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Medical Director’s Introduction

It gives me great pleasure to present the annual report for the East of England Strategic Clinical Networks and Clinical Senate. This report summarises the achievements made from April 2014 to March 2015, and sets out our plans for 2015-16.

It includes a report from our five clinical networks: Cancer; Cardiovascular Disease; Mental Health, Dementia and Neurological Conditions; Maternity, Newborn, Children and Young People and Respiratory. There is also a report from the Citizens’ Senate which demonstrates our dedication to patient and public engagement and ensuring our work is developed with this key stakeholder group.

I have been a Medical Director with NHS England since April 2013, and now write on behalf of NHS England, Midlands and East (East). I have long standing experience of the value of networks and quality improvement and have been actively involved with the Networks since they were first established.

It has been a turbulent year with the NHS England re-alignment and the Improvement Architecture Review which has not yet completed. This has led to challenges in recruiting and retaining staff and maintaining the momentum for some of the work. This makes the progress they have made even more remarkable.

We continue to develop our engagement with stakeholders and bring representatives from across health and care to look at variation, innovation, best and evidenced based practice across a whole lifespan, from pre-birth to palliative care. We work closely with our colleagues in Public Health England, Health Education England, the royal colleges, and strategic clinical networks, as well as with the national domain directors and national clinical directors.

**NHS Outcomes Framework – 5 domains resources**

<table>
<thead>
<tr>
<th>Domain 1</th>
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<tr>
<td>Preventing people from dying prematurely</td>
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<td>Helping people to recover from episodes of ill health or following injury</td>
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- **Effectiveness**
- **Experience**
- **Safety**
Our priorities and achievements are based on the *NHS Outcomes Framework* and reflect national and local needs. Using the *NHS Change Model* as a guide we lead a range of diverse and innovative improvement programmes. These include examples of prevention and early intervention such as aiming to reduce stillbirth with the introduction of individualised foetal growth charts; or the trail-blazing work in suicide prevention; improving the recognition of acute kidney injury, or supporting the *Be Clear on Cancer* campaign.

Other work aims to improve the quality of care for people with long-term conditions such as asthma, epilepsy and diabetes. We have supported clinical commissioning groups to improve dementia diagnoses and after care, and to improve access to treatment for people in serious mental health crisis.

Our work around mental health continues to grow as mental health and parity of esteem (valuing mental health equally with physical health) have quite rightly become a national priority. This work cuts across all the networks affecting all ages and vulnerabilities.

Improving access to cancer treatment has continued to be a challenge, we have supported and provided regular data to clinical commissioning groups so they are fully aware of what is happening in their area. Our clinical leaders have also led national work for example in children and young people’s asthma, in mental health and cancer.

The East of England Clinical Senate held a successful Senate Assembly event focussing on *seven-day services*, attended by over 250 assembly members. The Clinical Senate work programme has taken off over the last few months. There are an increasing number of requests for reviews ranging from specialised services across the East of England to system transformation programmes. Clinical senates have formally taken on the role of providing clinical advice to NHS England’s service change assurance process.

Do read on to find out more about our work over the year and our plans for 2015-16.

Finally, I would like to take this opportunity to thank: all the staff who have worked passionately and are driven to produce such great results; all of our stakeholders who we hope will continue with us on this journey; and all the patients, families and public who get involved in our work to make health and care work better for everyone.

---

**Dr Christine Macleod**

Medical Director NHS England, Midlands and East (East)

June 2015
‘We believe the NHS is not just a care and repair service but a social movement. A critical part of the fabric of our local communities and our shared value as a nation.’

Simon Stevens
Who We Are and What We Do

Strategic clinical networks and clinical senates were established by NHS England in April 2013 to improve everyone’s access to high quality care and to improve health outcomes. The networks and senates have strong clinical leadership and as such are well placed to influence and inform service change and improvement across health and care.

The specific remit of strategic clinical networks is to bring together those who use, commission and provide services to improve outcomes for patients. Networks work across organisational boundaries to improve care for patients whose care is often provided by a number of organisations. Working in partnership, networks influence commissioning by:

- Highlighting and reducing unwarranted variation in health care
- Encouraging innovation in how services are provided now and in the future
- Providing clinical advice and leadership to support decision making and strategic planning.

