East of England
Clinical Senate

Report of the Clinical Senate
Desktop Independent Clinical Review of the Norfolk & Waveney ICS Clinical Strategy (2022-2027)

Held on 01 August 2022

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Glossary of abbreviations used in the report (a-z)

AHP	Allied Health Professional
CCG	Clinical Commissioning Group
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IT	Information Technology
MDT	Multi-Disciplinary Team
N&W	Norfolk & Waveney ICS/ICB
PCN	Primary Care Networks
STP	Sustainability and Transformation Partnership

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Foreword from Clinical Panel Chair

The East of England Clinical Senate was delighted to support Norfolk and Waveney ICS/ICB System with an independent clinical review of its Clinical Strategy.

I would like to thank all members of the Norfolk and Waveney ICS/ICB System who engaged with the East of England Clinical Senate and for all the information they provided and their open, honest, and prompt response to the request for further information.

I would also like to thank all the Clinical Senate Review Panel members for engaging in such an active way with the process, asking searching questions and giving their time to contribute their wide and varied expertise.

I am sorry about the delay in the production of the report and as Clinical Panel Chair, I take full responsibility for this delay.

Since this Independent Clinical Review took place, Norfolk and Waveney ICS/ICB has done further work on how the Clinical Strategy is going to be implemented.

The East of England Clinical Senate wishes the Norfolk and Waveney ICS/ICB System well with their ongoing work to improve the health and wellbeing for the 1.1 million people who live in Norfolk and Waveney.

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Sunil Gupta.

Dr Sunil Gupta

East of England Clinical Senate Vice Chair and Clinical Review Panel Chair

1. Executive Summary

The East of England Clinical Senate convened a desktop independent Clinical Review Panel to provide early-stage advice and an objective appraisal of the Norfolk & Waveney ICS/ICB System (N&W) Clinical Strategy, to be used in the further development of major transformational programmes of work.

The Panel were asked to review the Clinical Strategy, focusing on six specific questions asked by N&W. The Panel has responded to each of these questions and has made a number of recommendations for the N&W team.

1. **Does the Norfolk and Waveney System Clinical Strategy represent the right formula for integration within the NHS?**

   The Panel were very impressed that there is a clear description of why there needs to be integration within the Norfolk and Waveney system and the Strategy presented a breadth of ambition.

2. **Does the Panel believe that an appropriately detailed engagement process has been undertaken and that this is drawn out in the System Clinical Strategy?**

   The Panel considers that there has been appropriate and representative engagement so far and this would be strengthened by additional patient involvement in co-design.

3. **Can the Panel offer any guidance on an overall approach to the weighting of priority areas, where they might see the highest impact areas for short-, medium- and longer-term delivery of programmes of work.**

   The Panel are of the opinion that it is for the Norfolk and Waveney System to do a baseline of where it is now, working with its local communities on what should be the priorities, firmly based on local needs

and underpinned by population health planning. High impact areas will include digital, workforce, inequalities and prevention.

4. **Can the Panel see the successful delivery of the Norfolk and Waveney System Clinical Strategy improving:**

    a. **Patient care and quality**
    b. **Patient satisfaction**
    c. **Service provision**
    d. **Staff satisfaction**

    As the strategy is presently at high level, whilst the Panel see that there are ambitions to meet improvement of these aims, more detail will be required to see if these aims are likely to succeed.

5. **Does the Panel believe that there are any significant omissions within the System Clinical Strategy?**

    There are several areas the Panel considers that the System Clinical Strategy needs to address further. When the planning for the operationalisation and delivery is more advanced, many of the omitted areas may be addressed.

6. **Does the Panel believe that the System Clinical Strategy offers the right level of ambition to meet the requirements of the integrated care agenda?**

    Whilst the Panel considers that the ambitions are very high-level, aspirational and admirable in their scope, they may not all be achievable in a feasible timescale.

The Panel have made several recommendations of focus to the N&W team from this review. These are:

Recommendation 1- Strategy Implementation

The Panel recommend that to provide sufficient assurance that the aims of the strategy can be achieved, “how” the strategy will be implemented needs to be detailed more clearly, including what will be prioritised and the timescale.

Recommendation 2 - Engagement

The Panel recommend that further engagement work is undertaken with the following:

- Involve more co-production and more co-design of services.
- Have greater engagement with citizens, patients, communities and Healthwatch.
- Wider engagement with groups affected by inequalities.
- Wider involvement of Primary Care and Community Services.
- Have wider staff engagement.
- Involve greater engagement using digital methods.

Recommendation 3 - Priority/High Impact Areas

The Panel recommend that there should be more detail on:

- How improvements in patient quality and care will be achieved.
- How patient satisfaction will be achieved and measured.
- How provision of service improvement will be delivered and evidenced.
- Specific measures to demonstrate improvement in staff satisfaction.

Recommendation 4 – Strategy Development

The Panel strongly recommends that as plans are developed to support the strategy that there is additional focus in the planning on the areas in 4.4.5 of this report.

The areas of the recommendations above should be read in the context of the broader findings of the Clinical Review Panel as laid out in the Key Findings (Section 4) of this report.

2. Review Background and Scope

The East of England Clinical Senate has been requested to undertake a clinical review of the Norfolk and Waveney System Clinical Strategy**.**

The Norfolk and Waveney Sustainability and Transformation Partnership (STP) had already developed a detailed response to the NHS Long Term Plan called “A Healthier Norfolk and Waveney” which detailed a five-year transformation plan for improving health and care within the context of closer collaborative working. However, the effective launch of the plan was all but stopped by the deteriorating operating environment of the pandemic. Clearly health services were facing, and continue to face, very different challenges. However, at the same time the pandemic necessitated services to work more closely than ever before and innovate at a pace previously unachievable. These contextual factors created a framework within which the System Clinical Strategy was developed during the response to the Covid-19 pandemic.

The Norfolk and Waveney Integrated Care System is made-up of a wide range of partner organisations, working together to help people lead longer, healthier and happier lives.

The System Clinical Strategy for Norfolk and Waveney is based on the experiences, hopes and ideas of the patients who use the NHS, the staff that work in it and the communities it serves. The pandemic proved that by health care organisations coming together, unprecedented levels of innovation, co-operation, and transformation on a scale and at a rate never seen before can be achieved and real change can be delivered. This Strategy seeks to address the planning needed to meet the needs of a growing ageing population across the local health and care system.

This Clinical Review has been specifically asked to consider six questions during the review:

- Does the Norfolk and Waveney System Clinical Strategy represent the right formula for integration within the NHS?
- Does the Panel believe that an appropriately detailed engagement process has been undertaken and that this is drawn out in the System Clinical Strategy?
- Can the Panel offer any guidance on an overall approach to the weighting of priority areas, where they might see the highest impact areas for short, medium and longer-term delivery of programmes of work?
- Can the Panel see the successful delivery of the Norfolk and Waveney System Clinical Strategy improving:
    a) Patient care and quality
    b) Patient satisfaction
    c) Service provision
    d) Staff satisfaction
- Does the Panel believe that there are any significant omissions within the System Clinical Strategy?
- Does the Panel believe that the System Clinical Strategy offers the right level of ambition to meet the requirements of the integrated care agenda?

