NHS England

Clinical Senates' Role in Service Change

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Clinical Senates' role in service change

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1 Summary

This paper describes the role of clinical senates in service change and how this links to the NHS England assurance process.

- It provides guidance on how clinical senates will undertake independent clinical reviews of service changes, including the governance arrangements for reviews.

- It is primarily concerned with the independent advice provided by clinical senates as part of the NHS England service change assurance process. Clinical senates have other roles (described for example in 'The Way Forward', January 2013)

The development of this paper and the associated documents has been informed by discussion with the national task and finish group members (membership at appendix 7), engagement with Associate Directors for Strategic Clinical Networks and Clinical Senates, Clinical Senate Managers and Chairs, and wider stakeholders, including the National Clinical Advisory Team, which has now closed.

Contact information for Clinical Senates is in Appendix 1

Links to key documents referenced in this paper can be found in Appendix 6.

Equality and diversity are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it.

2 Background

NHS England's 'Planning and delivering service changes for patients' (December 2013 Gateway nr 00738) describes the high level framework for service change. A further management document 'Effective service change: a support and guidance toolkit' (Gateway nr 00814) details the assurance process which NHS England applies to service change proposals. These publications have helped to clarify the way in which NHS England has oversight and assurance of service change. The guidance describes a role for clinical senates:

The aim of clinical assurance is to establish whether the proposed changes are supported by a clear clinical evidence base and will improve the quality of the service provided. The decision to request an external clinical assurance review should follow discussions between the relevant commissioner(s), area teams at the strategic sense check – with input where required from the local clinical senate, who can bring multi-disciplinary strategic advice to the development of proposals.

'Planning and delivering service changes for patients', December 2013

NHS England's process for assuring service change proposals is described in more detail in section 4.

3 Clarifying the role of clinical senates in service change

Clinical senates are independent non-statutory advisory bodies hosted by NHS England. Each clinical senate consists of a core Clinical Senate Council and a wider Clinical Senate Assembly or Forum. The Clinical Senate Assembly is a diverse multi-professional forum providing the Council with ready access to experts from a broad range of health and care professions. The Clinical Senate Council is a small multi-professional steering group. This group co-ordinates and manages the Senate's business. It is responsible for the provision of advice working with the broader Senate Assembly.

The role of clinical senates in service change can be described as follows:

1. Early clinical advice to commissioners to help inform the development of proposals
- Strategic clinical advice to commissioners on relevant clinical guidance/ best practice
- Advice to support commissioners in developing their case for change, options appraisal and proposed clinical models

2. Independent clinical advice as part of the NHS England service change assurance process
- Independent clinical advice in the form of a formal report which will be considered as part of the NHS England assurance process for service change proposals.

Other roles previously undertaken by the National Clinical Advisory Team (NCAT), which has now closed, are not the responsibility of the Clinical Senates. This includes responsibility for investigation of issues of clinical safety which lies with other bodies and evidence collection which is undertaken by a range of organisations including NICE, the Royal Colleges and NHS Evidence. If required, post-hoc advocacy would be considered by NHS England as part of its broader assurance process.

For proposals within their field of clinical expertise Strategic Clinical Networks (SCNs) may be well placed to offer advice to commissioners to help shape the development of proposals. For proposals relating to clinical specialties outside of the SCNs' remit or wider system changes, SCNs may be able to cooperate to offer advice, or the clinical senate may undertake this role. Alternatively the Clinical Senate might signpost commissioners to other sources of appropriate specialist advice.

If clinical senates agree to offer advice to commissioners to help inform the development of proposals they should be mindful that at a later point they may be asked to offer independent clinical advice as part of the NHS England assurance

process. A conflict of interest may arise as a result. Transparency will be crucial in all the dealings a clinical senate has with a set of service change proposals. The standard operating procedures and guidance notes included with this paper cover this issue.

4 Assurance of service change proposals

Service change assurance exists to give confidence to patients, staff and the public that proposals are well thought through, have taken on board their views and will deliver real benefits. The process supports change proposals through rigorous quality assurance of proposals to mitigate the risk of successful challenge through Judicial Review or referral of proposals to the Secretary of State.

NHS England's service change assurance process is described in 'Effective service change: a support and guidance toolkit'. The document describes a two stage process applied proportionately to the scale of the service change proposals under consideration. The process is based on the Government's 'Four Tests for Service Change' as well as a range of best practice checks examining all aspects of the proposal (including clinical quality and strategic fit, finance, workforce, activity, programme management arrangements, travel impact, resilience, communications and engagement and use of information technology).

