

**NHS England Midlands  
& East Clinical Senates**

**ANNUAL REPORT 2017/18**

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## CHAIRS' FOREWORD

Clinical Senates were established in 2013 as a source of independent, clinical advice and strategic guidance to local health and care systems, to assist them to make the best decisions about healthcare for the populations they represent. This annual report demonstrates the range and scope of work undertaken by the three NHS England Midlands and East Clinical Senates to support local health and care systems in driving change to meet the increased demands on the health and care system during 2017/18.

Nationally the NHS is facing an unprecedented increase in demand against a context of workforce and financial constraints. Innovative and often challenging approaches to service delivery are essential to meet the changing needs for high quality care. Clinical Senates are uniquely placed in the NHS to provide a clinical perspective that is independent to the services and structures under review. Using the knowledge and expertise of clinicians, health professionals and patient

representatives from across health and social care who are able to understand the potential impact of proposals across their respective geography and the wider system, our Clinical Senates have provided evidence based, clinical independent advice on proposals for service change.

We are pleased to be able to provide this first joint report of the three NHS England Midlands and East Clinical Senates. We are extremely proud of the work our Clinical Senates have undertaken and the significant contribution they have made singularly and collectively to the wider health and care system. Clinical Senates though would not exist without the commitment and dedication of our members who are largely voluntary in nature. Clinical leadership is vital for improving standards of care and in the 70th year of the NHS, we would like to thank our members for their continuing participation, professionalism, and leadership.



**Dr Bernard Brett**  
East of England  
Clinical Senate Chair



**Professor Ashley Dennison**  
East Midlands  
Clinical Senate Chair



**Professor Adrian Williams**  
West Midlands  
Clinical Senate Chair

With thanks to Elizabeth Gonzalez Malaga and Remi Popoola, East Midlands Clinical Senate Fellows, for their support in compiling the annual report.

## MIDLANDS AND EAST CLINICAL SENATES

Population of 16.8million

**East Midlands**  
 Derbyshire  
 Leicester, Leicestershire and Rutland  
 Lincolnshire  
 Nottinghamshire  
 Northamptonshire

East Midlands

West Midlands

East of England

**West Midlands**  
 Birmingham and Solihull  
 The Black Country  
 Coventry and Warwickshire  
 Shropshire and Telford and Wrekin  
 Staffordshire and Stoke on Trent  
 Herefordshire and Worcestershire

**East of England**  
 Cambridgeshire and Peterborough  
 Mid and South Essex  
 Norfolk and Waveney  
 Suffolk and North East Essex  
 Hertfordshire and West Essex  
 Bedfordshire, Luton and Milton Keynes

Assembly membership  
 of over 500 clinicians

## ADVICE PROVIDED BY CLINICAL SENATES

*“As the SRO for West Leicestershire CCG’s Hinckley and Bosworth Community Services Redesign work, I requested that the East Midlands Clinical Senate undertake a review of our proposals to redesign local services. I have had previous experience of using the NCAT process for clinical service redesign work, but this was my first experience of the East Midlands Clinical Senate as part of the NHSE Assurance Processes for Service Redesign. The opportunity to share our project aims and objectives with a team of impartial clinicians was invaluable and has provided an independent assessment of the appropriateness of our plans.”*

*“Whilst most of the recommendations were work in progress within the programme, the independent clinical opinion on the options was invaluable in supporting our evidence base.”*

*“Over the three days of Senate scrutiny there were many questions generated from the panel which was very challenging and on the one hand, generally supported the plan to move the services and on the other, gave us the opportunity to re-evaluate more of the detail in our plans and make changes where necessary.*

*The Senate’s contribution in helping to crystallise the rehabilitation part of the reconfiguration for us was very welcomed. The final report recommendations allowed us I think to fine tune our proposals and helped the CCG gain approval for the plans from NHSE and the respective Health Overview and Scrutiny panels at Walsall and Wolverhampton Councils.”*

During 2017/18 the Clinical Senates have provided advice and support to their respective health and care systems through a significant number of clinical review panels. Bringing together health and care professionals and patient representatives, the panels have ranged from a review of opening hours of an accident and emergency centre, a review of a new primary care clinical model, and a system-wide community Transformation Programme “Living Well at Home”, through to reviews of more specific services such as stroke and maternity services. Our advice provides a level of clinical scrutiny and transparency, developed by clinicians and patient representatives with no partisan bias but with a primary focus on patient outcomes and benefits.

Below are examples of clinical review panels undertaken by the Clinical Senates during 2017/18.

