

***IRP***

**Independent Reconfiguration Panel**

Review of Business

2014/15

**IRP**

## **Independent Reconfiguration Panel**

6<sup>th</sup> Floor

157 – 197 Buckingham Palace Road

London SW1W 9SP

Tel: 020 7389 8045/8046

E Mail: [info@irpanel.org.uk](mailto:info@irpanel.org.uk)

Website:

<https://www.gov.uk/government/organisations/independent-reconfiguration-panel>

Press Office

Tel: 020 7025 7530

Email: [press@irpanel.org.uk](mailto:press@irpanel.org.uk).

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## INDEPENDENT RECONFIGURATION PANEL

Review of Business  
2014/15

### 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.

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

1.2.5 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.

#### 1.2.6 Advice on contested proposals provided during 2014/15

Initial assessment advice was commissioned on four contested proposals:

- Closure of the Boulevard Healthcare Centre, North Somerset
- Children's and maternity services at the Friarage Hospital, Northallerton
- Closure of the Jarrow Walk-in Centre, South Tyneside
- Minor injuries unit, Cossham Hospital, South Gloucestershire

#### 1.2.7 **Closure of the Boulevard Healthcare Centre, North Somerset**

On 3 February 2014, North Somerset Council Health Overview and Scrutiny Committee referred to the Secretary of State the decision of NHS England to close the Boulevard Healthcare Centre in Weston-super-Mare, a centre providing accessible primary care services to a vulnerable and high need group of patients. The closure had been precipitated by the withdrawal of the provider and failure to procure a replacement.

1.2.8 Referral was made on the grounds that the closure was 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.

1.2.9 The Panel submitted its advice on 2 May 2014. It found that the original purpose of the services remained as relevant today as it had been when they opened in 2008. The priority now was to ensure that the needs of patients were being met. The Panel advised that NHS England, with local commissioners, should agree a timetable urgently to assure themselves that appropriate services were in place, with any gaps identified being rectified with additional resources. 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: <https://www.gov.uk/government/organisations/independent-reconfiguration-panel>.

#### 1.2.10 **Children's and maternity services at the Friarage Hospital, Northallerton**

On 20 March 2014, the North Yorkshire County Council Scrutiny of Health Committee referred to the Secretary of State proposals for maternity and children's services at Friarage Hospital in Northallerton based on the NHS's decision that consultant deliveries and overnight admission of children were no longer sustainable at the hospital.

1.2.11 Referral was made on the grounds that the proposals would not be in the interests of the health service in its 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 15 May 2014. Following an earlier referral, the Panel had advised proceeding to consultation in a way that would explore options fully. The Panel found that its advice had been followed, by all parties involved, with evident good practice. Significant time and effort had been spent exploring alternative service models and options, and the Panel found no evidence that further work would identify a better workable alternative. Given concerns about the fragility of current services, the Panel advised that implementing the final proposals as quickly and effectively as possible, whilst continuing to engage fully with patients, the public and their representatives, was the best way forward. 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: <https://www.gov.uk/government/organisations/independent-reconfiguration-panel>.

#### 1.2.13 **Closure of the Jarrow Walk-in Centre, South Tyneside**

On 10 December 2014, South Tyneside Council Overview and Scrutiny Coordinating and Call-in Committee, on behalf of South Tyneside Council referred to the Secretary of State proposals to streamline urgent care services for the area including relocating the Jarrow Walk-in Centre to be incorporated into an acute hub on the site of the South Tyneside General Hospital.

1.2.14 Referral was made on the grounds that the proposals were not in the interests of the health service in South Tyneside. 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.

1.2.15 The Panel submitted its advice on 6 February 2015. It found that the Council agreed with the principle of an urgent care hub. The main issue was one of addressing outstanding implementation issues within an appropriate timescale. It was not clear that issues identified by a consultation outcome report prepared by North of England Commissioning Support would be addressed sufficiently within the timescale indicated – notably how the healthcare needs of 27,000 attendees at the Jarrow Walk-in Centre would be met in future through improved GP access, pharmacy services and services at the new hub. The Panel advised that the clinical commissioning group (CCG), NHS England and the Council should agree a timetable and programme of work for resolution of outstanding issues and satisfy themselves that local primary care health services capacity in Jarrow and Hebburn would be sufficient to mitigate for the 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:

<https://www.gov.uk/government/organisations/independent-reconfiguration-panel>.

1.2.16 **Minor injuries unit, Cossham Hospital, Bristol and South Gloucestershire**

On 30 January 2015, the South Gloucestershire Council referred to the Secretary of State the decision of South Gloucestershire CCG to undertake a primary care minor injuries pilot scheme and not introduce a minor injuries unit at Cossham Hospital.