The advice provided by clinical senates is part of the broader assurance process and is considered alongside assurance of the other aspects of a service change proposal. Other external sources of advice, for example the Health Gateway Team review of programme management arrangements, are also considered as part of the same single NHS England assurance process.

At the heart of the NHS England assurance process are the 'four tests for service change' which are in the Government's Mandate to NHS England. One of the four mandatory tests is that a clear clinical evidence base should underpin proposals. In addition to the four tests the NHS England assurance toolkit also identifies a range of 'best practice checks' for service change proposals, these include:

- Clear articulation of patient and quality benefits
- The clinical case fits with national best practice
- An options appraisal that includes consideration of a network approach, cooperation and collaboration with other sites and / or organisations

Clinical Senates can be requested to review a service change proposal against the appropriate key test (clinical evidence base) and the best practice checks that relate to clinical quality, alongside any bespoke requirements for an individual proposal. They are not be expected to advise on issues that will be picked up elsewhere in the assurance process (e.g. patient engagement, GP support or the approach to consultation). As set out in the standard operating procedures the terms of reference for each review will need to be agreed with the Clinical Senate by the lead commissioner.

The level of assurance required for a particular service change proposal will be agreed by NHS England and the lead commissioner on a case by case basis. Larger scale schemes carrying higher risks will require a greater level of assurance in most instances than smaller scale schemes. The commissioner will provide documentary evidence to NHS England against the key tests and a proportionate range of the best practice tests.
Where it is agreed to be proportionate to the scale of the proposal change the lead commissioner should request a clinical senate to provide independent advice against the clinical key test and the appropriate selection of best practice checks. The clinical senate's advice will be considered as part of the NHS England assurance process, a diagram of which is at appendix 2.

5 Undertaking an independent clinical review of service change proposals

Clinical senates should be formally requested to provide independent clinical advice by the lead commissioner proposing the service change. Clinical senates will need to agree terms of reference for each review with the lead commissioner, as a minimum this will include reviewing the clinical evidence base underpinning proposals (one of the Government's 'four tests for service change') so that the review meets NHS England's requirements for the assurance process.

A formal report containing clinical senate advice will be returned to the commissioner who will share it with NHS England as part of their assurance evidence.

The clinical senate (through its Council) will be responsible for the review being carried out by an appropriate review team though this will not necessarily consist entirely of Clinical Senate members. It may need to establish a team of independent clinical experts to undertake the review. The review team will be formed by professionals with relevant experience of the clinical issues under consideration; this might include members with experience in the following sectors: primary care, public health, community and social care, secondary care and tertiary care.

The independent review team may have members from within the Clinical Senate but other relevant topic experts, for example other clinical specialists, SCN members, members of other Clinical Senates, and/or other credible reviewers with relevant clinical expertise may also be invited.

The team will undertake their review through analysis of key documentation (to be provided by the commissioner) followed by discussions with key figures associated with the proposals (this might include: the senior responsible owner; medical director; chief nurse lead clinicians; CCG clinical lead; social care staff; and GPs). The review team should agree their approach with the Clinical Senate Council.

The independent review team will be created by, and report to the Clinical Senate Council. The Council has responsibility for the review and should approve the

membership of the review team, terms of reference for the review and the final report.

Establishing bespoke independent clinical review teams enables any potential conflicts of interest to be managed (by excluding conflicted individuals from the review team).The Clinical Senate Council overview role helps to ensure consistency between review teams (which are likely to have different members between reviews).

This review process is described in a flow chart at appendix 5.

6 Governance and accountability arrangements

Once the terms of reference and timescale for an independent clinical review of service change proposals have been agreed between the clinical senate and the lead commissioner of service change proposals as part of the NHS England assurance process, the Clinical Senate is responsible for establishing an independent review team and managing the review process.

The output of the process will be an agreed report that will be considered as formal advice by NHS England as part of the assurance process for service change proposals. Clinical senate reports will be placed in the public domain at the conclusion of the NHS England assurance process.

7 Support for Clinical Senates in undertaking reviews

In order to ensure consistency and quality in the practice of their independent clinical reviews the clinical senates have developed a set of common supporting documents including guidance on undertaking the clinical review process. They help to ensure consistency between clinical senates whilst remaining flexible enough to be tailored for local use.

