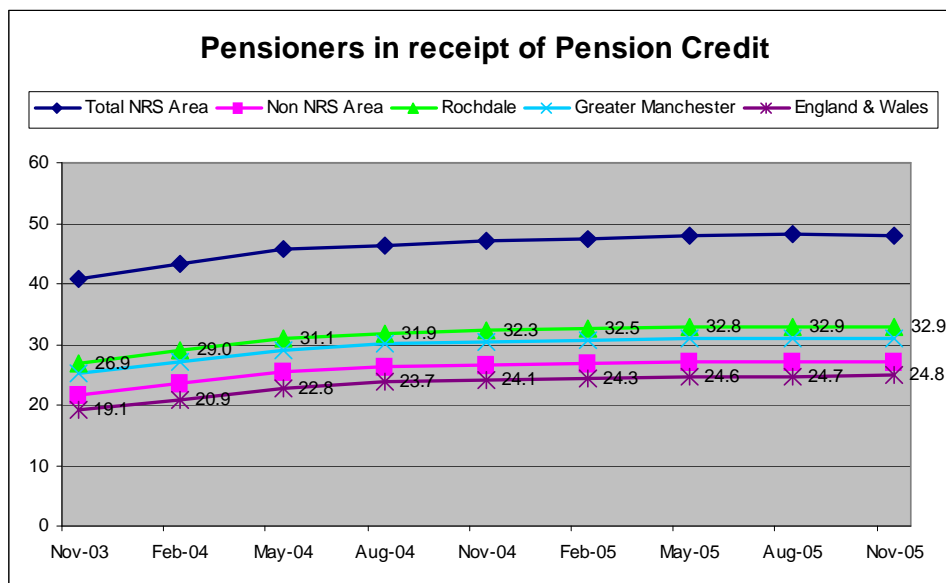
Source: Annual Survey of Hours and Earnings

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.

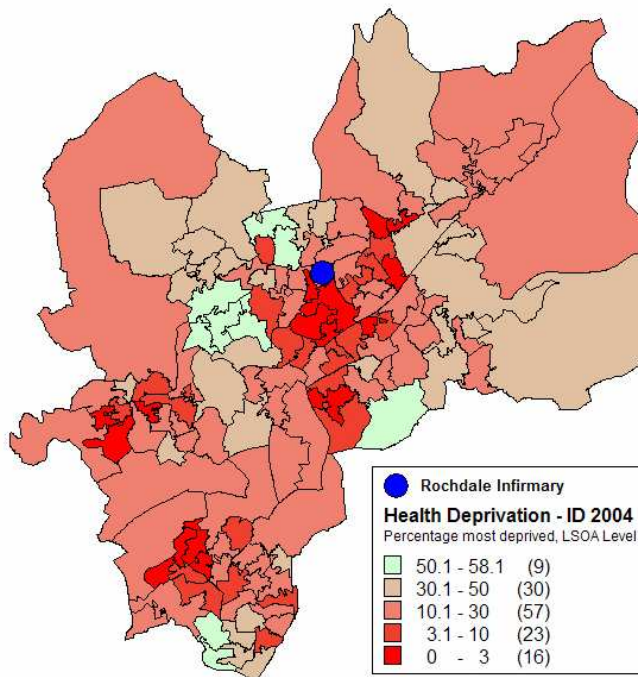
The Borough of Rochdale displays particularly high levels of health deprivation and disability as measured by the Indices of Deprivation 2004 compared with England as a whole. All of Rochdale’s SOAs are in the 60% most deprived areas in England. 39 SOAs are in the 10% most deprived areas in England, 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 health 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 health 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 Four

Letter to Secretary of State for Health from Cllr J Smith, Chair Healthier Communities Scrutiny Commission, Bury Metropolitan Borough Council, 13 February 2007

Mark Sanders MBA, BSc(Hons)
Chief Executive

Our Ref JH/LAH
Your Ref
Date 13 February 2007
Please ask for Jayne Hammond
Direct Line 0161-253 5002
Direct Fax 0161-253 6091
E-Mail j.m.hammond@bury.gov.uk

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

LEGAL & DEMOCRATIC SERVICES DIVISION

Town Hall
Knowsley Street
Bury BL9 0SW
Tel: 0161-253 5000

Jayne Hammond
LLB (Hons) Solicitor
Director of Legal
& Democratic Services

Dear Secretary of State

**RE: REFERRAL TO THE SECRETARY OF STATE BY THE
HEALTHIER COMMUNITIES SCRUTINY PANEL –
PURSUANT TO SECTION 7 OF THE HEALTH & SOCIAL
CARE ACT 2001**

At its meeting on 11 January 2007, the Healthier Communities Scrutiny Commission established by Bury MBC, agreed unanimously to refer to you the decision of the Joint Committee of Primary Care Trusts to approve Option A in respect of the “Making it Better” consultation on the reconfiguration of healthcare services for children, young people, parents and babies.