3. Methodology and Governance

3.1 Clinical Review Panel Members (Appendix 1) from within and outside of the East of England and patient representatives (experts by experience) were identified by their clinical expertise and background and invited to join the Review Panel. All Panel members signed conflict of interest and confidentiality declarations (Appendix 3).

Terms of Reference for the review were agreed between Dr Sunil Gupta, Vice Chair of East of England Clinical Senate and Jim Barker, Head of Strategy, Norfolk and Norwich University Hospitals NHS Foundation Trust, on behalf of Norfolk & Waveney ICS/ICB (Appendix 1).

3.2 The evidence received on 7th June 2022 was discussed at the Pre-Panel teleconference on 19th July 2022, chaired by Dr Sunil Gupta, to prepare Panel members and discuss potential key lines of enquiry. Further information requested at the Pre-Panel meeting was provided by N&W on 22nd July 2022.

3.3 A Clinical Review Panel took place on 1st August 2022 and all the information provided was considered by the Panel.

3.4 Sections of the draft report were sent to the Clinical Review Panel Members for review and confirmation of accuracy and to the N&W team for review for points of accuracy on 01 March 2023.

3.5 The final draft of the report was submitted to the East of England Clinical Senate Council on 28 March 2023. Senate Council agreed that the Clinical Review Panel had fulfilled the Terms of Reference for the review and confirmed the report.

3.6 East of England Clinical Senate will publish this report on its website at an appropriate time and as agreed with the sponsoring organisation.

4. Summary of Key Findings

4.1 The Panel thanks the N&W team for all the information provided, their open and honest approach and prompt response to the Pre-Panel's request for further information, namely:

- Benchmarking data showing current performance against National Indicators.
- Age related population map - for example, concentrations of older people where frailty support is needed/likely to grow.
- Update on any recent stakeholder engagement.

4.2 The Panel is pleased that the Norfolk & Waveney team are seeking engagement and advice from the Clinical Senate.

4.3 Following detailed discussion of the evidence, the Panel have developed this report which includes the key findings of the Panel as well as recommendations for consideration.

4.4 The central questions the Clinical Senate was asked to address in this review are:

4.4.1 Does the Norfolk and Waveney System Clinical Strategy represent the right formula for integration within the NHS?

a) The Panel were very impressed that there is a clear description of why there needs to be integration within the Norfolk and Waveney system. The strategy is presented as a list of sensible aims for health services and could act as a high-level strategic framework to design plans to meet these aims. It is well structured and organised with good detail about the composition of the region and locality.

b) There is a good breadth of outline and ambition demonstrated in the strategy allowing the ICS to pursue different ambitions at different times. Conversely the breadth of the strategy makes it unclear how it will be implemented and how the integration is going to occur, to deliver

the overall aims. For example, will it be by using place-based teams and/or by the redesign of pathways jointly by primary, secondary and tertiary care.

c) Whilst clinical strategies have existed for some time and often deal with integration issues, they are often confined to the NHS. As this strategy is underpinning an ICS, it could state more about the partnerships beyond the NHS, as well as the importance of the social and economic determinants of health. The strategy could involve the two Health and Wellbeing Strategies covering the Norfolk and Waveney area. Additionally, the strategy could use Population Health Management to get analytical data on how to implement the strategy.

Recommendation 1

The Panel recommend that to provide sufficient assurance that the aims of the strategy can be achieved, "how" the strategy will be implemented needs to be detailed more clearly, including what will be prioritised and the timescale.

4.4.2. Does the Panel believe that an appropriately detailed engagement process has been undertaken and that this is drawn out in the System Clinical Strategy?

a) The Panel considers from the documentation presented that there has been appropriate and representative engagement so far.

b) The clinical voice features strongly in the strategy. The patient and public voice could be more apparent. It is acknowledged that whilst lay population engagement appears representative, it is also quite tricky at this strategic level. The Panel consider that the Clinical Strategy development could benefit from patient involvement at the earliest stage if a co-design approach is undertaken, in particular for prioritisation and in order to introduce a greater measure of realism.

c) More focussed engagement on specific transformation programmes is likely to be needed as they are developed in future.

Recommendation: 2

The Panel recommend that further engagement work is undertaken with the following:

a) Involve more co-production and more co-design of services.

b) Have greater engagement with citizens, patients, communities and Healthwatch.

c) Wider engagement with groups affected by inequalities.

d) Wider involvement of Primary Care and Community Services.

e) Have wider staff engagement.

f) Involve greater engagement using digital methods.

4.4.3. Can the Panel offer any guidance on an overall approach to the weighting of priority areas, where they might see the highest impact areas for short, medium and longer-term delivery of programmes of work?

a) The Panel are of the opinion that it is for the Norfolk and Waveney System to do a baseline of where it is now, and work with its local communities on what should be the priorities. The Panel considers that prioritisation should be firmly based on local needs and as far as possible be developed on a smaller geographical footprint such as at Place Level, but within this remit the driving theme should be addressing health inequalities. Above all, it should be realistic and underpinned by research into population health.

b) The Panel consider that the highest impact areas could include:

- Digital - the baseline should be sought with development of improved interoperability of different clinical IT systems.
- Health Inequalities - this should be especially helping the groups with significant premature mortality e.g., patients with severe mental illness and those with learning difficulties.

- Increasing hospital capacity to address long ambulance waiting times.
- Workforce - recruitment and retention. For example, in Primary Care, the system could set as an ambition for a more equitable distribution of primary care staff to reflect the need in each area, respecting the fact that more deprived communities need more healthcare.
- Prevention - especially addressing risky behaviours which contribute to premature mortality.
- Looking at areas of high financial spend and high clinical need.
- Areas identified by local Healthwatch e.g., GP access, Dentistry access, long waiting time for outpatients and for routine operations, long waiting time for Ambulances.

4.4.4 Can the Panel see the successful delivery of the Norfolk and Waveney System Clinical Strategy improving:

a) Patient care and quality
b) Patient satisfaction
c) Service provision
d) Staff satisfaction

The Panel consider that because the strategy is presently at a high level, whilst it has considerations of delivering on these four improvement aims, there will need to be more detail to see if it is likely to succeed. Drawing on innovative ideas from elsewhere could improve the strategy.

a) Patient care and quality

- There is a plan to set up a team to deal with healthcare variation which will be beneficial.
- More detail on the targets and possible outcomes would make it possible to judge the chances of success in bringing about an improvement in care and quality. However, the strategy does include proposals for a Quality Team and for a Clinical Resource

Centre, which demonstrates a commitment to quality improvement.

