

NHS ENGLAND

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# MIDLANDS & EAST CLINICAL SENATES

# 18

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## ANNUAL REPORT

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## ► CHAIRS' FOREWORD

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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. Clinical Senates continue to provide an important support function to the NHS.

Clinical Senates provide excellent value for money, being minimally staffed and built on the voluntary engagement, goodwill and dedication of local clinicians and other health and care professionals to ensure that the wider NHS can benefit from this expertise and experience.

Since their inception, Clinical Senates have established trusted and credible relationships with local stakeholders within their specified geographies. These relationships have developed as the commissioning and regulatory landscape has evolved, ensuring at all times continued access to independent and impartial clinical advice.

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 2018/19.

The value derived from this independent clinical advice is significant and can be further utilised to support Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) to deliver the clinical priorities that the Long-Term Plan identified. There will be a continued need for an independent source of clinical advice available to local and regional NHS bodies that is arms-length from NHS regulatory process.

We are pleased to be able to provide this second 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 we would like to thank our members for their continuing commitment to Clinical Senates.



*Ashley Dennison*

Prof. Ashley Dennison  
East Midlands  
Clinical Senate Chair



*Bernard Brett*

Dr Bernard Brett  
East of England  
Clinical Senate Chair

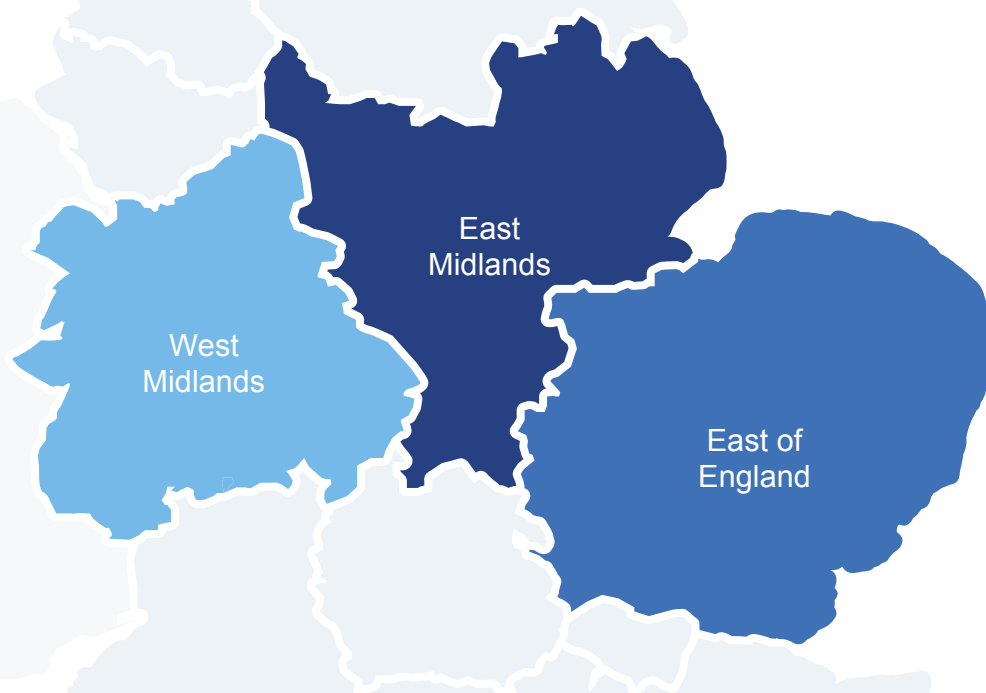


*Adrian Williams*

Prof. Adrian Williams  
West Midlands  
Clinical Senate Chair

## ► OUR AREA AND POPULATION

The Midlands and East region has a population of 16.8 million and an assembly membership of over 500 clinicians.



### ► East Midlands

- Derbyshire
- Leicester, Leicestershire and Rutland
- Lincolnshire
- Nottinghamshire
- Northamptonshire

### ► East of England

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

### ► West Midlands

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

## ➤ ROLE AND FUNCTION

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 population they represent.

