



# What is the role of the Clinical Senate in Current Service Change?







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Clinical Senate Chair







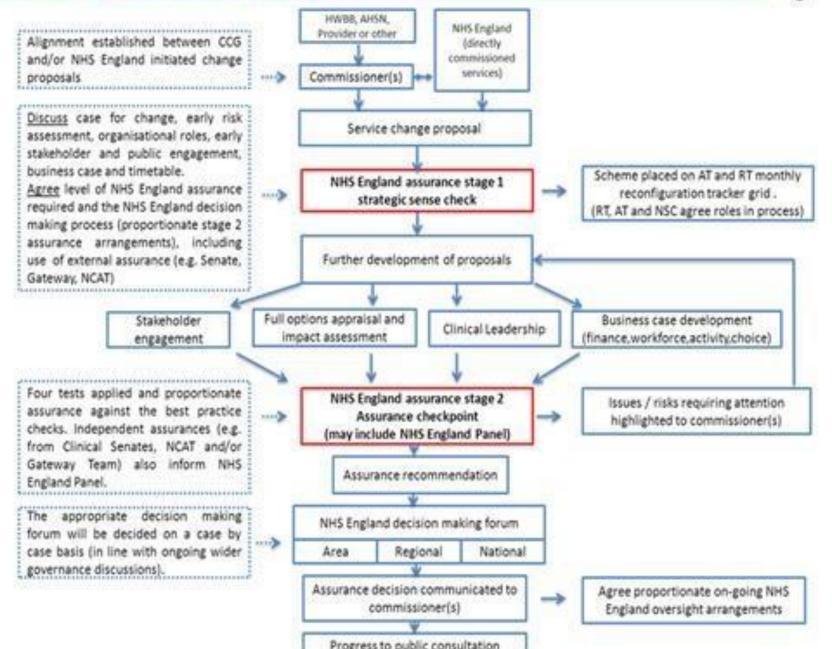
### **CURRENT NON-STATUTORY ENTITIES**

- CCG Clusters
- STPs
- ACOs
- MCPs

Senates

### The assurance process







### **Senate Contribution**



- Strategic Overview
- Consensus on Advice
- Independence but Professional Accountability
- Local knowledge
- Independent Review Teams for reconfigurations
- Expert Views:
  - Patients and Carers
  - Health Professionals
  - Social Care
  - Public Health
  - Health Education



### Four Tests for Service Reconfiguration

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- Clear, clinical evidence base.
- Support for proposals from commissioners.



## From 1 April, meet one of three new conditions

- Demonstrate that sufficient alternative provision, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it;
- Show that specific new treatments or therapies will reduce specific categories of admissions;
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care

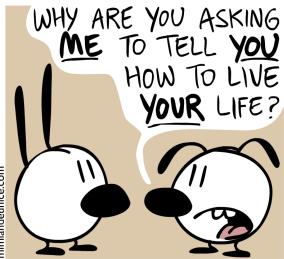
### Issues That We Encounter

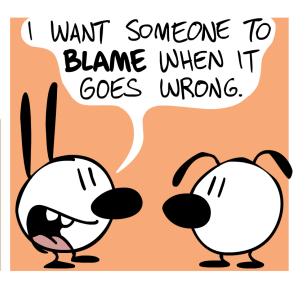




#### Advice vs. Assurance















#### **Iterative Process**

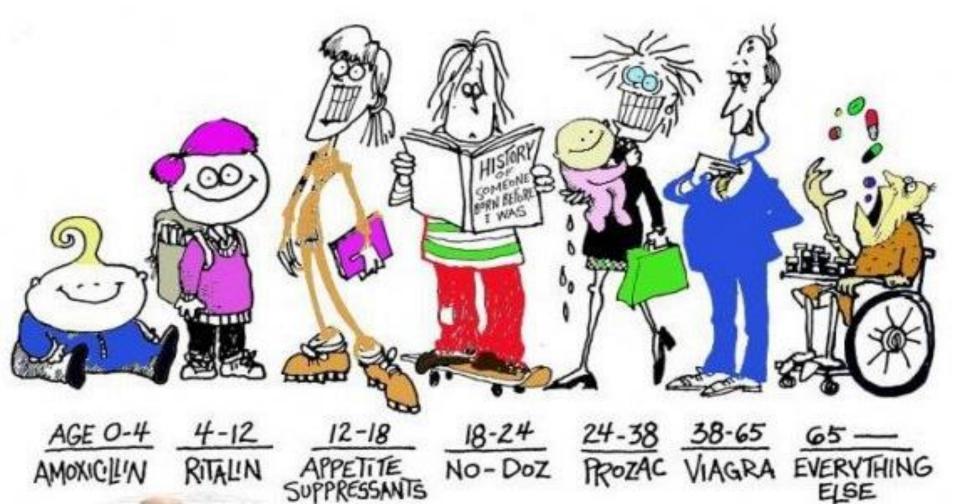
- Define Role of Senate
- Set Scope
- Share Expectations
- Share Expectations with wider audience
- Informal review
- Seek further information
- Study Days for Senate Council
- Further Conversations
- Appoint External Review Team
- Receive Report
- Seek Responses
- Adopt Report
- Further Conversations
- Publication of Report
- OSCs etc.....





