

***IRP***

**Independent Reconfiguration Panel**

Review of Business

2012/13

**IRP**

## **Independent Reconfiguration Panel**

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**INDEPENDENT RECONFIGURATION PANEL**  
**Review of Business**  
**2012/13**

**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 NHS bodies have a duty to consult their local authority health overview and scrutiny committees 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.

1.2.2 New regulations are due to come into force on 1 April 2013 (para 1.6). The Panel's work during 2012/13 relates to referrals made under the 2002 Regulations.

1.2.3 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

1.2.4 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.

**1.2.5 Contested proposals referred prior to 2012/13**

Advice was provided in 2012/13 on one referral made to the Secretary of State before 31 March 2012. This was:

- *Safe and Sustainable* review of children's congenital heart services (Kensington & Chelsea)

1.2.6 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.

1.2.7 ***Safe and Sustainable***

On 27 March 2012, the Royal Borough of Kensington and Chelsea Health Environmental health and Adult Social Care Scrutiny Committee (HEHASC) referred to the Secretary of State proposals in development for the reconfiguration of children's congenital heart services known as *Safe and Sustainable*.

1.2.8 Referral was made on the grounds of inadequate consultation and that the proposals would not be in the interests of health services in the area. The Committee was particularly concerned about the possible knock-on effects of the withdrawal of paediatric cardiac surgery on the medical and financial viability of the Royal Brompton & Harefield NHS Foundation Trust. The IRP was asked by the Secretary of State to carry out an initial assessment of the documentation received from the HEHASC and the local NHS.

1.2.9 The Panel submitted its advice on 23 May 2012, concluding that the referral did not merit full review. It advised that steps were continuing to be taken to address the concerns raised, in particular those about the impact on paediatric respiratory services at the Royal Brompton Hospital. A final decision on the proposals had not at that stage been made and the opportunity existed for further consideration of the potential impact and what if any further engagement work was required.

1.2.10 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](http://www.irpanel.org.uk).

1.2.11 **Contested proposals referred during 2012/13**

Ten referrals of contested proposals for reconfiguration of services were made to the Secretary of State during the year. These were:

- Dorset, Bournemouth and Poole endoscopy and dermatology services (Borough of Poole Health and Social Care Overview and Scrutiny Committee)
- *Safe and Sustainable* review of children's congenital heart services (Health Scrutiny Committee for Lincolnshire)
- *Safe and Sustainable* review of children's congenital heart services (Leicester, Leicestershire and Rutland Joint Health Overview and Scrutiny Committee)
- *Safe and Sustainable* review of children's congenital heart services (Yorkshire and the Humber Joint Health Overview and Scrutiny Committee)
- Relocation of Wythenshawe Forum and Ancoats Walk-in Centres, Manchester (Manchester City Council Health and Wellbeing Overview and Scrutiny Committee)
- Vascular services across Cheshire and Merseyside (Wirral Council Health and Wellbeing Scrutiny Board)
- Vascular services across Cheshire and Merseyside (Halton, St Helen's and Warrington Joint Health Overview and Scrutiny Committee)

- Children's and maternity services at the Friarage Hospital, Northallerton (North Yorkshire County Council Scrutiny of Health Committee)
- A New Health Deal for Trafford (Trafford and Manchester Joint Health Scrutiny Committee)
- Vascular services across Cumbria and Lancashire (Cumbria Health Scrutiny 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. The three referrals relating to the *Safe and Sustainable* proposals were considered appropriate for full review. Initial assessment advice was provided on the other seven referrals that were not deemed suitable for full review.

1.2.14 ***Dorset, Bournemouth and Poole Any Qualified Provider (AQP) endoscopy and dermatology services***

On 17 July 2012, the Borough of Poole Health and Social Care Overview and Scrutiny Committee referred to the Secretary of State proposals concerning the implementation of AQP for community endoscopy and dermatology services. Referral was made on the grounds of inadequate consultation and that the proposals were not in the interests of the local health service

1.2.15 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.

1.2.16 The Panel submitted its advice on 21 September 2012. The Panel concluded that the referral did not merit full review. It advised that local commissioners had implemented AQP in line with DH operational guidance, engaging relevant interests throughout the process. Concerns about the impact of AQP on established care pathways, particularly for urgent referral for cancer, should receive detailed consideration before implementation so that Dorset patients could benefit from the new services that AQP will bring.

1.2.17 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](http://www.irpanel.org.uk).

1.2.18 ***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.

1.2.19 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).

1.2.20 The England-wide programme, known as *Safe and Sustainable*, included proposals to reduce the number of sites at which paediatric cardiac surgery is performed. Decisions on the proposals - known as *Safe and Sustainable* - were made by a Joint Committee of Primary Care Trusts (JCPCT) at a meeting on 4 July 2012 when it was agreed that seven managed clinical networks should be established 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).

