



Northern England
Clinical Senate

Northern England Clinical Senate

Guidelines for the Selection of Senate Topics

Version 2.0
April 2020



Version Control

Document Version	Date	Comments	Drafted by
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1. Introduction

- 1.1 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.
- 1.2 The Northern England Clinical Senate supports the development of the North East and Yorkshire region health services and the continuous improvement in quality and outcomes.
- 1.3 Key areas of focus include:
 - Matters of strategic importance to improve health and healthcare in the Northern England 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
- 1.4 This document lays out the criteria for the selection of topics, the process for seeking advice from the Clinical Senate and details of how the Senate will go about formulating that advice and publishing it. A template for completion by the topic sponsor (to ensure that the relevant scope of information is provided) is attached at Appendix A. This document also provides advice as to which topics are not appropriate and how they should be handled. Ultimately, each topic should be considered by the Senate Management Team according to the criteria outlined within this document.

2. Suitability of Topics

- 2.1 Suitable topics must meet a number of the following criteria:
 - Must be proposed either by commissioners to the Clinical Senate Management Team including NHS England and Improvement and Clinical Commissioning Groups in the Northern England 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 England Senate (unless there is a joint topic which relates to more than one senate area) or the Northern England Senate has agreed to lead a review on behalf of another Senate due to their conflicts of interest
 - 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

2.2 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) and for which there is no new evidence
- 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 outside the remit of the Senate, for example, patient complaints should be referred back to the relevant NHS body and their complaints procedure

3. Process for Topic Submission and Consideration

3.1 Submitting a Request

- 3.1.1 The sponsoring organisation should contact the Senate Manager joanne.poole1@nhs.net for an informal discussion in the first instance.
- 3.1.2 Following an initial discussion, the sponsoring organisation will be asked to complete a template providing brief information on the nature of the advice required, the history of the issue, key stakeholders involved and the timescale – see Appendix A. The completed template should be sent to the Senate Manager at joanne.poole1@nhs.net
- 3.1.3 The Senate Council will be kept informed of the request and may be asked for advice on undertaking this piece of work.

3.2 Considering the Request

3.2.1 In considering requests for advice, the Senate Management Team

- Consider whether other bodies may be better placed to provide the advice or comment on an issue as a first step, prior to the advice being requested from the Council and will advise the requesting body accordingly
- Review whether the request fits with the criteria at 2
- Prioritise the request considering the scale of change and the size of the population affected

3.2.2 The request will normally be presented to the full Senate Council (either at the next meeting or virtually dependent upon the timescale of the review). The lead commissioner may be invited to discuss the issue with the Council.

3.2.3 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.

4. Formulating Advice

4.1 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. Normally, this process will require 4 - 12 weeks from agreement of the terms of reference, although critical friend advice may be organized more quickly if required.

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

4.3 If the process involves establishing a clinical review panel(s), 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 the panels will be established to avoid conflicts of interest.

4.4 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.

- 4.5 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.
- 4.6 The lead commissioner will be expected to make all relevant information available in the form required by the Senate and identify a named contact. Any issues with the completeness or quality of the information provided will impact upon the ability of the Senate to meet the proposed timescales for concluding their advice. A Senate Council member will be identified to chair the panel (supported by the Senate office).
- 4.7 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).

5. Provision of Final Advice

- 5.1 The Senate Council will be responsible for providing assurance that the review process was conducted and the subsequent report produced in line with the Senate's agreed procedures. To facilitate this, discussions will be scheduled into the Senate Council meetings and will include briefings by the review team or working group chair or Senate Manager as required. The draft report will then be agreed by the Review Chair and then ratified by the Senate Chair and Senate Council (or just Senate Council when the Senate Chair acts as the review Chair) before being presented to the lead commissioner. The written report will include:
- Background
 - Terms of reference
 - How the advice 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

6. Communication

- 6.1 The Senate Council Chair and/or Senate members will meet with the lead commissioner to explain and discuss the advice. Commissioners will be asked to comment on the draft report for factual accuracy only, prior to the report being finalised. The publication timeline of our advice is agreed with the commissioner as part of the terms of reference for the review. It is expected that the report will be published at the most appropriate point in the commissioner's process after its agreement. Until that time of publication, the reports will remain confidential.

- 6.2 Arrangements for managing confidentiality through the process will be discussed with the lead commissioner and other parties involved reaching agreement on the approach.
- 6.3 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.

APPENDIX 1

Template to secure advice from the Northern England Clinical Senate

Name of the lead (sponsoring) body requesting advice:

Name of main contact:

Role

Organisation

Email:

Tel:

Date of request:

Please note other organisations requesting this advice (if more than the lead body noted above):

Broad Outline Description of the topic for Senate consideration.

(Please include the name of the topic, why it is important, history of the issue, what your proposals will address, target area/ population. Max 250 words)

What is the question you would like the Senate to consider?

When is the advice required by, please note any critical dates.

How will the advice be used and by whom?

Question	Comment
What geographical area does the request cover?	
Type of support requested from the Senate (select one or more) A - assessment of clinical services B - early advice to inform a clinical service model	

<p>C - review of a proposed clinical model</p> <p>D - support for case for change including the appraisal of the clinical evidence within</p> <p>E - other (please specify)</p>	
<p>Is the advice being requested from the Senate:-</p> <p>A - advice on developing proposals</p> <p>B - Early advice for Stage 1 of the NHS England assurance process</p> <p>C - Formal clinical review for Stage 2 of the NHS England assurance process</p> <p>D - other (please specify)</p>	
<p>What specific evidence will be made available to the Clinical Senate to formulate the advice?</p>	
<p>Does the topic involve revisiting a strategic decision that has already been made?</p>	
<p>Is the topic subject to other advisory or scrutiny processes?</p>	

Please send your completed template to: joanne.poole1@nhs.net

Key Senate Contacts

Senate Manager	<p>Joanne Poole Joanne.poole1@nhs.net 07900715369</p>
Senate Chair	<p>Prof. Andrew Cant Andrew.cant@nhs.net</p>
Senate Administrator	<p>Karen Pellegrino k.pellegrino@nhs.net 07713795938</p>