



London Clinical Senate

Annual Report of the London Clinical Senate 2023/24

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Website: [Londonsenate.nhs.uk](https://londonsenate.nhs.uk)



Chair's Foreword

Welcome to the London Clinical Senate's Annual Report. This describes some of the background to our role, how we undertake our work and some examples of that work.

Our work is always focused in improving health for Londoners. As such the work is supported by our Patient and Public Voice Group who challenge and inform as you will see from this report.

You will see we have undertaken a series of important clinical reviews. The proposals we review are all in depth plans to improve health services and outcomes. While we are part of the approvals process, our most important role is to provide independent clinical scrutiny and feedback which aims to improve those proposals and plans.

This is all supervised by an experienced multidisciplinary Clinical Senate Council and supported further by our already mentioned strong Patient and Public Voice (PPV) Group led by Chair Lucy Brett. I thank all those members for their contributions over the year and particularly my Vice-Chairs, Geeta Menon and currently Natasha Curran.

Finally, all the work is not possible without the support of our management team of Emily Webster, Robin Plata, and Gillian Foreshew.



Mike Gill
Chair, London Clinical Senate



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Role of the London Clinical Senate

The London Clinical Senate is hosted by NHS England, London Region but operates independently to provide **impartial, strategic clinical advice and leadership for healthcare in London.**

We recognise that transformational change requires strong local professional and clinical leadership. We offer early patient-focused ‘critical friend’ advice to inform developing plans, and final clinical assurance to Integrated Care Systems (ICSs) and NHS England (NHSE) to ensure that the proposals improve care for patients and the public. This is achieved, primarily by reviewing Pre-Consultation Business Cases for substantial service change.

In addition to providing important clinical advice and guidance, we also share insights regarding the formal change process. This is particularly pertinent given the changes to the Health & Social Care Act 2022 which were implemented in January 2024. This requires commissioners to notify the Secretary of State of proposals for substantive service change at the point the relevant overview and scrutiny committee confirms it wishes to be formally consulted. It also introduces new powers for the Secretary of State to intervene in reconfigurations. (See Appendix B for more details on the Act).

