

Independent Reconfiguration Panel

ADVICE ON CLOSURE OF WARD G5 END OF LIFE CARE WARD AT QUEEN ALEXANDRA HOSPITAL, PORTSMOUTH HOSPITALS NHS TRUST

APPENDICES

Submitted to the Secretary of State for Health 31 March 2011





Independent Reconfiguration Panel

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Appendices

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Appendix One

Independent Reconfiguration Panel 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.

Appendix Two

Letter of referral to Secretary of State for Health from Cllr Lynne Stagg, Chair Portsmouth City Council HOSP, 6 October 2010



Andrew Lansley CBE MP Secretary of State for Health Department of Health Richmond House 79 Whitehall London SW1A 2NS



Customer, Community & Democratic Services

Civic Offices Guildhall Square Portsmouth PO1 2AL

Phone: 023 9283 4002 Cllr.Lynne.Stagg@portsmouthcc.

gov.uk

Our Ref: LS/AQ/HOSP/230910

Your Ref:

Date: 6 October 2010

Dear Mr Lansley

Referral to Secretary of State for Health regarding lack of consultation on closure of G5 End of Life Care Ward, amounting to Substantial Variation of service at Queen Alexandra Hospital NHS Trust, Portsmouth

I am writing to you in my capacity as Chair of Portsmouth City Council's Health Overview & Scrutiny Panel (HOSP). The main hospital that serves the population of Portsmouth and the surrounding area is Queen Alexandra (QA) Hospital, Cosham, Portsmouth.

The Trust Board at Queen Alexandra Hospital informed the Portsmouth HOSP in August 2010 that it was closing the G5 Palliative Care Ward at QA Hospital and redeploying the nursing team across the trust.

There was only one dedicated palliative care ward available at QA and no other NHS facility exists nearby. It is the opinion of the HOSP members that this closure amounts to "substantial variation" in the variation of the health service in the area and as such, under S. 7 Health & Social Care Act 2001 and S. 244 NHS Act 2006, the trust were required to make these proposed changes known to us at an early stage in order that the HOSP could determine, (as the legislation states) if this amounted to substantial variation and to ensure it would be consulted adequately throughout the process and given the opportunity to influence the final decision. The trust never made this information available to Portsmouth HOSP or to Hampshire County Council Health Overview & Scrutiny Committee. Consequently the statutory health scrutiny committees that cover the catchment area for the trust were unaware of the proposed closure, were not consulted and did not have the opportunity to scrutinise these proposals.

The closure has gone ahead despite the concerns raised by the Portsmouth HOSP when this matter was verbally reported to it at its meeting held on 26 August 2010. It seems that the closure was implemented before the Portsmouth HOSP was made

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www.portsmouth.gov.uk



aware of the trust's plans. Following on from this meeting I wrote to Ursula Ward, the Chief Executive of QA Hospital, requesting a reconsideration of the decision and a public meeting to hear the views of the public who have been prevented from engaging in this process (because they were unaware of the plans). I have attached a copy of my letter to the Chief Executive of QA Hospital with the response from Ms Ward dated 21 September 2010 and received by the Portsmouth HOSP for its meeting of 23 September 2010. Ms Ward in her letter states that the trust decided not to formally consult on this matter because there was not a substantial change to services and that the Trust was not in a position to reverse the decision. The Portsmouth HOSP strongly dispute that this matter has been consulted upon adequately (or at all) as it is not the hospital that determines whether a matter amounts to substantial variation but a matter for the Portsmouth HOSP to determine

Having been unable to reach a satisfactory outcome with the trust board at QA Hospital, the Portsmouth HOSP has decided unanimously to refer the matter to the Secretary of State for Health on the following grounds:

- 1. The Panel is concerned that the closure of G5 Palliative Care Ward amounts to "substantial variation" of the provision of a service and the Portsmouth HOSP is not satisfied that consultation has been adequate. The Portsmouth HOSP requests that the Trust reconsiders its original decision and properly consults on the matter before reaching a final decision.
- 2. The Panel is concerned that the proposed closure is not in the interests of the health service and seek the intercession of the Secretary of State for Health to determine whether this closure is in the best interests of the health service in Portsmouth and to take such action or desist from taking such action as The Secretary of State may direct.

I look forward to receiving your early attention in this matter, to ensure the best outcomes for the patients and families who rely on this service at Queen Alexandra Hospital, Portsmouth.

Yours sincerely

Lynne Stagg

Chair, Health Overview & Scrutiny Panel



Appendix Three

Letter to Secretary of State for Health from Dr Peter Barrett, 30 November 2010

Kierran Cross First Floor 11 Strand London WC2N 5HR

The Rt Hon Andrew Lansley CBE MP Secretary of State for Health Richmond House 79 Whitehall London SW1A 2NS

30 November 2010

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH Referral by Portsmouth City Council Health Overview and Scrutiny Panel Closure of Ward G5 End of Life Care Ward Oueen Alexandra Hospital NHS Trust, Portsmouth

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr Lynne Stagg, Chair of Portsmouth City Council Health Overview and Scrutiny Panel (HOSP). NHS South Central provided initial assessment information. A list of all the documents considered in the initial assessment is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. The IRP considers each referral on its merits and its advice in this case is set out below. **The Panel concludes that this referral is suitable for full review.**

Background

Until September 2010, Portsmouth Hospitals NHS Trust (PHT) ran a dedicated ward (G5) at Queen Alexandra Hospital providing end of life and palliative care for patients over 65 years of age.

