



East of England
Clinical Senate

Supporting information for
East of England Clinical Senate
clinical review panel members

August 2018



East of England Clinical Senate: a guide and information for clinical review panel members

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Purpose:

To provide potential clinical review panel members with information about what the role entails and why they have been invited to be a member.



Congratulations! You have been identified as someone with the right knowledge and expertise to be a valuable member of a clinical review panel for the East of England Clinical Senate.

The invitation may have come out of the blue, and it is likely you may not be aware of what a clinical review panel is or does, or even the role of Clinical Senate. We have brought this document together to try and provide some information about Clinical Senate, clinical review panels and what it means to be a review panel member.

While each clinical review will be different, we hope that this provides you with enough information to consider agreeing to being a review panel member, or at least finding out a bit more about it. The majority of our review panel members have said that the experience was a positive one that they would do again. Many felt that they had learnt something or taken something away that they could use in their own work, below are a few panel member quotes.

Please do not hesitate to contact us if you have any questions or require further information. We hope you will agree to be a clinical review panel member.

Sue Edwards, Head of Clinical Senate, East of England

“Just wanted to thank you for the opportunity to be part of this review panel. It was an enriching experience being part of such a panel and I believe we have made a helpful contribution to the CCG in taking forward their plans” (Paediatric Sister managing Children’s Outpatient and Nurse led Unit)

“Thank you for inviting me, I found the experience very interesting and it was good to put my own views towards the decision making. I would like to say that the chair was extremely good and allowed sufficient time for each panel member to have their say.” (Lead Cancer Nurse, Acute Trust)



“Prior to attending I questioned how much I would be able to input into this particular panel discussion as it was outside my remit of speciality. However, it was very clear once discussions started on the day that my knowledge of other issues which cross-over specialities and having fresh eyes was valuable, and I felt it was one of the most beneficial and rewarding events I have attended for a long time. (Senior Community Midwife)

“It has been a really interesting process, thank you for asking me to be part of it.” (GP)

“This was a rewarding experience that enabled me to use my knowledge in a new way and contribute to the consultative process for important service changes in our region: (Consultant Physician)

“The clinical reviews (invited by different sponsors) I have participated in have been exciting / thought provoking... The experience has certainly broadened my professional field of vision. It has been a rewarding experience that helped me better appraise my own service and local practices. The wisdom and incisive enquiring of my colleagues in the visiting team have humbled me enormously. I hope my contributions have been useful for host organisations and helped mental health services become less of a Cinderella service within those organisations: (Consultant Psychiatrist.)

“I found the presentation and discussions quite fascinating and came away feeling most cheered!” (Consultant in Dental Public Health)

“Participation in the Clinical Senate has broadened my experience of health services commissioning, delivery and transformation strategy at a systems level. Joining the Senate has enhanced my professional network and introduced me to valuable new colleagues: Nurse Consultant



Clinical Senates

Clinical Senates were established 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. There are 12 Clinical Senates across England. We 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. Senates are comprised of a core Clinical Senate Council and a wider Clinical Senate Assembly or Forum.

The East of England Clinical Senate is uniquely placed within the healthcare system. We provide a clinical perspective that is independent to the services and structures under review, which uses the expertise of clinicians from across health and social care, and is able to understand the potential impact of proposals across our East of England geography.

We can be contacted by any commissioning body to provide an independent review of service proposals at any point in their deliberations.

Our role in service change assurance

Commissioning bodies, or NHS service providers, can approach the Clinical Senate for advice at any point in the development of their proposals. Clinical Senate also has a formal role in providing impartial clinical advice as part of the NHS England's assurance process for service change. This role was previously provided by the National Clinical Advisory Team (NCAT). At the heart of the NHS England assurance process for service change are the four tests from the Government's Mandate to NHS England. The four tests, intended to apply in all cases of major NHS service change during normal stable operations, are:

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

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

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



How we develop advice for commissioners

Clinical Senates review the service change proposals through **clinical review panels**. Review panels are made up of a group of clinicians and experts by experience, brought together for that specific purpose. Review panel members are not associated in any way with the proposals and are primarily drawn from the Clinical Senate Assembly. With the Head of Clinical Senate, the commissioning body determines the question it is asking the Clinical Senate to respond to and provide advice on. Once that has been developed, Terms of Reference will be agreed and panel members with the appropriate expertise and knowledge will be identified and invited to be a panel member. The panel members will review the case for change and evidence and agree the key lines of enquiry for the panel day.

The review panel is usually face to face over one day but may be more and may include site visits if it is considered to be appropriate for the matter under review. On the day of the clinical review panel, the panel meets with the members of the commissioning body for them to be able to answer any questions panel members may have. The panel then has confidential discussions on the case for change and evidence presented and formulates its advice which is provided in a confidential report.

