

Briefing on Clinical Senates across England (August 2014)

12 Clinical Senates were set up in April 2013 as a result of the Future Forum consultation prior to the Health and Social Care Act of 2012 which recommended that “multi-speciality Clinical Senates should be established to provide strategic advice to local commissioning consortia, health and wellbeing boards and the NHS Commissioning Board”

Since their establishment last year, Clinical Senates have continued to mature and establish their role. This briefing aims to provide an update regarding the growing and developing role being fulfilled by Clinical Senates, their governance and function. In addition to providing independent clinical advice, Clinical Senates will formally adopt an additional advisory role from September 2014 providing a clinical review of the evidence base for service change as part of the NHS England Assurance process. This replaces the role formerly delivered by the National Clinical Advisory Team (NCAT).

This briefing is also intended to provide a flavour of the breadth of topics Clinical Senates are advising on across England. Whilst requests for advice come from specific commissioners in each region the subsequent recommendations are likely to be of interest across the Senate region, and potentially further afield. Many of the Clinical Senates now have their own websites established to publish advice and reports and the 12 Senates share and pool information nationally so that we can benefit from cross-region learning and research.

Some key examples of regional progress thus far:

- The South West Clinical Senate over the last year has advised specialised commissioners on a recommended HIV network model which is now being implemented across the South West and has been included as a case study in the forthcoming publication of the commissioners guide by the English HIV & Sexual Health Commissioners Group. More recently the Senate Council has advised its 11 CCGs on the acute to community interface for patients over 65 and is currently working with CCGs to tackle the topic of Emergency Surgery Reconfiguration. In preparation for this, a co-badged event is being run with the Royal College of Surgeons in September considering ‘Acute & Emergency Surgery – is reconfiguration the answer?’
- The Wessex Senate, in its inaugural meeting in September 2013 reviewed the proposed service reconfiguration of vascular services for South Hampshire against national and local guidance following a request submitted by the Wessex Area Team Director of Commissioning. The Senate was asked to advise on the potential impact on patient outcomes, co-dependencies, co-location of services and standards for inter-organisational or inter-agency collaboration. It considered options presented by both national and local clinical experts and made recommendations as to the configuration of complex vascular services which are now being implemented. The Senate Council has since reviewed patient flows in and out of Wessex and is about to publish its advice on a vision-led model of maternity services following a request for advice from all 9 CCGs in the area. Their most recent request is from another regional CCG to advise on whether the current model of delivery of primary care services is sustainable and if not, how this should be addressed.

- The Clinical Senate for South East Coast (CSSEC) has been requested by the Sussex Clinical Commissioning Group (CCG) Collaborative to advise on same site and networked acute hospital services in order to inform their strategic planning for future acute hospital services. The request is for a high level, generic report, that will inform the commissioners' strategic planning, but is not site or region specific.
- Thames Valley Clinical Senate is currently working on a topic relating to the potential acquisition of an acute trust in the south of the patch. The acquisition is a financial transaction with an emerging clinical vision and the Senate has been engaged to assess the potential impact on the sustainability, access and quality of patient services across the Thames Valley. The Senate's involvement is to ensure that any clinical changes are commissioner led and sensitive to the needs of the population. The Senate's ongoing role will be to host and facilitate a commissioner/provider forum to consider emerging plans and to develop a shared ownership of the values and approach to be taken.
- The East Midlands Clinical Senate recently offered to undertake a clinical review of their CCG's draft 5 year plans. The outcome was individual strategic units of planning reports and also a cross cutting themes report across all of the reviews. The clinical senate reviews have helped inform the next iteration of the plans. East Midlands are also currently developing two proactive reports in respect of sport and exercise and frail older people.

