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INDEPENDENT
HEALTH AND SOCIAL CARE
REVIEW

Independent Review of the Isle of Man Health and Social Care System

PROGRESS REPORT

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6 DECEMBER 2018

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Forward

This Progress Report provides an update in relation to the Independent Review of the Isle of Man Health and Social Care System. I will present my Final Report in spring 2019.

The Review's terms of reference are at Annex A. However, in summary, they pose the following core questions:

- What is currently being spent on health and social care, is it sufficient and does it represent value for money?
- What is the likely increase in funding required, projected to the end of the financial year 2035-36[1], and how might that be funded?
- Is the current service model for the delivery of health and social care to the Isle of Man population optimal now and for the future?

The Review is on-going and, whilst considerable consultation, research and analysis has already been undertaken, much remains to be completed to inform a comprehensive response to the Review's terms of reference. As a result, this Progress Report is a snapshot of emerging themes and does not identify solutions or propose definitive courses of action.

As outlined in the Programme for Government 2016-2021, the Isle of Man Government has an aim for the people of the Isle of Man to "live longer, healthier lives", with an ambition to deliver greater integration of health and social care services across the Island.

From engagement with stakeholders and other evidence that the Review has gathered, it is clear to me that the immediate priority for the system as a whole should not be solely to understand the funding requirement for the future, but, importantly, to put in place a more efficient and effective organisational structure and culture to enable the delivery of service improvement and high-quality care to the population of the Isle of Man. Simply to increase funding without addressing these other critical aspects would fail to deliver good value for the funding provided. However, it may well be necessary for some transformational funding to be made available in the short term in order to allow weaknesses identified in this Progress Report to be addressed ahead of the delivery of my Final Report next year.

Whilst increases in funding will undoubtedly be required in future years in order to meet the increasing demands of a growing and ageing population together with the costs of new healthcare technologies and new drugs, the size of the funding increase cannot yet be fully determined as it will be significantly influenced by the fundamental changes required to the system.

Review Process

The Review Team – a combination of Isle of Man civil servants forming the Secretariat to the Review and external consultants – has used a methodology of semi-structured interviews, an established method in qualitative research, across a number of agreed workstreams. The Review team and I have been supported by an Advisory Panel with whom we have met regularly. The Advisory Panel's Terms of Reference are included at Annex C.

[1] Although the Terms of Reference refer to the "next 15 years", I have projected to the 15th financial year after the Final Report's publication

The Review Team and I have undertaken extensive engagement on the Island since the start of the Review, including holding over 100 meetings with over 350 individuals. We have also requested and received information from a range of sources and received a number of written submissions.

In the interest of encouraging open debate, contributors and those participating in discussions were advised by the Review Team that opinions provided would be treated as non-attributable.

The Review Team has issued press releases and social media posts, which included an open invitation for me to speak to interested groups, curated an open online forum, held public workshops and hosted a stand at the Tynwald Day fair to make the general public aware of the Review and to invite them to contribute their concerns and ideas. In addition, the Review is considering relevant public opinion gathered from a range of other sources, including the Social Attitudes Survey 2018, the Department of Health and Social Care (DHSC) public (and staff) engagement and the Isle of Man Government's Securing Added Value and Efficiencies (SAVE) Programme. All of this information will continue to be considered by the Review Team.

Engagement on the Island will continue throughout the course of the Review with further meetings, including some focus groups to consider a range of options for the future. The Review Team and I are grateful to those who have provided their views and evidence, often forceful and insightful, so far and we welcome further contributions during the remainder of the Review. The Review will also continue to consider other relevant activities, such as the ongoing review of the Future Funding of Nursing and Residential Care and Public Accounts Committee reports etc. in order to form a holistic and comprehensive view.

Work is continuing in each of these workstream areas in order to fully inform options for future service and funding of health and social care in the Isle of Man.

