

Requesting advice from the London Clinical Senate

November 2017

Version 4.0

1. Introduction

The London Clinical Senate supports development of London's health services and the delivery of safe, sustainable, high quality and cost effective care, by providing independent, strategic advice to statutory bodies, including through the London Health Board, to support them in making the best decisions about health care for the populations they serve.

The Clinical Senate engages a wide range of health and care professionals, with patients and the public, so that advice to support development of the health and social care system draws on a breadth of knowledge, expertise and leadership. It provides advice on matters of strategic importance to improving health and healthcare in London and maintains a broad, strategic overview of the totality of healthcare in London and awareness of emerging issues to ensure that advice to support strategic planning, change and improvement is provided in this context.

In supporting health and social care systems to improve health outcomes for their local communities the Clinical Senate provides impartial and evidence-based advice to commissioners and providers on major service changes and transformation, enabling progress towards the broad vision set out in the NHS Five Year Forward View. This includes advice to inform NHS England's service change assurance process.

The Clinical Senate will not provide advice on:

1. Matters involving individual clinicians or patients
2. The appropriateness of a procurement decision
3. Strategic decisions that have already been made¹ (although it may provide advice on issues relating to implementation)

This paper summarises the process to follow in requesting advice from the London Clinical Senate.

2. Process

Submitting a request

The London Clinical Senate welcomes requests for advice from any statutory body, or groups comprising statutory body members, for example the London Health Board.

A request for advice may be discussed with the Clinical Senate Council Chair informally in the first instance.

A formal request for advice must include a core set of information including a very clear statement on the advice required; the history of the issue, key stakeholders involved and when the advice is required (a template has been developed to facilitate this – see appendix). The completed template should be sent to London Clinical Senate office at england.londonclinicalsenate@nhss.net. Each request should identify the lead (sponsoring) body.

¹ Clinical Senates in England Operating Model (NHS England, 2015)

It is essential that advice requested from the Clinical Senate is articulated as clearly as possible. This will ensure that the Clinical Senate’s consideration focuses on the issues that a requesting body is actually seeking to address and enable requests to be considered in a timely way. Early experience has shown that advice requested is often open to interpretation. Where necessary, the Senate Council Chair or Vice-Chair will discuss the request with the requesting body prior to consideration by the full Council.

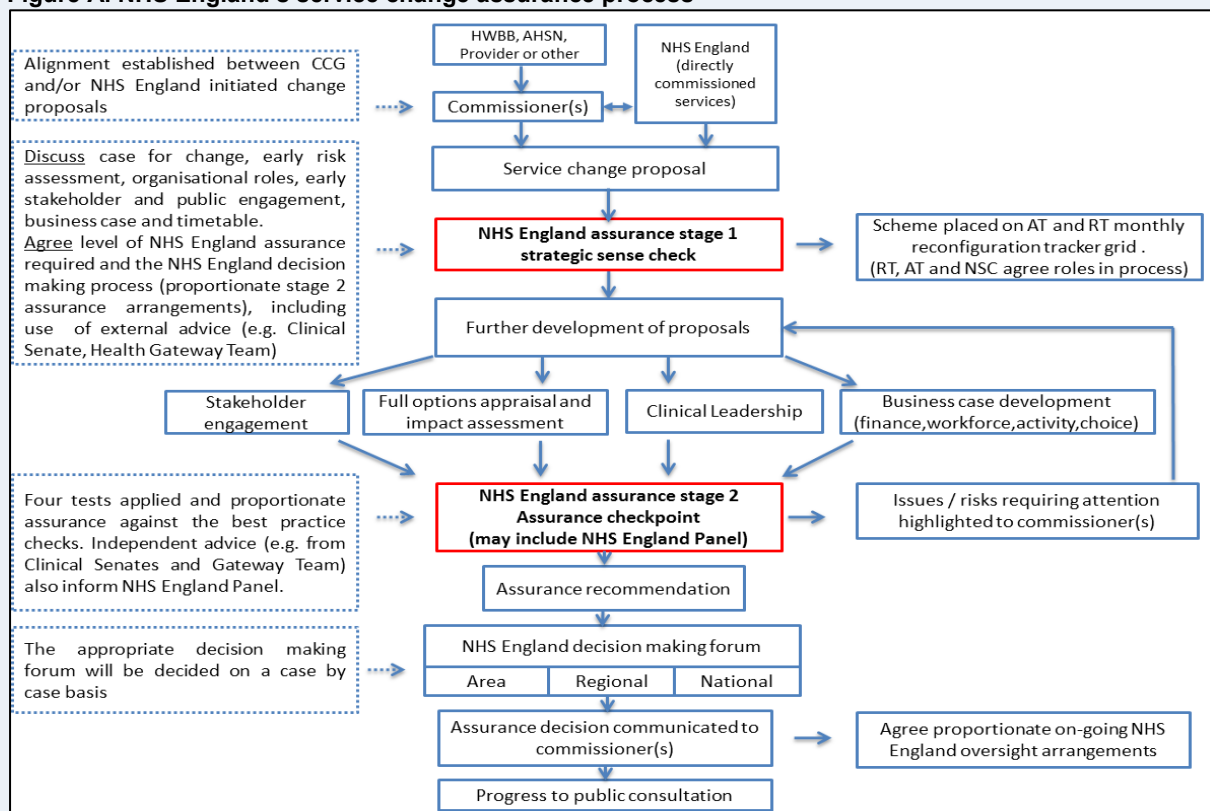
A flow diagram summarising this process is provided on page 5.

