



Mid & South Essex Hospitals – working together as “MSB group”

“The Senate Experience”

Dr Ronan Fenton

Consultant Anaesthetist MEHT 1998

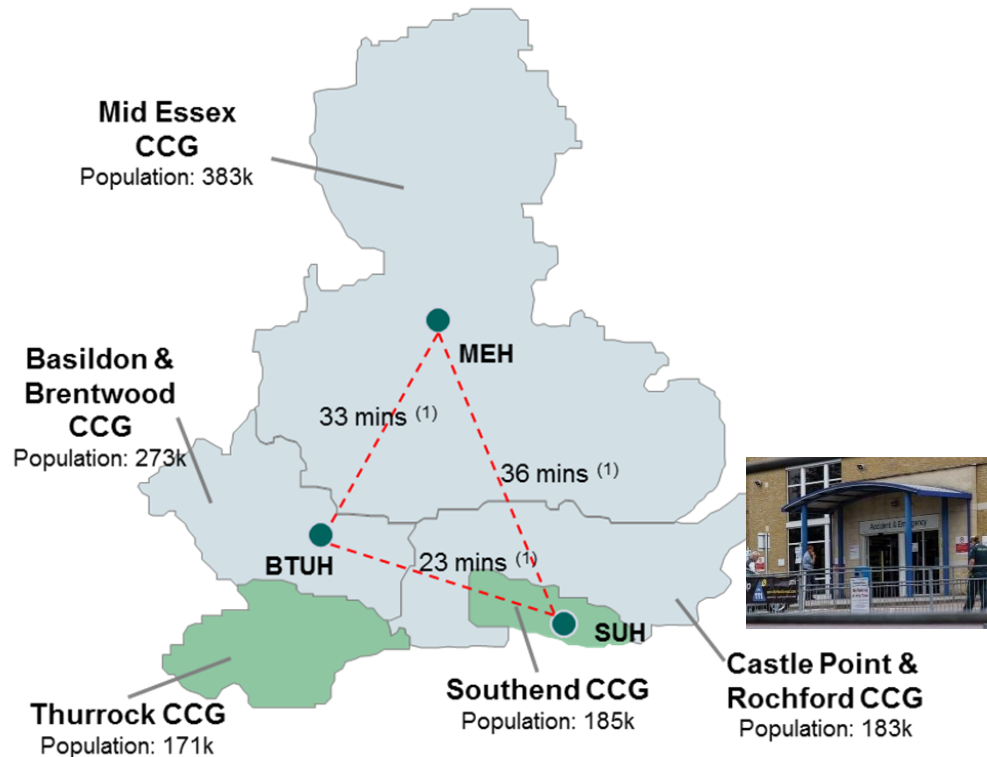
CD (Joint)/Service Director 2001 - 2010

Medical Director MEHT 2011 – 2016

**Medical Director Essex and Herts Air Ambulance Trust 2014-
Medical Director (Joint)Mid and South Essex STP Acute Workstream
2016-2019**

Independent Medical Director to Norfolk and Waveney STP 2019 -

Key Facts 3 DGH operating in silos



- 1.2M** SR population² served by 3 local authorities, 5 CCGs, 3 acute trusts, and EEAST
- ~850** Daily A&E attendances³
- ~5%** Proportion of A&E attendances with nothing abnormal detected⁴
- ~1800** Daily in-patient bed capacity requirements across the patch⁵
- 16K** NHS workforce in the SR⁶
- >600** Number of GPs serving the region⁶
- £100M** 2015/16 system deficit⁷

1. Travel times without traffic from Google Maps (Jan 16) 2. Population based on October 2015. 3. HES data 2015/16 4. Based on 2015/16 data from SUH (highest A&E data quality of the three trusts). 5. Trust estates team 6. Health Education England Workforce Intelligence 09/16 7. STP submission October 2016

