

IRP

Independent Reconfiguration Panel

Review of Business

2016/17

IRP

Independent Reconfiguration Panel

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INDEPENDENT RECONFIGURATION PANEL
Review of Business
2016/17

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 commissioned during 2016/17

Initial assessment advice was commissioned on four contested proposals:

- Torrington Community Hospital, Torrington, Devon
- Alternative provider medical services, Hartlepool
- Grantham Hospital accident and emergency services, Lincolnshire
- Alternative provider medical services, Deer Park Witney, Oxfordshire

1.2.7 Torrington Community Hospital, Torrington, Devon

On 21 July 2016, the Devon County Council Health and Wellbeing Scrutiny Committee referred to the Secretary of State the decision of NHS North, Eastern and Western Devon Commissioning Group (CCG) to introduce new community services and close inpatient beds at Torrington Community 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 scrutiny committee and the local NHS.

1.2.9 The Panel submitted its advice on 23 September 2016. It found that inpatient beds at Torrington Community Hospital had closed in November 2014 and that, since then, a new model of enhanced home care has been operating while the hospital building operates as a health hub for a variety of outpatient services. The Panel advised that the NHS, in collaboration the community and key groups, should continue to explore and develop further opportunities for integrated care and build a model of care around local needs. Further, it advised that clarity was needed about proposals for the future arising out of the NEW Devon Success Regime. 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/publications/irp-torrington-initial-assessment>

1.2.10 Alternative provider medical services, Hartlepool

On 3 November 2016, Hartlepool Borough Council referred to the Secretary of State the decision of NHS Hartlepool and Stockton-on-Tees CCG to undertake a primary medical care services procurement for alternative provider medical services on the basis of one provider operating from two sites at Hartfields and Wynyard Road (and excluding the Fens Medical Practice).

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 7 March 2017. It found that considerable difficulty had been experienced in recruiting clinical staff, particularly GPs, for some time. Options for consulting the public on a way forward could have been better explained, including why a "one provider across three sites" option was excluded. On the basis of proceeding with a one provider two site option, the decision to exclude the Fens practice with its limited premises capacity was understandable. The Panel advised that how the developing strategy for general practice sits within the broader vision for local health services should form part of a future engagement exercise with the public. 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/publications/irp-hartlepool-apms-initial-assessment>

1.2.13 Grantham Hospital accident and emergency services, Lincolnshire

On 15 December 2016, the Health Scrutiny Committee for Lincolnshire referred to the Secretary of State the decision of United Lincolnshire Hospitals NHS Trust to close temporarily accident and emergency services at Grantham and District Hospital between 18.30 and 09.00.

1.2.14 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 scrutiny committee and the local NHS.

1.2.15 The Panel submitted its advice on 22 March 2017 and the Secretary of State's decision is awaited. The IRP's advice will be posted on the Panel website in due course.

1.2.16 Alternative provider medical services, Deer Park Witney, Oxfordshire

On 8 February 2017, the Oxfordshire Joint Health Overview and Scrutiny Committee referred to the Secretary of State the decision of NHS Oxfordshire CCG not to award an alternative provider medical services contract for the provision of primary medical care services from the Deer Park, Medical Centre in Witney, Oxfordshire.

1.2.17 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 scrutiny committee and the local NHS.

1.2.18 The Panel submitted its advice on 11 April 2017 and the Secretary of State's decision is awaited. The IRP's advice will be posted on the Panel website in due course.

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 2016/17, 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:

- **NHS representatives**
health services in Lincolnshire
- **NHS representatives**
health services in Newcastle and surrounding area
- **NHS representatives**
community hospital services in Devon
- **Local authority representatives**
community hospital services in Devon
- **Local community representatives and patient groups**
community hospital services in Devon
- **Local authority representatives**
health services in Oxfordshire
- **Local community representatives**
primary care services in Oxfordshire
- **Local authority representatives**
primary care services in Oxfordshire
- **NHS representatives**
health services in Cumbria
- **Local authority representatives**
health services in west Yorkshire
- **Local authority representatives**
surgical services in Kent
- **Local community representatives and patient groups**
community hospital services in Dorset
- **Local authority representatives**
scrutiny function in south London
- **Local authority representatives**
health services in east Yorkshire
- **Local authority representatives**
auxiliary health services in Yorkshire
- **NHS Midlands and East representatives**
cancer and imaging services
- **NHS England representatives**
congenital heart services

1.3.4 Throughout these dialogues, the Panel has been mindful of the potential conflict of interest should a proposal for reconfiguration later be formally referred to the IRP. The advice offered is therefore always generic, rather than specific, in nature.

1.3.5 Feedback continues to be positive with those involved in reconfiguring NHS services welcoming the opportunity to talk through issues and to hear about good practice from other parts of the country.

1.4 Other work undertaken

1.4.1 In addition to its formal and informal advisory roles, the Panel has undertaken various other activities as outlined below.