Clinical Reviews, advising the NHS England Service Change Assurance Process

A number of Clinical Senates have already commenced work in this new role:

- The London Clinical Senate's activities over the last year have included an independent clinical review to provide advice to CCGs on the safety and sustainability of emergency department services in one part of London, and advice to NHS England (London), as the majority commissioner, on proposals to consolidate, mainly specialised, cancer and cardiac services in north central and north east London.
- The Wessex Clinical Senate is currently reviewing the clinical case for change for a reconfiguration of services in Hampshire Hospitals following a request from 2 CCGs for NHS England clinical assurance.
- West Midlands Clinical Senate is currently undertaking an Independent Clinical Review to assess the clinical case for change for a proposed future stroke model and a future hyper-acute stroke configuration proposal from a local CCG, as part of NHS England Stage II clinical assurance. This is expected to be complete by the end of September with a Clinical Senate publication in October.
- The Yorkshire and the Humber Clinical Senate was requested to provide formal clinical advice for the NHS England assurance process, considering a proposed model for the provision of an integrated urgent care service to be delivered to a population within Yorkshire and the Humber. The proposal involved the reconfiguration of current services, including GP Out of Hours, Minor Injuries Units and Walk in Services, and proposed the development of two Urgent Care Centres that will incorporate these services. The CCG developed a service model into a service specification to inform a tender process. The Clinical Senate was asked to review the draft service specification in the light of other

services available in that area and advise on any gaps in service provision or opportunities not included and the areas considered to be at risk for the CCG or the provider.

- The Greater Manchester, Lancashire & South Cumbria Clinical Senate have been asked by commissioners to provide a clinical review of the proposed models of care for the system transformation of Morcambe Bay and surrounding localities known as 'Better Care Together'. An independent clinical review team set up by the Clinical Senate will consider the evidence and rationale used to develop the proposed clinical models for in and out of hospital care, surgery, maternity and children's services and A&E and evaluate whether or not the clinical models are robust; providing a formal assessment for the extent to which there is a 'clear evidence base' underpinning them. A key consideration for the team is to understand the local geographical and population challenges and how to apply standards and guidance to best effect. The value of the Clinical Senate in providing a clinical review of the models of care is that they can be objective, dispassionate and free from professional or organisational allegiances. Advice given by the Clinical Senate can be used to develop the models further, and will be submitted as part of NHS England's formal assurance processes.
- East Midlands Clinical Senate have undertaken an independent clinical review of the Lincolnshire Health and care programme as part of the NHS England Assurance process. This is currently being considered by the programme board to help inform their more detailed plans prior to public consultation. They also have two reviews pending; They are currently undertaking a review of vascular services, following a request from the area team, and will be reporting shortly. They will also be reviewing the proposals for the health and care system across Leicester, Leicestershire and Rutland and also mid Nottinghamshire.

National Standard Operating Framework for Clinical Senates

Joint work at a national level to agree two documents has recently been completed;

- National Standard Operating Framework (SOF) for Clinical Senates
- Clinical Review Guidance Notes – the role of the Clinical Senates in the NHS England Service Change Assurance Process

A number of national reference documents have been published since the Future Forum report that have guided the development of Clinical Senates during 2013-14. However, unlike the Strategic Clinical Networks, there was no Single Operating Framework issued by the as then, NHS Commissioning Board.

The SOF Clinical Senates have jointly developed and signed up to describes the role of Clinical Senates as there to;

- Support commissioners to make the best decisions about health care for the populations.
- Bring together a range of health and social care professionals, with patients, to take an overview of health and healthcare for local populations.
- Provide a source of strategic, independent clinical advice and leadership on how services should be designed to provide the best overall care and outcomes for patients.
- Provide clinical advice to inform the NHS England service change assurance process.

The SOF identifies the following minimum requirements for all Clinical Senates

Minimum requirement to deliver Senate business
Council membership recruited and meeting at least quarterly
Clinical assembly /forum established and process for establishing assembly/forum documented
Citizen representative(s) on Senate Council
Agreed and up to date transparent decision making process
Agreed and up to date terms of reference including method of collaboration with other Clinical Senates
Agreed and up to date process for requesting and delivering clinical advice that clearly describes how the council sources advice from the Assembly
Agreed and up to date conflict of interest policy, declaration of interests process and maintained register
Agreed and up to date process for running independent clinical review teams that support NHS England assurance process
Annual Report published
Digital communication platform with published clinical advice
Each support team will upload all the core minimum required documents onto the NHS England 365 extranet sharepoint facility

Ongoing Evaluation

The SOF describes the success criteria to support evaluation of Clinical Senate role and function:

- Evidence that stakeholders understand and use the Senate as a source of independent strategic clinical advice
- Clinical advice issued
- Feedback from commissioners actively sought including impact of clinical advice and outcome indicators
- Evidence each clinical senate meets minimum requirements to deliver senate business
- Annual Report published.

