

A collection of decorative circles in various shades of pink, magenta, and cyan, scattered across the right side of the cover. Some circles are solid, while others are split diagonally into two colors.

South East Clinical Senate Annual Report

2015-2016

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Foreword – Dr James Thallon, Medical Director NHS England South (South East)

Dear colleagues

It gives me very great pleasure to introduce the outstanding work of our clinical senate for another year. This has been a year of constant change and uncertainty and I must pay sincere tribute to the professionalism and commitment of our senate support team, together with our associates and clinical leaders from outside of NHS England, who have worked so hard and achieved so much in the circumstances.

The output recorded in this document is nothing short of truly remarkable in this context, and I personally have valued the warmth and quality of the new working relationships I have formed since joining the team.

Whilst we remain in uncertain and challenging times, we can also look to the future with confidence in the quality of our achievements thus far, and in the sure and certain knowledge of our value to the local NHS.

Dr James Thallon

Introduction – Dr Lawrence Goldberg, Chair South East Clinical Senate

The clinical senate has continued to demonstrate the value of its unique regional role, in providing independent, strategic, clinical and evidence based advice to the health systems in the south east.

The reconfiguration of stroke services to improve outcomes has been a priority for all three counties, and the clinical senate provided three distinct reviews at the request of the CCGs of Kent and Medway, Surrey and Sussex, which is helping them and their provider colleagues to develop coherent and evidence based proposals to take forward to public consultation.

We undertook a major review of the case for change for vascular surgical services in Kent and Medway, to inform commissioner and provider proposals on the future configuration of these services.

To support the relationship building and sharing of agendas between stakeholders, essential for effectiveness of the new sustainability and transformation plan footprints, the clinical senate hosted a successful regional summit for a wide range of clinical and non-clinical leaders.

Our report on the co-dependencies of acute hospital services (December 2014) continues to be an influential resource, and is being used not just within our region, but in other parts of England considering acute hospital reconfigurations.

Read the full report.

We are now completing a complementary report on re-designing community based pathways to improve out of hospital acute and chronic disease care and reduce the unnecessary use of acute hospitals, to guide commissioners and providers in ways this key policy objective can be achieved.

Finally, I am indebted to the hard work and sharing of their expertise of the Clinical Senate Council, and all the members of the various expert clinical review groups, whose participation in the above listed reviews contributed to their quality and utility.

What we offer – and our approach

- Our purpose is to improve health outcomes for patients, and to help make health and care services in Kent, Surrey and Sussex as high quality, safe and effective as possible.
- 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, objective view, openly declaring conflicts of interest and respecting the need for confidentiality when required.
- We 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 provide advice to inform NHS England's service change assurance process. The scale of the service change proposals under consideration will determine the extent of assurance required. Clinical senates may be asked to review a service change proposal against the appropriate key tests (clinical evidence base) at either/both stages:
 - » Stage 1: (strategic sense check)
 - » Stage 2: (assurance checkpoint)
- Our advice is informed by the best available evidence; where evidence is limited we seek to build and reflect clinical consensus.
- We ensure PPE is embedded and integrally woven through all our clinical senate reviews.

Key Achievements 2015/16

A brief overview in numbers

2015/16 has been a busy and productive year, we have:

Engaged a total of



105

clinicians, as members of

4

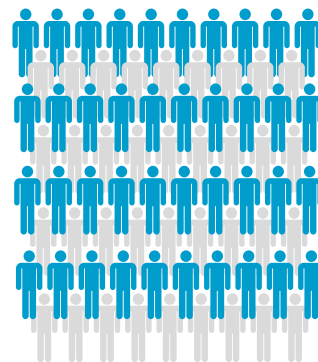
expert clinical review groups



4

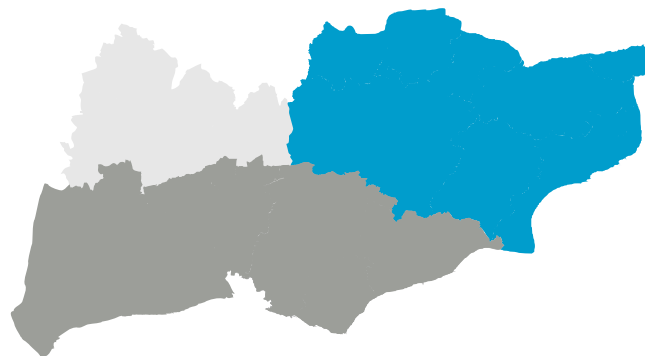
covering a population of

4.3
MILLION



separate reviews of major health and social care transformation programmes

across 3 counties



Organised and hosted a regional summit 'Transforming health and care systems in the South East for future sustainability', bringing together over 100 delegates. This important event was attended by senior system leaders from all the major health and care organisations within Kent, Surrey and Sussex. It provided a unique and timely opportunity to develop the evolving sustainability and transformation plans.

Expanded the clinical senate council to 30 members which now includes 14 clinical consultants and 6 GPs.

Developed and approved 2 statements of intent, providing assurance of the quality and transparency of our work:

- Patient and Public Engagement
- Health Inequalities and Sustainability

Patient and public voice

We are extremely grateful for the contribution of all our PPE members during 2015/16, for the insight that they bring and the willingness with which they give their time:

It would not be correct for me to go into both the reviews as each was based on a different structure and organisation requirements. That said, the principles of each of the reviews presented used National agreed pathways, rules and criteria. But of course one could say what do I know? I am a cancer survivor and knew nothing about what stroke patients and carers actually needed. Well

Since 2010 I have been involved in various NHS committees and groups at national, regional and local levels and also in various guises. Specifically, my work on the Cancer Peer Review (renamed Quality Surveillances Team) and as a member of the KSS Patient and Public Engagement Reference Group gave me a good grounding of at what level the reviews would be conducted. At the other end of the spectrum as a member of a Cancer support group and a Macmillan Cancer Voice my feet

are firmly kept on the ground as to what patients and carers requirements are. And I have found that it matters not too much what speciality of disease one has, as the support required is in the main similar but in varying degrees dependent on the severity of the disease.

Whilst the reviews were conducted with a strategic outcome in mind, the level of detail presented, digested and cogitated was very significant and at times for the lay person was rather overwhelming. There were a lot of things to read and take in and of course lots of questions to ask. From the outset I did feel part of the extremely talented team and I am very confident that we produced great pieces of work which, in my opinion, will significantly contribute to the provision of outstanding Stroke Services across the region.

David Hamilton PPE Representative

Review of the Case for Change for Vascular Services in Kent and Medway - June 2015

The clinical senate received a formal request for a clinical review from NHS England South, to inform their strategic planning for future vascular services in Kent and Medway. The request was to:

Provide an independent clinical review of the clinical case for change, the decision management process and decision tree, and in a final stage to review the options paper detailing the proposed model, to help ensure safe, high quality and sustainable vascular surgery services in Kent and Medway in the coming years.

The request identified two phases.

- Phase 1 - To assess the Case for Change and decision making process and criteria/tree as a critical friend to ensure they build the case for best practice for vascular patients in line with the clinical guidance and national specification.
- Phase 2 - To advise and provide assurance that the preferred recommendation(s) ensure the implementation of the national specification and clinical best practice as required by the Vascular Society guidance, Provision of Vascular Services 2014.

In line with the advice request, the aim of the review was to ensure that:

- There were robust pathways in place that are safe and of high quality.
- That there was a clinical network that was clearly understood and transparent.

- That vascular care is delivered in accordance with best clinical practice across all Kent and Medway providers.
- That vascular services in Kent and Medway are sustainable and fit for the future.

In addition, the clinical senate review ensured:

- That the implications for other clinical and support services of any reconfiguration were identified (through the inter-relationships and co-dependencies between services) and made recommendations as to how those could be addressed.
- That network options and relevant hub and spoke issues were reviewed; including repatriation of patients to more local care after specialist care is completed.
- That due consideration was given to the whole vascular pathway, from community in to specialist care and out.
- There was consideration of the broader workforce, education, clinical research and training issues.