NHS England has mandated the following four strategic clinical networks as it is recognised that these areas would specifically benefit from whole system improvement:

- Cancer
- Cardiovascular Disease
- Maternity, Newborn, Children and Young People
- Mental Health, Dementia and Neurological Conditions

In the East of England we also host a Respiratory Strategic Clinical Network.

The East of England Clinical Senate brings together health and social care professionals and patients to provide independent, sound, thoughtful clinical advice and leadership to support strategic service change that improves patient outcomes and the population’s health.

The East of England Clinical Senate has a Senate Council and wider Clinical Assembly. The Senate Council coordinates and manages the Senate’s business and provides independent and impartial advice to NHS England. The Chair of the Senate Council is independently appointed and the Vice Chair is elected. The Assembly has a membership of more than 200 people, drawn from a diverse range of health and care professionals.

Unique to the East of England is the Citizens’ Senate. This is a ‘connected and experienced group of people aiming to influence regional NHS strategy by presenting patient, carer and family perspectives’. The Citizens’ Senate supports the work of the East of England Strategic Clinical Networks and Clinical Senate.

The East of England Strategic Clinical Networks and Clinical Senate cover a population of 5.8 million across the second largest regional area in England. This includes NHS England Midlands and East Region, 19 clinical commissioning groups, and a large number of primary, secondary and tertiary (regional) care, third sector and private providers.
With clinical commissioning at the heart of the new NHS, the East of England Strategic Clinical Networks appointed clinical directors for the five main areas of work, and a number of clinical leads who support specific areas of work. Each Strategic Clinical Network also has a manager and a small team of quality improvement leads who support the clinical directors to deliver the annual business plan.

In 2014-15 the work of the Strategic Clinical Networks was overseen by a Geographical Oversight Group chaired by the former Medical Director of the NHS England East Anglia Area Team. It included representation from commissioners, providers, and other key stakeholders such as patients and academic health science networks. Its main function was to provide oversight of the work programme and resources of the five main work areas. It also provided business oversight of the Clinical Senate and the group met on a quarterly basis.

Accountability in 2014-15 was through the East Anglia Area Team Medical Director, to the Area Team Director, and then to the Regional Team Director of NHS England.

**NHS England, Midlands and East Region**

- 5.8 million population
- 19 clinical commissioning groups
- 27 providers of health and care
- 11 local authorities
- 11 Healthwatch
‘Our role as the East of England Strategic Clinical Networks is to connect people and organisations, to create an environment that enables change and innovation in order to improve people’s health and wellbeing, so it is comparable with the best in the world.’
Cancer

Major achievements in 2014-15

- Supported the national *Be Clear on Cancer* campaign; provided local context and raised awareness of its potential impact amongst GPs and clinical teams.

- Set up a clinical research study to investigate why patients are admitted as an emergency rather than being diagnosed through more appropriate routes. This involved 14 trusts, 47 trust research nurses and primary care cancer nurses, and 278 lung and colorectal cancer patients. The evaluation report will be published in June 2015.

- Provided a regular source of information to key stakeholders using data across the whole cancer patient journey for the East of England. This includes the production and dissemination of cancer intelligence reports three times a year, and 12 tumour site data reports twice a year.

- Worked with commissioners to better understand breaches of the 62-day cancer waiting times targets across trusts within the East of England. Developed recommendations that were incorporated into trust action plans, provided monthly analysis of each trust and worked with clinical commissioning groups to facilitate progress. In addition, the Network has signed up to an inter-trust referral policy to streamline the 62-day patient pathway and to clarify who is responsible when it is not met.

- Completed a three year pilot across seven sites to test whether an out-of-hospital cancer care model can be cost effective and sustainable, better for patients, and reduce over-reliance on hospital-based care. The most effective pilot provided a return on investment of £5.90 for every £1 spent, and positive patient experience scores increased by 75% (23% to 98%). The programme has won several awards, including the ‘*Living with & Beyond Cancer*’ award at the National Quality in Care Oncology Awards 2014.

