



INDEPENDENT RECONFIGURATION PANEL

HOW WE ADVISE THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE

Who we are

The IRP is the independent expert on NHS service change. We offer advice to the Secretary of State on proposals for health service change in England that are being contested. The Panel's terms of reference can be found in the accompanying document [IRP: general terms of reference](#).

The IRP is made up of clinical, managerial and lay members offering wide-ranging experience in clinical healthcare, NHS management and public and patient involvement. Biographies of the chairman and members can be found in the accompanying document [IRP: membership](#). The focus of our work is the patient and quality of care within the context of safe, sustainable and accessible services for local people. Depending on the nature of the proposals we are asked to advise on, these three aspects may incorporate issues such as workforce, estate, use of technology or finance.

Why the need for change?

The NHS is constantly evolving. The changing needs of the population and medical advances that lead to new treatments require the NHS to think about and plan how it can provide the best service possible in the appropriate place, with the right staff and within the money available. Patients and the public more widely are part of this planning process alongside clinicians and managers. Various duties apply to the NHS in involving users in the development of services¹.

Who refers proposals to the Secretary of State and why

In addition, [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 developments or variations 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

¹ s.14Z2 NHS Act 2006 for CCGs, s.13Q NHS Act 2006 (as amended by the Health and Social Care Act 2012) for NHS England, s.242 NHS Act 2006 for NHS trusts and foundation trusts



it may refer the matter to the Secretary of State for Health². The Secretary of State may seek advice from the IRP before deciding on the matter.

Are all contentious proposals referred to the Secretary of State?

Wherever possible, decisions about how the NHS is run should be made locally by those directly involved. Only proposals where the organisations involved have satisfied themselves that all other options for local resolution have been fully explored should be referred to the Secretary of State.

Do all referrals to the Secretary of State come to the IRP?

The 2013 Regulations do not define what constitutes a substantial development or variation to health services. This is a matter for local agreement. Similarly, the Regulations do not specify a time period within which a referral must be made. The Regulations do require NHS bodies and local authorities to fulfil certain conditions before a report to the Secretary of State may be made. The IRP provides its advice on the basis that the Department of Health and Social Care is satisfied the referral meets the requirements of the Regulations.

The IRP and the Department of Health and Social Care have agreed a protocol for handling contested proposals, attached at Annex A.

How the Panel determines its advice

The following documentation is required for the Panel to undertake an assessment:

- the *referral letter and all supporting documentation* from the referring body
- a completed [IRP assessment template](#) providing relevant background information completed by NHS England

Assessment may be undertaken by the full Panel or by a sub-group appointed by the Chairman representing the clinical, managerial and lay membership. Members will have access to all documentation supplied and will discuss the evidence in detail before agreeing on the advice to be provided. Any additional relevant information that is provided to the IRP, from whatever source, will be taken into account in the Panel's deliberations.

The IRP will offer advice to the Secretary of State on what further action should be taken, usually within 20 working days. The Secretary of State will consider the Panel's advice – and may seek further advice elsewhere if desired – and subsequently announce his decision and the future action required.

² Now the Secretary of State for Health and Social Care



Most referrals are appropriately handled in this way. The Panel is mindful that referral to the Secretary of State is a last resort and that it is always better to resolve issues locally wherever possible.

Exceptionally, we may advise that further evidence is required before reporting back. This may, for example, be because we need to understand local services and circumstances better and/or wish to take evidence directly from stakeholders. More information is provided in the accompanying document [IRP: When we need to seek further evidence](#).

What powers does the IRP have?

We offer advice only. The Secretary of State makes the final decision on any contested proposals.

What happens after we have submitted our advice?

We publish our advice on the IRP website so that the public can see the information we have taken into account, our conclusions and how we reached them. We co-ordinate publication with the announcement of the Secretary of State's decision.

Once our advice has been published, our role is complete. The IRP has no responsibility for the implementation or monitoring of the implementation of the Secretary of State's decision.

How to contact the IRP

You can get in touch with us by:

- email: irpinfo@dh.gsi.gov.uk
- voice message: 020-7389-8046
- write to: IRP, 6th floor, 157-197 Buckingham Palace Road, London, SW1W 9SP

You can view our website at:

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



ANNEX A

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, usually within 20 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.
or:	
Exceptionally, the Panel advises that further evidence is required before reporting back, normally including: <ul style="list-style-type: none"> • Invitations to submit evidence • Site visits • Oral evidence-taking from key stakeholders and interested parties SofS agreement is sought.	SofS considers IRP proposal to seek further evidence and if agrees:
IRP / DHSC discuss specific terms of reference and timetable for providing advice to the Secretary of State.	
	SofS writes to IRP confirming agreed terms of reference and deadline.
Panel Members gather further evidence. IRP provides advice to SofS on what further action should be taken, usually within 60 working days of request.	
Advice published on IRP website.	SofS replies to local authority, copied to NHS England, advising of decision and future action required.