Spending

The DHSC spent £257m on health and social care in 2017/18. Overall spend rises to approximately £276m once central shared costs allocated to health and social care are included[2]. Therefore, the Review has used £276m as the baseline funding envelope and for its calculations of forecast future spend.

This total amount will inevitably increase in future years if a broadly similar range of services to the citizens of the Island are to be maintained as the population grows and ages. Few of the contributors to the Review have suggested a strong case for reducing the range of services provided; indeed, equivalence with the health and social care services "across" (in England) has been the overriding theme. At this stage of the Review, I concur with that position.

[2] The central shared costs relate to services provided by Government Estates, Human Resources, Communications, Legal Support, Finance and Government Technology Services and from the Hospital Development Fund and spend on medical malpractice claims. At this time, the overall spend quoted does not include expenditure by Treasury on funding care home placements through Social Security.

Costs will increase over time because of:

- increases in demand due to a growing and ageing population;
- non-demographic drivers of demand including increasing expectations of health and social care services, the availability of new and often expensive techniques and drugs, and improving access to care; and
- inflation.

The Review Team's analysis suggests that cost increases due to demographic and non-demographic factors should be expected to average 2.0% per year. In addition, costs are assumed to be subject to an annual inflation rate of 2.5% giving an overall cost increase forecast of 4.5% per year. Although forecasting over long durations is inherently uncertain, an average cost increase of 4.5% per year would result in the cost of health and social care on the Island increasing from £276m in 2017/18 to £606m[3] in 2035/36 under continuation of the current model(s) of care. Inflation and other factors, including increased demand driven by an ageing population, mean that even an improved system providing value for money would require additional funding in the future in order to continue to deliver a similar range of services as currently provided. The Review will present options for raising additional funding for health and care services in the Final Report.

Whilst high level comparisons should be made with caution, based on the information available, the Island spends approximately 23% more per head of population on the provision of health and social care than the NHS in England (approx. £3,300 per head compared to approx. £2,700 per head). Whilst some aspects of delivering services on an Island can add to costs, there are some specific areas where the Isle of Man appears to be paying significantly more than elsewhere. These include spend on medical consultant salaries (20%-30% higher) and on pharmaceuticals (33% higher). The Isle of Man also spends a higher proportion of staff spend on agency staff in Noble's Hospital (13% of staff spend compared to 6% in England). Overall it is not clear that this difference in spend has delivered improved outcomes and/or value. For example waiting times at Noble's Hospital are relatively long, targets relating to two week cancer referrals and treatment within 52 weeks of referral are not being met and utilisation rates of Theatres at Noble's Hospital are lower than average across the NHS in England despite comparatively high medical consultant salaries. Thus, value for the investment in services and productivity of these services would appear to be relatively low.

In addition, there appear to be areas where quality and safety systems fall short of what is considered good and safe practice elsewhere. The absence of a formal commitment to follow advice from organisations such as the National Institute for Health and Care Excellence (NICE) means that the citizens of the Isle of Man do not benefit from a consistent approach to evidence based quality standards, medical technology appraisals or best practice clinical guidelines and procedures, as is the norm in the NHS in England.

Service Model

In its existing strategy, the DHSC describes a comprehensive service model for the Island that:

- reflects the changing needs of the people of the Island and its changing demography;
- recognises that the existing model of services was not designed to meet the current and changing needs of local people; and

[3] The percentages used in this calculation and its product have been rounded

- recognises that a major transformation is required for the Island's health and care system to meet these changing needs in a sustainable and affordable way and ensure high quality care, good outcomes and positive service user experience for short and long-term conditions.

Developed countries across the world face challenges similar to those of the Island and in general are adopting approaches similar to that set out in the DHSC's strategy such as:

- preferring to provide services in a community rather than institutional setting and thereby reducing reliance on, and cost of, secondary care;
- considering the totality of people's needs and not just their specific health care needs (for example to be able to remain independent for as long as possible, or to be able to work despite having a long-term health problem);
- providing services shaped to meet the needs of service users, carers and families - rather than around the needs of service providers; and
- adopting a "prevention-first" approach, through primary prevention of disease, actively managing long-term conditions and by helping individuals to manage their own conditions ("self-care").