- Provided project management support and clinical advice to commissioners to enable them to reconfigure services, particularly for: patients with liver metastases (this is where cancer has spread from another part of the body to the liver) in parts of the East of England; patients needing urology services (this specialty deals with the treatment of conditions involving the male and female urinary tract and male reproductive organs) in Essex; and haematology diagnostics services (these services deal with the diagnosis of cancers of the blood and lymphatic system) across the East of England.

- Maintained the Network’s cancer groups; providing support for 102 meetings and events. This includes clinical advisory groups for 18 tumour sites and an East of England wide Cancer Patient Partnership Group.

- Provided recruitment reports of more than 60 clinical trials to 17 tumour specific network cancer groups; liaised with staff from the new clinical research networks to discuss data collection, recruitment reporting and preparation of manuals for the handover process; and helped to establish their administrative processes.

- Around 80% of breast and colorectal cancer patients in the East of England receive components of the national *Cancer Survival Initiative’s Survivorship Recovery Package*; a payment framework is being developed for use by commissioners to further the implementation across all tumour sites.

- Produced a DVD for patients explaining the benefits of taking part in clinical trials.
Cardiovascular Disease

Major achievements in 2014-15

Cardiac services:

• Introduced a cardiac inter-hospital transfer protocol to streamline the care for people who need an unplanned transfer within the East of England. This has reduced waiting times and the number of people dying whilst waiting for treatment.

• Results of the Luton Atrial Fibrillation project increased detection of atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate) by 23% with increased anticoagulation rate (blood clots less likely to form where they are not needed) by up to 10% in some practices. This better management is predicted to reduce deaths.

• Ran a national Breathlessness campaign pilot in the East of England to raise awareness of breathlessness and to encourage people to seek early advice. The campaign, which ran in collaboration with the Department of Health, Public Health England and the Strategic Clinical Networks’ Respiratory Network, will be fully evaluated later this year.

Stroke services:

• Supported a national initiative to introduce intermittent pneumatic compression sleeves into all stroke units. The sleeves prevent deep vein thrombosis, a common cause of death in immobile hospital patients.

• Completed a report showing the progress and improvement of stroke services. Further work is required to increase access to early supported discharge services and six month reviews.

Renal services:

• An e-alerts system in hospitals to highlight when patients are at risk of kidney failure, and treatment protocols to prevent permanent kidney damage have been introduced in four hospital trusts, with a further 14 expected to introduce them by March 2016. This is expected to significantly reduce deaths in vulnerable patients.

• An audit of home dialysis services in the East of England showed that further work is needed to increase the number of patients on home dialysis.

• Improved care for renal dialysis patients, many of whom are also diabetic, through a diabetic nurse holding clinics in the Bedford dialysis unit. These patients spend around four hours a day, three or four days a week on dialysis. The nurse found 44% had not received a check in the previous twelve months and 27% needed referral for further care. A patient satisfaction survey is currently being undertaken.

Diabetes care:

• A pilot foot care project showed good foot care early in a patient’s care, and rapid treatment of patients at risk of deterioration, led to a reduction in admissions. This may reduce major and minor amputations by up to 25%. The best practice and learning from this project is being shared across the East of England.

Vascular services:

• Reviewed vascular services and produced a report for the Clinical Senate. This will inform decisions on the future configuration of vascular services in Essex and Hertfordshire.

Patient and carers’ forum:

• Patients and carers with an interest in cardiovascular disease were invited to an event to meet the team, find out more about the service, its priorities, the geographical context, and influence future plans. Excellent attendance led to new patients and carers attending advisory and steering groups, and contributing to other work.
Mental Health, Dementia and Neurological Conditions

Major achievements in 2014-15

Mental health:

• Established four clinical commissioning group pathfinder sites, based on the work at the Henry Ford Health System in Detroit, which reduced suicide levels to zero for two consecutive years. This work was recognised as an exemplar model when the then Deputy Prime Minister, Nick Clegg announced a larger collaborative and a ‘zero suicide ambition’ in January. The work of the pathfinder sites continues and will be evaluated over the coming months, with a second phase developed based on the findings.

• Offered support to NHS England’s Area Teams in the East of England to support their work to meet national improving access to psychological therapy targets. The Network provided clinical input into clinical commissioning group delivery plans, worked with those that were struggling and provided input into assurance processes. Feedback has been positive and early indications are that clinical commissioning groups in the East of England have performed well.

