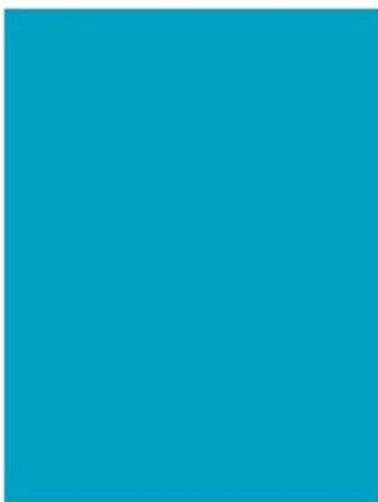


East of England Clinical Senate

Guidelines for topic selection and advice



NHS England

East of England Clinical Senate: Guidelines for topic selection and advice

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1. Purpose of Document

Clinical Senates are non-statutory organisations for the provision of independent strategic clinical advice and leadership. The advice provided will be independent, safe, evidence based and impartial, informed through engagement with the broad range of health and wider care professionals and patients and public in its formulation.

This document lays out the process for seeking advice from the East of England Clinical Senate and details how Clinical Senate will go about formulating that advice and publishing it. The document also provides a template for completion by the topic sponsor to ensure that the relevant scope of information is provided.

The full terms of reference for Clinical Senate are provided in a separate document.

2. Process for requesting and formulating clinical senate advice

- i. The individual or body ('the topic sponsor') seeking advice should in the first instance discuss the topic with the Clinical Senate Office (contact details below). If agreed that the topic meets the criteria for Clinical Senate advice, the topic sponsor will submit the detail of the topic and nature of advice sought on the standard template to ensure that the relevant scope of information is provided for the Senate consideration.
- ii. The topic will be discussed at the next meeting of the Clinical Senate Council (or virtually if an earlier decision is required). The topic sponsor may present the request to the Council in person.
- iii. If Clinical Senate agrees that it will be able to provide the advice required, the topic sponsor will be advised and the topic will be introduced onto the Clinical Senate's work programme. Senate Council will inform the Clinical Senate Assembly and outline and seek views on the proposed approach.
- iv. Clinical Senate office will identify Senate members with the relevant knowledge, understanding and expertise of the topic who would be suitable to be involved in the formulation of advice and will invite them to be part of the topic working group. A general call will also be sent to all other members. (NB: The size of the working group will be appropriate to the topic and dependent on expertise and availability of members. There will not be a prescribed minimum / maximum number of members on working groups).
- v. A member of Senate Council will be the working group lead. Terms of reference for the topic, including the process through which advice will be formulated and the timescale for completion and publication of the advice, will

be agreed with the topic sponsor. The working group lead will be responsible for the management of the working group and formulation and delivery of advice.

- vi. The Clinical Senate's advice will be presented as a written report which will include: background, terms of reference agreed with the topic sponsor, Clinical Senate's advice and recommendations and supporting evidence base, the process through which the Clinical Senate formulated its advice, the extent of engagement with health and care professionals and patient, carer and public representatives and any other bodies. In the interests of transparency, once reports have been discussed with the topic sponsor, they will be regarded as publically available documents, until that time they will remain confidential.
- vii. Clinical Senate has no executive authority or legal obligations. Clinical Senate Council can provide advice and make recommendations for consideration and implementation and will provide information on any further matters that need to be considered prior to implementing (or not taking up) the advice.

3. Criteria for clinical senate advice

All requests for advice should meet at least one of the following criteria:

- i. The topic on which advice is sought relates to the area (or part of the area) of East of England
- ii. Addressing the topic is expected to have a positive impact on quality of care and patient outcomes
- iii. The topic is not subject to other advisory or scrutiny processes (i.e. Clinical Senate is not being asked to give advice in parallel)
- iv. Commissioners believe that independent clinical advice would add value compared to possible alternative processes
- v. The topic has the potential of providing better care, better value and lower patient care cost, or will improve patient flow and or patient safety and or influence ending unintended harm

- vi. The topic is potentially contentious and a respected, independent strategic clinical view will assist in discussing the topic with the public and other stakeholder (e.g. proposals for service change)
- vii. The topic is a relatively local but common issue and the scale of change across East of England would be substantial; Clinical Senate could provide an effective way for commissioners to secure independent strategic clinical advice from a single, credible advisory body.
- viii. Decisions on the topic are likely to have wider implications for other services or other areas of East of England e.g. where consistency of service delivery is considered important.
- ix. The topic does not involve revisiting a strategic decision that has already been made (but could relate to an implication of that decision).

Topics which will not be considered or will be rejected include the following:

- Topics which have already been considered within the health system, for example, by the National Clinical Assessment Team (NCAT)
- Topics which do not have any commissioner sponsorship or support
- Topics that are essentially contract management matters
- Topics which do not have appropriate documentation to support them going forward, for example, an outline terms of reference.
- Topics which do not have appropriate evidence or reason to take forward, for example, a major health policy review
- Topics that do not have supporting information that are essential to formulation of advice (e.g. appropriate data and information).

Supporting information:

Requests for advice or further information should be made in the first instance to

Sue Edwards, Clinical Senate Manager

email: sue.edwards17@nhs.net Telephone 07824 457683

Jocelyn Whittle, Clinical Senate Senior Administrator

Email: jocelywhittle@nhs.net Telephone 01138 255055

4. Information topic sponsor needs to provide for consideration of topic advice

In order for Clinical Senate to be able to consider an application for advice and ensure that it brings the right experts to the working group if the topic is approved, the topic sponsor will be required to provide background and supporting information.

The information provided should include the following:

- Topic sponsor's name, role, organisation and contact details.
- Summary of the topic or issue requiring advice.
- Rationale for advice request: what is the issue, what will it address, what is its importance and breadth of interest and to whom.
- What is the scope of the topic, what is the question to be addressed?
- Which of the criteria the topic meets (from section 3 above and with detail).
- What will be the benefits of the intended advice,
 - how will it provide improvements and to whom and the
 - detail of specific service improvement/s and / or quality and financial benefits.
- What is the intended use and potential impacts of the advice
 - (who will be the end user/s of advice
 - how it will be implemented / applied
 - who else (individuals, bodies, agencies, other NHS etc) the advice will impact upon and how
 - Include any expected financial impact and on whom.
- Explanation of current position, detail of topic including:
 - background, key people already involved, including any public involvement
 - detail of any challenges made.
 - Include relevant data and supporting information.
- Expected methodology to be applied in the formulation of the advice.
- Date advice required by, detail of any critical or key dates.

5. Clinical senate office support

The senate office will keep the topic sponsor informed of progress and commits to:

- Confirming receipt of the application and confirmation of date of Clinical Senate consideration
- Advising of the outcome of Clinical Senate discussion
- Advising of the lead and members of the working group considering the topic*
- Agreeing terms of reference, and time line, for the topic
- Advising of meeting dates, expected methodology and approach
- Providing progress reports on a confidential basis
- Agreeing final report with topic sponsor and confirming when it will be presented to Clinical Senate
- Agreeing with the topic sponsor the date of publication of advice.

*Members of the working group will sign a confidentiality agreement and discussion of the topic will be within the working group only unless the topic sponsor agrees that it is shared as part of the methodology.