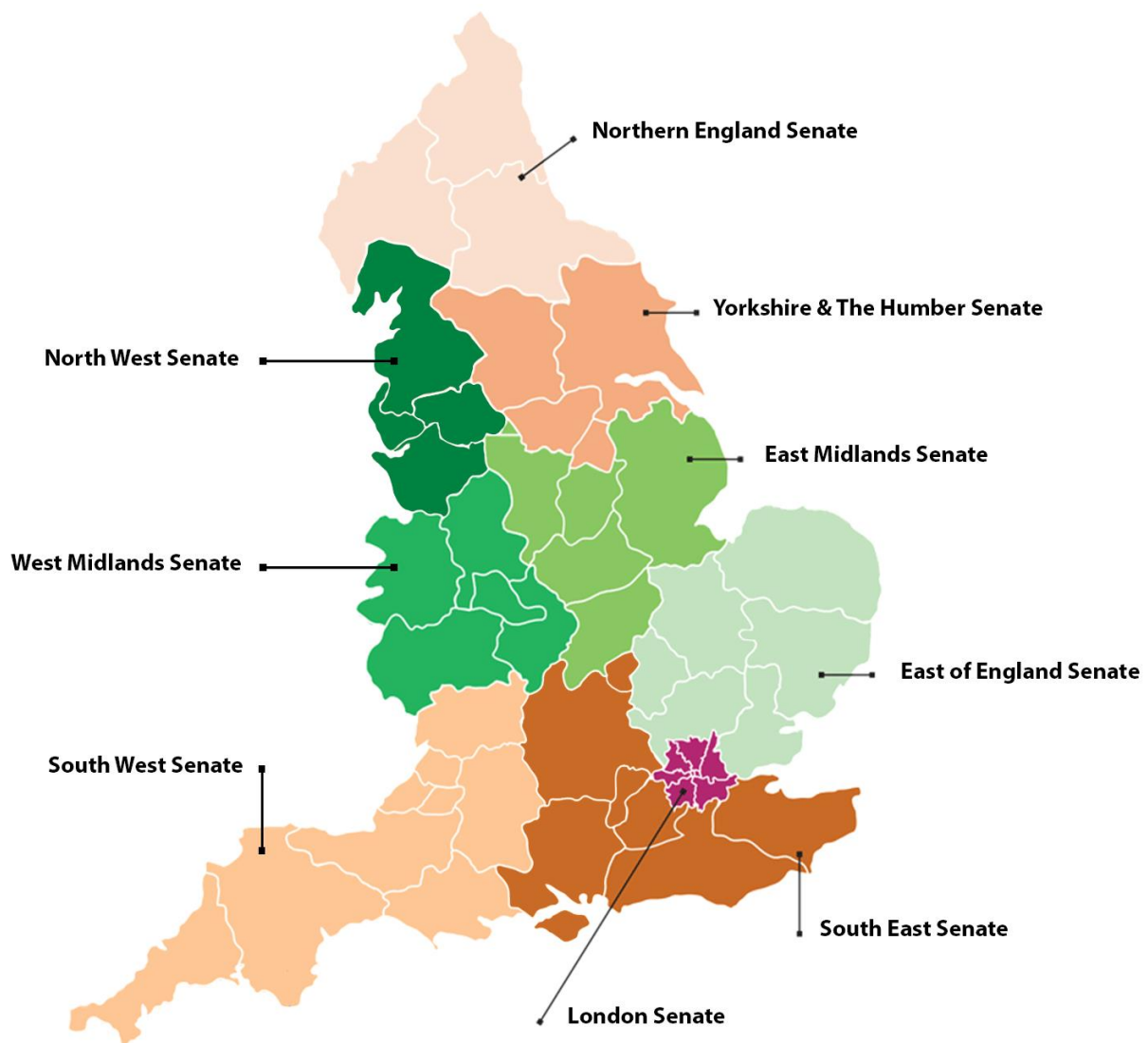
In accordance with the single operating framework for regional clinical senates in England, the London Clinical Senate:

- Supports commissioners/ Integrated Care Boards (ICBs) and ICSs to make the best decisions about health care for their populations.
- Brings together patients and carers as partners with a range of health and social care professionals, to take an external and independent overview of health and healthcare for local populations.
- Provides a source of strategic, independent clinical advice and leadership on how services should be designed to provide the best overall care and outcomes for patients.
- Provides high quality, independent, and wherever possible, evidence-based strategic clinical advice, and guidance to any requesting party within the local health and care system, assisting them to make optimal decisions to improve health outcomes for their population.
- Provides clinical advice to inform the statutory NHS England reconfiguration assurance process.



Clinical Senate areas

The London Clinical Senate is one of 9 clinical senates which cover the population of England. The clinical senates have an aligned approach to providing independent advice, whilst uniquely responding to the local population and circumstances. This network enables us to collaborate by sharing knowledge, subject matter expertise and undertaking joint reviews or providing impartial input to reviews led by other senates. For example, in April 2023 London & South East Clinical Senates hosted a joint review; and in November 2023 London council members provided expertise to a North West Senate review.



London Clinical Senate - Area and population

The London Clinical Senate focusses on service change impacting on the **London** population; this involves working with commissioners in the 5 London ICBs. However, as a significant number of people live outside of London and travel to London to receive healthcare and vice versa, we also work closely with neighbouring clinical senates, including undertaking joint reviews to ensure comprehensive consideration of change proposals.



London Population 9.7million

(source: www.worldpopulationreview.com)



Structure and Members

The London Clinical Senate structure features 3 key groupings as outlined below. Further information on structure and members can be found on our website: [Londonsenate.nhs.uk](https://londonsenate.nhs.uk)

London Senate Council

Oversees and directs the work of the Clinical Senate

Comprises of 20+ multi professional members from across London including: Medical, Nursing, Allied Health Professionals, Public Health, Social Care, Mental Health, Primary Care, Health Education

Details of Council members can be found [here](#)

London Senate Patient Public Voice (PPV) Group

Highlights issues of importance to public and patients

Comprises of 10+ citizens, experts by experience, patients, and carers living in London

The chair's biography can be found on page 18 of this report

Details of PPV group members can be found [here](#)

Senate Management Team

Manages all senate business including production of reports.

Comprises of Senate Council Chair, Senate Council Vice Chair, Head of Senate, and Project Manager

Biographies for the chair and vice chair can be found on page 8 of this report.



About Us



Mike Gill - Chair, London Clinical Senate

Dr Mike Gill is an experienced senior Medical Leader. He has been practising as a Consultant Physician (Care of Elderly and General Medicine) since 1989.

Mike is a Non-Executive Director at Homerton University Hospital NHS Foundation Trust and subject matter expert for Postgraduate Certification in Health Care Practice Programme.

Mike has many years of board level experience as a Medical Director. Most recently he was Medical Director at Health 1000: The Wellness Practice, a new type of GP surgery which looked after patients with multiple medical conditions in their own homes. The Practice also supported the care of patients in Nursing Homes.

Prior to this, Mike had been a Medical Director for over 12 years at Newham University Hospital NHS Trust, Barking, Havering and Redbridge University Hospitals NHS Trust, Associate Medical Director at Barts Health and Interim Medical Director at the Homerton University Hospital Foundation Trust.

Mike was also a member of NICE Acute Medical Emergencies Guideline Committee and an elected fellow on the Council of the Royal College of Physicians 2014-2017. Other roles undertaken include Joint Clinical Director for the Health for North East London programme and Honorary Clinical Director for Elderly Care at NHS London.





Natasha Curran - Vice chair, London Clinical Senate

Natasha has practised as a Consultant in Anaesthesia and Pain Medicine at University College London Hospitals since 2008. Her clinical leadership began in transforming pain and then musculoskeletal services at borough level.

As a keen supporter of research and innovation, and particularly its implementation throughout her career, she was appointed as the Medical Director of the Health Innovation Network in south London in 2018. She went on to be the founding national Chair of the Clinical Executives Group of the Academic Health Science Networks (now renamed Health Innovation Networks).

Natasha's Board experience dates from her time on the Governing Body of Wandsworth Clinical Commissioning Group. She is currently a Board member of NHSE's National Innovation Accelerator.

She has led the Implementation and Involvement team of the Applied Research Collaboration South London since its inception in 2019 and was one of the Directors of Clinical Strategy at King's Health Partners. Over the years she has sat on NICE evidence reviews and is an Expert Adviser to NICE and journals such as BMJ Open.

Natasha has represented the Health Innovation Networks on the Clinical Senate since 2022 and became Vice Chair in 2024.

The Senate Management team:

**Head of Clinical Senate
Project Manager**

Emily Webster/ Robin Plata (job share)
Gillian Foreshew



Offer of the London Clinical Senate

Impartiality and Adding Value

The London Clinical Senate seeks to support commissioners through major service change.

We bring together a broad range of experienced health and care professionals with patients and carers to give considered advice on matters of strategic importance across all healthcare conditions and pathways.

The London Clinical Senate:

- Provides independent, strategic advice and leadership to assist statutory bodies in making the best decisions about healthcare for the populations they serve
- Promotes the health and care needs of Londoners and advocates for improvements in quality, outcomes and best value
- Provides a multi-disciplinary whole systems perspective to the issues it considers and the advice it provides

We offer evidence based input informed by practical experience.

Our work is at no additional cost to NHS commissioners, trusts or systems as senate and review panel members are employed by healthcare organisations and volunteer their time and expertise.

