

# South West Clinical Networks and Senate Annual Report 2018/19



**South West Clinical Networks:**

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# About us

The South West Clinical Networks provide targeted support to improve health outcomes and reduce variations in care across the South West.

We support the development of lasting local solutions to address national priorities.

We do this by connecting commissioners, providers, professionals, patients and the public, by sharing best practice and innovation to drive forward continuous improvement.

This Annual Report details the work we have done across our networks – cardiovascular, maternity and perinatal and infant mental health, mental health, the work of our two South West Cancer Alliances, and the South West Clinical Senate.



# The Cancer Alliances

The two South West cancer alliances – Peninsula, and Somerset, Wiltshire, Avon and Gloucestershire (SWAG) – have made great progress in delivering our goals. Lung, Prostate, Colorectal and Living With and Beyond Cancer projects have achieved impressive results.

## Prostate Cancer Pathway Transformation Programme

In 2018/19 the Alliances set out an ambitious programme to introduce the national rapid prostate timed pathway, including MP MRI pre-biopsy (and avoid unnecessary biopsies), to improve the quality of the pathway and reduce variation in clinical practice across the South West.

## Lung

The Lung Pathway Project has introduced the National Optimal Lung Pathway elements locally. We began by agreeing to code all chest x-rays explicitly as normal, equivocal or suspicious. This covers all chest x-rays and all reporters across the South West. X-rays coded as suspicious are now booked directly for a CT scan. We have appointed clinical leads for both alliances to take this work forward including speeding up elements of the diagnostic pathway such as:

- Reduced pathway waits from suspicious chest x-ray to OPA
- Reduced waits for CT at Royal United Hospitals Bath, Yeovil District Hospital and Salisbury District Hospital
- Reduced waits to CT reporting at Gloucestershire Hospitals
- Reduced wait for OPA

## Prevention and Early Diagnosis

In June 2018 the Alliances began Faecal Immunochemical Testing (FIT) for symptomatic patients. Testing packs were sent to over 600 GP practices in the South West. FIT is for patients who are “low risk, but not no risk” of having colorectal cancer. These are patients who have unexplained symptoms but did not previously meet the criteria for a suspected cancer referral pathway. An education toolkit was produced including GP guidance (issued May 2018), a website, and an online video.

One of the challenges in launching this test was that there was little supporting data to suggest how it might impact on secondary care. The results of a local audit suggested that patients in this cohort were being referred for routine investigations and that the new test should therefore reduce the number of patients undergoing an invasive test unnecessarily. Referral rates into secondary care have been carefully monitored and no notable impact has been seen from providers or raised by clinicians.

## Living With and Beyond Cancer

2018/19 saw considerable investment in Living With and Beyond Cancer (LWBC) from the national cancer transformation fund. The majority of this was for the recruitment of additional staff, mostly support workers. This has allowed many patients to receive the elements of the Recovery Package, being holistic needs assessment, care planning, health and wellbeing support and treatment summaries. The South West has gone beyond the national requirement of supporting patients with breast, prostate and colorectal cancer. Patients from all tumour groups have received the elements of the recovery package this year.

## Colorectal

The Alliances alongside the South West Clinical Senate reviewed recent national guidance on colorectal cancer and discussed local issues. The Alliances agreed to deliver a programme of work to support improvements in the colorectal pathway. We have recruited clinical leads and project support for the recommendations:

Systems should be encouraged to recognise the distinction between the clinical decision-making steps and the administrative process steps in the clinical pathway. The decision-making steps are generally far more complex than the process steps and rely on access to the appropriate clinical expertise.

Four key decision points on the clinical pathway for patients at risk of or with colorectal cancer are identified:

- i. This person may have colorectal cancer - what investigations are required?
- ii. Colorectal cancer has been confirmed - what next?
- iii. When cancer is fully staged, what treatment should be given?
- iv. Is the proposed treatment appropriate for this particular patient?

## Iron deficiency anaemia

We are developing Rapid Diagnosis Services (RDS) for Concerning but Non-Specific Symptoms and to only use this pathway for those that need it, we would like to make sure our other pathways are clear. Iron Deficiency Anaemia (IDA) is one group of patients we would want to exclude from the Rapid Diagnosis Service. We have been working with our trust and CCG cancer managers to collate all IDA pathways, to compare pathways and to create an agreed South West-wide IDA pathway.