Since that time and working on a commissioner and provider-led referral basis to develop their programmes of work, Clinical Senates have offered a wide range of independent clinical support and advice to Clinical Commissioning Groups (CCGs), provider trusts, Sustainability and Transformation Partnerships (STPs) and more recently Integrated Care Systems (ICSs).

The value of Clinical Senates has been recently recognised by Richard Jeavons, Chief Executive of the Independent Reconfiguration Panel:

“““

...there is no doubt that, for the last few years, Clinical Senates have really got a grip of this stuff [independent clinical reviews] and now typically surpass what NCAT was doing – demonstrating not just rigor around the clinical case and evidence but equally important the operating model and procedures, stakeholder engagement and governance to deliver the credibility, transparency and independence that is so valuable.



## ➤ ADVICE PROVIDED

During 2018/19 the three Midlands and East Clinical Senates 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, Clinical Senate 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. Advice can be provided in the formative stages of development of new models of care, pathways or services as well as formal reviews as part of the NHS England Assurance process. Below are some examples of clinical review panels undertaken by the Clinical Senates during 2018/19.

### East Midlands Clinical Senate

#### Resetting Intermediate Care Services in Northamptonshire (April 2018)

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).

#### **University Hospitals of Leicestershire NHS Trust (UHL) – Acute Reconfiguration (July 2018)**

Clinical Senate was commissioned by Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership (STP) to support the completion of a Pre-Consultation Business Case (PCBC) that would be used to enable UHL to secure capital funding in order to deliver the reconfiguration of three acute hospitals onto two sites. The Clinical Senate review would form part of NHS England's Assurance process. The aim of the clinical review was to consider UHL's plans to deliver a two-site acute solution based on clinical sustainability, workforce and clinical outcomes. In particular the review team were asked to consider whether its five-year bed bridge (transient flexible bed base) would deliver a robust and clinically safe solution and the clinical models that would be put in place in the community to support the bed transition.

“““

My overall experience of the clinical review was that it was very thorough. I felt that the panel recognised the problems being faced, heard clearly and understood the challenges of clinicians. This was also reflected in the final report and was valued by the commissioning organisation.

**Head of UHL Reconfiguration**

#### **Lincolnshire STP Clinical Review (July and September 2018)**

Building on the earlier work undertaken by the Clinical Senate in 2014, 2015 and 2017, Clinical Senate was commissioned by Lincolnshire STP to review whether there was a clear clinical evidence base underpinning the proposals to reconfigure services to deliver improved quality of care and enhance recruitment and retention of staff in order to deliver sustainable services.

The review focussed on the clinical interdependencies between the services proposed for reconfiguration and the totality of the changes proposed. The proposals have been developed by Lincolnshire clinicians under the umbrella of Lincolnshire's Acute Services Review. The clinical review team were asked whether it would support the proposals based on clinical sustainability, workforce and clinical outcomes.

#### **NHS Nene and NHS Corby Clinical Commissioning Groups – Residential Short Break Service (September 2018)**

East Midlands Clinical Senate was commissioned by Nene and Corby CCGs. A new model of care had been developed to meet the health needs of disabled children who access residential short break services within Northamptonshire.

The Clinical Senate review panel were asked whether the proposed model of care provided effective clinical oversight and governance, and safely met the needs of children with complex and continuing care needs that accessed residential short breaks within Northamptonshire.

“““

...Good agreement has been reached that will allow all parties to work together to undertake a transformational piece of work with parents, providers and the county council.

**Young People Commissioning Manager,  
Nene and Corby CCG**

## East of England Clinical Senate

### Mid and South Essex STP (April, May and December 2018)

East of England Clinical Senate continued to support the Mid and South Essex STP on its proposals for reconfiguration of services across the three hospitals at Basildon, Broomfield (Chelmsford) and Southend. Eight clinical review panels were held during April and May 2018, reviewing services that included respiratory, cardiology, urology, gynaecology, renal medicine, general surgery and trauma and orthopaedics with further follow up reviews in December 2018.