This shift from an institution-centric model to an integrated, locally focussed and service user-centred approach is not just a nice-to-have; it is essential if health and care services are to be sustainable and affordable in the face of the rise in demand. The current Isle of Man model, with much of health care provided at Noble's Hospital, does not support this vision and further change will be required.

Pathways

An integrated care pathway is an agreed and defined approach used to map, standardise and assure care processes, particularly when responsibility for care is shared between different professionals. Across many health and social care systems, pathways have proved to be an effective mechanism for reducing variation and improving patient outcomes. They are essential for effective integration and the delivery of high quality of care.

Whilst there are some notable exceptions, such as seen in mental health services, there is a general lack of defined, evidence-based pathways in place and those that exist are not routinely followed. This may cause inappropriate centralisation, fragmentation, duplication or omission of care because of the lack of standardisation across the range of care settings. This can result in variable outcomes in care and poor communication between professionals. Agreed, end to end and properly monitored care pathways are essential to the delivery of optimum care, be they between clinical practitioners on the Island or between clinicians on the Island and those providing specialist services off the Island.

Governance

Governance describes how organisations run themselves efficiently and effectively, with accountability to the stakeholders that they serve for the work they do and the decisions they take. Good governance is essential to an organisation's responsible handling of public funds and its effective risk monitoring and risk management. It also ensures that an organisation meets its legal and regulatory requirements. In health in particular, a distinction is often made between:

- corporate governance - how the organisation is led, directed and controlled;
- clinical governance - ensuring that standards of care are met and continuously improved; and

- system governance - the framework, rules and policies which ensure that the health and care system as a whole delivers fair access to high quality services and value for money for the tax payer.

All three areas of governance are critical for the Isle of Man as it seeks to structure a safe and accountable system to implement its strategic vision of high quality, integrated care for its population.

The current governance of the health and social care system, in which the DHSC both sets the priorities and manages delivery, is unlikely to deliver the desired transformation of services. It is likely that my final report will include the recommendation to separate these functions and the establishment of a separate Health and Care Delivery organisation, run by a Board, appointed by and accountable to the Government but, critically, independent of it.

The findings to date suggest that most concerns with corporate governance relate to the absence of publicly accessible data, the lack of external regulation for health and social care services and the absence of legislation requiring such regulation.

With regard to clinical governance, the findings indicate that there are key aspects that are not in place on the Island due to the lack of the necessary regulatory and legislative framework. There is also some evidence to suggest that some volumes of clinical activity are below those identified as being necessary to maintain clinical experience and that some clinical procedures that are of limited value are still being undertaken despite existing policies to the contrary.

In relation to system governance, the findings so far identify areas that could be significantly improved especially with regard to how providers of care are held to account for the care provided and how population health can best be planned and managed. Getting this right for the Island would contribute greatly to achieving the strategic goal of integrated, affordable, high quality care, and this will be explored further.

Legislation

The Review has identified a number of areas where legislation, compared to the NHS in England, is either missing or has not yet been enacted through or under the National Health and Care Service Act 2016 or Equality Act 2017, including legislation in relation to prescribing (including electronic prescribing and the extension of prescribing); mental capacity (including deprivation of liberty safeguards (DOLS)); disability discrimination; safeguarding adults and home of choice.

Arguably, one of the most crucial areas where legislation is lacking is in relation to Clinical Governance. In the late 1990's, in response to the failure of governance in the Bristol Paediatric Cardiac Surgery programme, the UK Government enacted a piece of seminal legislation that embedded the concept of clinical governance in the NHS. For the first time in the UK, healthcare provider organisations were made legally accountable for the quality of the clinical care provided by their staff, rather than just for the finances of the organisation. Through the same legislation clinicians were made directly accountable to their employing organisation for the quality of the care provided. As there is no equivalent legislation on the Isle of Man, I suggest that the Government should give consideration to introducing similar legislation to ensure appropriate accountabilities are in place.