The Trust's Medicine for Older People, Rehabilitation and Stroke Clinical Service Centre identified the need for a review of end of life and palliative care for the over 65s as part of its 2010/11 business planning process. This was due in large part to the fact that, with 14 beds, Ward G5 was unable to accommodate all the hospital patients over 65 that required end of life or palliative care. In fact, the majority of such care - around 75 per cent – was provided on the Trust's acute wards.

Discussions with the Trust's Executive were held in February 2010. The Management Team in Medicine for Older People undertook some consideration of alternative models for the provision of end of life and palliative care. A period of engagement was held. This concluded on 21 May 2010.

An engagement paper inviting views was produced as part of the period of engagement. The paper states that the rationale for considering alternative models of care had been discussed with the Local



Involvement Network (LINk), the Patient Experience Council and the Trust Council of Governors. A discussion paper had been presented to the Portsmouth Hospitals End of Life Care Steering Group. The paper further states that the engagement would be undertaken with "... a number of interested groups. These will include patient representatives, PHT staff and partner organisations".

Following the conclusion of the engagement process, a final draft business case was presented to the End of Life Steering Group in June 2010. This contained four options for change. The Steering Group endorsed the Clinical Service Centre's recommended option for change – to "close Ward G5... [and] ... establish permanent extended nursing roles, with protected shifts within the working week, for ex-G5 staff to drive and progress the End of Life agenda within the Clinical Service Centre".

Trust representatives attended a meeting of the Portsmouth HOSP on 26 August 2010 and informed the HOSP of the intention to close Ward G5 and redeploy the nursing team across the Trust. The HOSP Chair wrote to the Trust Chief Executive on 27 August 2010 to express concern about the lack of consultation about the ward closure and to request that the decision be either reversed or deferred until a public meeting to discuss the proposal had been held.

The Trust Chief Executive replied to the HOSP Chair's letter on 21 September 2010 responding to the points raised and confirming that the decision to close Ward G5 was not reversible. The letter also confirmed that the new model of care had been implemented on 6 September 2010. Trust representatives attended a further meeting of the HOSP on 23 September 2010 at which the HOSP resolved to refer the matter to the Secretary of State for Health.

Basis for referral

The referral letter states that:

- 1. The Panel is concerned that the closure of G5 Palliative Care Ward amounts to "substantial variation" of the provision of a service and the Portsmouth HOSP is not satisfied that consultation has been adequate. The Portsmouth HOSP requests that the Trust reconsiders its original decision and properly consults on the matter before reaching a final decision.
- 2. The Panel is concerned that the proposed closure is not in the interest of the health service and seek the intercession of the Secretary of State for Health to determine whether this closure is in the best interests of the health service in Portsmouth and to take such action or desist from taking such action as The Secretary of State may direct.

IRP view

With regard to the referral by Portsmouth HOSP, the Panel notes that:

- NHS organisations must involve users where Section 242 (1B) of the NHS Act 2006 requires arrangements to be made for involvement activity (whether by being consulted, or provided with information, or in other ways) irrespective of whether the OSC is consulted or not
- PHT accepts that the development of this proposal falls within the scope of the duty to involve and engage service users under Section 242 of the NHS Act 2006 it considers that it exceeded the obligations placed on NHS bodies under the 2006 NHS Act
- While the Trust states that, through its engagement process, it liaised with interested groups before reaching its decision the chronology for this action is unclear
- It is also unclear how or whether other key stakeholders were approached directly by the Trust



- Regulations enabled by Section 244 of the NHS Act 2006 require NHS organisations to consult
 OSCs when considering a proposal for a substantial development of the health service in the
 area of the local authority or for a substantial variation in the provision of service
- PHT's decision not to consult the HOSP was based on the Trust's view that the changes did not amount to a substantial change to clinical services the HOSP was only informed after the decision to implement the changes had been taken
- The changes were implemented in September 2010 in the knowledge of the HOSP's objections and request for the decision to be deferred
- The documentation supplied provides little opportunity to assess the quality of the previous service or to understand the potential benefits of the newly-implemented model of care
- Further, it does not allow the new model to be assessed either against any strategy for end of life and palliative care across Portsmouth and the surrounding area or against national strategy
- The process adopted by PHT does not appear to have considered the four tests for service reconfiguration introduced on 20 May 2010

Conclusion

From the documentation provided, the Panel is unable to form a view on whether or not adequate consultation was undertaken by PHT. Similarly, the limited information available does not allow us to make a judgement on whether or not the closure of Ward G5 is in the best interest of the health service in Portsmouth. Nor is it possible to assess whether the changes meet the Secretary of State's four tests. We are also aware of current government policy statements regarding end of life and palliative care and the ongoing review of funding for these services.

The Panel wishes to consider these issues further and would be willing to undertake a full review if requested.

Yours sincerely

Dr Peter Barrett CBE DL

les Barrett

Chair, IRP



Appendix Four

Letter to Dr Peter Barrett, IRP Chair from Secretary of State for Health, containing terms of reference, 6 December 2010

From the Rt Hon Andrew Lansley CBE MP Secretary of State for Health



POC1_572736

Dr Peter Barrett CBE Chair Independent Reconfiguration Panel Keirran Cross The Strand London WC2N 5HR Richmond House 79 Whitehall London SWIA 2NS

Tel: 020 7210 3000 mb-sofs@dh.gsi.gov.uk

0 6 DEC 2010

Dear Peter

REFERRAL FROM PORTSMOUTH CITY COUNCIL'S HEALTH OVERVIEW AND SCRUTINY PANEL – CLOSURE OF WARD G5 END OF LIFE CARE WARD AT QUEEN ALEXANDRA HOSPITAL NHS TRUST PORTSMOUTH

Thank you for your letter of 30 November 2010 appending initial advice in relation to the above referral.

