IRP

Independent Reconfiguration Panel

Review of Business

2011/12

IRP

Independent Reconfiguration Panel

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INDEPENDENT RECONFIGURATION PANEL
Review of Business 2011/12

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, Dr Peter Barrett, 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 NHS bodies have a duty to consult their local authority overview and scrutiny committees (OSC)[1] on any proposals under consideration for substantial development of the health service or on any proposal to make a substantial variation in the provision of services. Under Regulation 4(7) of the Local Authority (Overview and Scrutiny Committee Health Scrutiny Functions) Regulations 2002, where a committee is not satisfied:

- with the content of the consultation or that sufficient time has been allowed;
- that the reasons given for not carrying out consultation are adequate; or
- that the proposal is in the interests of the health service in its area

it may report the issue to the Secretary of State for Health. The Secretary of State may ask the Independent Reconfiguration Panel to advise him on the matter[2].

1.2.2 In July 2010, guidance was issued to the NHS by the Department of Health that, in addition to the existing framework of statutory duties and guidance, introduced four tests against which current and future reconfiguration proposals should be assessed. Reconfiguration proposals should demonstrate:

- support from GP commissioners
- strengthened public and patient engagement
- clarity on the clinical evidence base
- consistency with current and prospective patient choice

1.2.3 The IRP's general terms of reference reflect the introduction of the four tests and all advice offered on referrals by the IRP is provided in accordance with our terms of reference.

[1] Also known as Health Overview and Scrutiny Committees (HOSC)
[2] With effect from 1 April 2004, Monitor, the Independent Regulator for Foundation Trusts may also seek the Panel's advice on contested reconfigurations involving NHS foundation trusts

1.2.4 **Contested proposals referred prior to 2011/12**

Advice was provided in 2011/12 on four referrals to the Secretary of State received before 31 March 2011. These were:

- *Health for north east London* public consultation affecting Redbridge health service provision (London Borough of Redbridge Health Scrutiny Committee)
- Referral of *Health for north east London* proposals for review (Outer North East London Joint Health Overview and Scrutiny Committee)
- *Health for north east London* proposals affecting health service provision in Barking and Dagenham (London Borough of Barking & Dagenham Council on behalf of the Health and Adult Services Select Committee)
- *Health for north east London* proposals for review by Secretary of State (London Borough of Havering Health Overview and Scrutiny Committee)

1.2.5 In accordance with agreed protocols for handling contested proposals (see Annex Three), the IRP carries out an initial assessment of each referral and its suitability for full review. One full IRP report, covering the four referrals listed above, was submitted in July 2011.

1.2.6 ***Health for north east London***

On 7 January 2011, the London Borough of Redbridge Health Scrutiny Committee referred to the Secretary of State proposals for the reconfiguration of health services known as *Health for north east London*. Further referrals were received on 26 January 2011 from the Outer North East London Joint Health Overview and Scrutiny Committee, on 7 February 2011 by the London Borough of Barking and Dagenham (on behalf of the Health and Adult Services Select Committee) and on 7 March 2011 by the London Borough of Havering Health Overview and Scrutiny Committee.

1.2.7 Following initial assessments by the IRP, Andrew Lansley, Secretary of State for Health, asked the Panel to undertake a review of the proposals[3]. The IRP was asked to advise:

*a. whether it is of the opinion that the proposals for change will enable the provision of safe, sustainable and accessible services under the "*Health for north east London*" proposals 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 London Borough of Redbridge in their letters of 30 December 2010 and 7 January 2011 respectively, the outer north east London Joint Health Overview and Scrutiny Committee in their letter of 26 January 2011, the London Borough of Barking and Dagenham in their letter of 7 February 2011, and London Borough of Havering in their letter of 7 March 2011.

