

Clinical Senate – Northern
England
Guidelines for Selection of
Senate Topics



Clinical Senate Northern England

Guidelines for Selection of Topics

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Version Control & Approvals

Version Control

Version	Author	Date of Amendments
Draft vers 0.1	Wendy Ryder	November 2013
Version 1.0	Wendy Ryder	December 2013
Version 1.1	Seema Srihari	February 2015

Approvals

Name	Role	Approval date
Professor Andrew Cant	Clinical Senate Chair	December 2013
Dr Mike Prentice	Area Team Medical Director	December 2013
Clinical Senate Council	All members	December 2013

Introduction

In line with the published guidance 'The Way Forward: Clinical Senates (2013) NHS Commissioning Board', the Clinical Senate will coordinate provision of robust and credible strategic clinical advice and clinical leadership to influence the provision of the best overall care and outcomes for their populations.

The Northern Clinical Senate supports the development of the Northern areas health services and the continuous improvement in quality and outcomes.

Key Areas of focus include:

- Matters of strategic importance to improve health and healthcare in the northern area
- Quality improvement e.g. advising on quality standards and achieving best value care pathways
- Quality assurance e.g. advising on service reconfiguration proposals and post implementation evaluation
- Supporting action to tackle quality failure e.g. providing expert advice to support development of sustainable local solutions

This document provides guidance and advice on how topics for the workplan of the Northern Clinical Senate should be agreed. The national framework for Senates states that each topic will need to have a lead or sponsoring commissioner, either a CCG or the NHS England. The terms of reference for each topic should be agreed with the lead commissioner, as well as when the advice will be available to that lead commissioner. However, the Northern Senate have agreed that any approaches for advice made to the Senate will be formally documented and discussed; topics from other sources may be agreed dependent upon whether they meet with the criteria set out below. If a number of commissioners are responsible for the services potentially under consideration, then a majority of those commissioners should support Clinical Senate involvement.

This document will also provide advice as to which topics are not appropriate and how they should be handled. Ultimately, each topic should be considered by the Senate Council according to the criteria outlined within this document.

Suitable topics must meet a number of the following criteria;

- Must be proposed either by Commissioners to the Clinical Senate Council including NHS England and Clinical Commissioning Groups in the Northern Senate geographical area, or, from other bodies where the

criteria set out below are met. All topics will be logged, discussed and the outcomes recorded.

- Must relate to the geographical area of the Northern Senate (unless there is a joint topic which relates to more than one senate area)
- Topics which are of major impact in the area
- Topics which address health inequalities across the northern area
- Topics with cross cutting strategic themes
- Major service or pathway reconfigurations
- Topics with major impact for healthcare innovations for example, relating to telehealth or telemedicine etc.
- Topics which have the potential of providing better care, better value and lower cost patient care.
- Topics which improve patient flow
- Topics which improve patient safety and/or influence ending unintended harm
- Topics which debate complex and controversial health reform and require a respected, independent strategic clinical view.

Topics which will not be considered or will be rejected include the following

- Topics which have already been considered within the health system, for example, by the National Clinical Assessment Team (NCAT)
- Topics which re-visit strategic decisions that have already been made (although it may provide advice on issues relating to implementation)
- Topics which do not have Commissioner sponsorship or support or do not meet the criteria above
- Topics which do not have appropriate documentation to support them going forward, for example, an outline terms of reference.
- The Senate will not provide advice on matters involving individual clinicians or patients
- Topics which are aligned to specific interests e.g. Commissioners. Providers or professional bodies
- Topics which are out with the remit of the Senate, for example, patients complaints should be referred back to the relevant NHS body and their complaints procedure

Process for Topic Submission and Consideration

Submitting a Request

A request for advice may be discussed with the Clinical Senate Chair informally in the first instance.

A formal request for advice must include a core set of information including a very clear statement on the nature of the advice required; this is shown in the attached headings in Appendix 1. The completed template should be sent to the Northern Senate office, contact details as shown on the form.

