NHS
East of England
Clinical Senate

Supporting information for service change assurance 'Stage 2' Clinical Review Panels

Purpose of this document

This document provides supporting information and advice for proposers preparing for a formal NHS England service change stage 2 assurance check.

This document supplements 'A *quick guide to requesting clinical advice from East of England Clinical Senate*' published by and available from this Clinical Senate.

The contents are intended to be guidance, not a comprehensive 'check list' to 'get through' the clinical review.

West Midlands Clinical Senate has produced a more detailed guide which commissioners may find helpful.

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Background and context to Clinical Senates.

Twelve Clinical Senates were established across England in 2013 to be a source of independent, strategic clinical advice to commissioners and other stakeholders to help them to make the best decisions about healthcare for the populations they represent. Clinical Senates are non-statutory bodies that provide advice and operate independently of other statutory bodies.

Clinical Senates are a multi-disciplinary body with membership across the spectrum of health and social care where experts by experience (i.e. patient representatives) also bring their voice and perspective through their membership. Clinical Senate is comprised of a core Clinical Senate Council and a wider Clinical Senate Assembly.

The East of England Clinical Senate is uniquely placed within the healthcare system. We provide a clinical perspective that is independent to the services and structures under review, which uses the expertise of clinicians from across health and social care, and is able to understand the potential impact of proposals across our East of England geography.

Clinical Senates are able to offer independent clinical advice on service change proposals at any point in the development of the proposals. Clinical Senates also have a role in providing NHS England with assurance on the clinical element of service change proposals as part of the formal service change assurance process.

This document provides information and support to proposers of stage 2 clinical reviews, although proposers of service change at an earlier stage of development may also find it useful when preparing for a clinical review panel.

You can find more about us on our website http://www.eoesenate.nhs.uk/

Clinical service change assurance process

Service change assurance exists to provide confidence to the NHS, public and staff that the proposals for major service change are sound, achievable and will deliver real benefits. At the heart of the assurance process are four tests for service change from the Government's Mandate to NHS England. The four tests, intended to apply in all cases of major NHS service change during normal stable operations, are:

i. strong public and patient engagement;
ii. consistency with current and prospective need for patient choice;
iii. a clear clinical evidence base; and
iv. support for proposals from clinical commissioners.

Clinical Senate primarily considers test iii above, that a clear clinical evidence base underpins the service change proposals. Fundamental to that will be the clinical safety, patient quality and outcomes and sustainability of the proposals. Although Clinical Senates do not consider aspects such as financial consideration, it will look at the other elements associated with the clinical case for change such as workforce issues, clinical engagement and accessibility of services and care as well as the strategic fit of the proposals, carefully considering any potential impact on other proposals for that, or neighboring areas and/or and services.

Preparing for a stage 2 assurance review.

A clinical review process takes in the area of three to four months from formal request to the actual panel. Clinical members of the review panel generally give up their clinical time to participate and require a minimum of eight weeks' notice to rearrange clinical commitments. The Senate recognises the constraints that proposers may be working under and would recommend proposers engage as early as possible with the Clinical Senate to ensure there is adequate time to meet any other project deadlines.

Experience of clinical senates across England shows that many commissioners approach a stage 2 review insufficiently prepared; that is they do not always have the detailed evidence needed for a stage 2 review. East of England Clinical Senate recognises that this may be due to proposers not being aware of the level of detail that will be explored and discussed during the review and so has produced this document to support proposers in preparing for the stage 2 review.

Service change proposals will inevitably be unique to their respective geography, and so every clinical review will be different. However, while proposers will wish to provide evidence supporting their particular proposals, there is a set of categories of evidence that Clinical Senate would usually expect to see for all stage 2 reviews.

This document provides some ideas on the type of evidence that clinical review panels would expect to be provided with for a stage 2 review. It is not intended as a check list but as a guide as proposers will use their own judgement on the basis of their respective proposals. Experience of the East of England Clinical Senate has been that valuable information and knowledge is gained during the review panel discussion which enhances the written evidence provided to the panel. The Clinical Senate therefore encourages open discussion and dialogue throughout the preparation for the panel as well as an integral part during the panel review itself. This will help to ensure a positive, constructive clinical review panel and outcome.

Stage 2 review evidence

Clinical review panels would expect to see, at a minimum, the following evidence in support of a stage 2 review:

a) **Clear articulation of patient and quality benefits**; demonstration that the proposals will improve the quality and safety of care and clarity of the benefits to patients.

b) **A clinical case for change based upon a clear evidence base**: the proposals will reflect up to date national and international best practice and guidelines. The proposals will clearly articulate the vision of the proposer and what good will look like.

c) **The proposals meet current and future healthcare needs of the local population**: there will be clear patient pathways and evidence that modelling has been undertaken to ensure the proposals meet anticipated changes in demography, population health etc. Projected activity and capacity levels for services, including both physical capacity and workforce capacity will be included and used as part of the modelling.

d) **The service change is clinically led:** evidence that the proposals have had, and will continue to have, clinical leadership; that the proposals have been developed with staff, patients and other stakeholders and have clinical support from other stakeholders. These would include the Ambulance Trust, Clinical Commissioning Groups, Local Medical Councils and local authorities; and that there has been appropriate consultation and comprehensive staff engagement.

e) **Communication strategy**: information for patients and the public to know and understand the proposed changes and how and where to access services during and following the proposed change. There should be information for staff to understand the potential changes and how to access support regarding any impact on them during and post transition, and for stakeholders to understand how the proposals will be implemented and any impact it may have on their organisation.

f) **The proposed clinical service changes are achievable and sustainable**; modelling to demonstrate the ability of the proposed changes to be implemented effectively and are sustainable from clinical, workforce, information technology and estates perspectives.

g) **Access to services**: comprehensive travel impact assessment to demonstrate accessibility of care and services for patients and staff if the proposed service changes require transfer of location, flexible or mobile working.

h) **Risk and Impact analysis**. Understanding that identified risks and issues, both during transition and when the new service is fully established, can be or are being, appropriately managed or mitigated. Equality, Impact and health impact assessments[1].

i) **An options appraisal** that includes consideration of different approaches including networks, cooperation and collaboration with other sites/or organisations. Evidence should include details of why other options were not considered to be appropriate.

j) **The proposals are aligned with other health and care services**: an assessment as to how the proposed changes may affect neighbouring Sustainability and Transformation partnership (STP) footprints. Where there are significant interdependencies, a summary assessment of these and how systems are working together in order to optimise clinical opportunities and mitigate clinical risks.

k) **An understanding of the clinical workforce capacity, skills and training requirements** that support the service changes, including estimates as to how long the service change and service improvement actions required to deliver clinical change will require. An analysis of current and required future workforce and an assessment of training recruitment and retention challengs and how they will be met.

[1] A health impact assessment is different from an equalities impact assessment. Assessing the impact of services, policies or developments on health is an important way that planning can avoid widening the health inequalities gap. Guidance can be found at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216008/dh_120106.pdf

l) **Clinical governance arrangements** clear lines of clinical governance and accountability for all staff; this is particularly relevant with multi-organisation / agency care pathways.

m) **An analysis of the existing impacts upon** medical, nursing and allied health professional training that any proposed service change will make. Demonstrating support of the areas' main regional education and training providers for this change.

n) **An analysis and assessment of the clinical risks and system changes** required to facilitate any transfers across care settings.

o) **An analysis of the information and data sharing and communication implications** required to support the change; understanding the current and future capacity and requirements.

p) **Adequate and appropriate estates capacity**: that the proposals fit the estate and / or appropriate modifications to the estate are planned to meet the requirements.

q) **Implementation**: at stage 2 assurance there should be clear implementation plans and programme management plans. These will include *inter alia*

   i. **Details of the clinical leadership** during and post implementation, the level of authority (decision making), how the clinical leaders can be accessed
   ii. **timelines** - that the pace of change is appropriate, achievable and would not put the safety and quality of services at risk
   iii. **workforce** (planning, recruitment, training, development)
   iv. **resilience** - how the services will be managed pre, during and post transfer including managing any changes to workforce
   v. **communication plans** (staff, patients, public, stakeholders)
   vi. **how information technology** will be managed (data sharing and transfer)
   vii. **how the effectiveness of the proposed changes will be measured** (SMART measurements)
   viii. **Details of the business continuity, contingency planning and resilience of services** pre, during and post change.

r) **Evaluation**: detail of how, and how frequently, the proposed changes and any impacts will be evaluated, qualitative and quantitative measures.

This is not intended to be a complete or exhaustive list, nor is it intended to be a checklist. The nature of the proposals will determine the detail of the evidence.

End.

References

'A *quick guide to requesting clinical advice from East of England Clinical Senate*' August 2017 East of England Clinical Senate

West Midlands Clinical Senate - Stage 2 Clinical Assurance Evidence Framework June 2017

http://www.wmscnsenate.nhs.uk/clinical-senate/publications/west-midlands/projects/

The Government's mandate to NHS England for 2016-17, March 2017
https://www.gov.uk/government/publications/nhs-mandate-2016-to-2017