

Speed Networking

- Broad Experience (relating to citizen involvement and health and social care)
- Groups you link with
- Why you got involved with Healthwatch and the CA

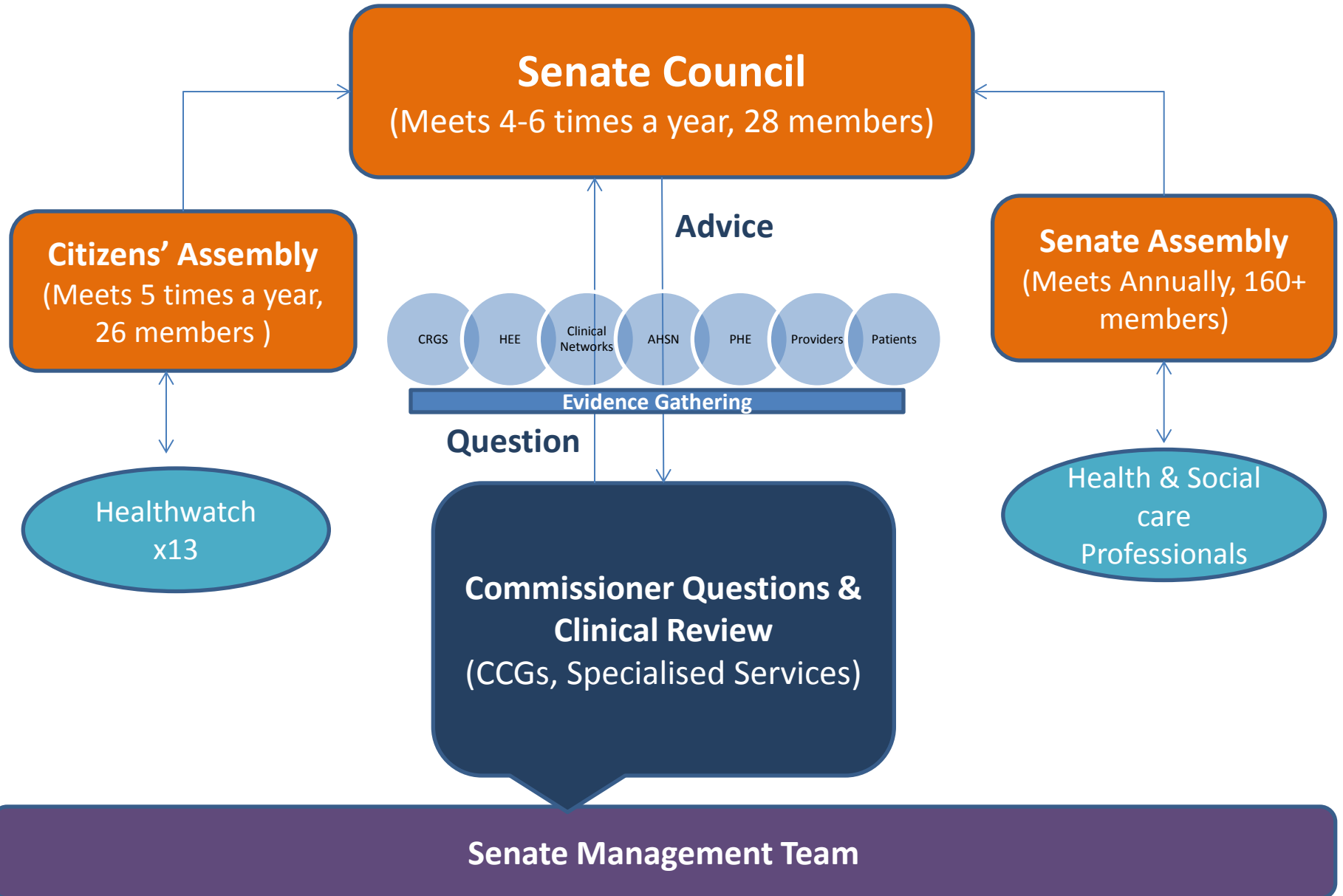
The Clinical Senate and the Citizens' Assembly

