



Northern England Clinical Senate

Northern England Clinical Senate **Annual Report 2015-16**





Welcome to the first Annual Report of the Northern England Clinical Senate

The Senate brings together doctors, nurses, other health and social care professionals from across the region to contribute to improving health and advice on the development of local health services. It provides clinical leadership and independent advice designed to help commissioners and others make the best decisions so that the health services are safe, sustainable and of the very highest quality.

This report sets out some of the key achievements made during 2015/2016 and highlights the contribution the Senate has made in responding to issues and its ability to influence change and improvement within our region.

Looking forward, the Senate is aware of the increasing challenges that exist in the delivery of high quality health and care services and will continue to provide significant support to the transformation of the health care system.

We are very grateful for the significant contribution of everyone we have worked with throughout 2015/2016.

A handwritten signature in black ink, appearing to read 'A. J. Cant'.

Prof Andrew J Cant
Clinical Senate Chair - Northern England Clinical Senate

Consultant in Paediatric Immunology and Infectious Diseases,
Newcastle upon Tyne Hospitals, NHS Foundation Trust
Director of the Children's Bone Marrow Transplant Unit,
Newcastle upon Tyne Hospitals, NHS Foundation Trust
Professor of Paediatric Immunology - University of Newcastle.

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Introduction to the Clinical Senate

Clinical Senates were established in April 2013 as part of a range of changes to the NHS resulting from the Health and Social Care Act 2012.

Clinical Senates have been established to be a source of independent, strategic advice and guidance to commissioners and other stakeholders to help them to make the best decisions about healthcare for the populations they represent.

The Clinical Senate comprises a Senate Council and Senate Assembly.

The Clinical Senate Council is a small multi-professional steering group. This group co-ordinates and manages the Senate's business. It maintains a strategic overview across their region and is responsible for the formulation and provision of advice working with the broader Senate Assembly.

The Clinical Senate Assembly is a diverse multi-professional forum of over 100 members, providing the Council with ready access to a pool of experts from a broad range of health and care professions. The Assembly also includes patient representatives and encompasses the birth to death spectrum of NHS Care.

The Northern England Clinical Senate covers a larger geographical area than many other organisations (like CCGs for example). It has the same footprint as the Northern England Clinical Networks, serving a population of over 3 million people in North Cumbria, the North East and some of North Yorkshire.