Your letter states the IRP would be willing to undertake a full review of the proposals and I would be grateful if this review could commence as early as possible in the New Year.

Your report should be submitted to me no later than 31 March 2011 in line with the agreed terms of reference between Department of Health and the Independent Reconfiguration Panel set out overleaf.

I would be grateful if you could contact James Skelly in the NHS Business Unit on 0113 254 6583 if you require any additional information at this stage.

I look forward to hearing from you next year.

I am copying this letter to Andrea Young, Chief Executive, NHS South Central.

ANDREW LANSLEY CBE

AG 03.12





Terms of reference

With due regard to the Panel's amended general terms of reference as agreed between DH and the IRP, the Panel is to advise by 31 March 2011:

- a. whether it is of the opinion, taking account of the views and plans of local commissioners, that the proposals for change will enable the provision of safe, sustainable and accessible end of life care at Queen Alexandra Hospital, Portsmouth and if not, why not
- b. on any other observations the Panel may wish to make in relation to the changes; and
- on how to proceed in the best interests of local people in light of a and b
 above and taking into account the issues raised by Portsmouth City Council's
 Health Overview and Scrutiny Committee in their referral letter of 6 October
 2010.



Appendix Five

IRP press release, 8 December 2010



Press release 8 December 2010

IRP to undertake independent health review in Portsmouth

The IRP, the independent expert on NHS service change, is launching a review to consider whether the closure of the G5 End of Life Care Ward at the Queen Alexandra Hospital in Portsmouth enables the provision of safe, sustainable and accessible end of life care for the local population. The review is taking place following a referral from Portsmouth City Council's Health Overview and Scrutiny Panel.

In November 2010 the IRP carried out an initial assessment regarding the closure of the G5 End of Life Care Ward at the Queen Alexandra Hospital NHS Trust. The Health Secretary, Rt Hon Andrew Lansley MP, accepted the IRP's advice that a full review should be undertaken.

Dr Peter Barrett, Chair of the IRP, said: "Our job is to consider whether the changes provide the highest possible quality of care for patients. During the course of the review we will gather evidence locally and listen to all interested parties, to ensure that the recommendations we make are in the best interests of local people."

The review will start in early 2011 when the IRP will make a number of visits to Portsmouth to see the NHS facilities and meet patients, clinicians and other staff. IRP members will also hold a series of meetings to hear directly from a range of interested parties, including local authority representatives and interest groups.

People who wish to contact the IRP to share their views as part of the review can do so by e-mailing - info@irpanel.org.uk

The IRP will make recommendations to the Health Secretary by 31 March 2011 in relation to the changes. The final decision on changes to services in the area will be made by the Health Secretary.



Appendix Six

IRP letter to editors of local newspapers, 6 January 2011

IRP
Independent Reconfiguration Panel
6th Floor
157 – 197 Buckingham Palace Road
London
SW1W 9SP

6 January 2011

For publication

IRP: Have your say on health review

Dear Editor

The IRP, the independent expert on NHS service change, is carrying out a review to consider whether the closure of the G5 End of Life Care Ward at the Queen Alexandra Hospital in Portsmouth enables the provision of safe, sustainable and accessible end of life care for the local population.

The Health Secretary, Rt Hon Andrew Lansley MP, has asked for a full review following a referral from Portsmouth City Council's Health Overview and Scrutiny Panel.

As part of our review, we would like to hear from all interested parties in Portsmouth particularly those who have new evidence to offer or feel that their voice has not been heard, including patients, local residents, local authority representatives, interest groups, clinicians and other staff. Please contact us by email at: info@irpanel.org.uk or by calling 0207 045 4844.

It is important that our reviews are open and accountable to local communities. We will therefore publish our findings on our website - www.irpanel.org.uk - once they have been considered by the Health Secretary.

Yours sincerely

Dr Peter Barrett CBE DL Chair, IRP

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Appendix Seven

Site visits, meetings and conversations held

5 January 2011

IRP Richard Jeavons

Professor Sir Mike Richards, National Clinical Director for Cancer and End of Life Care

7 February 2011

IRP Paul Roberts, Peter Barrett, Fiona Campbell, Sanjay Chadha, Nicky Hayes, Linda Pepper, Richard Jeavons, Maureen Larkin

Site visits

Queen Alexandra Hospital, Cosham

Emergency Department, Medical Assessment Unit, F1 ward, F2 ward, F5 ward, Critical Care Department, G5 ward, carer & relative facilities, mortuary, bereavement services and spiritual area,

The Rowans Hospice, Purbrook, Hampshire

8 February 2011

IRP Paul Roberts, Fiona Campbell, Nicky Hayes, Brenda Howard, Ray Powles (until 16.00), Richard Jeavons, Maureen Larkin

Evidence gathering sessions – Queen Alexandra Hospital, Cosham

David Rhind, Chairman, Portsmouth Hospitals NHS Trust (PHT)