South West Citizens' Assembly Development Day

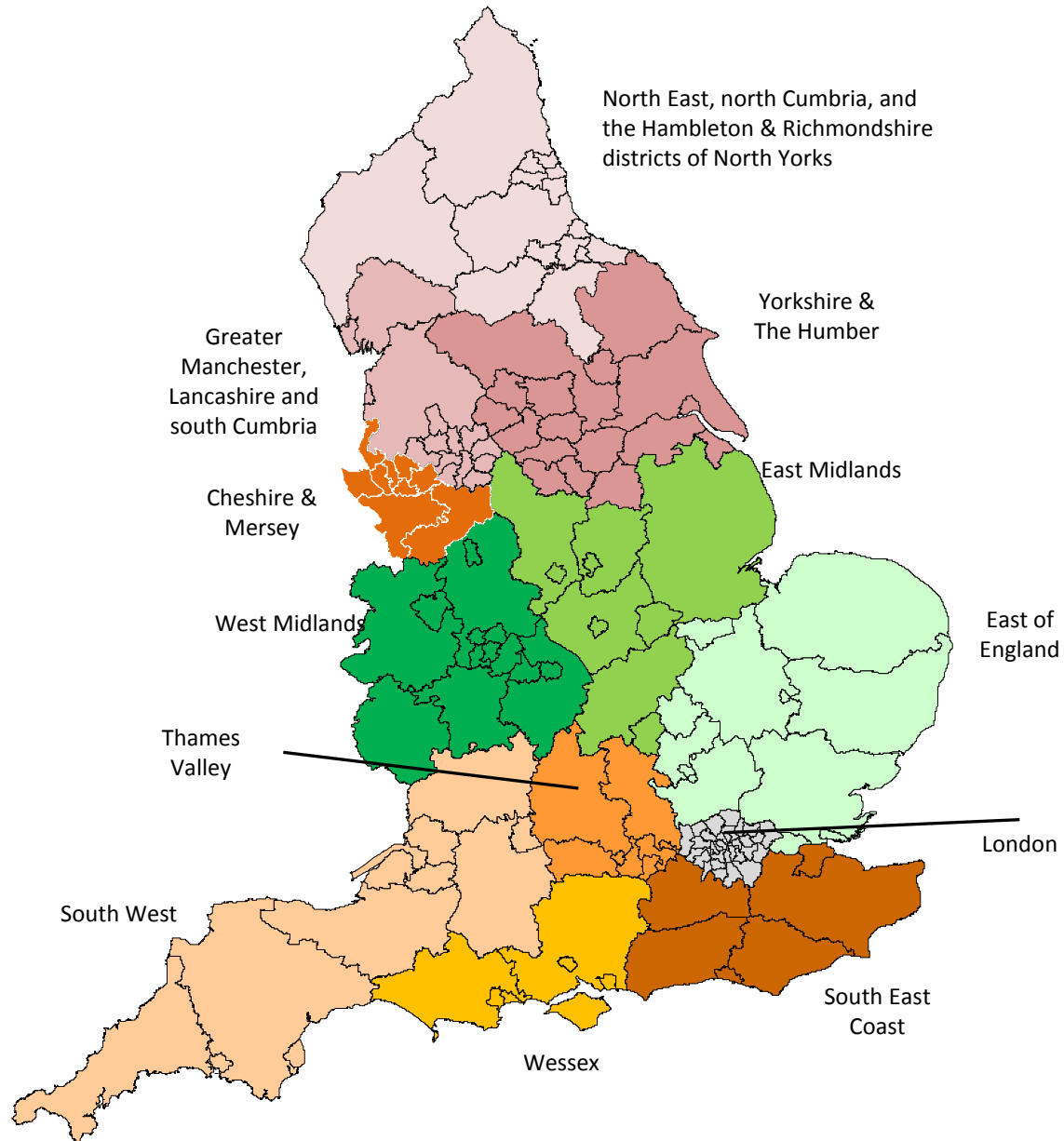
Dr Phil Yates

19th July 2016

The South West Clinical Senate



Clinical Senates Map



South West Clinical Senate



- 11 CCGs
- 13 Healthwatch Organisations
- 2 CSUs
- 14 Acute Trusts
- Over 30 providers

Advising Commissioners

- Free resource providing strategic clinical advice to commissioners
- Unique access to expertise and overview from healthcare professionals across the region
- Strengthens the contribution of the patient voice in commissioning decisions
- Provides a growing repository of advice that is openly accessible

Advice to Date

- Specialised commissioning principles
- Model for HIV network
- Acute to community interface
- Emergency surgery
- Community services transfer
- Public health interventions
- Critical co-dependencies of acute services
- Mental health service reconfiguration
- Surgical decision making at MDT
- Clinical Reviews

www.swsenate.nhs.uk

The Citizens' Assembly – public and patient voice

- Representatives from 13 Healthwatch organisation areas
- Not all Healthwatch representatives
- Citizens' Chair/ Deputy Chair and one other member (depending on topic) to attend Senate Council meetings

The Citizens' Assembly – public and patient voice

- Provide a patient and carer perspective on topics, questions and evidence prior to Senate Council meetings. This may include;
 - suggesting evidence to review
 - gathering views using the 'network of networks'
 - Formally commissioned surveys etc
 - As part of existing role (speaking with Healthwatch colleagues, identifying existing research)
- Share advice with patients and the public following Senate Council meetings.
- Identify future topics or questions and liaise via Healthwatch with commissioners to refer into the Senate Council.
- Sitting on Clinical Review Panels

Clinical Assembly Member Role



Sarah Redka, Clinical
Assembly Lead

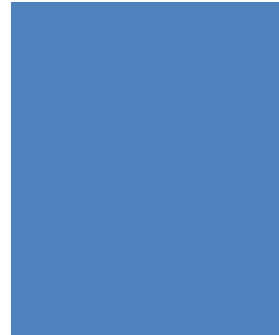


Citizens' Assembly Member Role

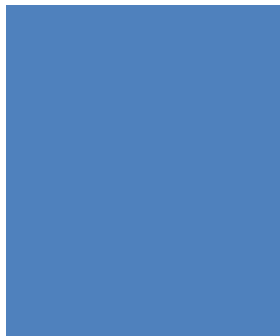
- To champion the diversity of patient and public views (not only represent their personal experience) and bring appropriate challenge to meetings.
- Bring local updates to the group to help identify shared priority topics to suggest local CCGs take to the Clinical Senate.