See attached documents Clinical Senate Review Process: Guidance Notes and Clinical Senates in England: Single Operating Framework 2014-15

NHS England's area and regional teams will regularly share information on anticipated future service changes to help clinical senates to determine the likely demand for independent clinical reviews of proposals and help their planning. It is the role of NHS England's Regional Team service change leads to ensure these relationships are established and maintained.

8 Resources

The clinical senates are resourced to carry out this work. As the role and work programme develops there will be opportunities to reduce duplication of effort through collaboration including establishment of a common repository for clinical evidence for clinical senates and review teams to call upon.

9 Procedural notes

9.1 Remuneration

In line with previous NCAT practice and current clinical senate ways of working remuneration would not normally be offered for participation in an independent clinical review team. In some instances travel and expenses may be covered for independent review team members. This is to be agreed between review team members and clinical senates.

Exceptional cases will require local negotiation and commissioners may be asked to cover additional costs (e.g. for the time of independent contractors or retired clinical experts). A pragmatic local approach is recommended.

9.2 Lay representation

Patient representatives on independent review groups are not generally recommended because the review team remit is focussed exclusively on offering independent clinical advice. Considerations of the impact of proposals on patients, carers and the public should be examined as part of the NHS England assurance process, as will the approach taken to public and patient engagement in the development of service change proposals. Clinical Senate Councils and Assemblies may also include lay representatives who will have oversight and sign off of the independent review reports.

In the event of a clinical senate's advice being challenged, NHS England will oversee any response. Advice is provided as part of the broader NHS England service change assurance process and as such all communications, legal and any other support will be coordinated by NHS England.

10 APPENDICES

APPENDIX 1 Clinical Senate Contacts

Clinical Senate Manager	Area	E-mail
Ellie Devine	South West	elliedevine@nhs.net
Wendy McClure	Thames Valley	wendy.mcclure@nhs.net
Debbie Kennedy	Wessex	debbie.kennedy1@nhs.net
Ali Parsons	South East Coast	aliparsons@nhs.net
Angela Knight Jackson	West Midlands	angela.knightjackson1@nhs.net
Sue Edwards	East of England	sue.edwards17@nhs.net
Sarah Hughes	East Midlands	sarah.hughes25@nhs.net
Sue Dutch	London	sue.dutch@nhs.net
Jan Vaughan	Cheshire & Merseyside	jan.vaughan1@nhs.net
Juliette Kumar	Greater Manchester, Lancashire & South Cumbria	juliette.kumar@nhs.net
Lynda Dearden	Northern England	Lynda.dearden@nhs.net
Joanne Poole	Yorkshire & the Humber	joanne.poole1@nhs.net

APPENDIX 2- Planning and delivering service change for patients (December, 2013),

A clear clinical evidence base test (page 28). The objective of this test is to ensure that service change proposals are underpinned by clear clinical evidence and align with up to date clinical guidelines and best practice.

CCGs (and NHS England for directly commissioned services) should oversee development of the clinical case for change, ensuring it aligns with the best available evidence, and has considered relevant innovations and technological improvements, that could deliver further benefits for patients. The Medical Directors and Heads of Clinical Service of any provider organisations involved in the reconfiguration can also help build the clinical evidence base, providing this does not lead to any conflicts of interest in cases of a competitive tendering exercise.

In many cases, there will be a range of options, and service change proposals should set out clearly the clinical benefits and evidence of each option. Where the merits between different options are finely balanced, clinical leaders should make a reasoned judgement how the weight of clinical evidence supports a particular option. It is good practice to describe how that judgement has been arrived in any subsequent public engagement, so that patients and the public can see the development of options has been rigorous, open and transparent.