1.4.2 Input to policy

The IRP has had a number of meetings and conversations with NHS England and Department of Health officials to discuss:

- enhanced role for the IRP in assisting service change
- public engagement in the next stages of sustainability and transformation plans
- disseminating learning and good practice on service change
- revisions to guidance on the assurance process for service change
- new guidance on public and patient participation

1.4.3 The Panel was also asked to contribute to a Cabinet Office functional review of bodies providing expert advice to government. The Panel was pleased to offer views on good practice in providing expert advice, including practical examples from its own experience, and notes that the previous triennial review process has been replaced by *tailored reviews* allowing sponsor departments to exercise appropriate proportionality in the task.

1.4.4 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, the Local Government Association, the Nuffield Trust and parliament.

1.4.5 The Panel also contributed, through interview and participation in a roundtable discussion, to a joint research project on major service change in the UK undertaken by the Universities of Edinburgh and Michigan and funded by the Health Foundation.

1.4.6 Continuous professional education

During the year, members were briefed on issues around reconfiguration and acute adult services, multispecialty community providers, implementing the national maternity review, success regimes and the local government perspectives on service change.

1.4.7 Disseminating our learning

Discussions are ongoing to enhance the IRP's role in disseminating good practice and assisting localities in achieving successful service change.

1.4.8 IRP representatives have attended reconfiguration events to provide presentations on the IRP's work, disseminate good practice and discuss service change issues, including:

- July 2016 - meeting of North of England CCG chief executives and senior representatives
- October 2016 - seminar hosted by Grayling International attended by an audience of NHS officials, Healthwatch representatives and members of the legal profession
- December 2016 - National Scrutiny Forum, hosted by the Centre for Public Scrutiny, attended by local authority councillors, officials and patient group representatives
- March 2017 - South West Clinical Senate attended by clinicians from the locality

1.4.9 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.

1.4.10 IRP Terms of Reference and Code of Practice

The IRP Terms of Reference are reviewed annually and agreed by the Secretary of State.

1.4.11 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>).

Members have also agreed 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 agree 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).

1.4.12 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 staff from 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.

1.4.13 A memorandum for terms of occupation between PSA and IRP is in place to 31 March 2019.

1.4.14 Media support to the Panel is provided by Grayling International which offers media monitoring and advice on a time and materials basis. Options to extend the contract having been taken up, the current contract is in place to 18 July 2018.

1.5 Panel meetings and membership

1.5.1 The Panel convened four times in 2016/17 – on 14 July, 8 September 2015, 10 November 2016 and 19 January 2017.

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. Diane Davies, Mary Elford, Stephen D'Souza and Helen Thomson joined the Panel between May and December 2016 replacing Fiona Campbell, Tessa Green, Jane Hawdon and Nicky Hayes – the Panel wishes to thank them for their immense contributions to its work.

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.

Part Two Review of activity with Departmental Sponsors and further action

Those participating:

Meeting with Secretary of State for Health, 1 March 2017

Independent Reconfiguration Panel

Lord Ribeiro, Chairman
Richard Jeavons, Chief Executive

Department of Health

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

Meeting with DH Director General, Finance & NHS, 26 April 2016

Independent Reconfiguration Panel

Lord Ribeiro, Chairman

Department of Health

David Williams, DH Director General, Finance & NHS

Telephone conversation / meeting with DH Director Acute Care and Quality Policy, 30 August 2016, 15 March 2017

Independent Reconfiguration Panel

Lord Ribeiro

Department of Health

William Vineall, Director Acute Care and Quality Policy

Meeting with DH Director Acute Care and Quality Policy, 8 August 2016, 23 September 2016, 16 March 2017

Independent Reconfiguration Panel

Richard Jeavons, Chief Executive

Department of Health

William Vineall, Director Acute Care and Quality Policy

In year stocktakes with sponsor branch

Independent Reconfiguration Panel

Richard Jeavons, Chief Executive
Martin Houghton, Secretary to IRP

Department of Health

Jason Yiannikou, DH Provider Policy
Penelope Green, DH Provider Policy
Yemi Fagun, DH Provider Policy

Jenny Marshall, 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 2015 triennial review confirmed that it should remain so. Its relationship with the Department of Health reflects appropriately the principles set out in the Cabinet Office publication '*Partnerships between departments and arm's-length bodies: Code of Good Practice*' (February 2017).

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 commissioned on four referrals:

- Torrington Community Hospital, Torrington, Devon
- Alternative provider medical services, Hartlepool
- Grantham Hospital accident and emergency services, Lincolnshire
- Alternative provider medical services, Deer Park Witney, Oxfordshire

2.3.2 Advice was delivered on time. The Secretary of State accepted the IRP's advice in full on Torrington and Hartlepool and decisions are awaited on Grantham and Witney.

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 IRP has assisted the Department of Health and NHS England in furthering a number of initiatives to enhance the reconfiguration process.

2.5.2 The Panel also contributed to a Cabinet Office functional review of bodies providing expert advice to government. Cabinet Office officials were grateful for the Panel's comments on good practice and practical examples that helped to frame the report.