1.2.17 Referral was made on the grounds that the decision was 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 council and the local NHS.

1.2.18 The Panel is due to submit its advice on 7 April 2015.

### 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 2014/15, 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:

- **Sussex CCGs**  
maternity and paediatrics
- **NHS organisations**  
health services in Bedfordshire
- **Patient groups and local residents**  
health services in Bristol and south Gloucestershire
- **Patient groups**  
community hospital services
- **Patient groups and local residents**  
health services in north east London
- **NHS organisations**  
health services in Bristol and south Gloucestershire
- **NHS and local authority**  
health and social care services in Leicester, Leicestershire and Rutland
- **Patient's Forum**  
reconfiguration of NHS services
- **Local representatives and residents**  
health services in South Tyneside
- **NHS representative in Greater Manchester**  
Health services in Greater Manchester

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 light of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and prior to and following the publication of updated Department of Health guidance on local authority health scrutiny in June 2014.

### 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 the Centre for Public Scrutiny, Monitor and 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 the role and work of Health Education England, the Royal College of Physicians' *future hospital* project, and by a member of the Emergency Care Intensive Support Team on good practice principles of urgent and emergency care.

### 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 <https://www.gov.uk/government/organisations/independent-reconfiguration-panel>.

1.4.6 The Panel intends to publish a further edition of *Learning from Reviews* in 2015.

### 1.4.7 Improving our communications

The IRP website transferred to the Government Digital Service GOV.UK platform in autumn 2014.

1.4.8 One edition of the IRP's email *Newsletter*, offering updates on the latest developments in the IRP's work and related areas of interest, was produced and distributed in May 2014. Consideration is being given to how the *Newsletter* function can be replicated within the GOV.UK platform.

### 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, media support and review team support**

The IRP has, for a number of years, shared office accommodation with, and as a sub-tenant of, the Professional Standards Authority (PSA). 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 offers appropriate accommodation and value for money.

1.4.11 The current memorandum for terms of occupation between PSA and IRP is due to expire in October 2015 and discussions are underway to renew the agreement for a further period.

1.4.12 Media support to the Panel is provided by Grayling International which offers media monitoring and advice on a time and materials basis. An option to extend the current contract up to 18 July 2015 has been exercised. In accordance with government requirements, the contract beyond that date has been subject to a capability assessment under Lot 4 (Public Relations and Related Services) of the Creative Solutions Framework (RM988) but failed to identify a supplier able to meet the contract specification. The contract has since been advertised in the Official Journal of the European Union (OJEU) and a contract will awarded in due course.

1.4.13 The Panel utilises a pool of review managers to provide support to specific full reviews on a “call-off” basis as required. During 2014, the process for procuring review managers was adapted to comply with the requirements of the Contingent Labour One Framework.

1.4.14 **Triennial review of IRP**

On 7 October 2014, Una O’Brien, Permanent Secretary of the Department of Health (DH) wrote to the Richard Jeavons, Chief Executive, IRP to advise of the intention to conduct a review of the Panel as part of a programme of work by the Department to triennially review its arm’s length bodies (including NDPBs).

1.4.15 Triennial reviews (part of a wider cross-government Cabinet Office initiative) are intended to provide a systematic approach for the regular review of public bodies operating at arm’s length to government departments. Reviews have two areas of focus. The first looks at the organisation’s functions and asks whether they could be delivered more efficiently. The second considers the organisation’s overall performance and capability, looking at efficiency governance and wider relationships with other stakeholders.

1.4.16 The review was conducted by a DH lead reviewer assisted by a multi-disciplinary team and working under the direction of a senior review sponsor independent both of the review team and the IRP. The review was overseen by a project board and also by a critical friends group to provide additional external scrutiny. The review was subject to the wider scrutiny of the DH Triennial Review Steering Group led by the DH Director Group Assurance.

1.4.17 Evidence was gathered through various means, including desk based review, material submitted during a public call for evidence (27 November to 24 December 2014) and stakeholder workshop (8 December 2014), and interviews with the IRP Chair, IRP Chief Executive, IRP Secretary and DH sponsor team officials.

1.4.18 The review team’s report was submitted to the DH Permanent Secretary and to DH Ministers in March 2015. Overall, the review recognised the continuing need for the IRP to

provide advice to the Secretary of State for Health. The review emphasized the value that all stakeholders place on the independence and impartiality of the advice that the IRP provides.

