

Recommendations from the South West Clinical Senate Meeting, 14th May 2015, Taunton Rugby Football Club

The South West Clinical Senate Council met in Taunton on 14 May, 2015 to consider whether the clinical co-dependencies of acute hospital services described in the appended South East Clinical Senate (SECS) Senate report are appropriate to support comprehensive, timely, high quality and safe hospital based acute care in the South West.

The South West Clinical Senate Council is supportive of the approach taken by the SECS in their report on Clinical Co-Dependencies of Acute Hospital Services and would commend it to South West CCGs. During the meeting, the Senate Council discussed the experience of Gloucestershire Hospitals NHS Foundation Trust's work on service configuration across two acute sites. The concept of testing proposed models and co-dependencies 'to destruction' was acknowledged as being critical to ensure good governance around proposed changes.

- The SECS report should be regarded as one of a number of tools that could be employed in considering the question as to which acute services should be co-located. Different models of care to support the delivery of acute services in the diverse geo-demography of the South West may require different co-dependencies, each of which could be considered using the matrix approach employed by the SECS.
- Commissioners may find the SECS report useful as a tool for performing a baseline gap analysis of existing service configuration with a view to any future networked provision of acute care.
- The dependencies in the SECS report may change as new technologies and novel models of care emerge to support the delivery of NHS England's Five Year Forward View.
- The impact on the South West Ambulance Service NHS Foundation Trust Service of any reconfiguration of urgent and emergency care is a critical consideration. There are existing examples of partnership working which could be replicated across the region so that detailed protocols are in place to ensure that primary conveyance is to a facility that can manage the patient without need for early secondary transfer.
- Although the SECS document focused on acute care, it provides a basis on which discussions could progress regarding co-location of clinical specialties to support the delivery of specialised services.

- The Senate recommends that the impact of any proposed reconfiguration on the ability of a Trust to provide acute care at junior doctor level is mapped early in the process.
- Preservation of teaching and research capabilities is critical and all commissioners should consider building this into future commissioning specifications with all providers.
- The Senate Council will ask the Citizen's Assembly to adapt the SECS Senate findings for the purpose of communicating the complexities of clinical co-dependencies for acute care provision with patient and public stakeholders. It was felt that this would be of value to support stakeholder engagement in the service re-design and implementation of future models of care.