IRP

Independent Reconfiguration Panel

Review of Business

2017/18

Independent Reconfiguration Panel

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CONTENTS

Part One Report of activity 5

1.1 Introduction 5

1.2 The Panel's formal role in advising Ministers 5

Commissioned advice on contested proposals submitted and/or published during 2017/18 6

- Accident and emergency services
  Grantham Hospital, Lincolnshire 6
- Alternative provider medical services
  Deer Park Witney, Oxfordshire 7
- Temporary closure of obstetrics
  Horton General Hospital Banbury, Oxfordshire 7
- Location of PET CT scanner
  Thurrock, South Essex 8
- Maternity services
  Cumbria 8
- Urgent and community care services
  East Riding of Yorkshire 9
- Community services and beds
  North Staffordshire 9
- IVF/ICSI services
  Croydon, London 10
- Permanent closure of obstetrics,
  Horton General Hospital Banbury, Oxfordshire 10
- Acute and community services
  Calderdale and Huddersfield, West Yorkshire 11

1.3 The Panel's informal role in offering advice and support 11

Advice and support offered 11

1.4 Other work undertaken 13

Input to policy 13

Links with other interested bodies and input into other organisations' work 13

Continuous professional education 14

Disseminating our learning 14

Communications 14

IRP Terms of Reference and Code of Practice 14

	IRP office accommodation and media support	14
1.5	**Panel meetings and membership**	15
1.6	**Future workload**	15
Part Two	**Review of activity with Departmental Sponsors and further action**	16
Annex One	IRP membership	19
Annex Two	IRP general terms of reference	20
Annex Three	Handling plan for referral of contested reconfiguration proposals to IRP	21
Annex Four	IRP advice	22

INDEPENDENT RECONFIGURATION PANEL

Review of Business
2017/18

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[1]. 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 The current 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] From 8 January 2018, Secretary of State for Health and Social Care.

1.2.5 In offering advice to the Secretary of State, the Panel is also mindful of the additional test introduced by NHS England from 1 April 2017 that requires local NHS organisations to show that significant hospital bed closures subject to the current formal public consultation tests can meet one of three new conditions before NHS England will approve them to go ahead:

- demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme)

1.2.6 The IRP's general terms of reference reflect these tests. All advice offered on referrals by the Panel is provided, on a case by case basis, in accordance with our terms of reference.

1.2.7 **Commissioned advice on contested proposals submitted and/or published during 2017/18**

Advice was submitted on ten contested proposals:

- Accident and emergency services, Grantham Hospital, Lincolnshire
- Alternative provider medical services, Deer Park Witney, Oxfordshire
- Temporary closure of obstetrics, Horton General Hospital, Banbury, Oxfordshire
- PET CT scanner location, Thurrock, South Essex
- Maternity services, Cumbria
- Urgent and community care services, East Riding of Yorkshire
- Community services and beds, North Staffordshire
- IVF/ICSI services, Croydon, London
- Permanent closure of obstetrics, Horton General Hospital, Banbury, Oxfordshire
- Acute and community services, Calderdale and Huddersfield, West Yorkshire

1.2.8 **Accident and emergency services, Grantham Hospital, 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 (A&E) at Grantham and District Hospital between 18.30 and 09.00.

1.2.9 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 assessment using documentation received from the scrutiny committee and the local NHS.

1.2.10 The Panel submitted its advice on 22 March 2017[2]. It accepted assertions that the closure amounted to a substantial variation. The temporary changes made by the UHLT Board were done so on the grounds of safety but the Panel considered that the closure of the A&E service overnight for a period of more than six months could no longer be regarded as temporary. In the interests of safety, the A&E service should not re-open 24/7 unless sufficient staff could be recruited and retained. Future work should provide patients, the

[2] The Secretary of State's decision was announced, and IRP advice published, on 2 August 2017.

public and stakeholders with a clear and consistent picture of what services are on offer at Grantham and what might be achievable and sustainable in the future. 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-grantham-initial-assessment

1.2.11 **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 Clinical Commissioning Group (CCG) not to award an alternative provider medical services contract for the provision of primary medical care services from the Deer Park, Medical Centre (DPMC) in Witney, Oxfordshire.

1.2.12 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 assessment using documentation received from the scrutiny committee and the local NHS.

