NHS England

Effective Service Change

A support and guidance toolkit

Contents

Introduction

This toolkit is intended to provide an overview of the support and guidance available to local organisations to progress service change. Built on best practice, it describes how processes might be agreed to ensure support for and the successful delivery of local programmes of change. The toolkit also provides guidance on when it is necessary to seek advice from NHS England.

This toolkit should be read by both commissioners and providers considering service change and although the formal responsibility for consultation lies with commissioners, providers and commissioners should work together closely to plan and deliver service change. This document describes the different roles NHSI and NHSE have regarding service change and the way in which they will work together.

It is not a 'one size fits all' approach and is intended to be a framework, ensuring a consistent application of principles across England, whilst allowing flexibility to local circumstances in how they are applied. The aim is to mitigate risk and secure the confidence of patients, staff and the public in change proposals. The principles in this document are intended to be applied proportionately, preserving the principles of autonomy that underpin the Health and Social Care Act 2012.

Planning, assuring and delivering service change for patients (NHS England, April 2018) sets out a broad framework for commissioners in how they should plan for major service change. This toolkit is intended as an internal management document, not formal guidance.

What is service change?

There is no single, accepted definition of substantial service change. It is generally understood to involve a substantial shift or variation in the way front line health services are delivered, usually involving a change to the geographical location where services are delivered.

In health scrutiny regulations, NHS commissioners must consult local authorities where there is a ‘substantial development of the health service’, or for ‘a substantial variation in the provision of such a service’. This might mean service users experience a different service model or have to travel to another site for their services.

Given there is no single definition, each case should be examined individually. For these purposes service change is not organisational change (mergers, transfers of responsibility for services), or operational change (e.g. movement of services between wards in same site).

Key Principles

The objective of service change should be to achieve a fundamental improvement in the quality and sustainability of services, in a way that gains the support of patients, staff and the public. The assurance process set out in the following pages aims to help organisations apply a best practice approach when progressing complex programmes of service change and mitigate the risks of successful challenge.

Proposals require commissioner ownership, support and leadership (even if change is initiated by a provider organisation) so that proposals align with commissioning intentions. Where services are commissioned by two or more commissioners, it is essential that proposals align with each organisation's commissioning intentions. All proposals will need to be supported by the relevant STP/ICS.

It is important that there is a robust assurance process, consistently applied to ensure that all parts of the NHS are working together on proposals and to provide confidence to patients, staff and the public. Assurance of proposals should be undertaken in good time before any formal public consultation. Assurance requirements do not place an additional burden on programmes as they should be requisite for a well-managed change.

Assurance may raise issues that NHS England would expect commissioners to want to address before progressing their proposals. If NHS England felt that CCGs were not responding to the advice provided via assurance (e.g. the tests for service change were not met) it may be appropriate to consider escalation through the CCG intervention regime. This would be a last resort to be used only in exceptional circumstances. Service change assurance does not provide approval for capital, any funding, novel contracts or any other approval beyond that stated in the assurance correspondence with commissioners.

Tests for Service Change

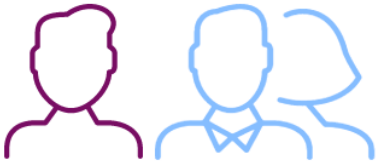
NHS England expects all service change proposals to satisfy the government's four tests for service change plus NHS England's test for proposed bed closures (where appropriate), the best practice checks and is affordable in capital and revenue terms. As a proposal is developed and refined commissioners should ensure it undergoes a rigorous self-assessment against these tests.

In considering the role of the tests in assuring service change, NHS England will view the tests in context and consider the level of assurance required across the suite of tests. There may be some circumstances in which an individual test can be seen to have greater or lesser significance than the other tests.

The application of the tests and best practice checks will be agreed at the strategic sense check (see slide 13).

Tests for Service Change

FOUR TESTS FOR SERVICE CHANGE



1.Strong public and patient engagement

2. Consistency with current and prospective need for patient choice

3. Clear, clinical evidence base*

4. Support for proposals from clinical commissioners^

* In applying test 3 to new models of care, NHS England recognises that the evidence base may be emergent.

^ In applying test 4 to CCG led change, NHS England will seek to understand the level of clinical support for proposals beyond the commissioner's senior leaders.