- Attend CA meetings
- Read and comment on papers circulated
- Communicate with Healthwatch and patient networks
- Share Senate advice
- Comply with The Seven Principles of Public Life
- Join relevant workshops
- Attend Senate Council when required and Senate Assembly
- Contribute to Senate reviews when required

Clinical Senate Reviews



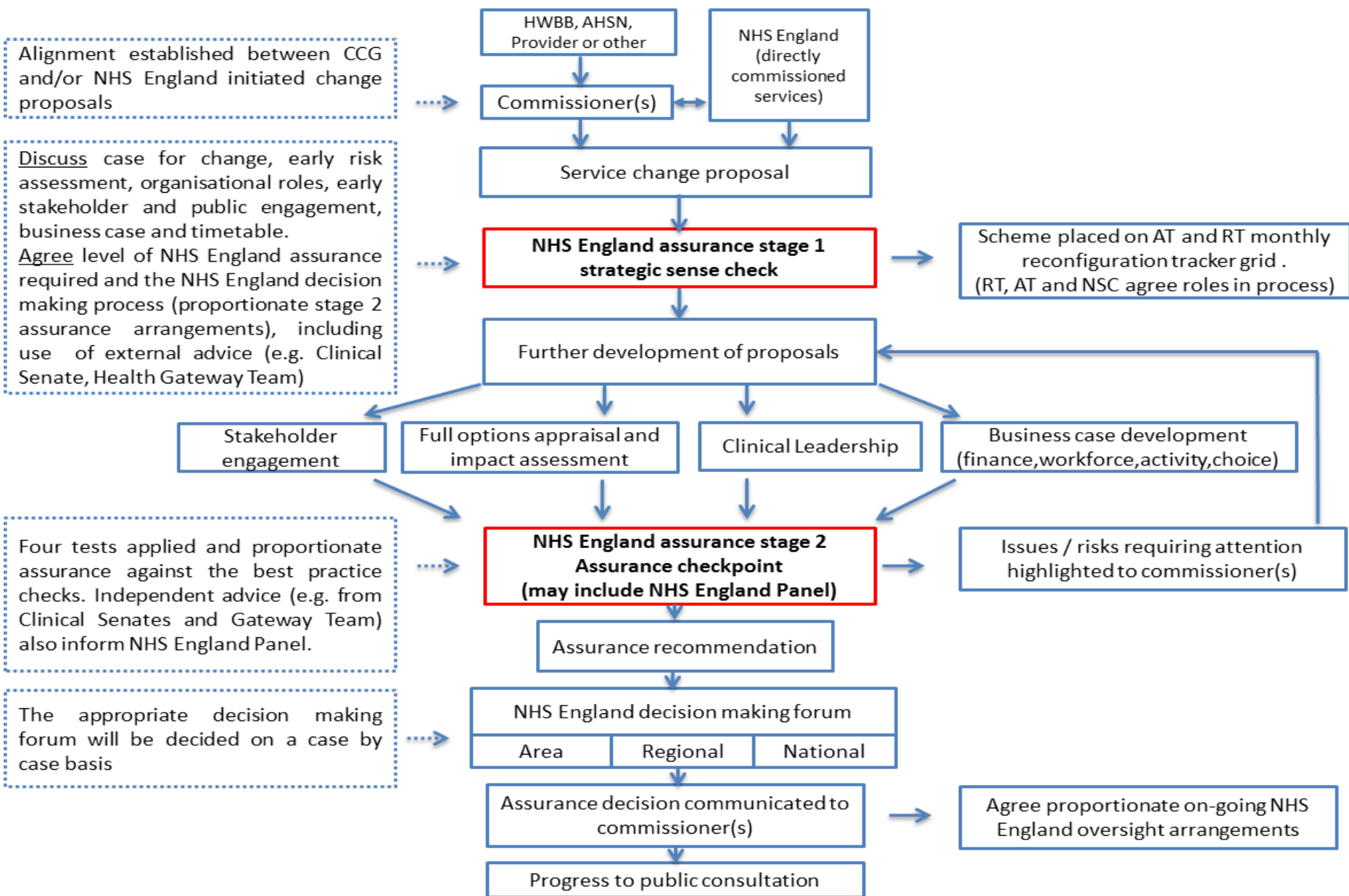
Ellie Devine, Senate
Manager



Clinical Reviews

- NCAT (National Clinical Advisory Team) ceased to function as of 1st April
- 12 Senates across England take on role of National Clinical Advisory Team
- Senate develops Clinical Review Panels to consider Clinical Evidence base for large scale service change as independent part of the NHS England assurance process
- Will work with other Senates to develop out of area panels
- Senate Council to agree TOR for each review team and sign off final report
- Every review panel should have a patient rep

The NHS England Assurance Process



The assurance process exists to check large service change proposals against 4 Department of Health tests;

1. Strong public and patient engagement
2. Consistency with current and prospective need for patient choice
3. **A clear clinical evidence base**
4. Support for proposals from clinical commissioners

The clinical senate is set up to provide independent clinical review and assurance against test 3, a clear clinical evidence base.

NHS England has two assurance checkpoints for any large scale service change plans;

- the stage 1 strategic sense check
- the stage 2 assurance checkpoint.

Service change has to pass stage 2 before it can go to public consultation
Following public consultation a model of care is agreed and can be implemented.

Prior to Stage 1 commissioners are advised to seek 'early advice' from the Clinical Senate – early review of clinical case for change and proposed model (small working group)

Prior to Stage 2 commissioners are advised to plan for clinical review by the Senate.

Size of proposed change, clinical engagement to date and findings of sense check will influence the extent of any clinical review.

Lots more reviews being asked of the Senate, STPs will lead to more.

Senate should have 12 weeks notice of a review – we are about to share a framework to outline how reviews work

Terms of Reference



Review Panel



Documentation (Clinical Case for Change, Model of Care, Pre Consultation Business Case)



Literature Review



Site Visits



Panel Meetings

The panel will specifically look at;

1. Is the change based on a clear evidence base?
2. Is the clinical case for change robust?
3. Does national and local evidence fits with the model of care proposed?
4. The rationale and development of the proposed option and other options considered.
5. Clinical benefits and limitation of the proposed option.
6. Will the model of care improve the quality of care?
7. Is the transformation clinically led?