1.2.8 The *Health for north east London* programme was initiated against a backdrop of avoidable morbidity and mortality in the population, dissatisfaction with local NHS services, hospital performance that was considered not good enough and difficulties in recruiting and retaining the best senior doctors. The proposals represented a

[3] One Panel member, Sanjay Chadha, a resident of north east London, declared a conflict of interest and consequently took no part either in the consideration and production of the panel's initial assessments or subsequently of the full report.

comprehensive and complex programme of health service change aimed at delivering significant improvements in health services. However, they attracted criticism for the conduct of the consultation and concern about the future provision of specific services, including maternity and emergency care.

1.2.9 The review was one of the largest exercises the IRP has undertaken. The Panel sub-group formed for the review comprised the Chair and eight members. Other members also attended on a number of days. Five hospital sites were visited and eleven days of oral evidence were held in locations throughout north east London. Two informal drop-in sessions were also held and Panel representatives met six local MPs. More than 180 documents were submitted for consideration and over 400 people contacted the Panel (by email, letter, phone) to offer views.

1.2.10 The Panel submitted its full report to the Secretary of State on 22 July 2011. The report recognised the genuine cause for concern about the safety and quality of existing maternity and A&E services, particularly at Queen's Hospital. These concerns needed to be addressed urgently to provide the service patients deserved and to create a platform on which to build future services. Overall, the IRP considered that the implementation of the *Health for north east London* programme would enable the provision of safe, sustainable and accessible services. Attempting to provide safe, high quality A&E and maternity services at all six hospitals in north east London was not sustainable. The development of a major acute hospital at Queen's Hospital would bring real benefits to patients and King George Hospital had a strong role to play in the future, including the delivery of high quality planned care, but this needed to be discussed adequately with patients and local people. Planned improvements to maternity services, including the creation of alongside midwifery-led units at Queen's, Newham and Whipps Cross hospitals, should be implemented immediately.

1.2.11 Andrew Lansley, Secretary of State for Health, accepted the IRP's recommendations in full. The Panel's report is available on the IRP website at www.irpanel.org.uk.

1.2.12 **Contested proposals referred during 2011/12**

Six contested proposals for reconfiguration of services were referred to the Secretary of State during the year. These were:

- The Newark Review (Nottinghamshire County Council Health and Wellbeing Standing Committee)
- The Walk-in Centres Review (Nottinghamshire County Council Health and Wellbeing Standing Committee)
- Barnet Enfield Haringey Clinical Strategy, Report and Referral from Enfield Council (Enfield Health Scrutiny Panel)
- Relocation of Wythenshawe Forum, Withington and Ancoats Walk-in Centres, Manchester (Manchester City Council Health and Wellbeing Overview and Scrutiny Committee)
- Review of Children's Congenital Cardiac Services (Yorkshire and Humber Joint Health Overview and Scrutiny Committee)
- Newark Review (Nottinghamshire County Council Social Care and Health Standing Committee)

1.2.13 In accordance with agreed protocols for handling contested proposals (see Annex Three), the IRP carries out an initial assessment of each referral and its suitability for full review. Six referrals, listed above, were not considered appropriate for full IRP review.

1.2.14 ***The Newark Review***
On 5 April 2011, Nottinghamshire County Council Health and Wellbeing Standing Committee (HWSC) referred to the Secretary of State proposals developed by NHS Nottinghamshire County for future health services in Newark, including those provided at Newark Hospital - part of the Sherwood Forest Hospitals NHS Foundation Trust (SFHFT).

1.2.15 Referral was made on the grounds that inadequate consultation had taken place with the Committee and that the proposals were not in the interests of the health service by virtue of insufficient involvement and consultation of the public. With regard to the original consultation conducted by NHS Nottinghamshire County, the HWSC had concluded in July 2010 that it had been properly consulted and that the NHS had taken into account the public interest through appropriate patient and public involvement and consultation. However, subsequent representations by local parish and town councils, and by the Save Newark Hospital Campaign (SNHC), had led to the HWSC reconsidering its view. The IRP was asked by the Secretary of State to carry out an initial assessment of the documentation received from the HWSC and the local NHS.

