

Patient and
Public Voice in
the South West
Clinical Senate



NHS England

South West Clinical Senate Patient and Public Voice

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1. Introduction

The South West Clinical Senate has set a vision of 'Serving as the collective conscience of health and social care in the quest to develop high quality and sustainable health for the population of the South West'. To be effective in this quest, the South West Clinical Senate will need to engage with, listen and respond to the local population in order to understand the challenges facing health communities.

It is recognised that in developing a structure for engaging with patients and the public, a triangulated approach is required and the Clinical Senate need to link closely with the Area Team's, Clinical Commissioning Groups, Specialised Commissioning, Health Watch, Strategic Clinical Networks, Academic Health Sciences Networks, and other regional and national patient bodies in developing this structure. The model outlined has had input from representatives from a range of these organisations and a Citizen's Senate model implemented in East Anglia Strategic Clinical Network has also been considered.

2. Outline Proposal & Structure

The South West Strategic Clinical Network recognises that Health Watch have a pivotal role in engaging with and listening to the voices of citizens within our local communities and are critical in developing an effective structure for engaging with patients and the public. The proposal below outlines a model that works in partnership with the 13 Health Watch organisations in our region and links us to the local communities that we need to engage with.

Progress to date includes:

- 13 Health Watch organisations in the Southwest have been written to and asked for two nominations from each to form a Citizen's Assembly. Currently, there are 10 nominees from 7 different Health Watch organisations. Dialogue with the other organisations (Isles of Scilly, Cornwall, North Somerset, Gloucestershire, Devon & Plymouth) is taking place to recruit nominees to total 26 members.
- From the four Citizen members of the council, we will appoint a paid Citizen Commissioner, who will chair the Citizens' Assembly and be responsible for co-ordinating and gathering their views for the Senate Council. A fair and transparent recruitment process will take place and the selection process for this role will take place on 16 January 2014.
- From the 34 nominations to the Citizens' Assembly we will recruit 4 Citizen member's to the Senate Council, and one these should be a child/young person. A fair and transparent recruitment process will be put in place for this and the selection process is planned to take place in March 2014.
- Patients on existing groups within the networks or from former network groups have been written to and have been encouraged to express any interest for this role through their relevant Health Watch organisation.

- An information pack and draft role descriptions of the Citizen Commissioner, Citizen Members' on the Senate Council and Citizen's Assembly have been produced in draft form.
- From the 13 organisations, some have an established 'Young Health Watch' so a nominee for a young person is still being sought. Links have also been formed for the NHS England Youth Forum and the RCPCH (Royal College Paediatrics and Child Health) Youth Advisory Panel to recruit a Young Person.

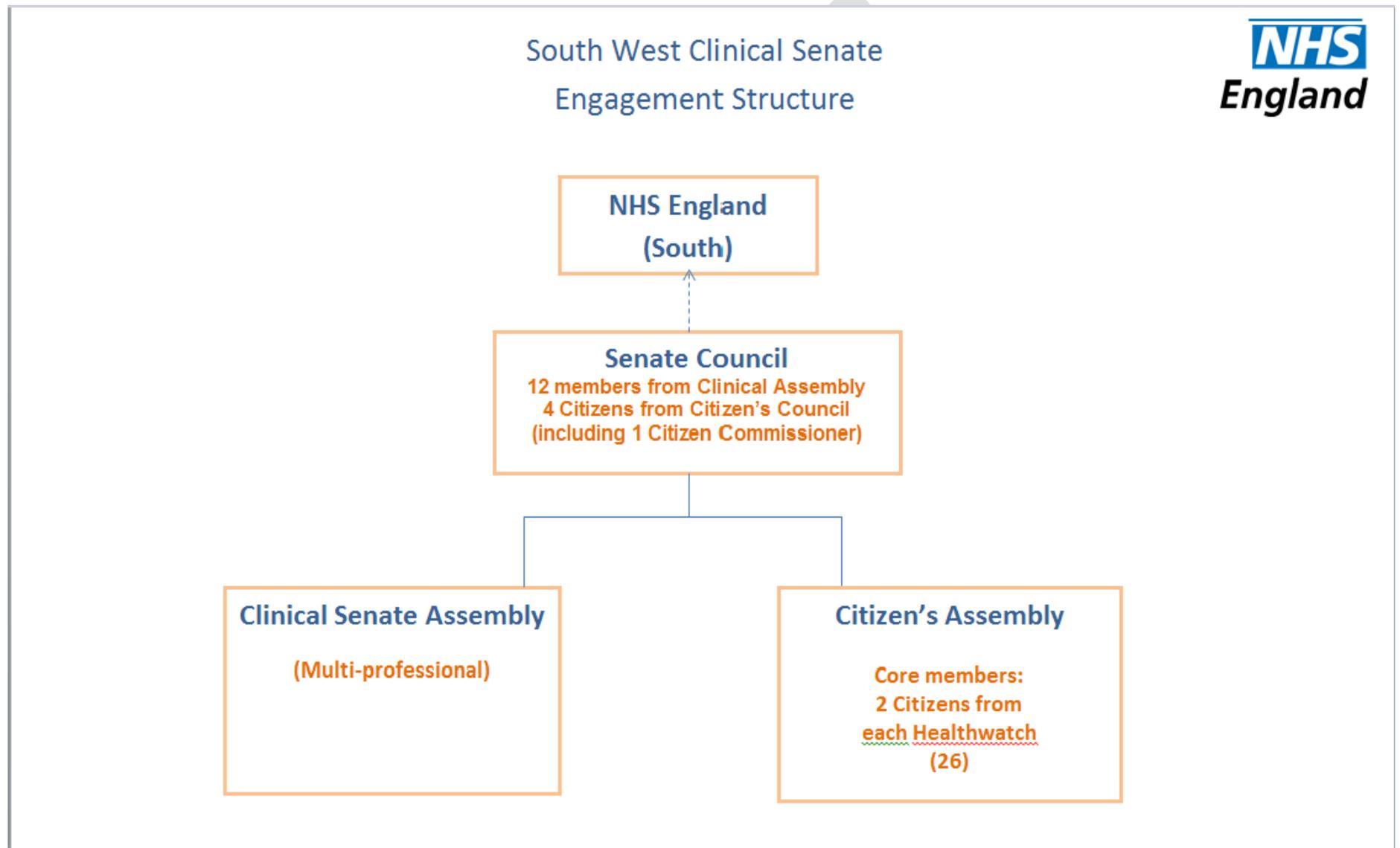
3. Considerations

- The wider Citizens' Assembly core will be established via the 26 Citizen members in the first instance and the wider membership is to be worked on after we have completed the process for recruiting the Citizens' Assembly.
- The Clinical Senate may seek expert patient witnesses as part of our evidence gathering. This could be iterated through the Citizens' Assembly, but this is being considered in more detail.

4. Recommendations

It is recommended that this proposal is developed with a view to recruiting a Citizen Commissioner, Senate Council Citizen Members and implementing the Citizen's Assembly in early 2014. We expect this model to evolve over time once the Senate is fully operational.

Appendix 1: Proposed Structure for Public Voice in the Clinical Senate



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