London Clinical Senate

Annual Report

2014/15
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The London Clinical Senate

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The London Clinical Senate supports development of the Capital’s health service and improvements in quality and outcomes by providing independent advice to commissioners and other bodies, supporting them to make the best decisions about health care for their populations.

The Clinical Senate is a multi-professional body, bringing together a wide range of health and care professionals with patients. In our work, we draw on all their expertise, influence and leadership. The Senate is not focused on a particular condition or patient group and takes a broader, strategic, view of the totality of health care across London. The Senate’s membership means it is able to give a whole systems view to the issues it considers.

Initially established in 2010, the Clinical Senate has developed significantly in the last two years alongside the current commissioning system. This report illustrates how the Senate can support commissioners by providing examples of work we have carried out over the last year and the impact it has had. The case studies show the different sorts of issues the Senate is able to advise on, and the approaches we take to ensure our advice is robust and adds value. The examples also show how we work with clinical networks.

The box describes how the Clinical Senate is organised. Further information including membership of the Senate Council and Forum, can be found at www.london senate.nhs.uk. If you have an enquiry, please contact us at england.londonclinicalsenate@nhs.net.

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1 Also called 'The Clinical Senate' or 'The Senate' throughout this document.
During 2014/15 the Clinical Senate was asked to provide independent advice on several strategic issues that are critically important to addressing current challenges in London’s health services and transforming the way care is provided to improve quality and sustainability:

- The specification for a commissioning framework to support transformation of primary care
- Proposals for inpatient mental health services in south west London
- Improving the quality and integration of care across London – advice to the London Health Commission
- Plans to transition maternity, neonatal, gynaecology and paediatric services from Ealing Hospital.

We supported one Trust which sought advice to ensure all lessons were learnt from maternal death reviews. We also took work forward in two areas which the Senate Forum identified as vital to improving health and contributing to the future sustainability of health services:

- Using the unique opportunity of clinicians’ interactions with patients to treat tobacco dependence – the greatest single cause of premature mortality and health inequalities
- Developing a framework for commissioners who want to support young adults to self-care.

The Senate’s work is possible because clinicians, patients and members of the public and other stakeholders are prepared to give their time, along with their knowledge and expertise to help improve health care in London. We are very grateful for the significant contribution of everyone we have worked with throughout 2014/15, in the Senate Council, Senate Forum, clinical reviews and our programmes of work.
Our purpose is to support improvement, to help make London’s health services as high quality, safe and effective as possible.

We are acutely aware of the challenges that the NHS and partners are facing – and of the opportunities for improvement as set out in Better Health for London and the NHS Five Year Forward View. No matter how strong the case, changes can be difficult to make and to experience, and can be controversial. Our strength is our ability to give an impartial, authoritative view which can consider a case for change and the evidence base; suggest areas where proposals could be strengthened and test assumptions or suggest new ideas. We are not judgemental and aim to be a critical friend, guided by what we believe to be in the best interests of Londoners.

We are able to utilise strong links through professional networks, clinical networks, other clinical senates in England and professional bodies.

The process used by the Clinical Senate to formulate advice includes several common elements:

- Each review has clear governance under the auspices of the Senate Council.
- Clear terms of reference will be agreed with the requesting body.
- Impartiality is an essential element of the Senate’s role. Review teams will comprise clinical and other subject matter experts with no prior involvement in the issue/service(s) on which advice is requested.
- All of our work involves the patient and public voice.
- We have a consistent focus on improving quality and outcomes in the best interests of patients. Guiding principles for our work are available on our website.
- The rationale for advice will always be clearly stated, with evidence referenced and opinion explained.

Every review that we undertake offers opportunities for learning. We will follow-up roughly three months after the provision of advice to determine if the advice was helpful, to seek views on what went well and where the Senate’s process could improve to inform future work.
Clinical senates’ role in advising on service change

Since September 2014 clinical senates have been responsible for giving independent advice on proposals for service change, a function previously carried out by the National Clinical Advisory Team (NCAT).

In practice this means that an independent review by the London Clinical Senate is a necessary step prior to launch of any formal public consultation on significant service change. Clinical senates have worked collectively with NHS England to develop guidance for the clinical review process. The central focus of these reviews is whether proposals are underpinned by a clear clinical evidence base, one of the four tests required in the mandate from the Government to NHS England.

