

# **Yorkshire and the Humber Clinical Senate**

## **Annual Report 2015/16**

**An independent source of  
clinical advice for Yorkshire  
and the Humber**

# Contents

3

Foreword from the Senate Chair

4

Achievements

- Case studies
- Reviews in Yorkshire and the Humber
- Reviews nationwide

16

Who's Who in the Clinical Senate

- Senate Council
- Senate Assembly

22

Priorities for the Year Ahead

23

Financial Summary

24

Key Contacts



## Chair's Foreword

The second annual report for the Yorkshire and the Humber Clinical Senate describes the achievements delivered during 2015/16. I am very proud to present the report and of the independent clinical advice provided by Senate members to the Yorkshire and the Humber healthcare systems and to several other healthcare systems in England.

We are the only body within Yorkshire and the Humber that provides independent and impartial clinical advice on service change proposals and delivers this service free of charge to the commissioners.

The report presents me with an opportunity to thank all members and staff of the Senate for their contributions to the advice provided and for ensuring that the year has been very successful. The Senate has matured and continues to develop as a supportive but occasionally critical advisory service assisting commissioners in the development of their services.



Chris Welsh  
Senate Chair  
NHS England – North (Yorkshire and the Humber)



# Achievements

The Yorkshire and the Humber Clinical Senate is the only clinical advisory group who can provide commissioners and providers with independent and informal clinical advice. It is comprised of professionals, patients and the public from a wide range of differing health, public health and social care specialisms. Over the course of this year the Senate has reviewed option appraisals, business cases, cases for change and service specifications across a wide range of subjects from ophthalmology in the community to hyper acute stroke services.

Held  
**17**  
hours of  
Council  
discussion



Completed  
**7** reviews in  
Yorkshire and  
the Humber

Contributed to  
**6** reviews  
nationwide

Considered  
proposals  
affecting **20** hospitals

Impacting  
on nearly  
**3.5**  
million  
service users  
across Yorkshire  
and the Humber





# Case Study 1

## The Working Together programme – Hyper Acute Stroke Services Review

### Background

The Working Together Programme for the review of stroke services is a collaboration of Health Commissioning Organisations across South Yorkshire and Bassetlaw and North Derbyshire. These organisations have recognised that improvements are needed in the quality, experience and outcomes of the stroke services. The Senate was approached by the Working Together Programme and asked

*“Could the Senate advise on the HASU Case for Change and whether this provides a comprehensive review of the issues facing the services. Considering the Case for Change, can the Senate review the three proposed scenarios for service change and advise on any clinical concerns relating to any individual scenario?”*

### The Problem

Hyper acute stroke services in South Yorkshire and North Derbyshire were described in a national peer review process as ‘mediocre at best’.

- 3/5 of HASU centres admit less than 600 strokes per annum, the national minimum figure
- 2 of the stroke units are within 15 miles of each other but struggling to sustain their service
- There is a shortage of medical, nursing & therapy staffing in all provider organisations with unsustainable medical rotas
- There are issues with the quality of the service including door to needle times of over 1 hour in most cases, very low thrombolysis rates across all providers, a failure to achieve 1 hour scanning and gaps in early supported discharge
- Education & training is required for delegated staff

### Our Advice

The Yorkshire and the Humber Clinical Senate reviewed the evidence provided by commissioners

- We cautioned commissioners against focusing on the Hyper Acute Stroke part of the pathway. All aspects of the pathway needed to be brought under the remit of the review to achieve the required improvement in service
- We advised commissioners to focus on the development of a centralised model of HASU care as the only option to improve patient care
- We advised urgency in achieving service change given the concerns about the sustainability of the existing service
- We advised commissioners to work across boundaries to achieve a coherent service for all of Yorkshire and the Humber

### Our Impact

- Smoothed the discussions between providers and commissioners on the necessity to change the service
- Increased the pace of change for the service
- Advised commissioners to increase the scale of their ambitions
- Our advice resulting in the production of a blue print for stroke services for Yorkshire and the Humber to ensure that services joined up across boundaries

### Testimonial

*“As managers involved in service transformation, we have found the Senate's input to be invaluable in a number of ways - it gives us a clear, senior clinical appreciation of our options without fear of partisan bias and assures us that our plans are safe, clinically appropriate and sustainable. We feel confident to take our proposals to the public following this assurance. Moreover, the Senate have an appreciation of the wider strategic context within Yorkshire and the Humber, and then helps us consider our plans in light of wider developments which we might not otherwise have been alert to.”*



Drawn upon  
**70** clinical  
professionals  
for advice



# Case Study 2

## Calderdale, North Kirklees and Greater Huddersfield CCGs – Future Model of Hospital Services

### Background

In February 2014 Calderdale and Huddersfield Foundation Trust, South West Yorkshire Foundation Trust and Locala developed a Strategic Outline Case for the future provision of community and hospital services in Calderdale and Greater Huddersfield. In August 2015 the Senate was approached to consider the hospital model, specifically to

*“Consider the hospital standards and the current baseline position, together with the potential future model of care for hospital services and provide an assessment of the extent to which they support the model’s potential to deliver the hospital standards and address the issues outlines in the Quality and Safety Case for Change.”*

### The Problem

- Demographic challenges – a population increasing by 12 -17% by 2030
- Failure to meet national guidance in nursing and medical staffing
- Too many patients:
  - Staying longer in hospital than clinically necessary
  - Waiting over 5 weeks for diagnostics
  - Report that they do not have a good experience in accident and emergency departments.

### Our Advice

The Senate reviewed the body of evidence and supported the aspirations for the service. The Senate provided broad assurance that this service model has the potential to deliver a quality service and provided a number of practical suggestions to strengthen the service proposals.

### Our Impact

Our independent clinical advice:

- Eased difficult local clinical discussions
- Provided an independent clinical voice to the Overview and Scrutiny committee
- Resulted in a strengthened service proposal
- Resulted in positive early media coverage for local commissioners helping to convey the message that currently local services were not sustainable

### Testimonial

*“The development of our clinical case for change and the development of our proposals for future arrangements for Hospital and Community Health Services, which needed to address the risks to clinical service delivery and sustainability, took us a considerable amount of time, thought and capacity. There is a risk, in developing thinking collaboratively between local commissioners and providers, that other important perspectives could be missed. Having, in the Clinical Senate, an independent and authoritative source of reference, has been important in terms of sense-checking thinking and challenging assumptions. Additionally, we believe that the involvement of the Senate provided additional and important assurance to others, such as the Joint Scrutiny panel, other stakeholders, and NHS England in its role as regulator of the CCG’s in relation to our readiness for consultation.”*

Delivered  
**100%**  
of reviews on time



# Case Study 3

## Yorkshire and the Humber Specialised Commissioners – Model for Vascular Services

### Background

The overall purpose of the vascular services project is to commission and implement the optimum model of service provision for vascular services across Yorkshire and the Humber. In this first stage, commissioners asked the Senate to consider the service specification and the stocktake from Public Health England, and asked the question:

*“Can the Senate review the developed services standards and consider options for service delivery, advising on any clinical concerns or adverse impact and identify a preferred option?”*

### The Problem

There is a national service specification for vascular services and no provider within the Yorkshire and the Humber region meets all the standards within this. The main issues include:

- Inability to meet the minimum population size of 800,000
- Inability to meet the minimum procedure numbers per surgeon
- Inability to provide enough surgeons to run a sustainable on-call rota
- Inadequate infrastructure for theatre provision

Significant change to the service model is needed to meet the standards.

### Our Advice

The Senate reviewed the body of evidence provided by commissioners and advised on a range of clinical concerns to be further considered in their next stage of work including the key issues of workforce and equipment, the boundary issues in Yorkshire and the Humber, the impact on the wider vascular pathway and its co-dependent services.