NHS ENGLAND'S FIFTH TEST

For any proposal that includes plans to significantly reduce hospital bed numbers, NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions:

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	Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions	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)

Timetable

Organisations planning service change proposals should include in their timetable an early discussion between commissioner(s) and NHS England to flag intentions and discuss potential options and approaches (in advance of the formal assurance process).

There are advantages to early engagement of local authority Oversight and Scrutiny Committees to secure support for the case for change and process of developing proposals.

The Independent Reconfiguration Panel's *'Learning from Reviews'* document contains useful advice gained from other programmes.

Service change programmes will also need to consider the alignment of service change assurance with procurement, capital approval, and other relevant approval processes.

Assurance

An effective external assurance process gives confidence to patients, staff and the public that proposals are well thought through, have taken on board their views and will deliver real benefits. Assurance checks alignment with the five tests, good practice checks developed from experience of other programmes, and the impact of proposed change upon other organisations in the wider health system.

The assurance process mitigates the risk of successful challenge.

Schemes can be challenged via a referral from local authorities health oversight and scrutiny boards to the Secretary of State (who may ask for advice from the Independent Reconfiguration Panel), or a request for Judicial Review. The risk of successful challenge can be greatly reduced through an assurance process based on a best practice approach.

NHS England will take a risk-based approach which looks at a range of data sources to understand areas of risk (of the proposals and also of not changing things) and agree a proportionate level of assurance.

The tool on slide 10 may assist decisions about the extent of assurance required by NHS England for particular service change proposals.

Extent of Assurance – decision tool

Assurance Thresholds

NHS England's service change assurance and decision making is guided by thresholds agreed by NHS England's Investment Committee in January 2018, these are:

1. The Investment Committee should review the assurance conclusions and take decisions for all schemes where one of the following conditions applies:

- The total turnover of the affected services (for all sites impacted at current prices) is above £500m in any one year
- The likely capital value of the scheme is above £100m (gross capital value of the scheme, even if the actual value is lower because it is funded through capital receipts)
- Requires transition or transaction support of more than £20m from NHS England funds (not including CCG funds)
- The proposed service change impacts on any NHS Trust or NHS Foundation Trust which NHSI have confirmed as in tier 4 Single Oversight Framework **https://improvement.nhs.uk/resources/single-oversight-framework-segmentation/**

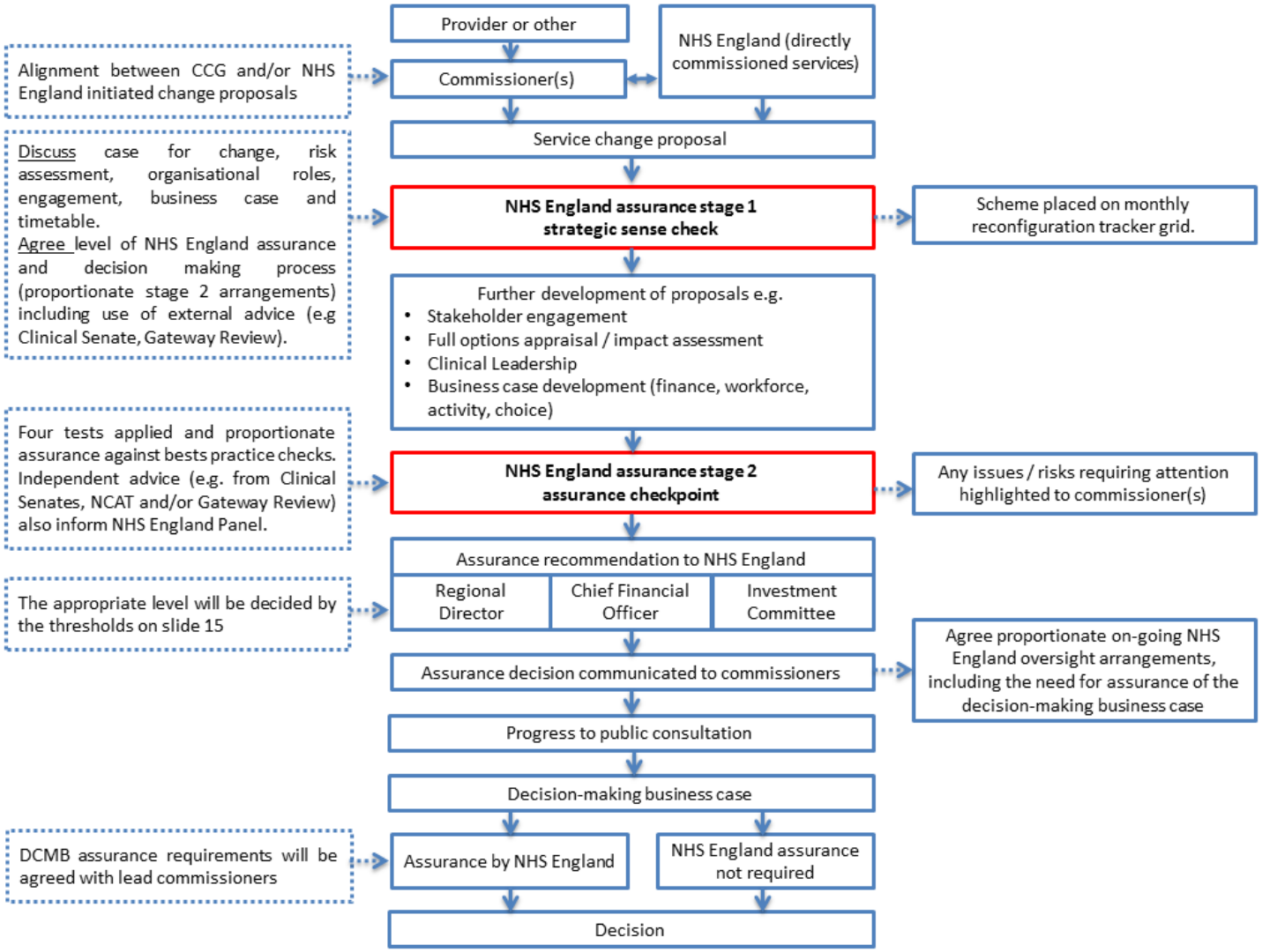
2. The Chief Financial Officer should review the regional assurance conclusions and take decisions for all schemes where one of the following conditions applies:

- The total turnover of the affected services (for all sites impacted at current prices) is above £350m in any one year
- The likely capital value of the scheme is above £50m (gross capital value of the scheme, even if the actual value is lower because it is funded through capital receipts).
- Requires transition or transaction support from NHS England funds (not including CCG funds)
- Impact on any of the distressed health economies / success regimes as currently or subsequently defined

3. The Regional Director should oversee assurance for all schemes beneath these thresholds.

- The decision making thresholds will be applied to all proposals pre-consultation. The anticipated assurance requirements for the post-consultation phase (including assurance of a decision making business case) should be considered as part of the pre-consultation process and outlined in the assurance correspondence sent to lead commissioners.
- It is anticipated that any scheme meeting the thresholds for IC or CFO decision making pre-consultation would require the same IC or CFO assurance of a Decision Making Business Case if there has been a material change to the business case between the pre and post consultation phases.

The Assurance Process



Stage 1 - The Strategic Sense Check

A strategic sense check is a formal discussion between commissioners leading the change and NHS England at the appropriate level (usually the regional team). NHS England will want to explore the case for change and the level of consensus for change; ensure a full range of options are being considered and that potential risks are identified and mitigated. The alignment between the proposed changes and local STP or ICS, other key partners and neighbouring organisations will also be explored.

Areas of focus might include:

Organisational roles/impact	Likely resource requirements, including support requirements	The role clinical networks, Senates and specialised commissioning might offer in providing advice, guidance and assurance	Capital and estates implications (involving NHS Improvement and NHS England's Project Appraisal Unit where appropriate)
The level of stakeholder involvement and sign up	Inter-relationships between CCG and/or NHS England initiated change proposals and alignment of these elements (including a lead commissioner for assurance purposes)	Choice and competition implications of the proposals	Clinical quality, other non-financial and financial parameters for defining and appraising options (involving NHS England's strategic finance team where appropriate)

By this point, engagement with NHS Improvement should have commenced and, if capital is likely to be required, discussions with the relevant NHS England and NHS Improvement finance teams should have begun.

The strategic sense check will agree NHS England's expectations in terms of assurance and the use of a best practice approach. The use of external independent advice, e.g. from Clinical Senate and/or Project Appraisal Unit, should also be agreed at this stage. Any particular issues to be included in terms of reference for these reviews should be specified.

