Dear Secretary of State,

We are writing to you ahead of day two of Report Stage of the Health and Care Bill in the Lords.

We have come together as organisations representing local communities, clinicians and health leaders who share concerns about Clause 40 of the Bill, and particularly the new powers it gives you as Secretary of State for Health and Social Care to intervene in local service reconfigurations. As they stand, these powers would allow the Secretary of State to initiate local service changes, and make such decisions without taking account of clinical advice or ensuring accountability to local communities.

We believe these powers could undermine the ability of Integrated Care Systems (ICS) and local health partners to provide safe, high-quality care to patients, and make decisions that will best meet the needs of the local communities they serve.

This is even more important in the context of the elective backlog. Local services will need to make small changes to the way services are delivered to make progress through the backlog, and these new powers would see Secretary of State being pressured to intervene, potentially causing delays to care as cases are worked through. This is a far cry from the ambition of this Bill to reduce bureaucracy.

We urge you to remove these unhelpful powers from the Bill. Failing that, amendments should be tabled to:

- Relieve the Secretary of State from intervening in small-scale reconfigurations.
- Ensure clinical advice is always considered in decisions about changes to services and that these decisions are accountable to local communities.
- Provide transparency about why such interventions are in the public interest.
- Accelerate decisions, ensuring that they are made within 3 months of a decision on a local reconfiguration being called in. This would provide certainty to services and avoid bureaucratic delays when seeking approval.

These suggested amendments would be a compromise to put essential checks and balances on the new powers, protect patient safety and ensure transparency with patients and the public.
Whilst we believe the system for local reconfigurations as it stands, involving the Independent Reconfiguration Panel (IRP), works well, we acknowledge the point made by the Minister at Second Reading of the Bill in the House of Lords regarding accountability to Government. These amendments would stop undue political influence on the running of local health and care services.

Many peers from across the political divide have spoken against these powers as they can see the problems they will cause for services, for government, and for the people that rely on health and care services. For Report Stage, we are therefore encouraging all peers to vote in favour of the amendment in the name of Baroness Thornton that would remove Clause 40.

We believe local communities, clinicians, local health leaders know best which services are required by and how best they can be delivered to serve the needs of local communities. If you agree, we urge you at the very least to bring forward these outlined amendments.

Matthew Taylor  
Chief Executive, NHS Confederation  

Richard Murray  
Chief Executive, King’s Fund  

Rt Hon Sir Norman Lamb  
Co-Chair, Health Devolution Commission  

Dr David Wrigley  
Deputy Chair of Council, BMA  

Andy Fry OBE  
Chief Executive, Centre for Governance and Scrutiny  

Nigel Edwards  
Chief Executive, Nuffield Trust