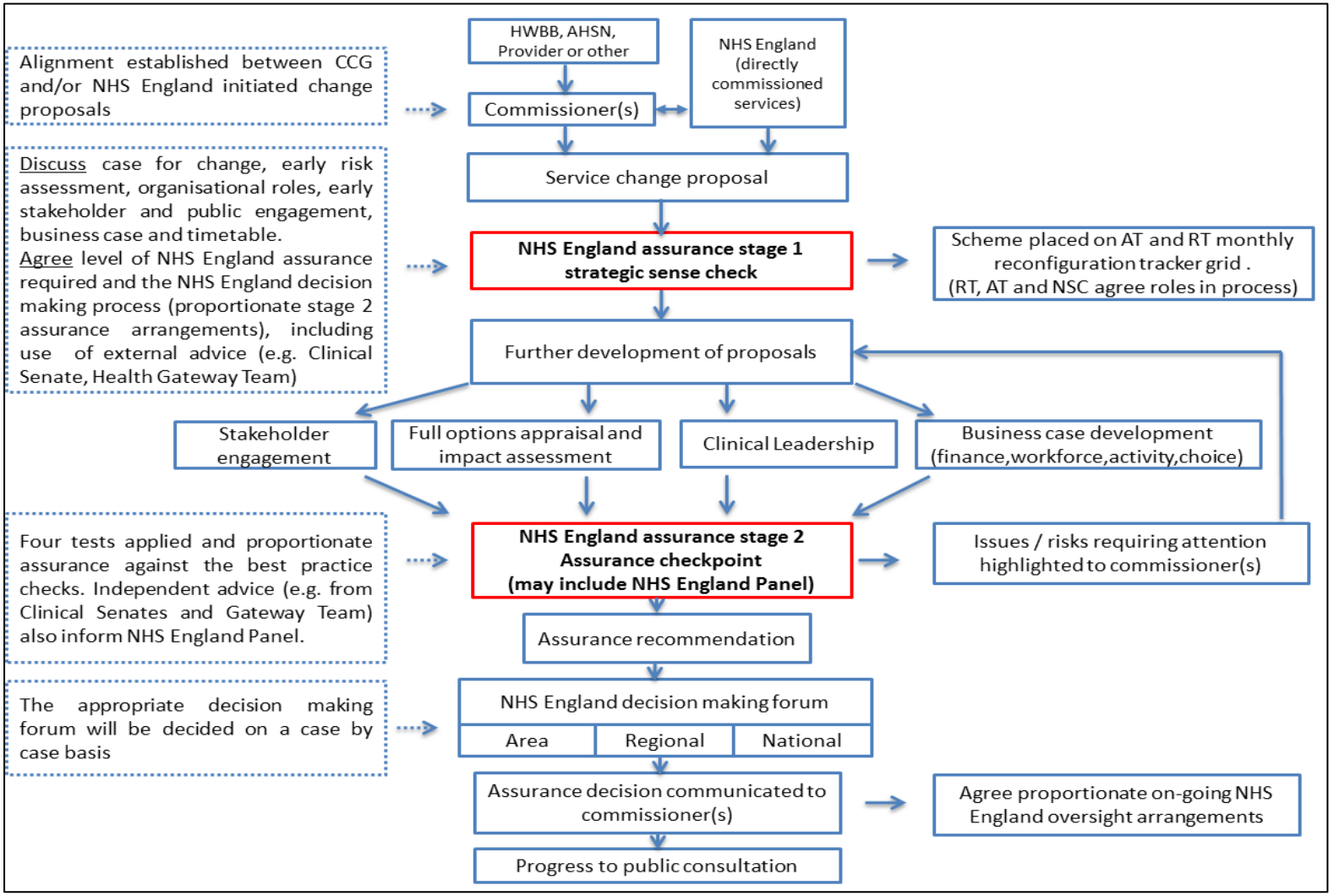
It is important also that front-line clinicians affected by the proposed changes are engaged, and commissioners should work towards achieving a clinical consensus on the proposal. Doctors, nurses and other healthcare professionals can be powerful advocates, and have an important role to play in communicating the change to the wider community.

Where there are different clinical perspectives on how services could be improved, these should preferably be resolved through the development and refinement of the proposal. It is neither in the interests of patients nor the reputation of local health services, if any differences of clinical opinion over a proposed change become a matter of public dispute.

Assessment against this test should be overseen by an appropriate clinical lead (either within the CCG or committee subject to any Constitutional or collaborative arrangements already in place), or lead Area Team in the case of services directly commissioned by NHS England. This clinical lead should engage other specialists as necessary but, where possible, should include views from senior clinicians not directly connected with the services under review – as this brings a level of independence to the assessment process.

For complex, multi-disciplinary and large scale change, commissioners should consider approaching the local clinical senate for strategic advice.
Where a proposal concerns integration across the NHS, social services or public health, the relevant local authority directors of social services (adult social services and children's social services) and directors of public health should be involved in the process, and able to contribute to and evaluate the case for change.

