

***IRP***

**Independent Reconfiguration Panel**

Review of Business

2015/16

**IRP**

## **Independent Reconfiguration Panel**

6<sup>th</sup> Floor

157 – 197 Buckingham Palace Road

London SW1W 9SP

Tel: 020 7389 8045/8046

E Mail: [irpinfo@dh.gsi.gov.uk](mailto:irpinfo@dh.gsi.gov.uk)

Website:

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

Press Office

Tel: 020 7025 7530

Email: [irp@grayling.com](mailto:irp@grayling.com)

## CONTENTS

<b>Part One</b>	<b>Report of activity</b>	5
<b>1.1</b>	<b>Introduction</b>	5
<b>1.2</b>	<b>The Panel's formal role in advising Ministers</b>	5
	Advice on contested proposals provided during 2015/16	6
	➤ Minor injuries unit, Cossham Hospital Bristol and South Gloucestershire	6
	➤ Transfer of intermediate care services London Borough of Redbridge	6
<b>1.3</b>	<b>The Panel's informal role in offering advice and support</b>	7
	Advice and support offered	7
<b>1.4</b>	<b>Other work undertaken</b>	8
	Input to policy	8
	Links with other interested bodies and input into other organisations' work	8
	Continuous professional education	8
	Disseminating our learning	8
	Communications	9
	IRP Terms of Reference and Code of Practice	9
	IRP office accommodation and media support	9
	Triennial review of IRP	9
<b>1.5</b>	<b>Panel meetings and membership</b>	10
<b>1.6</b>	<b>Future workload</b>	10

<b>Part Two</b>	<b>Review of activity with Departmental Sponsors and further action</b>	11
Annex One	IRP membership	14
Annex Two	IRP general terms of reference	16
Annex Three	Handling plan for referral of contested reconfiguration proposals to IRP	17
Annex Four	List of full IRP reviews	18

**INDEPENDENT RECONFIGURATION PANEL**  
**Review of Business**  
**2015/16**

**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 chairman 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 2015/16**

Initial assessment advice was commissioned on two contested proposals:

- Minor injuries unit, Cossham Hospital, South Gloucestershire
- Transfer of intermediate care services, London Borough of Redbridge

**1.2.7 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 Clinical Commissioning Group (CCG) to undertake a primary care minor injuries pilot scheme and not introduce a minor injuries unit at Cossham Hospital.

1.2.8 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 using documentation received from the council and the local NHS.

1.2.9 The Panel submitted its advice on 7 April 2015. It found that both local and national experience suggested that earlier initiatives to alleviate pressure on A&E services had not succeeded in reducing demand as hoped and considered that the CCG was right to look at alternatives. The Panel advised that information gaps about the number, location, opening times and staffing of the proposed pilot scheme be filled as soon as possible. Further, it advised that NHS England should secure independent external support to help rebuild relationships between the NHS, Council and the local population. 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 Transfer of intermediate care services, London Borough of Redbridge**

On 11 November 2015, Redbridge Council Health Scrutiny Committee referred to the Secretary of State the decision of the Barking and Dagenham, Havering and Redbridge CCGs to transfer a reduced number of intermediate care beds from three rehabilitation units across the area to a new base at King George Hospital in Ilford.

1.2.11 Referral was made on the grounds of inadequate consultation and 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 using documentation received from the council and the local NHS.

1.2.12 The Panel submitted its advice on 31 December 2015. It found that trials of two new services offering care for people at home had produced impressive results resulting in a significant increase in the number of people for whom care had been provided. The Panel advised that any change in demand for bed-based or home-based services could be picked up through ongoing monitoring and evaluation that should involve local stakeholders. 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>.

**1.3 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 2015/16, 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:

- **Patient groups and local residents**  
intermediate care services in north east London
- **NHS representatives**  
health services in Bristol and south Gloucestershire
- **Patient groups and local residents**  
community services in Bristol and south Gloucestershire
- **Local representatives, patient groups and local residents**  
community hospital services in Oxfordshire
- **Local representatives**  
urgent care services in South Tyneside
- **NHS representatives in Greater Manchester**  
health services in Greater Manchester
- **Local representatives and patient groups**  
community hospital services in Devon
- **Local representative**  
health services in west Yorkshire
- **Patient groups and local residents**  
health services in north west London
- **NHS representatives**  
health services in north west London
- **NHS representatives**  
health services in Lincolnshire
- **NHS and social care representative**  
health and social care in the north east
- **Local residents**  
urgent care services in Portsmouth
- **NHS England South**  
health services across area

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 contributed to consideration of *Examining new options and opportunities for providers of NHS care (the Dalton review)* and commented on draft NHS England guidance on the assurance process for major service change.
- 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 NHS England and the Nuffield Trust.
- 1.4.4 In light of government policy developments and the IRP's own interaction with those contemplating and undertaking reconfiguration of NHS services, the Panel was invited by its DH sponsors to comment on the current reconfiguration process and on possible steps for improvement – including the further utilisation of the Panel's knowledge and experience.
- 1.4.5 **Continuous professional education**  
Throughout the year, Panel members have received updates on the progress of the NHS reforms. Members were briefed on issues around urgent and emergency care, the future of specialised services, new models of care, developments in primary care and creating sustainable clinical networks.
- 1.4.6 **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>.
- 1.4.7 A revised edition of *Learning from Reviews*, considering issues and recent developments and initiatives within the current clinical and economic backdrop, will be published in due course.
- 1.4.8 **Communications**  
The IRP website transferred to the Government Digital Service GOV.UK platform in autumn 2014. The website provides useful background information on the role of the IRP, its members and ways of working as well as links to the Panel's formal advice.
- 1.4.9 **IRP Terms of Reference and Code of Practice**  
The IRP Terms of Reference are reviewed annually and agreed by the Secretary of State.
- 1.4.10 Under the terms of their appointment, members agree to adhere to a Code of Practice and the Cabinet Office Code of Conduct of Board Members of Public Bodies (at:



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

During the year, members agreed to a further policy on the use of social media in relation to IRP work. The IRP is an open and responsive body and all Panel advice and minutes of meetings are published on the website. However, the Panel also has to take account of the sensitivity of issues under consideration and requests for confidentiality. Members agreed at all times to be mindful not to disclose official information without authority and to refrain from discussing the detail of IRP work via social media (or through any other activity).

**1.4.11 IRP office accommodation and media support**

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

1.4.12 The memorandum for terms of occupation between PSA and IRP has been renewed for a further period to 31 March 2019.

1.4.13 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 contract up to 18 July 2015 was exercised. In accordance with government requirements, 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 was subsequently advertised in the Official Journal of the European Union (OJEU). Following a tendering and selection process, Grayling International was awarded a new contract, subject to take-up of options to extend, up to 18 July 2018.

**1.4.14 Triennial review of IRP**

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. A review of the IRP was conducted between October 2014 and March 2015. The Triennial Review report, published on 26 March 2015, can be accessed on the IRP website at:

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

1.4.15 Overall, the review recognised the continuing need for the IRP to provide advice to the Secretary of State for Health. It emphasized the value that all stakeholders place on the independence and impartiality of the advice that the IRP provides. It 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. It 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.

1.4.16 In considering the triennial review report, 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. In relation to the report's findings, documentation issued by the IRP

prior to and during a full review has been modified to clarify the Panel's ways of working and elaborate on the areas that are considered in the course of a review. The utilisation of social media, in conjunction with other established methods of communication, will continue to be assessed on a case-by-case basis. Members also agreed that additional measures should be implemented to obtain more formal feedback, post-review, on the quality of the Panel's work. A draft questionnaire was prepared for seeking views from contributors to full Panel reviews from both NHS and scrutiny organisations (and others where appropriate). Following satisfactory testing with past contributors, a feedback questionnaire in electronic format has been agreed for use after future reviews.

## **1.5 Panel meetings and membership**

- 1.5.1 The Panel convened four times in 2015/16 – on 14 May, 9 July, 10 September 2015 and 14 January 2016.
- 1.5.2 The IRP recognises the government's desire to refresh membership of its public bodies and to "test the market" periodically. Equally, there is a need for such bodies to maintain their organisational memory and not lose valuable learning from past work.
- 1.5.3 Panel recruitment exercises are undertaken by the Department of Health and conducted in line with the Commissioner of Public Appointments code of practice and Cabinet office guidelines. Simon Morritt and Suzanne Shale joined the Panel in May 2015 replacing John Parkes and Linda Pepper – the Panel wishes to thank them for their excellent contributions to its work. 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 Further requests for initial assessment advice are anticipated throughout the year.
- 1.6.2 Requests for informal advice and support continue to be received.
- 1.6.3 As referred to in para 1.4.4, the Panel has been invited to consider how it could contribute to current NHS initiatives relating to service improvement that may involve reconfiguration of services. The Panel stands ready to offer advice as requested.

