NHS South West Clinical Senate

South West Clinical Senate Review Panel Members' Handbook

"Just wanted to thank you for the opportunity to be part of this review panel. It was an enriching experience being part of such a panel and I believe we have made a helpful contribution to the CCG in taking forward their plans"

"The Senate provided a very helpful and supportive review challenge to our proposals and gave us a further insight to the issues we needed to consider"

"Thanks to the Clinical Senate for following up on the recommendation to provide a peer led review using RCS standards"

"Prior to attending I questioned how much I would be able to input into this particular panel discussion as it was outside my remit of speciality. However, it was very clear once discussions started on the day that my knowledge of other issues which cross-over specialities and having fresh eyes was valuable, and I felt it was one of the most beneficial and rewarding events I have attended for a long time"

"We welcomed the early opportunity to discuss our plans with the Clinical Senate in advance of launching our local engagement process. It provided us with the opportunity to engage directly with Clinical Senate members on the key areas they would be seeking assurance upon, as well as receiving some constructive challenge on our clinical case for change"

Dear Panel Member,

Thank you for agreeing to take part in an independent clinical review panel.

As contributors to the formal NHS England assurance process via input to Clinical Senate Reviews, you have considerable responsibility in considering the clinical quality of reconfiguration plans.

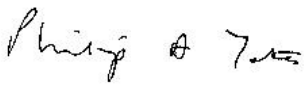
You have been asked to support this clinical review because of your expertise as a healthcare professional. It is this expertise which adds substantial value to the Senate's reputation as providers of independent clinical advice that supports robust service change.

Participating in clinical review is regarded as beneficial to panel members as it is to commissioners developing patient services. We hope that taking part in a clinical review will enrich your experience as a clinical expert and develop your professional portfolio. You will have the opportunity to directly influence large scale service change and guide the development of high quality best practice service reconfigurations.

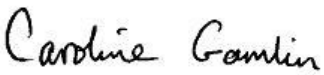
We ask you as healthcare professionals to approach the review independently of your loyalty to your employing organisation and that you treat all the information you receive confidentially.

In order to continually improve our processes within the Senate we welcome any feedback about your participation in clinical review.

Yours sincerely



Dr Phil Yates, South West Clinical Senate Chair



Caroline Gamlin, Medical Director, NHS England South Region, South West

Contents

1 Introduction

This handbook has been designed for potential clinical review panel members. We hope it will provide you with the information you need to join a review panel team and to guide you through the review process as well as provide some practical information.

2 Clinical Senates

Clinical Senates were established in 2013 under the Health and Social Care Act (2012). There are 12 clinical senates across England which are non-statutory bodies that provide independent clinical advice to commissioners about strategic service change as well as formally reviewing the clinical evidence base for large scale service change to inform test 3 of the NHSE assurance model.

3 The Clinical Senate's Role in Assurance

From September 2014 the 12 Clinical Senates across England took on the role delivered by the National Clinical Assurance Team (NCAT) until April 2014, to review major service change proposals against the clinical evidence base for them.

As a significant service change proposal is developed and refined commissioners should ensure it undergoes a rigorous self-assessment to comply with the Department of Health's four tests for service change against the four tests. The four tests are:

1. strong public and patient engagement;
2. consistency with current and prospective need for patient choice;
3. a clear clinical evidence base; and
4. support for proposals from clinical commissioners.

From 1st April 2017 NHS England assurance teams also need to see that significant hospital bed closures can meet one of three new conditions.

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

The two types of Clinical Review (in addition to the original advice role of Senates) to be overseen by the Senate Council are:

1. Early Advice – 'read and review' to provide a strategic sense check prior to options being developed for a service change. This might involve a working group from the senate council looking at the clinical case for change online and feeding back comments or meeting as a panel to discuss. The topic could go to the council meeting for advice.

2. Clinical review – this would bring together a panel of clinicians relevant to the topic area who might conduct site visits, review service change documentation and pre-reading and

meet with service providers as a panel to advise 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.

4 The Review Process

Review panels are made up of a group of clinicians and patient representatives brought together for that specific purpose. Review panel members are not associated in any way with the proposals and can be drawn from the Clinical Senate Assembly or invited from other Clinical Senates or as other invited relevant topic experts.

