

Citizens' Assembly Meeting: The NHS England/Improvement Assurance Process and the role of the South West Clinical Senate

Thursday 15th October 2020



Clinical Senates

Clinical Senates have two core functions;

1. To provide **independent clinical advice** via **Senate Council meetings** on topics primarily referred to us by commissioners but also by providers and the wider health system. This highly regarded and valued **independent clinical advice** can be implemented across the South West region and beyond.



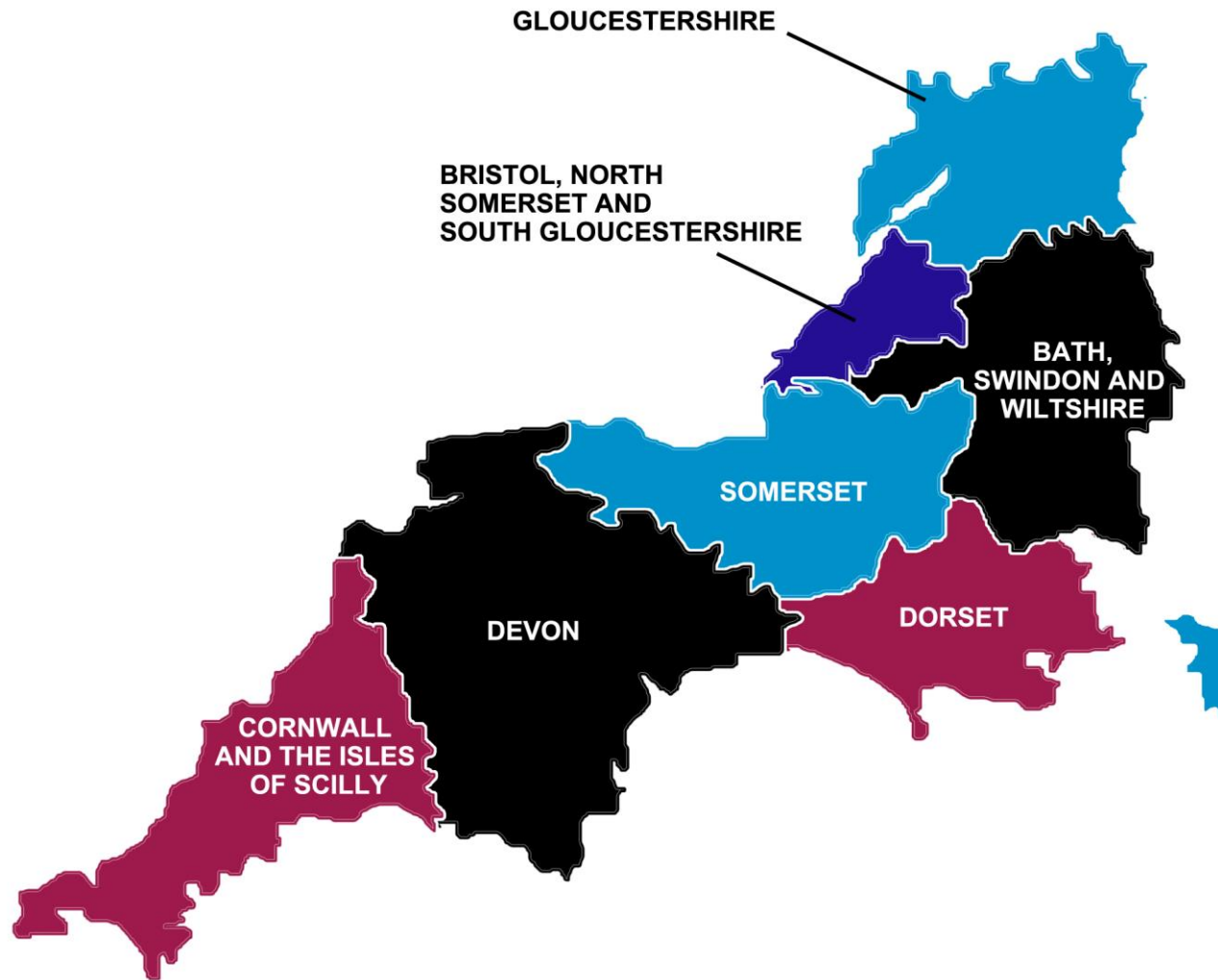
2. To provide independent clinical advice via **formal review panels** that inform the **NHS England/Improvement assurance process** for large scale service changes.

The Clinical Senate is recognised as being valuable to the healthcare community and provides leadership in system transformation and reconfiguration.