## Patient and public engagement (SWAG)

With a strong focus on the patient experience of Living With and Beyond Cancer (LWBC) services we delivered a listening event for patients and carers who had attended the Macmillan Treatment and Support Service at University Hospitals Bristol. We asked attendees how this service helped them with rehabilitation after treatment and what additional services would have helped. Information gathered will feed into the overall evaluation of the project and inform commissioning decisions. The psychological impact of cancer is a key focus for the group and is perceived as being as important as receiving treatment. We are collaborating with cancer specialist clinical psychologists to co-create a listening event where patients and carers will engage with psychologists to explain their experiences of what they believe good psychological cancer care looks like.

Cancer support in primary care is another top priority. A patient representative spoke at a GP and practice nurse quality improvement event explaining to over 50 attendees his experience of being a cancer patient and the support he got from primary care. This incredibly powerful presentation was heralded as the most impactful element of the day and primary care staff expressed how affected they were by listening to the experience.

Delivering local projects is essential in supporting cancer patients in the South West, however the PPE role also requires collaborative working with the national cancer team. SWAG has been chosen by the national team to work in partnership with 2020 Delivery and I Want Great Care. The aim is to create a delivery plan to gain a better understanding of patients with mental health conditions, so as an Alliance we can improve access, experience and early diagnosis.



## Sustainable Operational Performance

The Alliances continue to support providers to meet all eight cancer waiting times standards. This continues to be a challenge, with growth in two week wait referrals continuing, and with much larger growth in referrals for suspected prostate cancer, following the publicity of celebrities with prostate cancer. The pathways improvements in prostate, lung and colorectal cancer all include elements to speed up diagnosis and treatment – as does the MDT streamlining work. The Alliance also supported the distribution of short-term funds to resolve specific local difficulties with performance.

## MDT Streamlining

We have been active in supporting the national piloting of MDT Streamlining. A number of MDTs in the South West have already made changes to the way they work. This uses a standard of care to indicate the treatment options that are recommended for groups of patients. Treatment decisions for patients who fit the agreed criteria need not wait for the MDT, expediting treatment and freeing up time at the MDT to discuss more complex patients.

## Genomics

Local cancer MDTs made several developments in both patient communication and in management of tissues samples to support the 100,000 Genomes Project. The South West Cancer Alliances have supported the new South West Genomic Medicine Service (SWGMS) in its early stages by supporting the establishment of the multi-disciplinary team for Genomics. We are members of the SWGMS Steering Group and will continue this year to support the use of genomics in both prevention and early diagnosis as well as in personalised treatment decisions.

## Workforce

We continue to work with Health Education England (HEE) to understand the issues and challenges with the workforce in cancer services. We have supported local trusts to provide current workforce data and to reflect on associated issues. This data will be used to provide support and solutions and develop a workforce strategy.

We have engaged with stakeholders at trust, CCG and STP level to support HEE in the roll out of Reporting Radiographer Training and Clinical Endoscopy Training.

We are supporting our local trust cancer nurse specialists to complete a census of their cancer nursing workforce. The aim of this piece of ongoing work is to identify where the gaps in local nursing workforce lie, looking at whether this is tumour site specific or an overall local issue. We are aiming to collate a library of best practice of extended skills sets held by our local nursing workforce, so that we can support our providers in developing their workforce and to continue to provide patient centred care across a multi-disciplinary team.



# Cardiovascular Clinical Network

The number of people being diagnosed with Type 2 diabetes is increasing with approximately 14,500 people being diagnosed in the previous year across the South West.

In 2018/19 national transformation funding has enabled £2.5 million to be invested in diabetes services across the South West to deliver improvements in secondary prevention and enhance the patient experience for those accessing diabetes services. Our focus has been to support the STPs to achieve their plans and to share the learning from new service models across the South West. The funding has enabled five trusts to improve the experience for inpatients, more than 1,800 patients with type 2 diabetes to access Structured Education, 3,500 care plans with complex needs to be reviewed, and seven sites to improve access to specialised Diabetic Foot teams.