Ursula Ward, Chief Executive, PHT

Julie Dawes, Director of Nursing, PHT

Chris Ash, General Manager for Medicine for Older People, Rehabilitation and Stroke (MOPRS), PHT

Gill Gould, Head of Nursing for MOPRS, PHT

Dr Mark Rowland, Lead Clinician for End of Life Care, PHT and Consultant in Respiratory Medicine, PHT

Peggy Coley, Senior Staff Nurse, End of Life Support Team, PHT

Cherilyn MacNee, Senior Staff Nurse, End of Life Support Team, PHT

Anya Werrell, Senior Staff Nurse, End of Life Support Team, PHT

Allison Stratford, Associate Director of Communications and Engagement, PHT

Lyn Darby, Associate Director of System Management, NHS Portsmouth

Dr Tim Wilkinson, Clinical Director, NHS Portsmouth

Richard Samuels, Director of Strategic Planning and Corporate Affairs, NHS Hampshire

Cheryl Day, Associate Director for Strategy Implementation South East Hampshire, NHS Hampshire

Dr Stuart Ward, GP and Medical Director, NHS Hampshire

Adrian Ruddle, Consultant in Palliative Care, PHT

Dawn Traer, Senior Bereavement Officer, PHT

Nick Fennemore, Head of Chaplaincy and Bereavement, PHT

Miriam Rowswell, Head of Nursing for Cancer Services, PHT

Tim Robinson. Head of Public and Patient Involvement, PHT



Amanda Clowes, patient relative

David Whittle, patient relative

Rick Dunford, patient relative

Martin Gover, patient relative

Susan Gover, patient relative

Anton Roulland, patient relative

Syd Rapson, Governor, Portsmouth Hospitals NHS Trust Council of Governors **Cllr Patricia West**, Chairman, Hampshire Health Overview and Scrutiny Committee,

Hampshire County Council

Denise Holden, Corporate Scrutiny Manager, Hampshire County Council

15 February 2011

IRP Nicky Hayes, Brenda Howard, Martin Houghton, Richard Jeavons

Caroline Dinenage, MP for Gosport **Damien Hinds**, MP for East Hampshire

16 February 2011

IRP Paul Roberts, Fiona Campbell, Nicky Hayes, Brenda Howard, Richard Jeavons, Maureen Larkin

Evidence gathering sessions – Portsmouth City Council offices

Cllr Lynne Stagg, Chair Portsmouth City council Health Overview and Scrutiny Panel (HOSP)

Cllr Margaret Adair, member Portsmouth City Council HOSP

Cllr David Gillett, co-opted member Portsmouth City Council HOSP – also Cllr Havant Borough Council

Cllr Dorothy Denston, co-opted member Portsmouth City Council HOSP – also Cllr East Hampshire District Council

Cllr Keith Evans, co-opted member Portsmouth City Council HOSP – also Cllr Fareham Borough Council

Antony Quinn, Senior Local Democracy Officer, Portsmouth City Council

Jane Di Dino, Scrutiny Support Officer, Portsmouth City Council

Councillor Gerald Vernon-Jackson, Leader Portsmouth City Council

Gemma Rainger, End of Life Care Lead, Portsmouth City Council

Shaun Cunningham, member of the public

Sheila Baker, member of the public

Maurice Brown, member of the public

Lynne Rigby, Principal Officer, Portsmouth Disability Forum

Early evening staff drop in session – Dame Judith Professional Centre, Cosham

17 February 2011

IRP Paul Roberts, Fiona Campbell, Nicky Hayes, Brenda Howard, Richard Jeavons, Maureen Larkin

Evidence gathering sessions - Portsmouth City Council offices

Muriel Deacon, President, Portsmouth Pensioners' Association

Reverend Elgan Evans, member of the public

Taki Jaffer, Portsmouth Interfaith Forum



Aysha Rahman, member of the public

Will Purvis, spokesperson for Save G5 campaign

Darren Saunders, co-organiser Save G5 campaign

Rachael Hawthorn, journalist, Portsmouth News

Dr Robert Logan, Consultant Geriatrician, PHT

Mr Cyril Saunders, member of the public

Dr Jane Williams Consultant Nurse in Stroke Care, Chief of Service, Clinical Service Centre of Medicine for Older People, Rehabilitation and Stroke, PHT

Ruth White, Chief Executive, The Rowans Hospice

Huw Jones, Consultant in Palliative Medicine, Honorary Medical Director, The Rowans Hospice

Lucy Docherty, Governor, Portsmouth Hospitals NHS Trust Council of Governors

IRP Paul Roberts, Fiona Campbell, Nicky Hayes, Richard Jeavons, Maureen Larkin

Site visits

Jubilee House, Cosham

IRP Brenda Howard

Site visits

Queen Alexandra Hospital, Cosham

IRP Paul Roberts, Nicky Hayes, Brenda Howard, Richard Jeavons,

Evening Open public meeting, Portsmouth City Guildhall

18 February 2011

IRP Paul Roberts, Nicky Hayes, Brenda Howard, Richard Jeavons, Maureen Larkin

Evidence gathering sessions – Portsmouth City Council offices

Andrea Young, Chief Executive, South Central Strategic Health Authority **Olga Senior**, Director of Communications and Corporate Affairs, South Central Strategic Health Authority

Lucy Sutton, Associate Director End of Life Care, South Central Strategic Health Authority

Gayle Rossiter, Associate Director of Communications and Engagement, South Central Strategic Health Authority