- The strategy could contain the narrative of stories of present patient experience and how it will be different in the future.
- The strategy should use appropriate Clinical Outcomes e.g., Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs).

b) Patient satisfaction

- The strategy describes a number of ideas to improve patient satisfaction with their care, such as by using universal personalised care models, designing systems to ensure information follows the patient and ring-fencing elective care beds. Whilst these should improve patient satisfaction, the strategy could have included more detail on how these improvements will be achieved.

c) Service provision

- The Panel considers that there is a reasonably good level of detail describing how services will increase capacity, improve patient flow and speed up delivery of treatments, especially in secondary care.
- The Panel was positive about increasing diagnostic capacity. It was also noted that there is some attempt at addressing over diagnosis and over treatment but considers this could be more ambitious.
- There should be more information about how the strategy is going to help the populations with the greatest need.
- It was noted that there was little consideration of how arrangements for specialised commissioning will be handled at the ICS level, but the Panel acknowledged it was probably too early for this.

d) Staff satisfaction

- The Panel noted some ambition with initiatives such as the staff passport for ease of moving between sectors and fast-tracking rotation opportunities which will be valuable. Although there are general statements about valuing staff, there could be greater assurance that this will be a priority.
- There will be indirect benefits to staff of any improvements in the services offered. However, there is insufficient detail on specific measures to improve staff satisfaction other than improving mobility.

Recommendation 3

The Panel recommend that there should be more detail on:

a) How improvements in patient quality and care will be achieved.

b) How patient satisfaction will be achieved and measured.

c) How provision of service improvement will be delivered and evidenced.

d) Specific measures to demonstrate improvement in staff satisfaction.

4.4.5 Does the Panel believe that there are any significant omissions within the System Clinical Strategy?

a) The Panel recognise that this is a strategy that is necessarily broad in its scope and that consequently additional details and plans will be developed to progress the strategy from ambition into reality.

b) There is lack of detail on how the strategy is to be operationalised and delivered. Without guidelines and a realistic prioritisation of desired changes (including funding and political considerations) this cannot be assessed. This includes a consideration of the relationship between the Norfolk and Waveney Clinical Strategy and other local ICSs, especially where there are shared or combined services (e.g., Mental Health).

c) There are several areas where the Panel consider that the System Clinical Strategy needs to address further. These include:

- There could be further information on how the system is going to increase Hospital capacity, deal with pressures on Ambulance hand-over and the alternatives to admission.
- There could be more detail about improving the recruitment and retention of staff including new/diverse roles.
- The strategy could consider Place-based integration using integrated neighbourhood teams e.g., for frail elderly and for end of life care.
- The strategy could consider Primary Care Transformation to improve same day access to Primary Care.
- There could be more information about how Mental Health services in the area are going to be improved and how these services are going to be less fragmented and more integrated in the future.
- The strategy needs to describe a plan to integrate primary, intermediate and secondary services at Primary Care Network level and Place level as well as with local authority involvement.
- There could be more information about how inequalities are going to be addressed. There could be more focus on ensuring resources are targeted at reducing health inequalities and improving services in deprived communities.
- There could be more information about how the system is going to address the wider determinants of health.
- There could be more information about how joined-up leadership will happen e.g., agreed evidence-based patient pathways to streamline flow as well as delegated budgets or single management teams to avoid duplication between different organisations.
- Prevention and early intervention need more emphasis e.g., in the areas of Cancer, Mental Health and Public Health.
- There could be more information about transport which can be a significant challenge in rural areas.
- Some information about the role of research as this helps drives clinical practice forward.

- The strategy should include the move towards increasing the amount of care delivered in the community.
- The strategy could emphasise the benefits of health care organisations being anchor institutions in the Norfolk and Waveney geography.

Recommendation 4

The Panel strongly recommends that as plans are developed to support the strategy that there is additional focus in the planning on the areas in 4.4.5 of this report.

4.4.6 Does the Panel believe that the System Clinical Strategy offers the right level of ambition to meet the requirements of the integrated care agenda?

a) The Panel considers that the ambitions are very high-level, aspirational and may not all be achievable in a feasible timescale.

b) Many of the aims in the strategy are admirable in their scope but are often too high level and lack sufficient detail to provide assurance. The strategy feels very heavily driven by secondary care and will benefit from more public collaboration. It is positive that there is alot of acknowledgement of setting up of committees, working parties, teams, and centres. These should consider having more focus on development with community provision, primary care provision and public partnerships. The ambition could focus further on bringing care out of hospital.

c) The documentation provided to the Panel was comprehensive, with a great deal of population health data and evidence of detailed prior discussion which provides a solid background for a more focused and prioritised strategy. It is to be hoped that the strategy is regarded as a basic working document, to be better articulated and operationalised as the ICB comes into being and matures.

5. Conclusions

Overall, the Panel concluded that the strategy has a broad scope and has sought the views and advice from multiple stakeholders, albeit there are additional stakeholders where further engagement is required.

The infographics and detailed quantitative information in the report were helpful in identifying population characteristics for the geography and allowed the Panel to critique the strategy in depth.

There are areas of the report where there are clear ideas about how to achieve some of the specific improvements in the ambition.

Throughout the key findings there are suggestions both for projects and mechanisms which could provide a focus for future development and operationalisation of the Clinical Strategy.

The strategy is a good basis for a more detailed exploration, which needs to address the local ICS environment and prioritise accordingly.

The key findings clarify the context for the recommendations and these should be reviewed together.

6. Recommendations

Recommendation 1- Strategy Implementation

The Panel recommend that to provide sufficient assurance that the aims of the strategy can be achieved, “how” the strategy will be implemented needs to be detailed more clearly, including what will be prioritised and the timescale.

Recommendation 2 - Engagement

The Panel recommend that further engagement work is undertaken with the following:

a) Involve more co-production and more co-design of services.
b) Have greater engagement with citizens, patients, communities and Healthwatch.
c) Wider engagement with groups affected by inequalities.
d) Wider involvement of Primary Care and Community Services.
e) Have wider staff engagement.
f) Involve greater engagement using digital methods.

Recommendation 3 – Priority and High Impact Areas

The Panel recommend that there should be more detail on:

a) How improvements in patient quality and care will be achieved.
b) How patient satisfaction will be achieved and measured.
c) How provision of service improvement will be delivered and evidenced.
d) Specific measures to demonstrate improvement in staff satisfaction.

Recommendation 4 – Strategy Development

The Panel strongly recommends that as plans are developed to support the strategy that there is additional focus in the planning on the areas in 4.4.5 of this report.

