

IRP

Independent Reconfiguration Panel

Review of Business

2020/21

IRP

Independent Reconfiguration Panel

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INDEPENDENT RECONFIGURATION PANEL
Review of Business
2020/21

Chair's foreword

2020/21 has, of course, been dominated by Covid-19. The virus has impacted globally and, at the time of writing, continues to maintain a strong grip in many parts of the world. In this country, there are early signs that we are turning the corner and I pay tribute both to the NHS staff who have worked tirelessly throughout the last year and to those who have developed the vaccines that will provide the solution.

The pandemic has had a substantial impact on the Panel's workload in the last year. As the number of Covid-19 patients grew rapidly, much planned work was necessarily placed on hold as NHS organisations were required to respond at speed to adapt facilities and practices. The 2013 regulations permit changes to be made to services without consultation where there is a risk to safety or welfare. While such changes are generally considered to be temporary, the Panel is aware that some have provided evidence of successful change that could be implemented permanently. As we gradually return to a more normal way of life, further local engagement and consultation will be required in these cases.

The reporting year ended with publication of the Government White Paper, [Integration and Innovation: working together to improve health and social care for all](#). The White Paper announced the intention to remove the local authority power to report (refer) contested proposals for reconfiguration to the Secretary of State. It follows that any future role for an expert panel advising on NHS service change will likely differ from the Panel's current terms of reference. The White Paper has yet to be worked up into a draft bill and we do not know the timetable for the bill's passage through parliament. We will watch progress with interest. In the meantime, we stand ready to offer advice on any referrals submitted to the Secretary of State while the current legislation remains in place.

The Panel can be proud of its record having, since its establishment in 2003, successfully offered advice on more than 80 referrals to Secretaries of State of various political persuasions, along with informal advice to organisations and interested parties the length and breadth of England. I have no doubt that the Panel has been a force for good and am pleased to see that the lessons learned from the Panel's work will be used to inform the next stages in developing NHS service change policy and implementation. Learning from our work has been encapsulated in a series of slides which have been reproduced at Annex One of this report.



Professor Sir Norman Williams
IRP Chair

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 published during 2020/21

Advice was submitted and published on one contested proposal:

- *Improving Healthcare Together 2020 – 2030, Epsom and St Helier*

1.2.8 *Improving Healthcare Together 2020 – 2030, Epsom and St Helier*

On 27 July 2020, Merton Council Healthier Communities and Older People Panel (HCOPP), referred to the Secretary of State the decision of a joint committee of CCGs covering the London borough of Sutton, parts of Merton and Surrey Downs to locate a new specialist emergency care hospital in Sutton (Belmont) to be complemented by district hospital services at Epsom and St Helier together with the development of out of hospital services.

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 local area. The IRP was asked by the Secretary of State to provide advice using documentation received from the scrutiny committee and the local NHS.

1.2.10 The Panel submitted its advice on 28 October 2020. It considered that the current pattern of services provided by Epsom and St Helier NHS Trust was neither sustainable nor desirable. Change is essential and requires significant new capital investment to provide appropriate buildings. The Panel found no reason to contradict the choice of Sutton (Belmont) as the location for the specialist emergency care hospital with complementary district hospital services at Epsom and St Helier along with the development of out of hospital services. The normal approvals process for major capital schemes should provide further scrutiny and assurance moving forward. Matt Hancock, Secretary of State for Health and Social Care, accepted the IRP's recommendations in full on 30 October 2020. The Panel's advice is available on the IRP website at: [IRP: Epsom and St Helier University Hospitals NHS Trust advice - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/534242/IRP_Epsom_and_St_Helier_University_Hospitals_NHS_Trust_advice_-_GOV.UK.pdf)

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 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 2020/21, 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 representative**
health services in south west London
- **Local campaigner**
health services in Dorset
- **NHS representatives**
health services in Devon
- **Local authority representatives**
health services in Devon
- **Local campaigners**
health services in Devon
- **Community representative**
health services in community hospitals
- **Local campaigner**
health services in Hertfordshire
- **Local campaigner**
health services in Kent and Medway

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 and NHS Improvement and Department of Health and Social Care officials to discuss:

- facilitating effective service change
- 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 Nuffield Trust, the National Meeting of Chairs of Clinical Senates in England and NHS England and Improvement, including the Co-production Group for developing system-wide guidance on working in partnership with people and communities.

1.4.4 Continuous professional education

During the year, members were updated on issues affecting the Panel's work including understanding approaches to reconfiguration, judicial review and, most notably, the impact of Covid-19 on service reconfiguration – both currently and looking ahead. 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. This included contributing to an expert panel on local authority health scrutiny subsequently published as an online learning resource at <https://soundcloud.com/not-a-consultation/02-health-scrutiny>

1.4.7 Slides used at the NHS England seminar have been published on the IRP website as part of the Panel's *Learning from Reviews* series of publications. The presentation provides the latest distillation of the Panel's learning and demonstrate that, while the context and circumstances of the NHS change over time, familiar themes persist. The slides are reproduced at Annex A of the business review and can also be accessed at: <https://www.gov.uk/government/publications/insight-from-the-work-of-the-irp>

1.4.8 Communications

The IRP website transferred to the Government Digital Service GOV.UK platform in autumn 2014. The website provides useful background information on the role of the IRP, its members and ways of working as well as links to the Panel's formal advice.