• Supported work to change the way services involved in the care and support of people having a mental health crisis work together, to make sure people get the help they need. Delivered one of ten regional conferences and worked to ensure health services in the East of England signed a declaration of intent and developed an action plan. This supports a national programme of work to implement the Mental Health Crisis Care Concordat.

• Worked with NHS England’s Area Teams to allocate regional funding to support the development of effective crisis services across the region.

Dementia:

• Undertook desktop reviews of the clinical commissioning groups’ dementia plans to provide clinical input. This was well received and has been incorporated into NHS England’s Area Teams’ assurance process.

• Tracked the number of people being diagnosed with dementia in clinical commissioning group areas. Created the ‘Top ten tips for achieving the dementia diagnosis ambition’, a helpful source of support for clinical commissioning groups.

• Designed and ran a series of successful workshops and events across the region covering dementia diagnosis, prevention and managing challenging behaviours. Also ran a regional event, ‘Why Dementia?; 2015 and beyond’ to maintain the focus on dementia diagnosis and to look further into issues around care of people with dementia.

Neurological conditions:

• ‘The Top 10 Spends in Neurology for the East of England’, highlighted high spend on planned and unplanned admissions, especially around epilepsy and headache. The report shaped the Network’s work programme and raised the issues as a priority amongst clinical commissioning groups.

• Held an event to develop better care for epilepsy patients and hear about stakeholder concerns. Feedback from this event has been used to develop the neurology work programme.

• Worked with others on the development of an Epilepsy Commissioning Toolkit which will be launched in 2015.
• Launched the Strategic Neurology Advisory Group. This multi-stakeholder group developed and peer reviewed three regional epilepsy guidelines which will be launched in the summer.

• Developed two e-learning modules to improve the management of adults with epilepsy in primary care.

• Ran a ‘Master Class for Commissioning High Quality Neurology Rehabilitation for Adults’ which supported clinical commissioning groups and specialised commissioners to commission high quality rehabilitation services.

• Contributed to national network programmes to improve the management of people with headache, improve the care of people with epilepsy, develop community rehabilitation standards, and develop standards for critical and routine care of neurological patients.

Co-production:

• Launched an innovative programme of work with the National Development Team for Inclusion. Three clinical commissioning groups received funding and dedicated support; and three further projects were selected for support through an action learning set. The programme brings together people who provide and use services, carers and citizens to work in partnership to improve health services. The projects include mapping community services for wellbeing, rare neurological disease care and co-production of a mental health care strategy, amongst others. The programme will be evaluated in 2016.

Mental health leadership development:

• Expanded the Leadership Development Network to include more than one hundred people across the region. Ran a series of masterclasses and best practice workshops throughout the year to update the Network and positively influence commissioning intentions.
Maternity, Newborn, Children and Young People

Major achievements in 2014-15

Maternity and newborn:
- Worked to reduce the rate of stillbirth babies in the East of England by implementing gestation related optimal weight software in 15 out of the 17 hospital trusts’ maternity units. This enables accurate monitoring of growth and early detection of unwell babies.
- Developed standardised care for obese pregnant women across the East of England, providing guidance for clinicians and women to ensure this patient group receives equally high quality care.
- Developed accreta care for women in the region who have an abnormally low lying placenta to ensure they receive appropriate specialist care for this uncommon and potentially serious condition. This, along with the development of a standard process for managing post-partum haemorrhage, are aimed at reducing blood loss around the time of birth.
- Undertook a peer review of one of our regional maternity services.
- Delivered a regional maternity and newborn event for 100 delegates to provide an overview of national and regional priorities.

Children and young people:
- Successfully piloted and launched the Healthy Child Programme Toolkit. The Toolkit supports commissioning and delivery of clinical services for 0-5 year olds across the region.
- Led a collaborative of six strategic clinical networks to implement large scale change in children’s asthma services nationally. The group, which includes NHS England and Asthma UK, has developed an asthma toolkit and launched a website in partnership with the British Thoracic Society.
- Launched a new project to improve outcomes in child and adolescent mental health services. The project will be reported against next year.
- Developed a regional model for children’s rheumatology for implementation towards the end of 2015.
- Completed the bi-annual audit of regional surgery and anaesthesia standards across all 17 hospital trusts.
- Established a new forum focusing on standards in children’s high dependency and critical care.
- Reviewed trusts’ progress against implementation of children’s emergency and urgent care standards.