Question

What is the role of a
Citizens' Assembly
member on a Clinical
Panel?





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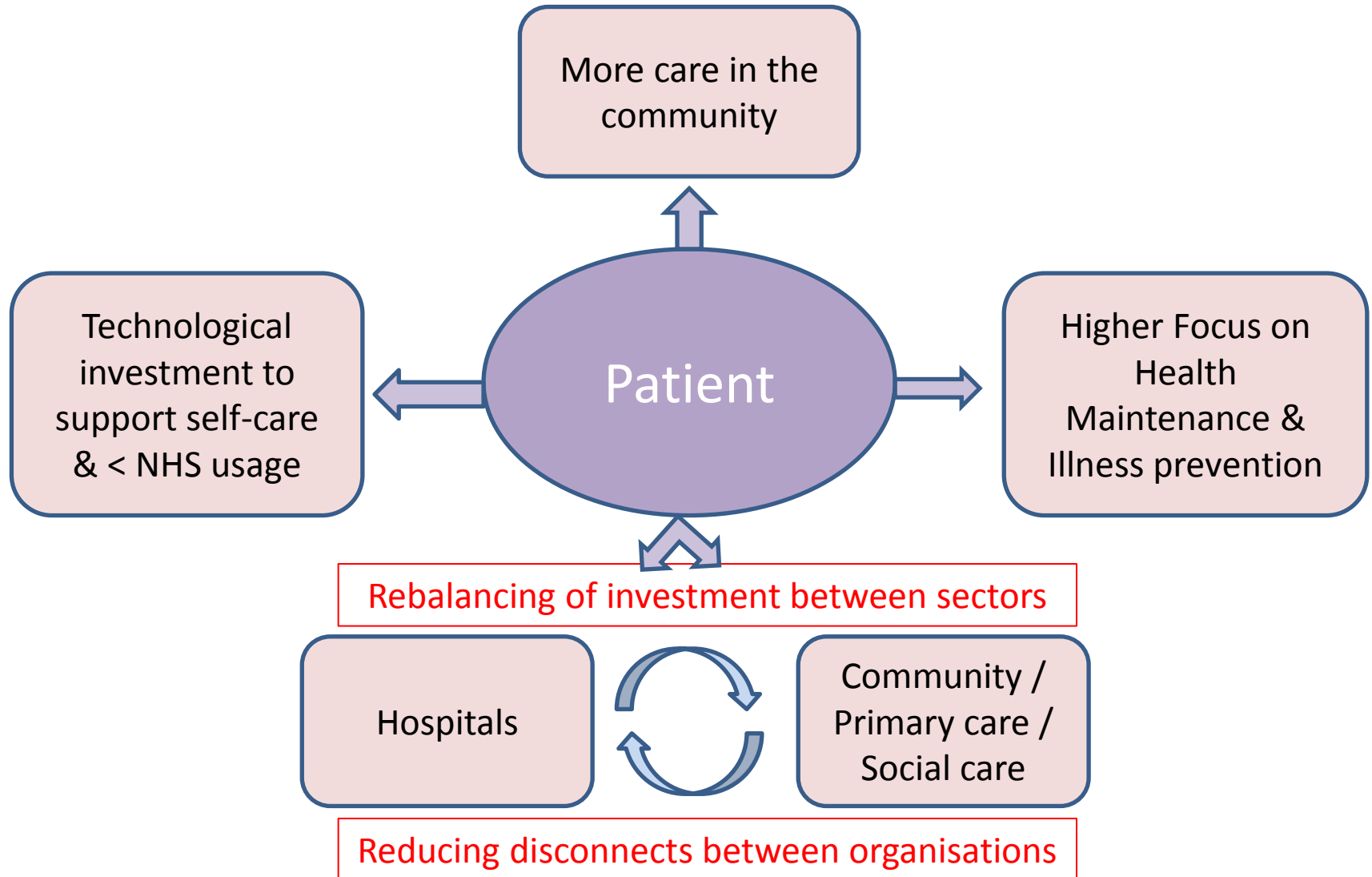
Changes in the NHS