1.2.13 The Panel submitted its advice on 11 April 2017. It confirmed that deciding whether or not a proposal should be deemed substantial was a matter for joint agreement but considered that, in cases where agreement could not be reached, the local authority's view should prevail. There was little evidence to suggest that the NHS's obligations around public and patient involvement had been fulfilled and the CCG's approach to its tendering exercise had been complacent. Plans to mitigate the loss of the medical centre should be implemented as quickly as possible to ensure continuity of care for the patients affected. A time limited project, engaging the public and patients, should be initiated to develop a comprehensive plan for primary care and related services in Witney and its surrounds – and not precluding the possibility of providing services from DPMC in the future. 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-deer-park-medical-centre-witney-initial-assessment.

1.2.14 **Temporary closure of obstetrics, Horton General Hospital, Banbury, Oxfordshire**
On 14 February 2017, Oxfordshire Joint Health Overview and Scrutiny Committee referred to the Secretary of State the decision of the Oxford University Hospitals NHS Foundation Trust to close temporarily consultant-led maternity services at the Horton General Hospital in Banbury.

1.2.15 Referral was made on the grounds that the reasons given for not consulting with the scrutiny committee prior to the closure were unsatisfactory. The IRP was asked by the Secretary of State to carry out an assessment using documentation received from the scrutiny committee and the local NHS.

1.2.16 The Panel submitted its advice on 21 August 2017. It considered that, while the precise grounds under which referral was made were open to question, a closure of the obstetric unit for more than six months had inevitably aroused local concern, particularly so when coinciding with the launch of a public consultation that included an option to close the unit permanently. The Panel accepted that the Trust was correct to close the unit in the absence of enough doctors to staff the unit safely and that the unit could not be reopened until

sufficient staff had been recruited. Nevertheless, a closure for that length of time exceeded what could reasonably be considered to constitute a temporary measure. Events had overtaken the substance of the referral and a further referral of a decision to close the unit permanently was awaited. 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-horton-hospital-banbury-initial-assessment.

1.2.17 **Location of PET CT scanner, Thurrock, South Essex**
On 12 October 2016, Thurrock Health and Wellbeing Overview and Scrutiny Committee referred to the Secretary of State a proposal under consideration by NHS England to site positron emission tomography-computed tomography (PET-CT) for south Essex at Southend Hospital rather than at Basildon Hospital.

1.2.18 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 assessment using documentation received from the scrutiny committee and the local NHS.

1.2.19 The Panel submitted its advice on 1 September 2017. It was not clear to the Panel why consultation with health scrutiny had not been conducted through a joint committee involving Essex, Southend-on-Sea and Thurrock in accordance with the 2013 Regulations. The relevant regulations for consultation with health scrutiny bodies should be understood and followed as future work progressed. There appeared to be no overwhelming case for locating PET-CT at one site in preference to the other and no final decision had yet been made. A final decision should take account of a review of interim arrangements and also an ongoing STP review of hospital services and its effect on the organisation of cancer services across the area. 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-thurrock-initial-assessment.

1.2.20 **Maternity services, Cumbria**
On 12 April 2017, Cumbria Health Scrutiny Committee referred to the Secretary of State the decision of Cumbria CCG to test the viability of maternity services in West, North and East (WNE) Cumbria during a trial period before making final decisions about future provision.

1.2.21 Referral was made on the grounds that 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 assessment using documentation received from the scrutiny committee and the local NHS.

1.2.22 The Panel submitted its advice on 4 October 2017. It found that much commendable work had been done against a backdrop of the need to address deficits in the quality of services. All parties needed to be open, realistic and committed to the implementation of the option being tested. Continued public engagement and the establishment of an Independent Review Group were fundamental to progress, in particular in maintaining a focus on safety and outcomes. 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-cumbria-initial-assessment.

1.2.23 **Urgent and community care services, East Riding of Yorkshire**
On 28 April 2017, the East Riding of Yorkshire Health, Care and Wellbeing overview and Scrutiny Sub-Committee referred to the Secretary of State the decision of the East Riding of Yorkshire CCG to reconfigure urgent and community care services across the East Riding.

1.2.24 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 assessment using documentation received from the scrutiny committee and the local NHS.

1.2.25 The Panel submitted its advice on 11 October 2017. It found that existing services were neither optimal nor sustainable and accepted that the clinical case for change had been made. The introduction of three urgent care centres and two 8-8 centres, together with a new model for providing community care, represented an opportunity to improve on the existing service. More clinical engagement was needed to explain the proposed services to the public in greater detail. Concerns about the involvement of the ambulance service and a commitment to providing transport for people in isolated communities should be addressed. 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-east-riding-of-yorkshire-initial-assessment.

