



**East of England**  
Clinical Senate

# East of England Clinical Senate Annual Report 2019 – 2022



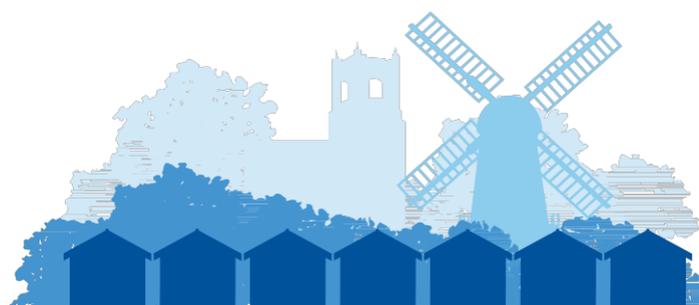
## Chair's Foreword

Welcome to the East of England Clinical Senate Annual Report which covers the period 01 April 2019 to 31 December 2022. This longer time period is a result of the COVID-19 pandemic during which our work was formally suspended for many months and our staff were redeployed to support NHS England's response. Further details of our work during this timeframe can be found on the Senate's website under [Publications & Advice](#)

Following this period, not only has the delivery of health and social care now changed beyond all recognition within every part of the NHS, but attitudes towards health, care and wellbeing have altered dramatically across the world. Clinical services found themselves under unprecedented pressure to deliver high quality health care whilst simultaneously developing innovative and collaborative ways of working to address the challenge. The success of the UK COVID-19 vaccination programme is testament to just what can be achieved when people and organisations are brought together from all parts of the system to focus on a single clear objective to effect real change extremely quickly. The widespread adoption of virtual working both in the clinical setting as well as for management meetings, is another example of the rapid changes that can be delivered to meet the challenges faced.

Providing opportunities for collaboration and leadership to inform and support service development is a core function of the Clinical Senate and we were pleased to provide independent advice to support commissioners and providers within the East of England region. This included the establishment of a Clinical Advisory Group in August 2020 to bring together opinion from clinicians and experts by experience to provide clinical advice and guidance to the NHS England, East of England Regional Medical Director and other key stakeholders during the COVID-19 pandemic, recovery and restoration phases. The purpose of this advisory body was to provide pragmatic clinically driven solutions and advice to support decision making and ensure best practice and learning could be disseminated to support service innovation, transformation and critical thinking on proposed changes to clinical pathways.

The Clinical Senate Council also published two papers looking at the Regional COVID-19 Pandemic Response and System Learning (July 2020) and the associated Ethical Considerations (December 2020):



**i) East of England Clinical Senate Council – Regional COVID-19 Pandemic Response and System Learning: Adopt, Adapt, Abandon (July 2020)**

Clinical Senate Council reflected on "What have we learned about how health care can be delivered during the last twelve weeks?"

[Please read the full report here](#)

**ii) East of England Clinical Senate Council - Regional COVID-19 Pandemic Response and System Learning: Ethical Considerations (December 2020)**

Clinical Senate Council came together with a group of invited clinicians to consider ethical issues in relation to the transfer of both critically ill emergency care pathway patients and patients needing urgent elective treatment, from one hospital or one region to another for treatment. Whilst the question had been raised in the context of the COVID-19 pandemic, the principles discussed would generally apply. Patients are transferred every day from one hospital to another, usually in order to ensure more specialist treatment. However, the COVID-19 pandemic placed unprecedented pressure on critical care beds with many critical care units operating well above their usual capacity.

In discussion, the panel considered how medical ethics principles, including the four pillars of medical ethics, and the NHS Constitution and values, could be applied to the transfer of a patient to another hospital either to make way for another patient or to provide treatment that had been delayed or suspended at the patient's local hospital.

[Please read the full report here](#)

Looking forward, the Clinical Senate anticipates significant involvement in the new NHS environment created by the Health and Care Act which received Royal Assent in April 2022. Significant new legislative measures within the Act have made it easier for health and care organisations to deliver joined-up care for people who rely on multiple services through the creation of forty two Integrated Care Systems (ICS) in England.

ICSs are partnerships that will bring together NHS organisations, local authorities and key stakeholders including the 3<sup>rd</sup> sector, to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas. Since 1<sup>st</sup> July 2022 the East of England region has been made up of six ICS's and the Clinical Senate very much looks forward to supporting them to improve services and provide excellent patient-centred care for a population of 6.2 million across approx. 7,500 square miles.