This selection of members enables our work to be informed by a wealth of health and social care experience, and

our members develop system leadership experience which they can employ in their main organisation.

Council members work is enabled by:

- ✓ Broad range of independent multi-disciplinary clinical expertise and experience, drawn from London and beyond.
- ✓ Input of patient voice representatives
- ✓ Impartiality through diligent management of potential conflicts of interest

Our offer includes:

- Guidance on the unique challenges of major service reconfiguration with reference to the broader legal framework, and liaison with NHSE London Service Reconfiguration team and National System Transformation Team.
- Expertise around substantial service change processes and sharing of best practice.
- Independent clinical reviews, focussing on final clinical assurance on Pre-Consultation Business Cases prior to formal NHSE assurance processes.



Independent Clinical Senate Reviews

The NHS England assurance process requires an independent clinical review of major service change. Commissioners also benefit from an objective assessment and feedback prior to consultation.

The Senate meets these needs and welcomes early engagement with commissioners to guide as necessary.

Review Preparation

The fundamental role of the review panel is to assess whether there is a clear clinical evidence base for change and whether there is an impact on bed requirements. These are two key features of the government's tests for service change (see appendix B).

In addition, the senate has developed its own principles, which inform the assessment of the change proposal. Fundamental to this is the engagement and perspective of patients and public, which is enabled by patient and public voice partners being integral to the review panel. Factors such as equality, diversity and inclusion; impact on staff and workforce as well as carbon footprint are also carefully considered. For a full list of the London Clinical Senate principles see appendix A).

The panel is also cognisant of the 6 tests, which are undertaken by the London Mayor post consultation to determine whether they will support the proposal (see appendix B). The Senate may make recommendations with this in mind.

The process:

- We agree a Terms of Reference with commissioners, informed by the key clinical questions on which they have requested advice. This includes clear mutual expectations and timelines- allowing flexibility given the complexity of major service change.
- The commissioner provides a draft Pre-Consultation Business Case and supplementary information as relevant.
- A panel review day is held, where the multi-disciplinary commissioning team presents the proposal and panel explore key lines of enquiry. This may be online or in person depending on the nature of the review.
- There is often initial learning and feedback on the panel day.
- A report for the sponsor/ commissioner including key recommendations. The sponsor decides when this is published. This includes scrutiny on the case for change; evidence base and patient perspective; signposting to evidence and learning from prior experience; and identification of unintended or unforeseen consequences of service change.



Recent Senate Reviews

The London Clinical Senate undertook 4 reviews during the 2023-2024 financial year (1 pending publication by the sponsor).

The change proposals were all broadly supported by the London Clinical Senate, with detailed recommendations for improvement provided.

A summary of reviews and where to find further information is found below.

Testimonials from the commissioners are provided later in the report.



Proposed changes to children's specialist cancer services Principal Treatment Centre serving Brighton and Hove, East Sussex, Kent and Medway, South London and most of Surrey

This review was jointly undertaken by the London and South East Clinical Senates as the service change proposed impacted the populations in south east London and the south east region.

NHS England Regions developed the proposals in response to The Pre-Consultation Business Case which proposed that the current Principal Treatment Centre (PTC) could not meet the national service specification and described the process of identifying and assessing two compliant options for the location of the future service.

The Clinical Senates welcomed the work and input of the commissioners. The review panel found the case for change clear and clinically sound. The key recommendations made by the Senate are summarised as follows:

- NHS England should support organisational development particularly at The Royal Marsden. This should involve how the current PTC would work with the future PTC to ensure a smooth transfer. This should include:
 - How organisational memory, key skills and competencies are preserved and transferred.
 - How research is maintained, planned, and developed and where possible enhanced with the new provider.
 - How to preserve the memories and legacies which have underpinned the services that, if possible, they can be incorporated in the new provision.

The future provider to commit to joint organisational development that gives opportunities for the incoming workforce and patients / parents to co-design and develop the service, not just transfer it.

