

## Update on Clinical Review Process

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### Clinical Review Background

Since September 2014 the 12 Clinical Senates across England have taken on the role formerly delivered by the National Clinical Assurance Team (NCAT) which ceased to exist as of April 2014.

NHS England has a role to support and assure the development of proposals for service change by commissioners via its Assurance Process. The stage 2 assurance checkpoint considers whether proposals for large scale service change meet the Department of Health's 4 tests for service change prior to going ahead to public consultation. The Senate considers test 3, the evidence base for the clinical model.

It is this role that NCAT delivered previously and which Senates have taken on as an independent clinical advisory body. The other elements of service change which are reviewed by the assurance team (patient engagement, patient choice, quality benefits, fit with best practice etc.) are not within the Senate's remit.

### Clinical Review Process

**Initial discussion with the lead CCG/Assurance Team (rolling review of reconfiguration grids). TOR agreed between CCG and Senate.**



**CCG share Case for Change and Summary of proposals**



**Stage 1 Sense-Check by Senate**

**(Via a small 'virtual' panel of Senate Clinicians). This panel will consider and provide feedback against the following;**

1. Is the clinical case for change robust and in line with national best practice and evidence?
2. Will the outlined model improve the quality of care?
3. Does the clinical case for change fit with the proposed changes?
4. What might need to be incorporated in future iterations of the model of care, when developing detailed options and where is further information needed?



**Pre-Panel Pre-Meet**

A couple of weeks before the full panel meeting it is helpful for the core Senate Team (Clinical Chair and Manager to meet with the core Clinical Leads on the project/programme team)



**Clinical Review Panel**

This would bring together a panel of out of area clinicians relevant to the topic area who would review service change documentation and pre-reading and meet with clinical leads as a panel to act as a critical friend and review whether the clinical evidence base for the options laid out is robust.

This would happen after commissioners have developed options and before they go to public consultation. This is a recommended part of the NHSE stage 2 assurance check point that gives the go ahead for service change proceeding to public consultation.

The Senate needs at least 8 weeks notice to set up a full clinical review panel and the final Pre-Consultation Business Case needs to be available to this panel a week before they convene. (Once set the date cannot be easily moved.)



### Clinical Review Report

The panel summary can be shared with the CCG and assurance team in the days immediately after the panel assuming no further information is needed. A full draft report with any recommendations will be signed off by the panel and shared with the CCG for fact checking within 3 weeks. A final draft should be available within 4 weeks.

The wider NHS England Assurance Process is shown below:

