# Minutes of South West Clinical Senate Council

Held on Thursday 14th May 2015
At the Taunton Rugby Football Ground

# Meeting Notes

**Present:**

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| **Vaughan Lewis, Core Senate Council member and Chair** | Bridget James, Bristol CCG representative |
| Marion Andrews-Evans, Senate Council member | Georgia Jones, Senate Council representative |
| Emily Arkell, Guest Speaker | Bruce Lawrence, Senate Council member |
| Sally Arnold-Jones, Guest Speaker | Peter Mack, Swindon CCG representative |
| Mary Backhouse, Senate Council member and North Somerset CCG representative | Simon Mathias, Senate Council and Citizens' Assembly member |
| Sunita Berry, Core Senate Council member | Shelagh McCormick, Core Senate Council member and Vice Chair |
| Tim Burke, NEW Devon CCG representative | Anne Morris, South Gloucestershire CCG representative |
| Geraint Day, Senate Council member | Sally Pearson, Senate Council Member and Speaker |
| Sara Evans, Senate Council member | Colin Philip, Kernow CCG representative |
| Caroline Gamlin, Core Senate Council member | Sarah Redka, Minutes |
| Lawrence Goldberg, Guest Speaker (presentation only) | Alex Rowe, South Devon and Torbay CCG representative |
| Paul Goodwin, Somerset CCG representative | Debbie Stark, Senate Council member |
| John Graham, Senate Council member | Christine Teller, Senate Council member, Citizens' Commissioner |
| Ulrike Harrower, Senate Council representative | Stuart Walker, Senate Council Member |
| Susan Hawkins, Senate Council member | Dan Williams, Senate Council member |
| William Hubbard, Senate Council representative | Paul Winterbottom, Senate Council member |

**Apologies:**

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| Trevor Beswick, Senate Council member | John Miskelly, Senate Council member |
| Tracey Cox, Senate Council member | Linda Prosser, Senate Council member |
| Diane Crawford, Senate Council member | Ann Remmers, Senate Council member |
| Paul Eyers, Senate Council member | Guy Rooney, Senate Council member |
| Sue Dolby, Senate Council member | Andy Seymour, Senate Council member |
| Carole Gray, Senate Council member | Ray Sinclair, Senate Council member |
| Derek Greatorex, Senate Council member | David Slack, Senate Council member |
| Depak Gupta, Senate Council member | Emma Stapley, Senate Council member |
| David Halpin, Senate Council member | Sanjay Vyas, Senate Council member |
| Paul Hardy, Senate Council member | Jayne Weare, Senate Council member |
| Rebecca Harriott, | Margaret Wilcox, Senate Council member |

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| **1.1** | **Welcome, introductions and business items** |
| | Round table introductions – attendance and apologies listed above. Welcome to Clinical Commissioning Group (CCG) representatives who attended. |
| **1.2** | **Public attendance and recording of meeting** |
| | There was no public attendance at the meeting. The meeting was recorded for the purpose of minute taking. The recording will be deleted after the minutes have been agreed. |
| **1.3** | **Minutes from last meeting** |
| | The minutes from 15th January 2015 meeting were agreed. |
| **1.4** | **Undeclared conflicts of interest (COI)** |
| | Attendees were offered COI forms for this meeting.<br>VLewis stated a new potential conflict related to his appointment as Clinical Director of Specialist Commissioning for NHS South. There were no objections from those present to VLewis continuing to chair the meeting. |
| **1.5** | **Update on NHS England review of Senates** |
| | Although the exact structure of the Senates has not yet been confirmed, it is thought that the current footprint will be maintained. There may be a move to align the operating principles nationally and to coordinate each Senates work plan. The Senates are likely to have a greater role in the service reviews. |
| **1.6** | **Update on NCAT review process** |
| | The Senate Review process is for provision of early clinical advice for planned major service changes. This includes phase two clinical assurance reviews which are part of the NHS planning process. The Senate's role is to agree the terms of reference (ToR) for any review, not to implement the changes. However, Senate members may be called on, as experts, to conduct a review for another area.<br>The Council queried whether the review proposals emerging locally meet with the requirements of the review model?<br>It was suggested that the Senate Council have a sub group to look at review proposals and work with Commissioners to decide what to address.<br>Each CCG in attendance was asked what would be a useful output of the Senate Reviews:<br>• Provision of service specification, but hard to change the process.<br>• Looking at different ways of working with primary and secondary care.<br>• Provision of structure to ensure reviews completed correctly.<br>• View on the approach that gives opportunity to think of services that are agnostic to current service and providers.<br>• Move towards five year forward view map – achieving position of capitated budgets and outcomes and providers.<br>• Professional buy in.<br>• Start to look at operationalising.<br>• Question clinical support.<br>• Geographical constraints that could influence between hospitals and services.<br>• Geographical element is important. |

| 1.7 | **Senate Chair** |
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| | This was the last Senate Council meeting in which VLewis was attending as Chair. The process for appointing a new Chair will proceed soon. The Chair is open to all clinicians in the region and is a one day (2 sessions) per week position. |

