

IRP

Independent Reconfiguration Panel

Review of Business

2013/14

IRP

Independent Reconfiguration Panel

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INDEPENDENT RECONFIGURATION PANEL
Review of Business
2013/14

Part One Report of activity

1.1 Introduction

1.1.1 The Independent Reconfiguration Panel (IRP) is the independent expert on NHS service change. The Panel advises Ministers on proposals for NHS service change in England that have been contested locally and referred to the Secretary of State for Health. It also offers support and generic advice to the NHS, local authorities and other interested bodies involved in NHS service reconfiguration.

1.1.2 Established in 2003, the IRP is an advisory non-departmental public body (NDPB). It comprises a Chair and membership of experienced clinicians, managers and lay representatives who have wide-ranging expertise in clinical healthcare, NHS management, involving the public and patients, and handling and delivering successful changes to the NHS. The Panel membership is included at Annex One and its general terms of reference at Annex Two.

1.2 The Panel's formal role in advising Ministers

1.2.1 New regulations governing local authority health scrutiny and the power to refer proposals for substantial developments or variations to health services came into force on 1 April 2013.

1.2.2 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS organisations to consult local authorities on any proposals under consideration for substantial changes to local health services. If the authority is not satisfied that:

- consultation has been adequate in relation to content or time allowed
- the reasons given for not carrying out consultation are adequate
- the proposal would be in the interests of the health service in its area

it may report the matter to the Secretary of State for Health. The Secretary of State may then ask the IRP for advice.

1.2.3 The 2013 Regulations supersede the Local Authority (Overview and Scrutiny Committee Health Scrutiny Regulations Functions) Regulations 2002. They also contain regulations covering transitional arrangements for matters scrutinised prior to 1 April 2013 but referred to the Secretary of State after that date.

1.2.4 Since July 2010, NHS organisations involved in service change have also been required to assess proposals against four tests intended to demonstrate:

- strong public and patient engagement
- consistency with current and prospective need for patient choice
- a clear clinical evidence base
- support for proposals from clinical commissioners

The IRP's general terms of reference reflect these tests. All advice offered on referrals by the Panel is provided in accordance with our terms of reference.

1.2.5 Advice on contested proposals sought prior to 2013/14

The IRP submitted initial assessment advice commissioned on two referrals:

- Children's and maternity services at the Friarage Hospital, Northallerton (North Yorkshire County Council Scrutiny of Health Committee)
- *A New Health Deal for Trafford* (Manchester Joint Health Scrutiny Committee)

prior to 31 March 2013. The Secretary of State's decision on these referrals was awaited at the time of publication of the IRP's 2012/13 business review.

1.2.6 On two further referrals, a full review of:

- *Safe and Sustainable* review of children's congenital heart services (Health Scrutiny Committee for Lincolnshire; Leicester, Leicestershire and Rutland Joint Health Overview; and Scrutiny Committee and Yorkshire and the Humber Joint Health Overview and Scrutiny Committee)

and an initial assessment of:

- Vascular services across Cumbria and Lancashire (Wirral Council Health and Wellbeing Scrutiny Board)

advice had been commissioned prior to 31 March 2013 which was due to be submitted after this date.

1.2.7 Children's and maternity services at the Friarage Hospital, Northallerton

On 20 December 2012, North Yorkshire County Council Scrutiny of Health Committee referred to the Secretary of State proposals for possible changes to consultant-led maternity and paediatric services provided from Friarage Hospital in Northallerton that also serve a rural and dispersed surrounding area. Concerns about the sustainability of these services, which operate at relatively small volumes, had led to consideration of alternative models of care and an intention to consult about options for change that did not include maintaining consultant-led services. The NHS maintained that such an option was not viable and, therefore, should not be offered for consultation. This point was disputed, leading to the referral and the process stalling before consultation started.

1.2.8 The IRP was asked by the Secretary of State to carry out an initial assessment of the documentation received from the scrutiny committee and the local NHS.

1.2.9 The Panel submitted its advice on 22 February 2013. It is well established that unviable options should not be offered for consultation. The Panel concluded that the consultation could be adapted to satisfy all requirements by including a clear case for change, demonstrating why an option to sustain consultant-led services was not viable and inviting respondents to comment on all options considered and to put forward alternatives. Jeremy Hunt, Secretary of State for Health, accepted the IRP's recommendations in full. The Panel's advice is available on the IRP website at www.irpanel.org.uk (see also para 1.6.1).

1.2.10 ***A New Health Deal for Trafford***

On 8 February 2013, Trafford and Manchester Joint Health Scrutiny Committee referred to the Secretary of State proposals for changes to health services in Trafford and Manchester. The proposals, known as *A New Health Deal for Trafford*, involve shifting care from hospital-based settings to community settings with increased health screening, prevention and care at home. It would also change the way hospital services are provided in Trafford and the way elective orthopaedic services are provided at Manchester Royal Infirmary.