1.2.26 **Community services and beds, North Staffordshire**
On 26 January 2017, Stoke-on-Trent City Council, on behalf of the Adults and Neighbourhoods Overview and Scrutiny Committee referred to the Secretary of State proposals developed by North Staffordshire CCG and Stoke-on-Trent CCG for a new model of care for community services, known as *My Care My Way - Home First*.

1.2.27 Referral was made on the grounds of inadequate consultation, that the reasons given for not consulting with the scrutiny committee were unsatisfactory 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 assessment using documentation received from the council and the local NHS.

1.2.28 The Panel submitted its advice on 18 October 2017. It noted the historical over-reliance on hospital bed based services and broad support in principle for a new model that aims to keep patients out of hospital where appropriate. However, a solid case for change had not been established by the CCGs and assurances sought by legitimately interested parties had not received a proper and adequate response. Consultation with the public had not been meaningful or transparent. The reasons put forward for not consulting with the scrutiny committee were considered to be inadequate. The CCGs and NHS England should assure themselves and the Council that bed capacity and function are aligned to meet all the needs of local people and lessons needed to be learned to move forward successfully. This should include engaging the public and patients in the co-production of services and consulting in an open and meaningful way. 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-stoke-on-trent-initial-assessment.

1.2.29 **IVF/ICSI services, Croydon, London**
On 27 June 2017, Croydon Health & Social Care Scrutiny Sub-Committee referred to the Secretary of State the decision of Croydon CCG to limit the funding of in-vitro fertilisation and intra-cytoplasmic sperm injection to those with exceptional clinical circumstances.

1.2.30 Referral was made on the grounds that 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 assessment using documentation received from the scrutiny committee and the local NHS.

1.2.31 The Panel submitted its advice on 5 January 2018. It questioned whether a commissioning decision could truly be said to be a service change since no service was closed or relocated and considered that the decision was made for solely financial rather than clinical reasons whilst acknowledging that the CCG had a responsibility to achieve financial balance. Bearing in mind the distress that can be caused by infertility, it was vital to provide clarity about the application process for funding, ensuring that it was clear, equitable, timely and compassionate. The decision should be reviewed annually. Jeremy Hunt, Secretary of State for Health and Social Care, 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-croydon-ivf-initial-assessment.

1.2.32 **Permanent closure of obstetrics, Horton General Hospital, Banbury, Oxfordshire**
On 30 August 2017, Oxfordshire Joint Health Overview and Scrutiny Committee referred to the Secretary of State the decision of Oxfordshire CCG to close permanently consultant-led maternity services at the Horton General Hospital in Banbury.

1.2.33 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 assessment using documentation received from the scrutiny committee and the local NHS.

1.2.34 The Panel submitted its advice on 9 February 2018. It set out its understanding of the powers of scrutiny and referral as conferred by the 2013 Regulations. While there may have been misunderstanding of the process in this instance, the regulations nevertheless provided the means to engage with health scrutiny effectively when properly understood and followed. With hindsight, the two phase method of public consultation employed could have been better split, notably to provide a clearer picture of maternity services countywide as well as providing an overall vision for the future of the Horton Hospital. A more detailed appraisal of the options for maternity care provision at the Horton Hospital was required before a final decision was made. This should be linked to consideration of the future for the Horton and wider plans for care throughout Oxfordshire. There was an opportunity for all to pause and reflect from experiences to date before renewing a joint commitment to learn and work together to create a vision for the future. Jeremy Hunt, Secretary of State for Health and Social Care, 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-horton-general-hospital-banbury-initial-assessment.

1.2.35 **Acute and community services, Calderdale and Huddersfield, West Yorkshire**
On 1 September 2017, Calderdale and Huddersfield Joint Health Scrutiny Committee referred to the Secretary of State the decision of Calderdale and Huddersfield NHS

Foundation Trust, supported by NHS Calderdale CCG and NHS Greater Huddersfield CCG, to progress a full business case that proposed changes to acute and community services. The proposals would see emergency care for the area concentrated at Calderdale Royal Hospital and a new 64 bed hospital built in Huddersfield in place of the existing Huddersfield Royal Infirmary.

1.2.36 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 assessment using documentation received from the scrutiny committee and the local NHS.