South West Citizens' Assembly
Development

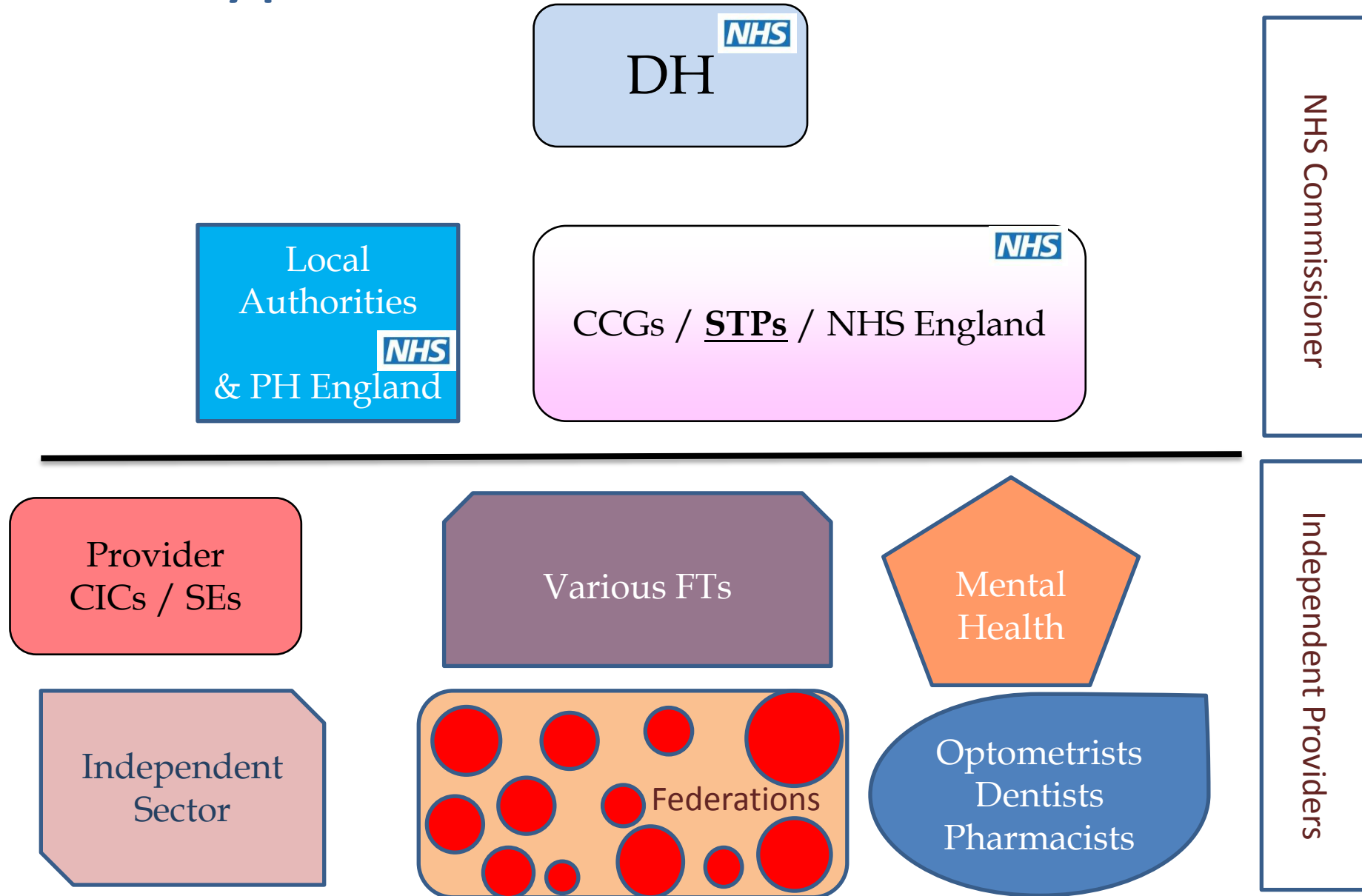
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Main thrusts of the 5-Year Forward View



Drive towards larger medically-based community providers



Re-modelling 'Out-of-hospital' Care

Present

1 ⁰ Care	2 ⁰ & 3 ⁰ Care
GP led	Consultant led
All undifferentiated illness Little cross referral Limited long-term conditions (LTCs)	Most access to diagnostics Acute management major conditions Long-term follow up of many LTCs

Future

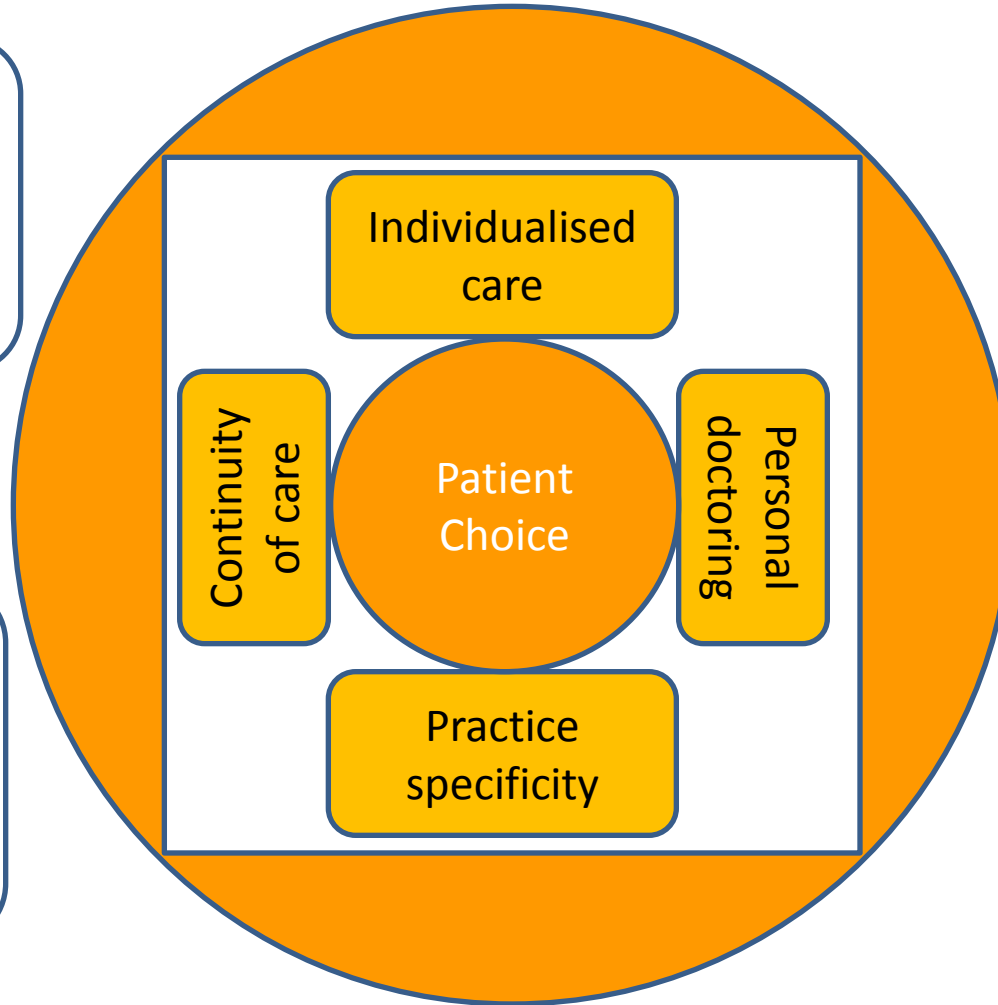
Pre-primary	1 ⁰ & Community delivered		2 ⁰ & 3 ⁰
SSD / Pharmacist / Nurse	GP	Consultants	
Web-based advice; self-help tel, email & SMS; expert patient; community & 3 rd sector support	Assessing risk Minor illness & injury Specialist nurses LTCs & social care Telemedicine Telehealth	Diagnostic uncertainty 1 st diagnosis Complex problems Follow ups Sub-specialisation Multiprofessional teams	Major surgery High-tech interventions True 'consultancy' Teaching & support