The Commission is referring this matter to you in accordance with Section 7 of the Health and Social Care Act 2001.

Members consider that:-

- 1) the context of the consultation was not satisfactory as new information regarding the optimum size of units was not included within the consultation documentation and yet this was a consideration which the Joint Committee of PCTs took into account when making their final decision.
- 2) the proposal is not in the interests of local health service in the north of Bury, Rochdale and Rossendale areas and it would have a detrimental effect on the health and experience of those patients in these areas.

By way of context, the Healthier Communities Scrutiny Commission met on five occasions to consider the “Making it Better” proposals. They took evidence from a wide range of professionals and relevant health organisations including:-



INVESTOR IN PEOPLE



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13 February 2007

The Right Honourable Patricia Hewitt MP

Chief Executive of Bury PCT;
Tom Wilders representing Pennine Acute NHS Trust;
Head of Fairfield Maternity Unit;
Consultant Paediatricians at Fairfield Hospital;
Sharon Entwistle from Bury Baby Lifeline;
Cath Broderick on behalf of the consultation team within the Children,
Young People and Families Network;
Sarah Davies Salford University;
PPI Forum; and
Stakeholders’ Steering Group

The Commission did accept the argument in the “Making it Better” consultation document for the rationalisation of services. During the consultation, members of the Commission produced a report and sent comments in response to the consultation, and to inform the response of the “Making it Better Joint Scrutiny Health Committee” at its meeting on 4 April 2006.

*** A copy of the report is attached at Appendix 1 for your consideration. Further meetings were held on 19 December 2006 and 11 January 2007

On 11 January 2007 members of the Healthier Communities Scrutiny Commission agreed that this matter be referred to yourself for the following reasons:-

1. the proposal is not in the interests of the local health service in the north of Bury, Rochdale and Rossendale areas and therefore would have a detrimental effect on the health and experience of these patients.

Members were concerned with the fact that there would be no provision in areas of the borough to the north of the M60 motorway and this factor would also affect residents of the neighbouring authorities who currently utilised the facilities at the Fairfield site.

2. that they had concerns that the consultation process was not carried out reasonably due to the omission of information relating to the preferred number of births per unit from the consultation documents.

The Commission understands that the Joint Committee of PCTs has advised that there was no material difference between the options.

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13 February 2007

The Right Honourable Patricia Hewitt MP

The Commission was told that the two options debated most intensely were the Bury Option (Option F(a)), which would include the Fairfield site and the preferred option (Option A).

The main issue that the committee looked at was where 32,000 births could be accommodated across Greater Manchester and it was stated it was crucial to St Mary’s that their figures were no more than 6,000 per year.

In the opinion of the Commission this information was not included within the consultation document. As it was considered an important factor, it should have been and it could possibly have changed the initial decision of which model to adopt.

The Joint Committee of PCTs accepted that in relation to the issue of accessibility, the favoured option was F(a) and indeed this was backed up with evidence from the Ambulance Trust. Evidence considered by the Commission showed that residents from Bury and other authorities north of the M60 motorway would be disadvantaged. Evidently then, the information not mentioned in the consultation, that is, the optimum size of units (between 3,000 and 6,000) was a critical part of the Joint Committee’s decision making process and it seems to the Commission that the best interests of the local health service was set aside on the basis of this criteria.

It is considered that this issue was a crucial part of the decision not to select Option F(a).

Members were concerned that had the information relating to optimum numbers of deliveries been available within the consultation documents, they may have considered the need for change more thoroughly and reached an alternative decision.

3. There were concerns regarding the capital funds for the new development at North Manchester General Hospital and the lack of confirmation that those funds are in place. If the Fairfield maternity and paediatric in-patient beds were to be closed and the business case for the North Manchester development was financially unsustainable, this would be especially detrimental to the residents of Bury.

The Commission was not happy with the response given by the Director of Strategic Planning at Pennine Acute Trust when questioned about the availability of finances for the capital build.