### Our Impact

This is a controversial area of service change with significant implications for providers across Yorkshire and the Humber. Consulting with expert clinicians independent to the geography strengthened the argument to local providers and commissioners of the need for service change.



Worked with  
**13** CCGs in Yorkshire  
and the Humber



## Our Geography

Yorkshire and the Humber is a large and complex area. Covering over 5000 square miles and approximately 100 miles wide by 100 miles high, the area includes the full spectrum of demographics from dense, deprived urban populations to rural and remote communities.

### **Calderdale, North Kirklees & Greater Huddersfield CCGs – Future Model of Hospital Services**

In February 2014, in response to a 2013 National Clinical Advisory Team report, Calderdale and Huddersfield Foundation Trust, South West Yorkshire Foundation Trust and Locala developed a Strategic Outline Case for the future provision of community and hospital services in Calderdale and Greater Huddersfield.

The Senate reviewed the community proposals in March 2015 and was then approached to consider the Hospital Model to assist the CCG in their stage 2 assurance process.

Dec 2015

### **The Working Together Programme – Non-Specialised Children's Surgery & Anaesthesia PART 1**

Commissioners and providers across South Yorkshire, Bassetlaw and North Derbyshire requested advice from the Senate on the issues and challenges which faced the provision of children's surgery as part of the Working Together Transformation Programme. The challenges identified by stakeholders locally were explored in the Case for Change and Public Health Needs Assessment provided to the Senate.

Sept 2015

### **The Working Together Programme – Non-Specialised Children's Surgery & Anaesthesia PART 2**

The Senate was consulted by the commissioners on this same topic following the development of their service specification.

Jan 2016

### **The Working Together Programme – Hyper Acute Stroke Services**

Commissioners and providers across South Yorkshire, Bassetlaw and North Derbyshire requested advice from the Senate on the resilience of their Hyper Acute Stroke Services (HASU) as part of the Working Together Transformation Programme.

Aug 2015

The health care system includes 22 CCGs, one NHS England Team covering Yorkshire & the Humber, 14 major acute hospital Trusts and 5 (NHS) Mental Health Foundation Trusts. We serve a population of nearly 6 million people.

The Yorkshire and the Humber Clinical Senate are pleased to have completed the following reports during 2015/16. The full reports can be accessed on our website [www.yhsenate.nhs.uk](http://www.yhsenate.nhs.uk)

### **Yorkshire and the Humber Specialised Commissioners – Model for Vascular Services**

The aim of the vascular services project is to ensure commissioners implement the optimum model of service provision for vascular services across Yorkshire and the Humber. The Senate was approached by commissioners to work with them in two stages. In this first stage, the advice from the Senate was requested to help develop the Options Appraisal document and Impact Assessment.