The Journey

- 2011 – 2016 – MD/Dinners/Relationship building/CEO Conversations/Collaboration Proposals/Acute Care Alliance, South Central Essex Alliance, Working together for Essex
- **2015-2017 – Success Regime designation – 1year**
- **2017 – present – STP, Reconfiguration process, PCBC, Public Consultation, DMBC, Moving Forward with reconfiguration**
- **Senate involvement**

Your care in the best place – developments over the next five years



Working with the East of England Clinical Senate

- **June 2016** - initial proposals – Helped us move forward
October 2016 – more detailed proposals review; considered that the case for change was clear, *Senate urged the STP to go further, a bolder approach could deliver additional patient benefit.*
- **September 2017** – Following refinement of the model and the development of “treat and transfer” the Clinical Senate completed a short review. They broadly endorsed proposals; made a series of recommendations, requested further information on the stroke pathway
- **October 2017** – Further evidence on the stroke model was presented to a further Senate panel. The Senate concluded that they could support the model being included in the consultation. This was just before Public Consultation
- **April/May 2018** – Full panel review ,all aspects of clinical model; supportive of proposals with some recommendations made; outstanding concerns relating to emergency general surgery, particularly.
- **December 2018** – Focused panel review examining proposals for Emergency General Surgery

**Mid and South Essex
Sustainability and Transformation Partnership (STP)**



Your care in the best place

At home, in your community and in our hospitals

Public consultation **30 November 2017 to 9 March 2018**

www.nhsmidandsouthessex.co.uk

Working with the East of England Clinical Senate

What does it Feel Like?

Set Terms of Reference

Provide Pre Panel Information

Attend and Present to the Panel

Wait for the Report

Move on!

Working together helps – the example of proposals for stroke – reviewed by Senate in 2017 and 2018

Our local rationale for change

- Clinical evidence for specialist stroke units = better chances of recovery
- The key is - intensive rehabilitation in first 72 hours
- Joined-up stroke teams = network of stroke care & specialist stroke unit
- **Each Clinical Unit felt they were the best – lets have 3 HASUs**
- **Locally proposed 2-stage model deviated from accepted “London/Manchester” HASU model**

Senate was able to support a more intensive but flexible approach to looking at this pathway, including a specially commissioned systematic review and local visit and check and challenge session for our clinicians with Prof Tony Rudd, National Clinical lead for Stroke.

Really helped to ensure a proportionate response and manage expectations of NHS England and local clinical teams within timeframes and with sufficient scrutiny to satisfy commissioners.

What we have learned from the Senate Review process #1

- Clinicians may need development and support to be able to describe and defend change proposals, particularly in front of a multi-disciplinary audience; need to invest time and energy in this and practise, practise!
- Previously we had seen some of this work as time-limited and invested in consultancy resource, but for major change it is an ongoing relationship and conversation with your Clinical Senate and memory matters.
- “Getting through the Senate” isn’t a test, it is a good opportunity to get genuine feedback and embrace the advice and input from a wider pool of experts
- Working up proposals for Senate stage 2 really helped us move forward in terms of detail on workforce planning, realising benefits and identifying key gaps.

What we have learned from the Senate Review process #2

- Consider who has the right skills from your clinical teams to explain the proposals, the benefits and challenges for the Panel – not just who happens to be most senior or in the ‘lead’ role.
- We got a lot out of hearing from other parts of the country – Northumbria, Cumbria, Manchester, Kent – site visits and hosting speakers can help.
- Use your Academic health Science network – we commissioned evidence reviews, a particular systematic review on stroke models and also arrange a “mock senate” using academics from similar disciplines via Skype/teleconference in advance of the panels.
- Make time to engage actively with your local Clinical Senate team and hear what they need to make the process
- Ensure you engage actively in setting terms of reference – these need to be jointly owned and can really influence the focus of a report and need to answer key questions local providers, commissioners, councillors and the public will have for your system.

What did the East of England Clinical Senate ever do for us?

- Structure
- Provided a pathway
- Air Cover
- Critical Friend
- Introduced us to helpful contacts.
- Ensured that we kept asking ourselves if we were doing the right thing.
- Kept us on our toes!