Young health ambassadors’ forum:
- Appointed a Young Health Ambassador to proactively engage children and young people in the Network. The Network is the only one in the country to have made this appointment.
- Enabled young people to better engage with the Strategic Clinical Networks’ work programmes and NHS services via peer support, sharing experiences and education.
- Ensured the voice of children and young people is heard on the Citizens’ Senate.
- Represented the voice of children and young people from the region on a national level.
- Our Young Health Ambassador has represented the Forum and the Network at local, regional and national events, including the NHS Citizen Assembly, BIG discussion, NHS Youth Forum Mental Health and NHS England Takeover Day.

Respiratory

Major achievements in 2014-15

• Organised a successful launch event for the Network with excellent stakeholder support across all clinical commissioning groups.

• Ran a respiratory commissioning event to facilitate sharing of best practice and showcase useful resources.

• Successfully supported a pilot of the national Breathlessness campaign.

• Developed and distributed a breathlessness decision making tool to support early and accurate diagnosis in general practice.

• Provided leadership to our regional Pulmonary Rehabilitation Network. Agreed a data set and collected the data from all 19 providers across the region. Used this to develop reports for clinical commissioning groups with commissioner and provider recommendations for action.

• Worked with regional Public Health England on smoking cessation and mental health. Undertook a regional benchmarking audit, organised a regional engagement event, and developed three working parties to implement National Institute of Clinical Excellence guidance.

• Worked with the Network for Maternity, Newborn, Children and Young People to lead the regional Asthma Forum, develop an Asthma Best Practice Toolkit and establish clinical commissioning group asthma improvement projects. Provided a response to the National Review of Asthma Deaths report.

• Organised an Emergency Oxygen event to facilitate networking and to share best practice through engagement with trusts’ emergency oxygen champions and the East of England Ambulance Service NHS Trust. Following the event learning points were widely shared.

Regional home oxygen service clinical leads at the quarterly Home Oxygen Service Network meeting, sharing best practice and networking across the region.
• Developed recommendations for commissioners on the use of software to support clinicians and commissioners diagnosing patients and managing respiratory disease in primary care.

• Implemented a new decision making model in a local ambulance service. This has improved prescribing, the administration of emergency oxygen, the transfer of people to hospital and reduced the need for critical non-invasive ventilation. The Network aims to extend use of the model.

• Developed a system to enable clinicians to alert ambulance crew of patients at-risk of (worsening) type II respiratory failure. Its implementation will improve emergency oxygen administration and avoid respiratory deaths.

• Worked with priority clinical commissioning groups on their respiratory improvement plans. The plans create new respiratory networks, improve respiratory commissioning, care and access to pulmonary rehabilitation and primary care support. Fifteen (of nineteen) clinical commissioning groups have prioritised respiratory disease in their 2015-16 operational plans.

• Published and circulated the East of England Respiratory Network Newsletter.

• Undertook an audit to establish the use of respiratory care bundles across the region. A care bundle is a structured way to improve patient care and outcomes; they contain a small set of evidence-based interventions for a defined population. The audit findings will be shared with clinical commissioning groups to improve region-wide implementation of care bundles.

• Provided support to Great Yarmouth Clinical Commissioning Group’s respiratory project which explores the role of community pharmacists in asthma.

• Worked with the British Lung Foundation to connect local patient representative leads at regional level. This resulted in all local respiratory networks being represented by a user-representative.

• Organised two Home Oxygen Assessment Service events to showcase data for this service and to share best practice.

• Distributed 20 Inhaled Corticosteroid Safety cards to each GP surgery in the East of England with guidance to promote safe prescribing and use of high-doses.

• Purchased Inhaler Education cards and distributed them to each practice in the East of England to improve clinical staff’s knowledge of the use of inhaled medication.
Citizens’ Senate

‘A connected and experienced group of people aiming to influence regional NHS strategy by presenting patient, carer and family perspectives.’