1.4.9 IRP Terms of Reference and Code of Practice

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

1.4.10 Under the terms of their appointment, members agree to adhere to a Code of Practice and the Cabinet Office Code of Conduct of Board Members of Public Bodies (at: <https://www.gov.uk/government/organisations/independent-reconfiguration-panel/about>). 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).

1.4.11 IRP office accommodation and media support

The IRP has, for a number of years, shared office accommodation with, and as a sub-tenant of, the Professional Standards Authority (PSA). The two bodies occupy space on the sixth floor of 157 – 197 Buckingham Palace Road, London. The arrangement offers appropriate accommodation and value for money.

1.4.12 A new memorandum of terms of occupation (MOTO) between PSA and IRP was signed extending the MOTO to 31 October 2022.

1.4.13 Media support to the Panel is provided by Grayling International which offers media monitoring and advice on a time and materials basis. 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 undergone assurance against, and is compliant with, the requirements of the General Data Protection Regulations. Options for a providing a similar service beyond July 2021 will be considered with appropriate procurement advice taken.

1.5 Panel meetings and membership

1.5.1 The Panel convened five times in 2020/21 – on 8 July, 9 September, 11 November 2020, 13 January and 10 March 2021. Approved minutes are published and available at: [Membership - Independent Reconfiguration Panel - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

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. During the year, Shera Chok, Stephen D’Souza, Helen Thomson and John Wilderspin completed their terms of office and the Panel thanks them for their valuable contributions to its work. Irfan Chaudry (clinical), Tansi Harper (lay), Graham Jagger (lay), Nick Relph (managerial) and Michael Scott (managerial) were appointed to the Panel in autumn 2020. A recruitment exercise to fill current vacancies is underway.

1.6 Future workload

1.6.1 Further requests for advice are anticipated recognising that the coronavirus outbreak will undoubtedly have a significant influence.

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 2020/21, the following meetings took place between the IRP and DHSC:

Meeting with Minister of State for Health, 20 July, 15 September 2020

Independent Reconfiguration Panel

Prof Sir Norman Williams, Chair
Richard Jeavons, Chief Executive

Department of Health and Social Care

Edward Argar, Minister of State for Health

Video meetings with DHSC Acute Care and Quality and NHS Legislation Team officials, 2 November 2020, 29 January 2021 and 10 March 2021

Independent Reconfiguration Panel

Prof Sir Norman Williams, Chair
Richard Jeavons, Chief Executive

Department of Health and Social Care

William Vineall, Director Acute Care and Quality
Helen Beazer, Branch Head, Acute Care and Provider Policy
Jason Yiannikou, Head NHS Legislation Team

In year stocktakes with sponsor branch

Independent Reconfiguration Panel

Richard Jeavons, Chief Executive
Martin Houghton, Secretary to IRP

Department of Health and Social Care

Amit Bose, Helen Beazer, Ceeleena Gordon, Paul Griffiths, Christine McGuire, DHSC
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 published on one referral:

- Epsom and St Helier, southwest London and Surrey

2.3.2 All advice was delivered on time. The Secretary of State accepted the IRP's advice in full on the Epsom and St Helier commission.

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 E&I in furthering initiatives to enhance the reconfiguration process.

2.5.2 Following an open recruitment exercise, Irfan Chaudry, Tansi Harper, Graham Jagger, Nick Relph and Michael Scott were appointed to the Panel.

2.5.3 The media contract with Grayling International runs to July 2021. Discussions are taking place regarding an extension. The contract has undergone assurance against, and is compliant with, the requirements of the General Data Protection Regulations.

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. While advice is more often now completed using documentary evidence, the Panel retains the option to undertake site visits and seek targeted oral evidence in providing its final advice to Secretary of State.

Action agreed: Stakeholder response to be kept under review to ensure that Panel documentation and working methods remain fit for purpose.

2.6.4 NHS bodies, local authorities and patient groups continue to seek the Panel's informal advice.

Action agreed: To continue.

- 2.6.5 The Panel's *Learning from Reviews* publications continue to provide helpful advice to NHS bodies and local authorities which will help to shape the next stages of NHS service change policy development

Action agreed: IRP learning will continue to be disseminated through appropriate channels.

- 2.6.6 The need to refresh Panel membership whilst retaining corporate memory is acknowledged. A recruitment exercise to fill current vacancies is underway. New member induction, continuous professional education and appraisal are important facets of maintaining membership capability.