Advice on clinical service change

Clinical senates provide independent clinical advice to inform the NHS England service change assurance process. Separate guidance is available about this². Organisations requesting advice should complete the template referred to on page 2 in the first instance.

In requesting any advice about proposals for service change it is important to be clear whether the scheme in question is, or will be, subject to NHS England’s assurance process. An overview of the process is shown in the below. Clinical Senates’ generally provide advice at stage 2.

Figure A. NHS England’s service change assurance process



² Clinical Senate Review Process: Guidance notes (NHS England), September 2014

Considering the request

The request will normally be considered by the full Senate Council (either at the next meeting or virtually if an earlier decision is needed). The lead body requesting the advice may be invited to discuss the issue with the Council in the first instance.

Exceptionally e.g. due to the urgency of an issue, the Senate Council Chair may take Chair's action in agreeing that the Senate is able to provide the advice requested. It is anticipated that this situation will occur only rarely.

When the Clinical Senate is asked to give advice on an issue that is subject to other advisory or scrutiny processes the request must state at what stage in the process the Senate's advice is being sought. This is to mitigate the risk of different bodies considering similar issues in parallel which may impact on the value of the advice provided.

The Clinical Senate is committed to the principles of transparency, whilst recognising that there will be times during the formulation of advice when the opportunity for confidential debate will be important. When a body refers an issue to the Senate for advice which will clearly have implications for other organisations, the Clinical Senate Council will wish to agree the terms of reference for provision of advice with the requesting body and its partners. In addition, the Senate Council Chair or Vice-Chair will offer to have an informal conversation with the Chief Executive of any organisation involved to be clear about the Senate's work, and its authority, and to provide an early opportunity for any specific issues to be raised and discussed.

In considering requests for advice the Clinical Senate Council will also consider whether other bodies may be better placed to provide the advice or comment on an issue as a first step prior to the advice being requested from the Council and will advise the requesting body accordingly.

Formulating advice

If the Clinical Senate is able to provide the advice requested the next step will be to agree terms of reference, including timescale, with the lead body requesting the advice. This process will be coordinated by the Clinical Senate office. The Clinical Senate will endeavour to provide advice in the timescale requested subject to this being consistent with a robust and effective process. Timescales agreed should be clear and must be reasonable to ensure credible clinical input and advice.

The Clinical Senate Council will determine the process through which the advice will be formulated and discuss this with the lead body requesting the advice. The Clinical Senate Council may consult (virtually) the Clinical Senate Forum if the issue is felt to warrant this.

A Clinical Senate Council member will be identified to oversee the process (supported by the Clinical Senate office).

If the process involves establishing a clinical review team(s) or working group(s) the leadership and membership will be agreed by the Clinical Senate Council; in most instances this is likely to draw on members of the Clinical Senate Forum with relevant experience. On occasions the Council may agree to appoint an independent Chair. If this is the case, at least one Council member will be a panel member in every review.