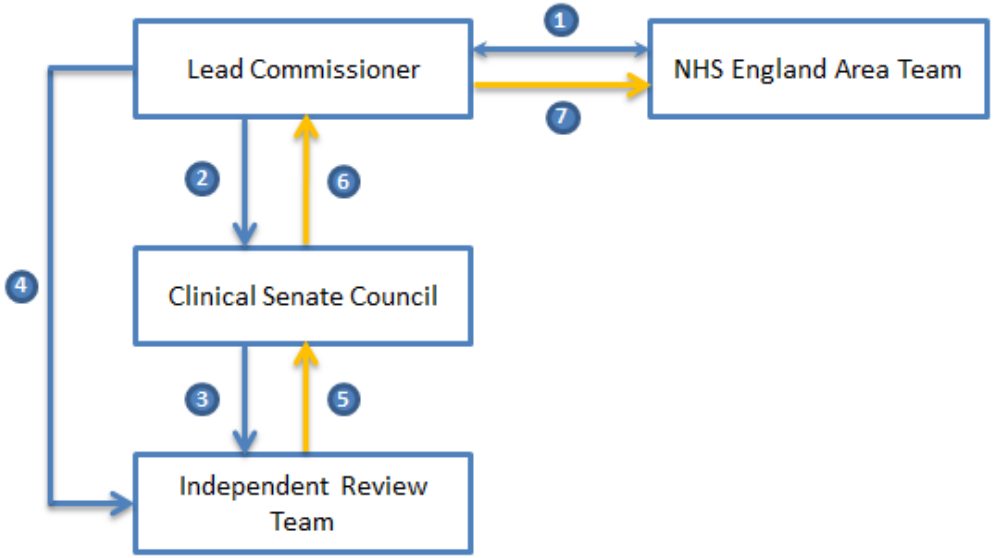
APPENDIX 3. The NHS England service change assurance process



APPENDIX 4. The independent clinical review process: a worked example

The Independent Clinical Review Process: a worked example

1. NHS England agrees level of assurance required with lead commissioner (at stage 1 of NHS England assurance process)
2. Lead commissioner requests clinical senate advice as part of assurance process. Clinical senate and lead commissioner agree terms of reference for independent clinical review
3. Clinical senate establishes independent review team and appoints chair of review
4. Lead commissioner provides key documents to independent review team and supports other review requirements
5. Review undertaken and draft report sent to Clinical Senate Council
6. Clinical Senate Council agrees final report and returns to lead commissioner
7. Report submitted by lead commissioner as part of NHS England's assurance process.



APPENDIX 5. The Four Tests for Service Change

Government's Mandate to NHS England, November 2013, page 14, para 3.4

Where local clinicians are proposing significant change to services, we want to see better informed local decision-making about services, in which the public are fully consulted and involved. NHS England's objective is to ensure that proposed changes meet four tests: (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.

Source: https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015

APPENDIX 6. References and key documents

- Planning and delivering service changes for patients, Dec 2013 http://www.england.nhs.uk/2013/12/20/gd-practice-guide/
- Effective service change: a support and guidance toolkit' http://www.england.nhs.uk/wp-content/uploads/2013/12/plan-del-serv-chge1.pdf
- The Way Forward for Strategic Clinical Networks, July 2012 http://www.england.nhs.uk/wp-content/uploads/2012/07/way-forward-scn.pdf
- Way forward -clinical senates, January 2013 http://www.england.nhs.uk/wp-content/uploads/2013/01/way-forward-cs.pdf
- Government's Mandate to NHS England, Nov 2013, (includes the four tests for service change) https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015

APPENDIX 7. Members of the task and finish group

Directorate	Name	Role
Medical	David Levy Damien Riley Nigel Acheson Andy Mitchell Cathy Hassel	MD, Mids and East MD, North MD South MD, London (represented by Sue Dutch) Senior Manager, NSC
Operations	Tim Barton David Mallett Gareth Jones Lorraine Foley	North London Midlands and East South
Policy	Ashley Moore Anthony Kealy	NSC policy lead NSC partnerships lead
Senates	Deborah Tomalin Ellie Devine Jo Poole Nigel Beasley Sue Dutch	AD SCNs and Senate, SE Coast Senate manager (SW) Senate manager (Yorks) Senate Chair (East Mids) Senate programme lead (London)
NCAT	Chris Clough	Chair, NCAT