

London Clinical Senate Council

Tuesday 22nd May 2018

Notes

Present

Dr Mike Gill, Senate Council Chair, Medical Director, Health 1000: The Wellness Practice (MG)

Dr Ian Abbs, Medical Director, Guy's and St Thomas' NHS Foundation Trust (IA)

Dr Somen Banerjee, Director of Public Health, London Borough of Tower Hamlets, and the London Association of Directors' of Public Health representative (SB)

Dr Naureen Bhatti, Partner and Trainer, Tower Hamlets, and Head of School for General Practice, Health Education England, North Central and East London (NB)

Aileen Buckton, Executive Director for Community Services, London Borough of Lewisham (AB)

Dr Charlie Davie, Managing Director, UCL Partners Academic Health Science Network (CD)

Dr Vin Diwakar, Regional Medical Director, NHS England London Region (VD)

Diane Jones, Director of Director of Quality & Safety, NHS Brent, Harrow & Hillingdon Clinical Commissioning Groups (DJ)

Sally Kirkpatrick, Chair, Patient and Public Voice Group (SK)

Professor Peter Littlejohns, Deputy Director, South London CLAHRC (PL)

Wendy Matthews, Deputy Director of Nursing, Barking, Havering & Redbridge Hospitals NHS Trust (WM)

Andy Mattin, Director of Operations & Nursing, Central & North West London NHS Foundation Trust (AM)

Professor Oliver Shanley OBE, Regional Chief Nurse, NHS England and NHS Improvement London Region (OS)

Dr Mark Spencer, Medical Director Northwest London Clinical Commissioning Groups, Principal, Carnall Farrar (MS)

Dr Sylvia Tang, Chief Executive Officer, Priory Healthcare, Partnerships in Care and Amore Care (ST)

Julia Whiteman, Postgraduate Dean, North West London, Health Education England (JW) (on speaker phone)

In attendance

Felicity Bull, Senior Consultant, NEL Commissioning Support Unit (FB)

Tony Bridger, Senior Communications Manager, NEL Commissioning Support Unit (TB)

Ruth Charlton, Medical Director, Epsom and St Helier University Hospitals NHS Trust (RC)

Jeffrey Croucher, Chair, NHS Sutton CCG (JC)

Andrew Demetriades, Programme Director, Acute Sustainability for Sutton, Merton and Surrey Downs CCGs (AD)

Sue Dutch, Clinical Senate Programme Lead, NHS England London Region (SD)

Katie Humphreys, Clinical Senate Senior Project Manager, NHS England London Region (KH)

Dr Myra Malik, Associate Medical Director, Faculty of Medical Leadership and Management (MM)

Dr Malti Varshney, Associate Director Strategic Clinical Networks and Senate, NHS England London Region (MV)

Edward Ward, Clinical Senate Programme Lead, NHS England London Region (EW)

Apologies

Caroline Alexander, Chief Nursing Officer, Barts Health NHS Trust (CA)

Professor Geoff Bellingan, Medical Director, Surgery and Cancer Board, University College London Hospitals NHS Foundation Trust (GB)

Tim Edwards, Consultant Paramedic, London Ambulance Service NHS Trust

Professor Elizabeth Hughes, Director of Education and Quality (London and South East), Health Education England (LH)

Professor Ann Jacklin, UCL Centre for Medicines Safety & Service Quality and ICL Centre for Infection Prevention & Management (AJ)

Mr Jonathan Ramsay, Consultant Urologist, Imperial College Healthcare NHS Trust (JR)

Dr Marc Rowland, Chair, London Clinical Commissioning Council (MR)

Inder Uppal Singh, Vice Chair, Patient and Public Voice Group (IS)

1. Chair's introduction

The Chair welcomed everyone to the meeting. All introduced themselves.

a. Clinical Senate management team

MG reminded everyone that this is SD's last Council meeting before she leaves her role as Clinical Senate Programme Lead at the end of the month. On behalf of everyone involved with the London Clinical Senate, MG expressed huge thanks to SD for all of the work that she has done for the Senate over many years.

EW was introduced as the new Clinical Senate Programme Lead who will replace SD when she leaves. EW will be shadowing SD until she leaves and then will take over the role.

b. Interim Vice Chair

MG explained that he is going to be on leave for several weeks in the autumn and there will be a need for a vice chair of the Council to cover his duties whilst he is away. This will be an interim vice chair position and will last until the end of December, when MG's interim chair position is due to finish. MG asked council members to consider if they would be interested in filling this position and if so to express this interest when further communication about this role is sent-out shortly.

c. National Meeting

MV explained that she attended the national meeting of Senate Managers and Council Chairs on behalf of the London Clinical Senate on 17/05/18 (as this date clashed with the May Forum that SD, KH and MG were attending).