## Herts Valley Clinical Commissioning Group (CCG)

At the request of Herts Valley CCG, Clinical Senate carried out a review of actions taken by the CCG following some concerns by the local acute trust and some GPs in respect of the community 24-hour Electrocardiogram (ECG) and Echocardiogram (Echo) service by the, then, service provider. The review was held in May 2018 and Clinical Senate agreed that it was fully assured that appropriate action had been put in place and that there had been no risk to patient safety.

### **Princess Alexandra Hospital NHS Trust, Harlow (November 2018)**

In November 2018, East of England Clinical Senate undertook a review for Princess Alexandra Hospital NHS Trust on its early proposals for (new) in and out of hospital models of care as part of a wider, and quite significant, estate development.

## West Midlands Clinical Senate

### **North Staffordshire CCG and Stoke CCG Community Beds (July 2018)**

Clinical Senate was asked by North Staffordshire and Stoke-on-Trent CCGs to provide independent clinical advice on the proposed future of local health services in Northern Staffordshire reconfiguration, with specific reference to community beds. The panel advised that patient and public engagement was crucial and were asked to return to Clinical Senate when the consultation had concluded and prior to implementation of the plans.



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Following the initial review and report the Clinical Senate review panel met to assess the progress made and to respond to two specific questions from the Northern CCGs.

### **The Future of Local Health Services in Northern Staffordshire - Report**

### **The Future of Local Health Services in Northern Staffordshire – Addendum to Report**

#### **Shropshire Midwifery-led Unit (August 2018)**

Clinical Senate was asked by Shropshire CCG to provide independent clinical advice on the proposed Shropshire midwifery-led unit reconfiguration.

The focus of the review was how to get services working as efficiently as possible, to make the best use of funds, staff and assets, with the principle objectives of clinical sustainability, equity of access and improved outcomes. Clinical Senate concluded that the proposals were with merit, and supported the proposed reconfiguration, with a range of observations and recommendations.

#### **County Hospital Stafford Freestanding Midwifery-led Birth Unit (September 2018)**

The Stafford and Surrounds CCG formally requested the advice of the Clinical Senate, to assess the benefits and risk associated with the options developed for the midwifery-led unit service within the local system. Clinical Senate concluded that the proposals were with merit, and supported their implementation, with a range of observations and further consideration.

#### **Shrewsbury and Telford Hospitals Emergency Department Overnight Closure (November 2018)**

Clinical Senate was asked by the NHS England Medical Director for the West Midlands, on behalf of Shrewsbury and Telford Hospitals, to provide independent clinical advice on the proposed overnight closure of the Emergency Department at Princess Royal Hospital Telford (Part 1). Following the initial review, Shrewsbury and Telford Hospitals returned to Clinical Senate for further

advice on a revised proposal to the times for overnight Emergency Department closure, at Princess Royal Hospital Telford (Part 2). Clinical Senate did not support the changed closure time proposal at this stage.

#### **Report Part 1**

#### **Report Part 2**

#### **Dudley Multi-Specialty Community Provider, clinical advice as part of the Integrated Support and Assurance Process (ISAP) (January 2019)**

Clinical Senate received a recommendation from the West Midlands NHS England Medical Director to undertake a formal Senate review for the Dudley MCP clinical model, in November 2018.

Dudley CCG was selected to join NHS England's Vanguard Programme in early 2015 with the intention to develop a new care model – the Multi-Specialty Community Provider (MCP). Since that time the CCG had been working with local partners and stakeholders on the development of the MCP in line with the Five Year Forward View (2014), Five Year Forward View Next Steps (2017), and the NHS Long Term Plan (2019).

The panel were of the opinion that integrated care, with details of specific pathways, was the right way forward based on recommendations made in the report. The commissioned review was completed in the following year (2019-20).

“““

We particularly appreciated the flexibility of the Clinical Senate in recognising (and therefore accommodating) the unique circumstances for this review - being part of ISAP and outside of the normal types of review that the Senate might expect to undertake, we were also impressed by the level of commitment to the review shown by the Senate with the significant range of expertise participating in the review.

