

CSSEC Chair's Report for 6th meeting of the Council, 2nd July 2014

1. National clinical senate work: A brief update from the Senate and SCN NHS England Regional Meeting

Recently Senate Chairs, Managers and Associate Directors from across the South Region attended an NHS South of England regional meeting to discuss the function, progress and challenges of clinical senates and strategic clinical networks. We met with Dominic Hardy (recently appointed as Interim Regional Director following the departure of John Berwick) and Nigel Acheson (Regional Medical Director). The meeting was an excellent opportunity to collaborate and develop a common understanding and purpose, as well as giving regional NHS England a better understanding of the potential and role of clinical senates in the coming period. From the nature of the questioning from Dominic, and reading between the lines of Simon Stevens's various interviews and speeches to date, that it is clear that there will be increasing scrutiny for our value added, particularly in supporting the operational work of CCGs and specialist commissioning and their delivery of the NHS Business Plan.

We were provided with the opportunity to flag where support from NHS England was required –the 'business intelligence' function, and the need for the regional team to champion our role and function. It is anticipated that these meetings will now occur on a regular basis, and will include colleagues from the strategic clinical networks (SCNs) which will help the four regional senates work better together and coordinate our activities with the SCNs where appropriate.

2. Advance Care Planning report and recommendations update

Following our last Clinical Senate Council meeting in June, held by webinar, we have continued work on updating the report and recommendations, taking account of all comments received. A further draft will be shared with a selected group of experts from around SE Coast before finalising. The goal is to publish the agreed final version in August. It is planned for there to be a core document with a supporting shorter summary for patients and the public.

3. Progress with recruitment to the CSSEC Assembly

Progress is being made in the establishment of the CSSEC Assembly. To date 139 founder members have been formally invited, we have received 34 confirmations. There is work still to do in identifying members from the Royal Medical Colleges, and greater membership both from the nursing and AHP professional groups.

4. Activities of other clinical senates

At a forthcoming national clinical senate meeting in July, all clinical senates will be reporting back as their ongoing activities. Below are examples of some that have been shared.

4.1 East Midlands: Review of Units of Planning 5 year strategy documents

In April the East Midlands Clinical Senate made a proactive approach to CCGs to conduct an independent clinical review of their 5 year strategic plans. The offer was to review segments of the report and consider the following questions with the aim of assisting the further development of the plans:

- Does the system vision describe a safe and sustainable health and care system?
- Will the plan improve the quality and outcome of patient care?
- Are the improvement interventions described realistic and effective?

Three of the five UoP took up the offer, and the clinical senate set up small working groups from their Assembly to review each and provide a detailed commentary. Their clinical senate council then pulled out common themes to reflect back to all the CCGs.

4.2 South West: Independent Clinical Advice on the Optimal Model for HIV Services in the South West

In January specialised commissioning in the South West approached the Clinical Senate, requesting advice on the optimal model for HIV services. The advice request was to consider the following question:

- Given the demography of the South West, what would the Senate consider to be the optimal model/s to deliver HIV care to children and adults with specific reference to:
 - 24/7 access to specialist opinion
 - The issue of late diagnosis
 - People over 50 years of age

Evidence was presented to the Council by a range of HIV specialists considering South West provision, demographic data and the public health context. The Council then deliberated the synthesised evidence, at the end of which the advice to specialised commissioning was formulated.

4.3 Yorkshire and Humber: Integrated Urgent Care Services

The Yorkshire and Humber Clinical Senate was provided with a proposed model for the provision of an integrated urgent care service to be delivered to a population in Yorkshire and Humber.

The proposal involved the reconfiguration of current services including GP out of hours services, Minor Injuries and the proposed development of two Urgent Care Centres. The Clinical Senate was asked to review the draft service specification and provide formal clinical advice for the NHS England Assurance process.

5. Clinical co-dependencies of hospital-based services

Sussex have formally approached us to provide generic clinical advice on the necessary clinical co-dependencies and co-locations of key services, as a key part of their urgent and emergency care strategy work. The full scope and range of services to be considered will be discussed and agreed at the July Council meeting, where we will initiate our work on this important area.

Surrey CCGs are currently working closely with the cardiovascular SCN on recommendations for stroke and complex cardiology co-dependencies, and intend to involve the Clinical Senate at a later stage. We will be working closely with our SCN colleagues to ensure that we align the SCN advice and recommendations with the requests for advice undertaken by the Clinical Senate.