NHS
South West
Clinical Senate

Notes from Senate Council Meeting

Held on **Thursday 13 July 2017**

at Taunton Rugby Club

Chair: Dr Phil Yates

1.	**Welcome and introductions**
	PY welcomed Senate Council members, including new member Jane Mitchell and guest presenter Sue Edwards. Round table introductions – attendance and apologies listed at the end of the notes. SP declared a COI in relation to her role in the Gloucestershire STP transformation due for review by the Senate Council. This was noted but did not exclude SP from the discussion.
2.	**Business Items**
	PY confirmed that the output from today's meeting would be used at the Gloucestershire Acute Service review that is being held next week (Tue 18 and Wed 19 July 2017) PY gave a round-up of feedback from the last Senate Council meeting "Fitness for Surgery". Feedback from other senates and clinicians is that the recommendations were clear, succinct and useful and Clinical Senate Manager Sue Edwards gave the opinion that it was a "great piece of work". These Clinical Senate recommendations have been circulated widely with CCGs, STP Leads, providers and NHS England Comms team. PY also updated the Council members that he and Ellie Devine will be presenting the "South West Emergency General Surgery review" to the South East Clinical Senate in September. PY informed the group he will be resigning as Chair of the Clinical Senate, stepping down from September. He thanked the Council for all their input and hard work and said that being Chair had been a great experience. PY advised that a replacement Chair was being sought and encouraged applications from current Senate Council members. He gave a brief outline of the role and advised that he is happy to discuss individually. **Action : ED to issue a Job Description and Person Specification.** The expected timeline is : • Applications by end of Sun 06 Aug 2017 • Interviews to be held Wed 30 August 2017 • Commence duties early September 2017 PY gave an overview of the changes within NHS England, with the South region split into the SE and SW patches. This is an informal split designed to make managing the work of the whole south region easier. There are currently no plans to change the Senate boundaries, Dorset will remain part of the Wessex Senate.

	NHS England and NHS Improvement are to begin to work collaboratively. Beginning with some joint appointments across these organisations they will work towards further alignment. It was noted that there is some uncertainty how alignment will be brought about with ACS's (Accountable Care Systems) and whether the emergence of ACS would ultimately replace STPs.
3	**Topic: Principles for Acute Service Transformation in the South West**
3.1	**Acute Context in the South West**
	PY presented this. Presentation slides available from the website: http://www.swsenate.org.uk/ A large part of the Senate's remit is to provide clinical reviews of plans for service reconfiguration as part of the NHS England assurance process. Following early involvement, the clinical Senate's role is to support, challenge and scrutinise plans for large scale service change to ensure the clinical model stacks up. Issues that have arisen from review of SW Acute services are that pre-consultation business cases can be voluminous but not detailed enough with implementation plans appearing under-developed because, at the stage of being reviewed by the Senate, the CCG are presenting options which are not worked up into operational detail until after public consultation. However, some detail is required for the Senate to fully consider the options. Workforce is a key recurring issue. It was noted that the Senate should consider the role of Specialised Commissioning in acute service reviews. It was also noted that STPs need to consider trans-local services (those that reach outside of boundary / footprint).
3.2	**Draft Principles**
	At the Senate Assembly conference in March, one workshop began to develop principles for acute service transformation. These draft principles were circulated to the Senate Council. The aim of this meeting is to further develop these draft principles for acute service reconfiguration, building on those developed for community reconfiguration and those recently developed by the Citizens' Assembly. Queries were raised as follows: • Should principles be for acute and community services separately, or should there be a set of principles that apply to all reconfiguration? The Senate Council members agreed that although the focus of each individual review may be on acute or community reconfiguration, it is not possible to review plans in isolation, a whole system approach is essential. Following development of principles for acute reconfiguration, the Senate will work towards developing combined principles for whole system change. • Does "Acute" services cover all hospital services? For the purpose of these acute principles, the term 'acute' refers to all services provided within the hospital setting. • Should the Senate consider that STPs and ACSs are not legally accountable?
3.3	**Workforce**
	PY presented the 'workforce overview' from data provided by Derek Sprague and Tony Overd from Health Education England (HEE). Staffing levels from two groups were highlighted: Employed hospital staff data from ESR and NHS Digitals 'General Practice Workforce' from a September 2016 paper.