APPENDIX 1: Terms of Reference for the Review

DESKTOP INDEPENDENT CLINICAL REVIEW OF NORFOLK & WAVENEY ICS/ICB CLINICAL STRATEGY

Terms of Reference agreed by:

Title: **Jim Barker, Head of Strategy, Norfolk and Norwich University Hospitals NHS Foundation Trust,** on behalf of **Commissioning Organisation: Norfolk & Waveney ICS/ICB**

Signature 

Date **22nd June 2022**

Panel Chair: **Dr Sunil Gupta, Vice Chair, East of England Clinical Senate,** on behalf of **East of England Clinical Senate**

Signature 

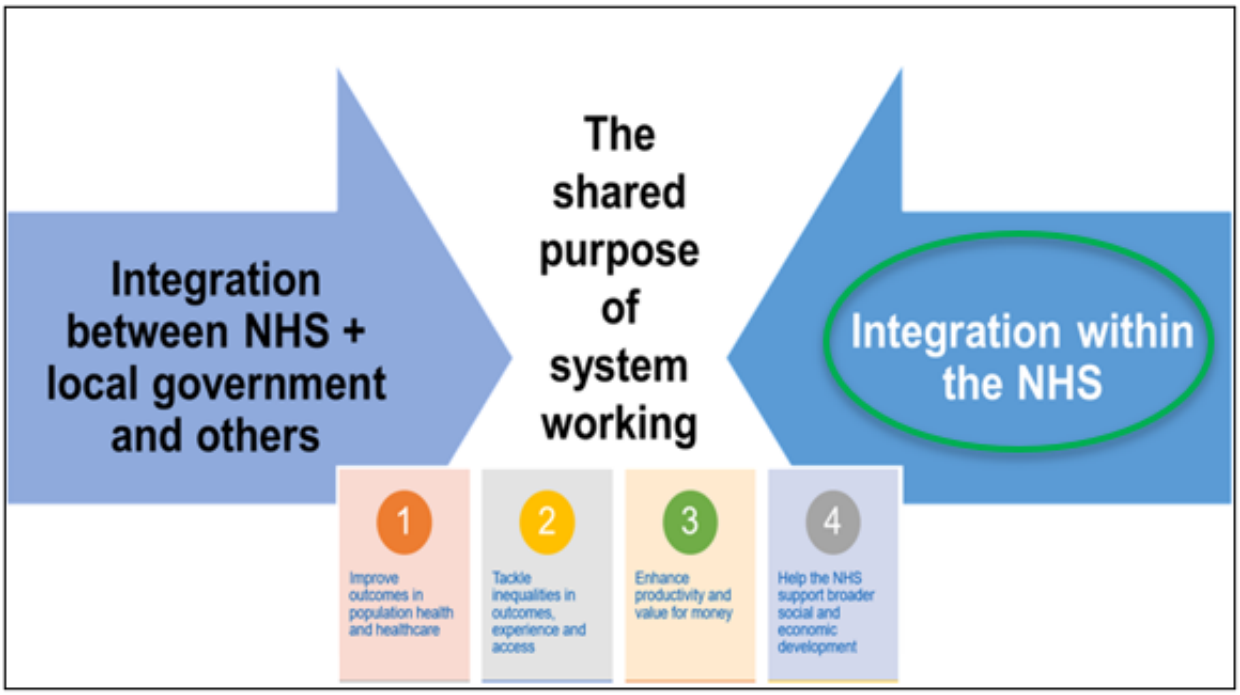
Date: **13th June 2022**

Supporting / background information for the clinical review for completion by commissioning organisation.	
When is the advice required by? Please provide any critical dates	While there are no critical dates, the Senate's review of the N&W System Clinical Strategy would be gratefully received at the earliest opportunity.
What is the name of the body / organisation commissioning the work?	The Norfolk and Waveney ICS
How will the advice be used and by whom?	• Early advice from the Senate will be used in the further development of the System Clinical Strategy and the prioritisation of supporting programmes of work and action plans • Early advice from the Senate will be used by the Clinical Strategy Programme Team and relevant coordinating strategic groups within the ICS (e.g. the Clinical Care and Transformation Group)
What type of support is Senate being asked to provide: a) Assessment of clinical services b) Early advice to inform a clinical service model c) Review of proposed clinical model / s (or follow up review from b) above) d) Assess case for change, including the appraisal of the clinical evidence e) Informal facilitation to enable further work f) Clinical reconfiguration or integration related to merger of trusts g) Advice on complex or (publicly) controversial proposals for service change h) Other?	The Senate is asked to provide early advice in the form of: a) Assessment of the relevance and ambition of the System Clinical Strategy in the context of the integration agenda specifically within and between NHS services. b) An expert objective opinion on whether there are any gaps in the clinical strategy. c) Assessment of whether the system clinical strategy effectively translates the underpinning evidence gained from engagement. d) Advice on an overall approach to next steps and weighting of priority areas.
Is the advice being requested from the Senate a) Informal early advice or a 'sense check' on developing proposals b) Early advice for Stage 1 of the NHS England Assurance process c) Formal clinical review to inform Stage 2 of the NHS England Assurance process and/ or your Consultation Business Case d) Other?	Early advice is being requested from the Senate as: a) An independent and objective appraisal prior to major transformational programmes of work.
Does the matter involve revisiting a strategic decision that has already been made? If so what, by whom and when?	No
Is the matter subject to other advisory or scrutiny processes?	None known

Aims and Objectives of the Clinical Review

The importance of a System Clinical Strategy was agreed by the then Norfolk and Waveney STP as a key part of the development of an integrated health system.

It is important to understand why, in the new world of system integration, this was specifically an NHS clinical services strategy and where it sits within the wider context of integration. The diagram below details the shared purpose of ICS system working. The N&W System Clinical Strategy is the co-produced response to integration within the NHS.



The STP had already developed a detailed response to the NHS Long Term Plan. This was called *A Healthier Norfolk and Waveney* and detailed a five-year transformation plan for improving health and care within the context of closer collaborative working. However, the effective launch of the plan was all but stopped by the deteriorating operating environment of the pandemic. Clearly health services were facing, and continue to face, very different challenges. At the same time, the pandemic necessitated services to work more closely than ever before and innovate at a pace previously unachievable. These contextual factors created a framework within which the System Clinical Strategy was developed.

Scope of the Review

The scope of this desk-top review is to offer early advice through an independent, objective appraisal of:

- the completeness of the engagement process undertaken, and
- the resulting strategic clinical framework and priorities (from which structured programmes of work for clinical service and operational development will follow).

Out of Scope

A cost appraisal of the System Clinical Strategy.

Purpose of the Review

The Clinical Senate is being asked to undertake a desktop independent review using the available evidence and make appropriate recommendations to the Norfolk & Waveney ICS from its findings.

The central questions the Clinical Senate is being asked to address in this review are:

1. Does the Norfolk and Waveney System Clinical Strategy represent the right formula for integration within the NHS?

2. Does the panel believe that an appropriately detailed engagement process has been undertaken and that this is drawn out in the system clinical strategy?

3. Can the panel offer any guidance on an overall approach to the weighting of priority areas, where they might see the highest impact areas for short-, medium- and longer-term delivery of programmes of work.