Stage 1 - The Strategic Sense Check

For some small scale schemes it may be agreed that CCG self-assurance against the key tests and appropriate assurance checks (to include five tests and financial deliverability, affordability and value for money as a minimum) is appropriate and a more limited second stage process is required.

The decisions made at the strategic sense check should be recorded in a formal letter to the commissioner(s) following the meeting and include:

- the expectation that NHS England assurance will be undertaken with advice fully considered before any public consultation or implementation decision;
- a definition of the range and depth of assurance required by NHS England (as a minimum this will be against the five tests for service change and financial deliverability, affordability and value for money checks);
- clarification of where service change assurance decision making will take place (with reference to the Investment Committee thresholds on slide 13);
- the use of any independent external advice (e.g. Clinical Senate review) and any specific requirements to be included in their terms of reference;
- a statement on whether, for proposals of limited scale, a second stage of assurance isn't required;
- For a more complex scheme, it should clarify organisational roles including the commissioner leading the service change, map any likely impact on specialised services (including if NHS England would need to be a joint commissioner in the proposals) and state the NHS England contacts leading on assurance.

Stage 2 - Assurance Checkpoint

This stage is a more detailed assurance of proposals undertaken by NHS England, the scope of which will reflect the agreement made at the strategic sense check. NHS England may decide to establish an assurance panel to discharge its assurance responsibilities. The Panel would be formed by NHS England staff suitably qualified to consider evidence submitted against the five key tests plus financial deliverability, affordability and value for money and to advise on the additional checks.

NHS ENGLAND PANEL

Contributions from NHS Improvement, HEE, Clinical Senates, specialised commissioning and other experts may be sought.

NHS England will want to assure:

- strategic alignment of the proposals within the STP/ICS
- current and future provision of directly commissioned services;
- change proposals from neighbouring health systems and the delivery of national priorities

Support for proposals from providers and other commissioners impacted to a significant degree by the proposals will be tested as part of the assurance process and, where relevant, letters of support may be required as part of the assurance evidence. NHS England's regional team will be able to advise if these letters are required for a particular proposal.

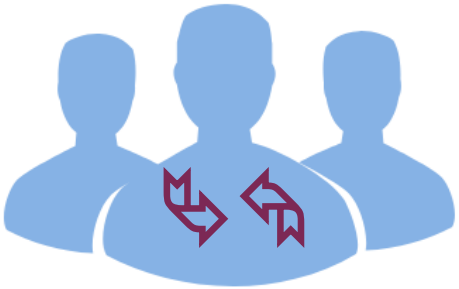
Recommendation to the appropriate decision making forum within NHS England

Stage 2 - Assurance Checkpoint

The assurance panel would need to consider whether it was assured against each of the key tests and the appropriate checks. This would then form the basis of the panel's report, along with any risks, issues or other recommendations. The panel's report should conclude with a recommendation to NHS England on the next steps, this could be in one of three categories:

Assurance received and NHS England advises commissioners to proceed

Partial assurance received and NHS England advises commissioners to proceed alongside advice on further work for commissioners to consider undertaking (this advice may or may not recommend work be undertaken before public consultation begins)



Assurance not received and NHS England advises against proceeding with the proposals at this point

Financial considerations – revenue and capital

NHS England expects all change proposals to be underpinned by robust financial evidence by the stage 2 assurance checkpoint. NHS England would also want to consider the contribution a service change proposes to make to each of the three gaps described in the Five Year Forward View (the health and wellbeing gap; care and quality gap; funding and efficiency gap).

When preparing the PCBC, advice/input should be sought from NHS Improvement and NHS England.

Before NHS England can make a decision to support a commissioner to progress to public consultation, proposals should be tested to ensure there is a high degree of confidence that all options would be capable of being delivered as proposed and do not imply an unsustainable level of capital expenditure or revenue funding. All options requiring capital will be assured prior to consultation by NHS Improvement and NHS England, (and where appropriate through them to the Department of Health and Social Care) to ensure each option is sustainable in service and revenue and capital affordability terms, that the scheme size is proportionate and that it is capable of meeting applicable value for money and return on investment criteria

Service change schemes which require capital financing will require the support of NHS England and NHS Improvement (in writing) to successfully navigate the assurance process before public consultation on options requiring capital can commence.