Requesting advice and getting involved

To request advice from the Clinical Senate please contact england.londonclinicalsenate@nhs.net in the first instance.

If you are interested in being involved in the Senate’s work please contact us via this address or the website and let us know about your areas of interest, skills and expertise. People involved in our work over the last year have been very positive about the experience. Participating in clinical reviews and other programmes offers opportunities to learn as well as share knowledge and expertise, to establish new networks and to contribute to improving London’s health services.
The views and experiences of people who use and rely on London’s health services continue to be central to our work.

We are committed to ensuring they have a clear voice and that we take account of what they tell us. We have supported development of our Patient and Public Voice (PPV) group, including a session with the Centre for Patient Leadership which included how to influence leaders who work within our health and care systems. Eleanor Levy, Chair of our PPV, and Senate Council Member, sets out her reflections on the experience of being a member of the London Clinical Senate PPV.

There is always a lot to learn. We have needed to absorb information about the NHS as an organisation, its services and its values, particularly regarding strategic as well as operational issues. We provide concise reflections from a patient and carer perspective that help inform the direction of service developments and integrate community experiences across the wide variety of clinical and service issues that the Senate considers. This includes providing urgent advice in response to specific issues raised by a clinical network, clinical commissioning group or NHS trust.

Besides our monthly PPV meetings, we influence the Senate by participating in the quarterly London Clinical Senate Forum meetings and in Senate working groups in liaison with clinical networks and wider health and social care representatives. As members of Healthwatch in our local areas, we are kept informed of issues as they affect our communities. Many of us also contribute to other networks, which helps broaden our knowledge base. We are expected to give about two days per month on average to attend meetings, read detailed service proposals and standards and correspond with each other and with our wider networks. Some of us are able to give more time and periodically participate in more detailed work.

There is a lot to be gained from this activity for us as individuals and for our wider communities. We are able to interact with the NHS leadership in our region, speaking on behalf of patients, carers and communities, and ensure inclusion of particular cohorts. We develop and exercise leadership and communication skills to influence service development to promote pro-active, accessible, coordinated care that optimises health services. The scope is wide, the issues are complex; the PPV and the Senate’s roles are advisory and strategic. Therefore we may not see the benefits of our interaction for a number of years. However, this role has been inspiring and has provided the opportunity to convert our experiences into actions that promote good practice and avoid some of the pitfalls we have experienced as patients, carers or public representatives. This makes our experience of difficulties meaningful and supports our NHS to manage changes successfully.

We are extremely grateful for the contribution of all our PPV members during 2014/15, for the insight that they bring and the willingness with which they give their time.
The Clinical Senate Forum met four times in 2014/15.

In April 2014 the Forum focused on self-care ‘Supporting Londoners to live well’. It was co-chaired by Trevor Begg, a member of the Senate’s PPV group. We reflected on approaches to personalisation within healthcare systems, explored what ‘self-care’ really means for different stakeholders and patients, and to stimulate debate, clinicians jointly presented examples of initiatives implemented in London that have enabled people to self-care. Recommendations from the meeting led to the Senate Council setting up a programme of work aimed at supporting young adults to self-care (see page 16).

In July 2014 the Forum considered the London Health Commission. We heard about emerging themes from the Commission’s work and evidence identified by the expert group on improving the quality and integration of care, which was drawn from the Clinical Senate. We discussed the analysis from this; the feedback on potential proposals for improvement; and any challenges that might need to be addressed in taking these forward. In October 2014 the Senate met shortly after publication of the Commission’s report, Better Health for London, and debated key themes opportunities and challenges. We particularly considered the recommendations to improve care and outcomes for some of the most vulnerable Londoners (children and young people, homeless Londoners and people needing mental health care) and how, as clinical leaders we can support an effective system-wide response.

We also began to consider the implications of a model of care with greater emphasis on prevention, personalisation, population health and outcomes, and what we can learn from the change programmes already underway across London that aim to improve prevention and the integration of care. Key points from the discussion included the importance of ensuring there are clear, measurable outcomes; taking recommendations forward at the appropriate system level; having common priorities and shared ownership of goals; building on existing structures; fostering a culture of collaboration; and the critical importance of workforce development. The Clinical Senate is committed to supporting implementation going forward.