There would, therefore, appear to be an opportunity to enact existing legislation and to bring forward new legislation to address the gaps in the existing legislative framework, which would underpin a safer, more effective and accountable service.

Regulation

In general, regulation exists to protect the public from harm and to instil public confidence in the delivery of health and social care services. It further serves to promote good practice and education and to support a culture of continuous improvement. On the Isle of Man, different provision has been made for the regulation of social care and non-NHS healthcare services and NHS healthcare services, and overall there are gaps in effective regulation. Critically, there is no external regulation of either health or care services. This is a fundamental weakness and options as to how this may be addressed will be explored further in the interests of ensuring that high quality, integrated care is provided across the health and care system as a whole.

Workforce

The delivery of health and care services is heavily dependent on people; for example, the NHS in England spends over 65% of its funding on staff[4]. Preliminary data would suggest that the figure for the Isle of Man is higher. If services continue to be delivered on the Island using the current delivery model, staff numbers and, therefore, workforce expenditure will need to continue to rise broadly in line with increases in demand.

Workforce issues are a challenge to all health and social care systems across the developed world and these challenges are magnified in smaller and geographically remote systems such as the Isle of Man. Workforce pressures have a number of causes that include:

- increasing demand for health and social care services;
- changed mind-sets (such as seeing service-users as people who are informed recipients of care and experts in their own condition rather than as passive recipients);
- changing skill-sets required of staff and progressive specialisation (necessary for example to exploit technological advances or to move from a hospital-based system to a more community-orientated approach);
- changing expectations from the workforce particularly with regard to work/life balance;
- an increasingly competitive international workforce market;
- the impact of Brexit on the health and social care labour market in the British Isles[5].

These workforce challenges will impact on the recruitment and retention of staff across all health and care provision for the Island. The Review Team continues to examine what steps can be taken to manage these challenges and to mitigate their impact.

[4] Source: The Department of Health and Social Care Mandate to Health Education England for 2017-18 (https://www.gov.uk/)

[5] Although the Isle of Man is not a member of the EU, it is part of the wider labour market which is already being affected by the withdrawal of the UK from the EU.

Summary

Due to its size, island geography and political autonomy, the Isle of Man is well placed to make the changes required for its health and social care system to become an exemplar of integrated health and social care delivery and a model for others to follow. Numerous contributors to the Review, both service users and service providers, have voiced a desire to build on the work already undertaken by the DHSC to address the current challenges facing the health and social care system on the Island. However, it is widely recognised that to deliver this in a holistic and service user-centred manner will require a fundamental re-engineering of the current arrangements, a properly resourced plan and realistic timescale.

In order to attempt to ensure that the recommendations of this Review can be realised, it is my intention to outline some of the fundamental steps that would be required to do so. The resources required to undertake such a transformational programme should not be underestimated in terms of time, skills, money and management oversight but the prize for successfully doing so is great. Whilst my final report is a number of months away, I would suggest that the DHSC consider some immediate transformational funding to ensure that the current momentum for change is not slowed down.

Going forward the Review will undertake more detailed examination of the Isle of Man's health and social care services and costs and work will be undertaken to compare the Isle of Man's services and opportunities with similar geographic jurisdictions across the world.

I will bring forward my overall findings and recommendations in my Final Report in 2019.

Sir Jonathan Michael

6 December 2018

Annex A: Review Terms of Reference

Objective

The objective of the review is to determine change options for service delivery and funding to provide a modern, fit for purpose healthcare system for the Island.

The Review will build upon previous work, including: Beamans (2013); West Midlands Quality Review Service reports (2015-2018); and, the Tynwald-approved Department of Health and Social Care five year strategy (2015).