# ► THE TWELVE CLINICAL SENATES

## There are twelve Clinical Senates across England:

- Yorkshire and the Humber
- North of England
- North West Coast
- Greater Manchester and Eastern Cheshire
- West Midlands
- East Midlands
- East of England
- London
- Thames Valley
- South East
- South West
- Wessex

The twelve Clinical Senates work closely together sharing clinical experts for reviews. This ensures that there is the right mix of clinical disciplines in review panels, free from any conflicts of interest.

Clinical Senates across the country have summarised all the published reviews they have conducted over the last five years in our National Topics Log, which can be accessed from our [website](#). The Topics Log gives the opportunity to search for clinical senate advice by category, or by geography, and provides links to the detailed reports.



In addition to providing advice and support by way of clinical reviews, Clinical Senates undertake work commissioned by Clinical Senate Council or other appropriate bodies. This may include developing advice for the wider system, or more bespoke regional advice. Below are some examples of work undertaken by the Midlands and East Clinical Senates during 2018/19 that are of local, regional and/or national interest.

### East Midlands Clinical Senate

#### Physical Activity as Treatment

Building on earlier proactive work published in 2014 on exercise medicine, East Midlands Clinical Senate further considered the mapping of physical activity as treatment and subsequently mapped two care pathways in 2018: Physical Activity in Cardiology Pathways in Derbyshire and Physical Activity in Mental Health Pathways in Northamptonshire.

Clinical Senate has published its findings and described how and why physical activity as treatment might be commissioned system wide and across a range of conditions, based on the evidence currently available. The published report may be of interest to Integrated Care Systems and Integrated Care Partnerships and developing Primary Care Networks, Sustainability and Transformation Partnerships (commissioners and providers), and Health and Wellbeing Boards and Local Authority Public Health professionals.

#### Winter Pressures Planning

Following unprecedented winter pressures experienced in 2017-18 NHS England Central Midlands commissioned the East Midlands Clinical Senate to undertake a clinical and qualitative review of current winter planning practice across the East Midlands. A literature review to assess the evidence and guidance currently available from national organisations and advisory bodies was undertaken in the first instance. This was followed by four site visits in February/March 2019, across a variety of organisations with senior members of staff responsible for formulating winter pressure plans, to then assess how this guidance was being utilised on the front line. The published report provides robust, relevant and usable advice for all relevant organisations across the region,

with an emphasis on promoting shared learning and good practice to support whole system leadership and delivery.

#### **Multiple Site Single Service (MSSS) Models of Care**

Clinical Senates are increasingly being asked to advise on reconfiguration of services which involve the concept of providing the same clinical services across more than one clinical site or location, often across a regional geography, whilst describing the service as a 'single clinical team or service'. This emerging model of care is termed 'multiple site single service'. A preliminary review of completed Clinical Senate reviews found that more than half of service change proposals included this model of care. Currently, however, there is no guidance available to Clinical Senates on how this model of care might be assessed to ensure the clinical evidence base is robust and would consequently inform decision-making and implementation.

East Midlands Clinical Senate has initiated a proactive workstream to assess the evidence base for multiple site single service models of care and is currently developing a framework of support that Clinical Senates may wish to apply when considering their advice on such models.

### East of England Clinical Senate

Previous regional projects undertaken by Clinical Senate with Public Health England highlighted that inter-hospital transfers (IHT) were common and occurred when there was a clinical need for patients to be transported to another NHS trust for definitive investigation or treatment. With increasing centralisation of specialised care, and development of integrated care systems where acute trusts will work more closely together, the demand for IHT will increase.

IHTs are a priority area for Clinical Senate and, with Public Health England, it agreed to review the issue. An early scoping review was commissioned to better understand the concerns that had been raised by local stakeholders in relation to IHTs and identify aspects of the process that may have had an adverse impact on clinical effectiveness and patient safety. The scope of the review was limited to three cardiovascular conditions,

acute aortic dissection of the thoracic aorta, rupture of abdominal aortic aneurysm, and non-ST elevation myocardial infarction (NSTEMI).