1.2.11 Referral was made on the grounds that the proposals were not in the interests of the health service in the area. The IRP was asked by the Secretary of State to carry out an initial assessment of the documentation received from the scrutiny committee and the local NHS.

1.2.12 The Panel submitted its advice on 27 March 2013. It concluded that more assurance was needed about safe implementation and the potential impact of a separate service change programme across the area. The NHS had set out a staged implementation subject to conditions reflecting the principle of ensuring alternative services were ready before existing ones changed. The Panel considered it better to proceed within this framework than defer implementation, particularly in the context of the clear case for change. Jeremy Hunt, Secretary of State for Health, accepted the IRP's recommendations in full. The Panel's advice is available on the IRP website at www.irpanel.org.uk.

1.2.13 ***Safe and Sustainable review of children's congenital heart services***

On 27 July 2012, the Health Scrutiny Committee for Lincolnshire Health (Lincolnshire HSC) wrote to the Secretary of State for Health to refer proposals for children's congenital cardiac (heart) services developed by NHS Specialised Services.

1.2.14 A further referral of the proposals was made on 7 September 2012 by the Leicester, Leicestershire and Rutland Joint Health and Overview Scrutiny Committee (LLR Joint HOSC).

1.2.15 A third referral was made on 27 November 2012 by the Yorkshire and the Humber Joint Health Overview and Scrutiny Committee (Y&H Joint HOSC).

1.2.16 The England-wide programme, known as *Safe and Sustainable*, included proposals to reduce the number of sites at which paediatric cardiac surgery is performed. A Joint Committee of Primary Care Trusts (JCPCT) agreed in July 2012 to establish seven managed clinical networks across England (and serving Wales). Each network would be led by a surgical centre - based in the Freeman Hospital Newcastle (north), Alder Hey Children's Hospital Liverpool (north west and north Wales), Birmingham Children's Hospital (midlands), Bristol Royal Hospital for Children (south west and south Wales), Southampton General Hospital (south central) and Great Ormond Street Hospital for Children and Evelina Children's Hospital (London, East Anglia and the south east).

1.2.17 Following initial assessments of the documentation received from the scrutiny committees and from the National Specialised Commissioning Team, the Secretary of State commissioned a full review of the *Safe and Sustainable* proposals from the IRP. The Panel was asked to advise:

- a. *Whether it is of the opinion that the proposals for change under the “Safe and Sustainable Review of Children’s Congenital Heart Services” will enable the provision of safe, sustainable and accessible services and if not, why not;*
- b. *On any other observations the Panel may wish to make in relation to the changes*
- c. *On how to proceed in light of a. and b. above and taking account of the issues raised by the Health Scrutiny Committee for Lincolnshire, the Leicester, Leicestershire and Rutland Joint Health Overview and Scrutiny Committee and the Yorkshire and the Humber Joint Health Overview and Scrutiny Committee, subject to the proviso at d. below*
- d. *The decision of the Secretary of State taken regarding the designation of Birmingham Children’s Hospital as a nationally commissioned provider of the Extra Corporeal Membrane Oxygenation service for children with respiratory failure should not form part of this review as this decision was not taken by the Joint Committee of Primary Care Trusts.*

The deadline for this review is subject to any further instructions the Secretary of State may need to issue in relation to timing in light of the judicial review challenge brought against the Joint Committee of Primary Care Trusts.

- 1.2.18 A comprehensive programme of site visits and evidence-taking sessions with interested parties commenced in November 2012 and continued into 2013. All the current surgical sites were visited as part of the review along with cardiology centres in Oxford, Manchester and Cardiff. Evidence-taking sessions were held with representatives of each of the clinical sites, referring scrutiny committees, local authorities, parents of patients and interested charities, members of parliament, clinicians, representatives of royal colleges and other professional bodies, relevant experts, the JCPCT and other organisations that contributed to the decision-making process.
- 1.2.19 The Panel submitted its advice to the Secretary of State on 30 April 2013. It advised that people with congenital heart disease would benefit from services commissioned to national standards and that congenital cardiac surgery and interventional cardiology should only be provided by specialist teams large enough to sustain a comprehensive range of interventions, round the clock care, training and research. The Panel concluded that the proposed reconfiguration was based on flawed analysis of incomplete proposals. It recommended bringing adult and children’s reviews together, completing work on the clinical model and standards for the whole pathway of care and working with providers to model how services would be delivered across each network. Jeremy Hunt, Secretary of State for Health, accepted the IRP’s recommendations in full. The Panel’s advice is available on the IRP website at www.irpanel.org.uk.

1.2.20 Vascular services across Cumbria and Lancashire

On 19 February 2013, Cumbria Health Scrutiny Committee referred to the Secretary of State proposals to reconfigure vascular services across Cumbria and Lancashire. The proposals aimed to improve the quality of care for patients undergoing both elective and emergency arterial surgery across Cumbria and Lancashire, in part by creating three arterial centres – one at Carlisle to serve the north of the area and two at Preston and Blackburn respectively to serve the south.