| | **The Senate Council received the following presentations: (all will be available on SW Senate website here http://www.swsenate.org.uk/ )** |
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| **2** | Introduction: Vaughan Lewis introduced the topic.<br>*Can the Clinical Senate assure South West CCGs that the clinical co-dependencies described by the South East Clinical Senate are appropriate to support comprehensive, timely, high quality and safe acute hospital based services?* |
| **3** | **Co-dependencies: developing the framework**, Laurence Goldberg, Chair of the South East Clinical Senate (SECS), joined the meeting via web ex to present this.<br>Questions/comments from the Council:<br>Q) Have any organisations used the review to map their own service to develop a gap analysis of urgent care?<br>A) Not that SECS are aware of. However, the configuration of stroke care is being considered in all SEC counties.<br>Q) If a service does not need to be hospital based, are you looking at the advantages of moving to the community?<br>A) Still need the ability to provide specialist care.<br>Q) As part of the review, did you get to the point of discussing hospitals which do not have an A & E?<br>A) If A & E not needed to support a service then we have looked at 'what do you need?'.<br>Q) This review may challenge the traditional view of GP, Secondary and Provider model?<br>A) Stand-alone centre has unique clinical requirements. This has not been looked at but it will need to be. |
| **4** | **One hospital with a long corridor – The Gloucester/Cheltenham experience**, Sally Pearson, Director of Clinical Strategy, Gloucestershire Hospitals NHS Trust. |
| **5** | **Facing the Future: Together for Child Health,** Emily Arkell, Policy Lead, Royal College of Paediatrics and Child Health (RCPCH).<br>Questions/comments from the Council:<br>Q) Only a small number of GP's undertake paediatrics placement during rotation.<br>A) Confirmed figures are: 40% in the south and 50% in north of the South West (SW) patch do six months paediatrics training.<br>C) From the GP perspective, paediatrics training is hard to achieve due to acute trusts being so busy. The training is extremely important for reducing emergency admissions – confidence to make a call.<br>C) There are strong cases to be made for certain areas to be made part of initial training. Those trainees who do not do Paediatrics in hospital gain their paediatric competencies in GP practice training<br>C) Facing the Future does not mention child mental health and there was no input from a mental health professional which is a missed opportunity for parity of esteem.<br>**Action: EArkell will take this feedback back to the RCPCH.** |

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| **6** | **Getting co-dependencies right: Impact on the wider system,** Sally Arnold-Jones, Clinical Development Manager, South West Ambulance Service (SWAST).<br>Q) To what extent would you be able to link at corporate and commissioning level regarding the whole system changes and the individual patient pathway?<br>A) There are good relations and engagement with CCGs and external partners.<br>Q) The SW has the lowest conveyancing rates to acute in the country with some patients going to providers. How receptive are the providers to this added pressure on the primary care providers?<br>A) Quite receptive. GP's are proactive about getting their patients back and there are lots of pathways in order to keep this to a minimum. |
| **7** | **Citizens' Assembly response**, Christine Teller, Citizens' Commissioner.<br>The Citizens response to the report was taken from the Citizens Assembly members opinions and from the groups they network with.<br>Main discussions:<br>• Patient and Public Involvement (PPI) required in the design as well as implementation of service changes. No evidence of early PPI involvement in the SEC review.<br>• Not to loose sight on where and how follow up services to be delivered.<br>• Need to be clear which organisation would lead on implementing changes.<br>• Lack of understanding of the bronze and gold service terminology and general consensus that this is not a positive or useful terminology. Instead it needs to be thought of in term of being: the right care, right time, right place with the addition of right for the person/patient. |
| **8** | **Deliberation** |
| | The Senate Council deliberated the topic.<br>Main themes and discussions:<br>• If commissioning used the SECS review to frame debates about service reconfigurations, would it help/get used in the way it is set out now? CCG response is that yes it could be used as a reference document/starting point but further detailed research in to the local area would be required.<br>• If the SECS review was used, could a plan be formed to provide patients with what they want? Yes it could be used as a blueprint for a gap analysis for the decision process to ask if they can provide what the patient wants.<br>• There is a question about the size of the population and skill mix of the staff in the area being reviewed. It does not address specific demographics.<br>• The SECS review provides a 2D view. A frequency and demand dimension could be added.<br>• It appears to have a narrow medical perspective and the whole picture is bigger.<br>• The differences between South East and South West are considerable.<br>• The outcomes of the review (the grids) could be used to share with the public to support the decision making process and could perhaps describe to the public the complexities of service provision. However, it was generally felt that the current grids format was not suitable/helpful for the general public – needs to be simplified.<br>• The SECS findings could be used for wider PPI engagement if developed into a coloured map for the SW as a simple map analysis. This would be of use as part of the evolving emergency care network. |

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| | • The outcomes of the SECS report are time limited and research would need to be refreshed and findings altered over time due to advancements.<br>• The report is a useful tool to be used alongside other tools for service reconfiguration. It enables an informed discussion.<br>• The report is a great tool for looking at and assessing existing relationships. It is a starting point to which community and nursing services could be added to. Although the matrix could become too big to be useful.<br>• Teaching, training and research are not reflected on the matrix and lines about service sustainability for supporting services needs to be factored in.<br>• The report can be used to educate stakeholders to issues of co-dependencies. |
| **9** | **Summary advice** |
| | The Senate Council agreed that the advice issued from this deliberation could take the form of a list of questions which support the use of the SECS findings as a tool. The question/advice points highlighted are:<br>1. Consideration of training and services when assessing local services.<br>2. If using the tool, who are you using it with? Think about the value of engaging a broader group of stakeholders, prompting PPI, do you have an ambulance and commissioning representative involved?<br>3. Is the group reviewing services made up of a broad group of professions not just clinicians?<br>4. Use with caution and think of all the other things that you use with it.<br>5. Does it help with regards to addressing long term conditions? It is limited as it is a statement about now only and requires constant refreshment.<br>**Action: VLewis will develop the draft statement of advice for commissioners by 25 May 2015.** |
| **10** | **Close** |
| | CGamlin thanked VLewis for his excellent leadership as Chair of the Senate and wished him well for his new position within specialised commissioning.<br>**Action: SRedka to circulate draft minutes and statement of advice to council members for comment by 25 May 2015.** |