- 1.2.21 The IRP was asked by the Secretary of State to carry out an initial assessment of the documentation received from the two scrutiny committees and from the National Specialised Commissioning Team. The IRP set out its initial assessment of both referrals in a letter to the Secretary of State of 21 September 2012 concluding that a full referral would be appropriate. The Secretary of State commissioned a full review of the *Safe and Sustainable* proposals from the IRP on 22 October 2012. The Panel was asked to submit its advice by 28 February 2013.
- 1.2.22 In October 2012, Save Our Surgery Ltd, an independent charity in Leeds, applied for a judicial review of the JCPCT's decision.
- 1.2.23 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). The Secretary of State wrote to the IRP on 29 November 2012 requesting an initial assessment and asking the Panel to consider the suitability of incorporating the referral into the full review already underway.
- 1.2.24 The IRP responded to the Secretary of State on 7 December 2012 concluding that the Y&H Joint HOSC's referral was suitable for inclusion within its review of the *Safe and Sustainable* proposals.
- 1.2.25 Revised terms of reference were issued in the Secretary of State's letter to the IRP of 10 December 2012 together with an amended date for submission of advice. The Panel was asked to advise by 28 March 2013:
- 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.*

- 1.2.26 A comprehensive programme of site visits and evidence-taking sessions with interested parties commenced in November 2012 and continued into 2013. All ten 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.
- 1.2.27 On 7 March 2013, the court ruled against the JCPCT in the judicial review brought by Save our Surgery Ltd and confirmed that a further hearing would be held on 27 March 2013 to consider redress. The Secretary of State issued further instructions to the IRP on 15 March 2013 extending the deadline for submission of the Panel's advice so that account could be taken of the decision on redress.
- 1.2.28 The Panel is due to submit its advice to the Secretary of State on 30 April 2013.
- 1.2.29 ***Relocation of Wythenshawe Forum and Ancoats Walk-in Centres, Manchester***  
On 31 August 2012, Manchester City Council Health and Wellbeing Overview and Scrutiny Committee (HWOSC) referred to the Secretary for State longstanding proposals that Wythenshawe Forum and Ancoats walk in centres be closed, with their staff and resources redeployed to establish urgent care centres alongside local A&E departments as part of a package of changes to improve the emergency and urgent care service for Manchester residents. The proposals had previously been the subject of a referral in 2011.
- 1.2.30 Referral was made on the grounds that, as had been advised in the IRP's previous assessment, satisfactory evidence had not been provided that proposed alternative services (access to same day clinical advice by a health professional at the patient's GP surgery) were yet in place across Manchester.
- 1.2.31 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.
- 1.2.32 The Panel submitted its advice on 26 October 2012. The Panel concluded that the referral did not merit full review. It was a matter of regret to find that, a year after the IRP's previous advice, implementation of changes that had widespread support were being delayed by a local dispute about monitoring access to same day clinical advice in primary care. The Panel advised that the NHS's efforts to inform the HWOSC should concentrate on explaining the available evidence in terms that would reassure the layperson about access to appropriate urgent care when it is needed. Prompt action was required to resolve outstanding issues so that implementation of the changes could be completed in the best interest of patients.
- 1.2.33 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](http://www.irpanel.org.uk).

1.2.34 ***Vascular services across Cheshire and Merseyside***

On 27 September 2012, Wirral Chair Wirral Health and Wellbeing Overview and Scrutiny Board referred to the Secretary of State proposals to reconfigure vascular services across Cheshire and Merseyside. A further referral was made on 3 October 2012 by Halton, St Helen's and Warrington Joint Health Overview and Scrutiny Committee. The proposals aimed to improve the quality of care for patients undergoing both elective and emergency arterial surgery across Cheshire and Merseyside, in part by creating two arterial centres at the Royal Liverpool and Countess of Chester Hospitals to serve north and south Merseyside respectively. While the proposals for north Merseyside had been agreed and were proceeding to implementation, proposals for the south of the area were the subject of the referrals.

1.2.35 Referral was made on the grounds that the proposals would not be 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 committees and the local NHS.

1.2.36 The Panel submitted its advice on 7 December 2012. The Panel concluded that the referral did not merit full review. There was a strong case for change in terms of better outcomes for patients and no compelling evidence to contradict the choice of Countess of Chester Hospital as the arterial centre for south Merseyside. In the light of doubts raised as to whether the latest proposals met the relevant professional standards, the IRP advised an urgent further review by the National Clinical Advisory Team (NCAT) before proceeding to the detail of implementation, keeping local scrutiny committees involved and informed throughout.

1.2.37 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](http://www.irpanel.org.uk).

1.2.38 ***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.

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 22 February 2013 and the decision of the Secretary of State is awaited.

1.2.41 ***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.

1.2.42 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 27 March 2013 and the decision of the Secretary of State is awaited.

1.2.44 ***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.

1.2.45 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.

1.2.46 The Panel is due to submit its advice on 19 April 2013.

### **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 2012/13, various NHS bodies, local authority 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:

- **North Yorkshire County Council**  
paediatric and maternity services
- **National Specialised Commissioning Team**  
children's congenital heart services
- **Yorkshire and the Humber Joint HOSC**  
children's congenital heart services
- **Community Hospitals Association**  
community services in Dorset

- **South Tees Hospitals NHS Foundation Trust**  
health services in north Yorkshire
- **NHS London**  
health services in north west London
- **NHS Yorkshire and Humber**  
health services in north Yorkshire
- **Telford and Wrekin Council**  
NHS transition
- **East Sussex Healthcare NHS Trust**  
local health 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 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. In September 2012, the Panel provided a formal response to the Department of Health consultation on *Local Authority Health Scrutiny: proposals for consultation*. The response is available at on the IRP website at [www.irpanel.org.uk](http://www.irpanel.org.uk).

### **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 Health Accountability Forum
- NHS Confederation
- The Kings Fund

The Panel also received a copy of the Special Administrator's draft report on South London Healthcare NHS Trust

### **1.4.3 Continuous professional education**

Throughout the year, Panel members have received briefings and updates on the progress of the NHS reforms. Members were briefed on the development of health and wellbeing boards and Healthwatch and on findings of a survey on staff experience and workforce issues. An IRP delegation visited the Peninsular Cancer Network to hear about progress in implementing changes following the Panel's previous review of upper gastro-intestinal surgical services.

### **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. 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](http://www.irpanel.org.uk).

1.4.5 In July 2012, to mark the retirement of Dr Peter Barrett as IRP Chair in July 2012 (see para 1.5.4), the IRP produced a new publication reflecting on Peter's ten years as Chair and how the key aspects of safety, sustainability and accessibility have guided the Panel's work. *Safety, Sustainability, Accessibility - striking the right balance* is available on the IRP website at [www.irpanel.org.uk](http://www.irpanel.org.uk).

#### 1.4.6 **Improving our communications**

The IRP continuously reviews the layout, content and site accessibility of its website ([www.irpanel.org.uk](http://www.irpanel.org.uk)). Feedback continues to suggest that the website is a valuable source of information.

1.4.7 Two 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 June and December 2012.

#### 1.4.8 **IRP Code of Practice**

The IRP Code of Practice was updated in May 2012 to incorporate the latest Cabinet Office guidance. 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 Professional Standards Authority (formerly the Council for Healthcare Regulatory Excellence). The two bodies moved into new offices on the sixth floor of 157 – 197 Buckingham Palace Road, London in December 2010 and were later joined by representatives of the NHS Leadership Academy. With a reduction in the floor space occupied, the move has realised savings in rent and service charges for DH.

### 1.5 **Panel meetings and membership**

1.5.1 The Panel convened six times in 2012/13 – on 8 May, 10 July, 11 September, 13 November 2012, 10 January and 14 March 2013.

1.5.2 After ten years as IRP Chair, the term of office of Dr Peter Barrett came to an end on 13 February 2012. Andrew Lansley, then Secretary of State for Health, wrote to Dr Barrett requesting that he continue as interim Chair until a successor was appointed. Dr Barrett was pleased to agree.

1.5.3 Following an appointment process conducted by the Appointments Commission and Department of Health, Lord Ribeiro CBE was appointed IRP Chairman with effect from 2 July 2012 for a four year period.

1.5.4 The Panel wishes to thank Dr Barrett for his immense contribution to its work over the previous ten years.

1.5.5 Ailsa Claire resigned from the IRP during the year while Sanjay Chadha, Nick Naftalin and Ray Powles completed ten years as IRP members in February 2013 but were asked by Jeremy Hunt, Secretary of State for Health, to remain on the Panel until 30 April 2013 to

facilitate completion of the IRP review of the *Safe and Sustainable* proposals for children's congenital heart services. Again, the Panel wishes to thank them for their excellent contributions to its work.

- 1.5.6 An open recruitment exercise has been conducted by the Department of Health and new members are due to be appointed to the Panel with effect from 1 May 2013.

## **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.
- 1.6.2 New regulations<sup>1</sup> governing local authority health scrutiny and the power to refer proposals for substantial developments or variations to health services to the Secretary of State for Health come into force on 1 April 2013. The Panel stands ready to offer initial assessment advice, and where appropriate, advice based on full reviews as requested.
- 1.6.3 Requests for informal advice and support continue to be received.