For further detail, see *Planning, Assuring and Delivering Service Change* (NHS England, 2018) and NHS Improvement's guidance *Capital Regime, Investment and Property Business Case Approval for NHS Trusts and Foundation Trusts* (NHS Improvement).

Financial considerations – capital

Where all options require capital of **less than £30m**, a letter of support from the NHS Improvement Regional Finance Director

Where all options require capital of between **£30m and £100m**, a letter of support from the NHS Improvement Chief Finance Officer

Where options require capital **above £100m,** the scheme will be considered by the NHS Improvement Resources Committee and a letter of support from the NHS Improvement Chief Finance Officer provided

At stage 2 of the assurance process, NHS Improvement letters of support for schemes requiring capital - detailed above - will be required.

Post consultation assurance

Following consultation and an analysis of all responses a Decision Making Business Case (DMBC) should show how views captured by consultation have informed the final proposal. The DMBC should demonstrate how the proposed change is sustainable in service, economic and financial terms and can be delivered within the planned capital total. It can be built from the PCBC and the stakeholders' work and will inform the development of the SOC.

The decision on whether or not the DMBC needs to be formally assured will be discussed at the pre-consultation assurance checkpoint. This is to ensure that any major deviation from the original proposals is given proper consideration and to assure that the proposals remain clinically sound and financially viable.

Service Change Assurance Checks

NHS England

Five tests		
Criteria	Key Tests	Example Evidence
5 Key tests	• 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 • Proposals including significantly reducing hospital bed numbers will have to meet one of the following three conditions: - 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).	• A narrative against the four tests • See also communications, clinical quality and activity sections below • Documented evidence of support • Evidence to meet one of the three conditions, this might include: - Analysis of alternative provision and workforce plan - Clinically approved analysis of admissions reductions anticipated with new treatments or therapies (Clinical Senates and Regional Medicines Optimisation Committees may be sources of independent advice) - Analysis of hospital bed efficiency, a credible plan to improve performance and modelling of its impact

Assurance checks		
	Checks	Example Evidence
Finance	• Are the proposals financially deliverable, affordable and value for money? (This test will be applied to all proposals) • Are planned savings reasonable and realistic? • Is it clear how the proposal fits into the STP financial plan? Is the contribution to achieving financial balance for the health economy clearly stated and robust? • Are the impacts on providers and commissioners understood? • Is there a reasonable level of financial risk assessment undertaken with supporting sensitivity analysis and downside planning and mitigation?	• Business case or strategic outline case including worked through financial models • Evidence of aligned financial, workforce and activity models • Detail on assumptions used in financial modelling • Capital investment implications and source for all options fully described. Status of any application for capital is explicit in business case and public facing documents.

Service Change Assurance Checks

NHS England

	Checks	Example Evidence
Finance continued	• Are the transitional costs (including non-recurrent revenue and capital) identified and properly accounted for? How will they be funded? • Have the capital investment implications been considered in terms of the viability, deliverability and sustainability of the proposal and the economic (value for money and return on investment) impact? Have a number of options been considered? • Is each option sustainable in service and revenue and capital affordability terms and can each option demonstrate that it is proportionate and that it is capable of meeting applicable VFM and return on investment criteria? • Is there a financial model underpinning the analysis including costed models to support transformation / service reconfiguration proposals? • Does the financial modelling have a robust starting point (e.g. alignment to allocation/control totals, understanding of underlying position)? • Are demand management and activity growth assumptions reasonable in the context of national benchmarks? Is there evidence to support the expected impact of proposed new models of delivery? • Is the financial modelling consistent with the workforce and activity modelling?	• Revenue and capital affordability of each option is confirmed with appropriate modelling • NHS England and NHS Improvement correspondence indicating notional degree of confidence on availability of capital. • Letters of support: - where all options require capital of less than £30m, a letter of support from the NHS Improvement Regional Finance Director; - where all options require capital of between £30m and £100m, a letter of support from the NHS Improvement Chief Finance Officer: - where options require capital above £100m the scheme will be considered by the NHS Improvement Resources Committee and a letter of support from the NHS Improvement Chief Finance Officer provided.
Clinical quality / Strategic fit	• A full impact analysis (of the proposals) across CCG and NHS England commissioned services and shared sign up of all parties to the analysis (applied to all proposals) • Explicit support from relevant STP • What contribution do the proposals make to each of the 3 gaps described in the Five Year Forward View (health and wellbeing gap; care and quality gap; funding and efficiency gap)? • Clear articulation of quality, experience and outcome benefits quantified if possible • Clinical case fits with best practice or emerging national models • Aligned with delivery of national strategies (e.g. 7DS, U&EC, MH, cancer, maternity) • All key clinical interdependencies have been fully considered • Full options appraisal undertaken (inc. network approach, cooperation and collaboration with other sites and/or organisations) • Macro-impact is properly considered including on other organisations / systems	• Analysis of impact on CCG / NHS England commissioned services, including potential co-dependencies and unintended consequences, endorsed by relevant parties. • Evidence of support from STP Senior Team • Modelling demonstrating contribution to the FYFV gaps • Core narrative / comms materials • Clinical case for change • Reference to evidence base (e.g. NCD reports, NICE, Royal College, NHS Evidence or new models of care) and national strategies • Narrative demonstrating alignment / interdependencies • Options appraisal • Analysis of macro-impact