Specifically, the Review will consider the goals of the strategy and make recommendations, as necessary, to ensure that they remain valid and current. In addition, the Review will assess progress in delivering the goals of the strategy, report on where and why progress has been difficult and recommend additional actions, as necessary, to enable successful implementation.

In forming these terms of reference regard has been taken of the debate on the motion in January Tynwald a summary of which is include as Annex 1[6] to these Terms of Reference.

Governance

The Review will be led by an independent Chairperson who will have full editorial rights over the final report that will be provided to the Council of Ministers. The Chairperson will be supported by a Panel of consisting a range of skills, experiences and representative stakeholders as follows:

- Clinical:
  - Doctor
  - Nursing
- Senior officers:
  - DHSC
  - Social Care
- Political:
  - MLC
  - MHK
- 2 x Patient Representatives
- General Practitioners Representative
- Secretariat Administrative Lead

In compiling the report evidence will be gathered from Government, service users, service providers, the wider public and will include consideration of the operation of systems other than the English NHS.

The Review will run for a period of 12 months from April 2018.

Secretariat support for the Review will be made available by the Treasury and DHSC, including project management, data collection and, the development of working documents, records keeping, facilitation of

[6] Annex 1 to Terms of Reference available here: https://www.gov.im/media/1360952/healthcare-review-terms-of-reference-final-march-2018.pdf

stakeholder engagement and other functions as required. Where key skills or research is required that is not within the skillset of the Secretariat, external consultancy support will be procured.

The secretariat and Panel will work under the direction of the Review chairperson.

Scope

To meet these challenges, the Review will cover a number of areas and address a number of questions.

Review Areas

- The range, organisation and management of health and social care services provided by the DHSC or its contracted providers
- Management information, systems, governance and pace of change
- Workforce including recruitment & retention, culture, morale and balance of skills
- Quality and safety, including research & development and innovation
- Productivity including data and insight, digital and finance
- Interactions between health and social care services and other public services where relevant
- Essential and discretionary health services for an island population compared to those which cannot be provided and must therefore be commissioned elsewhere (mainly in England at present)
- The extent to which proven, evidence-based remote technology systems could be introduced so as to support or enhance essential and discretionary health services for an island population
- Comparisons with other healthcare systems in the British Isles (i.e. variants of the National Health Service) or overseas that have similar demands and geographical constraints but utilise different delivery models, organisational structures and approaches to involvement of the citizen

Review Questions

- To what extent is the current funding provided for the range of DHSC services realistic?
- How might the funding requirement change over the next 15 years?
- How can primary, secondary and tertiary healthcare assets be used better, and what new investment in these areas might be needed?
- To what extent should partnership and co-production with other public services, local authorities, the charitable sector and the private sector play a part in the delivery of healthcare services in the Isle of Man?
- Is the principle that health services should largely be free of charge still valid, and what sort of alternative system might be appropriate for the Isle of Man?
- Should charges for services be extended in scope, or should free of charge services be made available on a means-tested basis?
- How would the introduction of a healthcare system other than the National Health Service affect the quality and the sustainability of services provided by the DHSC?
- How can financial stability and sustainability be ensured without compromising the quality of care?
- What system would help determine where money should best be spent: e.g., should the Isle of Man move towards an English commissioner - provider model or other forms of delegated financial management systems?
- Should changes be made to current funding and co-payment methods: e.g. a hypothecated health tax, increases in National Insurance Contribution rates, lifestyle (“sin”) taxes etc.?

Reporting

Unless otherwise agreed in writing, an interim statement will be presented to Tynwald in January 2019, with a final report for Tynwald in May 2019.

The final report will be a public document that will set out recommendations, policy options and a summary of the evidence that has been gathered in reaching these conclusions.

