

**A quick guide to requesting
East of England Clinical Senate to
undertake ad hoc projects.**



Guidance notes for requesting Clinical Senate advice

Purpose of this document

This document provides a quick guide to the process for requesting Clinical Senate to undertake pro-active 'ad hoc' projects that are not related to specific service change proposals that would require a clinical review panel.

The document refers to a number of other documents to be used by Clinical Senate as part of the process which can be provided separately upon request.

First prepared August 2017

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First published November 2017

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You can find more about us on our website <http://www.eoesenate.nhs.uk/>



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Background and context to Clinical Senate.

Twelve Clinical Senates were established across England in 2013 to be a source of independent, strategic clinical advice to commissioners and other stakeholders to help them to make the best decisions about healthcare for the populations they represent. Clinical Senates are non-statutory bodies that provide advice and operate independently of other statutory bodies.

Clinical Senates are a multi-disciplinary body with membership across the spectrum of health and social care where experts by experience (i.e. patient representatives) also bring their voice and perspective through their membership. Clinical Senate is comprised of a core Clinical Senate Council and a wider Clinical Senate Assembly.

You can find more about us on our website <http://www.eoesenate.nhs.uk/>

Requests for information, advice or intelligence gathering not related to specific service change (referred to as 'ad hoc' projects)

In addition to our primary function of providing independent clinical advice on service change proposals that is independent to the services and structures under review¹, Clinical Senate is able to undertake one off projects that would provide useful information, advice or intelligence to the health and care system in the East of England.

The projects will be task and finish, undertaken by a small project group of interested members. The project will be facilitated and lead by a member of Clinical Senate Council who will be accountable to Senate Council for the work.

The topic could be generated by Senate Council as a response to regional or national concern and relevance to the East of England, or requested by other bodies from within the East of England. These would include (but not exclusively)

- Sustainability and Transformation Partnerships
- Clinical Commissioning Groups
- NHS England Midlands & East Specialised Commissioning

¹ See Guidance for Review panels



- Regional Medical Directors' Forum
- Public Health England
- NHS England Midlands & East (East) Director of Commissioning Operations
- Eastern Academic Health Science Network
- Health and Wellbeing Boards
- Health Education England (East).

The request will come from a body or organisation, not an individual.

Prioritising which pieces of ad hoc work Clinical Senate could support

Clinical Senate Council will formally assess each request for ad hoc projects to identify whether or not they are appropriate, achievable and meet the criteria for Clinical Senate support. This assessment will consider the request through a set of criteria (below) to ensure that all requests are assessed by the same methodology and have a formal rationale for going ahead.