Digital technology is increasingly playing a role in the management of diabetes. To enable more patients to access education, enabling them to manage their diabetes more effectively, our network has supported pilots in digital Structured Education for patients who are unable to access face-to-face education.

The latest data shows that major amputation rates in the South West improved in four of our clinical commissioning groups. Some sites still have work to do and a network peer review team led by Marc Atkin, our Clinical Lead for Diabetes, visited five of these sites to undertake a review and made recommendations for further improvements in the pathway.

There is still considerable room for improvement across the South West in the management of the three NICE treatment targets for HbA1c, cholesterol and blood pressure essential to reducing complication of diabetes. We have supported six GP Champions to analyse the latest data from the National Diabetes Audit to identify which GP practices would benefit from more intensive support and have provided the skills and resources to work with these practices to review local processes and develop plans for improvement. Access to online education resources continues to be supported by the network with 230 health care professionals gaining a certificate in Foot Assessment through the NHS England Foot Risk Awareness Management Education (FRAME) programme and 1,200 health and social care professionals undertaking 2,180 modules through the Cambridge Diabetes Education Programme (CDEP). There are a range of modules including oral therapies, mental health in diabetes and pregnancy pre-conceptual care.

The Healthier You: NHS Diabetes Prevention Programme (DPP) launched the first Diabetes Prevention week in April 2018. The DPP identifies those at risk and provides tailored, personalised help to reduce their risk of Type 2 diabetes including education on healthy eating and lifestyle, help to lose weight, and bespoke physical exercise programmes.

Four STPs in the South West had started to deliver prevention programmes in 2017 with 100% coverage by September 2018. By the end of March 2019 approximately 12,000 people had undertaken an initial assessment and been invited on to the programme. Whilst it is not possible to supply data about Type 2 diabetes incidence and the overall effect of the programme to reduce Type 2 diabetes at this stage, data on two surrogate measures - weight loss and HbA1c reduction - is showing positive results. Over time it will be possible to track the long-term impact through the National Diabetes Audit.

Prevention is at the heart of the NHS Long Term Plan and the aim is to double the number of people accessing the DPP over the next five years. This will be part of the wider strategy to focus on cardiovascular disease prevention as a whole. The clinical network will now begin to work through the primary care networks, supported by the GP Champions, to prepare for the first CV Prevention Audit in 2020.



2018/19 has seen the reinvigoration of the South West Peninsula Cardiac Network following a number of years where the focus has been on other areas such as diabetes and stroke.

The network provides an opportunity for the five acute providers to come together on a regular basis to share best practice and discuss any issues that they might be facing. In addition to the five provider organisations, many other partner organisations are integral members of the network, examples of these are CCGs, STPs, SWAST, charities, GP representation and patient representation.

The key priorities were identified by the group in mid-2018 and these have been the focus for the network. The four key workstreams are:

- The cardiac surgery pathway – aiming to improve the flow of patients requiring inpatient cardiac surgery between their referring hospital and the specialist cardiac surgery centre to reduce the length of time that people wait for their surgery. Examples of the work underway in this priority area include the development of a standardised clinical pathway document to ensure patients have had all their pre-operative work undertaken and the piloting of an electronic referral management system
- Electrophysiology and AF Ablation Pathways – aiming to improve access to these sub-specialist services by developing a regional wide service with service being delivered in two provider organisations
- Identifying clinical risk on waiting lists – aiming to create a standardised approach to assessing risk to allow providers to use their capacity to deal with the highest risk patient groups
- Workforce – aiming to share best practice and innovative approaches to help providers to deal with the workforce and recruitment challenges that they face.

Future work is going to include the development of clinical service delivery networks that will focus on operational issues and will bring providers together with the aim of sharing resources to improve services and access for patients.

In 2019/20 the network will continue to be part of the NHS England and Improvement support offer to STPs, ICS, and PCNs in the delivery of the CVD priorities in the Long Term Plan. We look forward to being part of the NHS in this exciting time.



