

Patient and Public Voice Group – 28 February 2017

Review of Clinical Senate principles

In April 2014 the Clinical Senate Council agreed a set of principles which members felt are essential to improving quality of care and outcomes. The Council has sought evidence of, and promote, these principles in the issues it considers and the advice that it provides. They have been included within terms of reference when the Clinical Senate has been asked to give advice on proposals for service change. The principles are:

- Ensuring a **seamless patient journey**
- Being **patient-centred** (this includes patient experience, tackling inequalities – in access and outcomes – and being responsive to the diversity within London’s population)
- **Supporting self-care**
- **Improving standards** } (these include use of evidence and research, application of
- **Improves outcomes** } national guidance, best practice and innovation)
- Ensuring **value** (this includes issues such as long term sustainability, implications for the clinical workforce, consideration of unintended consequences)

The principles have been applied when formulating advice by considering if and how proposals, issues being considered addresses each of the principles and then making recommendations where indicated. 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. For the Clinical Senate’s proactive work principles have been considered as part of the approach.

The Senate Council has agreed that the principles should be reviewed. **The Patient and Public Voice Group is asked to consider the principles as they stand and advise the Council on any changes that the Group feels are important in transforming health services and health outcomes for Londoners and ensuring sustainability of health and care systems.**

One proposed change that emerged from discussion about reducing inequalities for people with serious mental illness at the Clinical Senate Council in January 2017 is to include consideration of mental health issues and related inequalities more explicitly to ensure a whole systems perspective is taken when the Clinical Senate considers issues and provides advice.

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21 February 2017