2021 saw the retirements of Sue Edwards and Brenda Allen and I would like to formally thank them both for all their hard work and dedication in support of the Clinical Senate and to wish them well for the future.

Sincere thanks are also due to all Senate Council and Assembly Members, clinicians, staff, patient and public voice partners and stakeholders, past and present, for their time, expertise and commitment to delivering safe, high quality local services notwithstanding the truly exceptional circumstances created by the COVID-19 pandemic.

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

## **Role and Function of the Clinical Senate**

Clinical Senates across England were established in 2013 to provide independent clinical advice and strategic guidance to commissioners to support service transformation, with the aim of improving the healthcare in each region.

Clinical Senates bring together health and care professionals from a wide range of health, public health and social care settings, including commissioning. Together with patient/carer input, this unique range of expertise, skills and knowledge enables the Clinical Senate to provide fully independent expert clinical advice to support strategic planning and proposals for change and improvement.



In addition to providing independent advice to inform major service change, including NHS England's service change assurance process, Clinical Senates also:

- Offer early general advice on any reconfiguration or transformation process including the development of new service models
- Facilitate cross-system working
- Foster a culture of clinical leadership
- Build and maintain constructive national and local relationships

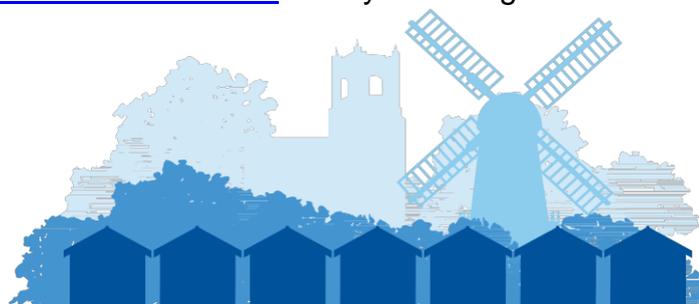
The East of England Clinical Senate comprises a Clinical Senate Council and a wider Clinical Senate Assembly.

Members come from the full range of health organisations, professions and care settings, including voluntary and social enterprise organisations delivering health and care, Local Authorities, the UK Health Security Agency, Academic Health Science Networks, NHS Health Education East of England and the Royal Colleges. Patient, public and carer representatives are an integral part of the Clinical Senate and their unique perspectives and experiences help us to ensure co-production and engagement are incorporated into all the work we undertake.

The Clinical Senate Council is a small multi-professional steering group which includes a number of Patient and Public Voice representatives, senior clinicians and professionals, recruited based upon their credibility and experience. Clinical members are not appointed to represent their organisations or professional bodies, ensuring that impartiality remains one of the main strengths of the Senate. Following a selection process, members are appointed for a period of office of 3 years, which may be extended for a further 3 years, subject to agreement by the Senate Council, and are expected to attend four Council Meetings per annum and participate in Clinical Reviews and workstreams as appropriate to their skills and experience.

The Clinical Senate Assembly is a diverse multi-professional membership forum that provides the Senate Council with access to experts from a broad range of health and care professions and settings. Membership of the Assembly encompasses the 'birth to death' spectrum of NHS care, both clinical and non-clinical, and includes patient, carer and public representatives, our 'Experts by Experience'. Members are self-nominated and membership is indefinite.

We always welcome applications to join the Senate Assembly and further details can be found either on the Senate website: [www.eoesenate.nhs.uk](http://www.eoesenate.nhs.uk) or by emailing: [england.eoeclinicalsenate@nhs.net](mailto:england.eoeclinicalsenate@nhs.net)



## **Clinical Senate Management Team**

Led by an independently appointed Chair, the Senate Council co-ordinates the business of Clinical Senate; maintains a strategic overview across our region and is responsible for the formulation and provision of advice, working with the broader Senate Assembly.