Approved by Council of Ministers

22 March 2018

Annex B: Engagement

Stakeholder Groups and Individuals in Contact with the Review during 2018[7]

MEETINGS

Public

- Various (Tynwald Day)
- 34 participants at public workshops
- Chamber of Commerce
- Positive Action Group
- Rotary Club

DHSC Leadership/Management

- Chief Executive*
- Executive Leadership Team
- Community Care Leadership Team and Management Board
- Programme Office Manager
- Finance Managers (Community Care and Hospitals Directorates)
- Pharmaceutical Adviser
- Patient Safety and Quality Managers (Community Care and Hospitals Directorates)
- Hospital Patient Safety and Quality Committee
- Service Planning and Engagement Lead (Community Care Directorate)
- Commissioning and Contracts Manager (Community Care Directorate)
- Contracts and Business Operations Manager (Children and Families Directorate)
- Head of Commercial and Business Enterprise (Hospitals Directorate)
- Hospital Operational Managers
- Hospital Performance Manager
- Hospital Therapies Manager
- Hospital Therapies Management Team°
- Hospital Patient Flow Managers
- Western Integrated Care Pilot Project Team
- Manager, Family Practitioner Services
- Responsible Officers (medical revalidation)
- Lead Appraiser (acute care)°
- Manager, Drug and Alcohol Team and Children and Adolescent Mental Health Service

Deliverers of Care

- Community Therapies (Physiotherapy, Occupational Therapy, Podiatry and Speech and Language Therapy)

[7] Does not include Advisory Panel

- Thie Rosien Community Centre (including Southern Community Initiative, Thie Rosien Dental Clinic, Home Care, Reablement and Occupational Therapy, Bradda Resource Centre)
- Central Community Health Centre (including Salaried Dental Service, Continence Service, Community Adult Therapy, Paediatric Audiology, Long Term Conditions Coordinator, Older Persons Mental Health Service, Community Wellbeing Service)
- Ramsey and District Cottage Hospital
- Manannan Court°
- Thie Meanagh
- Greenfield Park
- Adult Social Workers
- District Nurses
- Health Visitors
- School Nurses
- Public Health staff°
- Children and Families Directorate
- Ambulance Services
- Clinical Directors
- Associate Medical Directors
- Hospital Consultants (various)
- Director of Medical Education
- Hospital Nurses and Health Care Assistants (various)
- Outpatient Nurses and Health Care Assistants
- Surgical Division
- Midwives°
- Obstetricians°
- Diabetes Centre
- Hospital Therapies (Children's Therapy, Outpatient Physiotherapy, Dietetics and Acute Therapy°)
- Stroke Unit
- Senior Sisters°
- Cancer Nurses°
- Hospital Pharmacy
- General Practitioners (various, plus visits to Castletown Medical Centre, Palatine Group Practice, Finch Hill Health Centre, Kensington Group Practice, Ramsey Group Practice and Peel Medical Centre)
- GP Adviser
- President, Isle of Man Medical Society
- Members, Isle of Man Medical Society°
- Dentists°
- Community Pharmacists
- Optometrists Association

Politicians

- Various (Review launch and Tynwald Day)
- Hon Howard Quayle MHK, Chief Minister

- Hon David Ashford MHK*
- Hon Alfred Cannan MHK*
- Hon Juan Watterson SHK
- Dr Alex Allinson MHK
- Mr Jason Moorhouse MHK
- Public Accounts Committee

Other Stakeholders

- Council of Voluntary Organisations (CVO) – larger charities
- CVO – smaller charities
- CVO – cancer charities
- Brookfield Care Home
- Matrons Forum
- Hospital Patient Representatives and Volunteers°
- Isle of Man Hospice
- Former Director of Primary Care
- Digital Transformation Team
- Future funding of residential and nursing care team
- His Excellency Sir Richard Gozney, Lieutenant Governor °
- Chief Secretary, Isle of Man Government
- Financial Controller, Corporate Strategy Division, Treasury, Isle of Man Government*
- Office of Human Resource (Head of Employment Services, Director of Learning, Education and Development and Organisational Design Specialist)
- University College, Isle of Man (Principal, Head of Education and Social Care, Principal Lecturer (at Keyll Darree) in Governance)
- Others (Tynwald Day)