## East of England Clinical Senate

### Mid & South Essex Sustainability and Transformation Partnership (STP) reconfiguration of acute provision

Background: As a challenged system on multiple levels, Mid and South Essex was designated one of three 'Success Regimes'. The Clinical Senate, through a number of clinical review panels, worked with clinical leaders in Mid and South Essex to provide advice and support on the proposals for reconfiguration of acute provision from three hospitals in the area. This is a significant transformation programme encompassing around twelve clinical service areas.

As part of the proposals for reconfiguration, Clinical Senate was asked to review the proposals

### Model for integration of clinical services between Colchester Hospital University NHS Foundation Trust (CHUFT) and Ipswich Hospital NHS Trust (IHT)

In 2016, the two hospital Trusts established a long-term partnership with proposals to merge into a single Trust with two hospitals (subsequently formalised in July 2017). The proposal was that the partnership should eventually provide full clinical integration of services provided at Colchester and Ipswich Hospitals.

### Review of Accident and Emergency Services at Grantham & District Hospital (United Lincolnshire Hospitals NHS Trust)

The United Lincolnshire Hospitals NHS Trust, like many other NHS Acute Trusts, had been facing significant challenges in the provision of emergency services over the course of the last two years and the Trust had agreed a series of options to take in order to deploy its staff in the most appropriate way to ensure safe emergency care was delivered across its three Emergency Departments. With the appropriate involvement of NHS England and NHS Improvement, the option chosen was to reduce the hours of opening of the Emergency Department on the Grantham site from a 24/7 service to initially an 09.00-18.30 hours service which was then slightly extended to an 08.00-18.30 hours service. The Trust board agreed a target of 21 permanent or long-term middle-grade doctors across the three

for a 'Triage, Transfer and Treat' model for Stroke Services, particularly for a Hyper Acute Stroke Unit (HASU). The key findings and recommendations of the clinical review panel were provided to support the NHS England Midlands and East Regional Assurance checkpoint\* and NHS England Investment Committee held in September and October 2017. (*\* This process is designed to ensure the best value for money as well as best outcomes for patients, and Clinical Senates provide the independent review of the clinical proposals.*)  
September 2017

The East of England Clinical Senate was asked to provide advice on the proposals for the initial integration of services in six clinical areas - cardiology, endoscopy, oncology, stroke, trauma & orthopaedics and urology. November 2017

Emergency Departments to be reached before a 24/7 service on the Grantham site could be reconsidered.

The East of England Clinical Senate was asked by NHS Improvement to undertake the review due to a significant potential conflict of interest in the East Midlands Clinical Senate, the Senate that covered this area.

The unanimous view of the panel was that it was not in the interests of short term or longer-term patient safety to re-open the Emergency Department on Grantham Hospital site on a 24/7 basis at this time.  
December 2017

## East Midlands Clinical Senate

### Resetting Health Care in Corby

The Clinical Senate was commissioned by Corby CCG, a constituent member of the Northamptonshire STP, to review Corby's New Primary Care Clinical Model. Corby Urgent Care Centre opened in 2012. It consolidated several services providing urgent care solutions into one place and was commissioned on the premise that it would reduce the overall spend on urgent care in Corby. Analysis of the UCC activity by the

### Leicester, Leicestershire and Rutland Maternity Services

The aim of the clinical review was to test if there is a clear clinical evidence base underpinning the proposals and to provide an independent clinical opinion on the equity and quality in access of the proposed reduction in acute sites, and whether the proposal is clinically capable of delivering, and is aligned to, the Better Births recommendations.

### Leicester, Leicestershire and Rutland Community Services

The aim of the review was to test if there is a clear clinical evidence base underpinning the proposals and to provide an independent clinical opinion on the equity and quality in access of the proposed community services model, which is designed to support the acute trust.

Leicester, Leicestershire and Rutland STP were not proposing to reduce the number of community

### Northamptonshire Intermediate Care Project

The Clinical Senate was commissioned by Northamptonshire Healthcare NHS Foundation Trust on behalf of the Northamptonshire Health and Care Partnership. The development and implementation of the project is overseen by a multi-agency Project Group, which includes representatives from all partner organisations. The Clinical Senate was commissioned to provide a strategic sense check of Northamptonshire's emerging new pathway and model for intermediate care services (services provided to frail people; generally older people). Intermediate Care is a

sponsoring organisation stated that 88% of activity are presentations which should be routinely dealt with in primary care. Corby CCG concluded that it is financially unsustainable and it is not resolving the growth in demand challenge that the system faces. Two clinically viable and financially affordable service models were proposed by the CCG. The Clinical Senate was asked to consider the clinical viability of the two options presented. October 2017.