The 12 Clinical Senates are currently in the process of seeking feedback from and engaging further with commissioners, as well as sharing methods for doing this now that our portfolio of advice and recommendations is growing.

Undertaking Clinical Review as part of the NHS England Service Change Assurance Process

From April 2014 the revised NHS architecture no longer included the National Clinical Advisory Team (NCAT), which had previously provided a clinical review service for both commissioning and provider organisations. The advisory element of the previous NCAT role has been incorporated into the NHS England Service Change Assurance process.

From September 2014 Clinical Senates will provide clinical reviews of the evidence base for service change as part of the NHS England Assurance process.

NHS England has a role to support and assure the development of proposals and the case for change by commissioners. The principles of the assurance are that it should be robust, consistent and supportive. At the heart of the NHS England assurance process for service change are the four tests

from the Government's Mandate to NHS England¹. The four tests, intended to apply in all cases of major NHS service change during normal stable operations, are:

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

In addition to these four tests, the NHS England assurance toolkit² also identifies a range of best practice checks for service change proposals, these include:

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

As part of the NHS England assurance process, clinical senates will be requested to review a service change proposal against the appropriate key test (clinical evidence base) and the best practice checks that relate to clinical quality.

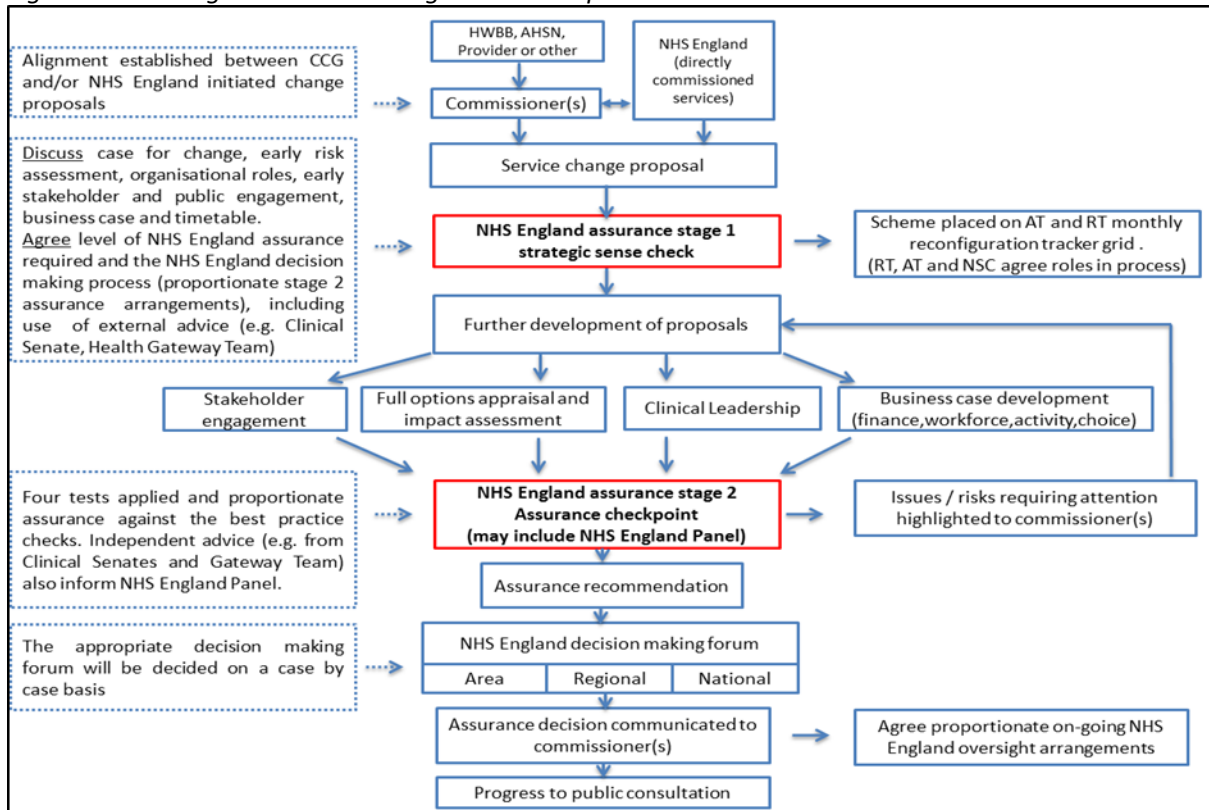
Clinical Senates will be requested to provide clinical advice on a service change proposal as part of the formal NHS England service change assurance process (Figure A. below provides the NHS England assurance process).