1.2.16 The Panel submitted its advice on 31 May 2011, concluding that the referral did not merit full review. It advised that there was some evidence to support the view that the future nature of urgent care services and admission protocols at Newark Hospital had not been adequately conveyed to the local public. However, given the advanced stage of implementation, the important actions were to sustain engagement with all interested parties and to learn for the future. The local NHS should engage with the HWSC to resolve residual concerns regarding admission hours at Newark Hospital and other aspects of the implementation of the proposals, review the scope and delivery of the engagement programme and ensure that systems are in place between all relevant NHS organisations for effective and consistent communication with local people.

1.2.17 Andrew Lansley, 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.

1.2.18 ***The Walk-in Centres Review***
On 5 April 2011, Nottinghamshire County Council Health and Wellbeing Standing Committee (HWSC) referred to the Secretary of State the decision of NHS Nottinghamshire County to close walk-in centres at Stapleford and Kirkby-in-Ashfield and disperse patient activity into local primary care services and primary care streams at the emergency departments of Queen's Medical Centre, Nottingham, and King's Mill Hospital, Sutton-in-Ashfield.

1.2.19 Referral was made on the grounds that the proposals were not in the interest of the health service by virtue of i) insufficient assurance of adequate alternative services of the same or greater quality being in place before the proposals are implemented, and ii) the Trust not taking into account the public interest communicated through the consultation. The IRP was asked by the Secretary of State to carry out an initial assessment of the documentation received from the HWSC and the local NHS.

1.2.20 The Panel submitted its advice on 3 June 2011. It acknowledged that the review of the two walk-in-centres undertaken by NHS Nottinghamshire County had sought to address legitimate questions about the public's use of overlapping services and the best use of resources. A consultation exercise conducted had been open about these questions. Responses had revealed anxieties about whether proposed alternatives would match what the walk-in-centres offered particular groups of local people. The HSWC had identified key issues to be addressed and the NHS was keen to resolve outstanding concerns before changes were implemented. The Panel supported this approach and encouraged the PCT and HSWC to agree a process that would provide clarity about how enhanced primary care, better access to GP services and local Accident and Emergency Departments would combine to match or better the existing service. The process should also include implementation plans demonstrating the capability and commitment of the relevant providers, a comprehensive public communication programme and effective evaluation of the changes. The Panel considered that through these steps the future of services could be determined locally and, therefore, concluded that a full referral was not required.

1.2.21 Andrew Lansley, 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.

1.2.22 ***Barnet Enfield Haringey Clinical Strategy, Report and Referral from Enfield Council***
On 20 February 2011, Enfield Health Scrutiny Panel (HSP) referred to the Secretary for State proposals for changes to local healthcare services known as the Barnet Enfield Haringey (BEH) Clinical Strategy. Referral was made on the grounds that the Secretary of State's four tests had not been met and the proposed changes were not in the best interests of the residents of Barnet, Enfield and Haringey. The proposals had originally been the subject of a referral and full review by the IRP in 2008.

1.2.23 On 10 March 2011, the Secretary of State invited a cross-party delegation of local MPs and Enfield councillors to discuss the BEH Clinical Strategy. At the meeting, the Secretary of State invited local stakeholders to submit to him alternative options to the Strategy. Enfield Council submitted a report, *Future of Enfield hospitals: report to the Secretary of State for Health*, on 14 April 2011. The IRP was subsequently asked by the Secretary of State to carry out an initial assessment of the documentation received from the HSP and the local NHS. The Secretary of State also requested that the assessment incorporate view's about NHS London's application of the four tests in this case and the contents of the report submitted by Enfield Council. Further, in considering options for service change, the Panel's advice should not be restricted by current organisational boundaries.