1.2.21 Referral was made on the grounds of inadequate consultation and that the proposals were not in the interests of the health service in the area. The IRP was asked by the Secretary of State to carry out an initial assessment of the documentation received from the scrutiny committee and the local NHS.

1.2.22 The Panel submitted its advice on 19 April 2013. It concluded that the clinical case for concentrating vascular surgery was strong and that some compromise is required in configuring services for such a large geographical area. While population density, unmet health need and co-location with trauma services pointed to Preston and Blackburn as centres, the NHS should address outstanding concerns including how those travelling further for treatment would be supported and disadvantages mitigated. Jeremy Hunt, Secretary of State for Health, accepted the IRP's recommendations in full. The Panel's advice is available on the IRP website at www.irpanel.org.uk.

1.2.23 Advice on contested proposals sought during 2013/14

The Secretary of State commissioned a full review on:

- *Shaping a Healthier Future* proposals for changes to NHS services in north west London (Ealing Health and Adult Social Services Standing Scrutiny Panel)

1.2.24 Initial assessment advice was commissioned on six contested proposals:

- *Being the best* proposals for ambulance service in the east midlands (Health Scrutiny Committee for Lincolnshire)
- NHS proposals to reconfigure acute mental health inpatient beds in Kent and Medway (Medway Council Health and Adult Social Care Overview and Scrutiny Committee)
- *Shaping the Future* proposals for healthcare in east Berkshire (The Royal Borough of Windsor and Maidenhead Adult Services and Health Overview and Scrutiny Panel)
- Location of interim rehabilitation beds at Southmead (South Gloucestershire Public Health & Health Scrutiny Committee)
- *Meeting the Challenge* (Wakefield and Kirklees Joint Health Scrutiny Committee)
- Future of community hospital at Frenchay (South Gloucestershire Public Health & Health Scrutiny Committee)

1.2.25 *Shaping a Healthier Future*

On 19 March 2013, Ealing Health and Adult Social Services Standing Scrutiny Committee referred to the Secretary of State the *Shaping a Healthier Future* proposals for changes to NHS services in north west London. The proposals were the outcome of a wide ranging programme intended to meet the growing health needs of the population and address unwarranted variation in quality of services within the available resources. Whilst there was widespread acceptance that to do nothing was not an option, and support for the development of out of hospital services, the concentration of acute services into five major sites was disputed.

- 1.2.26 Referral was made on the grounds of inadequate consultation with the council and that the proposals were not in the interests of the health service in the area. The Secretary of State commissioned a full review of the *Shaping a Healthier Future* proposals from the IRP. The Panel was asked to advise:
- a. *Whether it is of the opinion that the Shaping a Healthier Future proposals for change will enable safe, sustainable and accessible services for north west London and if not, why not;*
 - b. *On any other observations the panel may wish to make in relation to the changes; and*
 - c. *On how to proceed in the best interests of local people in light of a. and b. above and taking into account the issues raised by the Ealing Council Health and Adult Social Services Standing Scrutiny Panel in its referral letter of 19 March 2013*
- 1.2.27 Panel members visited all the acute hospital sites covered by the proposals as well as examples of primary care and community services. They also undertook an orientation tour of Ealing borough provided by the local authority. Staff drop-in sessions were held at Ealing, Charing Cross and Central Middlesex hospitals. Evidence-taking sessions were held with representatives of each of the clinical sites, the scrutiny committee, the local authority, members of parliament, clinicians, representatives of Save our Hospitals groups and members of the public, relevant experts, and organisations that contributed to the decision-making process.
- 1.2.28 The Panel submitted its advice on 13 September 2013. The Panel found that current problems and future challenges faced by the NHS in north west London required large-scale change in the way services are designed and delivered and that the shaping a Healthier Future programme provided a way forward for the future. It was not in the interests of local people to delay the progress of the programme. Improvements to out of hospital services needed to be implemented in parallel with changes to hospital services that would also bring benefits for patients. Changes to A&E at Central Middlesex and Hammersmith hospitals should be implemented as soon as possible. However, the Panel also concluded that further work was required before a final decision was made about the range of services to be provided from the Ealing and Charing Cross hospital sites. In the meantime, clinical service collaboration across hospitals was vital for the A&E services at Ealing and Charing Cross hospitals to continue to function safely until the point where an alternative is ready and implemented. Jeremy Hunt, Secretary of State for Health, accepted the IRP's recommendations in full. The Panel's advice is available on the IRP website at www.irpanel.org.uk.

1.2.29 ***Being the best***

On 25 March 2013, the Health Scrutiny Committee for Lincolnshire referred to the Secretary of State proposals put forward by the East Midlands Ambulance Service to improve its performance by introducing a new service model and changing the location and nature of sites for deploying ambulances.