### Specific Population Needs:





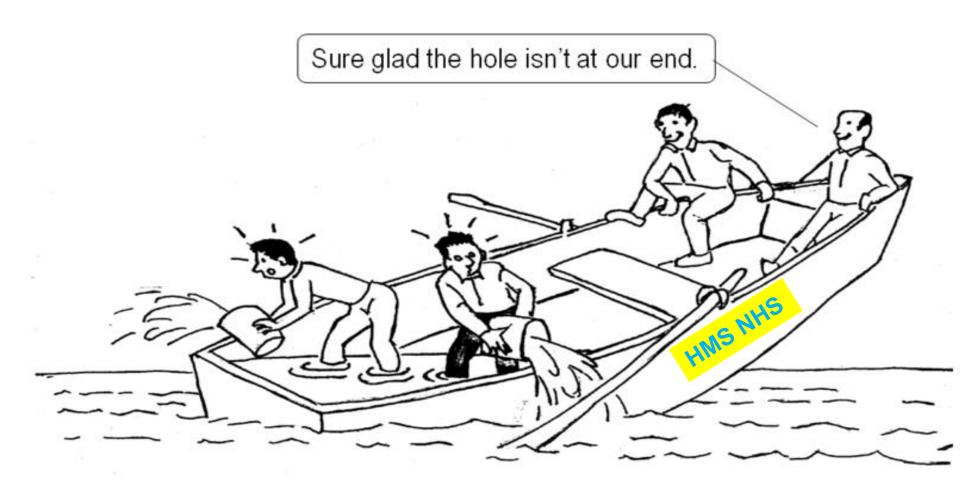


## 3 best practice checks for service change proposals

- i. clear articulation of patient and quality benefits
- ii. the clinical case fits with national best practice and clinical sustainability,
- iii. an options appraisal includes consideration of a **network approach, cooperation and collaboration** with other sites and / or organisations.

# LOCAL INTERESTS: Commissioners and Providers together address the NHS Crisis







### Credibility





### NEED FOR REALISTIC SOLUTIONS

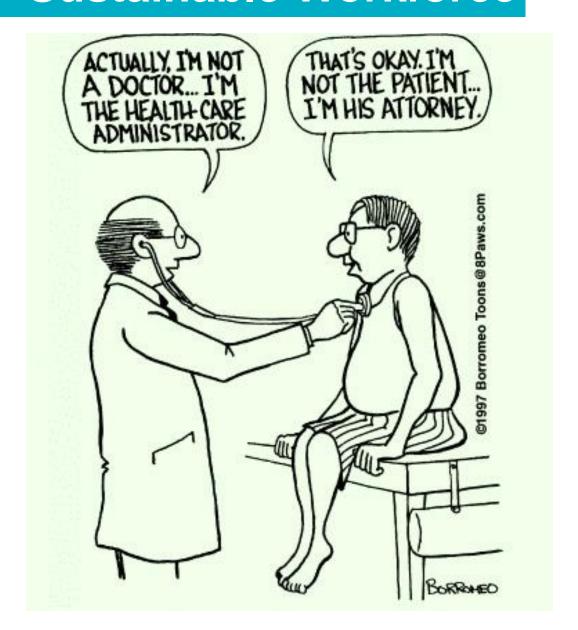






### **Sustainable Workforce**







### Transport Urgent and Elective









#### **Lessons Learnt**

- Early Engagement
- Realistic Timescales
- Study Days in Locality
- Iterative process prior to Reviews
- Focus on Needs, Inequalities, JSNA etc.
- Communication Support
- Prepared for Pressure/Judicial Review
- CLINICAL CONSCIENCE