1.2.24 The Panel submitted its advice on 8 June 2011. It advised that the process by which NHS London had applied the four tests to the BEH Clinical Strategy appeared to have been robust and consideration of the evidence compiled thorough and well-balanced. The report submitted by Enfield Council understandably highlighted local concerns and called for retention of the status-quo. However, it did not, in the IRP's view, provide any credible alternative to the current proposals or address the increasing and real concerns about the safety and sustainability of current services that underpinned the clinical case for change. Suggestions that the needs of Enfield residents might be better served by the separation of the Barnet and Chase Farm NHS Trust and creation of a new foundation trust comprising North Middlesex and Chase Farm hospitals were not supported by any clear evidence to assess the possible benefits of such a change. It was for local commissioners and providers of the services to explore the matter further, under the guidance of NHS London, if they

wished but only within the existing framework for implementation of the BEH Clinical Strategy. The Panel concluded that the referral did not merit full review.

1.2.25 Andrew Lansley, 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.

1.2.26 ***Relocation of Wythenshawe Forum, Withington and Ancoats Walk-in Centres, Manchester***
On 10 October 2011, Manchester City Council Health and Wellbeing Overview and Scrutiny Committee (HWOSC) referred to the Secretary for State the decision of NHS Manchester to close Ancoats, Wythenshawe Forum and Withington Community Hospital walk-in centres and establish urgent care centres for minor illness and injury at the A&E departments at North Manchester General Hospital, Manchester Royal Infirmary and Wythenshawe hospitals. The changes would be accompanied by improvements to the availability of same day access to general practice.

1.2.27 Referral was made on the grounds that the closure of the walk-in centres should be postponed to allow further discussion with the Committee and to allow time to ensure that adequate access to same day clinical advice at GP surgeries was in place before the proposals were implemented. The IRP was asked by the Secretary of State to carry out an initial assessment of the documentation received from the HWOSC and the local NHS.

1.2.28 The Panel submitted its advice on 22 November 2011. It advised that it was reasonable, and in line with current DH policy, to expect alternative services to be in place before changes were made to existing services. No conclusive evidence had yet been provided by NHS Manchester and GP commissioning consortia that same day access to clinical advice at GP surgeries was in place throughout Manchester. While it would be impractical to re-open the already closed walk-in centre at Withington Community Hospital, the walk-in centres at Wythenshawe Forum and Ancoats Primary Care Centre should remain open until assurance was provided that the proposed alternative services - namely access to same day clinical advice by a health professional at the patient's GP surgery - were in place. The Panel concluded that the referral did not merit full review.

1.2.29 Andrew Lansley, 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.

1.2.30 ***Review of Children's Congenital Cardiac Services***
On 14 October 2011, Yorkshire and Humber Joint Health Overview and Scrutiny Committee (Joint HOSC) referred to the Secretary of State the Review of Children's Congenital Cardiac Services being undertaken by the National Specialised Commissioning Team (NHS Specialised Services). The England-wide review, known as *Safe and Sustainable*, included proposals to reduce the number of sites at which paediatric cardiac surgery is performed from eleven at present to around six or seven.

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

1.2.32 The Panel submitted its advice on 13 January 2012. It had been advised that the *Safe and Sustainable* consultation was the first national consultation to have been conducted since

the introduction of health scrutiny by local authorities. Efforts had been made to inform HOSCs in advance of the intention to conduct a national consultation and to encourage the establishment of a national joint HOSC. But, ultimately, this did not happen making engagement with all interested HOSCs a highly complex matter. Lessons needed to be learnt for future national exercises. With regard to the consultation conducted with the Yorkshire and Humber Joint HOSC, the Panel advised on a number of specific issues and actions that should form the basis for effective working relationships in the future. Advice was offered taking into account that next steps were dependent on the outcome of a forthcoming legal judgement (brought separately by Royal Brompton & Harefield NHS Foundation Trust). The Panel concluded that the referral did not require full review.

1.2.33 Andrew Lansley, 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.

1.2.34 ***The Newark Review***

On 20 September 2011, Nottinghamshire County Council Social Care and Health Standing Committee (SCHSC, formerly HWSC) wrote again to the Secretary of State referring proposals developed by NHS Nottinghamshire County for future health services in Newark, including those provided at Newark Hospital - part of the Sherwood Forest Hospitals NHS Foundation Trust (SFHFT).