The buildings used to deliver services are old and, in some cases, not fit for purpose. The LLR STP Better Care Together strategic plan is to reduce from three to two acute sites to ensure future clinical sustainability and affordability. January 2018.

beds. The aim was to ensure that the services are first in place (and integrated) and to be aligned to the concept of Home First. January 2018

The reports will be published on our website once the Clinical Senate has agreement from the sponsoring organisation.

service that prevents unnecessary healthcare admissions, seeks to support people to recover quickly after having spent time in hospital and reduces the need for intermediate care admissions prior to returning home.

An offer was made by the Clinical Senate for a clinician to attend the Clinical Pathway Group, responsible for developing the proposed clinical pathway and model. February 2018.

The commissioned review itself was completed in the following year.

## West Midlands Clinical Senate

### Stage 1 Advice for NHS Herefordshire Clinical Commissioning Group (CCG)

The West Midlands Clinical Senate was approached by NHS Herefordshire Clinical Commissioning Group to provide independent clinical advice on the One Herefordshire System Community Transformation Programme “Living Well at Home”, prior to their Strategic Sense Check as part of the NHS England assurance process. Commissioners contacted the Clinical Senate Chair to ascertain

what advice was needed from the Clinical Senate. The West Midlands Clinical Senate Council concluded that ‘the Living Well at Home programme’, was ambitious and challenging, however, on the whole the Clinical Senate supported the proposal for increasing community capacity in order to support people in their own homes. *October 2017*

### Update on Shropshire, Telford & Wrekin Future Fit Programme recommendations

The West Midlands Clinical Senate was asked by the Future Fit Programme Board on behalf of Shropshire, Telford & Wrekin CCG to provide independent clinical advice on the Future Fit Action Plan V11. The Senate was asked in particular to provide confirmation that actions identified in the Senate review (2016) had been actioned.

Council on 29 November 2017 to present an update on the report’s recommendations.

The Clinical Senate was assured by the presentation provided by the Future Fit programme team that recommendations identified in the Senate review had been actioned as per Future Fit Senate Report. *November 2016.*

Shropshire CCG attended the Clinical Senate

### Providing Clinical Assurance Stage 2 Walsall Stroke Services

The West Midlands Clinical Senate was asked by Walsall CCG to provide independent clinical advice on the reconfiguration of Walsall Stroke Services.

A full and multi-disciplinary panel sat for three days one of which was spent on a very helpful site visit. This helped in understanding the acute end of the pathway both for stroke and the mimics. Significant debate occurred particularly over the repatriation and rehabilitation pathway resulting in very significant movement from the Clinical Commissioning Group and Trusts during the course of the review.

The West Midlands Clinical Senate was asked to review the documentation and evidence to consider, assess and confirm the clinical quality, safety and sustainability of the reconfiguration of Walsall Stroke Services.

### North Staffordshire and Stoke on Trent CCG’s Community Hospitals and Discharge to Assess

The West Midlands Clinical Senate was approached by North Staffordshire and Stoke on Trent CCGs to provide independent clinical advice on the Community Hospitals and Discharge to Assess Progress prior to their Strategic Sense Check as part of the NHS England assurance process.

for a reduction in community hospital beds replaced by an increase in place based care.

The Clinical Senate Council identified areas where it believed further information and development work was needed to strengthen the plans. *May 2017*

The West Midlands Clinical Senate Council concluded that it supported the CCG’s proposals

## PROACTIVE WORK

In addition to providing advice and support by way of clinical reviews, Clinical Senates undertake work commissioned by Clinical Senate Council or other interested and appropriate bodies. This may include advice for the wider system or more bespoke regional information or advice. Below are some examples of work undertaken by the Midlands and East Clinical Senates during 2017/18 that are of local, regional and national interest.