### **East of England Clinical Senate Chair**

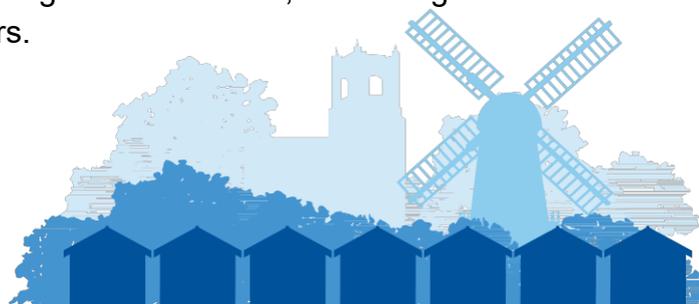
Dr Bernard Brett MB, BS, BSc, FRCP, Advanced Medical Manager (BAMM) is Deputy Medical Director and a consultant Gastroenterologist at the Norfolk and Norwich University Hospitals NHS Foundation Trust, and also works at the James Paget University Hospitals NHS Foundation Trust. He has a strong interest in Management and Leadership. He is the current Chair of the Clinical Services and Standards Committee (CSSC) for the British Society of Gastroenterology (BSG), recently completed his term as the BSG Quality Improvement Lead and is the regional Endoscopy Clinical Transformation Lead for the East of England.



Bernard has held the post of Chair of the East of England Clinical Senate since July 2014 and has chaired more than fifteen independent clinical review panels.

In 2016 he won the Health Education East, 2016 NHS Leadership Recognition Award for 'Leading and Developing People'. He has also held several senior management posts over the last twenty years including the following roles whilst at the James Paget University Hospital; Medical Director, Responsible Officer, Deputy Medical Director, Divisional Director, Director of Patient Flow and Appraisal Lead. He previously led the East of England's project to develop a unified drug chart for the region. Bernard has spoken at regional and national meetings on a range of topics including '7-day working' and been an invited speaker on the topic of 'Improving Colonoscopic Adenoma Detection Rates' and 'The Future of Gastroenterology Services.'

His clinical interests include Bowel Cancer Screening (he has been an accredited bowel cancer screening Colonoscopist for the last 15 years); Therapeutic Endoscopy and Endoscopic Retrograde Cholangiopancreatography (ERCP). His educational interests include communication skills and endoscopic training – he is Senior Faculty Member of the Regional Endoscopy Training Centre in Norwich and was on the Faculty for Regional Trainer Development Programme Module, 'Learning and Teaching Communication Skills' for over 10 years.



## East of England Clinical Senate Vice-Chair

Dr Sunil Gupta has been on the East of England Clinical Senate Council since 2013 and Vice Chair of the East of England Clinical Senate Council since 2017.

Dr Gupta has been a GP in Essex since 1995. He has been a GP Trainer since 2004, an Examiner for the Royal College of General Practitioners (RCGP) since 2004 and Associate Postgraduate GP Dean in Health Education East of England since 2018.



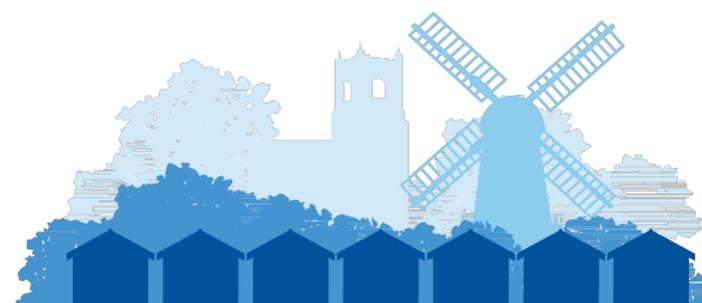
His other roles include a member of the UK Council of the RCGP since 2015, a member of the Advisory Committee on Resource Allocation since 2017 and a member of the NICE Quality Standards Advisory Committee since 2016. His previous roles include Accountable Officer of Castle Point and Rochford Clinical Commissioning Group (2012-14), a member of the Governing Body of Castle Point and Rochford CCG (2012-22) and Clinical Advisor on Dementia for NHS England Midlands and East Region (2014-16).

The Clinical Senate now has a new support team in place who are working to address the backlog of work resulting from the COVID-19 pandemic and will manage and coordinate the Senate's activities in the coming year.