The final forum of the year, in January 2015, followed publication of the NHS Five Year Forward View. This focused on transforming the healthcare workforce, as this had emerged as an important theme at the previous meeting. The forum was organised jointly with Health Education England. We considered the nature of the current workforce in London and its challenges, and we began to explore the impact of the NHS Five Year Forward View on the skills and shape of the workforce.
The Clinical Senate Council met six times in the year. Key topics discussed included:

- agreement on principles important to improving quality and outcomes that the Council will seek evidence of, and promote, in all issues the Senate considers

- learning from the Senate's first year and how it should develop to add greatest value in supporting transformation of London’s health and care system

- how the Senate can support CCGs’ and NHS England’s response to the NHS Five Year Forward View and London Health Commission recommendations through the **Healthy London Partnership** programme, and considering where strong clinical leadership and a strong patient and public voice will be critical. The Council identified a clear focus on outcomes (including system-wide outcomes), championing transparency, fostering collaboration, and developing the clinical workforce as key issues

- how the Senate can involve and support development of future clinical leaders through its work, developing stronger links with the **NHS Leadership Academy**

- advice and support to Strategic Clinical Networks:
  - the cardiovascular network on rollout of pan-London networks
  - the mental health network on the approach to implementing crisis standards
  - the children and young people’s network on governance of acute standards

- requests for advice, reviews of work in progress and on completion to ensure robust advice and governance.
The NHS Five Year Forward View, Better Health for London and NHS England’s Business Plan priorities set the agenda for the year ahead. Strong, visible and multi-professional clinical leadership will be critical in achieving the changes and improvements envisaged. The Clinical Senate has an important role to play in this.

Our principal focus will be in supporting the Healthy London Partnership in delivering the priority programmes it has identified. Transforming cancer, and urgent and emergency care services will be the focus for discussion and advice at Senate Forum meetings in the early part of the year. Mental health and children and young people will follow – all need whole system support. We also see an important role in contributing to work on efficiencies and improving productivity. This is likely to require some changes in practice, more consistency in the way we do things and a collective willingness to change. Clinical leadership will be essential.

We will keep abreast of progress and learning as new models of care are created and tested through vanguard sites, and other developments in the way care is provided, which may increase the number of service change proposals on which we will be asked to give independent advice. We will also continue to work closely with clinical networks and Academic Health Science Networks so that we draw on their improvement expertise and innovation to inform our recommendations.

We want to strengthen engagement with the wider Senate Forum by sharing and validating views that emerge through forum meetings and we want to continue to develop our patient and public voice, including recruitment of new members. Clinical and patient and public engagement will remain at the heart of our way of working.
The budgeted running cost for the London Clinical Senate was £213,329 in 2014/15.

Pay costs consist of salaries for the senate chair, a programme manager and a development manager.

In addition, non-pay costs generally relate to cost incurred for forum meetings and sundry costs associated with running the processes through which advice is formulated.
NHS England (London) asked the Clinical Senate to provide independent advice on draft development standards which formed a framework to support local transformation plans for general practice. The purpose of the standards was to describe the future service offer and improvement goals for general practice to be delivered over the next five to 10 years. Because of the critical interfaces with primary care, the framework also enables improvements across the wider health and care system.

A set of 17 general practice development standards had been developed through a clinically-led process working with patients and public representatives. The standards were clustered into three overarching themes of proactive care, accessible care, and coordinated care. The Senate was asked to give advice on:

1. Whether the draft standards were ambitious enough to achieve the transformation envisaged in the case for change
2. The possibility of unintended consequences on the rest of the healthcare system
3. Any alternatives to specific standards where felt to be indicated.

We established a multi-professional Clinical Challenge Panel, accountable to the Senate Council, to formulate the advice. This was chaired by Dr Diana Hamilton-Fairley, a Senate Council member. Membership was carefully selected to ensure impartiality and to balance primary care (around one third of 22 members), the wider health and social care system and the patient and public voice. To illustrate this, the breadth of perspectives we brought together included: primary care, public health, social care, nursing, allied health, pharmacy, long term conditions, older people, children and young people, maternity care, emergency and urgent care, the voluntary sector, research and education.

The panel reviewed background information, underpinning evidence and source documents, then agreed a framework to test the ambition and impact of the standards. Panel members held a preliminary teleconference to share views and agree the approach. The whole panel then met for a day to critically review and debate the standards, breaking into sub-groups so that each of the sets of standards was considered twice, with findings shared and discussed; conclusions were reached by the panel as a whole. Panel members met for a further half day with the chairs of the expert groups that had developed the standards, to discuss key issues.