Considering the Request

The request will normally be considered by the full Senate Council (either at next meeting or virtually if an earlier decision is required). The lead commissioner may be invited to discuss the issue with the Council.

Exceptionally, e.g. due to the urgency of an issue, the Senate Council Chair may take Chairs action agreeing that the Senate will provide the advice requested. It is anticipated that this situation will occur only rarely.

When the Clinical Senate is asked to give advice on an issue that is subject to other advisory or scrutiny processes the request must state at what stage in the process the Senates advice is being sought. This is to mitigate the risk of different bodies considering similar issues in parallel which may impact on the value of the advice provided.

Formulating Advice

If the Clinical Senate is able to provide the advice requested the next step will be to agree definitive terms of reference, including timescale, with the lead commissioner (coordinated by the senate office). The Clinical Senate will endeavor to provide advice within the timescale requested subject to that being consistent with a robust and effective process.

The Senate Council will determine the local process through which the advice will be formulated and discuss this with the lead commissioner.

If the process involves establishing a clinical review (s) or working groups the leadership and membership will be agreed with the Council; in most instances this is likely to draw on members of the Clinical Senate Council and Assembly with relevant experience. Membership of any working groups will be established to avoid conflicts of interest.

Through its membership the Clinical Senate has access to a wealth of knowledge and expertise however, subject to the nature of the advice requested and the process agreed, additional resources may be required. Arrangements for this will be agreed with the lead commissioner.

In formulating advice the Clinical Senate will seek to draw on and not duplicate previous work undertaken however, it may involve bespoke research or engagement activities (e.g. with clinicians patients or carers involved) to enable an independent view of an issue.

The lead commissioner will be expected to make all relevant information available in the form required by the Senate and identify a named contact. A Senate Council member will be identified to oversee the process (supported by the Senate office).

The Senate Council will receive an update on progress at each Council meeting and there will be ongoing dialogue with the lead commissioner (coordinated by the Senate office).

Provision of Final Advice

The Senate Council will be responsible for formulating the final advice informed by the findings/outputs of the process put in place. Discussions will be scheduled into the Senate Council meetings and will include briefings by the review team or working group chairs as required.

- Once agreed, the Clinical Senates advice will be presented to the lead commissioner as a written report. This will include
- Background
- Terms of reference
- How the advice e was formulated
- The extent of engagement with health and care professionals, patients and the public
- The Clinical Senates advice and recommendations with the supporting evidence base

Communication

The Senate Council Chair and/or Senate members will meet with the lead commissioner to explain and discuss the advice. In the interests of transparency, once reports have been discussed with the lead commissioner, they will be publically available documents. Until that time they will remain confidential. Arrangements for managing confidentiality through the process will be discussed with the lead commissioner and other parties involved reaching agreement on the approach.

Arrangements for wider communication and media handling will be agreed between the key parties. The Clinical Senate Council has no executive authority or legal obligations. The Clinical Senates advice and recommendations will be for consideration and implementation as decided by the statutory organisations.

Northern Clinical Senate
TEMPLATE FOR TOPIC SELECTION

Name of the topic Sponsor	Contact details	Organisation & Date
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Summary of the nature of Issue requiring advice. i.e., 'the question' (150 words or less please)

Rationale for advice request (What is the Issue, what will it address, importance, scope and breadth of interest)

Confirm which of the criteria it meets in detail. (as shown within the document)

Intended use and potential impacts of the advice (Who will be the end user of the advice, how will it be implemented/applied, who else (individual, bodies, agencies, other NHS etc.) will the advice impact upon and how

Explanation of current position – detail of topic including background, key people already involved, includes relevant data and supporting information, expected methodology to be applied.

Date advice required by (Last possible date to receive, detail any critical or key dates)

Please forward your completed form to: england.northernclinicalsenate@nhs.net.

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Newcastle Upon Tyne
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