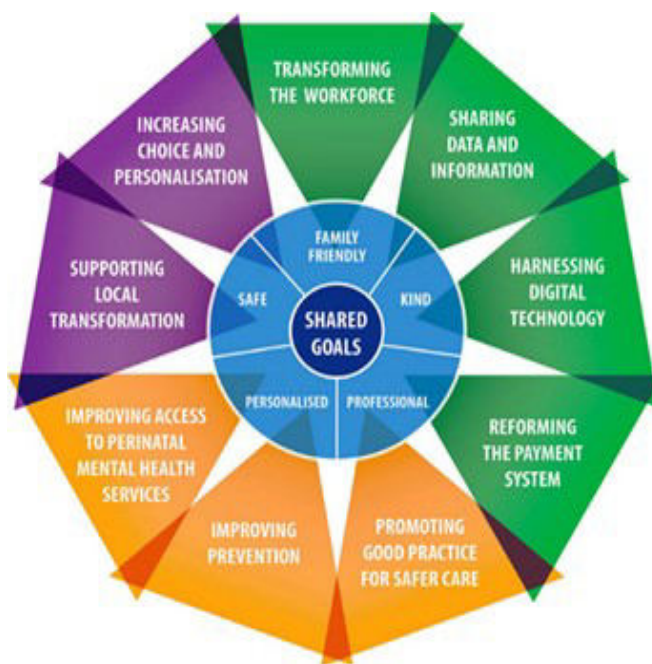
# Maternity and Perinatal and Infant Mental Health Clinical Network

The Maternity and Perinatal and Infant Mental Health Clinical Network, under the guidance of our Clinical Director Ann Remmers, has supported continued development in maternity services across the South West. Following the mandate that came through Better Births – Transforming Maternity Services, 2018/19 has seen Local Maternity Systems (LMS) aligned to STP footprints refining their local maternity transformation plans and moving into implementation phase – putting their ideas into action.

Our network has supported local systems to develop co-production with key stakeholders, including those using or with recent lived experience of maternity services. This ensures that the changing services better reflect the needs of their local populations and helps improve work across geographical and professional boundaries, promoting safer care adopting a holistic approach that truly puts mothers, babies and their families at the very centre of planning and decision making, which evidence shows improves both safety and experience.

Intrinsic within this holistic approach was the network’s drive to ensure that the co-dependencies between emotional and mental health and physiological health and wellbeing are properly recognised, and that includes the mental health of babies too.

To help with taking the Better Births transformation forward, the work is considered in terms of nine workstreams:



Our network has worked across all nine workstreams, supporting LMS to take the work forward though addressing barriers and exploring ways to overcome challenges. Fundamental within this is the network’s role in ensuring and advocating clear communication and understanding between national, regional and local levels, and vice versa. This has been crucial in raising awareness of the rural challenges much of the region faces, particularly with regards to access, transport and the effect of hidden deprivation, the peculiarities of our regional workforce profile and the impact this has on delivering some of the foundations of Better Births: for instance Continuity of Carer and choice of place of birth, as well as advocating on behalf of the complexities of our urban configurations and landscape.



The year was encapsulated by our annual 'South West Better Births – 2 years on' conference which was attended by over 120 delegates. In line with our commitment to putting women and their families at the centre, the day was chaired by a service user, putting personalisation firmly at the core and showcasing both national and local innovative practice. Examples of good work in the South West was included through an LMS 'Market Place' – where each system shared their progress and learning. The day included taster sessions linked to each of the nine workstreams and included examples of innovative practice from the national team.

Underpinning our work has been a focus on supporting and upskilling the champions within all the systems - those that want to make a difference, to help them to use evidence-based models of working and quality improvement methodology to drive progress. This has included:

- An identified representative from the network for each LMS within our footprint to continue to offer consistency of support, attending their Board meetings and acting as advocate and critical friend to ensure joined up thinking and cohesive support
- Facilitating LMS dedicated sessions on request to explore challenges and identify ways to progress
- Support in meeting the Better Births recommendations through SW Maternity LMS Clinical Network Expert Reference Group and the SW PIMH Clinical Network Expert Reference Groups – separate multi-agency and multi-disciplinary forums in recognition of the need for subject professionals to share expertise, but with mechanisms embedded to ensure synergy across maternity and perinatal and infant mental health.
- Providing learning events according to the emerging needs of the LMS. For example, in June we held a very successful workshop on Continuity of Carer allowing time and space to access learning from early adopters and emerging best practice, identify potential opportunities, and develop thinking to inform implementation of local pilots.
- Central to the network is our ambition to drive out unwarranted variation and, to support this, we have continued to develop and administer our South West Maternity Dashboard. This highly valued quality improvement tool which was co-designed with the clinicians within the region uses data populated by highly compliant maternity providers and provides comprehensive, timely information, facilitating accurate benchmarking of maternity services across the region. It has also been used to inform the development of the newly launched National Maternity Data Set 2. To support usage of the tool, our network has also provided a series of easily accessible webinars and peer learning opportunities on areas of shared interest or concern
- Helping systems to navigate the complex safety agenda and support improvements as part of the Safer Care workstream and Saving Babies Lives Care Bundle is a central theme, and the network plays a critical role in joining the various parts of the system together. Supporting the two Academic Health Science Networks within the region who are charged by the Mat-Neo Patient Safety Collaborative to deliver on quality improvement which leads to safer care, the network supports the agenda and helps to co-ordinate the approach. Administering the Saving Babies Lives Care Bundle on behalf of the national team gives real insight which helps to shape the agenda and promote small steps which can lead to big changes.
- Much work has been undertaken to help organisations and systems to fully embrace the voice of their services users and their opinions in their planning. The network ensured that all systems could access 'Whose Shoes' sessions, where an interactive game helps elicit conversations and insights through bringing together users and clinicians in a way that encourages thoughts and perspectives to be aired and gave sustainable resources for future use.

- We were also fundamental in evolving this resource further for use with Perinatal Mental Health, holding a large Mind'n'Body event which both informed the development of the tool and captured a wealth of useful information to help inform planning and direction of services.
- Ensuring collaboration and integration with PIMH services has been a key feature, but underpinning this, our vibrant PIMH sub-network has had its own dedicated work programme. Achievements over the year have included support for the ongoing implementation of new and expanded Mother and Baby Units and the local evidence-based specialist community perinatal mental health teams who are receiving funding in waves 1 and 2 of the Perinatal Mental Health community services development fund (including improving consistency of services and reducing variation in access and service provision).

There has never been a better focus on transforming maternity care and ensuring that mothers, babies and their families really do have the right support to make a difference, and we need to maximise this opportunity. Next year will see added impetus as, through quality improvement methodology we use the learning from this year to progress. With a focus during 2018/2019 on building firm foundations through relationships, next year will see how we can realise what is an ambitious agenda and begin to make an impact on earlier help within the community, working with primary care and maternity hubs to increase choice, personalisation and an offer that truly begins to change culture, putting the needs and safety of women, their babies and their family at the centre of care, and uses their skills and assets as active partners in the provision of what's best for them.



# Mental Health Clinical Network

2018/19 has been another year of continued expansion in the mental health clinical network.

The Improving Access Psychological Therapy (IAPT) programme has continued to increase the number of patients who are accessing services within the waiting times targets. The delivery of the IAPT Long Terms Conditions Programme has remained a regular item for discussion as a number of services in the region have struggled with the additional delivery of this service. This is closely linked to the qualified IAPT workforce and, in light of this, the network has retained close working relationships with both Health Education England and our regional training provider. Network focus has moved to benchmarking of IAPT services that will enable providers and commissioners of services to assess against others in the region.

The Early Intervention in Psychosis (EIP) network said a very fond farewell to our outgoing clinical lead Dr Frank Burbach who has retired from the NHS and Somerset Partnership after more than 30 years. Dr Burbach will be sadly missed, but we look forward to working with a new clinical lead going forward. Work here has focused on supporting local teams to improve on their CCQI audit ratings from the previous year through the forums that are progressing this local improvement work. Under the umbrella of the EIP programme the network has also supported systems to bid in the second wave of Individual Placement Support funding. We were delighted that another three areas were awarded funding and look forward to working with them on their implementation plans going forward.