### East of England Clinical Senate

#### Interventional Radiology in the East of England

Interventional Radiology Service provision across the East of England had been a topic of concern for the Eastern Regional Medical Directors’ Forum for some time, particularly with regards to the equitable and reliable access to these interventions for patients. The forum asked Clinical Senate to determine the variation in provision across the

region, how this compared with best practice and national guidance, and to develop high level recommendations. As a result of the findings, Clinical Senate was asked to review the current arrangements for inter-hospital transfer of acute patients, this work started in April 2017. *April 2017.*

#### Addressing the Obesity Challenge in the East of England

Obesity presents a major national public health challenge due to its multidimensional impact: biological, social, economic and political. Among the East of England region, the number of overweight and obese population is higher than national average. As a result of this concern, East of England Senate worked with Public Health England

and produced a report that highlighted local and national, current and future impact of obesity in the region, offering contemporary and potential initiatives to mitigate its morbidity and mortality impact. This topic was chosen as the main theme of the Clinical Senate Assembly. *March 2017*

### East Midlands Clinical Senate

#### Review of the evidence base on multiple site single service models of care

In the East Midlands, and elsewhere in England, it is notable that plans for service reconfiguration proposed in recent Sustainability and Transformation Partnership (STP) plans, included options for a greater degree of ‘networked’ clinical services which are delivered across more than one clinical site and/or tertiary centre, often in differing geographical locations or towns.

excellence. The latter is increasingly considered in surgical specialities, with a number of NHS England Specialised Services specifications highlighting the need to meet minimum numbers of procedures per centre and per clinical team and in some cases per consultant.

Increasingly, the rationale for such models include the difficult and often conflicting balance between exacerbating inequalities in access to clinical services for patients, whilst at the same time trying to improve quality and outcomes through consolidating services and teams at centres of

Clinical Senates across the country are grappling with these issues. Recent reviews highlight the challenges where commissioners and providers are recommending multiple site ‘one service’ models but where this is often at odds with the service specifications and/or clinical evidence. It is of note that there is also no agreed consistent definition of multiple site single service models.

Public Health England in partnership with the East Midlands Clinical Senate are leading a four staged approach to develop a framework to support Clinical Senates and STPs which has included:

1. Establishment of a clinical expert group chaired by PHE which has defined the key questions for a clinical evidence review on multiple site one service models of care
2. Undertaken a systematic review in partnership with PHE libraries team to understand the evidence base

### West Midlands Clinical Senate

#### Stage 2 Clinical Assurance Evidence Framework

Working with Clinical Senates nationally, the West Midlands Clinical Senate commissioned the Strategy Unit to develop an evidence framework in order to help sponsoring organisations ensure that they were building the required evidence from the outset, minimising the risk of any delay. *June 2017*

Two versions of the framework were produced. Whilst they both contained the same advice, they

#### Media Training for Council Members

As part of its commitment to develop Senate Members, West Midlands Clinical Senate arranged media training. Media training can be highly effective in helping develop the skills

3. Planning of national events to consider the experiences of other Clinical Senates in this area and to consider these models and where they have worked successfully to improve outcomes

4. Final report on the clinical evidence, workshops and accompanying framework for Senate(s) to utilise when considering these models

were structured for differing purposes:

The first directly follows the thirteen questions, providing an explicit audit trail back to the guidance under which reviews are conducted.

The second represented the framework in a way that supports the population of common sections of the Pre Consultation Business Cases that lead commissioners are required to develop at Stage 2.

to get important messages across. The media training covered how the media works, using communication tools, social media, interview preparation, skills and handling tough questions.

## CLINICAL LEADERSHIP AND DEVELOPMENT

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

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

During 2017/18, between them, the three Midlands and East Clinical Senates have drawn on the experience of over 200 clinicians and health and care professionals to provide advice through clinical review panels.

Clinical Senates recognise that they could not function without the support of their Assembly membership. Engaging in clinical review panels provides clinicians with an opportunity to gain a better understanding of ‘the system’, challenges outside of their own sphere of expertise and knowledge and some insight into potential solutions. Clinical Senates provide the opportunity to network and share with peers and colleagues locally, regionally and nationally.

Clinical Senates, with their unique position in the system, are building clinical leadership; through development of Clinical Senate Council and Assembly members, to networking and joining Clinical Assembly events. Clinical Senates consistently receive positive feedback and praise from review panel members as a unique source of learning - being a safe place to develop knowledge and expertise in both questioning and assimilating new and complex information.

The twelve Clinical Senates across England continue to work closely, sharing clinical experts for reviews to ensure that there is the right mix of clinical disciplines in a review panel who have no conflict of interest with the subject or area in question. The Clinical Senates also regularly share learning and knowledge from review panels and their proactive research and projects. A shared database of topics covered in review panels and proactive work has been developed to be published as an accessible interactive document in 2018/19 (at the launch of a new single website for all Clinical Senates).

Below are examples of development opportunities provided by the Midlands and East Clinical Senates.