1.2.35 Referral was made on the grounds of inadequate consultation with the Committee and that the proposals were not in the interests of the health service by way of insufficient involvement and consultation of the public. The IRP was asked by the Secretary of State to carry out an initial assessment of the documentation received from the SCHSC and the local NHS.

1.2.36 The Panel submitted its advice on 17 February 2011. It advised that operational issues that were the cause of concern locally were the responsibility of the local NHS in partnership with the local community and its representatives. Greater commitment was required by all concerned to work together constructively for the benefit of local service users. NHS Nottinghamshire and the SCHSC should agree to undertake a post-implementation review to assess progress against the stated aims of the original business case. The Panel concluded that the referral did not merit full review.

1.2.37 Andrew Lansley, 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 2011/12, various NHS bodies, local authority HOSCs 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:

- **Boston Consulting Group**
  healthcare in south east London
- **Derbyshire County Council HOSC**
  local maternity services
- **East Berkshire health community**
  local health services
- **East Sussex Healthcare NHS Trust**
  local health services
- **Friends of Homeopathy in the north west**
  homeopathy services
- **London Ambulance Service**
  local health services
- **London Cardiovascular Project**
  cardiovascular services
- **National Specialised Commissioning Team**
  children's congenital heart services
- **NHS Greater Manchester**
  local health services
- **NHS North West**
  vascular surgery services
- **Save Newark Hospital Campaign**
  Newark Hospital
- **Scottish Government**
  NHS service change

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 Input to the development of the new NHS

Panel representatives have commented on papers and contributed to discussions and workshops on the subject of reconfiguration in the new NHS and the regulation of NHS providers, including the failure regime.

1.4.2 Links with other interested bodies and input into other organisations' work

The Panel has sought to develop relationships with a variety of organisations and bodies interested in the provision of NHS services, including:

- Centre for Public Scrutiny
- NHS Chief Executives
- NHS Confederation
- No 10 Policy Unit (health)

- The Kings Fund

1.4.3 **Continuous professional education**
Throughout the year, Panel members have received briefings and updates on the progress of the Health and Social Care Bill and policy developments relating to NHS service configuration.

1.4.4 **Disseminating our learning**
In November 2008, the Panel published *Learning from Reviews* – a report highlighting learning points from the reviews it had undertaken. An updated edition was published in December 2009 and the third edition, published in December 2010, incorporated learning from the Panel's reviews set in the context of the Coalition Government's policy for reform of the NHS.

1.4.5 These reports have been distributed widely amongst NHS and local authority scrutiny networks and enthusiastically received. They are available on the IRP website at www.irpanel.org.uk. A further publication, reflecting on the Panel's experience from the last nine years, is currently in preparation and will be available in 2012.

1.4.6 **Improving our communications**
The IRP continuously reviews the layout, content and site accessibility of its website (www.irpanel.org.uk). Feedback continues to suggest that the website is a valuable source of information.

1.4.7 Four 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 April, September, December 2011 and in March 2012.

1.4.8 **IRP Code of Practice**
The IRP Code of Practice was last amended in April 2011 to reflect the requirements of the Equality Act 2010, which came into force on 1 April 2011. The Code of Practice remains under regular review.

1.4.9 **IRP office accommodation**
The IRP has, for a number of years, shared office accommodation with, and as a sub-tenant of, the Council for Healthcare Regulatory Excellence (CHRE). The two bodies moved into new offices on the sixth floor of 157 – 197 Buckingham Palace Road, London in December 2010 and have since been joined by representatives of the NHS Institute. With a reduction in the floor space occupied, the move has realised savings in rent and service charges for the IRP.

1.5 Panel meetings and membership

1.5.1 The Panel convened six times in 2010/11 – on 10 May, 5 July, 13 September, 8 November 2011, 10 January and 13 March 2012.