The final report, conclusions and recommendations were then agreed by the whole panel. This was reviewed by the Senate Council which ensured terms of reference had been met, that conclusions and recommendations were clearly articulated and consistent with findings.

The advice was presented to the Primary Care Transformation Board. Feedback on advice provided and robustness of the methodology was extremely positive. Our advice led to changes which are reflected in the final proposals and strengthened the approach. One of the recommendations was about the term “standard”. The panel did not feel this adequately reflected their potential to drive transformation of general practice and enable wider transformation across the whole health and care system. Through discussion with the programme’s clinical leads “commissioning specification” was proposed and subsequently accepted.
**CASE STUDY 2**

**Improving mental health services in south west London** (November 2014)

Kingston Clinical Commissioning Group (on behalf of Kingston, Merton, Richmond, Sutton and Wandsworth CCGs and NHS England (London) Specialised Commissioning) sought advice on proposals for mental health services in south west London. These encompassed the whole pathway of care across a wide range of services and underpinned a substantial development programme to modernise inpatient facilities provided by South West London and St George’s Mental Health NHS Trust. We were asked to provide advice on whether the clinical case for change and proposed model of care:

1. Were underpinned by a clear clinical evidence base (where this exists)
2. Were informed by best practice
3. Would enable improvements in quality
4. Aligned with national policy and regional and local commissioning intentions
5. Would, if delivered, enable compliance with Care Quality Commission standards
6. Demonstrated parity of esteem (compared with physical healthcare).

The Senate Council established a cross sector clinical review team, involving members from around the country, with multi-disciplinary mental health services expertise. Some members had leadership roles in mental health strategic clinical networks, whilst others represented the wider health and social care system, service users and carers, primary care and emergency care. Service users and carers were represented on the review team by a member of the Senate’s patient and public voice (PPV) group with significant experience of mental health services and a member from Rethink. The review was chaired by Dr Adrian Bull, Managing Director of Imperial College Health Partners, and a Senate Council member.

The team reviewed a significant volume of background documentation, agreed a framework for exploring issues to formulate advice and met for a day in south west London to discuss the proposals with different stakeholders (commissioners, different service providers, social care, service users and carers). The extent of the review team’s knowledge and expertise was substantial and included first-hand involvement leading change in similar services to deliver improvements for users of mental health services. The broad perspective provided by members from other sectors and the lay members of the panel added to the richness of the discussions. Review team members met again to reflect on findings and agree definitive advice.

The Senate supported the overall goals of improved hospital accommodation, greater alignment of services and pathways, and provision of more care in community settings where appropriate. We made several observations and recommendations which the review team felt could assist local stakeholders in further development and implementation of the proposals over the coming years.
Advising on plans to implement service change in north west London (July 2014)

In 2012, commissioners in north west London, working with hospital doctors, midwives, nurse leaders, providers of community care, volunteer groups and charities, developed a set of proposals, Shaping a Healthier Future (SaHF), to transform the way healthcare is delivered for people in north west London. Following a period of public consultation, the proposals were accepted by the Independent Reconfiguration Panel and by the Secretary of State in 2013.

Following this approval, NHS England (London) asked the Clinical Senate to give independent advice on plans to implement changes involving maternity, neonatal, paediatric and gynaecology services at Ealing hospital. The advice requested was:

1. Whether there has been any substantive change to the case for change since it was accepted
2. Whether the clinical models remain appropriate
3. On the proposed timing of changes.

In this review, the Clinical Senate worked closely with London’s Maternity and Children’s Strategic Clinical Networks. In the first stage of the process the specific proposals for maternity, gynaecology, neonatal and paediatric services were reviewed by clinical experts with leadership roles in the networks.

Findings from this stage were then shared and debated with a wider group of Clinical Senate members, chaired by Dr Ian Abbs, Medical Director, Guy’s and St Thomas’ NHS Foundation Trust and a member of the Clinical Senate Forum. The whole review team also met with the lead medical director for SaHF. This enabled findings to be explored and debated in a broader context. Definitive advice was then agreed by all involved.

The review team comprised an experienced group of clinicians including the network clinical directors and members of the Clinical Senate’s patient and public voice. Members’ expertise included involvement in successfully implementing changes to similar services in other parts of London and good knowledge of current services across the capital.