[See London Clinical Senate Report, 19 July 2023
Available from: [Londonsenate.co.uk](https://londonclinicalsenate.co.uk)]



Adult Acute Mental Health Services in the City of Westminster and the Royal Borough of Kensington & Chelsea

The London Clinical Senate welcomed the work of North West London (NWL) Integrated Care Board (ICB) in developing the Pre Consultation Business Case.

The proposed change was to increase community provision as an alternative to inpatient beds, following the temporary closure of a 51 bedded hospital spread across 3 wards. The Pre- Consultation Business Case argued that the age, design, layout and condition of the building did not meet the recommended standards by the Royal College of Psychiatrists and that a change in model would be consistent with the Long Term Plan transformation programme commenced in 2019.

The senate review panel concluded that the plans were consistent with current best practice opinion and guidance.

However, they also observed that some of the evidence base for the patient cohorts for whom this service model might work, and the workforce required, is evolving.

The importance of prevention, early intervention, and access to local services more widely is fundamental to this model.

The panel made several recommendations, which can be summarised as:

- Additional information on how plans will facilitate the further development of other community based services.
- Additional assurance of capacity and demand in the context of pressures across London.
- Reviewing the service model proposals for the bedded Mental Health Crisis Assess.
- Greater assurance around workforce and workforce modelling.

[See London Clinical Senate Report, 26 October 2023.
Available from: [Londonsenate.co.uk](https://londonclinicalsenate.co.uk)]



North Central London Start Well Programme: Ensuring the best care for pregnant women and people, babies, children, young people, and their families.

The North Central London Integrated Care Board proposals arose from a Start Well Programme, co-sponsored by NHS England Specialised Commissioning (London). The proposals looked at future care models for maternity, neonates, and children and young people's surgery. They were presented in two business cases, and looked at the following options:

- **Maternity and Neonatal Care:** proposed the reduction of consultant-led maternity and neonatal units from five to four, with two options being consulted on:
 - Option A proposed services no longer being provided at Royal Free Hospital (identified as the preferred option at the pre-consultation stage)
 - Option B proposed services no longer being provided at Whittington Hospital
 - Both options proposed retaining services at Barnet Hospital, North Middlesex Hospital and University College Hospital and investing in services.
- **Birthing suites at Edgware Birth Centre:** proposed the closure of the birthing suites while retaining ante and post-natal care at the site.
- **Children's Surgery:** proposed creating a centre of expertise for emergency and planned inpatient surgery at Great Ormond Street Hospital (GOSH) and day case surgery at University College London Hospital (UCLH)

This was an extensive series of proposals. The London Clinical Senate review panel commended the ICB for their work, engagement, and proposals to improve services for families, babies, and children.

The panel considered the proposals given the changing demographics in North Central London and the ambition for quality improvement within the context of staffing pressures. They considered two key questions:

- 1) Is the case for change supported by evidence and best practice guidance?
- 2) Are the changes proposed supported by evidence and best practice guidance to improve the quality and outcomes for the population served?

The panel concluded that the case for change was supported by evidence and best practice guidance. There was a clear articulation of the drivers for change and strong ambition for improvement which was informed by national policy and best practice guidance.



They also considered that proposals to consolidate services on fewer sites could provide opportunities to improve the quality of care and outcomes for the population as well as the potential to better manage staffing pressures. The panel noted that whilst workforce was a key driver for change, it was also a key enabler in offering and promoting choice to provide a high-quality service for all.

The panel recommended continued attention to workforce planning, further evidencing demand and capacity mapping, and detailing the specific service improvements aims across the Integrated Care System. These will be important to assure the ambitions are met as the business case iterates.

For further recommendations please refer to the full report.