1.5.2 The Appointments Commission re-appointed Cath Broderick and John Parkes for further four-year periods with effect from 1 June 2011 and Ailsa Claire, Brenda Howard and Linda Pepper for a further four years with effect from 1 October 2011.

1.5.3 Paul Roberts and Paul Watson left the IRP during the year. The Panel wishes to thank them both for their excellent contributions to its work.

1.5.4 Following an open recruitment exercise conducted by the Appointments Commission, Glenn Douglas and Hugh Ross were appointed to the Panel for four-year periods from 1 September 2011.

1.5.5 After ten years as IRP chair, the term of office of Dr Peter Barrett came to an end on 13 February 2012. An appointment process conducted by the Appointments Commission and Department of Health was commenced in autumn 2011 and is continuing. Andrew Lansley, Secretary of State for Health, wrote to Dr Barrett on 10 February 2012 requesting that he continue as interim Chair until 31 May 2012. Dr Barrett was pleased to agree. An announcement regarding his successor will be made in due course.

1.6 Future workload

1.6.1 Requests for initial assessment advice continue to be received on a regular basis. Further requests are anticipated throughout the year. At the time of writing, the Health and Social Care Bill has completed its passage through parliament and has just gained Royal Assent. The Panel stands ready to offer initial assessment advice, and where appropriate, advice based on full reviews as requested.

1.6.2 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, 30 June 2011

Independent Reconfiguration Panel
Dr Peter Barrett, Chair
Richard Jeavons, Chief Executive

Department of Health
Andrew Lansley, Secretary of State for Health

Meeting with NHS Chief Executive and Deputy NHS Chief Executive, 20 April 2011

Independent Reconfiguration Panel
Dr Peter Barrett, Chair
Richard Jeavons, Chief Executive

Department of Health
David Nicholson, NHS Chief Executive
David Flory, Deputy NHS Chief Executive

Meeting with Deputy NHS Chief Executive, 7 March 2012

Independent Reconfiguration Panel
Richard Jeavons, Chief Executive

Department of Health
David Flory, Deputy NHS Chief Executive

In year review meetings with sponsor branch

Independent Reconfiguration Panel
Richard Jeavons, Chief Executive
Martin Houghton, Secretary to Panel

Department of Health
Tim Young, NHS Finance, Performance and Operations Directorate
James Skelly, NHS Finance, Performance and Operations Directorate

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, one full review was completed and advice offered to Secretary of State:

- *Health for north east London* (referred by London Borough of Redbridge Health Scrutiny Committee, Outer North East London Joint Health Overview and Scrutiny Committee, London Borough of Barking & Dagenham Council on behalf of the Health and Adult Services Select Committee and London Borough of Havering Health Overview and Scrutiny Committee)

2.3.2 Initial assessments were completed on six referrals and advice offered to the Secretary of State:

- The Newark Review (Nottinghamshire County Council Health and Wellbeing Standing Committee)
- The Walk-in Centres Review (Nottinghamshire County Council Health and Wellbeing Standing Committee)
- Barnet Enfield Haringey Clinical Strategy, Report and Referral from Enfield Council (Enfield Health Scrutiny Panel)
- Relocation of Wythenshawe Forum, Withington and Ancoats Walk-in Centres, Manchester (Manchester City Council Health and Wellbeing Overview and Scrutiny Committee)
- Review of Children's Congenital Cardiac Services (Yorkshire and Humber Joint Health Overview and Scrutiny Committee)
- Newark Review (Nottinghamshire County Council Social Care and Health Standing Committee)

2.3.3 The full review and all initial assessments were delivered on time. The Secretary of State accepted the IRP's advice in full in each case.

2.3.4 The *Health for north east London* review, covering a major sector of greater London and services for a population in excess of one million, had been a particularly challenging logistical and intellectual exercise – involving nearly all Panel members and extending over more than six months from first referral to submission of advice.