The review team concluded that the case for change had become stronger since it was accepted and models of care remained relevant. It made several specific recommendations to inform the assurance process, with a strong focus on managing and mitigating risk both at an organisational and system level.
Helping smokers quit: adding value to every clinical contact by treating tobacco dependence (work programme commenced in September 2014)

The Helping Smokers Quit programme addresses many of the challenges set out in the NHS Five Year Forward View. Smoking kills one in five Londoners, costs the NHS in London more than £400 million a year, and 1.2 million people still smoke. Smoking is the greatest single cause of avoidable death and health inequality. It accounts for over half of the difference in risk of premature death between social classes.

The programme seeks to build on the unique contribution healthcare professionals can make in helping smokers quit by increasing the number of clinicians who directly help their patients address their tobacco dependency. We believe every clinician should know the smoking status of each patient, and have the competence and commitment to encourage those who smoke to quit, through direct action or referral. By providing evidence-based care to people who are tobacco dependent, clinicians can help smokers quit. A two-page fact sheet was created so clinicians have the evidence to support this change.

The Very Brief Advice training, which takes just 20 minutes to learn and 30 seconds to deliver, provides a new language for clinicians. Patients will now be offered a solution to treat their addiction rather than the traditional paternalistic approach. This small investment of clinical time with every patient contact will improve outcomes and lead to significant savings for the health system.

Helping Smokers Quit demonstrates how the members of the Senate can improve health by acting as leaders for a pan-London movement of change in practice. All members of the Forum have been asked to complete this training both to support their own practice and so they can act as leaders in their organisation and networks in support of this growing movement.

Initially, all NHS provider trusts, CCGs and Directors of Public Health were surveyed, to understand their current commitment to stop smoking services. In March 2015 the Senate asked every London trust and CCG to sign up to the four elements of its ‘CO4’ campaign:

1. Having the ‘right’ Conversation with every patient and staff member who smokes, that gives him or her a chance to quit, referring if necessary.
2. Make routine desktop exhaled carbon monoxide (CO) monitoring by clinicians possible: “Would you like to know your level?”
3. Code the intervention so we can evaluate effectiveness – including death certification.
4. Commission the system to do this right: so right behaviours are incentivised systematically.

Several trusts and CCGs have already confirmed their commitment to the programme. The delivery team will create guidance to support trusts adopt new practices: such as adding new pharmacotherapy items to their formulary; and using CO monitors as a motivational tool. We are discussing with stakeholders such as clinicians, coders, medical examiners and coroners how to ensure tobacco dependence/smoking is accurately recorded on death certificates when it was a significant contributory factor.

Further work with commissioners (some of which are offering incentive schemes) and trusts as they implement CO4, will share approaches and learning that can be used across London.
In June 2014, at the suggestion of the Senate’s PPV group, the Senate Council agreed a programme of work designed to embed self-care in the commissioning of services for young adults in London. This programme is co-chaired by Bindie Wood, Vice Chair of the PPV and Senate Council member Professor Jacqueline Dunkley-Bent.

The approach taken to delivering this programme is essential to its success and aims to be as valuable to commissioners as the recommendations themselves. The programme has been designed using the following principles:

1. Collaborative: Bringing clinicians, commissioners, staff, patients, service users, carers and the community together as equal partners to develop standards of good practice and agree high impact initiatives for recommendation to commissioners.

2. Evidence-based: Develop and promote evidence-based solutions to support self-care for people aged roughly between 16 and 30.

3. Asset-based: Developing the capacity of patients, service users and the community to engage effectively in identifying needs, the planning and development of services, and making recommendations to commissioners.

4. Continuous and iterative: Engaging to build and refine sustainable models for local and pan-London commissioning that reflect the needs and aspirations of people and frontline staff.

A call for evidence was published in February 2015 and responses to this were combined with a literature review to produce a draft framework for further consultation.

Community-based engagement events were planned to be delivered in July 2015 across London. The events would be hosted by organisations that identified young adults (with long term conditions) that would benefit from training in facilitation skills and who would be supported in facilitating the main workshop. Local stakeholders were invited to participate and the workshops were filmed so that the key points raised could be shared as part of the final product.

To guarantee that the engagement and consultation is effective we worked with several of the facilitators to ensure the content of the final report reflected the points made during the engagement events.