Action agreed: appointments to be made in 2021 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

Insight from the IRP's work slide presentation

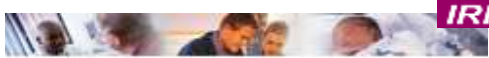


Service change in the NHS

Insight from the work of the Independent Reconfiguration Panel

February 2020


1



What is the Independent Reconfiguration Panel (IRP)?

- A non-departmental public body set up in 2003 to advise on contested service change
- Members are public appointments
- Current Chair is Sir Norman Williams
- 15 members (five clinical, five lay, five managerial)
- Supported by two staff

2



What the IRP does

- **Formal Role** – Advises Secretary of State (SofS) on contested proposals for health service changes in England
- **Informal Role** – Responds to requests for information and promotes the sharing of knowledge and experience in the field of service change.

3



Formal role

- Local authorities may use scrutiny powers to refer NHS decisions to SofS if not satisfied that they have been consulted adequately or if they consider the proposal is not in the interests of health services in the area
- SofS may choose to commission advice from the IRP which is normally provided in 20 working days
- Occasionally further evidence may be needed in which case a further commission and timescale is agreed

4



Learning from referrals

- The IRP has advised SofS over 80 times
- We first distilled learning in 2008 and have revisited regularly
- Context has changed but many themes have persisted
- In our experience, seven critical success factors make successful service change more likely

5



Critical success factors (1)

- Open community and stakeholder involvement from the first stage of considering change
- A clear vision for the health and care of the community that provides the context for service change proposals
- Money, transport and emergency care are addressed explicitly
- A credible case for change that clinicians and patients advocate

6



Critical success factors (2)

- The benefits for patients of change are articulated and communicated
- Plans for implementation are sufficiently comprehensive to be credible to stakeholders
- Process is transparent from beginning to end so that consultation is truly meaningful and responses are given proper consideration before final decisions

7



Observations

- NHS has got better at this and can do better still
- NHS's legal duties to involve are continuous - not just for service change
- What do the public, patients and staff say?
 - what are their issues and assumptions?
 - how are they shaping what is happening?
- Be open and authentic to avoid surprises
- Embrace scrutiny as part of the process

8

ANNEX TWO

IRP Membership¹

Chair²:

Prof Sir Norman Williams	Former professor of surgery, Barts and the London Hospitals Past President, Royal College of Surgeons
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Membership³:

Irfan Chaudry (clinical member)	Consultant in critical care medicine and anaesthesia Lancashire Teaching Hospitals NHS Foundation Trust
Diane Davies (lay member)	Expert by experience, Care Quality Commission Experience of care volunteer, NHS Leadership Academy
Tansi Harper (lay member)	Former college principal Director, St Andrew's Healthcare Trust
Graham Jagger (lay member)	Independent consultant, Chair, East of England Advisory Committee on Consultant Clinical Excellence Awards
Simon Morritt (managerial member)	Chief Executive York Teaching Hospital NHS Foundation Trust
Zoe Penn (managerial member)	Professional standards lead NHS E&I London
Linn Phipps (lay member)	Independent consultant on patient and public engagement, health scrutiny and health inequalities
Nick Relph (managerial member)	Former NHS chief executive Chair, Gloucestershire Carers Board
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
Michael Scott (managerial member)	Former NHS chief executive Qualified social worker
Suzanne Shale (lay member)	Independent consultant in healthcare ethics, patient safety and healthcare leadership
Mark Taylor (managerial member)	Management consultant and coach to NHS Former CCG chief officer
Miles Wagstaff (clinical member)	Consultant paediatrician and neonatologist Gloucestershire Hospitals NHS Foundation Trust

¹ As at 31 March 2021

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

³ Members are entitled to claim a fee of £300 per day engaged in IRP activity

ANNEX THREE

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 FOUR

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"> • Site visits • Oral evidence-taking from invited 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 FIVE

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 provided to Secretary of State 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	Teesside	24 May 2019	Respite care for adults with complex needs
26	Shropshire and Telford	31 July 2019	Acute hospital services
27	Mid and South Essex	17 July 2019	Mid and South Essex Sustainability and Transformation Partnership
28	Dorset	30 August 2019	Dorset Clinical Services Review
29	Kent and Medway	30 September 2019	Urgent stroke services
30	Epsom and St Helier	28 October 2020	Acute hospital services

Advice provided to Secretary of State under pre-2013 Regulations (in addition to the full reviews undertaken listed below, the Panel offered initial advice to Secretary of State on 25 contested referrals and to DH officials on 12 cases)

	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,</i>	31 July 2008	General hospital services incl. maternity, paediatrics and emergency care

	<i>closer, better)</i>		
13	East Sussex (Hastings, Eastbourne)	31 July 2008	Maternity, neonatology and gynaecology
14	North Yorkshire (Bridlington)	31 July 2008	Cardiac care and acute medical services
15	South east London (<i>A picture of health</i>)	31 March 2009	General hospital services incl. maternity, paediatrics and emergency care
16	Lincolnshire (Lincoln)	29 May 2009	Microbiology
17	South west peninsula (Devon, Cornwall, Isles of Scilly)	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