Action agreed: The Secretary of State had been grateful for the Panel's advice, both on the full review and on initial assessments.

The system for initial assessment continued to work well and would continue.

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 2013/14.

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* series of publications had been widely praised amongst the NHS and local authority overview and scrutiny committees for its helpful insights into the process of NHS service change. Consideration was being given to what further useful advice the Panel could disseminate.

Action agreed: Further IRP learning to be published in due course.

2.4.5 The IRP's general terms of reference were last amended in 2010 to reflect current DH policy, in particular the introduction of the four tests for NHS service change.

Action agreed: the IRP's general and specific terms of reference to be kept under review to ensure fitness for purpose.

2.4.6 The IRP Code of Practice was amended in April 2011 to reflect the requirements of the Equality Act 2010, which came into force on 1 April 2011.

Action agreed: IRP Code of Practice to be kept under review in light of any new requirements.

2.4.7 Changes were also made to the IRP information template.

Action agreed: Subject to the passage of the Health and Social Care Bill, all IRP documentation to be reviewed in light of any changes in regulations

2.5 **Panel membership and support**

2.5.1 Cath Broderick, Ailsa Claire, Brenda Howard, John Parkes and Linda Pepper were all re-appointed for further four year periods.

2.5.2 Paul Roberts and Paul Watson left the Panel during the year. Following an open recruitment exercise, conducted by the Appointments Commission, Glenn Douglas and Hugh Ross were appointed to the Panel for four year periods to 31 August 2015.

2.5.3 The term of Dr Peter Barrett as chair of the IRP was due to end on 13 February 2012. An appointment process had commenced during autumn 2011 and was continuing.

Action agreed: Secretary of State to ask Dr Barrett to continue as interim IRP Chair until May 2012 while appointment exercise continues to identify a successor.

2.5.4 The terms of Fiona Campbell, Nick Coleman and Jane Hawdon were due to end on 30 April 2012.

Action agreed: Fiona Campbell, Nick Coleman and Jane Hawdon to be re-appointed for further terms with effect from 1 May 2012.

2.5.5 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

2.5.5 **IRP office**

The IRP relocated to offices at 157 – 197 Buckingham Palace Road in December 2010. The new offices were proving 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 September 2011

Chair[4]:

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

Membership[5]:

Cath Broderick (lay member)	Independent consultant on involvement and engagement
Fiona Campbell (lay member)	Independent consultant specialising in health and social policy
Sanjay Chadha (lay member)	Justice of the Peace Committee Member, Multiple Sclerosis (MS) Society
Ailsa Claire (managerial member)	Chief Executive, Barnsley PCT on secondment to NHS Commissioning Board SHA
Nick Coleman (clinical member)	Consultant in Anaesthesia and Intensive Care Medicine University Hospitals of North Staffordshire
Glenn Douglas (managerial member)	Chief Executive Maidstone and Tunbridge Wells NHS Trust
Jane Hawdon (clinical member)	Consultant Neonatologist University College London Hospitals NHS Foundation Trust
Nicky Hayes (clinical member)	Consultant Nurse for Older People King's College Hospital NHS Trust
Brenda Howard (managerial member)	Interim Director, Business Development and Marketing Unit Nottinghamshire Healthcare NHS Trust
Nick Naftalin (clinical member)	Emeritus Consultant Obstetrician and Gynaecologist Leicester Royal Infirmary
John Parkes (managerial member)	Chief Executive NHS Northamptonshire
Linda Pepper (lay member)	Independent consultant on involvement and engagement
Ray Powles (clinical member)	Head of Haemato-oncology, Parkside Cancer Clinic Former Head of Haemato-oncology, the Royal Marsden Hospital
Hugh Ross (managerial member)	Independent consultant Former NHS chief executive
Gina Tiller (lay member)	Chair NHS Newcastle