2.5.3 Following open recruitment exercises, Diane Davies, Mary Elford, Stephen D'Souza and Helen Thomson were appointed to the Panel.

2.5.4 An option to continue the media contract with Grayling International up to 18 July 2018 was exercised

2.5.5 IRP representatives attended a number of reconfiguration events to provide presentations on the IRP's work, disseminate good practice and discuss service change issues, to a variety of audiences including clinicians, patient groups, representatives from NHS trusts, CCGs and other bodies, Healthwatch, the legal profession, local authority councillors and officials.

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 at a suitable juncture.

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 2017/18 and programme of continuous professional development to be sustained

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 Membership¹

Chair²:

Lord Ribeiro

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

Membership³:

Cath Broderick
(lay member)

Independent consultant on involvement and engagement

Shera Chok
(clinical member)

General Practitioner, Associate Medical Director at Derbyshire Health Services NHS Foundation Trust

Nick Coleman
(clinical member)

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

Diane Davies
(lay member)

Patient and carer representative, NHS Leadership Academy
Expert by experience, Care Quality Commission

Glenn Douglas
(managerial member)

Chief Executive
Maidstone and Tunbridge Wells NHS Trust

Stephen D'Souza
(clinical member)

Consultant in vascular and non-vascular interventional radiology
Lancashire Teaching Hospitals NHS Trust Foundation Trust

Shane Duffy
(clinical member)

Consultant obstetrician and gynaecologist
Chelsea and Westminster Hospital NHS Foundation Trust

Mary Elford
(lay member)

Carer. Vice Chair, East London NHS Foundation Trust
Non-executive director, Health Education England

Rosemary Granger
(managerial member)

Leadership coach and independent consultant
Former NHS director

Brenda Howard
(managerial member)

Independent consultant
Former NHS director

Simon Morrill
(managerial member)

Chief Executive
Chesterfield Royal NHS Foundation Trust

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

Independent consultant in healthcare ethics, patient safety

¹ As at 31 March 2017

² The IRP Chairman receives a salary of £36,780 per annum

³ Members are entitled to claim a fee of £140 per day engaged in IRP activity

(lay member)

and healthcare leadership

Helen Thomson
(clinical member)

Former chief nurse and deputy chief executive
Calderdale and Huddersfield NHS Foundation Trust

ANNEX TWO

IRP general Terms of Reference

The Independent Reconfiguration Panel is an advisory non-departmental public body. Its terms of reference are:

- A1 To provide expert advice on:
- proposed NHS reconfigurations or significant service change;
 - options for NHS reconfigurations or significant service change;
- referred to the Panel by Ministers.
- A2 In providing advice, the Panel will consider whether the proposals will provide safe, sustainable and accessible services for the local population, taking account of:
- i clinical and service quality
 - ii the current or likely impact of patients' choices and the rigour of public involvement and consultation processes
 - iii the views and future referral needs of local GPs who commission services, the wider configuration of the NHS and other services locally, including likely future plans
 - iv other national policies, including guidance on NHS service change
 - v any other issues Ministers direct in relation to service reconfigurations generally or specific reconfigurations in particular
- A3 The advice will normally be developed by groups of experts not personally involved in the proposed reconfiguration or service change, the membership of which will be agreed formally with the Panel beforehand.
- A4 The advice will be delivered within timescales agreed with the Panel by Ministers with a view to minimising delay and preventing disruption to services at local level.
- B1 To offer pre-formal consultation generic advice and support to NHS and other interested bodies on the development of local proposals for reconfiguration or significant service change - including advice and support on methods for public engagement and formal public consultation.
- C1 The effectiveness and operation of the Panel will be reviewed annually.

ANNEX THREE

Handling plan for referral of contested reconfiguration proposals to IRP

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

ANNEX FOUR

IRP full reviews

IRP reports on each of the reviews listed below can be found on the IRP website at:

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

	Location	Date Submitted	Services involved
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	31 March 2009	General hospital services incl.

	<i>(A picture of health)</i>		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

Initial assessments undertaken since September 2013

	Location	Date submitted	Services involved
1	Kent and Medway	1 November 2013	Inpatient mental health
2	East Berkshire	1 November 2013	Urgent care, rehabilitation, midwife-led maternity
3	South Gloucestershire	1 November 2013	Rehabilitation
4	Mid-Yorkshire	19 February 2014	Acute and community services
5	South Gloucestershire	21 February 2014	Rehabilitation
6	North Somerset	2 May 2014	Primary medical
7	North Yorkshire	15 May 2014	Children's and maternity
8	South Tyneside	6 February 2015	Primary medical
9	South Gloucestershire	7 April 2015	Minor injuries
10	East London	31 December 2015	Intermediate care
11	Devon	23 September 2016	Community services
12	Hartlepool	7 March 2017	Primary medical
13	Lincolnshire	22 March 2017	Urgent care
14	Witney, Oxfordshire	11 April 2017	Primary Medical