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Councillors Vic Pritchard and Katie Hall
Chairman and Vice Chairman
Wellbeing Policy Development and Scrutiny Panel
Bath and North East Somerset Council
Democratic Services
Guildhall
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26 APR 2013

Dear Councillor Pritchard and Councillor Hall,

Thank you for your letter of 28 March to Jeremy Hunt about the closure of the neurological rehabilitation unit at the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust in Bath.

As I am sure you are aware, it would not be appropriate for ministers to investigate individual local service changes or the re-provision of clinical services. The Independent Reconfiguration Panel (IRP) was set up in 2003 to advise the Secretary of State for Health on proposals for changes to the health service in England referred to him by local authority health overview and scrutiny committees (HOSCs). The Secretary of State considers each referral on its own merit, before taking a final decision.

However, in light of your concerns, Departmental officials have made enquiries about the matter you have raised. I understand the Trust's Board took the decision to close the neurological rehabilitation unit on 20 December 2012 because the unit has experienced a change in commissioning patterns over the last two years, and the number of referrals to the unit has therefore reduced.

As you have stated in your letter, the Bath and North East Somerset Wellbeing Policy Development and Scrutiny Panel (PDS) was subsequently formally notified of the Trust's decision on 28 January to close the unit.

I am advised that the South of England Specialised Commissioning Group (SCG) and NHS Bath and North East Somerset (which has now been dissolved) undertook a public consultation on the alternative provision of the services

during March. This involved public meetings, an online survey, an impact assessment, a travel time survey and meetings with clinicians. I understand the report of the public consultation was presented to the PDS in March.

With regard to your concerns about NHS organisations reporting substantial development or variation of health services to HOSCs, I should make it clear that the NHS should hold early and ongoing discussions with HOSCs in order to ensure they are fully involved in, and briefed on emerging service models. Before embarking on the process of introducing change to local service provision, NHS organisations should have a clear evidence base underpinning the proposed case for change. Clear communication and stakeholder engagement plans are imperative in promoting the understanding of the case for change. As a minimum, these should cover engagement with all key stakeholders, including, staff, patients, the public, MPs, HOSCs and local media. It is for the local HOSC to determine whether this process has been sufficient and effective.

I hope this reply is helpful.

Yours sincerely,
Earl Howe
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