

***IRP***

**Independent Reconfiguration Panel**

Review of Business

2018/19

**IRP**

## **Independent Reconfiguration Panel**

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## 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 commissioned on contested proposals submitted and/or published during 2018/19	6
	➤ Acute and community services Calderdale and Huddersfield, West Yorkshire	6
	➤ Community hospital services Rothbury Community Hospital, Northumberland	7
	➤ Acute hospital services South Tyneside and Sunderland	7
	➤ <i>Future Fit</i> programme Shropshire and Telford & Wrekin	8
	➤ Respite care services for adults with complex needs Teesside	8
<b>1.3</b>	<b>The Panel’s informal role in offering advice and support</b>	8
	Advice and support offered	9
<b>1.4</b>	<b>Other work undertaken</b>	10
	Input to policy	10
	Links with other interested bodies and input into other organisations’ work	10
	Continuous professional education	10
	Disseminating our learning	10
	Communications	11
	IRP Terms of Reference and Code of Practice	11
	IRP office accommodation and media support	11
<b>1.5</b>	<b>Panel meetings and membership</b>	11
<b>1.6</b>	<b>Future workload</b>	11

<b>Part Two</b>	<b>Review of activity with Departmental Sponsors and further action</b>	13
Annex One	IRP membership	16
Annex Two	IRP general terms of reference	17
Annex Three	Handling plan for referral of contested reconfiguration proposals to IRP	18
Annex Four	IRP advice	19

**INDEPENDENT RECONFIGURATION PANEL**  
**Review of Business**  
**2018/19**

**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. 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

- 1.2.5 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 2018/19**
- Advice was commissioned and/or submitted on three contested proposals:
- Acute and community services, Calderdale and Huddersfield, West Yorkshire
  - Community hospital services, Rothbury Community Hospital, Northumberland
  - Acute hospital services, South Tyneside and Sunderland
  - Acute hospital services, Shropshire and Telford & Wrekin
  - Respite care services for adults with complex needs, Teesside
- 1.2.8 **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.
- 1.2.9 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.
- 1.2.10 The Panel submitted its advice on 9 March 2018. It commended the effort by both the JHSC and the NHS bodies to support each other in undertaking their respective roles. Renewed effort was needed to re-establish relationships moving forward. Emerging proposals differed sufficiently from those consulted upon to warrant renewed engagement with local stakeholders. If more changes were to be proposed, in particular any changes resulting from the scale of funding that may become available, the need for additional public consultation would need to be discussed with the JHSC. Clarification was needed on the programme for out of hospital services and achieving targeted reductions in demand for hospital care, how the proposals would meet NHS England's "fifth" test for service

change that services will be in place before changes to bed numbers are made and on the availability, timing and cost of potential capital financing. Jeremy Hunt, (then) Secretary of State for Health and Social Care, accepted the IRP's recommendations in full on 10 May 2018. The Panel's advice is available on the IRP website at:

<https://www.gov.uk/government/publications/irp-calderdale-and-huddersfield-advice>

**1.2.11 Community hospital services, Rothbury Community Hospital, Northumberland**

On 27 October 2017, Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee (HWOSC) referred to the Secretary of State the decision of NHS Northumberland CCG to close permanently a 12-bed inpatient ward at Rothbury Community Hospital and shape existing services around a health and wellbeing centre on the Rothbury hospital site. Admissions to the ward had previously been temporarily suspended.

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 7 June 2018. It concluded that there had been a number of flaws in the engagement and consultation processes that occurred in the lead up to the CCG's decision-making meeting. Hard evidence should now be available to establish whether forecast costs savings arising from the closure had led to a better use of finite resources. This information should be shared with the HWOSC and interested parties. Equally, there had been ample time to examine the impact on additional travel, costs and inconvenience for the families and carers affected by the changes and a joint assessment should be undertaken. Rothbury Community Hospital had the potential to be an excellent local facility and efforts should be concentrated on refining the list of additional services that could in future be provided in the centre. Matt Hancock, Secretary of State for Health and Social Care, accepted the IRP's recommendations in full on 12 November 2018. The Panel's advice is available on the IRP website at:

<https://www.gov.uk/government/publications/irp-rothbury-advice>

**1.2.14 Acute hospital services, South Tyneside and Sunderland**

On 1 May 2018, South Tyneside and Sunderland Joint Health Scrutiny Committee (JHSC) referred to the Secretary of State the decisions of NHS South Tyneside CCG and NHS Sunderland CCG concerning a strategic transformation programme known as *The Path to Excellence*. The decisions related to inpatient stroke services, obstetrics, inpatient gynaecology and special care for babies and to paediatric emergency care.