These represented a range of clinical urgency, and lessons from these specific pathways were abstracted to general recommendations for IHTs across the health system.

The recommendations from this joint review for Clinical Senate and local stakeholders to consider were:

**Jointly develop new guidelines on the development of pathways that involve inter-hospital transfers, with consideration of:**

- Multidisciplinary approach: which key stakeholders are engaged in the development of pathways
- Cross-organisation working: Use of standardised protocols, structured handovers
- Governance structures
- Clear guidance on prioritisation decisions
- Clinical leadership: from an appropriate clinical network

**Mechanisms to facilitate collaboration across organisations, examples include:**

- The implementation of the IHT concordat
- The role and development of clinical networks beyond those already in place

## West Midlands Clinical Senate

### Learning from Previous Senate Reviews

Clinical Senate carried out an assessment on previous reviews from 2013-2016 to ascertain what progress had been made since providing formal Clinical Senate advice. The findings show that Clinical Senate advice and recommendations had played a significant role in the NHS England Assurance process. The advice provided supported and contributed towards commissioning systems making major service change decisions that have improved and delivered clinically safe and sustainable services.

### West Midlands and North Midlands Service Change

A monthly service change meeting was established to co-ordinate and align the system management and oversight on a North Midlands and West Midlands footprint, with a shared objective to manage the strategic service changes within the system and to improve overall health care, quality and sustainability of services for the population served. West Midlands Clinical Senate played a key role in developing a modified version of the NHS England Assurance process which was commended by the Strategy and Planning Directorate Midlands and East Region.

The Clinical Senate worked with key stakeholders across the DCO to ensure all service change proposals were tracked and timely requests for Clinical Senate opinion received. The process facilitated strong and systematic links between commissioners, NHS England and the provision of independent clinical advice from the Clinical Senate.



# ➤ CLINICAL LEADERSHIP & DEVELOPMENT

During 2018/19 the three Midlands and East Clinical Senates have drawn on the experience of over 200 clinicians and health and social 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 their own sphere of expertise and knowledge and insight into potential solutions.

Clinical Senates provide fertile opportunities for clinical leadership development, as this is the nature of their function and every day work, focus and outputs. Participants in Clinical Senate work get excellent experience of system-based thinking with real life examples. Clinical Senates can be an important resource for NHS England and NHS Improvement and the NHS Leadership Academy in developing and recruiting local and regional talent.

“““

Participation in the Clinical Senate has broadened my experience of health services commissioning, delivery and transformation strategy at a systems level.

Joining the Senate has enhanced my professional network and introduced me to valuable new colleagues.

**Nurse Consultant**

I think the clinical review process is extremely beneficial in informing transformation, particularly given the panel expertise.

It is good learning and development and spreads good practice.

## East Midlands Clinical Senate

Development days for Clinical Senate Council members were held bi-annually and provide additional opportunities for continuing professional development and during 2018/19 events on the following were held.

### Media Training

A media training event was held in October 2018 for Senate Council members to prepare for media interviews and to gain a better understanding of how to embrace PR and media opportunities.

“““

I really enjoyed the course ... a good mix of teaching, exercises, challenge and feedback.

## Integrated Care Systems (ICSs)

An event was held in March 2019 to understand how ICSs were forming, in partnership with local authorities, to provide closer collaborations and take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. Good practice and clinical lessons were shared and we were able to learn from the experience of [Nottinghamshire ICS](#) a 'vanguard' site in the East Midlands.

“““

A wide variety of topics covered – both positive experiences and challenges for integration.

## Clinical Fellows

The East Midlands Clinical Senate identified a unique opportunity to appoint and develop six Clinical Fellows to enhance the Clinical Senate's work, whilst allowing the Fellows the opportunity to gain invaluable involvement with the healthcare leadership agenda. This initiative has not only added value to the productivity and role of the Clinical Senate but will leave a legacy of excellence in clinical leadership for the future in their respective areas and in the NHS more widely.