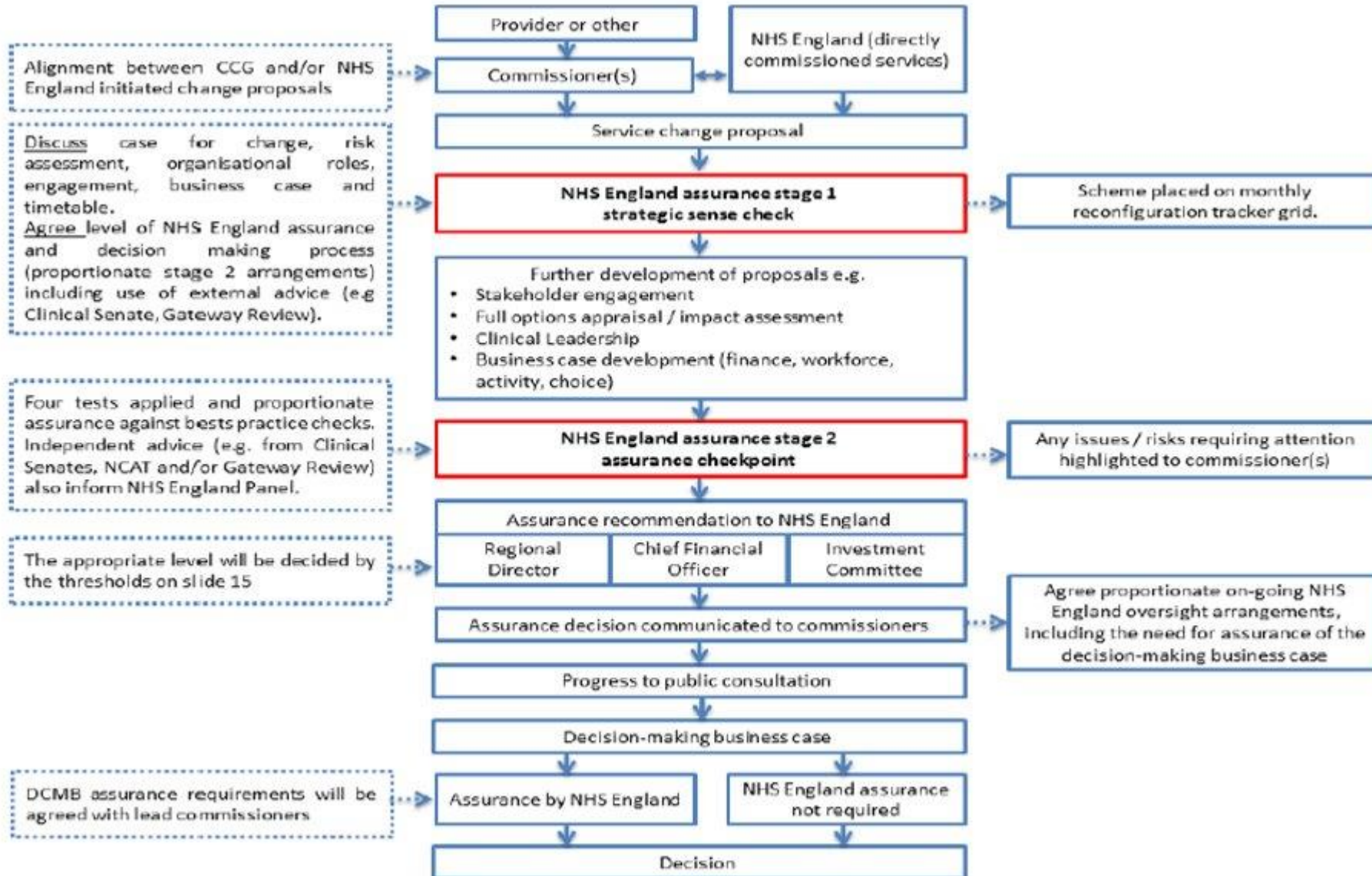


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The South West Clinical Senate



NHSE/I Assurance Process



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NHSE/I Assurance Process

Key Tests for Service Change:

FOUR KEY TESTS FOR SERVICE CHANGE

- The government's four key tests for Major Service Reconfigurations are:

1. Strong public and patient engagement



2. Consistency with current and prospective need for patient choice



3. Clear, clinical evidence base



4. Support for proposals from clinical commissioners



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NHS ENGLAND'S FIFTH TEST

- For any proposal that includes plans to significantly reduce hospital bed numbers, NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions

Demonstrate that sufficient alternative provision, such as increased GP or community services, 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, such as new anti-coagulation drugs used to treat strokes, 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 (for example in line with the Getting it Right First Time programme)

The Senate considers test 3, the evidence base for the clinical model, and test 5, the case for changes to bed numbers.

Types of Clinical Review

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.
2. **Clinical review** – this brings 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.



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Clinical Review Process

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?



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Clinical Review Panel

As part of Stage 2 of the assurance process:

- **CLINICAL PANEL:** The Senate Management team gathers a panel of out of area clinicians relevant to the topic area review service change documentation and pre-reading.
- **CITIZEN MEMBERS:** The panel includes two citizens representatives from the Citizens' Assembly.
- **PRE-CONSULTATION BUSINESS CASE (PCBC):** Once commissioners have developed options and before they go to public consultation, they provide a pre-consultation business case for the clinical panel to review. This can be as long as 250 pages and should outline the preferred models of care.
- **CLINICAL REVIEW PANEL MEETING:** The panel then meet with clinical leads to review whether the clinical evidence base for the options laid out is robust and whether the bed test has been met. (Further details about panel meetings in the next slide.)
- **CLINICAL SENATE REPORT:** A full draft report with any recommendations will be signed off by the panel and shared with the CCG and NHSE/I's assurance team to be considered at the Stage 2 assurance meeting.