1.2.15 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.

1.2.16 The Panel submitted its advice on 18 June 2018. It considered that the decision to undertake a phased consultation was a balanced decision with predictable effects on the consultation process and decisions that followed. More could have been done by the NHS from the outset to explain clearly the wider strategic context and be explicit about the viability of potential options or otherwise. Consolidation of all inpatient stroke services at

Sunderland Royal Hospital was in the interests of local health services as was consolidation of all obstetrics, inpatient gynaecology and special care for babies with a free-standing midwife-led unit at South Tyneside Hospital. Further work was required on long term options for paediatric emergency care as part of considering the future of the whole urgent and emergency care system for the area. Steve Barclay, (then) Minister of State for Health, on behalf of Matt Hancock, Secretary of State for Health and Social Care, accepted the IRP's recommendations in full on 31 August 2018. The Panel's advice is available on the IRP website at:

<https://www.gov.uk/government/publications/irp-south-tyneside-and-sunderland-advice>

**1.2.17 Acute hospital services, Shropshire and Telford & Wrekin**

On 20 March 2019, Telford and Wrekin Council referred to the Secretary of State the decisions of NHS Shropshire CCG and NHS Telford & Wrekin CCG concerning a service change programme known as *Future Fit: Shaping Health Care Together*. The decisions made relate to services provided by the Shrewsbury and Telford Hospitals NHS Trust and would see the Royal Shrewsbury Hospital (RSH) become the emergency care site for the areas of Telford & Wrekin, Shropshire and mid-Wales with women's and children's services also transferred to RSH, and for the Princess Royal Hospital in Telford to become a planned care site with 24-hour urgent care centres at both hospitals.

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 is due to submit its advice by the end of May 2019.

**1.2.20 Respite care services for adults with complex needs and learning disabilities and/or autism, Teesside**

On 8 August 2018, Middlesbrough Council Health Scrutiny Committee and on 23 August 2018, Redcar & Cleveland Borough Council Adults & Communities Scrutiny and Improvement Committee, referred to the Secretary of State the decisions of NHS Hartlepool and Stockton-on-Tees CCG and NHS South Tees CCG relating to the provision of respite services for adults resident in the areas of the councils for Middlesbrough, Redcar & Cleveland, Stockton-on-Tees and Hartlepool who have complex needs and learning disabilities and/or autism.

1.2.21 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.

1.2.22 The Panel is due to submit its advice by the end of May 2019.



### 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 2018/19, 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 south west London
- **Local authority representative**  
health services in Derbyshire
- **NHS England representative**  
health services in west London
- **Local authority representative**  
health services in Essex
- **Local patient group representative**  
health services in west Yorkshire
- **NHS England representatives**  
health services in Cheshire and Mersey
- **NHS England representative**  
health services in west Yorkshire
- **Local authority representative**  
health services in Dorset
- **NHS England representatives**  
health services in south Yorkshire
- **CCG representatives**  
health services in Staffordshire
- **CCG representative**  
health services in Wirral
- **Local authority representative**  
health services in east London
- **Local authority representatives**  
health services in Essex
- **CCG representatives**  
health services in Essex
- **CCG representative**  
health services in Dorset
- **CCG representatives**  
health services in Kent
- **NHS England representative**  
health services in Northumberland

- **Local clinician representative**  
health services in Kent and Medway
- **CCG representative**  
health services in Lincolnshire
- **CCG representatives**  
health services in Shropshire
- **Local authority representative**  
health services in Cheshire

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 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, Healthwatch England, NHS Transformation Unit and Parliament.

### **1.4.4 Continuous professional education**

During the year, members received presentations on effecting best practice in consultation, the clinical workforce as a driver and enabler of local service change and on the workforce challenge. Outgoing IRP members reflected on their experience in offering effective advice.

### **1.4.5 Disseminating our learning**

The IRP continues to assist in disseminating good practice and helping localities to achieve successful service change.

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

- presentation to NHS Northern Reconfiguration Group, 23 May 2018

- presentation to Centre for Public Scrutiny *Reconfiguration event*, 5 June 2018
- presentation to NHS Medical Leadership event, 30 October 2018
- presentation NHS Clinical Commissioners event, 1 November 2018

#### 1.4.7 **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.

#### 1.4.8 **IRP Terms of Reference and Code of Practice**

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

- 1.4.9 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).