The Clinical Fellows were able to enhance the Clinical Senate's work programmes by undertaking literature reviews, which directly supported our clinical review panels - by undertaking a search of national and regional literature, data and benchmarking, and clinical guidelines - on behalf of our clinical review teams. The Fellows have also had the opportunity to jointly lead a number of proactive projects during the 12-month period (referenced under proactive work in this annual report).

The Clinical Fellows have all provided feedback on the impact of participating in the Clinical Fellowship Programme and the development opportunities provided on both a personal and professional level:

- Exposure to different working environments
- Great opportunity to work with senior and expert clinicians in a multi-disciplinary team
- Contribution to service design, including participation in discussions around key challenges faced by local health and care systems

- Organisational working and recognition of complex adaptive systems
- Learning from critique and discussion generated
- Well supported and good exposure to senior leadership roles from the Senate
- Exposure to situations and people that would not otherwise have been experienced
- Gaining experience in organisational skills, team work, report writing and public speaking
- Career opportunities – aspiration for leadership in healthcare

“““

Lots of opportunity to get involved in a range of different projects. I am learning a lot about the work of the Senate, how it is organised and managed, and the benefits that it brings to the wider system.

**Clinical Fellow**

Working with others outside of the usual sphere of influence and presenting to such groups has had a positive impact on confidence.

**Clinical Fellow Mentor**



## East of England Clinical Senate

**‘Managing the challenge of increased demand on NHS services: technology, people, systems’** was the theme of the East of England Clinical Senate Assembly in March 2019

The Assembly heard from Professor Pietro Valdastri, Chair in Robotics and Autonomous Systems at the University of Leeds, who demonstrated how robotics were being used in Gastrointestinal Endoscopy, reducing procedure time for patients to just a few minutes. Professor Tony Young OBE, National Clinical Director for Innovation at NHS England enthralled everyone with his presentation and knowledge on NHS Innovations, past, present and future, resulting in the Medical Director of an acute trust offering to be a pilot site for drone passage of specimens.

Dr Sunil Gupta gave an insight into how his practice and CCG were managing the pressures on GP demand. Professor Des Breen, Medical Director at South Yorkshire and Bassetlaw Integrated Care System, addressed how the system worked together to implement integrated strategies for its population. We heard about the challenges of meeting workforce needs across the system and how Health Education England was planning for the medical workforce of the future. Anna Morgan, Senate Council member and Director of Nursing for Norfolk Community Health and Care talked about how her organisation became the first community trust to achieve a CQC ‘Outstanding’ rating.

## Clinical Fellowship Programme

The four East of England Clinical Senate Fellows completed their 18-month Fellowship programme in March 2019. This was the first Fellowship programme offered by Clinical Senate and, whilst feedback from the Fellows was positive, Senate Council decided to reflect on its offer to understand how it could improve the programme for future cohorts before it invited applications for a second cohort.

Initially established as a mechanism for developing potential Senate Council members, the East of England Clinical Senate Fellowship was designed for the Fellows to gain leadership skills and knowledge at a system level that could also be applied to their own professional setting. The programme was part structured, part self-reflective; the Fellows each undertook a project, attended Senate Council meetings and at least one clinical review panel. Supported by a mentor from Senate Council and an independent Executive Coach, the Fellows were encouraged to engage with an STP, either their own or another.

All four Fellows agreed that the programme had been a valuable developmental and learning experience but that being able to attend and fully participate in Senate Council meetings and clinical review panels was probably the most beneficial element of the programme. These experiences had exposed them to parts of the system that would not have been accessible as part of their own role and had led to a greater understanding of how the wider system worked.



## West Midlands Clinical Senate

The West Midlands Clinical Senate has supported other regional Clinical Senates by identifying appropriate health and social care leaders and patient and public involvement representatives to participate in clinical review panels outside of the West Midlands region.

### **Developing Integrated Health and Care Services and Systems: Learning from the West Midlands and more widely**

The Clinical Senate Assembly event held in November 2018 helped to address the theory practice gap through renowned local speakers presenting different perspectives to demonstrate how health and social care professionals, involved with patient care at different stages of the care pathway, can be part of a single organisation working within integrated care systems. Presentations included 'Clinical Leaders Shaping STPs and ICSs', 'How Local Authorities are Supporting and Working with Integrated Care Systems', and 'Innovation in Care Homes'.