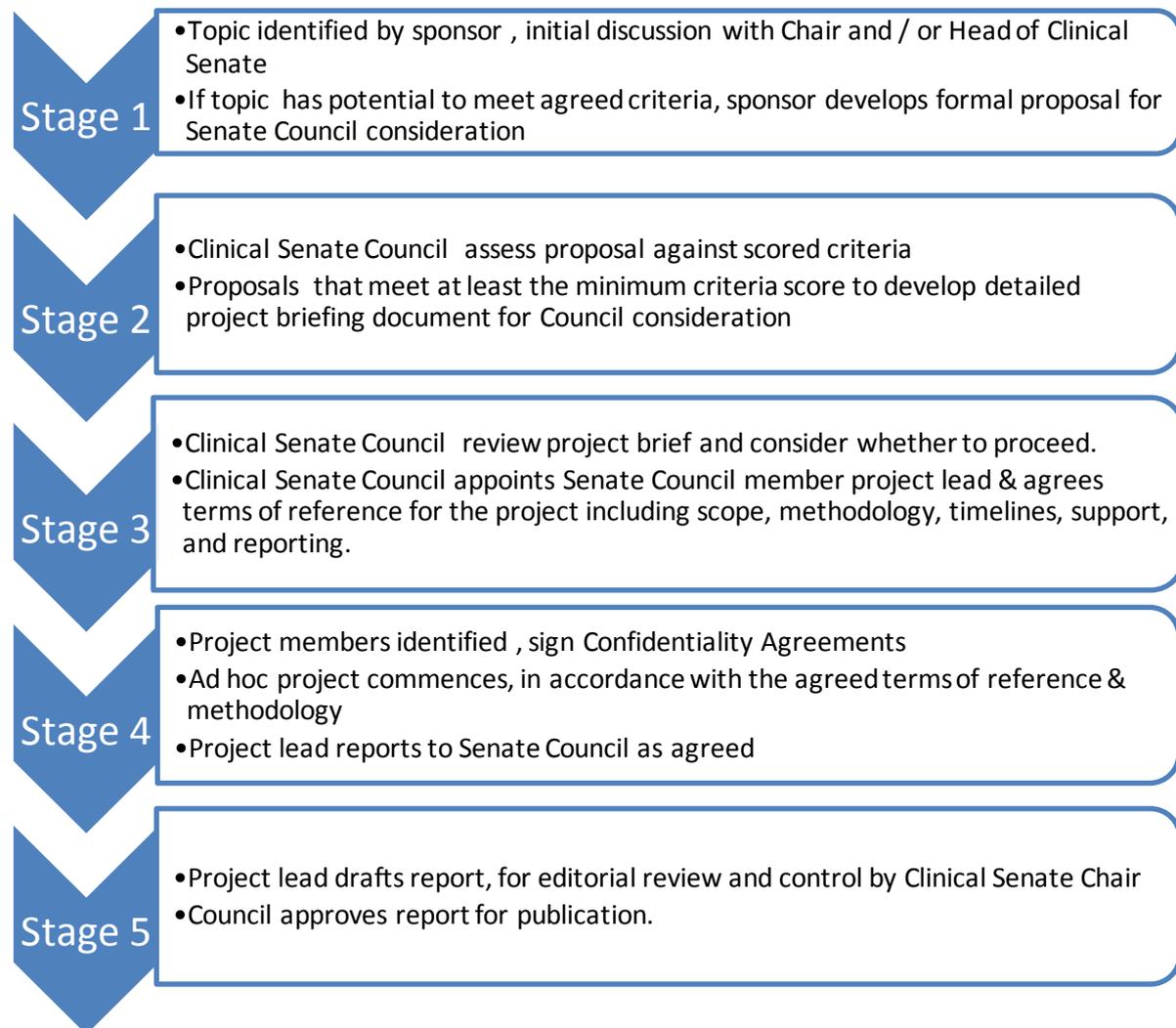
Criteria

- The project is of concern or interest at minimum regional (EoE) level
- The project has a sponsoring body in the East of England (list above)
- The outcome of the project will be of benefit to patients e.g. improve quality and / or access of care / service
- The project is tangible, realistic and achievable
- Scope and definition of the project are clear
- The project can be completed by a self-managing task and finish group within one year
- Clinical Senate has capacity to provide support to the project, or support is clearly identified from another source, including funding
- The project is not a duplication of work being undertaken elsewhere

All projects will be required to produce a report detailing purpose, methodology and findings / outcomes and recommendations if appropriate. Clinical Senate will have editorial control of the report and will publish on its website.



Figure A: Ad hoc project process



Criteria Scoring for ad hoc project submissions / approval to next stage

Criteria	Detail	Score
The project is of concern or interest at minimum regional (EoE) level	National interest	7
	Regional interest	5
	STP interest	1 per STP
The project has a sponsoring body in the East of England (list above)	Yes	5 (per sponsor)
	No	0
The outcome of the project will be of benefit to patients e.g. improve quality and / or access of care / service	Improved quality	5
	Improved access	5
Scope and definition of the project	Clear & defined	5
	To be developed	2
	No, some idea	1
The project can be completed by a self-managing task and finish group	Start to finish within one year	3
	Start to finish within six months	5
Clinical Senate has capacity to provide support to the project, or project support is clearly identified from another source	Project support is clearly identified from another source	5
	OR Clinical Senate has capacity to support	Yes – 3 No – 0
The project has identified funding support	Yes	5
	Requires some support from Clinical Senate	2
Total score		
Minimum score required to go to next stage		24