4. Can the panel see the successful delivery of the Norfolk and Waveney System Clinical Strategy improving:
   a. Patient care and quality
   b. Patient satisfaction
   c. Service provision
   d. Staff satisfaction

5. Does the panel believe that there are any significant omissions within the System Clinical Strategy?

6. Does the panel believe that the System Clinical Strategy offers the right level of ambition to meet the requirements of the integrated care agenda?

For info only – the following information is standard to all East of England Clinical Senate Independent Review Panel Terms of Reference:

When reviewing the case for change and options appraisal the clinical review panel (the panel) should **consider whether these proposals deliver real benefits to patients. The panel should also identify any significant risks to patient care in these proposals.** The panel should consider benefits and risks in terms of:

- Clinical effectiveness
- Patient safety and management of risks
- Patient experience, including access to services
- Patient reported outcomes.

The clinical review panel is not expected to advise or make comment upon any issues of the NHS England Service Change Assurance process that will be reviewed elsewhere (e.g. financial elements of risk in the proposals, patient engagement, GP support or the approach to consultation). However, if the panel agreed that there

was an overriding risk in any of those areas that should be highlighted in the panel report.

Questions that may help the panel in assessing the benefit and risk of the proposals include (but are not limited to):

- Is there a clear vision for the proposals, i.e. what is the intended aim?
- Are the expected outcomes and benefits of delivery for patients of this proposed model clear and are there clear plans for how it / they will be measured?
- Is there evidence of clinical leadership and engagement in the development of the options/ preferred model?
- Is there evidence that the proposals will improve the quality, safety and sustainability of care? (e.g. sustainability of cover, clinical expertise).
- Is there evidence that the proposed model will ensure equity in access to services for the population you serve, and how it could reduce inequalities in health?
- If there is a potential increase in travel times for some patients, is this outweighed by the clinical benefits?
- Do the proposals support better integration of services from the patient perspective?
- Do the proposals explain how the model be staffed? Is there appropriate information on recruitment, retention, availability and capability of staff and the sustainability of the workforce?
- Do the proposals reflect up to date clinical guidelines and national and international best practice e.g. Royal College reports?
- Will these proposals meet the current and future healthcare needs of their patients within the given timeframe of the planning framework (i.e. the next ten years or more)?
- Do the proposals align with the local strategies and delivery plans (e.g. Sustainability and Transformation Plans / Integrated Care System strategy and plans). Do they demonstrate alignment / integration of services (e.g. the link between primary care / social care / mental health services and acute provision including information systems)?
- Do the proposals demonstrate good alignment national policy and planning guidance?
- Does the options appraisal consider a networked or Alliance approach - cooperation and collaboration with other sites and/or organisations?
- Will the proposals reflect further the delivery of the NHS Outcomes Framework?
- Do the proposals uphold and enhance the rights and pledges in the NHS Constitution?
- Is there an analysis of the clinical risks in the proposals, and is there an adequate plan to mitigate identified risks?

The clinical review panel should assess the strength of the evidence base of the clinical case for change and proposed models and make clear its key findings and recommendations in a report to the commissioning organisation.

Timeline: The clinical review panel will be held on 1st August 2022. A schedule of agreed key dates can be found at Appendix A.

Reporting Arrangements: The clinical review panel will provide a report to the Clinical Senate Council which will ensure the panel met the agreed Terms of Reference, agree the report and be accountable for the advice contained in the final report.

Methodology: The methodology agreed between the Clinical Senate and the Commissioner will include:

- A desktop review of the documentation and evidence provided by the commissioning organisation
- A pre-panel video conference for panel members to establish Key Lines of Enquiry
- A ½ day review panel meeting via video conference to enable panel discussions to take place to identify the key findings and recommendations.

Report of the Clinical Review: A draft report will be made to the commissioning organisation for fact (points of accuracy) checking prior to publication. Accuracy amendments must be received from the commissioning organisation within **ten working days**.

The report will be submitted to Clinical Senate Council on 29th September 2022 to ensure it has met the agreed Terms of Reference and to agree the report.

The final report will be issued to the commissioning organisation following the Council Senate Council meeting of 29th September 2022. The commissioning organisation forthwith becomes the owner of the report.

Communication, Media Handling and Freedom of Information (Act) Requests: Communications in respect of the review will be managed by the commissioning organisation. Clinical Senate will publish the report once the service change proposal has completed the full NHS England process, or at a time that is appropriate to the proposals. This will be agreed with the commissioning organisation. The commissioning organisation, as the owner of the report and any evidence and or data provided for the review, will be responsible for handling any formal requests for information under the Freedom of Information Act 2000, irrespective of whether the request is received by either the Clinical Senate or commissioning organisation. (note: NHS Commissioning Board known as NHS England is the statutory body with responsibility for FOI requests received either directly or by the Clinical Senate and will be advised of all such requests received directly by the Clinical Senate and confirmation that the commissioning organisation will be responding to the request).

Confidentiality: Notes of the discussion will be taken on the day in order to develop a report. Once the final report has been issued to the commissioner of the review, they will be securely destroyed along with the evidence set provided.

All clinical review panel members will be required to sign a Confidentiality Agreement and declare any interests, potential or otherwise. The detail of any potential, or actual, conflict of interest will be discussed with the Clinical Senate Review Panel Chair and a decision made as to whether or not the member may join the Review Panel.

Resources: The East of England Clinical Senate will provide administrative support to the clinical review panel, including setting up the meetings and other duties as appropriate.

The clinical review panel may request any additional existing documentary evidence from the commissioning organisation. Any requests will be appropriate to the review, reasonable and manageable. The review panel will not ask the commissioner of the review to provide new evidence or information that it does not currently hold.

Accountability and Governance: The clinical review panel is part of the East of England Clinical Senate accountability and governance structure.

The East of England Clinical Senate is a non-statutory advisory body and will submit the report to the commissioning organisation, who will be the owners of the final report.

The commissioning organisation remains accountable for decision making but the clinical review panel may wish to draw attention to any risks that the commissioning organisation may wish to fully consider and address before progressing their proposals.

Functions, Responsibilities and Roles of the Parties

The **commissioning organisation** will

i. provide the Clinical Senate review panel with the clinical case for change, options appraisal and relevant background and current information, identifying relevant best practice and guidance. It is recommended that the evidence supports the questions laid out above. The level of detail though will be appropriate and in proportion to the stage of development of the proposals. For NHS England Service Change Assurance process 'Stage 2' reviews, Clinical Senate provides supporting information on the evidence it would expect to see
ii. respond within the agreed timescale to the draft report on matters of factual inaccuracy
iii. undertake not to attempt to unduly influence any members of the clinical review panel during the review
iv. be responsible for responding to all Freedom of Information requests related to the review and proposals and
v. arrange and bear the cost of suitable accommodation (as advised by Clinical Senate support team) for the panel and panel members.