The NHS Assurance process and Clinical Senate review processes helped to contextualise working with ICSs and STPs by giving insight into different stages of reconfigurations, with some local practical examples.

### **Specialty Registrars Programme**

Over the past year, West Midlands Clinical Senate have worked with West Midlands Health Education England and Clinical Supervisors to undertake leadership development opportunities for Speciality Registrars. Clinical Senate reviews have provided Registrars with a platform to use speciality specific expertise, contribute to system leadership, improve patient and population care, as well as learn from other health and care leaders.

This year, three Registrars, one Stroke and two Public Health, attended two different Clinical Senate reviews in the West Midlands. An outcome of their Clinical Senate Review experience will be a joint publication in a peer review journal.



## ➤ PATIENT AND PUBLIC VOICE

Patient and Public Involvement members have an equal role and input into Clinical Senates. Their involvement in clinical review panels and working groups is crucial to ensure that the user/carer/public perspective and patient voice is included when proposals for service change are

being considered. Clinical Senate has a role in supporting and assisting commissioners to make the best decisions for patients and that proposals are safe, sustainable, and will improve outcomes for patients, so input from patients and carers is fundamental to the process.

“““

I have been involved with East Midlands Clinical Senate for a number of years. The experience and knowledge gained has enabled me to have a wider knowledge of different practices and procedures that are undertaken within the NHS. Every Trust and NHS site is different but has the same objective of treating the patient with fairness and as an individual.

By being involved with the Senate it gives the Patient Representative the ability to influence the outcome of the specific proposals. Our role is to add our experience as a patient together with those with the patient groups that we are involved in. At the end of the day, it is people who deliver and manage the NHS and it is those people who treat all with respect and deserve respect

**Patient Representative -  
East Midlands Clinical Senate**

“““

Being part of the Clinical Senate review process is enjoyable and thought provoking. I feel I can make a personal difference to healthcare locally on behalf of the public

**Patient Representative -  
West Midlands Clinical Senate**



## ➤ LOOKING AHEAD

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NHS England's Long-Term Plan sets out a vision for the future of the NHS. Clinical Senates will have a key role in supporting the sustainable implementation of the Long-Term Plan at regional and local levels by supporting Sustainability and Transformation Partnerships, Integrated Care Systems and provider trusts by:

- Sharing best practice, pooling their experience and collaborating and learning by co-producing experiences gained from individual clinical reviews.
- Providing a unique forum for the provision of impartial, multi-professional expertise and independent clinical advice to local and regional health systems, that fosters a culture of multi-professional engagement and system working.
- Promoting the ethos of collaboration between organisations for the delivery of equitable, high quality care across a health system. This can, on occasions, include the diplomatic role of an 'honest broker' or 'critical friend', reconciling conflicting views and interests in order to achieve consensus, and can help breakdown any silo mentality that may have hindered collaborative working.

Clinical Senates are committed to continuing to build relationships with existing and emerging health and care commissioners and providers in their respective areas to ensure they are aware of how Clinical Senates can best support and help them.

Clinical Senates are keen to ensure that their offer remains a viable and valuable resource and will work with the commissioners of reviews to provide a bespoke service appropriate to the needs of each request in order to achieve the best outcomes for patients.

At the end of March 2019, NHS England and NHS Improvement announced key steps that would result in joint working between the two organisations. Regional teams have been reorganised from twelve to seven regions. The previous Midlands and East region was split from April 2019 into two regions - Midlands and the East of England.

## ➤ ACKNOWLEDGEMENTS

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The work of Clinical Senates is only possible because clinicians, patients, members of the public and other stakeholders are prepared to give their time, along with their knowledge and expertise to help improve healthcare across the Midlands and East region. We are grateful for the significant contribution of everyone we have worked with throughout 2018/19, in all of our clinical review panels and throughout our extensive programmes of work.

## East Midlands Clinical Senate

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