Read the full report.

Review of the Case for Change for stroke Services in Kent and Medway - June 2015

The Clinical Senate received a formal request for a review from Kent and Medway CCGs, in order to inform their strategic planning for future stroke services in Kent and Medway:

The request was to:

Provide an independent clinical review of the clinical Case for Change, the decision management process and decision tree, to help ensure safe, high quality and sustainable stroke services in Kent and Medway in the coming years.

The request encompassed two phases.

- Phase 1 – For the clinical senate to assess the Case for Change and decision making process and criteria/tree as a critical friend to ensure they are built on best practice for hyper-acute/acute stroke care in line with clinical guidance and national best practice.
- Phase 2 - To advise and provide assurance that the preferred recommendation(s) ensure the implementation of clinical best practice, the National Stroke Strategy, the Stroke Sentinel National Audit Programme (SSNAP) requirements, the South East Coast Quality Standards and the NHS England Guidance of Stroke Services Configuration and enable future services are sustainable.

In line with the advice request, the aim was to ensure that:

- There were robust pathways in place that were safe and of high quality
- That there was a clinical network that was clearly understood and transparent

- That stroke care was delivered in accordance with best clinical practice across all Kent and Medway providers.
- That stroke services in Kent and Medway are sustainable and fit for the future.

In addition, the clinical senate review ensured:

- That the implications for other clinical and support services of any reconfiguration were identified (through the inter-relationships and co-dependencies between services) and make recommendations as to how those could be addressed
- That network options and relevant hub and spoke issues were reviewed; including repatriation of patients to more local care after specialist care is completed.
- That due consideration was given to the whole stroke pathway, from community in to specialist care and out.
- There was consideration of any broader workforce, clinical research, education and training issues
- An independent Patient and Public Engagement (PPE) perspective was included

A comprehensive and detailed set of recommendations were developed.

Read the full report.

Review of proposed options for stroke service delivery in Sussex- January 2016 (1)

Sussex CCG Commissioning Collaborative sought advice from the clinical senate about their plans for future stroke services in Sussex, to review the current proposals and potential options.

The advice and recommendations from the clinical review have been used to ensure that future plans for Sussex stroke patients enable rapid specialist assessment and intervention that reflects clinical best practice. The service is sustainable and fit for the future, and compliant with the national and local stroke service specification and quality standards, regardless of where patients live within Sussex.

The request was for the clinical senate to:

- Provide an independent clinical review of the proposed options for stroke service delivery in Sussex, ensuring that they are clinically sound and the interdependencies both on acute services and cross boundaries have been considered.
- Consider the acute pathway and Early Supported Discharge (ESD). Stroke prevention and rehabilitation services beyond ESD were out of the scope of this review.

- Highlight any areas of concern that would need to be addressed before final recommendations, possible public consultation and implementation.
- Review the methodology used to date and to make any recommendations for improvement.

In line with the advice request, the aim was to ensure that:

- The proposed pathway was robust, safe and of high quality.
- That there was a clinical network that was clearly understood and transparent.

Review of proposed options for stroke service delivery in Sussex- January 2016 (2)

In addition, the clinical senate review ensured that:

- The key interdependencies of other acute and support services with hyper-acute/acute stroke units are considered and highlighted, and that the implications for these resulting from any reconfiguration are identified, and make recommendations as to how those could be addressed.
- Individual trust plans and pathways across their acute sites were robust and met the recommended standards.
- Network options and relevant hub and spoke issues were reviewed, including repatriation of patients to more local care after specialist care is completed.
- The Transient Ischaemic Attack pathway met the recommended standards and provided a seven days a week service.
- Evidence that a pathway for patients with stroke mimic symptoms has been implemented and met the recommended standards.
- Consideration of any broader workforce, education and training issues.
- The responsibility for stroke units to participate in clinical research issues was considered.
- An independent Patient and Public Engagement (PPE) perspective was included.