Service Change Assurance Checks

NHS England

	Checks	Example Evidence
Activity	• All relevant patient flows and capacity are properly modelled, assumptions are clear and reasonable • What are the changes in bed numbers? • Activity and capacity modelling clearly linked to service change objectives • Activity links consistently to workforce and finance models • Modelling of significant activity, workforce and finance impacts on other locations / organisations	• Outputs of accurate modelling with assumptions clearly stated and sensitivity analysis • Clear explanation of changes to bed numbers • Narrative explaining link between modelling and service change objectives • Aligned financial, workforce and activity models • Analysis of key risks and any mitigating actions
Workforce	• Do you have a workforce plan integrated with finance and activity plans? • Are you making most effective use of your workforce for service delivery and is it compliant with all appropriate guidance? • Consider the implications for future workforce • Have staff been properly engaged in developing the proposed change?	• Supply high level workforce risks and mitigating actions • Statement of assurance including reference to appropriate standards • Changes to provider Learning Development Agreements • Evidence of appropriate staff engagement
Travel	• Has the travel impact of proposed change been modelled for all key populations including analysis of available transport options, public transport schedules and availability / affordability of car parking?	• Travel impact assessment
Estates / infrastructure	• Credible activity/throughput analysis and indicative designs that demonstrably reconcile to up-to-date estates strategies at site, provider and STP levels; indicative capital costs using recognisable benchmarks and based on compliance with all applicable design, technical, building and space standards; and known site constraints and key adjacencies identified and provided for.	• Outputs of activity analysis clearly linked with estates strategy inc. at STP level. • Capital costs clearly identified (see finance checks) and confirmation they comply with the standards described.
Resilience	• How will the proposed change impact on the ability of the local health economy to plan for, and respond to, a major incident? • Has a business impact analysis been conducted for all impacted organisations and appropriate changes made to Business Continuity Plans? • Local Health Resilience Partnership impact assessment on resilience?	• Statement of assurance • Evidence the proposed service change and the impact on resilience has been assessed at the Local Health Resilience Partnership (LHRP)Business impact analysis
Ambulance services	• Have the implications for ambulance services (emergency and PTS) been identified and impact assessed and appropriate discussions been held with ambulance service providers?	• Impact assessment • Statement from ambulance service

Service Change Assurance Checks

	Checks	Example Evidence
Comms and Engagement	• Are there plans to appropriately and effectively engage and involve all stakeholders (to include: staff, patients, carers, the public, Healthwatch, GPs, media, local authority overview and scrutiny functions, Health and Wellbeing Boards, local authorities, MPs, other partners and organisations) and fulfil commitments under s.14Z2 and s.13Q of the Health and Social Care Act?	• Consultation plan • Draft consultation document • Public / stakeholder involvement strategy • Communications plan including stakeholder map with timelines, key messages, named clinical spokespersons, sample materials and plans to reach seldom heard groups
Equality Impact	• There has been an appropriate assessment of the impact of the proposed service change on relevant diverse groups? • Has engagement taken place with any groups that may be affected? • What action will be taken to mitigate any adverse impacts?	• Completed EqIA and Action Plan • Evidence that decision-making arrangements will pay due regard to equalities issues
NHS Improvement	• Is NHS Improvement aware of the provider impact and supportive of the proposals? • (See also finance section for capital)	• Clear statement of NHS Improvement position • Formal letter of NHS Improvement support (if available)
IT	• Does proposal make best use of technology? • Assessment of the impact on local informatics strategy & IT deployments • Are there likely to be any data migration costs or implications for specialist or network technology/equipment contracts associated with the service?	• Evidence of a review of how technology may support the service change being undertaken • Detail of any changes to local informatics strategy and deployment plan, inc. information flows and governance. Key risks are highlighted and mitigating actions identified
Others	• Consistent with rules for cooperation and competition • Consideration given to the most effective use of estates • Robust programme and risk management arrangements • Identify and reduce privacy risks	• Assurance from commissioners • Alignment with estates strategy • Programme assurance review • Conduct a privacy impact assessment (PIA)