1.2.30 Referral was made on the grounds of inadequate consultation with the scrutiny committee. The IRP was asked by the Secretary of State to carry out an initial assessment of the documentation received from the scrutiny committee and the local NHS.

1.2.31 The Panel submitted its advice on 28 June 2013. Although the proposals had been subject to full consultation, to which the scrutiny committee had responded, a resolution that the matter constituted a substantial development or variation was only taken the week before the final decision. An earlier view, in line with good practice, and consideration of a joint scrutiny committee covering the east midlands area, would have been useful. The Panel concluded that implementation should proceed, keeping the scrutiny committee involved in monitoring and evaluation. Jeremy Hunt, Secretary of State for Health, accepted the IRP's recommendations in full. The Panel's advice is available on the IRP website at www.irpanel.org.uk.

1.2.32 **Acute mental health inpatient beds in Kent and Medway**

On 3 September 2013, Medway Council Health and Adult Social Care Overview and Scrutiny Committee referred to the Secretary of State proposals to reconfigure acute mental health inpatient beds from four locations to three in Kent and Medway in conjunction with increasing crisis resolution and home treatment services. Consultation had been conducted during which flaws in the analysis of bed requirements had come to light and the future of some existing estate debated. After significant post-consultation work between the NHS and its partners, a Joint HOSC for Kent and Medway had agreed to support the preferred option with implementation conditions that the NHS had accepted.

1.2.33 The subsequent referral by the Medway scrutiny committee was made on the grounds of inadequate consultation and that the proposals were not in the interests of the health service in the area. The IRP was asked by the Secretary of State to carry out an initial assessment of the documentation received from the scrutiny committee and the local NHS.

1.2.34 The Panel submitted its advice on 1 November 2013. The Panel agreed with the Joint HOSC's position that the preferred option provided the best way forward. The development of three sites as centres of excellence was a logical next step consistent with trends elsewhere in the country. More detail on transport plans would help to build greater confidence in the proposals. Jeremy Hunt, Secretary of State for Health, accepted the IRP's recommendations in full. The Panel's advice is available on the IRP website at www.irpanel.org.uk.

1.2.35 *Shaping the Future* proposals for healthcare in east Berkshire

On 6 September 2013, the Royal Borough of Windsor and Maidenhead Adult Services and Health Overview and Scrutiny Panel referred to the Secretary of State proposals about the future of Heatherwood Hospital and the relocation of specific services including the transfer of a minor injuries unit to an urgent care centre at Brants Bridge, the closure of the Ascot Birth Centre and changes to rehabilitation services.

1.2.36 Referral was made on the grounds of inadequate consultation and that the proposals were not in the interests of the health service in the area. The IRP was asked by the Secretary of State to carry out an initial assessment of the documentation received from the scrutiny committee and the local NHS.

1.2.37 The Panel submitted its advice on 1 November 2013. The Panel found that services in the area had been under review since 2008 with a growing sense of incremental changes taking place in the absence of a consistent strategy. The latest proposals had merit while at the same time requiring further work during implementation. A clear plan for the future of Heatherwood Hospital was also needed. Jeremy Hunt, Secretary of State for Health, accepted the IRP's recommendations in full. The Panel's advice is available on the IRP website at www.irpanel.org.uk.

1.2.38 *Location of interim rehabilitation beds at Southmead Hospital*

On 2 October 2013, the South Gloucestershire Public Health & Health Scrutiny Committee referred to the Secretary of State proposals to locate rehabilitation beds on an interim basis at Southmead Hospital in north Bristol rather than at Frenchay Hospital in south Gloucestershire.

1.2.39 Referral was made on the grounds that the proposals were not in the interests of the health service in the area. The IRP was asked by the Secretary of State to carry out an initial assessment of the documentation received from the scrutiny committee and the local NHS.

1.2.40 The Panel submitted its advice on 10 December 2013. The Panel noted that the debate about the provision of health services for the people of north Bristol and south Gloucestershire had been a long and difficult one. The opening of the new acute hospital at Southmead in 2014 would draw a line under one element of the debate. A pause in developing plans for future services at Frenchay meant that interim arrangements for rehabilitation services were necessary. The selection of Southmead as the interim base for the beds was logical given significantly lower costs. The Panel concluded that concerns about transport and access required further assessment so that any necessary mitigation could be put in place before the interim arrangements came into effect. Jeremy Hunt, Secretary of State for Health, accepted the IRP's recommendations in full. The Panel's advice is available on the IRP website at www.irpanel.org.uk.

1.2.41 ***Meeting the Challenge***

On 10 October 2013, the Wakefield and Kirklees Joint Health Scrutiny Committee referred to the Secretary of State proposals to rationalise acute services across three sites so that all specialist and acute care, including obstetrics and paediatrics, would be concentrated in Wakefield, with planned care, surgery and non-life threatening accidents and emergencies being concentrated in Dewsbury and Pontefract.