4.1 Clinical Review Process Diagram

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.

4.2 Indicative Review timeline:

Stage 1 Review Process	**Timeline**	**Lead**
Initial meeting	Week 1	CCG
Set up clinical working group	Week 2	Senate
Share documents for comment	Week 2	CCG
Summary advice	Week 4	Senate
Stage 2 Review Process	**Timeline**	**Lead**
Initial meeting	Week 1	CCG
Agree TOR	Week 2	CCG
Share documentation to date	Week 2	CCG
Identify panel	Week 2-3	Senate
Literature Review	Week 3	Senate
Pre-meet	Week 6	Senate and CCG
Panel pre-reading /develop Qs	Week 7	Senate
Panel Review meeting	Week 10**	Senate and CCG
Site visits/other meetings as required	Week 10	Senate and CCG
Report writing and sign off	12 weeks	Senate

Terms of Reference will be agreed and panel members with the appropriate expertise and knowledge will be identified and invited to be a panel member. The panel members will review the case for change and evidence and agree the key lines of enquiry for the panel day.

The review panel usually lasts one day and could include site visits if it is considered to be appropriate. On the panel day, the panel meets with the commissioners and clinical leaders proposing a new model to answer any questions panel members may have. The panel then has confidential discussions on the case for change and evidence presented and formulates its advice which is provided in a report.

5 Panel Members

5.1 Why were you selected?

You were selected, or recommended, on the basis that your clinical knowledge and experience would provide professional expert opinion to respond to the request from the commissioning body. You do not have to be an 'expert' on change or transformational service development – you have been invited to bring an independent and objective opinion on the proposals from your own professional perspective.

5.2 What to expect as a panel member?

The majority of the clinical review panel members will be on a review panel for the first time, and will have all been invited on the basis of their individual expertise. The review panel will be chaired by an experienced Clinical Senate Council member, usually the Chair, Dr Phil Yates, or the Vice Chair. There may be one or two other Clinical Senate Council members on the panel who will have sat on panels before.

The Clinical Senate Manager will organise and attend the panel and will also be available alongside the Senate Administrator to provide you with full information and support throughout the process and answer any questions.

The process of the review is described above and will be more or less the same for each review panel. However you will be given full details once you have accepted the invitation.

5.3 What panel members will be expected to do

Terms of reference are agreed for each review panel, they will be different for each review but the majority are focussed around the clinical evidence base for change.

Generally, clinical review panels will be asked to look at the case for change and evidence provided and consider whether proposals for service change will improve clinical outcomes and quality of patient care at a local level. Clinical review panels do not look at the finances of proposals but will look at (for example) workforce issues, and accessibility. There are always patient representatives on review panels. In the South West these are drawn from our Citizens' Assembly which is made up of Healthwatch representatives.

5.4 What skills do you need

You have been invited to be a panel member on your own professional standing, not as a representative of your employing organisation or professional body. You will therefore need to be able to step outside of your organisation and geography to put the needs of patients above those of organisations and professions.

You should be able to understand and interpret complex data, have an open-minded approach and understand current health and care systems. You will probably be interested in change, improving services and definitely be interested in improving outcomes for patients. You do not need to have previous experience as a review panel member. You have been invited to be a panel member to bring expert advice from your own clinical, professional perspective.

5.5 Knowledge of the local area

You do not need to have knowledge of the local area, this will be provided as part of the evidence. Indeed, if you are part of the health and care system or area for the proposed change, you are unlikely to be invited to be a panel member on this occasion as you may be considered to have a conflict of interest.

5.6 What commitment do you need to make to be a panel member?

All review panels will be different but wherever possible we will arrange for the actual review panel to be no more than one day. You will be advised from the outset if it is expected or planned to be more.

Time will also be required for you to review the evidence which will generally be emailed to you no later than two weeks prior to the panel. Once you have had the evidence, there will be an opportunity via email or teleconference to draw up the key lines of enquiry and raise any matters you have questions on. This will be led by the Senate Manager chair of the review panel and is a helpful way to get a feel for the panel. You will also be asked to review and comment on the draft report.