Dr Felicity Shaw, Medical Director Wessex LMCs and GP

Sue Dawkins, Chairperson, Portsmouth and South East Hampshire Branch Carers UK

Dr Ann Dowd, Consultant Geriatrician, PHT and former (until September 2010) Chief of Service, Medicine for Older People, Rehabilitation and Stroke, PHT

Dr Zoe Hemsley, Consultant Geriatrician, PHT

Derek McCarthy, member of the public

Jock McLees, Chair, Portsmouth LINk



Chrissie Monck - Chair of Service Development Sub-Group & Steering Group member, Portsmouth LINk

Terry Carter - Chair of Publicity, Awareness & Engagement Sub-Group & Steering Group member, Portsmouth LINk

Fred Monck – Chair of Enter & View Sub-Group & Steering Group member, Portsmouth LINk

22 February 2011

IRP Nicky Hayes, Brenda Howard, Ray Powles, Martin Houghton, Richard Jeavons

Penny Mordaunt, MP for Portsmouth North

2 March 2011

IRP Paul Roberts, Fiona Campbell, Richard Jeavons, Maureen Larkin

Evidence gathering sessions – Queen Alexandra Hospital, Cosham

Julie Dawes, Director of Nursing, PHT
Dr Mark Rowland, Lead Clinician for End of Life Care, PHT
Dr Jane Williams, Chief of Service MOPRS, PHT
Chris Ash, General Manager MOPRS, PHT
Gill Gould, Head of Nursing for MOPRS, PHT
Tracy Sanders, Chief Executive, NHS Portsmouth
Dr Jim Hogan, GP and lead shadow GP Commissioning Consortium
Jo Sherman, Senior Commissioning Programme Manager End of Life Care, NHS
Portsmouth



Appendix Eight

Information made available to the Panel

Supporting papers

Paper	Title				
1	End of Life Strategy: Promoting high quality care for all adults at the end of life, Department of Health, July 2008				
2	End of Life Care Strategy: Second Annual Report, Department of Health, August 2010				
3	10 questions to ask if you are scrutinising end of life care for adults, Centre for Public Scrutiny, 2010				
4	Note of conversation with Prof Sir Mike Richards, National Clinical Director for Cancer and End of Life Care				
5	National End of Life Care Programme: The route to success in end of life care - achieving quality in acute hospitals, NHS, August 2010				
6	End of Life Care Strategy: Quality Markers and measures for end of life care, Department of Health, June 2009				
7	National End of Life Care Programme: Quality Markers for Acute Hospitals, NHS April 2010				
8	National End of Life Care Programme: the route to success in end of life care in acute hospitals - your guide, NHS, June 2010				
9	Care and Compassion? Report of the Health Service Ombudsman on ten investigations into NHS car of older people, PHSO, February 2011				
10	Referral letter from Portsmouth City Council HOSP, 06 October 2010. Includes:				
11	Letter from Cllr L Stagg, Chair Portsmouth CC HOSP to Chief Executive, Portsmouth Hospitals NHS Trust, 27 August 2010				
12	Letter from Chief Executive, Portsmouth Hospitals NHS Trust to Cllr L Stagg, 21 September 2010				
13	Improving End of life and Palliative Care for Patients over the age of 65: An engagement paper, medicine from Older People, Rehabilitation and Stroke, Portsmouth Hospitals NHS Trust				
14	[Draft] Discussion paper forming basis of a LINk response on <i>Improving End of life and Palliative Care for Patients over the age of 65: An engagement paper</i> Portsmouth Hospitals NHS Trust				
15	HOSP minutes of meeting, 23 September 2010				
16	Email correspondence between Portsmouth LINk and Portsmouth HOSP, March 2010				
17	HOSP minutes of meeting, 10 June 2010				
18	HOSP minutes of meeting 26 August 2010				
19	SHIP: HOSC arrangements for assessing substantial change in NHS provision				
20	Hants HOSC Review of End of Life Care in Hampshire				
21	IRP Information Template, 26 October 2010				
22	Correspondence between Portsmouth Hospitals NHS Trust (PHT) and Mike Hancock MP, August 2010				
23	Correspondence between PHT and Rt Hon David Willetts MP, August 2010				
24	Correspondence between PHT and Mark Hoban MP, August 2010				
25	Correspondence between PHT and D Saunders, Portsmouth Liberal Democrats, August 2010				
26	Correspondence between PHT and Penny Mordaunt MP, August 2010				
27	Correspondence between PHT and Mike Hancock MP, August/September 2010				