Mary Parfitt            Head of Clinical Senate

Elizabeth Mabbutt   Project Officer

Christina Wise        Project Officer



## **Clinical Reviews Completed 2019 - 2022**

In addition to the COVID-19 related advice mentioned above, the Senate convened Independent Clinical Review Panels and published the resulting reports for:

### **East Suffolk & North Essex NHS Foundation Trust (ESNEFT): Elective Orthopaedic Care Centre (EOCC) (September 2019)**

The East Suffolk and North Essex NHS Foundation Trust (ESNEFT) requested the East of England Clinical Senate to review its proposals to improve patient pathways and develop a single Elective Orthopaedic Care Centre (EOCC). The scope of this review was limited to the proposed service changes associated with the development of a single elective care centre for adult elective inpatient orthopaedic care and the continued delivery of trauma services (including trauma surgery), orthopaedic day surgery and outpatients on both the main Colchester and Ipswich Hospital sites.

[Please read the full report here](#)

### **Suffolk Mental Health Alliance: Mental Health and Wellbeing Services in East and West Suffolk (December 2019)**

The Clinical Senate was delighted to support the Suffolk Mental Health Alliance in the early phase of their development of plans for mental health services for East and West Suffolk with an independent clinical review panel of their plans at this stage.

A strong case for change was presented and an overview of initial plans for the transformation of all mental health services in Suffolk with the focus on four priority areas. These priority areas were: Children, Young People and Families; Crisis; Community (including IAPT and Wellbeing) and Learning Disabilities and Autism.

[Please read the full report here](#)

### **Suffolk Mental Health Alliance: Mental Health and Wellbeing Services in East and West Suffolk (November 2020)**

The Suffolk Mental Health Alliance had been working on their ambitious project to improve Mental Health and Wellbeing services in Suffolk. The Alliance recognised, and were open about, shortcomings of the services in the region in the past and had taken a collaborative, multi-stakeholder coproduction approach to significantly improve their services for the future.

[Please read the full report here](#)



## **Mount Vernon Cancer Centre: Revised Clinical Model with Reprovision on an Acute Hospital Site (June 2021)**

The Clinical Senate was asked to undertake an independent clinical review of a proposal for a revised clinical model for Mount Vernon Cancer Centre (MVCC) services, with reprovision to be provided on an acute hospital site.

The Clinical Senate Review Panel, after assessing the evidence presented and the clinical principles, made several recommendations for the MVCC Reprovision teams. As the plans for the reconfiguration are further developed and there is a move towards implementation, the Panel recommended that there is specific focus on the areas within these recommendations. The Panel recognised that to different degrees a considerable amount of work had already been undertaken in relation to each of these areas, but further significant work was still required.

[Please read the full report here](#)

## **Mount Vernon Cancer Centre: Radiotherapy Reprovision (April 2022)**

The East of England and London Clinical Senates were delighted to support the Mount Vernon Cancer Centre (MVCC) by undertaking a joint Independent Clinical Review of their proposals for radiotherapy reprovision.

The purpose of this clinical review was to consider the proposed reprovision of networked radiotherapy services from the current MVCC site to West Hertfordshire Hospitals NHS Trust (Watford) site, with an additional, networked radiotherapy service being provided either on the Lister Hospital site in Stevenage (East and North Hertfordshire NHS Trust (ENHT)), or the Luton Hospital site (Bedfordshire Hospitals NHS Foundation Trust (BHT)).

[Please read the full report here](#)

Reports on additional work undertaken during this period will be published on the East of England Clinical Senate website as agreed with the sponsoring organisations.



## **Clinical Senate Workplan for 2022 - 2023**

The East of England Clinical Senate has recently undertaken a variety of work which will be published on our website in due course.

In addition to Independent Clinical Reviews, it is envisaged that the following Clinical Senate projects and workstreams will be undertaken in the coming year:

- Develop and implement a strategy to strengthen relationships with the six East of England Integrated Care Systems.
- Separate initiatives to recruit members to both the Senate Council and Senate Assembly to ensure appropriate representation from patient public volunteers, professional groups and geographic areas.
- Provide specific training opportunities for Senate Council and Assembly members through targeted development days.
- Modernisation and upgrading of the East of England Clinical Senate website, ensuring compliance with public sector accessibility, inclusivity and data protection standards.

**For more information, please visit:**

**[www.eoeclinicalsenate.nhs.uk](http://www.eoeclinicalsenate.nhs.uk) or**

**email: [england.eoeclinicalsenate@nhs.net](mailto:england.eoeclinicalsenate@nhs.net)**