	It was commented that outstanding vacancies should be in these figures to give a true reflection of staffing. It would also be useful to have the recruitment gaps split by speciality. Furthermore, it would be useful to see the modelling of the expected future staffing, e.g. number of current staff likely to be in post in five years' time. Queries raised : • whether Allied Health Professionals (AHP) data had been captured and could this be separated from nursing figures • are the figures per individual or whole time equivalent (WTE) There has been some research into Workforce in General Practice in the Exeter area. **Action: B Kluettgens to share this research with the Council.** There was discussion about the lack of training opportunities and the impact of this on recruitment. Concern was raised that the STP plans mostly state workforce issues as a driver for change however the solutions offered are based on increasing the workforce. Investigation is required into failing recruitment, what the levels are within the South West localities and what incentives have been used to try to solve these recruitment issues. All agreed that workforce is key; if the workforce is not available, a service cannot be delivered. As workforce is a cause for concern, the Senate Council members agreed it would be appropriate for workforce to be considered as a topic for a future Senate Council meeting.
3.4	**Pre-Reading**
	Prior to the meeting, the following documents were circulated to the Senate Council members: 1. Operational productivity and performance in English NHS acute hospitals: Unwarranted variations - An independent report for the Department of Health by Lord Carter, 2016 2. Paths to Population Health, KPMG, 2015 3. The Effectiveness of Clinical Networks, BMC, 2015 4. The Reconfiguration of Clinical Services, King's Fund, 2014 5. Consolidation Articles, The Bulletin, April 2017 6. Effective Networks for Improvement, The Health Foundation, 2014 7. Draft Principles for Acute Service Transformation 8. Citizen's Assembly Principles for Reconfiguration
4.	**Case Study of the Essex "Success Regime"**
	Sue Edwards, Head of Clinical Senate East of England (EoE) gave a presentation to the Council of the recent approach taken in Essex when reconfiguring acute services that included 18 review panels. These presentation slides are not to be shared outside of this meeting. The EoE Senate findings were: • Information was overwhelming • Travel assessments were unrealistic • Data was inconsistent • Lacked new information, basis very much on existing functions • Reluctance to plan before public consultation • The only options to be presented should be those that have a real possibility of implementation.

	A consultancy team was commissioned to produce the business case and options. The model did not therefore emphasis clinical needs/recommendation which resulted in gaps and lots of concerns being raised by the Senate. The conclusion for future panel reviews: • Terms of Reference (ToR) must be clear. • Workforce is a key issue. Site visits are useful to gain more information and for the panel to gain a balanced view of the proposals. • Senate role to inform assurance that described patient pathways can be delivered. • Pace of change leading up to consultation needs to allow time for development of implementation plans which are needed to help identify preferred options/ • Consultancy teams to be used with caution.
5.	**Public and Patient Perspective**
	K Dixon and L Allen attended representing the Senate Citizens' Assembly. KD outlined that the Citizens' Assembly is made up of Healthwatch representatives from each of the localities within the South West with whom contact and involvement is maintained. KD and LA presented the Principles for Developing Reconfiguration Proposals which the Citizens' Assembly (CA) developed at their 28th June meeting. At this meeting, following group work and facilitated discussion, a list of 16 themed key criteria was collated and the CA members ranked their top 5 criteria. The CA principles for service reconfiguration are available from the SW Senate website here: http://www.swsenate.org.uk/ The general questions raised were : • What is the public feeling about reconfiguration? • Does it appear that the public fully understand the changes being considered? • It was noted that the CA principles concurred largely with the key themes emerging from clinical discussion. It was agreed that not all proposals are always fully and clearly explained within the documentation provided for review. The public often do not understand the issues behind and implications of proposals. In order to ensure that the public do not receive mixed messages, it is important for the message to be clear and honest. The public may not understand the challenge is to provide sustainable healthcare services and therefore it is essential that the public are convinced that the current option is no longer viable so changes must be made.
6.	**Group Work – Case Study**
	The Senate Council split into 3 working groups to look at the following case studies: • London (Ealing) – Phil Yates • Cumbria – Caroline Gamlin • Dorset – Ellie Devine Each group discussed the evidence and responded to the following questions, taking into account pre-reading sent out ahead of the meeting. They considered the following and were asked to feedback additional principles that their group identified in discussion 1. Summary of proposed acute transformation 2. Main Issues / Risks Identified 3. Which two elements of the draft acute reconfiguration principles are most relevant? 4. What two key concerns or recommendations does the group have for the next steps? Or what could have been done differently?