The case for 'scaled up' organisations

Prohibitive contracting costs for small organisations

Restricted primary care expertise e.g. finance, legal, HR, strategic.

Performance management & quality variation

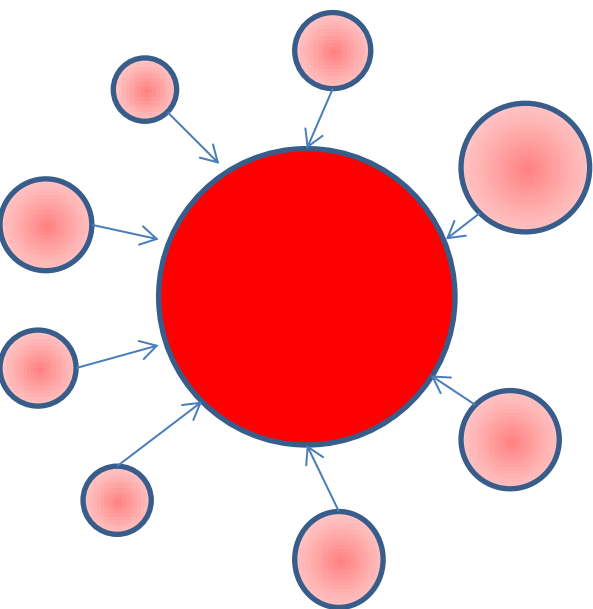
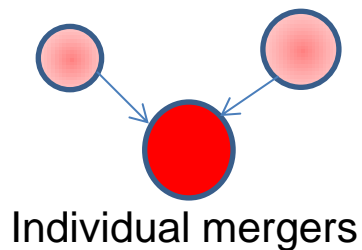


Contracting unit size has been progressively rising

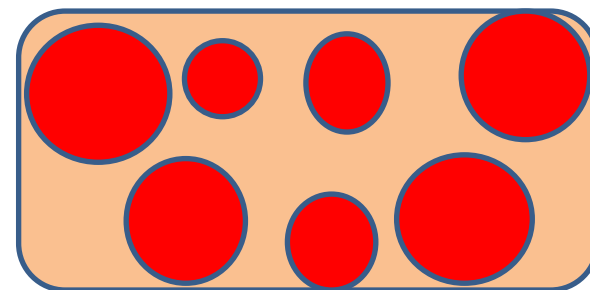
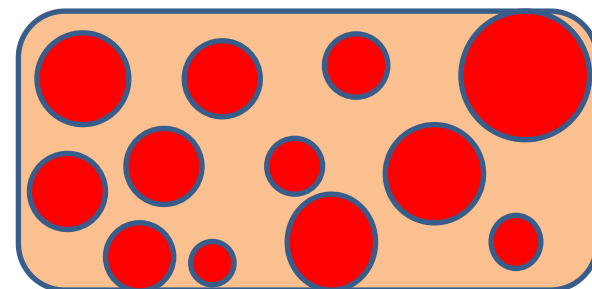
Duplication of procedures & protocols e.g. CQC, registration, summarisation, audits, contract monitoring.