Directly Commissioning Services

Changes to directly commissioned services raise issues for commissioners, including:

- The potential impact of proposed service changes on other commissioners plans. Particular consideration needs to be given to cases where patient pathways have both CCG and NHS England commissioned elements. This is likely to predominantly involve specialised services.

- CCG and NHS England commissioners need to ensure they have an awareness of one another's service change plans to ensure alignment.

- NHS England's potential conflict in both leading and assuring service change.

Approach

The following assurance check will be used for all proposals (CCG and NHS England led):

'A full impact analysis (of the proposals) across CCG and NHS England commissioned services and shared sign up of all parties to the analysis.'

Appropriate evidence would be an analysis of the impact of a set of proposals on CCG and NHS England commissioned services, including potential co-dependencies and unintended consequences, endorsed by the relevant parties. Consideration should be given to describing these co-dependencies in the consultation document.

NHS England will share reconfiguration information between commissioners so connections between different commissioners and their proposals can be made. Issues of mutual interest can be identified early and discussions held to align emerging proposals.

NHS England will be mindful of both potential conflicts of interest and the perception of such conflicts when assuring service change proposals. Assurance will be undertaken and overseen by staff not involved in the development of the proposals. An NHS England assurance panel would apply a strict 'Chinese wall' around this assurance process to avoid any conflict of interest. These arrangements should be described before the second stage of the assurance process to ensure all involved are content that the assurance arrangements minimise any conflict of interest.

Assurance

Each proposal will be considered on its own merit with a judgement made on the assurance requirements and the appropriate staff group to lead the assurance process. A robust assurance process, proportionate to the scale of the proposed changes, will be agreed between the appropriate teams within NHS England. When considering the extent of assurance required, NHS England will consider the same factors as a locally led proposal.

The decision making thresholds on slide 13 will determine the level at which assurance will be considered within NHS England. This approach provides the flexibility to respond pragmatically to variation in scope, geographical scale and complexity of proposals. These arrangements and the handling of the conflict of interest issues should be fully discussed at a strategic sense check with the appropriate NHS team and confirmed via correspondence.

For directly commissioned services, regional teams should ensure proposals have support of their medical directors and they understand the views of CCGs on the proposed change to ensure alignment between commissioners.

Once confirmed the proposed assurance level will be shared with the national Oversight Group for Service Change and Reconfiguration. Schemes will be dealt with on a case-by-case basis to ensure that NHS England's assurance remains robust and as impartial as possible.

Sources

- Planning, assuring and delivering service change for patients, NHS England (March 2018)
- NHS England business case approval process
- Cabinet Office consultation guidance
- Independent Reconfiguration Panel (IRP) homepage
- Independent Reconfiguration Panel's (IRP) 'Learning from Reviews'
- NHS England guidance for involving the public in commissioning
- NHS England guidance on Managing conflicts of interests
- Guidance for NHS Commissioners on Equality and Health Inequalities legal duties
- NHS Improvement Capital regime, Investment and Property Business Case Approval for NHS Trusts and Foundation Trusts
- NHS Improvement guidance on Procurement, Patient Choice and Competition
- NHS England Patient involvement hub
- Guide to acute clinical interdependencies, South East Clinical Senate (Dec 2014)
- For Programme Assurance Reviews contact **england.pmo@nhs.net**

Contacts

For further information or advice, please contact:

NHS England Region	Contact
North	Tim Barton, timbarton@nhs.net
Midlands and East	Nigel Littlewood, nigel.littlewood@nhs.net
London	David Mallett, davidmallett@nhs.net
South East	Jenny Mansell, jenny.mansell5@nhs.net
South West	