1.4.19 The review team concluded that the IRP should continue to advise the Secretary of State on referrals made under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The team also concluded that the independence from DH, and also other organisations in the health and care system, provided by the status of the IRP as a non-departmental body should be maintained. Three specific recommendations were made:

- i. The functions identified in the review should continue to be delivered by the IRP in its current form as an Advisory NDPB
- ii. A supplementary document should be issued to explain the areas that are considered in the course of an IRP review
- iii. The IRP should consider making more use of exploiting social media in its next full review

1.4.20 The report was accepted by the DH Permanent Secretary and Ministers and received final clearance from Cabinet Office Ministers in March 2015. It was published on the Parliamentary and IRP websites on 26 March 2015.

1.4.21 The IRP was pleased to note the recognition of the value of its work to date, its working methods and the continuing need for the Panel to perform its functions. Documentation issued by the Panel prior to and during a full review has been modified to take account of the second recommendation. The third recommendation will be taken into consideration in preparing for future reviews.

1.4.22 The Triennial Review report of the Independent Reconfiguration Panel can be accessed on the IRP website at:

<https://www.gov.uk/government/consultations/independent-reconfiguration-panel-2014-review>.

## **1.5 Panel meetings and membership**

1.5.1 The Panel convened four times in 2014/15 – on 8 May, 10 July, 13 November 2014 and 8 January 2015.

1.5.2 An open recruitment exercise, conducted by the Department of Health, began in December 2014 to appoint members to the Panel during 2015. The exercise, conducted in line with the Commissioner of Public Appointments code of practice and Cabinet office guidelines, identified two applicants - Simon Morritt and Suzanne Shale - who will join the Panel in May 2015. Cath Broderick, Shera Chok, Shane Duffy, Tessa Green, Rosemary Granger and Linn Phipps were re-appointed for further periods.

## **1.6 Future workload**

1.6.1 Requests for initial assessment advice continue to be received. The Panel's advice on the minor injuries unit at Cossham Hospital will be published following the Secretary of State's decision on the matter. Another request for advice is anticipated shortly following a referral to the Secretary of State and further requests are anticipated throughout the year.

1.6.2 The Panel stands ready to offer advice 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 DH Director General, Finance & NHS, 23 July 2014

#### **Independent Reconfiguration Panel**

Lord Ribeiro, Chairman

#### **Department of Health**

Richard Douglas, DH Director General, Finance & NHS

### In year stocktakes with sponsor branch

#### **Independent Reconfiguration Panel**

Richard Jeavons, Chief Executive

Martin Houghton, Secretary to IRP

#### **Department of Health**

Penelope Green, DH Provider Policy

Priya Bassan, DH Provider Policy

Chiya Shikalislami, 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, initial assessment advice was submitted on four referrals:

- Closure of the Boulevard Healthcare Centre, North Somerset
- Children's and maternity services at the Friarage Hospital, Northallerton
- Closure of the Jarrow Walk-in Centre, South Tyneside
- Minor injuries unit, Cossham Hospital, Bristol and South Gloucestershire

- 2.3.2 All advice was delivered on time. The Secretary of State accepted the IRP's advice in full in the first three cases and the fourth is due to be submitted shortly.
- 2.3.3 The run-up to the 2015 general election was acknowledged to have played some part in the reduced number of referrals to the Secretary of State in the year.

*Action agreed: The Secretary of State had been grateful for the Panel's advice on the initial assessments.*

## 2.4 Other work undertaken

- 2.4.1 An option to extend the media contract with Grayling International up to 18 July 2015 has been exercised. The contract beyond that date was subject to a capability assessment under Lot 4 (Public Relations and Related Services) of the Creative Solutions Framework (RM988) but failed to identify a supplier able to meet the contract specification. The contract has since been advertised in the Official Journal of the European Union (OJEU)

*Action agreed: procurement for a new contract for 2015 and beyond to be completed.*

- 2.4.2 Following the open recruitment exercise, Simon Morrith and Suzanne Shale will join the Panel in May 2015. Cath Broderick, Shera Chok, Shane Duffy, Tessa Green, Rosemary Granger and Linn Phipps were re-appointed for further periods.

*Action agreed: further appointments to be made during 2015 and in 2015/16.*

- 2.4.3 The pool of IRP review managers, established on a "call-off" basis to provide support to reviews as required, has served the Panel well. The process for procuring review managers was modified to be compliant with the requirements of the Contingent Labour One Framework.

*Action agreed: To continue.*

- 2.4.4 The IRP website transferred to the Government Digital Service GOV.UK platform during 2014. Other functions not supported by GDS have been transferred to another platform. Both tasks had proved to be administratively labour intensive and time-consuming but were completed successfully.

*Action agreed: Function and content of the website to be kept under review, mechanism for providing other functions required for IRP operation to be kept under review.*

- 2.4.5 Assisting the triennial review of the IRP had also been administratively time-consuming. The IRP had been pleased to note the recognition of the value of its work to date, its working methods and the continuing need for the Panel to perform its functions. Recommendation Two from the review had already been implemented and Recommendation Three would be considered at the appropriate time.