7 & 8	**Group work feedback and recommendations prioritisation**
	Each group fed back the key themes that had arisen. There was much consensus between the groups. The key criteria were scribed onto flipcharts, council members were then asked to select their top five of these key criteria and rank the importance of their chosen 5 from 5/High Priority to 1/Lower Priority. The highest scoring criteria will form the basis of the principles for acute service reconfiguration (which will be circulated separately). The case study documentation and notes from each group are available on request. These criteria will be consolidated and combined into one encompassing set of Reconfiguration Principles.

Attendance:

Lance	Allen	Citizens Assembly member	Invited
Marion	Andrews-Evans	Executive Nurse	Senate Council Member
Malcolm	Dalrymple-Hay	Consultant Surgeon. Service Line Director	Senate Council Member
Ellie	Devine	Senate Manager	Senate Team
Kevin	Dixon	CA Chair	Senate Council Member
Sue	Edwards	Clinical Senate Manager, East	Guest Presenter
Melanie	Feldman	Consultant colorectal surgeon	Senate Council Member
Laura	Franklin	SW Senate Administrator	Senate Team
Caroline	Gamlin	Area Team Medical Director	Senate Team
David	Halpin	Consultant Physician & Honorary Associate Professor	Senate Council Member
Georgia	Jones	Head of Peninsular Foundation School	Senate Council Member
Joanna	Kasznia-Brown	Consultant Radiologist	Senate Council Member
Nick	Kennedy	Consultant Anaesthetist and Intensivist	Senate Council Member
Bettina	Kluettgens	Director of Patient Safety	Senate Council Member
Ben	Lankester	Consultant Trauma and Orthopaedic Surgeon and Clinical Director	Senate Council Member
Bruce	Laurence	Director of Public Health	Senate Council Member
Andria	Merrison	Consultant Neurologist	Senate Council Member
Jane	Mitchell	Professional Lead for Physiotherapy	Senate Council Member
Dave	Partlow	Clinical Development Manager	Senate Council Member
Sally	Pearson	Director of Clinical Strategy	Senate Council Member
Sarah	Redka	Senate Administrator	Senate Team
Peter	Rowe	Consultant Nephrologist	Senate Council Member
Mark	Stone	Pharmacist Consultant/Devon LPC Project Lead	Senate Council Member
Paul	Winterbottom	Consultant Psychiatrist	Senate Council Member
Phil	Yates	Chair	Senate Team

Apologies:

Mary	Backhouse	Chief Clinical Officer	Senate Council Member
Diane	Crawford	Lead Scientist and Director of Medical Physics and Bioengineering	Senate Council Member
Katie	Cross	Consultant General Surgeon	Senate Council Member
Sara	Evans	Consultant Geriatrician	Senate Council Member
Paul	Eyers	Vascular Surgeon	Senate Council Member
Aileen	Fraser	Clinical Director	Senate Council Member
Clare	Hines	Associate Director Workforce Strategy & Planning and Deputy Local Director - South West	Senate Council Member
William	Hubbard	Consultant Physician and Cardiologist	Senate Council Member
Ceri	Hughes	Consultant Head and Neck Surgeon	Senate Council Member
Vaughan	Lewis	Clinical Director	Senate Council Member
Ann	Remmers	Maternity and Children's Clinical Director	Senate Council Member
Philip	Rolland	Consultant Gynaecological Oncologist	Senate Council Member
Debbie	Stark	Public Health Healthcare Consultant	Senate Council Member
Andrew	Tometzki	Consultant Paediatric Cardiologist	Senate Council Member
Miles	Wagstaff	Consultant Paediatrician, Neonatologist	Senate Council Member
Tariq	White	Assistant Director of Transformation & Outcomes	Senate Council Member
Margaret	Willcox	Chair	Senate Council Member
Jenny	Winslade	Chief Nursing Officer	Senate Council Member