[See London Clinical Senate Report, 22 November 2023
Full report available: [Londonsenate.co.uk](https://londonclimate.nhs.uk)]



Senate Council Meetings

The Clinical Senate Council met 6 times during the year. The council oversees the work of the senate, with meetings considering 3 core areas:

- **Reviews-** bringing early presentations of potential reviews to council meetings, ensuring that meaningful and effective Terms of Reference (ToR) were developed and that the finished report met the ToR.
- **Learning and Development-** updating on key policy developments that inform the work of council and reflecting on feedback from commissioners and members experience of reviews to improve our approach.
- **Feedback and Advice-** to colleagues presenting on change ambitions and programmes to help strengthen their approaches and plans.

Some key topics discussed included:

A business case for Personalised Care in London

The Head of Personalised Care Expansion NHS England, London region presented a Business Case for Personalised Care in London. The Senate asked a range of key questions regarding the proposal, identifying whole system areas they considered were important. There was overarching support for the potential impact of implementing Personalised Care.

The Health & Social Care Act 2022 and updates to the Major Service Change Interactive handbook

Council members gained skills in understanding the new legislation, its potential use in practice and what this might mean for undertaking senate reviews.



Workshop to improve the review process

An interactive, workshop session gave council members the opportunity to consider their experience of recent reviews. This included all components of the review process from preparation meetings through to finalising the report together with the recommendations.

Members fed back on having a better understanding of the wider processes and how the reviews are used. They also produced key recommendations to facilitate a smoother and more effective review process, some of which, for example the post review meeting have been immediately introduced to improve the effectiveness of the work.

Universal Care Plan (UCP) in London

The UCP team presented from clinical and digital perspectives the opportunities they were seeking to realise from the implementation of the Universal Care Plan. This described the development and ambitions for the London digital personalised care plan. These included, sharing plans digitally, utilisation, urgent Care view of UCP, holistic Personalised Care, proposed Clinical Design approach, programme Governance.

Learning from feedback

The senate requests that all commissioners complete an evaluation indicating their experience of the review. These have been shared for information and learning. To date, feedback has been incredibly positive.



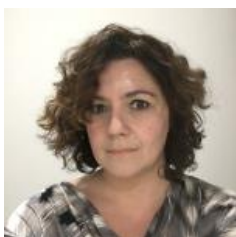
Patient and Public Voice Group (PPV) Chair's Foreword

It has been a busy period for the PPV Group, including large-scale recruitment and multiple opportunities for the group to work with partners across the NHS to feed into plans, policies and proposals for London's healthcare. We are a critical friend, and we work to underpin the Senate's commitments. Our recruitment drive brought in new voices including younger patients, people living with long-term conditions, and carers, which has helped to give more depth and robustness to the group's input and reflections. There have also been multiple reviews – ranging in size, complexity, and sensitivity – and we ensured we fed back on processes to make sure that they are fully accessible to PPV representatives. These included introducing extra meetings to help newcomers navigate the review process and manage the large quantities of information in a way that ensures targeted and useful responses and questions.

As a team, the group remains lively and incisive in bringing together multiple, often unheard voices to discuss end of life care, patient information availability and use, pathways, and new approaches to care in specific areas and for specific conditions, and the impact of NHS targets.

We have also been used as a sounding board for new proposals. Our main role during these sessions and in reviews is to challenge and interrogate how much patients and citizens have been consulted in any processes or proposals for service change and to establish that their needs, concerns, and everyday experience has been considered from start to finish and not just added on. Many of our members, including new members who started in 2023, have participated in the reviews, processing and challenging information about sensitive service change and offering insights on patients, staff welfare, communication, and public involvement.

It has been a privilege to bring this to light in such fascinating use cases, and to bring value. We have also been asked to contribute to reviews and the work of other PPVs, and to support the Senate Council and wider in bringing to life patient experience of the challenges facing healthcare.



Lucy Brett
Chair, London Clinical Senate Patient and Public Voice Group



About Lucy

Lucy Brett is an experienced communications professional and writer who specialises in telling healthcare narratives and raising awareness of conditions that are often underrepresented and underdiscussed for a variety of reasons, including stigma, complexity, and taboo. She has lived experience of many London hospitals and healthcare systems and brings to the discussion an understanding of complex healthcare needs, comorbidities, the treatment of rare diseases, disability, and caring responsibilities.