Membership of any working groups will be established to avoid conflicts of interest e.g. if the matter relates to a health economy in one part of London the process will involve Clinical Senate members from another, unrelated, health economy. Independent expertise will also be sought from outside of London where necessary.

Through its membership the Clinical Senate has access to a wealth of knowledge and expertise however subject to the nature of the advice requested, and the process agreed, additional resources may be required. Arrangements will be agreed with the lead body requesting the advice.

In formulating advice the Clinical Senate will seek to draw on and not duplicate previous work undertaken however may involve bespoke research or engagement activities (e.g. with clinicians and patients or carers involved) to enable an independent view of an issue.

If the Clinical Senate identifies any significant concerns through its work which indicate risk to patients it will raise these immediately with relevant senior staff in the organisations involved. Please note that depending on the nature of the issues identified the Clinical Senate Council may be obliged to raise these with the relevant regulatory body(ies). Should this situation occur, the Clinical Senate Council Chair will advise the Chief Executives, Clinical Leads and Chief Officers of the provider and commissioning organisations involved. This will be included in the terms of reference for any process to formulate advice.

The lead body requesting the advice will be expected to make all relevant information available in the form required by the Clinical Senate and identify a named contact.

The Clinical Senate Council will receive an update on progress at each Council meeting and there will be on-going dialogue with the lead body requesting the advice (coordinated by the Clinical Senate office).

Principles that the Clinical Senate will apply

The Clinical Senate Council has agreed a set of principles which it believes are essential to improving quality of care and outcomes. The Council will seek evidence of, and promote, these principles in the issues it considers and the advice that it provides. They are:

- Promoting **integrated working across health and across health and social care** to ensure a seamless patient journey
- Being **patient-centred and co-designed** (this includes patient experience, patient involvement in development and design of services)
- Reducing **inequalities** (this involves understanding and tackling inequalities in access, health outcomes and service experience – between people who share a protected characteristic and those who do not - and being responsive to the diversity within London’s population)
- Demonstrating **parity of esteem between mental and physical health** for people of all ages
- Supporting **self-care** and **health and wellbeing**
- Improving **standards and outcomes** (these include use of evidence and research, application of national guidance, best practice and innovation)
- Ensuring **value** (this includes issues such as cost effectiveness and efficiency, long term sustainability, implications for the workforce, consideration of unintended consequences)

Where advice relates to service change the Council will also look for evidence of evaluation, for example if there is a plan in place to measure impact and help to understand whether objectives are achieved.

Provision of final advice

The Clinical Senate Council will be responsible for formulating the final advice informed by the findings/outputs of the process put in place. Discussions will be scheduled into Clinical Senate Council meetings and will include briefings by review team or working group chairs as required.

Once agreed, the Clinical Senate's advice will be presented to the lead body requesting the advice as a written report. This will include:

- Background (structured aligned to information provided in the advice request template)
- terms of reference
- how the advice was formulated
- the extent of engagement with health and care professionals, patient and the public
- the Clinical Senate's advice and recommendations with the supporting evidence base
- any specific considerations and/or consequences in implementing the advice.

Communication

Most of the communication will be through the Clinical Senate office. The Senate Council Chair, Vice Chair, Clinical Senate Council members, or Review Chair (if different) will meet with the lead body requesting the advice to explain and discuss the advice requested and provided.

In the interests of transparency, once reports have been discussed with the lead body requesting the advice, they will be regarded as publically available documents. Until that time they will remain confidential. Arrangements for managing confidentiality through the process will be discussed with the lead body requesting the advice and other parties involved to reach agreement on the approach. Arrangements for wider communication and media handling will be agreed between the key parties.