Clinical Senate Council and the commissioning organisation will

i. agree the Terms of Reference for the clinical review, including scope, timelines, methodology and reporting arrangements.

Clinical Senate Council will

i. appoint a clinical review panel, this may include members of the Clinical Senate Council and Assembly, external experts, and / or others with relevant expertise. It will appoint a Chair of the review panel
ii. consider the review recommendations and report and consider whether the clinical review panel met the Terms of Reference for the review
iii. provide suitable support to the panel
iv. issue the final report to the commissioning organisation and
v. promptly forward any Freedom of Information requests to the commissioning organisation.

Clinical Review Panel will

i. undertake its review in line with the methodology agreed in the Terms of Reference
ii. follow the report template and provide the commissioning organisation with a draft report to check for factual inaccuracies
iii. submit the draft report to Clinical Senate Council for comments and will consider any such comments and incorporate relevant amendments to the report.

Clinical Review Panel Members will undertake to

i. declare any conflicts of interest and sign a confidentiality agreement prior to having sight of the full evidence and information
ii. commit fully to the review and attend all briefings, meetings, interviews, panels etc. that are part of the review (as defined in methodology)
iii. contribute fully to the process and review report
iv. ensure that the report accurately represents the consensus of opinion of the clinical review panel and
v. comply with a confidentiality agreement and not discuss the scope of the review nor the content of the draft or final report with anyone not immediately involved in it. Additionally they will declare, to the Chair of the clinical review panel and the Head of Clinical Senate, any conflict of interest that may materialise during the review.

Clinical Review Panel Members: Members of the clinical review panel sit in their own personal or professional capacity; they do not represent the opinion of their employing or professional body. All clinical review panel members sign an agreement of confidentiality and declare any (potential interests).

Appendix A – Key Dates		
Action	**Date (no later than)**	**Who**
1. Commissioning team request clinical review – date & methodology agreed with Senate	31 May 2022	Dr Sunil Gupta. Mary Parfitt, Jim Barker, Mark Lim & Simon Hackwell
2. Terms of Reference for review completed, agreed and signed off	17th June 2022	Dr Sunil Gupta, Mary Parfitt & Jim Barker
3. All panel members identified and confirmed, confidentiality agreements and declarations of interest signed	1st July 2022	Elizabeth Mabbutt & Mary Parfitt
4. All papers and evidence for the review panel to be with england.eoeclinicalsenate@nhs.net inbox	Received: 7th June 2022	Jim Barker
5. Panel papers to be distributed to panel members	1st July 2022	Elizabeth Mabbutt
6. Pre-panel teleconference call	**19thJuly 2022**	Panel members & Clinical Senate Team only
7. Key Lines of Enquiry & Agenda for Clinical Panel Desktop Review issued to Panel Members	Week commencing 25th July 2022	Elizabeth Mabbutt
8. Clinical Panel Desktop Review & Discussion	**1st August 2022**	Panel members & Clinical Senate Team only
9. Draft report to **Jim Barker** lead for points of accuracy	Week commencing 22nd August 2022	Mary Parfitt
10. Jim Barker to respond on points of accuracy	(Usually ten days, but to be agreed re. August holidays) Week commencing 5th September 2022	Jim Barker
11. Clinical Senate Council consider report	29th September 2022	Clinical Senate Council

Clinical Senate Support Team:

Dr. Sunil Gupta	Deputy Chair, East of England Clinical Senate, NHS England and NHS Improvement
Mary Parfitt	Interim Head, East of England Clinical Senate, NHS England and NHS Improvement
Elizabeth Mabbutt	Project Officer, East of England Clinical Senate, NHS England and NHS Improvement

Commissioning Organisation Team

Jim Barker	Head of Strategy, Norfolk and Norwich University Hospitals NHS FT
Simon Hackwell	Director of Strategy and Major Projects, Norfolk and Norwich University Hospitals NHS FT
Dr. Mark Lim	Interim Director of Clinical Services and Clinical Transformation, Norfolk & Waveney CCG

APPENDIX 2:

Membership of the Clinical Review Panel

Clinical Review Panel Chair:

Dr Sunil Gupta
Sunil is a GP in Essex, a GP Trainer and an Examiner for the Royal College of General Practitioners. He is the System Lead for Cardiology for Mid and South Essex, on the Council of the Royal College of General Practitioners and is an Associate Postgraduate GP Dean for Health Education East of England.

His previous roles include Accountable Officer of Castle Point and Rochford CCG, Clinical Advisor on Dementia for NHS England Midlands and East Region and a Member of the Expert Advisory Group on the Healthcare Safety Investigation Branch.

He is a Member of the Advisory Committee on Resource Allocation, on the National Patient Safety Response Advisory Panel and Chair of a NICE Quality Standards Advisory Committee.

Panel Members:

Ms Aliya Ahmed, **Consultant, Emergency Medicine, Basildon Hospital, Mid & South Essex Foundation Trust**
Aliya has worked in the NHS for over 25 years and is currently a Consultant in Emergency Medicine at Basildon Hospital. Her main interests are training and trauma and she has been involved in designing two Emergency Departments.

Aliya has performed the roles of Clinical lead, Unit Training Director, Mortality and Audit Lead as well as Undergraduate Lead for University College London. She has also produced early statistics for Emergency Department Mortality compared with international benchmarking. Aliya enjoys the daily challenges of managing a busy Emergency Department in an urban setting, seeing a daily attendance of around 500 patients a day.

Dr Jo Broadbent, Director of Public Health, Thurrock Council
Jo is a Director of Public Health with extensive Public Health experience across a range of sectors including NHS, Local Authority and national agencies including Public Health England. As a Consultant in Public Health and former Clinical Commissioning Group Executive Director, she has experience of working in strategy and policy-making, commissioning and healthcare regulation. Jo is an alumnus of the NHS Leadership Academy Nye Bevan Programme and has also led Population Health Management programmes in different local and regional settings.

Jo Dickson, Chief Nurse / Associate Director, NHS Digital (Clinical Division)
Jo is the Chief Nurse at NHS Digital, working alongside teams who design, develop and operate the national IT and data services that support clinicians at work, help patients get the best care, and use data to improve health and care. Jo provides expert clinical leadership, including digital clinical safety expertise to programmes and services in NHS Digital. Jo also works in partnership with the National Clinical Nurse Information Officer (CNIO) and Chief Clinical Information Officer (CCIO) in NHS England.

Jo has a varied clinical background, having worked in Neurosciences, Pain Management, Clinical Governance and as a Clinical Educator before moving into Clinical Informatics. She has previously held roles as CNIO at Leeds Teaching Hospitals NHS Trust and as Clinical Informatics Director at Nuffield Health Leeds Hospital. Jo has had responsibility as Clinical Safety Officer and Caldicott Guardian. She is a past Chair of the CNIO Network, and a Founding Fellow and current Council Member of the Faculty of Clinical Informatics.