28	Correspondence between PHT and C Saunders, August/September 2010					
29	Email correspondence between PHT and Penny Mordaunt MP, August/September 2010					
30	Correspondence from PHT to Penny Mordaunt MP, December 2010					
31	Correspondence between PHT and Mr D Rogers, August 2010					
32	PHT: Quarterly report to Portsmouth HOSP, June 2010					
33	Email correspondence between PHT and Portsmouth HOSP, July/August 2010					
34	PHT: Quarterly report to Portsmouth HOSP, September 2010					
35	Correspondence from PHT to Portsmouth HOSP, 21 September 2010					
36	Email correspondence from Portsmouth HOSP to PHT, 6 October 2010					
37	Email correspondence from Portsmouth HOSP to PHT, 11 October 2010					
38	Correspondence between PHT and Portsmouth HOSP, July 2010					
39	PHT: Briefing Note on future of G5 Ward					
40	Minutes of Patient Experience Council, PHT, meeting 8 April 2010					
41	Email correspondence attaching comments of Patient Experience Council regarding G5 Consultation					
42	Email attaching minutes and comments of Patient Experience Council, 19 August 2010					
43	Email from Portsmouth LINk to members, 5 March 2010					
44	Email from Portsmouth LINk to PHT, 10 March 2010					
45	Note of meeting of Options for End of Life Care with Portsmouth LINk Steering Group, 10 March 2010					
46	Email from Portsmouth LINk to members, 11 March 2010					
47	Email from Portsmouth LINk to members, 20 May 2010					
48	Email from Portsmouth LINk to PHT, 11 March 2010					
49	Portsmouth LINk draft response to PHT paper <i>Improving End of Life and Palliative Care for Patients</i> over the age of 65					
50	Email correspondence between PHT and Portsmouth LINk, May 2010					
51	Email correspondence between Portsmouth LINk and PHT, May 2010					
52	Email correspondence between Portsmouth LINk and PHT, June 2010					
53	Email attaching summary notes of Chief Nurse's meeting with Portsmouth LINk, 23 June 2010					
54	Email from Portsmouth LINk to members, 5 August 2010					
55	Email correspondence between Portsmouth LINK and members, August 2010					
56	Correspondence between PHT and Ms Hawthorn, Freedom of Information request, 6 October 2010					
57	Correspondence between PHT and Ms Hawthorn, Freedom of Information request, 6 October 2010					
58	PHT paper: Improving End of Life and Palliative Care for patients over the age of 65					
59	PHT paper: A new Model of Care for Older People at the End of Life					
60	PHT slides from presentation: <i>End of Life Care in Portsmouth Hospitals NHS Trust</i> , 29 December 2010					
61	PHT slides from presentation: End of Life Care, 22 December 2010					
62	PHT: End of Life Care Support Team - Timeline					
63	PHT Press statement: The new model of end of life care in Portsmouth Hospitals Trust					
64	PHT: text for response to letters in relation to replacement with the dedicated inpatient ward for end of life care (G5) with an inreach nursing model					



65	PHT: statement from Trust Planning and Performance Advisory Group, 30 November 2010			
66	PHT: Briefing Sheet: Visit by Portsmouth HOSP to Emergency department, 6 August 2010			
67	PHT: Q&A on end of life care			
68	PHT: Q&A on end of life care			
69	Portsmouth LINk response to PHT paper <i>Improving End of Life and Palliative Care for Patients over the age of 65</i>			
70	PHT: floorplans for Wards G5, F1, Charles Ward			
71	PHT: floorplan for Ward A1 SMH			
72	NHS Hampshire and Hampshire County Council: Draft Joint End of Life Care Strategy, March 2010			
73	Map: Proximity of Properties to Queen Alexandra Hospital			
74	Map: NHS Portsmouth properties			
75	List of Hospices in Portsmouth area			
76	PHT: End of Life Support Team - handout			
77	PHT: Coping with dying leaflet			
78	PHT: Coping with your bereavement information and advice leaflet			
79	End of Life Care Strategy, Department of Health, July 2008			
80	End of Life Care Report, NHS South Central, March 2008			
81	PHT: Slides from presentation, End of Life Care in Portsmouth Hospitals NHS Trust			
82	PHT: End of Life Care Support team - Timeline			
83	PHT: Discussion paper to consider options relating to the potential closure of G5			
84	PHT: Trust Senior Management Team Briefing: Future of G5 Ward & End of Life Model for Older People			
85	PHT: Outline Business Case for end of life care			
86	PHT: Description of end of life care service model prior to closure of G5			
87	PHT: Admission criteria and access process to palliative care ward (F1)			
88	PHT: Questions for requested admission to Ashdown1			
89	PHT paper: Winter pressures initiative			
90	PHT: Source of admission to Ward G5			
91	Extract from minutes of Hampshire HOSC minutes of meeting, 30 November 2010			
92	PHT MOPRS End of Life Team Single Room Statistics, Sept 2010 to 14 Feb 2011			
93	PHT: End of Life care evaluation sheet, 8 February 2011			
94	PHT: Engagement with LINk and HOSC/HOSP officers, 8 February 2011			
95	PHT: End of Life Care Away Day Report, May 2008			
96	PHT: Audit of no. of adult deaths on lcp Aug10 - Jan 11			
97	PHT: Follow-up information requirements, comprising:			
98	PHT: List of services			
99	PHT: List of Consultants			
100	PHT: List of wards			
101	PHT: Activity information			
102	PHT: Analysis of deaths by specialty			
103	PHT: End of Life Support Team Operational Policy			