Clinical review panels may also be held by teleconference if considered appropriate, this will usually apply where the proposals may be more straight forward and require less discussion for example a single service. These will usually only last about two to three hours but will in the main follow the same process as the full day (or longer) review panels,

The above is shown in more detail in Appendix 1.

Why was I selected?

You were selected, or recommended, on the basis that your clinical knowledge and experience would provide professional expert opinion to respond to the request from the commissioning body. You do not have to be an 'expert' on change or transformational service development – you have been invited to bring an independent and objective opinion on the proposals from your own professional perspective.

I haven't done this before, what can I expect?

The majority of the clinical review panel members are there for the first time, they have all been invited on the basis of their individual expertise. The review panel will be chaired by an experienced Clinical Senate Council member, usually our Chair, Dr Bernard Brett, or a Vice Chair. There may be one or two other Clinical Senate Council members on the panel who will have sat on panels before. The Head of Clinical



Senate, Sue Edwards and Clinical Senate Project Officer, Brenda Allen are available to provide you with full information and support throughout the process and answer any questions.

The process of the review is described above, it will be more or less the same for each review panel, but you will be given full details once you have accepted the invitation.

What will the clinical review panel be asked to do?

Terms of Reference are agreed for each review panel, they will be different for each review but they are all focussed around a question or series of questions the commissioning body wants the Clinical Senate to respond to and provide advice on. We have found that by framing the review through a question, the review panel will keep focussed in its discussions.

Generally, clinical review panels will be asked to look at the case for change and evidence provided and consider whether the proposals for service change will improve clinical outcomes and quality of patient care at a local level. Clinical review panels do not look at the finances of proposals but will look at (for example) workforce issues, and accessibility. There are always patient representatives on review panels.

What skills do I need to do this?

You have been invited to be a panel member on your own professional standing, not as a representative of your employing organisation or professional body. You will therefore need to be able to step outside of your organisation and geography to put the needs of patients above those of organisations and professions.

You should be able to understand and interpret complex data, have an open-minded approach and understand current health and care systems. You will probably be interested in change, improving services and definitely be interested in improving outcomes for patients.

You do not need to have previous experience as a review panel member. You have been invited to be a panel member to bring expert advice from your own clinical, professional perspective.

I don't know the local area, does that matter?

You do not need to have knowledge of the local area; this will be provided as part of the evidence. Indeed, if you are part of the health and care system or area for the proposed change, you are unlikely to be invited to be a panel member on this occasion as you will be considered to have a conflict of interest.



What commitment do I need to make to be a review panel member?

All review panels will be different but wherever possible we will arrange for the actual review panel to be no more than one day. You will be advised from the outset if it is expected or planned to be more.

Time will also be required for you to review the evidence which will generally be emailed to you no later than two weeks prior to the panel. Once you have had the evidence, there will be a teleconference for review panel members of about two hours prior to the panel day to draw up the key lines of enquiry and raise any matters you have questions on. This will be led by the Chair of the review panel and is a helpful way to get a feel for the panel.

You may be asked to review the draft report.

Our request to you is that once you agree to be a panel member, you are committed for the duration and do not leave the process. Bringing together an expert panel is complex and takes time and if one member drops out, that can leave an imbalance in expertise that cannot be replaced at short notice. So please do fully commit if you agree to be a review panel member.

What else do I need to know?

The information you will receive as part of the review process will be confidential, it may be contentious and will probably not yet have been out for public consultation. Before receiving that information you will be asked to sign a confidentiality agreement and declare any interests. An interest does not necessarily mean you will be excluded from the review process – more information will be provided on conflicts of interest and any concerns can be discussed with the Head of Clinical Senate or Chair at any time. Clinical review panels are intended to support commissioners in the development, or assurance, of their proposals and are therefore quite informal, although panel days are well structured with a timed agenda.

We are unable to pay NHS employees but can reimburse out of pocket expenses for patient representatives in accordance with the NHS England Public and Patient Expenses policy. We are also able to reimburse GPs for backfill upon receipt of a practice invoice. The Clinical Senate team is able to answer any other questions about individual circumstances and payments / reimbursement.

Panel members will be provided with a certificate of attendance that will provide detail of total hours given to the review including reading time. This can be used towards your professional annual review.



Who can help me with any other questions and information?

Sue Edwards, Head of Clinical Senate and Brenda Allen, Clinical Senate Project Officer, will run the clinical review process and will provide you with the information you need and answer any questions you may have. Indeed, they will become familiar names in your inbox should you agree to be a panel member! Please do not hesitate to contact them with any questions:

Sue Edwards – email sue.edwards17@nhs.net or telephone 07824 457 683

Brenda Allen – email brendaallen@nhs.net or telephone 0113 825 5055.

Appendix 1: Clinical Senate review process