Suzanne Hamilton, Deputy Medical Director, North West Anglia NHS Foundation Trust*
Suzanne graduated from Edinburgh University on 1989 and trained in Obstetrics and Gynaecology with special interests in fetal and maternal medicine (in particular diabetes in pregnancy).

Suzanne was appointed to a Consultant post in 2003 at Hinchingbrooke Hospital, Cambridgeshire and continues to work there. In 2017 the hospital merged with Peterborough City Hospital to become North West Anglia NHS Foundation Trust. In 2017 she was appointed as Deputy Medical Director for Governance and Patient Safety. This role covers risk reviews, patient safety, Datix reviews and clinical audit and effectiveness.

Suzanne is the Caldicott Guardian so has good awareness of patient data and flows. She is also the Named Adult Safeguarding Lead, as well as Chair of the Hospital Ethics Committee and has been heavily involved with developing the Cambridgeshire & Peterborough ICS.

*(*Attended the 19th July 2022 Pre-Panel meeting and although unable to attend the 1st August 2022 Panel, submitted written feedback for consideration.)*

Dr Alan Hancock, Expert by Experience
Originally a BBC radio and television producer, and a founder member of the UK Open University team, Dr. Hancock joined UNESCO in 1969 as a communication adviser for Asia and the Pacific. He spent many years with the Communication Division in Paris, where he was Director from 1987. In 1992, he established a dedicated UNESCO programme in Central and Eastern Europe

As an independent consultant from 1996, Dr Hancock undertook assignments for the European Commission and the World Bank. In retirement, he is active in civil society, primarily in the health sector as an expert by experience. A former public Governor at

Milton Keynes University Hospital, he is a Trustee of Healthwatch Milton Keynes, a Council member of the East of England Clinical Senate and a member of the Patient Council of the UK Kidney Association. He works with a number of kidney research projects as a patient representative.

Benjamin Haselwood, Higher Education & Clinical Practice Lead/Senior Paramedic, East of England Ambulance Service NHS Trust

Benjamin holds the position of Higher Education and Clinical Practice Lead for the East of England Ambulance Service NHS Trust. As an experienced Paramedic Officer, he has held various operational and regional tactical leadership and commander roles. He is an established clinical educator, senior manager and project lead. Benjamin's portfolio specialises in delivering regional initiatives to improve the quality of clinical leadership, supervision, and education for clinicians and learners. Specifically, effective quality assurance, clinical safety and governance processes across the organisation and wider profession.

Benjamin has extensive experience of Chairing and Representation across governance committee and strategic levels. Most recently being seconded with NHS England and NHS Improvement (NHSEI) and Health Education East (HEE) refining his systems/ICS leadership through developing and embedding the Allied Health Professionals (AHP) Faculty and Councils. Benjamin's interests focus on human factors, leadership development and strategic transformational change. His pursuits in coaching and personal growth on the NHS Leadership Academy Rosalind Franklin programme complement this scholarly activity.

Dr James Hickling, Associate Medical Director for Quality Assurance & Governance, Mid & South Essex ICS and Locum GP

Dr James Hickling has worked as a GP in London, Essex and Suffolk for 25 years as a locum, salaried GP and partner. He completed a research fellowship at University College London (UCL) in primary care and a Master's Degree in Epidemiology at the London School of Hygiene & Tropical Medicine in 2002. He has worked for various NHS commissioning organisations including Primary Care Trusts (PCTs), Clinical Commissioning Groups (CCGs) and NHS England since 2005. His work has included public health, primary care, medicines optimisation, professional standards, appraisal and revalidation, clinical networks, transformation programmes and quality assurance. He has particular interests in reducing health inequalities, prevention of cardiovascular disease and stroke treatment. He currently works as Associate Medical Director for Quality Assurance & Governance in the Mid & South Essex ICS and continues to work part time as a GP locum.

Tracy Pilcher, Director of Nursing, AHPs and Operations/Deputy Chief Executive, Lincolnshire Community Health Services NHS Trust
Tracy has been the Director of Nursing, AHPs and Operations/Deputy Chief Executive at Lincolnshire Community Health Services NHS Trust since 2019.

Tracy completed her nurse training in 1988 and then went into coronary care nursing. She moved to Oxford in 1989 where she developed her passion for critical care nursing and spent the next 15 years working in a large regional critical care unit. Whilst working in critical care Tracy became involved in the British Association of Critical Care Nursing (BACCN) and held a number of national board positions including Chair of the Association for 4 years. In 2004, she moved to Lincolnshire as a Consultant Nurse in critical care and then became a Deputy Director of Nursing. In 2013 she moved into commissioning working as the Chief Nurse at Lincolnshire East CCG for 6 years, before moving to her current role.

Tracy is passionate about driving improvements in care and believes that integrated partnership working is the key to tackling health inequalities and improving outcomes. Tracy is about to join the Coventry and Warwickshire ICB as Chief Nursing Officer.

Dr Anup Shah, Clinical Director, Potters Bar Primary Care Network, GP Principal & Ophthalmologist*
Dr Anup Shah MRCGP, MRCOphth, PGCE. is a Senior GP Principal at Highview Medical Centre in Potters Bar and has been the Clinical Director of Potters Bar Primary Care Network since 2019.

He also works as an Ophthalmologist with the Moorfields Eye Hospital NHS Foundation Trust where he sits as a Governor. Additionally, he is a Clinical Educator with Health Education East of England, and the Clinical Lead for Ophthalmology for Herts Valley CCG. His focus is in Primary Care & Population Health, Ophthalmology, and Early Cancer Detection. Within systems, he is interested in Quality of Services, Patient Safety and Technology in Healthcare.

*(*Attended the 19th July 2022 Pre-Panel meeting and although unable to attend the 1st August 2022 Panel, submitted written feedback for consideration.)*

Dr Simon Walsh, Interim Medical Director, East of England Ambulance Service NHS Trust
Consultant in Emergency Medicine and Paediatric Emergency Medicine at The Royal London Hospital since 2004.
Clinical Lead, Essex & Herts Air Ambulance Trust since 2019.
Deputy Chair, British Medical Association UK Consultants Committee since 2018.
Simon has been Interim Medical Director East of England Ambulance Service NHS Trust since December 2021.

Professor Asif Zia, Consultant Psychiatrist & Deputy Medical Director, Hertfordshire Partnership University NHS Foundation Trust

Professor Asif Zia is a Consultant Psychiatrist and Executive Director – Quality and Medical Leadership with Hertfordshire Partnership University NHS Foundation Trust. He was the Chair of the Managed Clinical Network for Learning Disability and Autism workstream for NHS England Midlands and East. His areas of interest include autism, epilepsy and improving healthcare for people with intellectual disability.

APPENDIX 3: Declarations of Interest

All Panel members were required to declare any relationships, transactions, positions held, direct or indirect monetary or non-monetary benefits or circumstances which could contribute to a conflict of interest.