As a Research Partner for Versus Arthritis, she has brought lived experience to discussions around topics including pain management, service provision, treatment options, and the need for patient voices and experiences to be reflected in policy – including, for example, the voices of people with early onset and poly-arthritis who have to work and who do not fit the typical demographic. Lucy is a patient representative on the Innovate UK's FemTech Accelerator and has addressed awardees on patient experience and its role in innovation.

During her tenure at the PPV, which started in 2020, her first narrative nonfiction book *PMSL* was published by Bloomsbury imprint Green Tree. It was an incontinence memoir, released internationally and to acclaim from both patients and healthcare professionals. She is a regular speaker on the topic of incontinence and its related impact on mental health. After delivering a keynote at the inaugural Everywoman Festival in Cardiff in 2023, for example, she returned for this year's event to host a practical workshop for patients on medical memoir writing.

Lucy has advised on the Pelvic Obstetric & Gynaecological Physiotherapy (POGP) guidance for patients and has contributed to debates and international seminars as a subject matter expert by experience in her capacity as an ambassador for the World Federation for Incontinence and Pelvic Patients, including talks for each World Continence Week since 2021. She was also invited to a global conference at Tampere University, Finland, in 2022, to talk on continence products and sustainability.

She has addressed the full Senate Council and has spoken at London Clinical Senate Forum and the NHS England London Region Medical Directorate Away Day.



Patient and Public Voice Group Presentations and Discussions

We are extremely grateful for the contribution of all our PPV members during 2023-2024, for the insight that they bring and the willingness with which they give their time.

Topics brought to meetings

Self Directed Topics

- Presentation and discussion with ICB lead nurse and questions on the current position and future potential for ICBs.
- Patient and Public Voice group offer to ICBs.
- Feedback on the proposed Universal Care Plan for London and the strategic narrative that drives this change.

Learning & Development

- How does the NHS in England work and how is it changing? In this context, what might the opportunities be for the PPV group?
- Sharing insights on the clinical review process
- How to access wider learning and support opportunities for PPV Partners

Feedback

As patients, carers and members of the public, the PPV group have been called upon to provide their input on papers written by Senates before wider distribution, for example: The Clinical Co-Dependencies of Acute Hospital Services (available [here](#))



Testimonials

NHS England Specialised Commissioning

The Report was constructive and very helpful. Some recommendations were pertinent to the Pre-Consultation Business Case (PCBC) and helped give a focus for this work, many of the recommendations also related to the 'future'; and created the opportunity to 'workshop' these with stakeholders. [As the transition and implementation phases of the service reconfiguration progress, and in line with the Decision-Making Business Case] there is still more work to be done to address the recommendations, but the Senate Report will continue to be a helpful reference point for us to reflect on as the Programme progresses into future phases.

NCL ICB / NHSE London Region Specialised Commissioning

- *The process felt genuinely supportive – i.e. there was no feeling that the process was designed to be a barrier and it felt that there was an understanding the difficult nature of large change programmes.*
- *The panel on the day provided constructive feedback and asked questions that were relevant and felt that they had reviewed the paperwork that we had submitted as part of the assurance process.*
- *The project team were supportive in relation to the timing of receiving papers – deadlines were flexible, and this was hugely appreciated.*
- *Being given the opportunity to review the report was helpful to allow us to pick up on any areas of misunderstanding / local nuance.*
- *Working with the senate team from an early stage was helpful as it felt that the team knew about the programme / proposals well in advance and could think through the implications for the review process.*



Service Reconfiguration, Performance, Information and Regulation Directorate, NHS England – London Region

The London Clinical Senate (LCS) acts as a source of independent, strategic advice and guidance to commissioners and other stakeholders, supporting them to make the best healthcare decisions for the populations they represent. This capacity to review and advise is invaluable and fully aligned to NHSE's formal service change assurance framework. Working with expert clinical leaders, health and social care professionals, and patients, the London Clinical Senate is able to provide advice and leadership on how services should be designed to provide the best overall care across the healthcare system to improve patient outcomes and population health. By harnessing collective regional expertise and intelligence, the LCS is positioned as a valued, independent and impartial body within the health and care landscape, helping to bring a renewed professional focus to the challenges facing London's health communities.