MV said that this was a very positive meeting and many issues were discussed. Steve Powis, the new medical director for NHS England (appointed in November 2017) attended the meeting and delivered the opening session. He discussed his key priorities and he also talked about the need to support colleagues and the public in accepting that there is the need to reconfigure services at times. He highlighted that the Senates can play a valuable role as an independent group in this. This is particularly pertinent to ICSs. Steve explained that NHS England is trying to create the environment to do this, by focussing on collaboration, putting clinicians at the centre and co-designing; again, Senates are well placed to support this work through either acting as a critical friend or more formal stage 2 assurance reviews.

Also discussed was the move to seven NHS England/NHS Improvement regions and how the Senates and networks will operate and sit within the new landscape. It was agreed that the independence of the Senates is vital to their success and value and that Senates need to be talking to key stakeholders to determine whether the support that they provide needs to stay the same or change.

Several case studies of work from Senates were also presented and discussed.

d. May Senate Forum

Reflections were given on the May Senate Forum that was on the topic of 'Developing System Leadership for Integrated Care'. MG thought that the Forum had produced an interesting set of views regarding enabling leaders to develop Integrated Care Systems (ICS). Whilst it was clear that there are different approaches to creating ICS, one consistent message was the importance and the challenge of building relationships across systems. ICS would develop at the speed of the relationships being built by partners. SD commented that there were consistent messages presented across the examples presented. These were that enduring and lasting relationships are essential and that change is aligned to the pace of relationship-building. VD commented that he had recently attended the London Health and Care Strategic Partnership Board, where funding for integrated care pilots was discussed. He suggested that the Senate Council could join up with the Healthy London Partnership (HLP) on integrated Care System development.

2. Declarations of interest

No declarations were made.

3. Briefing regarding a request for advice on the Acute Sustainability Programme for Epsom and St Helier University Hospitals NHS Trust

AD, RC and JC gave a presentation on the Acute Sustainability Programme for Epsom and St Helier University Hospitals NHS Trust.

Council members made the following observations:

- The case for change has to be compelling and it was felt that a 'golden thread' is currently missing from the story.
- If an option is not realistically feasible then it should not be included in the consultation. If there are only limited options, this should be made clear from the outset.
- It was suggested that there is a national review of paediatric intensive care and support, as well as a national review of paediatric surgery which would be useful to relate to the proposals.
- It was observed that the model suggested appears quite generic and details what trusts/commissioners should be aiming to achieve anyway. It was suggested that the proposals should draw out how the clinical models would have the potential to deliver benefits above and beyond this.
- It should be made clearer how these proposals fit within the local setting and the important factors to local communities should be given adequate consideration, such as travel patterns.
- It was observed that the case for change and proposals come across very hospital focussed and they should be adjusted to be more community focussed and emphasise how they will help improve the health of the community.
- It would be useful to have a case for change from a residents' perspective. It was also felt that having a patient story alongside the case would be very compelling.
- The proposed new model has more emphasis on care closer to home and in the community; this will require support from local authorities and it should be demonstrated that they are supportive of the plans.
- It was observed that the presentation given did not make clear enough the consideration that has been given to mental health services and the interaction with social care; these should be adequately considered and this made clear.
- The proposed service model and changes to delivery of care, such as moves towards 7 day services will be reliant on junior doctors and it was anticipated that core medical trainees would be one of the staff groups that would be essential for the running of services. It was suggested that the proposals consider adequately trainee distribution to ensure that the future need will be met.

- Where the proposed plans involve increased provision of care at home, it is essential that this care will be integrated and not lead to multiple uncoordinated teams caring for patients.
- The trust hosts students from St George's Medical School but there was no mention of this and the impact on students in the presentation given.
- The case for change outlines three key areas (clinical, estates and financial) but it was unclear exactly how the proposed plans will address these factors.
- It would be useful if the proposals make clear how patient pathways will vary from the past, currently and in the proposed changes.
- Where standards are mentioned and compared against, there should be a comment about the validity of these standards.

4. Agreement of the notes of the Senate Council meeting held on 19th March 2018

DJ noted that she was at the meeting on the 19th March, but had not been recorded as so in the notes; otherwise, the notes were agreed as an accurate reflection of the meeting.