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Timeline

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



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Clinical Review Panel Meetings

Somerset Service Reconfiguration: Adults of Working Age Inpatient Mental Health Beds
 Clinical Review Panel
 Agenda
 Taunton Rugby Football Ground
 5th September 2019
 10:00 – 15:30

Time		Speaker
09.30	<i>Arrival refreshments available</i>	
10:00	Welcome and introductions for panel members only <ul style="list-style-type: none"> • Overview of panel process and approach for the day • COI/Confidentiality • <u>Key Lines of Enquiry</u> 	Sally Pearson
10:30	Somerset attendees join – welcome and introductions <i>*Refreshments available</i>	Sally Pearson
10.45	Overview of Somerset's Fit for My Future Mental Health proposals: <ul style="list-style-type: none"> • Wider Context of Fit for my Future • Case for Change • Inpatient Beds Proposal <ul style="list-style-type: none"> ➢ Model of Care – as is and proposed ➢ PCBC and preferred option ➢ Response to Desktop Review panel feedback from June 2019. 	Somerset Team
11:45	<i>Q&A session</i>	All
12.45	<i>Lunch Provided</i>	All
13:45	Panel Deliberation and Discussion of Proposals <i>*Refreshments provided during discussions from 14:15</i>	Panel
14:45	Summary Recommendations and Feedback to STP	All
15:30	Close	Sally Pearson



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Virtual Clinical Review Panel Meetings

Gloucestershire ICS Service Reconfiguration: Fit for The Future Programme- Centres of Excellence
 Clinical Review Panel Agenda
 20th August 2020
 09.00-15.00

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Time		
09:00	1.	<p>Welcome and introductions for panel members only</p> <ul style="list-style-type: none"> Overview of panel process & virtual housekeeping Approach for the meeting Key Lines of Enquiry COI/Confidentiality
09:30	2.	<p>Gloucestershire attendees join – welcome and introductions</p>
09:40	3.	<p>Overview of Gloucestershire's Fit for the Future proposals:</p> <ul style="list-style-type: none"> Options for Consultation and Clinical Model (Centralisation of acute take, EGS and vascular/colorectal) Impact of Temporary Changes Neurology
10:00	4.	<p>KLOES Discussion Session (1) – overarching issues</p> <ol style="list-style-type: none"> Timescale Buildings/estates Manpower Medical cover at CGH Beds
11:00	5.	<p>Comfort Break</p>
11:15	6.	<p>KLOES Discussion Session (2) – specific proposals</p> <ol style="list-style-type: none"> Centralisation of the acute medical take to GRH ED at CGH Centralisation of elective colorectal Image Guided Interventional Surgery (IGIS) hub and vascular surgery Centralisation of emergency general surgery to GRH and general surgery day cases to CGH Elective Upper Gastrointestinal surgery (GI) (centralised at GRH) Reconfiguration of Trauma and Orthopaedics (currently a pilot) Reconfiguration of Gastroenterology (currently a pilot) Any other issues & Outstanding Standard CRP KLOEs (including timescale, estates, workforce and bed numbers)

12:15	7.	Panel Deliberation and Discussion of Proposals	Panel only
13:00	8.	Lunch	All
13:40	9.	1:1 Meetings to address specific KLOEs	(see timetable below)
14:20	10	Summary Recommendations (including any clarification required with ICS)	Panel only
15:00	11	Close	
Friday 21st August			
11-11:30	12	Summary Feedback to Gloucestershire Gloucestershire Team	Senate and ICS Team (Simon Lancelley, Micky Griffiths, David Halpin and Ellie Devine)

Proposed Clinical Breakout Meetings (13:40-14:20)

Topic	CRP Members	Glos' Members
Overall Vision and workforce Join Microsoft Teams Meeting	Ros Wade, Mary Backhouse Sharon O Reilly, Nevila Kalfa	Simon Lancelley, Ellen Rule
Acute Medical Centralisation & ED Join Microsoft Teams Meeting	David Halpin, Leilah Dare, Alex Sharpe	Mark Pietronji, Ian Shaw, Rob Stacey
Medical and Nursing Cover/ OOH Join Microsoft Teams Meeting	Caroline Smith, Arvind Kumar	Steve Hams, Claire Fowler



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Recent Reviews

June 2018: BSW: Maternity reconfiguration proposals

November 2018: BNSSG: Healthy Weston proposals

September 2019: Somerset STP: Mental Health reconfiguration proposals



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Questions



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The role of the CA Member on a panel

- How do the changes impact the patients using the services?
- Will patients be able to easily navigate through the proposed system?
- What challenges might a patient face?
- What key questions might a patient have about the proposals?

The role of CA members on the panel is **not** to assess the levels of public engagement carried out.