Competition & Procurement Law

Models of 'primary care at scale' emerging

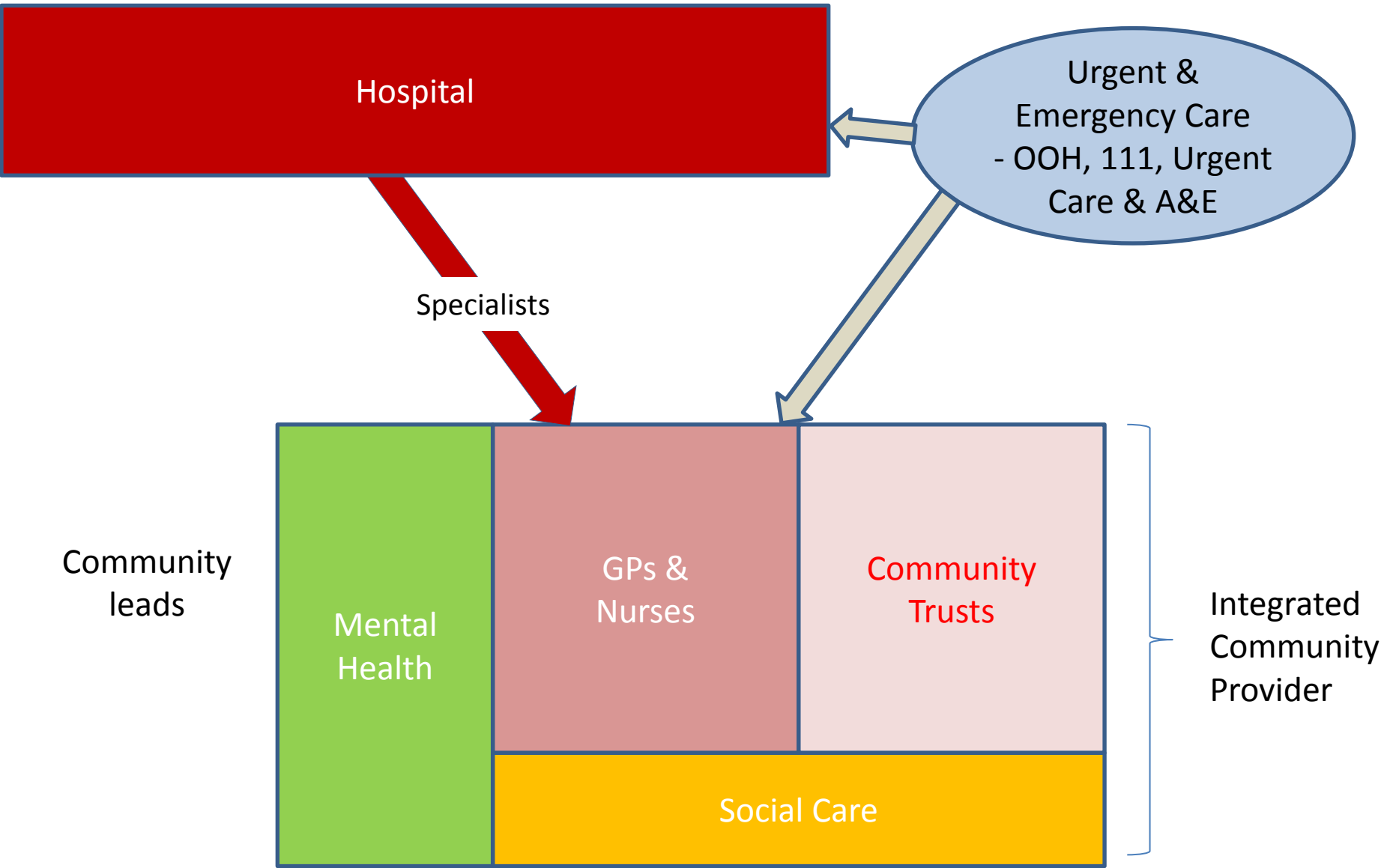


Integration with Hospital (Northumbria) or Community Trust sector (Medway, Notts City Care)