Our request to you is that once you agree to be a panel member, you are committed for the duration and do not leave the process. Bringing together an expert panel is complex and takes time and if one member drops out, that can leave an imbalance in expertise that cannot be replaced at short notice. So please do fully commit if you agree to be a review panel member.

5.7 Confidentiality and Conflicts of Interest

The information you will receive as part of the review process will be confidential, it may be contentious and will probably not yet be in the public domain. Before receiving that information you will be asked to sign a confidentiality agreement and declare any conflicts of interests (see appendix 2 and 3). A conflict of interest does not necessarily mean you will be excluded from the review process – more information will be provided on conflicts of interest and any concerns can be discussed with the Clinical Senate Manager or Chair at any time.

Clinical review panels are intended to support commissioners in the development, or assurance, of their proposals and are therefore quite informal, although panel days are well structured with a timed agenda.

5.8 Expenses

We are unable to pay NHS employees but can reimburse out of pocket expenses for patient representatives in accordance with the NHS England Public and Patient Expenses policy. See section 7 below. If necessary, we are able to reimburse GP practices for backfill upon receipt of a practice invoice. See section 8 below.

We will also pay all travel expenses. The clinical senate team is able to answer any other questions about individual circumstances and payments / reimbursement.

Panel members will be provided with a certificate of attendance that will provide detail of total hours given to the review including reading time. This can be used towards your professional annual review.

6 What will you need to provide to us

We will require a short biography of your recent roles and relevant experience which will be incorporated into the final report issued. You will be asked to provide this when you agree to be part of the panel.

It is also useful to have your mobile number so we can contact you prior to the review meetings.

7 Questions and Contacts

Ellie Devine, Clinical Senate Manager will run the clinical review process and will provide you with the information you need. Sarah Redka, Senate Support Officer will be able to answer any questions you may have. Please do not hesitate to contact them with any questions:

Ellie Devine, elliedevine@nhs.net , 07918 368421

Sarah Redka, sarah.redka@nhs.net , 0113 8253553

8 Appendix 1 – Confidentiality Submission Form

Title of Review

South West Clinical Senate clinical review panel confidentiality agreement

I (name) ……. hereby agree that during the course of my work (as detailed below) with the South West Clinical Senate I am likely to obtain knowledge of confidential information with regard to the business and financial affairs of an NHS body, or other provider, its staff, clients, customers and suppliers, details of which are not in the public domain ('confidential information') and accordingly I hereby undertake to and covenant that:

I shall not use the confidential information other than in connection with my work; and

I shall not at any time (save as required by law) disclose or divulge to any person other than to officers or employees of South West Clinical Senate, other NHS organisations, staff, clients, customers and suppliers whose province it is to know the same any confidential information and I shall use my best endeavours to prevent the publication or disclosure of any confidential information by any other person.

The restrictions set out above shall cease to apply to information or knowledge that comes into the public domain otherwise than by reason of my default of this Agreement.

The 'Work' (clinical review) is: **Title of Review**

Signed _____ Date: _____

Name _____

Please complete and return to sarah.redka@nhs.net

9 Appendix 2 – Conflict of Interest Declaration Form

Title of Review

Name: Position:

Please describe below any relationships, transactions, positions you hold or circumstances that you believe could contribute to a conflict of interest:

Type of interest declared:	
Details of interest:	
Date of declaration:	

Type of Interest – Please supply details of where there is conflict in accordance with the following list

a) A direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (e.g. as a provider of services);

b) An indirect pecuniary interest: e.g. where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;

c) A direct non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (e.g. where an individual is a trustee of a voluntary provider that is bidding for a contract);

d) An indirect non-pecuniary interest: where an individual is closely related to, or in a relationship, including friendship, with an individual in categories a-f.

e) A direct non-pecuniary benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (e.g. a reconfiguration which might result in the closure of a busy clinic next door to an individual's house);

f) An indirect non-pecuniary benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value but is a benefit to peers or colleagues (e.g. a recommendation which results in an increase in revenue or status to their employing organisation or results in their organisation becoming the preferred provider).