1.2.42 Referral was made on the grounds that the proposals were not in the interests of the health service in the area. The IRP was asked by the Secretary of State to carry out an initial assessment of the documentation received from the scrutiny committee and the local NHS.

1.2.43 The Panel submitted its advice on 19 February 2014. It found that many aspects of the case for change were accepted by all parties involved. Greater assurance was needed for patients, the public and their representatives – to generate confidence that the proposed changes had been fully thought through, that the necessary capacity and clinical presence would be available to produce better services and outcomes, and that plans for future hospital services were fully integrated with plans for care closer to home. Jeremy Hunt, Secretary of State for Health, accepted the IRP's recommendations in full. The Panel's advice is available on the IRP website at www.irpanel.org.uk.

1.2.44 **Future of community hospital at Frenchay**

On 5 December 2013, the South Gloucestershire Public Health & Health Scrutiny Committee referred to the Secretary of State proposals concerning the future of health care services at Frenchay Hospital in south Gloucestershire. Concerns centred on access to diagnostics and outpatient services, rehabilitation capacity in light of anticipated population growth and the need for independent clinical assurance.

1.2.45 Referral was made on the grounds that the proposals were not in the interests of the health service in the area. The IRP was asked by the Secretary of State to carry out an initial assessment of the documentation received from the scrutiny committee and the local NHS.

1.2.46 The Panel submitted its advice on 21 February 2014. The Panel noted the marked lack of empathy for patients and the public caused by years of delay, changes to the NHS organisation, pauses in developments and amendments to plans. It concluded that issues about capacity in relation to population growth required further work to achieve necessary assurance. Greater clarity around the model for rehabilitation care, and precisely what outpatient and diagnostic services will be provided and where, was needed to boost public confidence. A new approach to public engagement and involvement was also required to demonstrate mutual co-operation and ensure that the public could have confidence in a quality service. Jeremy Hunt, Secretary of State for Health, accepted the IRP's recommendations in full. The Panel's advice is available on the IRP website at www.irpanel.org.uk.

1.3 The Panel's informal role in offering advice and support

- 1.3.1 The IRP was established to offer expert independent advice on proposals that have been contested and referred to the Secretary of State for Health for a final decision. However, clearly it is in everyone's interests that options for NHS change are developed with the help and support of local people and that, wherever possible, disagreements are resolved locally without recourse to Ministers.
- 1.3.2 With this in mind, the Panel also provides ongoing support and generic advice to the NHS, local authorities and other interested bodies in the consideration of issues around reconfiguration.
- 1.3.3 **Advice and support offered**
During 2013/14, various NHS bodies, local authorities and scrutiny committees, and other interested organisations approached the Panel for impartial advice on NHS reconfiguration and effective engagement and consultation with patients, local people and staff, including:
- **Health service in Northern Ireland**
children's congenital heart services
 - **Warwickshire County Council**
health services in the county
 - **NHS England North**
health services in Yorkshire
 - **South Gloucestershire CCG**
health services in south Gloucestershire
 - **Suffolk County Council**
Anglia Cancer Network
 - **Barts Health NHS Trust**
local health services
 - **NHS commissioners in Greater Manchester**
health services in Greater Manchester
 - **Sussex CCGs**
maternity and paediatrics
 - **Sandwell Council**
local primary care services
- 1.3.4 Throughout these dialogues, the Panel has been mindful of the potential conflict of interest should a proposal for reconfiguration later be formally referred to the IRP. The advice offered is therefore always generic, rather than specific, in nature.
- 1.3.5 Feedback continues to be positive with those involved in reconfiguring NHS services welcoming the opportunity to talk through issues and to hear about good practice from other parts of the country.

1.4 Other work undertaken

- 1.4.1 In addition to its formal and informal advisory roles, the Panel has undertaken various other activity as outlined below.
- 1.4.2 **Input to policy**
Panel representatives have contributed to discussions on the local authority scrutiny function in the 12 months since its amendment following the introduction of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- 1.4.3 **Links with other interested bodies and input into other organisations' work**
Throughout the year, the Panel has sought to develop relationships with a variety of organisations and bodies interested in the provision of NHS services, including:
- Foundation Trust Network
 - Healthwatch England
 - Monitor
 - NHS England
- 1.4.4 **Continuous professional education**
Throughout the year, Panel members have received updates on the progress of the NHS reforms. Members were briefed on NHS competition policy and service change, the role of Healthwatch, service change from a provider perspective and proposals for seven day NHS services.
- 1.4.5 **Disseminating our learning**
In November 2008, the Panel published *Learning from Reviews* – a report highlighting learning points from the reviews it had undertaken. Updated editions were published in December 2009 and December 2010. These were followed in July 2012 by a publication - *Safety, Sustainability, Accessibility: striking the right balance* - to mark the retirement of the previous IRP Chairman, Dr Peter Barrett. These reports have been well received amongst NHS and local authority scrutiny networks and are available on the IRP website at www.irpanel.org.uk.
- 1.4.6 During the year, consideration has been given to what additional learning could usefully be disseminated with a view to publishing a further report in 2014.
- 1.4.7 **Improving our communications**
Work began in late 2013 to transfer the IRP website to the Government Digital Service platform. The transfer will be completed during 2014.
- 1.4.8 Three editions of the IRP's email *Newsletter*, a subscription service offering updates on the latest developments in the IRP's work and related areas of interest, were produced and distributed in May, September and December 2013.
- 1.4.9 **IRP Terms of Reference and Code of Practice**
The IRP Terms of Reference and Code of Practice remain under regular review.

1.4.10 IRP office accommodation and media support

The IRP has, for a number of years, shared office accommodation with, and as a sub-tenant of, the Professional Standards Authority. The two bodies, along with representatives of the NHS Leadership Academy, occupy space on the sixth floor of 157 – 197 Buckingham Palace Road, London. The arrangement continues to offer appropriate accommodation and value for money.

1.4.11 Media support to the Panel is provided by Grayling International which offers media monitoring and advice on a time and materials contract basis. The contract is kept under review and an option to extend the contract into 2014/15 has been exercised.

1.5 Panel meetings and membership

1.5.1 The Panel convened five times in 2013/14 – on 23 May, 11 July, 12 September, 14 November 2012, and 9 January 2014.

1.5.2 Following an open recruitment exercise conducted by the Department of Health, five new members were appointed to the Panel with effect from 1 May 2013 – Shera Chok, Shane Duffy, Rosemary Granger, Tessa Green and Linn Phipps.

1.6 Future workload

1.6.1 Requests for initial assessment advice continue to be received on a regular basis. Two requests for advice have already been received - on services in Somerset and on a second referral concerning the Friarage Hospital in north Yorkshire. Further requests are anticipated throughout the year.

1.6.2 The Panel stands ready to offer advice based on full reviews as requested.

1.6.3 Requests for informal advice and support continue to be received.

Part Two Review of activity with Departmental Sponsors and further action

Those participating:

Meeting with Secretary of State for Health, 6 November 2013

Independent Reconfiguration Panel

Lord Ribeiro, Chairman
Richard Jeavons, Chief Executive

Department of Health

The Rt Hon Jeremy Hunt, Secretary of State for Health

Meeting with DH Director General, Finance & NHS, 1 November 2013

Independent Reconfiguration Panel

Richard Jeavons, Chief Executive

Department of Health

Richard Douglas, DH Director General, Finance & NHS

In year stocktake with sponsor branch

Independent Reconfiguration Panel

Richard Jeavons, Chief Executive
Martin Houghton, Secretary to IRP

Department of Health

Claire Stoneham, DH Provider Policy
James Skelly, DH Provider Policy
Adrian Bartlett, DH Provider Policy

2.1 Introduction

2.1.1 The Panel was established in 2003 to offer advice to Ministers on contested proposals for NHS reconfiguration and service change. It has since expanded its role to offer advice and ongoing support to the NHS, local authorities and other interested parties on reconfiguration issues.

2.2 Relationship with Department of Health

2.2.1 The Independent Reconfiguration Panel is an independent body offering impartial expert advice. It should remain so.

2.2.2 Whilst maintaining its independence, advice offered by the IRP should continue to take account of developments in government policy for the NHS.

Action agreed: To maintain appropriate channels of communication to ensure (i) the ongoing review of the Panel's workload whilst respecting its independence (ii) that the Panel is kept fully informed of developments in government policy.

2.3 Advice provided on contested proposals

- 2.3.1 During the year, advice on two full reviews was submitted to Secretary of State:
- *Safe and Sustainable* review of children's congenital heart services
 - *Shaping a Healthier Future* proposals for changes to NHS services in north west London
- 2.3.2 Initial assessment advice on three referrals submitted prior to 31 March 2013, was published in 2013/14:
- Children's and maternity services at the Friarage Hospital, Northallerton
 - *A New Health Deal for Trafford*
 - Vascular services across Cumbria and Lancashire
- 2.3.3 Initial assessment advice was submitted on six referrals:
- *Being the best* proposals for ambulance service in the east midlands
 - NHS proposals to reconfigure acute mental health inpatient beds in Kent and Medway
 - *Shaping the Future* proposals for healthcare in east Berkshire
 - Location of interim rehabilitation beds at Southmead
 - *Meeting the Challenge* (Mid Yorkshire)
 - Future of community hospital at Frenchay
- 2.3.3 All advice was delivered on time. The Secretary of State accepted the IRP's advice in full in each case.
- 2.3.4 The *Shaping a Healthier Future* proposals, covering changes to NHS services in a major sector of London and encompassing 15 days of site visits and oral-evidence taking, several hundred pieces of documentary evidence and over one thousand contributions from members of the public had been a significant piece of work.

Action agreed: The Secretary of State had been grateful for the Panel's advice on Shaping a Healthier Future and on the initial assessments.

2.4 **The Panel's future workload**

- 2.4.1 The Panel stands ready to offer advice on any referrals to the Secretary of State.
- 2.4.2 Feedback from areas where previous IRP reviews have been undertaken continues to suggest that the Panel's working methods have helped local people and staff to express views and feel that they have contributed to the process. IRP reviews bring added clarity to situations and enable people to move on with greater certainty about the future.

Action agreed: The Panel should stand ready for further referrals throughout the year and into 2015/16.

- 2.4.3 The Panel's role in providing informal advice and ongoing support continued to be popular with NHS bodies, local authorities and patient groups.

Action agreed: To continue.

- 2.4.4 The Panel's *Learning from Reviews and Chair's reflections* publications continue to be provide helpful advice to NHS bodies and local authorities.

Action agreed: Further IRP learning to be published in 2014.

2.4.5 Work is underway to transfer the IRP website to the GDS platform during 2014.

Action agreed: To complete the transfer of the website to GDS and establish a suitable alternative for other functions not supported by GDS.

2.4.6 The IRP's Terms of Reference and Code of Practice are subject to ongoing review to ensure fitness for purpose.

Action agreed: the IRP's general and specific Terms of Reference and its Code of Practice to be kept under review. IRP documentation also to be kept under review.

2.4.7 An option to extend the media contract with Grayling International into 2014/15 has been exercised.

Action agreed: procurement for a new contract for 2015 and beyond will take place during 2014/15.

2.5 **Panel membership and support**

2.5.1 Following an open recruitment exercise, five new members – Shera Chok, Shane Duffy, Rosemary Granger, Tessa Green and Linn Phipps – had been appointed to the Panel for two years with effect from 1 May 2013.

Action agreed: Arrangements to be initiated for further appointments/re-appointments due to take place in 2015.

2.5.2 The pool of IRP review managers, established on a "call-off" basis to provide support to reviews as required, continued to work well.

Action agreed: To continue.

2.5.4 **IRP office**

The IRP relocated to offices at 157 – 197 Buckingham Palace Road in December 2010. The offices continued to be highly satisfactory with the reduction in floor space occupied realising savings in rental costs and service charges.

Action agreed: To monitor arrangements and ensure accommodation remains suitable for purpose.

ANNEX ONE

IRP Membership

From 1 May 2013

Chair¹:

Lord Ribeiro

Former consultant surgeon, Basildon
Past President, Royal College of Surgeons

Membership²:

Cath Broderick
(lay member)

Independent consultant on involvement and
engagement

Fiona Campbell
(lay member)

Independent consultant specialising in health and social
policy

Shera Chok
(clinical member)

General Practitioner
Director of Primary Care, Barts Health NHS Trust

Nick Coleman
(clinical member)

Consultant in Intensive Care Medicine and Associate Medical
Director, University Hospitals of North Staffordshire

Glenn Douglas
(managerial member)

Chief Executive
Maidstone and Tunbridge Wells NHS Trust

Shane Duffy
(clinical member)

Consultant obstetrician and gynaecologist
Chelsea and Westminster Hospital NHS Foundation Trust

Rosemary Granger
(managerial member)

Leadership coach and independent consultant
Former NHS director

Tessa Green
(lay member)

Former chair of acute specialist trust
Trustee of Institute of Cancer Research

Jane Hawdon
(clinical member)

Consultant Neonatologist and Clinical Academic Director
Children's Health, Barts Health NHS Trust

Nicky Hayes
(clinical member)

Consultant Nurse for Older People
King's College Hospital NHS Trust

Brenda Howard
(managerial member)

Independent consultant
Former NHS director

John Parkes
(managerial member)

Chief Executive
Greater East Midlands Commissioning Support Group

Linda Pepper
(lay member)

Independent consultant on involvement and
engagement

Linn Phipps
(lay member)

Independent consultant on patient and public
engagement, health scrutiny and health inequalities

Hugh Ross
(managerial member)

Independent consultant
Former NHS chief executive

¹ The IRP Chairman receives a salary of £36,780 per annum

² Members are entitled to claim a fee of £140 per day engaged in IRP activity

ANNEX TWO

IRP 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 consider whether the proposals will provide safe, sustainable and accessible services for the local population, taking account of:
- i clinical and service quality
 - ii the current or likely impact of patients' choices and the rigour of public involvement and consultation processes
 - iii the views and future referral needs of local GPs who commission services, the wider configuration of the NHS and other services locally, including likely future plans
 - iv other national policies, including guidance on NHS service change
 - v 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.