#### 1.4.10 **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.

- 1.4.11 A new memorandum of terms of occupation (MOTO) between PSA and IRP was signed extending the MOTO to 31 October 2022.
- 1.4.12 Media support to the Panel is provided by Grayling International which offers media monitoring and advice on a time and materials basis. Following an *invitation to tender* for interested parties to submit applications for a new contract to take effect from 19 July 2018, Grayling was awarded a new contract that can be extended to a maximum of 19 July 2021. The contract has been subject to assurance against the General Data Protection Regulations.

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

- 1.5.1 The Panel convened four times in 2018/19 – on 19 July, 20 September, 15 November 2018, and 21 March 2019.
- 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. Dr Zoe Penn joined the Panel in May 2018 and Prof. Anthony

Schapira and Dr Miles Wagstaff in January 2019. The appointments of Dr Shera Chok and Dr Stephen D'Souza were extended to March 2020. Nick Coleman and Shane Duffy 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 2018/19, the following meetings took place between the IRP and DHSC:

#### **Meeting with Secretary of State for Health and Social Care and Minister of State for Health, 30 October 2018**

##### **Independent Reconfiguration Panel**

Lord Ribeiro, Chairman  
Richard Jeavons, Chief Executive

##### **Department of Health and Social Care**

Matt Hancock, Secretary of State for Social Care  
Stephen Barclay, Minister of State for Health

#### **Meetings and telephone conversation with DHSC Director Acute Care and Quality Policy, 14 August 2018, 25 January 2019 and 29 March 2019**

##### **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**

Neil Townley, 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:

- Acute and community services, Calderdale and Huddersfield, West Yorkshire
- Community hospital services, Rothbury Community Hospital, Northumberland
- Acute hospital services, South Tyneside and Sunderland
- Acute hospital services, Shropshire and Telford & Wrekin
- Respite care services for adults with complex needs, Teesside

2.3.2 All advice was delivered on time. The Secretary of State accepted the IRP's advice in full on the first three commissions above. Advice on the other two is due to be submitted by the end of May 2019.

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.

2.5.2 Following open recruitment exercises, Zoe Penn, Anthony Schapira and Miles Wagstaff were appointed as Panel members.

2.5.3 A new media contract was awarded to Grayling International in July 2018. The contract runs initially to July 2020 with an option to extend for a further 12 months to July 2021. The contract has been subject to assurance against the General Data Protection Regulations.

2.5.4 A new memorandum of terms of occupation, running to 31 October 2022, was agreed for the IRP's shared office with the Professional Standards Authority.

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: IRP documentation has been amended to reflect current practice. Stakeholder response to be kept under review to ensure that documentation remains fit for purpose.***

- 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. The current Chair's second term ends on 1 July 2019. The recruitment for his replacement has commenced. New member induction, continuous professional education and appraisal are important facets of maintaining membership capability.

***Action agreed: further appointments to be made in 2019/20, including to the position of Chair, and the programme of continuous professional development to be maintained.***

- 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<sup>1</sup>

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

Lord Ribeiro

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

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

Shera Chok  
(clinical member)

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

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 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 Morrill  
(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

Zoe Penn  
(managerial member)

Executive Medical Director  
Chelsea and Westminster Hospital NHS Foundation Trust

Linn Phipps  
(lay member)

Independent consultant on patient and public  
engagement, health scrutiny and health inequalities

Anthony Schapira  
(clinical member)

Consultant neurologist and Professor of Clinical Neurology  
Royal Free NHS Foundation Trust and University College  
Hospitals NHS Foundation Trust / Institute of Neurology, UCL

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

Miles Wagstaff  
(clinical member)

Consultant paediatrician and neonatologist  
Gloucestershire Hospitals NHS Foundation Trust

John Wilderspin  
(managerial member)

Independent coach and consultant  
Former NHS chief executive

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<sup>1</sup> As at 31 March 2019

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

<sup>3</sup> Members are entitled to claim a fee of £300 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.  <i>or:</i>	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: <ul style="list-style-type: none"> <li>• Invitations to submit evidence</li> <li>• Site visits</li> <li>• Oral evidence-taking from key stakeholders and interested parties</li> </ul> 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
23	Rothbury, Northumberland	7 June 2018	Community hospital services
24	South Tyneside and Sunderland	18 June 2018	Acute hospital services

25	Shropshire	Due end May 2019	Acute hospital services
26	Teesside	Due end May 2019	Respite for adults with complex needs

### 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 <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	29 May 2009	Microbiology

	(Lincoln)		
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 ( <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