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

Those participating:

### Meeting with Secretary of State for Health, 25 November 2015

#### Independent Reconfiguration Panel

Lord Ribeiro, Chairman  
Richard Jeavons, Chief Executive

#### Department of Health

The Rt Hon Jeremy Hunt MP, Secretary of State for Health

### Meeting with DH Director General, Finance & NHS, 29 July 2015 and teleconference 22 December 2015

#### Independent Reconfiguration Panel

Lord Ribeiro, Chairman

#### Department of Health

David Williams, 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

Libby Green, DH Provider Policy  
Penelope Green, DH Provider Policy  
Chiya Shikalislami, 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. The triennial review confirmed that 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.

## 2.3 Advice provided on contested proposals

2.3.1 During the year, initial assessment advice was submitted on two referrals:

- Minor injuries unit, Cossham Hospital, Bristol and South Gloucestershire
- Transfer of intermediate care services, Redbridge, London

2.3.2 Advice was delivered on time. The Secretary of State accepted the IRP's advice in full in the both cases.

2.3.3 The Secretary of State had been grateful for the Panel's advice on the initial assessments.

## 2.4 **Informal advice**

2.4.1 The Panel's informal advisory role had been popular with requests for assistance received from throughout the country. Feedback continues to confirm that the service is valued by those accessing it.

## 2.5 **Other work undertaken**

2.5.1 The Panel was invited by its DH sponsors to comment on the current reconfiguration process and on possible steps for improvement – including the further utilisation of the Panel's knowledge and experience.

2.5.2 An option to extend the media contract with Grayling International up to 18 July 2015 was exercised. Following a tendering and selection process, Grayling International was awarded a new contract, subject to take-up of options to extend, up to 18 July 2018.

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

2.5.4 The IRP website transferred to the Government Digital Service GOV.UK platform during 2014. Residual work to sign off outstanding aspects of the previous IRP website was completed.

2.5.5 Following the triennial review, the IRP had been pleased to note the recognition of the value of its work, its working methods and the continuing need for the Panel to perform its functions. The review's recommendations were implemented and additional measures to obtain feedback in the form of a post-review questionnaire were agreed and introduced.

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

2.6.1 The Panel continues to enjoy good working relationships with its sponsor branch.

*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.*

2.6.2 Feedback from areas where the IRP has provided formal advice (initial assessments and full reviews) continues to suggest that the Panel's advice has been helpful in enabling service change to move forward for the benefit of patients and residents.

*Action agreed: The Panel stands ready to offer advice on any referrals to the Secretary of State.*

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

***Action agreed: To continue.***

2.6.4 A number of initiatives involving NHS service change are in progress.

***Action agreed: the Panel stands ready to assist as directed.***

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

***Action agreed: Further IRP learning to be published in 2016.***

2.6.6 The need to refresh Panel membership whilst retaining corporate memory is acknowledged. New member induction and continuous professional education are important facets of maintaining membership capability.

***Action agreed: further appointments to be made in 2016/17.***

2.6.7 The IRP website provides useful background information on the role of the IRP, its members and ways of working as well as links to the Panel's formal advice.

***Action agreed: Function and content of the website to be kept under review.***

2.6.8 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.***

## 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

Simon Morrill<sup>3</sup>  
(managerial member)

Chief Executive  
Sheffield Children's NHS Foundation Trust

John Parkes<sup>4</sup>  
(managerial member)

Chief Executive  
Greater East Midlands Commissioning Support Group

Linda Pepper<sup>5</sup>  
(lay member)

Independent consultant on involvement and engagement

---

<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

<sup>3</sup> From 31 May 2015

<sup>4</sup> To 31 May 2015

<sup>5</sup> To 30 September 2015

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

Suzanne Shale<sup>6</sup>  
(lay member)

Independent consultant in healthcare ethics, patient safety  
and healthcare leadership

---

<sup>6</sup> From 1 May 2015

## 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 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 is <u>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>

	<b>Location</b>	<b>Date Submitted</b>	<b>Services reviewed</b>
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