104	PHT: Analysis of deaths by location				
105	PHT: Analysis of deaths by postcode				
106	PHT: MOPRS staffing levels				
107	PHT: Lengths of stay				
108	PHT: End of Life ward occupancy				
109	PHT: End of Life care by discharge destination				
110	PHT: Consultant timetable				
111	PHT: Bed numbers by ward				
112	PHT: CIP for MOPRS				
113	PHT: Elderly care services at SMH cover sheet, March 2009				
114	PHT: Elderly care services at SMH Board paper, March 2009				
115	PHT: Elderly services SUI cover sheet, June 2009				
116	PHT: Elderly services SUI Board paper, June 2009				
117	PHT: MOPRS Complaints 2010/11				
118	PHT: HELiCS discussion document - September 2008				
119	PHT: Side rooms by ward				
120	PHT: EoL care group meeting, agenda October 2010				
121	PHT: EoL care group meeting, agenda April 2008				
122	PHT: EoL care group meeting, agenda March 2007				
123	PHT: EoL care group meeting, agenda June 2007				
124	PHT: EoL care group meeting, agenda December 2007				
125	PHT: EoL care group meeting, agenda July 2008				
126	PHT: EoL care group meeting, agenda September 2007				
127	PHT: EoL care group meeting, agenda January 2008				
128	PHT: EoL care group meeting, agenda January 2007				
129	PHT: EoL care group meeting, agenda April 2010				
130	PHT: EoL care group meeting, agenda January 2011				
131	PHT: EoL care group meeting, agenda July 2010				
132	PHT: EoL care group meeting, agenda March 2010				
133	PHT: EoL care group meeting, agenda October 2008				
134	PHT: EoL care group meeting, minutes September 2007				
135	PHT: EoL care group meeting, minutes March 2007				
136	PHT: EoL care group meeting, minutes April 2008				
137	PHT: EoL care group meeting, minutes December 2007				
138	PHT: EoL care group meeting, minutes July 2008				
139	PHT: EoL care group meeting, minutes September 2007				
140	PHT: EoL care group meeting, minutes June 2007				
141	PHT: EoL care group meeting, minutes April 2010				
142	PHT: EoL care group meeting, minutes January 2011				
143	PHT: EoL care group meeting, minutes July 2010				



144	PHT: EoL care group meeting, minutes March 2010				
145	PHT: EoL care group meeting, minutes October 2010				
146	PHT: EoL care group meeting, minutes January 2007				
147	PHT: Senior Management Team minutes of meeting 7 July 2010				
148	PHT: Letter from CQC, Portsmouth Hospitals NHS Trust Stroke Care, 13 April 2010				
149	PHT: National end of life care programme - the route to success in end of life care - achieving quality in acute hospitals				
150	PHT: Quality Turnaround Plan				
151	PHT: Business Plan MOPRS				
152	PHT: MOPRS Structure				
153	PHT: Occupancy Map				
154	PHT: Postcode Analysis				
155	PHT: Turnaround Committee Meeting minutes 17 June 2010				
156	PHT: length of stay Bed reductions, 16 June 2010				
157	PHT: Bed reduction programme 2010/11				
158	PHT: extracts from meetings				
159	NHS Portsmouth: background evidence				
160	NHS Portsmouth: end of life QIPP Plan workstream				
161	NHS Portsmouth: Specialist palliative care performance report				
162	NHS Portsmouth: Community palliative care business case 2006/07				
163	NHS Portsmouth: Community palliative care service Proposal, 11 October 2007				
164	NHS Portsmouth: Darzi commissioning work programme budget - End of Life				
165	NHS Portsmouth: Darzi commissioning work programme - Palliative care deaths				
166	NHS Portsmouth: Darzi commissioning work programme - Deaths by palliative care ICD-10 Chapter				
167	NHS Portsmouth: Darzi commissioning work programme - Palliative care prevalence				
168	NHS Portsmouth: End of life care - programme strategy 2011/12 - 2015/16				
169	NHS Portsmouth: Generic quality requirement for all patients at End of Life				
170	NHS Portsmouth: Community palliative care services, 25 June 2007				
171	NHS Portsmouth: Strategic Plan 2010-2014, Final Draft				
172	NHS Portsmouth: Operating Plan 2010-2011				
173	NHS Portsmouth: QIPP Plan, draft September 2010				
174	NHS Portsmouth: QIPP Plan workstream brief - end of life				
175	NHS Portsmouth: End of Life Steering Group, 2 February 2011				
176	NHS Hants: NHS Hampshire & Hampshire County Council Draft end of life strategy, March 2010				
177	NHS Hants: QIPP end of life workstream, 19 January 2011				
178	NHS Hants: Place of death indicator, SHAs in England, 2008-09				
179	NHS Hants: World class commissioning outcomes: trajectories 2009/10 - 2013/14				
180	NHS Hants: End of life patients by preferred location of care, actual location of care and outcome, 2 January 2011				
181	NHS Hants: Percentage of end of life patients dying in their preferred location of care, January 2011				
182	NHS Hants: Proportion of deaths in usual home for Hampshire residents, by local authority				