1.2.37 The Panel submitted its advice on 9 March 2018 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 2017/18, 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:

- **Local authority representative**
  health services in Lincolnshire
- **Patient group representative**
  health services in Oxfordshire
- **NHS England representative**
  health services in north of England
- **Oxfordshire CCG representatives**
  health services in Oxfordshire
- **NHS representatives**
  health services in Hampshire and Isle of Wight
- **NHS Trust representative**
  health services in Grantham, Lincolnshire
- **Local authority councillor and representatives**
  community services in Devon
- **NHS representatives**
  health services in Bedfordshire, Luton and Milton Keynes
- **Local authority representative**
  health services in west Yorkshire
- **CCG representative**
  acute care in west Lincolnshire

- **Local community representatives**
  health services in west Yorkshire
- **CCG representative**
  health services in Lincolnshire
- **Local Medical Committee representative**
  health services in west Yorkshire
- **Local patient group representatives**
  health services in west Yorkshire
- **Trust representative**
  health services in north east London
- **NHS Transformation Unit representative**
  health service transformation
- **NHS England South Central representatives**
  primary care in Oxfordshire
- **Local patient group representatives**
  community services in Northumberland
- **Community Hospitals Association representative**
  community hospital in Northumberland
- **Local authority representative**
  CCG commissioning decisions
- **Local authority councillor and representatives**
  urgent and community services in east Yorkshire
- **Local residents representatives**
  urgent and community services in east Yorkshire
- **North of England Commissioning Support**
  health services in the north east
- **CCG representative**
  urgent and community services in east Yorkshire
- **Local patient representative**
  health services in Greater Manchester
- **Local authority representative**
  health services in Dorset
- **NHS representatives**
  health services in Bristol and Weston-Super-Mare
- **Local authority councillor**
  community services in Derbyshire
- **Local authority representative**
  health services in South Tyneside and Sunderland
- **East Sussex councillor**
  maternity services in East Sussex

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. We are keen to see more NHS decision makers and those scrutinising those decisions draw on our advice and expertise.

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, NHS Improvement and Department of Health officials to discuss:

- facilitating effective 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

1.4.3 On 19 July 2017, the Panel Chairman met Jeremy Hunt, Secretary of State for Health, to offer advice on the work of the Healthcare Safety Investigation Branch.

1.4.4 On 16 January 2018, the Panel Chairman, Chief Executive and Secretary met Lord O'Shaughnessy, Parliamentary Under Secretary of State for Health (Lords) to offer advice on how better to understand and make use of the public's perspective in policy making. The Minister expressed his appreciation of the IRP's working methods and the Panel was pleased to note that it was held to be an effective and successful model for conducting other reviews in wider subject areas.

1.4.5 **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 Consultation Institute, the Nuffield Trust and parliament.

1.4.6 **Continuous professional education**

During the year, members received presentations from outgoing IRP members on offering effective advice, and in January 2018 held a development session covering various aspects of the Panel's work including its purpose and available expertise, considering the meaning and use of 'co-production' and emerging themes in service change.

1.4.7 **Disseminating our learning**

The IRP continues to assist in disseminating good practice and helping localities to achieve 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:

- presentation at NHS Expo, 11 September 2017
- presentation at *Reconfiguration Master Class*, NHS South of England, 23 November 2017
- presentation at *STP Communications Event*, NHS England, 29 November 2017
- attendance at *NHS Transformation Unit roundtable discussion* on NHS transformation, 2 February 2018
- presentation at *Communications in System Transformation,* Healthier Lancashire and South Cumbria, 13 February 2018
- presentation at *Supporting NHS and local government*, Centre for Public Scrutiny, 21 March 2018

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. Discussions to extend the period of occupation will take place during 2018.

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. The current contract ends on 18 July 2018. An *invitation to tender* was issued for interested parties to submit applications for a new contract to take effect from 19 July 2008. That process is ongoing with a new contract expected to be awarded shortly.

1.5 Panel meetings and membership

1.5.1 The Panel convened six times in 2017/18 – on 18 May, 20 July, 21 September, 16 November 2017, 18 January and 15 March 2018.