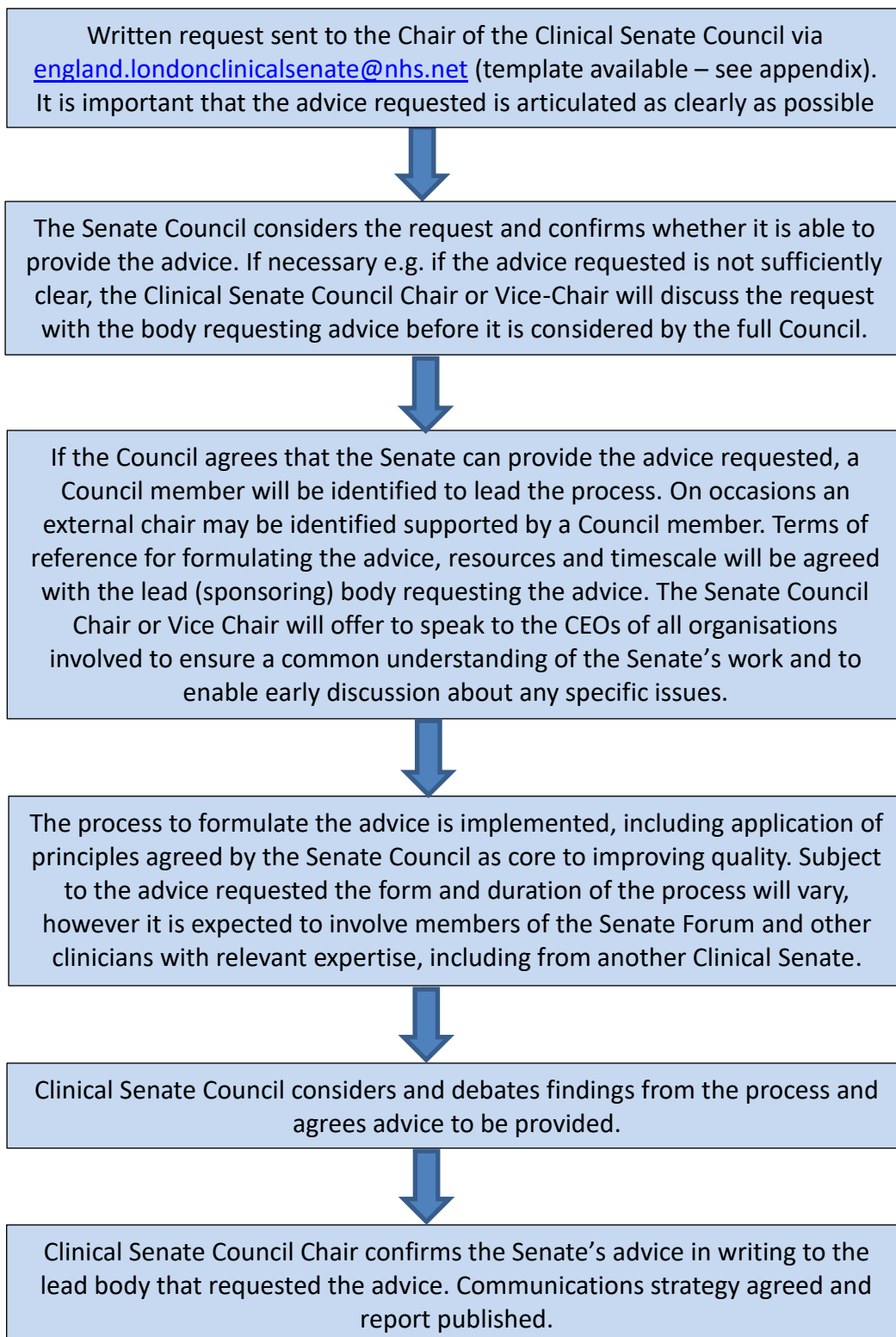
The Clinical Senate applies a declaration of interest policy to ensure advice provided is independent and impartial.

The Clinical Senate has no executive authority or legal obligations. The Clinical Senate's advice and recommendations will be for consideration and implementation as decided by the statutory organisation(s) that request(s) it.

Disclosure under the Freedom of Information Act 2000

The London Clinical Senate is hosted by NHS England and operates under its policies, procedures and legislative framework as a public authority. All the written material held by the Clinical Senate, including any correspondence you send to us, may be considered for release following a request to us under the Freedom of Information Act 2000 unless the information is exempt.

Requesting advice from the London Clinical Senate – summary of the process³



For further information contact: england.londonclinicalsenate@nhs.net

³ See Clinical Senate Review Process: Guidance notes (NHS England) (first published September 2014, updated November 2015) for the approach to formulating advice to inform NHS England’s service change assurance process