## East of England Clinical Senate

### Clinical Senate Fellowship

The East of England Clinical Senate Fellowship is a personal award, designed to provide the recipient with development opportunities and support to establish or further develop themselves as a system level clinical leader. The 18 month Fellowship programme provides a mix of self-reflection and experiential and collaborative learning, with clinical leadership at its core. It was designed to provide participants with an understanding of wider health

### Clinical Senate Assembly

The East of England Clinical Senate held an Assembly for its members in 2017, with a focus on Obesity (reference report above). Around 100 delegates heard keynote presenters including Dame Carol Black on Health and Well-being in the Workplace, Nick Pearson, CEO of parkrun and

and care system and economy, including the political and professional influences for and upon change in healthcare.

Four candidates were selected from a strong field in June 2017. They each have a Clinical Senate Council mentor and attend Clinical Senate Council meetings in addition to undertaking a project.

Elaine Wyllie, Founder - The Daily Mile Foundation. Senate Council committed to undertake a 'daily mile' every time it met and delegates worked to develop three key actions for STPs to address obesity.

## East Midlands Clinical Senate

### Senate Clinical Fellows

The East Midlands Clinical Senate identified an important opportunity for a number of Clinical Fellows to work at a strategic level in a supported environment within the East Midlands Clinical

Senate. This role provides extensive exposure to mentorship and support from senior staff and for our Clinical Fellows to be closely involved in the leadership agenda.

### Clinical Senate Assembly

The East Midlands Clinical Senate holds an annual Assembly event for its members. The Clinical Senate holds this event primarily for these reasons:

In 2017/18, the focus of the Clinical Senate's annual Assembly event was on how we engage with and support our local STPs.

- It provides an opportunity to act as a vehicle for health and care professionals and patient representatives to debate ideas, build consensus and make recommendations /give advice on issues that support development and transformation of health and care services
- It is a way of sharing and promoting changes and innovations – providing a space to explore implementation, impact and learning
- Networking

The event provided the opportunity for the Clinical Senate to re-engage with all five STP leads to reaffirm the offer of support from the Clinical Senate.

The day provided an opportunity for our Clinical Senate Assembly and Council members to understand the approach being taken by each STP in our East Midlands geographic footprint, and to consider how the Clinical Senate could further support the STPs and contribute to overcoming some of the challenges.

## West Midlands Clinical Senate

### Development of Chairs Self-Assessment Competency Framework and Tool Kit

This Chairs Development Toolkit was designed to support the Charing Complex Reviews competency framework and self-assessment toolkit. The aim of the framework and toolkit is to enable individuals, who may be invited to chair complex reviews, to

self-assess against the required competencies, and identify areas where they might need further development to prepare them for taking on the role of Chair or Vice-Chair. This resource is available on the West Midlands website.

### West Midlands Clinical Senate Assembly Event

The West Midlands Clinical Senate Assembly held an event in September 2017. The event was well attended and delegates reported excellent feedback.

The purpose of the event was to raise the profile and work of the West Midlands Clinical Senate and to engage the audience to better understand the Clinical Review Process led by Senates and the mechanisms for inputting into different stages of

clinical model development, understand the value of sitting on a Clinical Review Panel and to be equipped to provide input into future Independent Clinical Reviews of STP led large scale service change in the capacity of Expert Panel members. Guest speakers included Birmingham and Warwick University who presented on The Principles of Large Scale Re-Organisation and New Models of Care.

## LOOKING AHEAD

The East of England, East Midlands and West Midlands Clinical Senates understand the ever increasing demand and challenges upon commissioners and providers to deliver high quality safe care.

The Clinical Senates are committed to building relationships with our partners across the health and care system including our respective Sustainability and Transformation Partnerships and Integrated Care Systems so that they have confidence in our ability and capacity to provide confidential independent advice at any stage of their proposals.

Our Clinical Senate Assemblies are a unique resource, providing Senate Councils with diverse multi-professional expertise and knowledge from across the entire health and care system. We are committed to building this resource and expertise and will actively recruit new members.

We will continue to engage with a wide range of health and care professionals and to build clinical leadership so that advice to support the health and care system has a breadth of knowledge, expertise and clinical leadership available to support commissioners and providers with their proposals for clinical service redesign and innovation.

## KEY CONTACTS

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### Further information can be accessed here:

East of England Clinical Senate: <http://www.eoesenate.nhs.uk/>

East Midlands Clinical Senate: <http://emsenate.nhs.uk/>

West Midlands Clinical Senate: <http://www.wmscnsenate.nhs.uk/clinical-senate/>

All documents and information in the annual report may be accessed on each individual senate website.