Professor Asif Zia advised that his employer, Hertfordshire Partnership University NHS Foundation Trust, provides Learning Disability Services in Norfolk. This Declaration of Interest was noted by the Panel and Dr. Sunil Gupta confirmed that it did not constitute a conflict of interest within the scope of the Clinical Review Panel as set out in the Terms of Reference.

All Panel members certified that:

- To the best of their knowledge, they did not have any actual or apparent direct or indirect, monetary or non-monetary conflicts of interest which would impair their ability to contribute in a free, fair and impartial manner to the deliberations of the Panel, and

All Panel members agreed to notify the Clinical Review Chair promptly if:

- A change occurred during the course of this work

- They discovered that an organisation with which they have a relationship meets the criteria for a conflict of interest.

APPENDIX 4: Review Panel Agenda

AGENDA

Desktop Independent Clinical Review of Norfolk & Waveney ICS/ICB (N&W) Clinical Strategy

Monday, 1st August, 2022 from 1.00 – 5.00 p.m. via MS TEAMS

The East of England Clinical Senate is asked to review the available evidence and provide early advice on the further development of the Norfolk & Waveney System Clinical Strategy and prioritisation of the Clinical Care and Transformation Group's supporting programmes of work.

The key questions Clinical Senate is being asked to address in the review are:

1. **Does the Norfolk and Waveney System Clinical Strategy represent the right formula for integration within the NHS?**

2. **Does the panel believe that an appropriately detailed engagement process has been undertaken and that this is drawn out in the System Clinical Strategy?**

3. **Can the panel offer any guidance on an overall approach to the weighting of priority areas, where they might see the highest impact areas for short-medium- and longer-term delivery of programmes of work.**

4. **Can the panel see the successful delivery of the Norfolk and Waveney System Clinical Strategy improving:**
   - **a) Patient care and quality**
   - **b) Patient satisfaction**
   - **c) Service provision**
   - **d) Staff satisfaction**

5. **Does the panel believe that there are any significant omissions within the System Clinical Strategy?**

6. **Does the panel believe that the System Clinical Strategy offers the right level of ambition to meet the requirements of the integrated care agenda?**

TIME	ITEM	WHO
12.55	**Join TEAMS Meeting**	Panel Members
13.00 – 13.10	Welcome, Introductions & Apologies	Dr Sunil Gupta/ Panel Members
13.10 – 13.30	Outline of the Proceedings • Summary of Key Areas arising from the Pre-Panel Meeting held on 19th July 2022	Dr Sunil Gupta
13.30 – 15.00	Confidential Panel Discussion including: • Review of evidence and the additional information provided in response to the Pre-Panel discussion: ▪ Joint Strategic Needs Assessment - N&W Population Overview Report (Dec 2021) ▪ Model Health System Report – ICB Benchmarking within region • Feedback from Dr Suzanne Hamilton • Feedback from Dr Anup Shah • Feedback from Dr James Hickling	Dr Sunil Gupta/ Panel Members
15.00 – 15.20	**Comfort Break**	
15.20 – 16.20	Confidential Panel Discussion	Dr Sunil Gupta/ Panel Members
16.20 – 16.55	Panel Summary • Key Findings and Recommendations for the 6 key questions	Dr Sunil Gupta/ & Panel Members
16.55 – 17.00	Next Steps	Dr Sunil Gupta
17.00	**Close**	Dr Sunil Gupta

Next Steps – Information for Clinical Review Panel Members:

1. A draft report will be sent to the N&W Team and Clinical Review Panel Members for a point of accuracy check in the week commencing 22nd August 2022, for response in the week commencing 5th September 2022.
2. It is envisaged that the full report will be submitted to the East of England Clinical Senate Council to agree the report and ensure it meets the Terms of Reference on 29th September 2022. If, in discussion with N&W the report is required prior to this date, an extraordinary Clinical Senate Council meeting may be convened.

The final report will be issued to the commissioning organisation following the Clinical Senate Council meeting at which the report is reviewed and agreed. The commissioning organisation then becomes the owner of the report.

The Clinical Senate will publish the report once the proposals have completed the full NHS England process, or at a time that is appropriate and agreed with the commissioning organisation.

Clinical Senate Review Panel Members		
Name	**Role / Area of Expertise**	**Area / Organisation**
Dr Sunil Gupta Chair	East of England Clinical Senate Vice-Chair	
Ms Aliya Ahmed	Consultant, Emergency Medicine, Basildon Hospital	Mid & South Essex Foundation Trust
Dr Jo Broadbent	Director of Public Health	Thurrock Council
Jo Dickson	Chief Nurse / Associate Director	NHS Digital (Clinical Division)
Alan Hancock	Expert by Experience	
Benjamin Haselwood	Higher Education & Clinical Practice Lead/Senior Paramedic	East of England Ambulance Service NHS Trust
Dr James Hickling	Associate Medical Director for Quality Assurance and Governance & Locum GP	Mid & South Essex ICS
Tracy Pilcher	Director of Nursing, AHPs and Operations/Deputy Chief Executive	Lincolnshire Community Health Services NHS Trust
Dr Simon Walsh	Interim Medical Director	East of England Ambulance Service NHS Trust
Professor Asif Zia	Consultant Psychiatrist & Deputy Medical Director	Hertfordshire Partnership University NHS Foundation Trust
Apologies		
Dr Suzanne Hamilton	Deputy Medical Director	North West Anglia NHS Foundation Trust
Dr Anup Shah	Clinical Director, GP Principal & Ophthalmologist	Potters Bar Primary Care Network
In Attendance		
Mary Parfitt	Interim Head of East of England Clinical Senate	NHS England
Elizabeth Mabbutt	Project Officer, East of England Clinical Senate	NHS England
Christina Wise	Project Officer, East of England Clinical Senate	NHS England

APPENDIX 5: Summary of Evidence Provided

Ref	Evidence	Explanation
01	N&W Clinical Strategy 2022-2027*	Integrating NHS Services: System Clinical Strategy for the next five years.
02	Interim ICS Partnership Board System Clinical Strategy Paper	Paper submitted to the Interim Integrated Care System Partnership Board detailing the shared purpose of system working.
03	N&W System Clinical Strategy Interview Report	System Leader Engagement Report: June 2021
04	Norfolk & Waveney Health Care Partnership - Clinical Strategy Development Research	BritainThinks was commissioned to conduct qualitative research with service users and frontline health service staff in Norfolk and Waveney – Final Report: May 2021
05	Norfolk & Waveney Health Care Partnership - Clinical Strategy Feedback	Clinical Strategy Development – stakeholder responses to online survey: October 2021
06	JSNA Population Norfolk & Waveney Overview	Jojnt Strategic Needs Assessment of population-based metrics: December 2021
07	Model Health System - Population Health Report	N&W ICB benchmarking within region using population-based metrics covering public health, primary care, secondary care and patient outcomes – July 2022

*Published on N&W ICS Website: 15/09/2022

End of Report