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13 February 2007

The Right Honourable Patricia Hewitt MP

Tom Wilders explained that Pennine Acute had given reassurance about the funding required for the capital project as it was no more of a risk than other capital developments that they were undertaking.

Members felt that detailed financial information and/or a business case should have been submitted as part of the consultation process setting out available costings and funds available.

4. The newly upgraded facilities currently in place at Fairfield General Hospital would not be put to their optimum use and therefore would be a waste of a well resourced and functioning unit.

Members of the Commission referred to the upgrade of facilities of the Maternity Unit at Fairfield Hospital which had been a massive investment by the NHS. Concern was raised that this would be a waste of public funds if the Unit were to close (£2.5m invested in 2001).

Taking these issues into account the Commission felt that Option F(a) should be the preferred option. If there is a general agreement that Option A, as recommended by the Joint Committee of PCTs should be implemented, the Commission request there be a contingency plan put in place, given the doubt as to the financial robustness of the funding for North Manchester General Hospital. If a unit could not be guaranteed at North Manchester General Hospital because of capital funding, it would be extremely detrimental to patient experience.

I look forward to hearing from you and if you require anything further please do not hesitate to contact me.

Yours sincerely

COUNCILLOR J SMITH
CHAIR, HEALTHIER COMMUNITIES SCRUTINY COMMISSION

Making it Better.

<p>1. i) Broadly explore the impact of the proposals for the local area and the local authority including anticipated:</p>	
<ul style="list-style-type: none"> Impact on local authority services. <i>(a social care perspective on the proposals, including any anticipated impact on local delivery of Every Child Matters – Change for Children).</i> 	<p>Information concerning financing and staffing is still outstanding and it is difficult to assess how the proposals will impact on local authority services. In fact the statutory joint committee still has to satisfy itself about these issues.</p> <p>The Commission support the principle of care closer to home and would feel it is realistic and attainable. However, the required input will invariably shift from health to social care, and therefore it is essential that discussion locally takes place to ensure that social care services (children and adults) is adequately resourced and enabled to pick up the additional responsibilities. Investment in community services is welcome, but this cannot be restricted to purely health services. Investment in any new or enhanced services will also require investment in supporting infrastructure (commissioning, administration, finance, management etc.).</p>
<ul style="list-style-type: none"> Financial impact. 	<p>This is being dealt with by the statutory joint committee and the commission is aware that this body is not satisfied with the proposals and has asked for more information. If time permits the Commission would wish to be briefed on how this important area is being addressed by the Network. Alternatively the Commission request that the statutory joint committee ensure that it is satisfied that the proposals are financially viable in each PCT area.</p>
<ul style="list-style-type: none"> Long term impact on the future of local NIIS services. 	<p>There will have to be extensive investment in local NHS services for effective implementation of any of the options. The Commission have received a presentation from the Chief Executive of the Bury NHS Primary Care Trust on their plans for investment in a number of primary care resource centres to provide modern health services closer to patient’s homes. This will help with the delivery of Making it Better Making it Real and Healthy Futures.</p>

<ul style="list-style-type: none"> • Implications for the workforce. 	<p>It is difficult to make a judgement on this because the Children and Young Person’s Network have not yet satisfied the Joint Committee on this issue. If time permits the Commission would wish to be briefed on how the network is addressing this subject.</p> <p>It is important that before coming to a decision on this issues that staff at Fairfield are consulted about the options and have discussions with Salford university and Manchester University</p>
<ul style="list-style-type: none"> • Accessibility & transport issues. <i>(Reference to the Transport Accessibility Study “Travel Times – Introduction, methodology, Results & Summary “and maps on the Best for Health website might assist in this.)</i> 	<p>The Commission acknowledge that some residents in the South of the Borough access hospital services at North Manchester. However, the Commission is concerned that, due to the cluster of proposed services around the centre of Manchester equality of access may be problematic for all families particularly those from disadvantaged areas where low car ownership is an issues. Access will be particularly acute for residents in Rossendale and Rochdale given the proposals in the Healthy Futures consultation for the downgrading of Rochdale Infirmary to a locality hospital. No account appears to have been taken of deprivation in Bury, Rossendale and Rochdale. Such deprivation will be further aggravated if Rochdale Infirmary becomes a locality hospital as proposed under the Healthy Futures proposals.</p> <p>The Commission are concerned that no account appears to have been taken of the needs of patient’s immediate family or relatives who might have special needs due to an existing medical condition which might be exacerbated by long journeys to hospital.</p> <p>The Commission are also concerned that there is insufficient evidence to indicate that the needs of other disadvantaged patients have been considered such as the disabled, sensory or visually impaired or diabetic groups.</p>
<p>ii) Is there any evidence in the consultation document that further work has been done in terms of considering the Every Child Matters five outcomes for children and the relationship between the health service and other public services?</p>	