This request to provide advice might come from the commissioner leading the proposal or a regional or area team of NHS England.

¹ Planning and delivering service changes for patients, NHS England December 2013 <http://www.england.nhs.uk/wp-content/uploads/2013/12/plan-del-serv-chge1.pdf>

² Effective Service Change: a support and guidance toolkit, NHS England, awaiting publication

Figure A: NHS England service change assurance process



A robust shared Conflict of Interests policy for clinicians to adhere to as well as a joint agreement to help provide out of area clinicians for clinical review panels where appropriate has been agreed. We have also developed clear timelines, methodology and templates as part of the guidance for conducting review and sought learning from NCAT in order to build upon their achievements.

Patient and Public Engagement

Through their members, Clinical Senates support commissioners to put outcomes and quality at the heart of commissioning decisions, to increase efficiency and promote the needs of patients above the needs of organisations or professions. Patient and public engagement is at the heart of the function of the Clinical Senates and our shared vision is that all aspects of the work of the Clinical Senates will be informed directly and indirectly by people who have experience of National Health Services.

Each of the Clinical Senates have worked to find effective ways to engage with people of all ages and backgrounds that is both open and transparent, particularly those who have distinct health needs and those who experience poor health outcomes so that services become more relevant.

Patient and carer representatives form a strong part of the governance structure of the Clinical Senates, helping to perform an assurance role and holding them to account.

The following bullet points indicate the various approaches to effective engagement adopted:

- All Clinical Senates have patient and public engagement representatives that have been appointed to their Senate Councils, the core advisory body of each Clinical Senate.
- All Clinical Senates have established mechanisms to ensure contact with the breadth of patients, public and third sector organisations in their areas. The establishment of 'People Banks or Citizens Assemblies' ensures that engagement is not limited to a small number of 'expert patients' or those with only a single issue perspective. For example:
 - In the South West 11 out of 13 Healthwatch organisations in the South West are represented on their Citizens' Assembly which has 4 nominated representatives on the Senate Council.
 - In Wessex, a project funded by the SCN and Clinical Senate is run by one Healthwatch organisation on behalf of all of the others in the region to develop the engagement and expertise of patients and the public in commenting on strategic issues.
 - In South East Coast the People Bank is a single resource that is shared across organisations within SEC with some 9,500 members.
 - East of England has established a Citizens Senate that mirrors the Clinical Senate with a large membership drawn from patient leader groups, Healthwatch organisations and the Third Sector. Their Citizens Senate has also been involved in the development of NHS Citizen with NHS England.
 - In London the Clinical Senate Forum includes patient and public members who have links with their local communities and are members of a number of other organisations including Healthwatch. Collectively these members form the Patient and Public Voice Advisory Group.
- Some Clinical Senate Councils have also commenced meeting in public where evidence related to advice requests is being debated e.g. South West. All Clinical Senates make their Council minutes publicly available.
- Other Senates have used Summits as the platform for broader Public and Patient Engagement and clinical debate as part of their process in providing advice to stakeholders. e.g. South East Coast
- Clinical Senates are also using 'Prince's Trust Youth Ambassadors' (South East Coast & South West) to engage with young people as well as using social media and surveys to seek public views on specific issues.