The Citizens’ Senate was conceived following major reorganisation of the NHS in April 2013. A group of citizens came together to consider how they could put ‘patients at the centre’ of the NHS. In mapping out health bodies, it discovered that there was no route for public influence at regional strategic level. People felt that since there were clinical senates with a remit across regions, it would be ideal to have the people’s equivalent – and the Citizens’ Senate was born.

The group is hosted by the East of England Strategic Clinical Networks and Clinical Senate. Following a wide-ranging recruitment drive the first meetings of the Citizens’ Senate began in February 2014.

Major achievements in 2014-15

- Developed a mission statement and terms of reference.
- Recruited Co-chairs – Trevor Fernandes and Fiona Carey.
- Established a framework for working within the Strategic Clinical Networks and Clinical Senate. Members sit on the Strategic Clinical Networks’ steering groups and on the Clinical Senate. Next year these relationships will be further developed.
- Established as a regional body for public participation and engagement with wider NHS and health partners. Worked with several partners including academic health science networks, Public Health England and NHS England.
- Developed networks with other patient groups and the Third Sector to ensure the Senate speaks from a position of knowledge and experience. Members are well connected to clinical commissioning group patient participation groups and Healthwatch across the East of England.
- Developed and published an Annual Report 2014.
- Established connections with national patient-centred initiatives including a remote link to NHS Citizen, members attended NHS Expo and NHS England AGM 2014, and are working with other national bodies including Coalition for Collaborative Care and the Care Quality Commission.
Clinical Senate

‘The East of England Clinical Senate brings together health and social care professionals and patients to provide independent, sound, thoughtful clinical advice and leadership to support strategic service change that improves patient outcomes and the population’s health.’
Clinical Senate

Major achievements in 2014-15

In October, the Clinical Senate held a successful Assembly event focused on seven-day services. The event was attended by over 250 delegates, mostly Clinical Senate Assembly members from across the East of England, who heard from a number of prestigious speakers. These included Dr Celia Ingham Clark MBE, NHS England’s Director for Reducing Premature Mortality; Jane Blowers, NHS England’s Deputy Chief Scientific Officer; Patrick Mitchell, Health Education England’s Director of National Programmes and Fiona Carey, a member of Clinical Senate Council and an experienced speaker for patients.

Subsequently, the Clinical Senate Council established its own working group, and having taken advice from the East of England Medical Directors’ Forum, the working group’s focus will be on standard eight, which sets standards for the on-going review of some patients by a consultant, and is one of the ten clinical standards for seven-day services. A public health registrar from Public Health England has been seconded to the project for six months, and is developing approaches to assessing and sharing practice, developing and identifying toolkits, and refining peer review.

The Clinical Senate Council was delighted to have Nigel Edwards, Chief Executive of the Nuffield Trust, attend a council meeting to hear his thoughts, and national thinking on a number of topical issues. The audience included members of Senate Assembly.

In September, all twelve clinical senates formally took on the role of providing clinical advice to NHS England’s service change assurance process. This function was previously undertaken by the National Clinical Assessment Team.

In December, the Clinical Senate participated in a joint clinical review panel with the East Midlands Clinical Senate on vascular services in the East of England. The outcome of the review will be published once final work has completed.

In March, the Clinical Senate held its first full independent clinical review panel for Great Yarmouth and Waveney Clinical Commissioning Group. The Clinical Commissioning Group found it a positive exercise which helped them to move forward with their planning. The report will be published in 2015-16 following an assurance process.

Since December, the Clinical Senate has received a number of requests for clinical review panels, and these will take place during 2015-16. This demonstrates that NHS organisations in the East of England are aware of and understand how the Clinical Senate is able to support and assist commissioners with advice and strategic leadership, particularly around service change.

In May, the elected Vice-chair of the Clinical Senate took on the interim responsibility of Senate Chair following the resignation of the Chair. This arrangement continued until July when a new Chair was appointed through a formal recruitment process. The new Chair, Dr Bernard Brett, was appointed Clinical Senate Chair until conclusion of the national Improvement Architecture Review, at which point, depending upon the outcome, it will become a two year appointment.
Financial Summary

The East of England Strategic Clinical Networks and Clinical Senate are funded by NHS England with a total budget in 2014-15 of £4,172,158. This included a running cost budget of £589,478 and a programme budget of £3,582,680.