<p>From a limited staff survey of staff providing children’s services at Fairfield Hospital it appears that there is little knowledge of Every Child Matters and the outcomes.</p>	
<p>iii) Is there any evidence that more thought has been given to the impact of proposals on the wider children’s care workforce?</p>	
<p>Firm evidence is limited. The Commission is aware that there will be a significant impact on all staff who deals with children’s services but at this stage it is not possible to quantify this until an option is approved.</p>	
<p>iv) Are proposals for the corresponding development of this workforce included in the consultation document?</p>	
<p>The Commission share the Joint Committee’s concern that the Children and Young Person’s Network need to provide firm evidence of its staffing strategy.</p>	
<p>V) Is there any evidence that the NHS has considered how changes will affect:</p>	
<ul style="list-style-type: none"> • People & families on low incomes. 	<p>This has been addressed by a specific piece of work undertaken by the Bury NHS Primary Care Trust.</p>
<ul style="list-style-type: none"> • Those without access to personal transport. 	<p>The PCT and the Council have commissioned external research to undertake mapping work and analysis to consider which combinations of hospitals in the local and surrounding area would provide the access for the populations and whether this would or would not include Fairfield.</p>
<ul style="list-style-type: none"> • Those who live in rural locations. 	<p>The Commission have not received any information on this.</p>
<ul style="list-style-type: none"> • The geographical relationship between public transport networks & infrastructure, and health service locations. 	<p>This is an area of concern both for the PCT and the Council. The cluster of proposed maternity and neo natal services around Manchester will create transport difficulties for communities in Bury, Rossendale and Rochdale in respect of the extra distances involved the problems will be particularly acute for deprived communities in these areas particularly where there is low car ownership.</p>

2. What Consultation activity is planned locally?	
I) Will the formal consultation process be rigorous & inclusive?	The Commission are pleased with the extensive number of consultation meetings organised by the Primary care Trust and that special consideration had been given to the needs of hard to reach and marginalised groups.
ii) Is there evidence that queries posed by the Joint Committee regarding engagement activity in its response to the Discussion Document are being addressed in this formal consultation period; Unable to answer this without details of the queries	
a) What steps have been taken to ensure a more consistent approach to involvement and engagement during this Formal consultation period?	See comments in (I) above. In addition the Council’s Healthier Communities Scrutiny Commission has been particularly active in respect of interviewing key staff and interest groups. In addition the Commission have surveyed staff for their views on discussions about the options and the criteria.
b) What efforts have been made to consult with the diverse population of the review area? Including:-	
<ul style="list-style-type: none"> • Different Languages 	The Primary Care Trust have employed consultants to undertake a specific piece of work on this
<ul style="list-style-type: none"> • Sensory Impairment 	The PCT have experienced some difficulty in obtaining brailled versions of the consultation documents but this is being addressed.
<ul style="list-style-type: none"> • Rural Communities 	These communities have been addressed by the PCT as part of its engagement strategy
<ul style="list-style-type: none"> • Beyond the known ‘health community’ 	The PCT have dealt with this effectively under its engagement strategy. As part of this presentations have been or are proposed to be made to all of the council’s Area Boards

<p>3. Seek Members comments on questions posed in the consultation document.</p>	
<p>i) The Need for Change: Do you agree that services need to Change?</p>	<p>All consultees and the Commission agree with the need for change.</p>
<p>ii) The Vision for Services in the Future: Do you agree with our proposals for the way that services will be provided in the Future?</p>	<p>The Commission agree with the vision referred to on page 10 of the consultation document but still remain to be convinced that this is feasible given the lack of information on funding of the proposals and the staffing strategy.</p>
<p>iii) The Criteria for Selecting Options: Do you agree with our Criteria for selecting options? If not, why not, and what other Criteria would you suggest?</p>	<p>The Commission agree with the criteria for selecting the options but are concerned that these were generated after the options were selected – it should have been the other way around.</p>

Appendix Five

Letters to Cllr Joe Kean from Secretary of State for Health 6 February and 8 March 2007

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



SofS45245

Councillor Joe Kean
Chair, Community, Health and Social Care Scrutiny Committee
Salford City Council
Salford Civic Centre
Chorley Road
Swinton M27 5BN

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

06 FEB 2007

Dear Councillor Kean,

Referral to the Secretary of State for Health by the Community, Health and Social Care Scrutiny Committee, Salford City Council 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.