ANNEX THREE

Handling plan for referral of contested reconfiguration proposals to IRP

| DH/IRP PROTOCOL FOR HANDLING REFERRALS TO THE IRP | |
|--|---|
| INDEPENDENT RECONFIGURATION PANEL | DEPARTMENT OF HEALTH |
| | DH monitors potentially contentious referrals. Advises IRP when a proposal has been referred to the SofS from a local authority |
| | Upon receipt of a referral to SofS, DH contacts NHS England to request additional information required. NHS England/NHS consulting body returns information within two weeks of request |
| | DH writes to IRP requesting initial assessment of the contested proposal and enclosing supporting documents from local authority and NHS |
| IRP Panel Members carry out initial assessment and consider suitability for full IRP review. IRP responds within 20 working days of DH request | |
| Where IRP advises that a case is <u>not</u> suitable for full IRP review , it will set out its reasons and, where possible, make recommendations as to what further action might be taken | SofS replies to local authority and local stakeholders, copied to NHS England, advising them of decision and the appropriate course of future action |
| Where IRP advises that the case <u>is</u> suitable for full IRP review: | |
| IRP and DH discuss and agree specific terms of reference and timetable for IRP providing advice to the Secretary of State | |
| | SofS writes to IRP formally referring the case for full Panel consideration |
| Panel consideration: <ul style="list-style-type: none"> • Written evidence • Site visits • Evidence-taking from key stakeholders and interested parties • Determine advice • Report writing | |
| IRP submit final report to SofS | |
| IRP report published on IRP website | SofS reply to local authority and ministerial decision announced |

ANNEX FOUR

IRP full reviews

IRP reports on each of the reviews listed below can be found on the IRP website www.irpanel.org.uk in the *Completed Reports* section.

| | Location | Date Submitted | Services reviewed | IRP advice on proposals |
|----|---|-----------------------|--|--|
| 1 | East Kent (Canterbury, Ashford, Margate) | 12 June 2003 | General hospital services incl. maternity paediatrics and emergency care | Not supported, IRP endorsed alternative proposals |
| 2 | West Yorkshire (Calderdale, Huddersfield) | 31 August 2006 | Maternity | Supported |
| 3 | North Teesside (Stockton on Tees, Hartlepool) | 18 December 2006 | Maternity, paediatrics and neonatology | Not supported, IRP recommended alternative proposals |
| 4 | Greater Manchester (<i>Making it Better</i>) | 26 June 2007 | Maternity, paediatrics and neonatology | Supported with conditions |
| 5 | North east Greater Manchester (<i>Healthy Futures</i>) | 26 June 2007 | General hospital services incl. emergency care | Supported with conditions |
| 6 | Gloucestershire (Gloucester, Cheltenham, Stroud, Cinderford) | 27 July 2007 | Older people's inpatient mental health | Supported with conditions |
| 7 | West Midlands (Sandwell, west Birmingham) | 30 November 2007 | Emergency surgery | Supported with conditions |
| 8 | West Kent (Maidstone, Tunbridge Wells) | 30 November 2007 | Orthopaedic and general surgery | Supported with conditions |
| 9 | West Suffolk (Sudbury) | 31 December 2007 | Community services | Supported with conditions |
| 10 | North Oxfordshire (Banbury, Oxford) | 18 February 2008 | Maternity, paediatrics, neonatology and gynaecology | Not supported |
| 11 | North Yorkshire (Scarborough) | 30 June 2008 | Maternity | Supported |
| 12 | North London (<i>Your health, your future – safer, closer, better</i>) | 31 July 2008 | General hospital services incl. maternity, paediatrics and emergency care | Supported with conditions |
| 13 | East Sussex (Hastings, Eastbourne) | 31 July 2008 | Maternity, neonatology and gynaecology | Not supported |

| | | | | |
|----|--|-------------------|---|--|
| 14 | North Yorkshire (Bridlington) | 31 July 2008 | Cardiac care and acute medical services | Supported |
| 15 | South east London (<i>A picture of health</i>) | 31 March 2009 | General hospital services incl. maternity, paediatrics and emergency care | Supported with conditions and amendments |
| 16 | Lincolnshire (Lincoln) | 29 May 2009 | Microbiology | Supported |
| 17 | South west peninsula (Devon, Cornwall, Isles of Scilly) | 4 June 2010 | Oesophageal cancer surgery services | Supported with conditions |
| 18 | Hampshire (Portsmouth) | 31 March 2011 | End of life care | Supported |
| 19 | North east London (<i>Health for north east London</i>) | 22 July 2011 | General hospital services incl. maternity, paediatrics and emergency care | Supported with conditions and amendments |
| 20 | National (<i>Safe and Sustainable</i>) | 30 April 2013 | Children's congenital heart services | Not supported |
| 21 | North west London (<i>Shaping a healthier future</i>) | 13 September 2013 | General hospital services incl. maternity, paediatrics and emergency care | Supported with conditions |