2010 Annual Evidence Update on NHS Service Reconfiguration

Introduction
Reconfiguration of hospital services has been a feature of the NHS for decades, driven by the growth of clinical specialisation, concerns about the safety and quality of care and the expectation that it could lead to lower costs. However the coalition government announced a moratorium on reconfiguration immediately after coming to office. Subsequently it issued a statement proposing that reconfiguration could continue but that any future proposals should meet four tests:

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base
- Consistency with current and prospective patient choice

The first part of this update includes material bearing on the general case for reconfiguration: the second on some of the drivers and consequences of reconfiguration and the third contains evidence bearing on the clinical case for change for some individual services where there has been particular pressure to change the ways services are delivered in the expectation that better quality care would be achieved.

This update focuses on recent publications. Those wanting a longer term perspective should look at Spurgeon et al [2010].

Access
Reconfiguration of hospital services typically involves the centralisation of some services on to a smaller number of sites. This usually leads to longer journeys for patients and, in some cases such as stroke, poses clinical risks. As a result, some of the benefits of centralisation may be lost. Despite its importance in financial and clinical terms the literature is limited and a number of important areas remain unstudied.

Mergers
Reconfiguration may involve mergers between hospitals and/or between trusts or between departments in the same trust. Evidence from the studies listed below shows that the process itself may be time-consuming and difficult and in some cases not lead to the hoped-for benefits- both in clinical and financial terms.

Staffing
Staffing issues have been an important driver of reconfiguration. Implementation of the European Working Time Directive, by limiting the number of hours junior doctors work, it has forced hospitals to consider new ways of providing care safely out of hours. A number of NHS trusts have been introducing ‘Hospital at Night’ schemes involving changes in professional roles designed to reduce the workload of medical staff while safeguarding patient safety.

Volume and outcome
One of the main arguments for centralising services on a smaller number of sites is that clinical outcomes- mortality, complications – are likely to be better if hospitals or clinicians treat a larger number of patients. A number of studies have found such a volume-outcome relationship. However some of the literature, including systematic reviews, suggests caution in applying this relationship to changes in the pattern of service delivery. The studies cited below represent a very small selection from what is now a very large field: the systematic reviews provide an introduction to this wider literature.

Local studies
Many of the local studies listed below come from the work of the Independent Reconfiguration Panel which was established to provide an independent and objective view of proposals emerging from the local NHS. These studies provide insights into the factors that need to be taken into account when particular services such as maternity are reconfigured as well as larger scale changes involving mergers.

Specialities
Reconfiguration is sometimes confined to a single specialty such as maternity. However the main driver of change across hospital services as a whole has been emergency care, including services such as stroke and cardiac care where rapid access to diagnostics forms part of a high quality service. The need for this has been an important driver for centralisation, as it requires all round the clock working which larger units are better placed to provide.

Written by Tony Harrison, Research Associate (Policy), The King’s Fund
Acknowledgements

We would like to thank Tony Harrison, Research Associate (Policy) at The King’s Fund, for his help in sifting and selecting material for this Annual Evidence Update.

General Overview

Guidance and tools

The Centre for Public Scrutiny (July 2007) 10 questions to ask if you’re scrutinising NHS service redesign or reconfiguration. The Centre for Public Scrutiny.
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Department of Health (9 May 2008) *Changing for the better: guidance when undertaking major changes to NHS services.* Department of Health.
[Link to full-text here](#)

Department of Health (February 2007) *Service improvement: quality assurance of major changes to service provision.* Department of Health.
[Link to full-text here](#)

Reports and briefings

Academy of Medical Royal Colleges (September 2007) *Acute health care services: report of a working party.* Academy of Medical Royal Colleges.
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**Selected aspects of reconfiguration: Access**

**Articles**

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**Selected aspects of reconfiguration: Local Studies**

**Articles**

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**Scrutiny reports**

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Delivering Quality Health Care in Hertfordshire Topic Group (November 2009) *Delivering quality health care for Hertfordshire: an investigation into transport and access issues at the Lister Hospital, North and East Herts Hospital Trust*. The Centre for Public Scrutiny.
[Link to full-text here](#)

[Link to full-text here](#)

Middlesborough Council (February 2010) *Stroke services: final report*. The Centre for Public Scrutiny.
[Link to full-text here](#)

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**The Centre for Public Scrutiny: further reports**

**Independent Reconfiguration Panel**

Independent Reconfiguration Panel (29 May 2009) *Advice on proposals for changes to microbiology services in Lincolnshire*. Independent Reconfiguration Panel.
[Link to full-text here](#)