Acknowledgements and thank you ...

The Senate's work is possible because clinicians, patients, and members of the public together with stakeholders give their time, knowledge and expertise to help improve healthcare in London. We are very grateful for the significant contribution of everyone we have worked with throughout 2023-2024 in the Senate Council, Clinical Reviews, and our programmes of work.

We would like to thank all Senate Council members for generously donating their time and expertise, at Council meetings and Senate Reviews. We would also like to thank all subject matter experts who have again, so generously taken part when called upon for the Clinical Senate reviews.

In addition, a huge thank you is given to the speakers who have brought their expertise and enthusiasm presenting to the London Clinical Senate Council.

england.londonclinicalsenate@nhs.net

Website: [Londonsenate.nhs.uk](https://londonsenate.nhs.uk)



APPENDIX A

Senate Principles

- Promoting integrated working across health and across health and social care and ensure a seamless patient journey
- Being patient-centred and co-designed (this includes patient experience, patient involvement in development and design of services)
- Reducing inequalities (this involves understanding and tackling inequalities in access, health outcomes and service experience, between people who share a protected characteristic and those who do not, and being responsive to the diversity within London's population)
- Demonstrating parity of esteem between mental and physical health for people of all ages
- Supporting self-care and health and wellbeing. Improving standards and outcomes (these include use of evidence and research, application of national guidance, best practice and innovation)
- Ensuring value (achieving the best patient and population outcomes from available resources)
- Demonstrate how environmental sustainability and moves to carbon neutral are included in plans and developments. This includes reference to the national ambition to reach carbon net zero by 2040 and the London Health Board ambition to ensure that every Londoner breathes safe air.



APPENDIX B

The **Health and Social Care Act 2022** introduced new powers for the Secretary of State to intervene in reconfigurations; this took effect on 31 January 2024.

Duty to notify

- Requires ICBs and other commissioners to notify the Secretary of State of any new proposals for substantial service changes, at the point the relevant Overview and Scrutiny Committee (OSC) confirms it wishes to be formally consulted.
- This duty does not apply retrospectively to proposals which have already passed this point.

New powers for the Secretary of State

- The Secretary of State will be able to use new powers to 'call in' proposals for any service change (not just those that are notifiable) and take or retake any decision that the commissioner could have taken.
- This power replaces the power which gave OSCs the ability to formally refer a service change scheme to the Secretary of State. Anyone can now request the SoS to make a call in.

There will be legal obligations for NHS organisations to provide ministers with information and assistance to support the exercise of this power.

See: [Reconfiguring NHS services - ministerial intervention powers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/reconfiguring-nhs-services-ministerial-intervention-powers)

The Government's 4 tests of service change

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- Clear, clinical evidence base.
- Support for proposals from clinical commissioners.

Plus (April 2017) any proposal including plans to significantly reduce hospital bed numbers NHS Patients will continue to receive high quality care within any proposal that includes plans to significantly reduce hospital bed numbers.

See: [planning-assuring-delivering-service-change-v6-1.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/planning-assuring-delivering-service-change-v6-1.pdf)

The Mayor's 6 tests are required to be met before they will give their support to any major health and care transformation or service reconfiguration proposals in London.

- Health inequalities and prevention of ill health
- Hospital beds
- Financial investment and savings
- Social care impact
- Clinical support
- Patient and public engagement

See: [Champion, challenge, collaborate | London City Hall](https://www.london.gov.uk/press-releases/mayor/champion-challenge-collaborate)