5. Matters arising from the last meeting not otherwise on the agenda

a. Traumatic Injuries to Brain Across London (TriBAL) project

SD explained that work is ongoing to ensure that the findings from the report are best placed to be taken forwards. An update will be brought to the Council in a few months' time.

SK commented that the messages that were played on buses to warn of the bus moving have now stopped being used. She asked if this is an issue that could be pursued with the GLA. VD said that he had been to an event about turning Transport for London into a dementia friendly company and suggested that EW talk to the dementia network about this.

Action: EW to liaise with the dementia network about work surrounding making transport dementia-friendly.

b. London Choosing Wisely Programme

VD noted that there is no update to be given currently, the programme is going ahead as planned.

c. Junior Doctor Engagement – Views from the Frontline Report

MM explained that the report is in the final stages of being produced and is planned to be published in the first week of June. The toolkit for junior doctor representative groups will be published one month later. An event for junior doctors will be considered after these documents are completed.

6. Clinical Senate Stocktake: share and discuss emerging findings and recommendations, agree next steps

FB and TB presented slides detailing the process used to undertake the stocktake and the findings and recommendations being developed. FB and TB informed Council members of the themes emerging from the stocktake. These were that:

- Whilst the work of the Senate as an independent body was valued it was not always recognised.
- There was not always a strategic fit to the Senate's work.
- Forum meetings sometimes lacked outcomes.
- Some Senate members could not always recall the Senate's programmes.

- v. Communications about the work of the Senate could be better and there was an absence of a work plan.
- vi. The Senate's role in providing independent clinical advice and leadership was valued and this should be extended to STPs.

FB explained that they will continue to gather evidence, including conducting an online questionnaire. This will be used with the wider community/Forum and then a final report with recommendations will be produced.

Council members discussed the issue of communication of the activities of the Senate and how that might be improved. This includes engagement with professionals, stakeholders and patients. Council members doubted if the Senate needed a marketing strategy, but felt there was a need to explain the function better.

Council members requested that as part of the stocktake report the London Clinical Senate should be compared with the other English Senates and international comparators.

The independence of the Senate was felt to be important and that the Senate is only as good as the quality of the advice given. If that advice is of high quality it is likely to influence the system. The Senate, thus, has impact through influence. Senate responses are only as good as members input. Council members would like the stocktake report to focus on how the Senate should refresh itself and use its network to extend its influence.

Action: FB and TB to act on comments from the Council and continue with further work on the stocktake report. The stocktake report will be presented again to the Council in a few months when it is finalised.

7. Clinical Senate work programme

a) New requests for advice

i. **Advice on proposals for Moorfields Eye Hospital NHS Foundation Trust**

SD informed the Council that the Senate has received a request for advice on proposals for Moorfields Eye Hospital NHS Foundation Trust. They are seeking advice by mid-September, but this was felt to be ambitious. SD explained that a Chair for the review will be sought and that discussions are being held with the commissioners to develop the terms of reference and refine the request for advice.

SD explained that since Moorfields draws patients from a large area, input from other Senates may be sought. She also raised a concern of a potential capacity issue as the timeline for this review runs alongside the review of the acute sustainability programme for Epsom and St Helier University Hospitals NHS Trust.

ii. **Advice on proposals for the Royal Brompton and Harefield NHS Foundation Trust**

SD informed the Council that the Senate is likely to be asked for advice in relation proposals for the Royal Brompton and Harefield NHS Foundation Trust and that an update will be given when for is known about this.

b) Work in progress

i. **Advice on proposals for mental health services in Camden and Islington**

IA gave the Council an update that the review day was held the previous week and that high level feedback has been provided to the commissioners. The early recommendations were well received by the commissioning team. The report will be circulated to the Council electronically in the next few weeks for assessment of whether the terms of reference have been met.

c) Forward plan

i. Clinical Senate Forum 11th October 2018: proposals for a subject

EW presented a list of potential subjects for the next Forum to the Council. It was agreed that council members would be contacted outside of the meeting and asked to choose a subject for the October event.

8. Information sharing and any other business

VD informed all that there is to be an announcement at the end of the week with more detail of the shape and form of the arrangements for the changing relationship between NHS E and NHS I.

9. Close

Date of the next meeting:

Monday 23rd July 2018, 17.00-19.00

Skipton House, 80 London Road, London, SE1 6LH