183	Portsmouth LINk response to PHT paper <i>Improving End of Life and Palliative Care for Patients over the age of 65</i>					
184	Portsmouth LINk timeline of events regarding G5					
185	Derek McCarthy background document					
186	Derek McCarthy G5 Closure document					
187	Derek McCarthy Letter to Editors					
188	Save G5 Campaign submission to IRP, 17 February 2011					
189	Submission and literature from Portsmouth Disability Forum, 16 February 2011					
190	Submission from Mr C Saunders, 17 February 2011					
191	Portsmouth LINk Newsletter, Spring 2010					
192	Submission from Portsmouth Pensioners Association, 17 February 2011					
193	Submission from Rev E Evans, 17 February 2011					
194	Submission from Dr Logan, consultant, Portsmouth Hospitals NHS Trust					
195	NHS Hampshire Community Health Care: Community Leaflet - Information for families and carers, The Rowans Hospice					
196	Literature regarding Save our G5 Ward campaign, 8 February 2011					
197	Save our G5 Ward - patients and families deserve better - petition to Portsmouth Hospitals NHS Trust and Secretary of State for Health					
198	Submission from Mrs S Simmons, 25 February 2011					
199	Submission from Penny Mordaunt MP for Portsmouth North, 14 March 2011					
200	Submission from Miss S Baker, 16 February 2011					
201	Submission from Mike Hancock MP for Portsmouth South, 22 March 2011, plus attachments: a) <i>A Hospital Palliative Care Ward for Elderly People</i> (MP Severs and PSW Wilkins, <i>Age and Ageing 1991</i>) b) Comments from constituents c) <i>End-of-Life care and the Elderly - Special Considerations</i> (HM Chochinov, Psychiatric Times 2008)					
202	PHT: EoL care - summary of patient experience					
203	PHT: EoL care - communications and engagement					
204	NHS Hampshire - Commissioning improved end of life care					
205	PHT: EoL care - Reconfiguration in PHT					
206	PHT: EoL care - Developing the clinical model					
207	NHS Portsmouth - EoL strategy					
208	Hampshire HOSC evidence to IRP					
209	PHT: Quality and access in end of life care, modernising the G5 model, presentation to IRP, 2 March 2011					
210	PHT: Initial report of the findings of End of Life Care Questionnaire					
211	PHT: Presentation to HOSC/HOSP					
212	PHT: Minutes of sixteenth meeting of the Council of Governors, 9 April 2010					



Members of the public who contacted the IRP (emails, letters and phone calls)

1	Mr C Saunders	36	Mr W Purvis	
2	Mr D Petrie	37	Mrs D Potter	
3	Ms M Munro	38	Ms D?	
4	Anon	39	Mr V Chatwin	
5	Mr M Brown	40	Mrs ? Wye	
6	Ms S Baker	41	Mrs D Taylor	
7	Mrs B Batho	42	Mr P Richards	
8	Rev'd E Evans	43	Mrs C McFarlane	
9	Mr D McCarthy	44	Mr J Kirk	
10	Mr&Mrs M&B ?	45	Ms C Mason	
11	Mr&Mrs B&E Beel	46	Ms D Wilkinson	
12	Ms A Stevenson	47	Ms A Sadler	
13	Ms S Simmons	48	Mrs D Foster	
14	Mr P Moody	49	Rev'd B Wright	
15	Mr I Greatex	50	Mr R Stone	
16	Ms E Munford	51	Mr M Greenwood	
17	Ms C Harbeck	52	Ms C Hedditch	
18	Ms L Buckingham	53	Ms J Booth	
19	Ms C Hasler	54	Mr A Cousins	
20	Mr S Cunningham	55	Ms V Hill	
21	Ms S Bird	56	Ms I Pine	
22	Mrs Walsh			
23	Mr J Chadwick			
24	Mrs P Mulrooney			
25	Mr J Cooper			
26	Mr A Wright			
27	Ms A Mockler			
28	Dr I Taylor			
29	Ms C Courtney-Wells			
30	Mrs A Humphreys			
31	Mr&Mrs M&S Bevan			
32	Ms J Lymath			
33	Ms T Cox			
34	Ms A Lindsay			
35	Ms R Wallis			



Appendix Nine

IRP membership

* Sub-group members that took a lead in this review

Chair:

Peter Barrett Chair, Nottingham University Hospitals NHS Trust

Former General Practitioner, Nottingham

Membership:

Cath Broderick Independent consultant on involvement and

(lay member) engagement

* Fiona Campbell Independent consultant specialising in health and

(lay member) social policy

Sanjay Chadha Justice of the Peace

(lay member) Committee Member, Multiple Sclerosis (MS) Society

Ailsa Claire Director of Commissioning Development

(managerial member) NHS Yorkshire and the Humber

Nick Coleman Consultant in Anaesthesia and Intensive Care

(clinical member) Medicine, University Hospitals of North Staffordshire

Jane Hawdon Consultant Neonatologist

(clinical member) University College London Hospitals NHS Foundation Trust

* Nicky Hayes Consultant Nurse for Older People (clinical member) King's College Hospital NHS Trust

* Brenda Howard Interim Director, Business and Marketing Unit

(managerial member) Nottinghamshire Healthcare NHS Trust

Nick Naftalin Emeritus Consultant Obstetrician and Gynaecologist

(clinical member) Leicester Royal Infirmary

John Parkes Chief Executive

(managerial member) NHS Northamptonshire

Linda Pepper Independent consultant on involvement and

(lay member) engagement

Ray Powles Head of Haemato-oncology, Parkside Cancer Clinic

(clinical member) Former Head of Haemato-oncology, the Royal Marsden

Hospital

* Paul Roberts Chief Executive

(managerial member) Plymouth Hospitals NHS Trust

Gina Tiller Chair

(lay member) NHS Newcastle

Paul Watson Chief Executive, NHS Suffolk

(managerial member) on secondment from East of England SHA



Appendix Ten

About the Independent Reconfiguration Panel

The Independent Reconfiguration Panel (IRP) offers advice to the Secretary of State for Health on contested proposals for NHS reconfigurations and service changes in England. It also offers informal support and generic advice to the NHS, local authorities and other interested bodies in the consideration of issues around NHS service reconfiguration.

The Panel consists of a Chair, Dr Peter Barrett, and members providing an equal balance of clinical, managerial and patient and citizen representation.

Further information about the Panel and its work can be found on the IRP Website:

www.irpanel.org.uk