Written Submissions[8]

- Mr Bill Henderson, MLC
- Head of Legislation
- Nine submissions from Third Sector organisations
- Five submissions from members of the public
- Seven submissions from DHSC staff members

Online Hub Contributions

- 183 ideas
- 431 comments

Note those marked * are members of the Sponsor Group. The Review Team and I meet regularly with the Sponsor Group to discuss progress and to enable its members to offer advice and guidance to the Review.

Note those marked ° have meetings scheduled or pending confirmation as at 6 December 2018.

[8] in addition to those met with and/or included in the online hub.

Annex C: Advisory Panel Terms of Reference

Objective

The objective of the Review is to determine change options for service delivery and funding to provide a modern, fit for purpose health and social care system for the Island. The Terms of Reference for the Review itself, which are applicable to the Chairperson, are included as Annex 1[9] to these Terms of Reference and outline further detail on the objective, governance, scope and reporting requirements.

The objective of the Advisory Panel is to support the Chairperson in completing the overall objective of the review by considering and providing opinion and comment on information submitted to it.

In forming both sets of Terms of Reference, regard has been taken of the debate on the motion in January Tynwald; a summary of which is include as Annex 2[10] to these Terms of Reference.

Advisory Panel Composition

The Advisory Panel responsible for supporting the Independent Chair in achieving the objective of the review will consist of a range of skills, experiences and representative stakeholders as follows:

- Health Care Professionals (eight)
    - Hospital Doctor
    - Hospital Nurse
    - General Practitioner
    - Community Nurse
    - Mental Health clinician
    - Social Worker
    - Public Health clinician
    - Allied Health Professional
- Department of Health and Social Care senior officer
- Member of the Legislative Council (MLC)
- Member of the House of Keys (MHK)
- Third Sector representative
- Senior business employer representative
- Private Care Provider representative
- Health Services Consultative Committee representative (lay member)
- Noble's Patient Experience and Quality Committee representative (lay member)
- Government Technology Services representative
- Secretariat lead

[9] Annex A to this Report.

[10] Annex 2 to Terms of Reference available here: https://www.gov.im/media/1363162/health-and-social-care-review-advisory-panel-terms-of-reference.pdf

Scope

The Advisory Panel is not an approval body but will provide support in the form of advice and opinion to the Chairperson, who will lead the Review and have full editorial rights over the final report.

The Advisory Panel will provide that support by absorbing information submitted to it in order to offer written and/or verbal opinion and advice, as well as any potential implications, to the Chairperson.

The Review's Secretariat and a Working Group will coordinate and undertake the research, stakeholder engagement, sourcing of specialist information and presentation of evidence throughout the course of the Review. The Working Group will be co-ordinated by the Head of Healthcare Review Secretariat and consist of internal and specialist consultancy support where necessary.

The output of the Secretariat and Working Group will be submitted to the Advisory Panel and Chairperson. The Advisory Panel will be required to consider these submissions, which will include relevant evidence, including that gathered from Government, service users, service providers, the wider public and relating to the operation of a variety of systems, on the review areas and questions included in Annex 1[11] to these Terms of Reference in order to provide the required support to the Chairperson.

Timeframe

The Advisory Panel will be requested to provide support at the Chairperson's discretion. This support will, predominantly, consist of participating in meetings, which will, initially, consist of a half-day meeting on a monthly basis. Advisory Panel members will be required to read and assimilate the evidence and documentation submitted to them in order to provide advice to the Chairperson at these meetings.

The Review will run for a period of 12 months from April 2018.

Publicity

The names of Advisory Panel members will not be specifically announced but will be available to the public and included on the Review's website where consent is given.

[11] Annex A to this Report.