g) An indirect non-pecuniary conflict: where the evidence of the senate may bring a member into direct or indirect conflict with their contracting or employing organisation, to the extent that it may impair the member's ability to contribute in a free, fair and impartial manner to the deliberations of the senate council, in accordance with the needs of patients and populations.

h) Other – please specify

Please complete and return to sarah.redka@nhs.net

10 Appendix 3 – Suggested Review Checklist

Topic Area	Information	Evidence sought	Document Sent
Healthcare Setting	Narrative summary of the current position in respect to the services covered by proposals	Background – demography and service activity/outcomes	
Model proposed	Why proposals for change need to be considered.	Case for Change	
	How final options were developed and the clinical rationale	Options Appraisal	
	Which options were ruled out, and why.	Options Appraisal	
	What is the proposed model or models?	Proposed Model of Care	
	Scenarios to show how the proposed changes would affect patients	Key Benefits and Pathways, case studies	
	Clinical risks of implementing proposals	Risk Assessment	
	Expected outcomes and benefits of delivery	Proposed Model of Care, Key Benefits	
	Extent to which community believes proposals will deliver real benefits	Engagement documentation	
	Impact proposals will have on services	Proposed model of care	
Clinical Engagement	Evidence of clinical leadership and engagement in development of model and implementation plans (not just CCG staff).	Proposed model of care, programme documentation	
Programme Management	The decision-making process and timescales.	Model of Care and wider Programme documentation	
Best Practice	Fit with clinical evidence and clinical best practice.	Proposed Model of Care	
	Link of proposals to wider commissioning plans, clinical guidelines etc., alignment with STP	Other plans/models of care	
Implementation and Clinical Outcomes	How changes would be implemented, including phasing, pathways, activity, activity type and staffing modelling.	Pathways, activity, activity type and staffing modelling.	

	What would happen to premises.	Estates plans	
	Expected changes in clinical outcomes.	Proposed model of care	
	Performance expectations and sustainability.	Proposed model of care	
Of interest	Financial Summary		
	EIA		
Other Documents Sent			

Proposed Panel Questions to start (plus any they add once they have reviewed documents)

1. Has there been any senate involvement to date? What was the advice?
2. What are the proposals?
3. How have they been arrived at?
4. Are the proposals well thought through?
5. What are the programme management arrangements?
6. What clinical leadership is there behind the proposals?
7. Are the proposals underpinned by a clear evidence base?
8. Is the detail to support the proposals robust?
9. Will these proposals deliver real benefits to patients?
10. Is there evidence that the proposals will improve the quality, safety and sustainability of care?
11. Do the proposals reflect up to date clinical guidelines and national and international best practice e.g. Royal College reports?
12. Do the proposals meet the current and future healthcare needs of their patients?
13. Is there a clinical risk analysis of the proposals, and is there a plan to mitigate identified risks?
14. Do the proposals demonstrate good alignment with the development of other health and care services?
15. Do the proposals support better integration of services?
16. Do the proposals consider issues of patient access and transport? Is a potential increase in travel times for patients outweighed by the clinical benefits?

11 Appendix 4 – Travel and Subsistence Policy

11.1 Booking travel

If you require travel or accommodation in order to contribute to a review panel, the Clinical Senate can book rail tickets or accommodation on your behalf. Please email the Senate Support Officer sarah.redka@nhs.net at least one week prior to the date travel is required for with the date, time and from which station you require a rail ticket from. You will then be issued with an email with a reference number for collection of your ticket at your local train station.

11.2 Covering out of pocket expenses

The South West Clinical Senate will reimburse all reasonable expenses incurred by panel members as long as they do not exceed the agreed rates (see below). Receipts are required for all expenses, except where travel and accommodation has been booked directly by the South West Clinical Senate.

The details of this are in line with the NHS England PPV expenses policy which we can supply to you if required.

11.3 Travel by rail, bus or taxi

Ideally we would prefer it if you request the Clinical Senate to book your rail tickets and accommodation on your behalf but if this is not possible we will reimburse these expenses.

Please note that first class travel is not permitted unless there is a medical or disability need. Evidence (e.g. a medical note) may be required to support the request. These requirements must be discussed and agreed in advance.

11.4 Personal vehicles

Panel members can use their own vehicles when necessary and will receive reimbursement for the miles travelled.