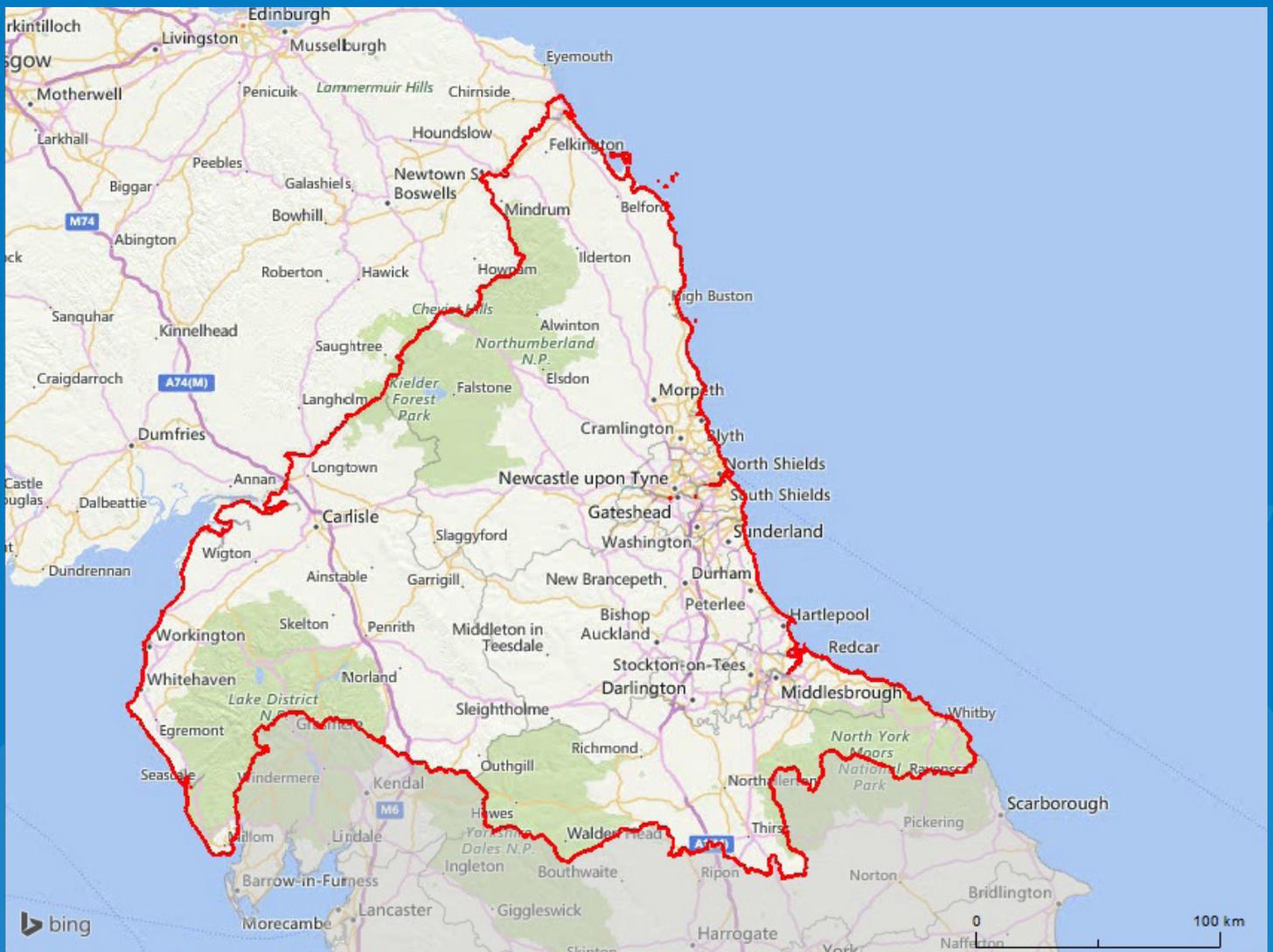
Our role

- The Clinical Senate is a non-statutory body, the role of which is to provide independent clinical advice to Commissioners.
- It has a more general, strategic remit than clinical networks.
- Its role is to engage with statutory Commissioners to identify areas of potential improvement and help them consider the strategic impact of proposed changes, offering credibility to decisions while mediating with the local population and clinical networks to ensure best practice.
- Working with lead Commissioners the Senate will agree terms of reference for a topic then begin the review with relevant expertise drawn together by the Council from the Assembly and other relevant bodies, for example, the clinical networks.
- The Senate will provide clinical assurance as part of the NHS England's assurance framework in a role previously provided by the National Clinical Advisory Team (NCAT) but will not revisit NCAT decisions.



Our Geography

The Northern England Clinical Senate serves a population of over 3 million people in North Cumbria, the North East and some of North Yorkshire. The area includes the full spectrum of demographics from dense, deprived urban populations to rural and remote communities.



Our Work During the Year

It has been a busy and productive year. During 2015/2016 the Northern England Clinical Senate were asked to provide independent advice on several strategic issues of which a headline summary of each case study is provided.

Full reports can be found at:
<http://www.nesenate.nhs.uk>



Case Study 1 - April 2015

Together for a Healthier Future' West, North and East Cumbria Review - Part 2

As follow up to the first report to Cumbria CCG on their Together for A Healthier Future programme, the Northern England Clinical Senate were asked to help the development of a second set of high risk clinical pathways in North Cumbria University Hospitals NHS Trust (NCUHT). The senate was asked to give assurance on the pathways for acute stroke, transfer of deteriorating patients and Paediatrics providing external challenge and checks in the system to ensure that the proposals that are developed are clinically robust.

Completed July 2015



Case Study 2 - May 2015

Greater Manchester: Healthier Together post-consultation review

The Northern England Clinical Senate led a pan-North of England clinical senate (of which there are four) assessment of the Healthier Together programme proposals for new models of care across Greater Manchester. This clinical review provided independent clinical advice to the CCGs of Greater Manchester's Committees in Common to support decision making and made recommendations for consideration in implementation.

Completed June 2015

Case Study 3 - February 2016

Deciding Together: Mental Health Inpatient and Older Peoples Services across Newcastle and Gateshead

Newcastle-Gateshead CCG had developed a range of clinical scenarios for mental health service configuration as part of their Deciding Together programme. These clinical scenarios formed the basis of a formal statutory 12 week public consultation process and the CCG approached the Northern England Clinical Senate to ask for an independent review of these clinical scenarios to help provide assurance to their programme board and governing body as they progress towards final decision-making.

Completed May 2016

Case Study 4 - April 2016

Independent Review of Hartlepool Assisted Reproduction Unit

Hartlepool and Stockton-on-Tees CCG sought Northern England Clinical Senate support in undertaking an independent review of the reasons behind the announced closure of the Hartlepool Assisted Reproduction Unit (part of North Tees and Hartlepool NHS Foundation Trust). The Unit was closed at short notice, the local authority had secured a High Court Injunction to force the re-opening of the ARU until a review of potential future options (informed by the findings of the Clinical Senate), and a full public consultation had taken place.

Completed June 2016

Case Study 5 - January 2016

North Tyneside CCG Urgent Care Review

North Tyneside CCG were asked by NHS England to seek additional clinical support from the Northern England Clinical Senate to develop their clinical model for Urgent Care following the formal Stage 2 Assurance Review of the CCGs initial proposals which found that further work needed to be undertaken before any new model could be implemented. The Northern England Clinical Senate identified a panel of clinical experts whose advice and comments helped strengthen the proposals to meet the NHS England assurance requirements.

Completed June 2016



Public Involvement

The Senates work is possible because clinicians, patients and members of the public and other stakeholders are prepared to give their time, along with their knowledge and expertise to help improve health care in our region.

Council members are recruited for a period of three years. The time commitment during that period is flexible as members input is largely through membership of time limited multi professional working groups. These working groups are drawn together by the Senate Council, chaired by a Council member, to respond to commissioner requests for advice. This ensures the Senate has the expertise needed to respond to a diverse range of clinical queries. If we are unable to source the advice we need from within our region we can call upon Council and Assembly members from the other Senates across the country.

Our Council members have been recruited based on their credibility and experience in their particular professions, they are not appointed to represent their organisations or their professions ensuring that impartiality remains one of the main strengths of the Senate. Within 2015/16 the tenure of some of our Council members will draw to a close and it will be important to ensure that we learn from those experienced Council members and continue to refresh and expand our clinical membership.

Our Team

The Northern England Clinical Senate is managed by a small team:

Prof Andrew Cant

Chair of the Northern England Clinical Senate Council
Consultant in Paediatric Immunology and Infection
Newcastle upon Tyne Hospitals NHS Foundation Trust

Lesley Kay

Vice Chair
Consultant Rheumatologist/Clinical Director of Patient Safety and Quality, Newcastle upon Tyne Hospitals NHS Foundation Trust

Suresh Joseph

Vice Chair -from July 2013 to March 2016
Consultant Psychiatrist,
Northumberland Tyne and Wear NHS Foundation Trust

Jon Scott

Vice Chair - from April 2016
Physician Elderly Care
South Tyneside Hospital NHS Foundation Trust

Roy McLachlan

Associate Director

Ben Clark

Clinical Senate Manager

Michelle Wren

Network Delivery Team Facilitator

Karen Pellegrino

Senate Business Support Assistant





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