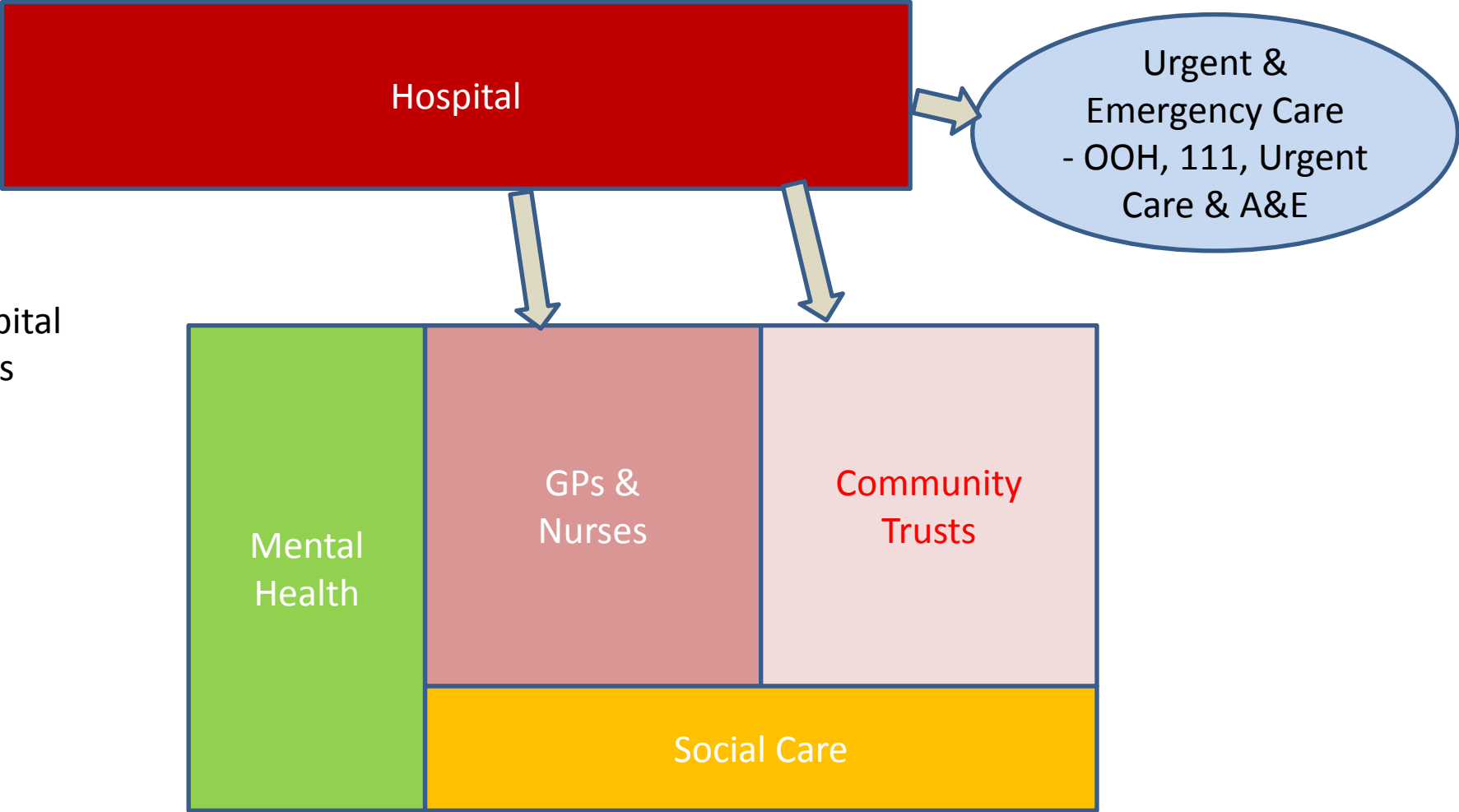


Loose Network with internal mergers (Salford, Primary Care Home)

Multispecialty Community Providers

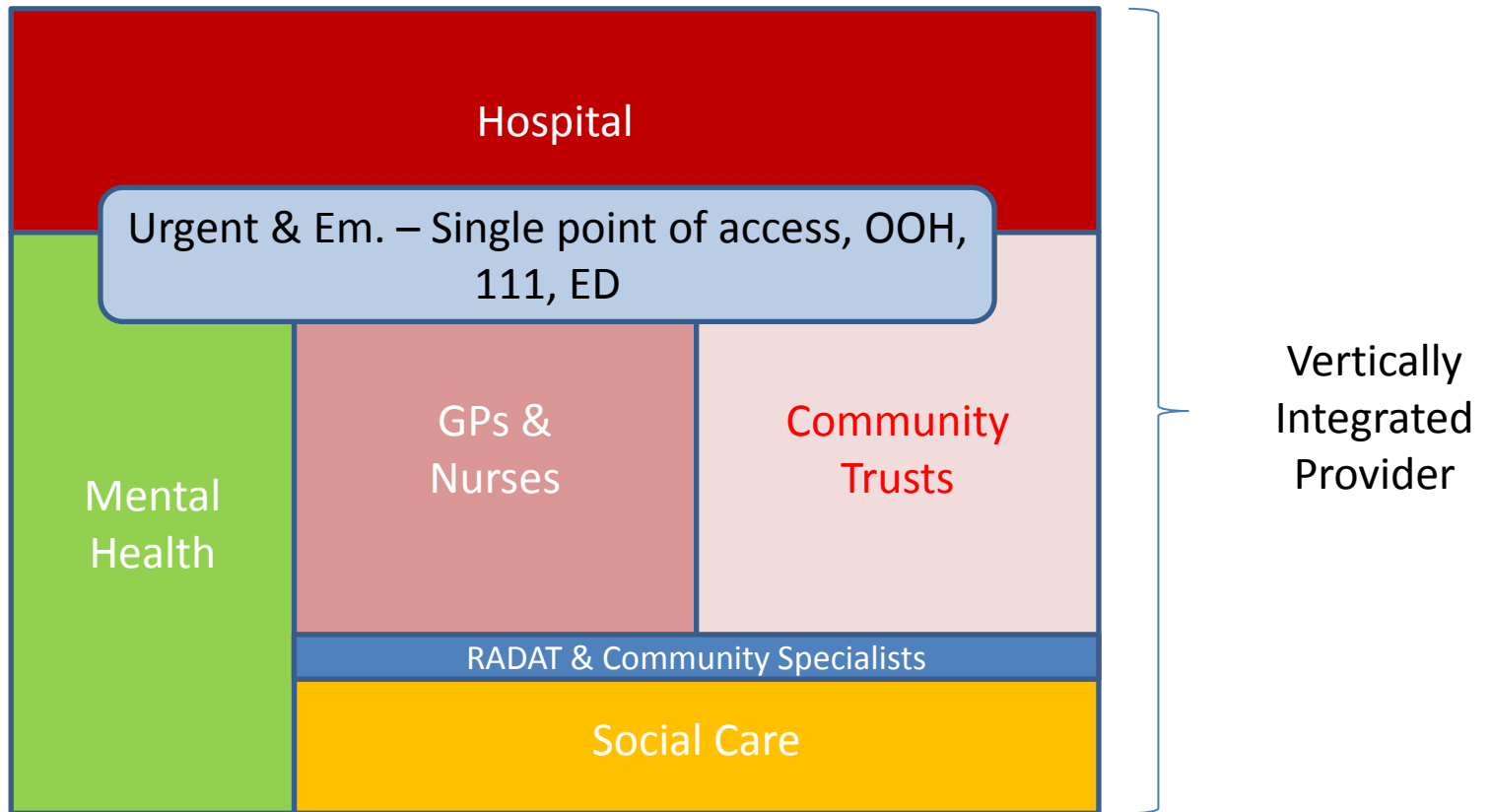


Primary & Acute Care System



Matures into an Accountable Care Organisation

Accountable Care Organisation – ‘place-based provision’



Holds & spends whole capitated budget for its population

Summary

- The NHS financial & service challenge will mean: -
 - New localism, care closer to home, less ‘bed-based care’;
 - Using current & future technologies;
 - Streamlining care & removing inefficiencies;
 - Working harder at prevention & self-management;
 - Integration of care across organisational boundaries.
- Locality based budgets could drive change for greater care closer to home;
- We need systems that will quality assure these services;
- The move towards a stronger out-of-hospital sector and the financial constraints is driving (i) general practice consolidation & (ii) alliances between providers in delivering services.

Question

In the light of the changes in the health environment how should the Citizens' Assembly best represent the needs of your communities and service users?