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 Social Care and conducted in line with the Commissioner of Public Appointments code of practice and Cabinet Office guidelines. James Partridge, Mark Taylor and John Wilderspin joined the Panel in September 2017 and Dr Zoe Penn will join in May 2018. Cath Broderick, Glenn Douglas and Hugh Ross completed their terms of office and the Panel thanks 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

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. In 2017/18, the following meetings took place between the IRP and DH (now DHSC):

Meeting with Minister of State for Health, 6 December 2017

Independent Reconfiguration Panel
Lord Ribeiro, Chairman

Department of Health
Phillip Dunne, Minister of State for Health

Telephone conversation and meeting with DH/DHSC Director Acute Care and Quality Policy, 5 June 2017 and 17 January 2018

Independent Reconfiguration Panel
Richard Jeavons, Chief Executive

Department of Health (and Social Care)
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 (and Social Care)
Jason Yiannikou, DH Acute Care and Provider Policy
Neil Townley, DH Acute Care and Provider Policy
Ingrid Philion, DH Acute Care and Provider Policy

2.2 Relationship with Department of Health and Social Care

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 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, commissioned advice was submitted and/or published on ten referrals:

- Accident and emergency services, Grantham Hospital, Lincolnshire
- Alternative provider medical services, Deer Park Witney, Oxfordshire
- Temporary closure of obstetrics, Horton General Hospital, Banbury, Oxfordshire
- Location of PET CT scanner, Thurrock, South Essex
- Maternity services, Cumbria
- Urgent and community care services, East Riding of Yorkshire
- Community services and beds, North Staffordshire
- IVF/ICSI services, Croydon, London
- Permanent closure of obstetrics, Horton General Hospital, Banbury, Oxfordshire
- Acute and community services, Calderdale and Huddersfield, West Yorkshire

2.3.2 All advice was delivered on time. The Secretary of State accepted the IRP's advice in full on the first nine commissions above and a decision is awaited on Calderdale and Huddersfield.

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

2.4 **Informal advice**

2.4.1 The Panel's informal advisory role had been particularly busy 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 and NHS England in furthering a number of initiatives to enhance the reconfiguration process. The Chairman and Chief Executive met the Chief Executive of NHS Improvement on 18 July 2017 to discuss service change.

2.5.2 Advice was also offered on other health related matters including healthcare safety and the response to public concerns.

2.5.3 Following open recruitment exercises, James Partridge, Mark Taylor and John Wilderspin were appointed as Panel members. Dr Zoe Penn was appointed to join the Panel in May 2018.

2.5.4 The media contract with Grayling International runs up 18 July 2018. An *invitation to tender* was issued for interested parties to submit applications for a new contract to take effect from 19 July 2008. A new contract will be awarded in due course.

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 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 pattern of IRP formal advice has changed to reflect the nature of referrals. Advice is more often completed without recourse to full review and the expectations of stakeholders need to be set accordingly.

Action agreed: To amend the protocol and IRP documentation to reflect current practice in a way that is clear for stakeholders.

2.6.4 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.

2.6.5 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 2018/19 and the 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 to be reviewed.

ANNEX ONE

IRP Membership[3]

Chair[4]**:**

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

Membership[5]**:**

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
Stephen D'Souza (clinical member)	Consultant in vascular and non-vascular interventional radiology Lancashire Teaching Hospitals NHS Trust Foundation Trus
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
Simon Morritt (managerial member)	Chief Executive Chesterfield Royal NHS Foundation Trust
James Partridge (lay member)	Founder and former chief executive, Changing Faces UK charity supporting people with disfigurements
Linn Phipps (lay member)	Independent consultant on patient and public engagement, health scrutiny and health inequalities
Suzanne Shale (lay member)	Independent consultant in healthcare ethics, patient safety and healthcare leadership
Mark Taylor (managerial member)	Advisor to a GP federation and deliverer of training events Former CCG chief officer
Helen Thomson (clinical member)	Former chief nurse and deputy chief executive Calderdale and Huddersfield NHS Foundation Trust
John Wilderspin (managerial member)	Independent coach and consultant Former NHS chief executive

[3] As at 31 March 2018
[4] The IRP Chairman receives a salary of £36,780 per annum
[5] Members are entitled to claim a fee of £140 per day engaged in IRP activity

ANNEX TWO

IRP general Terms of Reference

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

A1 To provide expert advice on:

- proposed NHS reconfigurations or significant service change;
- options for NHS reconfigurations or significant service change;

referred to the Panel by Ministers.

A2 In providing advice, the Panel will consider whether the proposals will provide safe, sustainable and accessible services for the local population, taking account of:

i clinical and service quality

ii the current or likely impact of patients' choices and the rigour of public involvement and consultation processes

iii the views and future referral needs of local GPs who commission services, the wider configuration of the NHS and other services locally, including likely future plans

iv other national policies, including guidance on NHS service change

v any other issues Ministers direct in relation to service reconfigurations generally or specific reconfigurations in particular

A3 The advice will normally be developed by groups of experts not personally involved in the proposed reconfiguration or service change, the membership of which will be agreed formally with the Panel beforehand.