The network held two very successful events on physical health in severe mental illness over the course of the year. The first of these focused on awareness of what the national ambitions are for physical health checks and the second focused on some of the more practical challenges of implementing them. The network is very grateful to the Bradford project lead for sharing all their fantastic work, and in this spirit of collaboration we have subsequently shared our learning and work onward with other clinical networks in the South.

The South West remains under scrutiny with regard to dementia diagnosis rates, as the region has some of the lowest rates in the country. This is not indicative of the amount of work that is taking place within the dementia network, and the always-engaged Dementia Improvement Group continues to lead this agenda. The group has often focused attention on post diagnostic support but it has provided constructive feedback to NICE in respect of its recommendations on primary care diagnosis. The network team has continued to provide bespoke support to those areas where diagnosis rates remain challenging, and have attended a number of GP events to promote why dementia diagnosis matters. Going forward, the team are working on a series of GP education videos around dementia and planning the first South West Dementia Conference later in the year.

Crisis and urgent care has been re-introduced to the network portfolio after a hiatus following the dissolution of the national crisis concordat team. A crisis networking event was held in May 2018 to bring together people working in or commissioning crisis services which was attended by 70 stakeholders. The network carried out mapping work on both crisis and liaison psychiatry services across the region which will inform the allocation of transformation funding for both these areas going forward as well as network improvement work.



Towards the end of 2018/19 the Long Term Plan was published, which commits to an additional £2.3 billion in funding for mental health services. The implications for the mental health network are still being considered but it is clear that the team are well placed to support systems in their response to this.

The network covers both adults and children and young people's mental health issues and the Children and Young People (CYP) Mental Health Steering Group aims to bring about improvement in the quality and equity of care and outcomes for all CYP with mental health difficulties, including those in vulnerable groups, both now and in the future.

The group has multiple purposes including overseeing the network's work programme to ensure it delivers against its objectives. We ensure that our work programme is informed by the views of children, young people, parents and carers.

We delivered numerous topic-led workshop style events, including:

- Positive mental health in schools across the South West
- A class on strategic participation of CYP
- An event to share and disseminate best practice on changes in the health and justice pathways for those who are vulnerable.

We successfully supported the Commissioner Development Programme, with the largest cohort coming from the South West compared to England as a whole. We helped run a panel review of local transformation plans for CYP Mental Health for each CCG and provided feedback and support. We successfully bid for funding to support two projects, one focusing on the voluntary sector and implementation of a Youth, Information, Advice and Counselling Model.

The second project was aimed at support for two CCGs to implement a strategic planning model. Devon and Cornwall were identified as the two pilot areas, and their learning has been shared regionally and nationally. Services are working towards 35% of young people with diagnosable mental health problems to be receiving treatment by 2020/21.

In 2017, the Government published its Green Paper for Transforming children and young people's mental health, which detailed proposals for expanding access to mental health care for children and young people.

We worked with both Gloucestershire and Swindon CCGs on their successful bids for funding to establish new Mental Health Support Teams (MHSTs), announced in December 2018.

Jointly delivered with the Department for Education, MHSTs will provide early intervention on mild to moderate mental health issues, such as anxiety, low mood or behavioural difficulties, as well as providing help to staff within a school and college setting to support their children and young people. The teams will act as a link with local children and young people's mental health services and be supervised by NHS staff. They will also support the development of whole school approaches to improve mental health.

The teams form part of the NHS's commitment in the Long Term Plan to ensure that by 2023-24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS-funded mental health services, including through schools and colleges.

Gloucestershire and Swindon are two of the 25 sites in wave one of the Trailblazer programme, which is expected to deliver 59 MHSTs.



# South West Clinical Senate

2018/2019 has been a year of revitalisation for the South West Clinical Senate with an incredibly successful recruitment campaign that covered its Senate Council, Senate Assembly and Citizens' Assembly.

