

## East of England Clinical Senate

### Minutes of special, confidential, meeting of the council

***(NB These minutes do not contain any confidential information)***

**25<sup>th</sup> March 2015 at 17.30 hours by Webex**

#### Attendance

Present (online)	Apologies
Shane Gordon (SG) (Chair)	Penny Brett
Pauline Brimblecombe (PB)	Fiona Carey
Sunil Gupta (SG)	Jo Douglas
Richard Iles (RI)	Sue Hardy
Robert Lindfield (RL)	Stephen Webb (SW)
John Lockley (JL)	<b>Not in attendance</b>
Simon Rudland (SR)	John Martin (JM)
Dee Traue (DT)	Emma McKay
Denise Williams (DW)	Asif Zia (AZ)

Council members not eligible to attend & not in attendance	In attendance (non voting)
Margaret Berry (NHS England)	Dr Robert Florance (Review panel member)
Bernard Brett (Conflict of interest)	Dr Duncan Forsyth (Review panel member)
Christine MacLeod (NHS England)	Dr Peter Skew (Review panel member)
Melanie Clements (NHS England)	Sue Edwards, Clinical Senate Manager

No.	Agenda item	Action by
1	<b>Welcome and apologies</b> SG welcomed members to the meeting. Apologies were noted.	
2	<b>Declarations of Interest</b> Dr Robert Lindfield's interest declared at the clinical review panel ( <i>that his wife was Director of Public Health in Suffolk County Council</i> ) was noted. This interest had had no influence or impact on the matter and Robert Lindfield remained a member of the panel and this meeting.	
3.	<b>Gt Yarmouth and Waveney CCG Clinical Review Panel Report</b> This special meeting of the council was convened for the senate council to consider, and endorse if appropriate, the report of the clinical review panel held on 3 <sup>rd</sup> March 2015. Senate Council needed to assure itself that the clinical review panel remained within the agreed Terms of Reference (Appendix 1 of the report) for the review and fully discharged the Terms of Reference.  Council noted that as a number of substantive council members were ineligible to attend the meeting and vote due to conflicts of interest, accordingly the number of members required for the meeting to be quorate was adjusted. Senate Manager	

	<p>confirmed that the meeting was quorate. SG thanked panel members for their contribution and thoughtful comments during the panel. SG also thanked the Sue Edwards and the senate support team for their role in ensuring the panel ran as smoothly as it did.</p> <p>RL was also thanked for developing and providing further supporting information for the CCG which it was able to use to improve its evidence base going forward.</p> <p>Senate Council discussed a number of areas in the report; of particular concern was the matter of staffing and capacity of the CCG/provider to deliver the desired changes. Clinical panel review members advised senate council that this had been raised as a key line of enquiry of the panel and discussed in some detail with the CCG. On the evidence and information provided, the panel was assured as it was able to be, and had reflected that in the recommendations.</p> <p>Senate council members asked whether the CCG had found the process helpful or not. SG and SE confirmed that the CCG had on the day expressed its thanks to the panel for its supportive approach and helpful discussions. The CCG had also followed this up with an expression of thanks and confirmed that the recommendations and outside perspective had been very helpful in enabling it to move forward with the information it needed to provide for consultation and further review of the proposals by NHS England.</p> <p>Clinical Review panel members commented that they felt the review had added value, and that it had been about being supportive without being critical of the proposal. However the panel had been constrained by the questions it had to answer and to keep its focus on those. SG and SE agreed that there was an element of learning for the senate about refining the question and ensuring it was one that was clearer on the clinical focus and not so wide that it was more than could be sensibly tackled. In retrospect, the questions in this case were much more around the performance outcomes than clinical focus on the patient.</p> <p>Senate council members voiced some frustration that with only the review report to read and not the full set of evidence provided to the panel, it was difficult to make a fully informed decision about whether the senate had reached the appropriate recommendations. However senate council noted that the purpose of the meeting was to confirm that the clinical review panel had met and fulfilled the Terms of Reference of the review, and to not review the report <i>per se</i>.</p> <p>Senate council <b>agreed</b> that that the clinical review panel had remained within the agreed Terms of Reference for the review and had fully discharged the Terms of Reference.</p> <p>Senate Council was reminded that the report remained confidential until a date agreed with the CCG for publication. This would be after the CCG's consultation and completion of the full NHS England service change assurance process.</p> <p>Senate council and review panel members were thanked for their attendance and input and the meeting closed at 18.10hours.</p>	
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**Agreed by Senate Council 29<sup>th</sup> April 2105**