Thank you for your letter of 26 January 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 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



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

SofS 45706

Councillor Joe Kean
Chair, Community, Health and Social Care Scrutiny Committee
Salford City Council
Salford Civic Centre
Chorley Road
Swinton M27 5BN

Dear Councillor Kean,

08 MAR 2007

MAKING IT BETTER

I wrote to you on 5 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

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.

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

Appendix Six

Letters to Mr Roger Ellis from Secretary of State for Health 21 February and 8 March 2007

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



SofS45385

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

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

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



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,

A handwritten signature in black ink, appearing to read 'Patricia Hewitt', with a stylized flourish at the end.

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 Seven

Letters to Cllr J Smith from Secretary of State for Health 21 February and 8 March 2007

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



SofS45430

Councillor J Smith
Chair
Healthier Communities Scrutiny Division
Bury Metropolitan Borough Council
Town Hall
Knowsley Street
Bury BL9 0SW

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

21 FEB 2007

Dear Councillor Smith,

Referral to the Secretary of State for Health by Bury Council’s Healthier Communities 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

Thank you for your letter of 13 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 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



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

SofS 45704

Councillor J Smith
Chair
Healthier Communities Scrutiny Division
Bury Metropolitan Council
Town Hall
Knowsley Street
Bury BL9 0SW

Dear Councillor Smith,

MAKING IT BETTER

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,

A handwritten signature in black ink, appearing to read 'Patricia Hewitt', with a stylized flourish at the end.

PATRICIA HEWITT

Terms of reference

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.

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

Appendix Eight

Letters to Dr Peter Barrett from Secretary of State for Health 6 and 21 February, 8 March 2007

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



SofS45262

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

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

06 FEB 2007

Dear Peter,

Referral to the Secretary of State for Health by the Community, Health and Social Care Scrutiny Committee, Salford City Council 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.

I am writing to request the advice of the IRP in relation to the referral from Salford City Council in respect of 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. I attach a copy of the correspondence from Salford City 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 meet and discuss the detailed terms of reference.

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

*Best wishes, as ever,
Patricia*

PATRICIA HEWITT

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



SofS45465

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

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

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,

A handwritten signature in black ink, appearing to read 'Patricia Hewitt', with a horizontal line underneath.

PATRICIA HEWITT

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

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

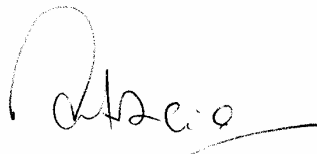
The Panel is asked to advise the Secretary of State by 26 June 2007:

- (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 Nine

Letters to Secretary of State for Health from Dr Peter Barrett 22 February and 15 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

22 February 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 letters of 6 and 21 February 2007 about the above.

I am happy to confirm that the Independent Reconfiguration Panel will provide advice on both the ‘*Making It Better*’ consultation and the ‘*Healthy Futures*’ consultation.

Since the two consultations were conducted separately, we would expect to undertake our reviews as two separate though interlinked exercises. We look forward to receiving draft terms of reference shortly.

Yours sincerely



Dr Peter Barrett CBE
Chair, IRP

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, IRP

Appendix Ten

Letter to editors of local newspapers (inviting responses from readers) from Dr Peter Barrett, 12 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



Dr Peter Barrett CBE
Chair, IRP

Appendix Eleven

Site visits, meetings and conversations held (covers *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 <i>Making it Better</i> 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
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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
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Fairfield Hospital, Bury

Dr Anton Sinniah	Chair, Senior Medical Staff Committee
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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
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Action for Sick Children

Pam Barnes	Chair
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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 Gastroenterologist
Dr Sarah Coulter	Consultant Physician and Dermatologist
Mr D’Zouza	Consultant Surgeon
Dr Neil Haslam	Consultant Gastroenterologist

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
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Making it Better Network

Dr Carol Ewing	Clinical Workforce Lead
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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 Twelve**Information made available to the Panel****Supporting papers and correspondence submitted to the IRP**