The review ensured that current proposals reflect best practice, are sustainable and fit for the future, and have appropriately considered the clinical relationships with adjacent stroke and other clinical services. The senate report included a review of the methodology used by the Sussex Stroke Clinical Reference Group. The review provides a number of key recommendations that have a wider application in relation to similar change programmes.

Read the full report.

Hospitals without acute stroke units: implications and recommendations – February 2016

The clinical senate received a formal request for a clinical review from Surrey CCG Commissioners, to inform their strategic planning for future stroke services. The request was to:

Consider the implications and make recommendations for the potential for hospitals without acute stroke services.

There is now a large body of evidence demonstrating the many benefits to patient outcomes of centralising specialist services for acute stroke patients in hyper-acute and acute stroke units, alongside effective early supported discharge (ESD) and rehabilitation services. As a result of such reconfigurations, some hospitals currently providing stroke services to their local populations may have these services transferred to a specialist centre. It is therefore important to understand the implications of such a service move for hospitals without stroke services and their local populations, and for the rehabilitation pathways.

In this context, the clinical senate was requested by the Surrey CCGs to provide a review of these issues, to aid them and their providers' strategic planning of their future stroke services.

The report produced is a generic review of the issues relating to hospitals without stroke units, and their stroke systems, and is not specific to Surrey. It therefore has the potential for wider application

This review proposed some broad principles that should be used when planning new stroke pathways that involve acute hospitals without a hyperacute or acute stroke unit (HASU or ASU), that should include:

- Ensuring that high quality and timely stroke services are patient centred, and are available to all patients in the network, regardless of their place of residence;
- Service reconfiguration should be evidence based (where the evidence exists);
- Clinically unnecessary transfers of care should be avoided;
- Any transfer of stroke services should avoid destabilising other specialties or clinical services.

[Read the full report.](#)

Clinical senate development of 'statements of intent'

The council has developed and approved two statements that are incorporated into our review governance and methodology. These commitments help to support and frame the context of our advice:

- Statement on **Patient and Public Engagement:** We will be explicit about the engagement which the SE Clinical Senate has undertaken, with the aim that organisations that receive our advice can be confident about the level and scope of engagement that has taken place, and wherever possible they can build on what has gone before.
- Statement on **Health Inequalities and Sustainability:** In formulating all our advice we will consider its impact on social, environmental and financial sustainability, and its impact on health inequalities.

In practice this will include considering:

- Its impact on distribution of health determinants, differences in health outcomes, and differences in access to services between different communities and groups;
- The potential for increased preventative measures at all levels alongside health services as appropriate to the decision at hand, even when some of these may lie outside the remit of the NHS; and
- Opportunities to reduce harmful impacts on the environment and to increase resilience to our changing climate.

Looking Forward

The Five Year Forward View (5YFV) set out a clear vision for the future of the NHS, outlining how the health and care service needs to change in order to close the widening gaps in the health of the population, quality of care and the funding of services.

- We will continue to engage a wide range of health and care professionals, with patients and the public, so that advice to support development of the health and care system draws on a breadth of knowledge, expertise and clinical leadership.
- We will maintain a broad, strategic overview of the totality of healthcare across Kent, Surrey and Sussex, focussing on supporting the emerging STPs, maintaining awareness of emerging issues to ensure that advice to support sustainable, transformational planning, change and improvement is provided in this context.
- We will provide advice to commissioners and providers as they develop new service models and reconfiguration plans that will inform NHS England's service change assurance process.
- We will continue to work to strengthen engagement with the wider local authority and care organisations across Kent, Surrey and Sussex and ensure that the advice we develop reflects the increasingly integrated models of both commissioning and service provision

Acknowledgements

The clinical senate's work is only possible because clinicians, patients, members of the public and other stakeholders are prepared to give their time, along with their knowledge and expertise to help improve health care across Kent, Surrey and Sussex. We are very grateful for the significant contribution of everyone we have worked with throughout 2015/16, in the Senate Council, through the clinical reviews and our programmes of work.

Get in touch

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