In addition, the Cancer Network received £175,457 from the Eastern Academic Health Science Network and £28,740 external sponsorship.

The table below shows the budget and expenditure across the East of England Strategic Clinical Networks and Clinical Senate in 2014-15, and the position at year end.

The underspend on the programme budget was largely attributable to the recruitment freeze that was introduced early in the financial year due to NHS England’s Organisational Alignment and Capability Programme (which includes an Improvement Architecture Review), and some natural slippage on strategic projects. The Improvement Architecture Review is a national review of the form and function of NHS England’s improvement infrastructure, the review is ongoing and includes strategic clinical networks and clinical senates.

### Budget and expenditure 2014-15

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# Plans for Next Year

| Network          | Project name and aim                                                                                                                                                                                                 | Project name and aim                                                                                                                                                                                                 | Project name and aim                                                                                                                                                                                                 | Project name and aim                                                                                                                                                                                                 |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
| Cancer           | **Return cancer waiting times to target**  
Enable a sustainable return to 62 day cancer waiting times target.                                                                                                                                                    | **Early diagnosis**  
Reduce the number of premature deaths from cancer.                                                                                                                                                                                                                                 | **Work with commissioners and Network Cancer Groups to deliver best practice pathways**  
Improve one and five year survival rates of people with cancer.                                                                                                                                                                                                                       | **Cancer intelligence reporting**  
Reduce unwarranted variation in cancer patient outcomes and experience.                                                                                                                                                                                                                 |
| Patient and public involvement | **Maximise opportunities for public participation in the development and oversight of cancer service improvements.**                                                                                                                                                       | **Facilitate the take-up of a new model of cancer care which provides a return on investment of £5.90 for every £1 spent.**                                                                                                                                                         | **Increase patient satisfaction and reduce unnecessary demand on trust services.**                                                                                                                                                                                                         |
| Cardiovascular Disease | **Acute kidney injury**  
Improve hospital care of people with acute kidney injury.                                                                                                                                                                                                                   | **Cardiac care**  
Reduce the time between admission, transfer and treatment for patients requiring unplanned cardiac care; introduce a cardiac audit programme across the East of England.                                                                 | **Health checks**  
Improve the quality and impact of health checks and follow up services, and increase uptake in hard to reach groups; improve diagnosis and management of high blood pressure through a series of action workshops.                                                                 | **Continue implementation of the stroke review**  
Improve stroke care by supporting commissioners and services to meet the Midlands and East service specification.                                                                                                                                                                                                 |
| Diabetes prevention programme | **Reduce the onset of diabetes through the implementation of the diabetes prevention programme which spreads good practice.**                                                                                           | **Diabetes pathway improvement**  
Improve diabetic foot care to reduce amputation rates; and improve access to diabetes care for renal patients.                                                                                                                                                                 | **Reduce stroke due to high risk atrial fibrillation**  
Increase GP and healthcare professionals’ knowledge and confidence to initiate and manage anticoagulation in patients with high risk atrial fibrillation.                                                                                                                                                         |                                                                                                                                                                                                                                                                                |
| Network | Project name and aim                                                                                                                                                                                                 | Project name and aim                                                                                                                                                                                                 | Project name and aim                                                                                                                                                                                                 | Project name and aim                                                                                                                                                                                                 |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Maternity, Newborn, Children and Young People | **Acute care programme: emergency and urgent care**  