[4] The IRP Chair receives a salary of £24,224 per annum
[5] 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 an OSC
	Upon receipt of a referral from an OSC to the SofS, DH contacts SHA to request additional information required. SHA/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 OSC and NHS
IRP Members carry out initial assessment and consider suitability for full review. IRP responds within four weeks of DH request	
Where IRP advises that a case <u>is 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 OSC and local stakeholders 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: • 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 OSC 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**	**Current position**
1	East Kent (Canterbury, Ashford, Margate)	12 June 2003	General hospital services incl. maternity paediatrics and emergency care	Not supported, IRP endorsed alternative proposals	Alternative proposals endorsed by IRP fully implemented
2	West Yorkshire (Calderdale, Huddersfield)	31 August 2006	Maternity	Supported	Proposals fully implemented
3	North Teesside (Stockton on Tees, Hartlepool)	18 December 2006	Maternity, paediatrics and neonatology	Not supported, IRP recommended alternative proposals	IRP alternative interim proposals fully implemented. Work on longer term recommendations proceeding. New hospital planned subject to availability of funding.
4	Greater Manchester *(Making it Better)*	26 June 2007	Maternity, paediatrics and neonatology	Supported with conditions	First transfer of services took place in 2010. Implementation expected to be completed winter 2011/12.
5	North east Greater Manchester *(Healthy Futures)*	26 June 2007	General hospital services incl. emergency care	Supported with conditions	Work proceeding on implementation, expected to be complete by 2011
6	Gloucestershire (Gloucester, Cheltenham, Stroud, Cinderford)	27 July 2007	Older people's inpatient mental health	Supported with conditions	Proposals fully implemented.
7	West Midlands (Sandwell, West Birmingham)	30 November 2007	Emergency surgery	Supported with conditions	Proposals fully implemented. Preparatory work for new hospital

					proceeding, expected to open in 2015
8	West Kent (Maidstone, Tunbridge Wells)	30 November 2007	Orthopaedic and general surgery	Supported with conditions	Trust opted not to implement interim changes. First services at new Pembury hospital commenced January 2011.
9	West Suffolk (Sudbury)	31 December 2007	Community services	Supported with conditions	Admission prevention service and intermediate care teams in place Dec 2009. Approval for outline business case for new healthcare hub ongoing.
10	North Oxfordshire (Banbury, Oxford)	18 February 2008	Maternity, paediatrics, neonatology and gynaecology	Not supported	Recommendations for obstetrics and paediatrics considered by PCT in November 2009.
11	North Yorkshire (Scarborough)	30 June 2008	Maternity	Supported	Scarborough MLU opened in 2010.
12	North London (Barnet, Enfield Haringey)	31 July 2008	General hospital services incl. maternity, paediatrics and emergency care	Supported with conditions	Implementation of first phase – women's and children's services – to be completed spring 2011. Second phase – urgent care, emergency inpatients and planned care – expected to be implemented in 2013.
13	East Sussex (Hastings, Eastbourne)	31 July 2008	Maternity, neonatology and gynaecology	Not supported	Maternity services strategy for East Sussex agreed and implementation plan being taken forward with stakeholders for consultant-led care on two sites and enhanced community services by 2012.
14	North Yorkshire (Bridlington)	31 July 2008	Cardiac care and acute medical	Supported	Proposals fully implemented.

			services		
15	South east London (Lewisham, Bromley, Bexley, Greenwich)	31 March 2009	General hospital services incl. maternity, paediatrics and emergency care	Supported with conditions and amendments	Workstreams and planning ongoing. Business case to Trust Board in January 2010 with implementation expected to be complete March 2011.
16	Lincolnshire (Lincoln)	29 May 2009	Microbiology	Supported	Proposals fully implemented
17	South west peninsula	4 June 2010	Oesophageal cancer surgery services	Supported with conditions	Service change implemented with further work on IRP recommendations ongoing.
18	Portsmouth	31 March 2011	End of life care	Supported	
19	North east London	22 July 2011	General hospital services incl. maternity, paediatrics and emergency care	Supported with conditions and amendments	