For the Senate Council, applications were welcomed from Senate Assembly members in the first instance and after a scoring process, the Senate Council welcomed six new members to cover the following specialties:

- GP: Anita Pearson
- AHP: Ros Wade
- Nursing (2): Carol Stonham/Caroline Smith
- Maternity (shared post): Ann Remmers (existing member)/Dawn Morrall
- Care of the Elderly: Arvind Kumar

The Council also welcomed David Soodeen to represent the Mental Health Clinical Network and five STP clinical leads who have now joined the Council as co-opted members.

The remaining vacancies to fill are as follows and applications will be invited from leading clinicians from across the South West;

- Surgery – 2 vacancies
- Ambulance Service – 1 vacancy
- Oncology – 1 vacancy
- Social Care – 1 vacancy
- Children – 2 vacancies

The Clinical Senate has also been reviewing how other senates support and engage with their Council members, helping to support the role as one of clinical leadership and ensure that Senate Council members champion the Clinical Senate's role and its recommendations. As a result, the Chair and Vice Chair now have an annual appraisal call with each member and other development/training/induction activities for Council members are being considered.

Although the Senate Assembly is always open to applications, the Clinical Senate has also actively started to encourage all clinicians that have taken part in a clinical review or contributed to a senate council deliberative session to join. The Clinical Senate is also actively refreshing membership by contacting all members individually and recruiting by contacting healthcare organisations across the South West. Current membership stands at 112 and it is hoped that this will continue to increase during 2019 as we work to engage more with Assembly members. The aim is to ensure that the Clinical Senate's membership fairly represents the entirety of the region with clinicians from all specialties being available to support its work.

The South West Clinical Senate also has an active Citizens' Assembly (CA) with membership from almost all of the 13 Healthwatch organisations across the South West. There are currently vacancies for membership from Bristol and the Isles of Scilly although these are being addressed through proposals to arrange video conferencing input. Many CA members are also taking on lead specialist interest roles, for example liaising with the mental health and cancer networks as appropriate.

The CA has also received nominations for two new members from Swindon. As part of the recruitment/nomination process, the Clinical Senate has enlisted the support of the Clinical Networks and Senate's Communications team to create a video about the Assembly which has been distributed to all local Healthwatch organisations and this has subsequently been used in presentations by our Chair and Assembly members when discussing the work of the Citizens' Assembly and how it links with the Clinical Senate.

In other areas, in March 2019 the Clinical Senate hosted its biggest Assembly annual conference to date which was attended by approximately 100 clinicians and public representatives from across the South West. The conference explored the theme of '3 Types of Knowledge: Research, Data and Experience' through a series of presentations from expert speakers including astrophysicist and Emergency Doctor, Kevin Fong, to award-winning comedian and former junior doctor, Adam Kay.

Feedback from the day was incredibly positive with the majority of delegates who filled in the evaluation form rating the conference as 'Excellent' and comments including: "A well-chosen group of topics. Enjoyed it all", "Excellent balance of information and entertainment" and "Absolutely excellent event with quality, thought provoking speakers."

Over the past year, the Senate has continued to consolidate its role in providing independent clinical advice to commissioners as well as undertaking two full clinical reviews to inform the NHSE assurance process for large-scale service change.

The Clinical Senate completed a desktop review in May 2018 and a full review in June 2018 of maternity provision for Bath and North East Somerset, Swindon and Wiltshire STP and in November 2018 completed a full clinical review of Bristol, North Somerset and South Gloucestershire STP's Healthy Weston proposals using specialist clinicians from its Council and Assembly.

The Clinical Senate has also deliberated a range of topics and provided clinical recommendations to commissioners including the following topics:

- Children and Young People's mental health workforce wellbeing
- Colorectal cancer pathway
- Urgent treatment centres
- Community pharmacy

One of the South West Clinical Senate's aims is to ensure its recommendations are being fully utilised and there have been some exceptional examples of this in the past year. For example, as a result of recommendations made during its meeting exploring the topic of the colorectal cancer pathway, funding has been secured for a year-long peer review of colorectal cancer provision in the South West. Another set of recommendations from the Council's meeting about the role of community pharmacy also featured in an article on The Royal Pharmaceutical Journal's website.

Finally, the Clinical Senate provided formal feedback to the NHS Long Term Plan and hopes to continue to be involved in shaping the future of NHS England/Improvement.