Paper	Title
1	Making it Better Making it Real – Consultation Document and supporting leaflets
2	Making it Better – Report for the Joint Committee of Primary Care trusts
3	Referral letter to Secretary of State for Health from Community, Health and Social Care Committee, Salford City Council
4	Referral letter to Secretary of State for Health from Health Overview and Scrutiny Committee, Rochdale Metropolitan Council
5	Referral letter to Secretary of State for Health from Healthier Communities Scrutiny Commission, Bury Metropolitan Council
6	Letter to Secretary of State for Health from Tom Levitt, MP for High Peak
7	Making it Better – Analysis of the Outcome of the Public Consultation
8	Making it Better: For Mother and Baby – clinical case for change, Department of Health
9	Making it Better: For Children and Young People – clinical case for change, Department of Health
10	IRP Background Information Template completed by Greater Manchester Children, Young People and Families Network
11	Making it Better Making it Real – Financial Assessment for the Network and Joint Committee of PCTs, Teamwork Management Services
12	Population Density Maps and Current Service Provision Maps for Greater Manchester, East Cheshire and High Peak
13	Healthcare Commission Annual Health Check Performance Ratings 2002/03 – 2005/06
14	Response of the Making it Better Joint Health Scrutiny Committee to the Consultation and comments of the Joint Committee of PCTs to the response
15	Neonatal Care Data: number of births by hospital (from NW perinatal survey unit data)
16	Bed requirements and delivery spells for children’s inpatient activity in 2015 using 2003-based ONS population projections and 2004/05 baseline activity
17	Trust Activity Data for Greater Manchester Trusts, 2005/06
18	Population data: Number of children in each hospital catchment area Income deprivation affecting children index Data on ethnic and vulnerable groups Population by PCTs and age
19	Access and Transport data: Travel increase for postcodes in M62/M66 Triangle and for Trafford and Hope Hospitals Travel times to nearest hospitals
20	Workforce data: Children’s and community nurses, Aug 2005 Paediatric nurses Paediatric consultants Obstetric and Gynaecology consultants
21	Letter from Professor Sir George Alberti, National Director for Emergency Access on access and travelling times
22	Improving services for children in hospital: Improvement review, Healthcare Commission
23	Report of DH expert working group on Neonatal Intensive Care Services, and background papers, Department of Health
24	Improvement review of services for children in hospital, Healthcare Commission
25	Submission from Dr Anton Sinniah, Consultant in Respiratory and Acute Medicine, Fairfield Hospital, Bury, Pennine Acute Hospitals NHS Trust
26	Submission from Dr Kawafi Khalil, Fairfield Hospital, Bury, Pennine Acute Hospitals NHS Trust
27	Submission from Ms Brigid Hayden, Consultant Obstetrician and Gynaecologist, Fairfield Hospital, Bury, Pennine Acute Hospitals NHS Trust
28	Email from Mrs Judy Bates, Rossendale