Improve the quality and efficiency of care for children and young people attending emergency and urgent care services.                                                                                             | **Acute care programme: high dependency and critical care**  
Establish a network of professionals to drive quality improvement in children’s high dependency and critical care.                                                                                       | **Acute care programme: children’s surgical and anaesthetic services**  
Support provision of excellent children’s surgical and anaesthetic care as close to home when possible and centralised when necessary.                                                                                     | **Children’s rheumatology**  
Establish a children’s rheumatology service which is compliant with the national standards.                                                                                                                      |
| Reduce stillbirth and early neonatal deaths | **Reduce stillbirth and early neonatal deaths**  
Facilitate implementation of the *Saving Lives Care Bundle* to reduce stillbirth and early neonatal deaths.                                                                                                           | **Reduction in maternal morbidity and mortality**  
Reduce maternal illnesses and deaths across the region.                                                                                                                                                     | **Young health ambassadors**  
Proactively involve children and young people to inform decisions about NHS services.                                                                                                                         |                                                                                                                                                                                                                     |
| Mental Health, Dementia and Neurological Conditions | **Waiting time and access standards for mental health programme**  
Work with stakeholders to understand current progress and implement evidenced based mental health care in line with NICE guidance, working with relevant stakeholders. | **Transforming pathways of care programme**  
Work with stakeholders to transform mental health care in primary care, including crisis care across all ages.                                                                                             | **Dementia diagnosis ambition**  
Support all clinical commissioning groups to deliver the dementia diagnosis ambition.                                                                                                                      | **Improve care for people with dementia, together with their families and carers**  
Maximise opportunities for public participation, introduce a dementia supported delivery programme and memory assessment pathways.                                                                                         |
<table>
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|         | **Stimulate improvements and share good practice**  
Stimulate improvements in dementia care across health and care. |
|         | **National community neurology project**  
Support commissioners and providers to develop neurology services and bid to become the lead Network for the national community neurology project. |
|         | **Neurology quality standards**  
Support improvements in the care of people with a neurological condition by benchmarking hospitals against national quality standards. |
|         | **Co-production programme**  
Improve the care of people with a long term neurological condition, and their families and carers through maximising opportunities for public participation and evaluate its effectiveness. |
|         | **Epilepsy e-learning programme**  
Improve the care of people with epilepsy, and their families and carers through the development of an e-learning programme for GPs. |
|         | **Respiratory Support local respiratory commissioning**  
Improve local respiratory care through better commissioning. |
|         | **Reduce avoidable respiratory deaths**  
Reduce premature deaths through improved prescribing and administration of emergency oxygen. |
|         | **Reduce avoidable chronic obstructive pulmonary disease admissions**  
Improve urgent, immediate, in-hospital and discharge care for patients. |
|         | **Pulmonary rehabilitation**  
Improve the quality and provision of pulmonary rehabilitation services across the region. |
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<tbody>
<tr>
<td>Community pharmacy</td>
<td>Enhance the role of the community pharmacist for people needing respiratory care.</td>
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<tr>
<td>Improve early and accurate diagnosis</td>
<td>Improve early and accurate diagnosis of respiratory causes of symptoms by reducing the gap between actual and predicted chronic obstructive pulmonary disease diagnosis.</td>
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<tr>
<td>Across Networks</td>
<td>Stop smoking Encourage more people to stop smoking in the region, particularly people with mental health conditions. (Respiratory, Mental Health, Cardiovascular Disease Networks)</td>
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<tr>
<td>Asthma</td>
<td>Reduce illnesses and deaths related to asthma. (Respiratory and Maternity, Newborn, Children and Young People Networks)</td>
</tr>
<tr>
<td>Transform care of children and young people who self-harm</td>
<td>Ensure early access to evidence based treatment, effective crisis care and appropriate transition between services for children and young people. (Children and Young People, and Mental Health Networks)</td>
</tr>
<tr>
<td>Delivering on the Future in Mind report</td>
<td>Support the transformation of, and increase the scope of, child and adolescent mental health services. (Children and Young People, and Mental Health Networks)</td>
</tr>
<tr>
<td>End of life care</td>
<td>Improve the quality of, and reduce unwarranted variation in, end of life care. (Cancer led, and all Networks)</td>
</tr>
<tr>
<td>Improve the quality and impact of health checks</td>
<td>Improve the quality and impact of health checks including follow up services; and improve diagnosis and management of high blood pressure. (Cardiovascular Disease, Mental Health and Learning Disability, Cancer Networks)</td>
</tr>
<tr>
<td>Perinatal mental health</td>
<td>Support early identification of patients at risk of perinatal mental illness (mental illness during and after pregnancy) and improve their care and treatment. (Children and Young People, and Mental Health Networks)</td>
</tr>
</tbody>
</table>
To find out more about the work of the East of England Strategic Clinical Networks and Clinical Senate please visit our websites:

www.eoescn.nhs.uk
www.eoesenate.nhs.uk

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