Rates of reimbursement are in line with Her Majesty's Customs and Revenue Service (HMRC) recommendations, correct at HMRC website August 2014. When travelling by personal vehicle, the vehicle must have valid insurance tax and an MOT certificate. **Approved mileage rates**		
From 2011-12	**First 10,000 business miles in the tax year**	**Each business mile over 10,000 in the tax year**
Cars and vans	45p	25p
Motor cycles	24p	24p
Bicycles	20p	20p

If a passenger is carried (by car or van) to the same meeting, an additional 5p per mile can be claimed. This is in line with HMRC policy (correct at August 2014).

11.5 Air travel

Air travel will be extremely rare. Flights within England may be booked if they are significantly cheaper than the rail alternative (and/or avoid additional accommodation costs), or if there is a compelling logistical reason for incurring the higher cost, for example where panel members have a medical condition that prevents them from travelling too far in one day (a medical note may be required). Any car parking and transfer costs will be taken into account. All travel by aircraft will be at standard economy rate. Air travel can be booked through NHS England's travel system. Business class air travel is not permitted except in very exceptional circumstances, such as where there are no suitable economy class facilities to accommodate disabled or other special needs requirements. In all cases written approval must be gained from the relevant Regional or National Director's office. A record of the approval should be retained as this may be subject to public scrutiny.

11.6 Accommodation

Although it will not be usual to cover the cost of accommodation, there may be some activities that start at a time when an overnight stay prior to the event would be beneficial. Examples of this may include:

- Without an overnight stay you would need to leave home before 6am to arrive at the event
- You may have conditions or disabilities that make travelling for too long in one day difficult.
- The cost of travel, overnight accommodation and subsistence is cheaper than rail travel on the day of the event (taking into account advance travel booking options).

The cost of accommodation cannot exceed £100 per night for hotels booked outside of London and £150 for hotels booked in London. Both limits are inclusive of VAT and any other charges without exception.

11.7 Subsistence meals

If you are involved in NHS England activity away from home for a considerable period of time, reimbursement may be claimed as detailed below. Receipts must be retained and submitted for the claim. The following rates may be claimed:

Breakfast (where leaving the house before 7am)	Up to £5
Lunch	Up to £5
Evening meal	Up to £15
NB: Maximum claim per 24 hour period	Up to £20

These rates include the cost of food and drinks, but in line with NHS policy the purchase of any alcoholic drinks will not be reimbursed. Where refreshments and food are provided at meetings/NHS activities, subsistence allowances will not be paid. Please note tips (for example in restaurants or taxis) will never be reimbursed and remain solely at the individuals' discretion.

11.8 Claiming expenses

To claim reimbursement for expenses, please use the claim form from appendix 4 and email to Elizabethshah@nhs.net with a scanned copy of your receipts. You will be issued with a cheque.

11.9 Backfill pay for GPs

We are also able to reimburse GPs but this needs to be agreed prior to commencement on the review panel. This can be paid upon receipt of a practice invoice. We will provide details for invoicing on request. The NHS agreed daily fee for backfill is £350.

12 Appendix 5 – Expenses Claim Form

South West Clinical Senate Expenses Claim Form

If you experience any difficulty in completing this form or if you require any assistance, please contact your meeting organiser.

Participant details:		
Forename:	Surname:	
Address 1:	Email:	
Address 2:	Telephone:	
City:	Postcode:	

Please complete details of your claim below

Date	**Event Title/Date:**	**Item Details (i.e Train, taxi, Subsistence)**	**Cost**	**Details of which network/project/group this claim is for**
		TOTAL:		

The motor vehicle for which I have claimed a mileage allowance above is insured. The vehicle is maintained at all times in road-worthy condition and complies with the requirements of the Road Traffic Acts. ☐
I hold a valid driving licence. ☐

Participant signature:		Date:	
Authorising Signature:		Date:	
For office use only:		Notes:	
Issued by:			
Budget Code:			
Oracle ref no:			
Date Issued:		Amount Issued:	

Return to: Sarah Redka, sarah.redka@nhs.net **with a scanned copy of your receipts. Please note expense payments will be made in the form of a cheque, posted out to the address supplied above.**