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<sup>1</sup> The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

## Part Two Review of activity with Departmental Sponsors and further action

Those participating:

### Meeting with NHS Chief Executive and Deputy NHS Chief Executive, 29 May 2012

#### **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 commenced and advice due to be offered to Secretary of State on 30 April 2013:
- *Safe and Sustainable* review of children's congenital heart services (referred by 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)
- 2.3.2 Initial assessments were completed on seven referrals and advice offered to the Secretary of State:
- Dorset, Bournemouth and Poole endoscopy and dermatology services (Borough of Poole Health and Social Care Overview and Scrutiny Committee)
  - Relocation of Wythenshawe Forum and Ancoats Walk-in Centres, Manchester (Manchester City Council Health and Wellbeing Overview and Scrutiny Committee)
  - Vascular services across Cheshire and Merseyside (Wirral Council Health and Wellbeing Scrutiny Board)
  - Vascular services across Cheshire and Merseyside (Halton, St Helen's and Warrington Joint Health Overview and Scrutiny Committee)
  - Children's and maternity services at the Friarage Hospital, Northallerton (North Yorkshire County Council Scrutiny of Health Committee)
  - A New Health Deal for Trafford (Trafford and Manchester Joint Health Scrutiny Committee)
  - Vascular services across Cumbria and Lancashire (Cumbria Health Scrutiny Committee)
- 2.3.3 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 *Safe and Sustainable* review of children's congenital heart services was the first national review of services undertaken by the IRP. With surgical services provided from ten sites and other services provided from locations throughout the country, the review was proving to be a major logistical and intellectual exercise – comfortably the largest piece of work undertaken by the Panel over effectively a nine month period.

***Action agreed: The Secretary of State had been grateful for the Panel's advice on initial assessments and looked forward to receiving the Safe and Sustainable report.***

## 2.4 **The Panel's future workload**

- 2.4.1 New regulations governing local authority health scrutiny and the power to refer proposals for substantial developments or variations to health services to the Secretary of State for Health come into force on 1 April 2013. 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 2014/15.***



- 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. This had been supplemented in 2012 with the reflections of Dr Peter Barrett from his ten years in office as IRP Chair.

*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 May 2012 to reflect updated guidance from the Cabinet Office.

*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: all IRP documentation to be reviewed/updated to reflect the new "architecture" of the NHS with effect from April 2013.*

## 2.5 Panel membership and support

- 2.5.1 Lord Ribeiro CBE had been appointed IRP Chairman with effect from 2 July 2012 for a four year period.

- 2.5.2 Ailsa Claire left the Panel during 2012. The appointments of Sanjay Chadha, Nick Naftalin and Ray Powles had been extended to 30 April 2013 to allow them to contribute to the completion of the IRP report on the *Safe and Sustainable* proposals. An open recruitment exercise was in progress to identify new Panel members to take up post from 1 May 2013.

*Action agreed: Five new members to be appointed to the IRP by Secretary of State to take up post on 1 May 2013*

- 2.5.3 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

1 September 2012 to 31 March 2013

#### Chair<sup>2</sup>:

Lord Ribeiro, CBE

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

#### Membership<sup>3</sup>:

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

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

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)

Interim Director, Derby Royal Hospital  
Project advisor to West Leicestershire CCG

Nick Naftalin  
(clinical member)

Emeritus Consultant Obstetrician and Gynaecologist  
Leicester Royal Infirmary

John Parkes  
(managerial member)

Chief Executive  
Greater East Midlands Commissioning Support Group

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

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<sup>2</sup> The IRP Chairman receives a salary of £36,780 per annum

<sup>3</sup> 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**

<b>DH/IRP PROTOCOL FOR HANDLING REFERRALS TO THE IRP</b>	
<b>INDEPENDENT RECONFIGURATION PANEL</b>	<b>DEPARTMENT OF HEALTH</b>
	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	
<b>Where IRP advises that a case <u>is not</u> suitable for full IRP review</b> , 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
<b>Where IRP advises that the case <u>is</u> suitable for full IRP review:</b>	
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"> <li>• Written evidence</li> <li>• Site visits</li> <li>• Evidence-taking from key stakeholders and interested parties</li> <li>• Determine advice</li> <li>• Report writing</li> </ul>	
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](http://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 (Barnet, Enfield Haringey)	31 July 2008	General hospital services incl. maternity, paediatrics and emergency care	Supported with conditions
13	East Sussex (Hastings,	31 July 2008	Maternity, neonatology and gynaecology	Not supported

	Eastbourne)			
14	North Yorkshire (Bridlington)	31 July 2008	Cardiac care and acute medical services	Supported
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
16	Lincolnshire (Lincoln)	29 May 2009	Microbiology	Supported
17	South west peninsula	4 June 2010	Oesophageal cancer surgery services	Supported with conditions
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
20	Safe and Sustainable	30 April 2013	Children's congenital heart services	