29	Submission and petition from Ms Jackie Blease, Senior Midwife, Neonatal unit, Fairfield Hospital, Bury, Pennine Acute Hospitals NHS Trust
30	Submission from Ms Barbara Barlow, Chair Patient and Public Involvement Forum for Bury PCT, including the Stakeholder Steering Group response to Making it Better and Healthy Futures
31	Submission from Ian Stewart, MP for Eccles
32	Petition from Salford Labour Party in support of Option C (to retain maternity and neonatal services at Hope Hospital Salford) of Making it Better proposals
33	Submission from Mr G G Mitchell, consultant obstetrician and gynaecologist (rtd)
34	Submission from Ivan Lewis, MP for Bury South
35	Email from Ms Sarah Haworth, Bury
36	Maternity matters: Choice, access and continuity of care in a safe service, Department of Health. Report, press release and equality impact assessment.
37	Neonatal intensive care – accessibility maps
38	Presentation by Stockport NHS Foundation Trust and information on Women and Children’s Services
39	Joint Committee of PCTs – draft minutes of meeting held Friday 8 December 2006
40	Email from Ms Vikki Clark, Bury
41	Email from Ms Chelsea Norris, Key 103 Manchester
42	Letter from Tony Lloyd, MP for Manchester Central
43	Submission from Ms Elizabeth Whitehead, Midwife Pennine Acute Hospitals NHS Trust
44	Neonatal Medicine: Review of Intensive and High Dependency care for greater Manchester, East Cheshire and High Peak Children and Young People’s Network, teamwork Management Services
45	Letter from Mrs M Towey, Bury
46	Submission from Dr Ian Hartopp, Consultant Anaesthetist, Chair North Manchester Medical Staff Committee
47	Email from Ms Karen Clark, Bury
48	University Hospital of South Manchester Neonatal Unit Annual Report 2005 and 2006
49	Letter from Mr N P Samuel, Little Hulton
50	Email from Dr A F Pojur, Whitefield, Manchester
51	Data from Pennine Acute Hospitals NHS Trust: General A&E Statistics, 1 Jan 06 – 31 Dec 06 and 1 Jan 07 – 30 April 07 Paediatric Outpatient Activity, April 06 – Jan 07
52	Letter from Andrew Stunell MP for Hazel Grove and Mark Hunter MP for Cheadle re MIB Consultation
53	Email from Dr Michael Robinson, Consultant Paediatrician, Salford Royal NHS Foundation Trust
54	Submission from Rochdale Midwives and Support Staff: response to the Reconfiguration of Maternity Services
55	The case for Hospital Reconfiguration – not Proven: a response to the IPPR’s <i>The Future Hospital</i>
56	Submission by Salford Royal NHS Foundation Trust: issues to bring to the attention of the IRP
57	Submission by Bolton Hospitals NHS Trust Response to MIB Consultation Presentation to IRP members
58	Submission by Mrs Halcyon Edwards, Associate Director, Children, Young People and Families’ Network, including Supplementary Information re options A, F(a), and H(a)
59	Save our Services at Rochdale Infirmary: Template letter by Paul Rowen MP for Rochdale
60	Email from Mrs Eileen Stringer, Consultant Midwife – Public Health, Rochdale Infirmary
61	Prospective semistructured observational study to identify risk attributable to staff deployment, training, and updating opportunities for midwives, BMJ 2003 (Brenda Ashcroft et al)
62	Consultation Process and Analysis of Responses
63	Submission from Mrs Jeanne Lythgoe, Sure Start Midwifery Lead Salford Royal NHS Foundation Trust
64	<i>Maternity hospital in TV probe</i> , Manchester Evening News April 2007
65	Best in the North West: Building for the Future, Salford Royal NHS Foundation Trust
66	Improving the quality and outcomes for maternity service users through effective commissioning, Department of Health
67	Submission by Children, Young People and Families’ Network to IRP members
68	East Lancashire Hospitals NHS Trust:

	Meeting Patients’ Needs: 21 st Century Healthcare for East Lancashire Just what mum ordered!
69	Submission from the Stakeholder Steering Group, PPI Forum Bury PCT re Option F(a)
70	Submission by Mrs Halcyon Edwards, Associate Director, Children, Young People and Families’ Network: Options generation process: developing the criteria to evaluate the options Letter to Mr Peter Morris, Chief executive South Manchester University Hospitals NHS Trust from Mr Ian McCrae, Chair Joint Committee of PCTs Analysis of lead clinician responses: options for the reconfiguration, Dr Muna I Abdel Aziz Population and deprivation data
71	Emails from John Applegate, Archdeacon of Bolton
72	Children, Young People and Families’ Network – response to the Teamwork Neonatal Report
73	Letter from Mrs B Shafto, Radcliffe
74	Letter from the Rev’d Arthur Brockbank, Bury
75	Letter from Mrs S Gardiner, Whitefield, Manchester
76	Letter from Ms Dawn Leake, Whitefield, Manchester
77	Letter from Ms Andrea Anderson, Bury
78	Letter from Ms Amanda Wright, Bury
79	Letter from M C Aldous, Bury
80	Letter from Ms Kelly Judd, Bury
81	Email from Mr H Catherall, Bury
82	Email from Mrs G M Catherall, Bury
83	Letter from Mrs K Collinge, Bury
84	Letter from Mrs Y Ward and family, Radcliffe
85	Email from Ms Carole Ashworth-Lord, Midwife, Rochdale
86	Letter from Mrs Mary James, Bury
87	Letter from Mrs Jennifer Fletcher, Rochdale
88	Letter from Mrs Barbara Davies, Bury
89	Letter from Miss B Crompton, Bury
90	Letter from Mrs Jessie Grantham, Bury
91	Letter from Mr Kevan and Ms Beatrice Frost, Bury
92	Letter from Mr Alan Ashworth, Bury
93	Letter from Ms W Brown, Bury
94	Letter from J Smith, Bury
95	Letter from Mr Peter and Ms Roberta Rowland, Bury
96	Letter from Mrs Kathleen Dickenson, Bury
97	Letter from Ms Judith Boardman, Bury
98	Letter from Mr Derek and Ms Ann Eckersall, Bury
99	Letter from Ms Sarah Clarke, Bury
100	Letter from Mr and Mrs S Warren, Bury
101	Email from Mrs R Russell, Bury
102	Letter from Mrs Elizabeth Senior, Bury
103	Letter from C V Courtney, Bury
104	Letter from Mrs M Conroy, Bury
105	Letter from Mr D and Ms M Hulme, Bury
106	Letter from Mr Paul and Ms Sheila Nichols, Bury
107	Letter from Mrs V Jackson, Bury
108	Letter from Mrs M K Gouk, Bury
109	Letter from Mrs S Goodall, Bury
110	Letter from Ms Amanda Wright, Bury
111	Letter from Ms R Harris, Radcliffe
112	Letter from the Rev’d J and Mrs R Smith, Bury
113	Letter from Mrs J Roscow, Bury
114	Letter from Mrs M M Swientozielskyj, Bury
115	Letter from Mrs Dorothy Greenhalgh, Bury
116	Letter from Miss Jennifer Brooks and Ms Natalie Graham, Bury
117	Letter from Ms Marlene Hunt, Bury
118	Letter from Mrs Lynne Harrison, Bury