Independent Reconfiguration Panel (31 March 2009) *Advice on proposals for changes to the distribution of services between Bromley Hospitals, Queen Elizabeth Hospital Greenwich, Queen Mary's hospital sidcup and University Hospital Lewisham and the associated development of community services*. Independent Reconfiguration Panel.
[Link to full-text here](#)
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Independent Reconfiguration Panel (31 July 2008) Advice on proposals for changes to the cardiac monitoring unit and acute medical services at Bridlington and District Hospital. Independent Reconfiguration Panel.
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Independent Reconfiguration Panel (31 July 2008) Advice on proposals for changes to the distribution of services between Barnet, Chase Farm and North Middlesex Hospitals and the associated development of community and primary care services. Independent Reconfiguration Panel.
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Independent Reconfiguration Panel (18 February 2008) Advice on changes proposed by the Oxford Radcliffe Hospitals NHS Trust to paediatric services, obstetrics, gynaecology and the special care baby unit at the Horton General Hospital in Banbury. Independent Reconfiguration Panel.
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Independent Reconfiguration Panel (30 November 2007) Advice on proposals for changes to orthopaedic and general surgical services in West Kent. Independent Reconfiguration Panel.
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Independent Reconfiguration Panel: further reports

National Clinical Advisory Team (NCAT) - selected reports
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Link to full-text here

National Clinical Advisory Team (8 December 2009) Proposals for changes to the provision of healthcare services for children and young people in Brent and Harrow. National Clinical Advisory Team.
Link to full-text here

National Clinical Advisory Team (4 June 2009) Update on the service reconfiguration proposals for the Mid Yorkshire Hospitals NHS Trust and pattern of service for Wakefield District and Kirklees Residents. National Clinical Advisory Team.
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Other online resources
Co-operation and Competition Panel: current cases
Co-operation and Competition Panel: archive

Selected aspects of reconfiguration: Mergers

Articles

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**Guidance and tools**

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**Reports and briefings**

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Hayford TB (November 2008) *The impact of hospital mergers on treatment intensity and health outcomes [job market paper]*. University of Maryland.
[Link to full-text here](#)

**Online resources**

*Co-operation and Competition Panel: current cases*

*Co-operation and Competition Panel: archive*

**Selected aspects of reconfiguration: Staffing**

**Articles**

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[Link to full-text here](#)


**Guidance and tools**

Reports and briefings


Skills for Health - Workforce Projects Team (2008) The case for Hospital at Night - the search for evidence. Healthcare Workforce. Link to full-text here


Selected aspects of reconfiguration: Volume and Outcome

Articles


**Reports and briefings**


**Clinical specialisms: Cancer**

**Articles**


Basar AA; Whittome J (2009) Effective partnership working to optimize chemotherapy capacity in the UK. *Journal of Clinical Oncology*, Vol.27, No.15 (Supplement 1)


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**Guidance and tools**


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General Medical Council (July 2010) *Treatment and care towards the end of life: good practice in decision making*. General Medical Council.

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**Reports and briefings**


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**Clinical specialisms: Cardiac**

**Reports and briefings**


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Independent Reconfiguration Panel (31 July 2008) *Advice on proposals for changes to the cardiac monitoring unit and acute medical services at Bridlington and District Hospital*. Independent Reconfiguration Panel.

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**Clinical specialisms: Emergency**
Articles

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Guidance and tools

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Reports and briefings

Academy of Medical Royal Colleges (September 2007) *Acute health care services: report of a working party*. Academy of Medical Royal Colleges.
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Clinical specialisms: Maternity
Reports and briefings

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Clinical specialisms: Paediatrics

Articles

[Link to abstract here]

Guidance and tools

Royal College of Paediatrics and Child Health (2010) Ensuring the provision of general paediatric surgery in the district general hospital: guidance to commissioners and service planners. Royal College of Paediatrics and Child Health.
[Link to full-text here]

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Reports and briefings

Independent Reconfiguration Panel (18 February 2008) Advice on changes proposed by the Oxford Radcliffe Hospitals NHS Trust to paediatric services, obstetrics, gynaecology and the special care baby unit at the Horton General Hospital in Banbury. Independent Reconfiguration Panel.
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National Clinical Advisory Team (8 December 2009) Proposals for changes to the provision of healthcare services for children and young people in Brent and Harrow. National Clinical Advisory Team.
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Middlesborough Council (February 2010) *Stroke services: final report*. The Centre for Public Scrutiny.  
[Link to full-text here](#)

Methodology

This year’s Annual Evidence Update (AEU) from the health management specialist collection looks at NHS service reconfiguration. It aims to bring together up-to-date knowledge and evidence about aspects of service reconfiguration, including those that affect various clinical specialisms.
Databases searched

- Embase
- Health management specialist collection news alert
- HMIC (The King's Fund database; Department of Health data)
- PubMed
- Specialist collections via NHS Evidence

Websites searched

- British Heart Foundation
- Cancer Research UK
- The Co-operation and Competition Panel
- Department of Health
- Google (for National Clinical Advisory Team studies)
- Health management specialist collection (including 'health services reconfiguration' key topic)
- Independent Reconfiguration Panel
- The King's Fund (including Information and Library Service reading lists)
- NHS Employers
- The Nursing and Midwifery Council
- Royal College of Midwives
- Royal College of Paediatrics and Child Health
- Royal College of Surgeons
- Stroke Association

Date range
2007 - current

Languages
English language only

Search strategy
Please click here to see the search terms used.