A4 The advice will be delivered within timescales agreed with the Panel by Ministers with a view to minimising delay and preventing disruption to services at local level.

B1 To offer pre-formal consultation generic advice and support to NHS and other interested bodies on the development of local proposals for reconfiguration or significant service change - including advice and support on methods for public engagement and formal public consultation.

C1 The effectiveness and operation of the Panel will be reviewed annually.

ANNEX THREE

Handling plan for referral of contested reconfiguration proposals to IRP

DHSC/IRP PROTOCOL FOR HANDLING REFERRALS TO THE IRP	
INDEPENDENT RECONFIGURATION PANEL	**DEPARTMENT OF HEALTH AND SOCIAL CARE**
	DHSC monitors potentially contentious referrals. Advises IRP when a proposal has been referred to SofS by a local authority.
	Upon receipt of a referral to SofS, DHSC checks that it meets the requirements of the 2013 Regulations and contacts NHS England to request additional information required. NHS England/NHS consulting body returns information within two weeks of request.
	SofS writes to IRP requesting advice on the contested proposal and providing supporting documentation from local authority and NHS.
Panel Members carry out assessment. IRP provides advice to SofS on what further action should be taken locally, usually within 20 working days of request.	
Advice published on IRP website. *or:*	SofS replies to local authority, copied to NHS England, advising of decision and future action required.
Exceptionally, the Panel advises that further evidence is required before reporting back, normally including: • Invitations to submit evidence • Site visits • Oral evidence-taking from key stakeholders and interested parties SofS agreement is sought.	SofS considers IRP proposal to seek further evidence and if agrees:
IRP / DHSC discuss specific terms of reference and timetable for providing advice to the Secretary of State.	
	SofS writes to IRP confirming agreed terms of reference and deadline.
Panel Members gather further evidence. IRP provides advice to SofS on what further action should be taken, usually within 60 working days of request.	
Advice published on IRP website.	SofS replies to local authority, copied to NHS England, advising of decision and future action required.

ANNEX FOUR

IRP advice

IRP advice on each of the commissions listed below can be found on the IRP website at: https://www.gov.uk/government/organisations/independent-reconfiguration-panel

Advice offered since the introduction of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

	Location	Date submitted	Services involved
1	Kent and Medway	01 November 2013	Inpatient mental health
2	East Berkshire	01 November 2013	Urgent care, rehabilitation, midwife-led maternity
3	South Gloucestershire	01 November 2013	Rehabilitation
4	Mid-Yorkshire	19 February 2014	Acute and community services
5	South Gloucestershire	21 February 2014	Rehabilitation
6	North Somerset	02 May 2014	Primary medical care
7	North Yorkshire	15 May 2014	Children's and maternity
8	South Tyneside	06 February 2015	Primary medical care
9	South Gloucestershire	07 April 2015	Minor injuries
10	East London	31 December 2015	Intermediate care
11	Devon	23 September 2016	Community services
12	Hartlepool	07 March 2017	Primary medical care
13	Lincolnshire	22 March 2017	Urgent care
14	Witney, Oxfordshire	11 April 2017	Primary medical care
15	Banbury, Oxfordshire	21 August 2017	Maternity (temporary closure of obstetrics)
16	Thurrock, south Essex	01 September 2017	PET CT scanning
17	Cumbria	04 October 2017	Maternity services
18	East Riding of Yorkshire	11 October 2017	Urgent and community services
19	North Staffordshire	18 October 2017	Community services
20	Croydon, south London	05 January 2018	Infertility services
21	Banbury, Oxfordshire	09 February 2018	Maternity (permanent closure of obstetrics)
22	Calderdale and Huddersfield, West Yorkshire	9 March 2018	Acute and community services

Full reviews undertaken under pre-2013 Regulations

	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 *(Making it Better)*	26 June 2007	Maternity, paediatrics and neonatology
5	North east Greater Manchester *(Healthy Futures)*	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 *(Your health, your future – safer, closer, better)*	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 *(A picture of health)*	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)	04 June 2010	Oesophageal cancer surgery services

18	Hampshire (Portsmouth)	31 March 2011	End of life care
19	North east London *(Health for north east London)*	22 July 2011	General hospital services incl. maternity, paediatrics and emergency care
20	National *(Safe and Sustainable)*	30 April 2013	Children's congenital heart services
21	North west London *(Shaping a healthier future)*	13 September 2013	General hospital services incl. maternity, paediatrics and emergency care