119	Letter from Mr and Mrs A Roberts, Bury
120	Letter from Mr and Mrs A Holt, Bury
121	Letter from Mr G C S Cousin, Bury
122	Letter from M Holden, Ramsbottom
123	Letter and petition from Ms M Hoolahan, Bury
124	Letter from Miss Mary Sterratt, Bury
125	Letter from Ms Marjorie Worrall, Bury
126	Letter from Mrs Betty Chapman, Bury
127	Letter from Mrs D Warburton, Bury
128	Email from R Russell, Bury
129	Letter from Mrs A Cunliffe, Bury
130	Letter from Mrs M Derbyshire, Bury
131	Letter from Mr Harry Reed and Imtiaz Hussain, Jinnah Day Care Centre, Bury
132	Report commissioned by Rochdale Borough Council re: <i>The Healthy Futures and Making it Better</i> proposals for health services in Rochdale, Dr Sally Ruane, Health Policy Research Unit, De Montfort University
133	Letter from Mr Fred Standring and Ms Barbara Standring, Bury
134	Letter from Mrs A Holden, Bury
135	Letter from D Fairweather, Bury
136	Letter from Mrs C H Bownas, Bury
137	Report commissioned by Rochdale Borough Council re: the <i>Healthy Futures and Making it Better</i> proposals for health services in Rochdale
138	Action for Sick Children: Who is looking after your child’s healthcare Consenting to treatment for children and young people: a guide for parents and carers with useful tips for healthcare staff
139	European Association for Children in Hospital: Information
140	Email from Mr Colin and Ms Carolyn Smith
141	Copy of letter and submission to Mrs Sheena Cumiskey from Mr Mike Deegan, Chief Executive of Central Manchester and Manchester Children’s University and Mr Martin Wakeley, Director of Modernisation and Performance, Trafford Healthcare Trust
142	Letter and submission from Mr David Dalton, Chief Executive, Salford Royal NHS Foundation Trust
143	Submission from Fairfield Baby Lifeline Society
144	Letter from Ms Alison Gerrard and Mr Andrew Gerrard, Bury
145	Letter and submission from Mrs Sally Carroll, Patient and Public External Reference Group for <i>Making it Better</i>
146	Submission from Ms Sarah Davies on behalf of Salford Directorate of Midwifery, University of Salford
147	Submission from Bolton PCT
148	Submission from Manchester City Council and NHS Partners
149	Letter from Ms Sue and Mr Robert Bateman, Bury
150	Letter from Mr and Mrs B A Molloy, Bury
151	Letter from Miss H Molloy, Bury
152	Letter from Mr C Molloy, Bury
153	Letter from Mr and Mrs T McKeown, Radcliffe
154	Document: LIFT Centres in north east of Greater Manchester, Feb 2007
155	Email from David Chaytor, MP for Bury North and Jim Dobbin, MP for Heywood and Middleton
156	Community Paediatrics in Bolton, presentation by Dr Dan Hindley, Bolton PCT
157	<i>Hospital must now act urgently</i> , Manchester Evening News, 14 June 2007
158	Letter from David Heyes, MP for Ashton-Under-Lyne
159	Letter from Cllr Duncan Ruddick, Leader Rossendale Borough Council
160	The Ven. Bill Brison, Bury

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 Thirteen

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 Fourteen

About the Independent Reconfiguration Panel

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

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

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

www.irpanel.org.uk