*Action agreed: Recommendations of the Triennial Review to be actioned as appropriate.*

## 2.5 The Panel's future workload

- 2.5.1 The Panel stands ready to offer advice on any referrals to the Secretary of State.

2.5.2 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.

2.5.3 Work to secure a further contract for media support (Lot 4 (Public Relations and Related Services) of the Creative Solutions Framework (RM988) and subsequently advertising in OJEU), compliance with the Contingent Labour One Framework for engaging review team support, the transfer of the IRP website to GOV.UK and assisting the triennial review of the IRP had placed a considerable administrative burden on the Panel during the year. With these tasks now either completed or nearing completion, the Panel was well placed to concentrate on its core work of providing expert independent advice to the Secretary of State during the coming year.

***Action agreed: The Panel should stand ready for further referrals throughout the year and into 2016/17.***

2.5.4 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.***

2.5.5 The Panel's *Learning from Reviews* series of publications continue to provide helpful advice to NHS bodies and local authorities.

***Action agreed: Further IRP learning to be published in 2015.***

2.5.6 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.***

#### 2.5.7 **IRP office**

The Triennial Review of the IRP confirmed the continuing need for expert, independent advice and that the Panel's functions should continue to be delivered by the IRP in its current form.

2.5.8 The IRP's office at 157 – 197 Buckingham Palace Road continues to provide appropriate accommodation. The current memorandum for terms of occupation between PSA and IRP is due to expire in October 2015 and discussions are underway to renew the agreement for a further period.

***Action agreed: Memorandum for terms of occupation between PSA and IRP to be extended.***

## ANNEX ONE

### IRP Membership

#### Chair<sup>1</sup>:

Lord Ribeiro

Former consultant surgeon, Basildon University NHS Trust  
Past President, Royal College of Surgeons

#### Membership<sup>2</sup>:

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 Group Director,  
Women's & 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

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<sup>1</sup> The IRP Chairman receives a salary of £36,780 per annum

<sup>2</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**

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	
<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 local authority and local stakeholders, copied to NHS England, 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 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 at:  
<https://www.gov.uk/government/organisations/independent-reconfiguration-panel>

	Location	Date Submitted	Services reviewed
1	East Kent (Canterbury, Ashford, Margate)	12 June 2003	General hospital services incl. maternity paediatrics and emergency care
2	West Yorkshire (Calderdale, Huddersfield)	31 August 2006	Maternity
3	North Teesside (Stockton on Tees, Hartlepool)	18 December 2006	Maternity, paediatrics and neonatology
4	Greater Manchester ( <i>Making it Better</i> )	26 June 2007	Maternity, paediatrics and neonatology
5	North east Greater Manchester ( <i>Healthy Futures</i> )	26 June 2007	General hospital services incl. emergency care
6	Gloucestershire (Gloucester, Cheltenham, Stroud, Cinderford)	27 July 2007	Older people's inpatient mental health
7	West Midlands (Sandwell, west Birmingham)	30 November 2007	Emergency surgery
8	West Kent (Maidstone, Tunbridge Wells)	30 November 2007	Orthopaedic and general surgery
9	West Suffolk (Sudbury)	31 December 2007	Community services
10	North Oxfordshire (Banbury, Oxford)	18 February 2008	Maternity, paediatrics, neonatology and gynaecology
11	North Yorkshire (Scarborough)	30 June 2008	Maternity
12	North London ( <i>Your health, your future – safer, closer, better</i> )	31 July 2008	General hospital services incl. maternity, paediatrics and emergency care
13	East Sussex (Hastings, Eastbourne)	31 July 2008	Maternity, neonatology and gynaecology
14	North Yorkshire (Bridlington)	31 July 2008	Cardiac care and acute medical services
15	South east London ( <i>A picture of health</i> )	31 March 2009	General hospital services incl. maternity, paediatrics and emergency care

16	Lincolnshire (Lincoln)	29 May 2009	Microbiology
17	South west peninsula (Devon, Cornwall, Isles of Scilly)	4 June 2010	Oesophageal cancer surgery services
18	Hampshire (Portsmouth)	31 March 2011	End of life care
19	North east London ( <i>Health for north east London</i> )	22 July 2011	General hospital services incl. maternity, paediatrics and emergency care
20	National ( <i>Safe and Sustainable</i> )	30 April 2013	Children's congenital heart services
21	North west London ( <i>Shaping a healthier future</i> )	13 September 2013	General hospital services incl. maternity, paediatrics and emergency care