Mar 2016

### **Hull 2020 – Integrated Community Care**

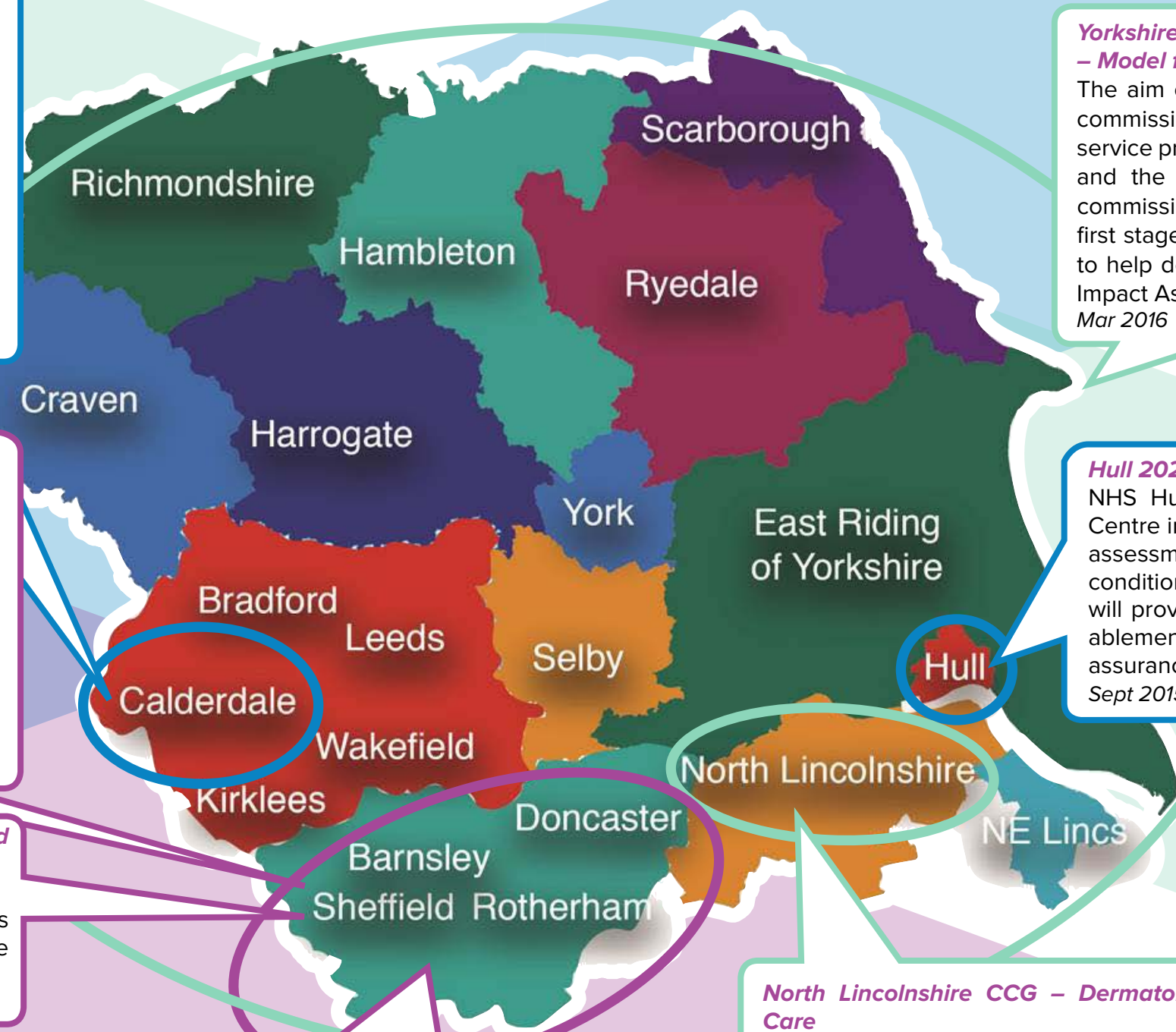
NHS Hull CCG are developing an Integrated Care Centre in Hull. The centre is designed to enable rapid assessment and improved management of long term conditions in a community setting. In addition, the centre will provide Hull's only purpose built rehabilitation/reablement facility. The Senate was asked to provide assurance on the clinical evidence base for this model.

Sept 2015

### **North Lincolnshire CCG – Dermatology Model of Care**

North Lincolnshire CCG revised their service specification for their community based dermatology service and requested external clinical advice from the Senate on whether the model is clinically appropriate.

July 2015





## Reviews Nationwide

The 12 Clinical Senates across England work closely together sharing clinical experts for reviews to ensure that there is the right mix of clinical expertise across a review panel where the individuals have no conflict of interest with the subject in question.

7 members of our Council have contributed to the following reviews across England:

**North of England Senate** - Paediatric Inpatient Stay - assessing the clinical safety and quality of the proposed model of care

**North of England Senate** - Healthier Together - a clinical review on behalf of the Healthier Together Programme in Manchester. The work is across 10 providers and is deciding their relationship of specialist and local and emergency services

**London Senate** - Mental health Services in South West London – providing independent clinical advice on proposals for inpatient mental health services in South West London which underpin a substantial development programme to modernise facilities provided by South West London and St George's Mental Health NHS Trust.

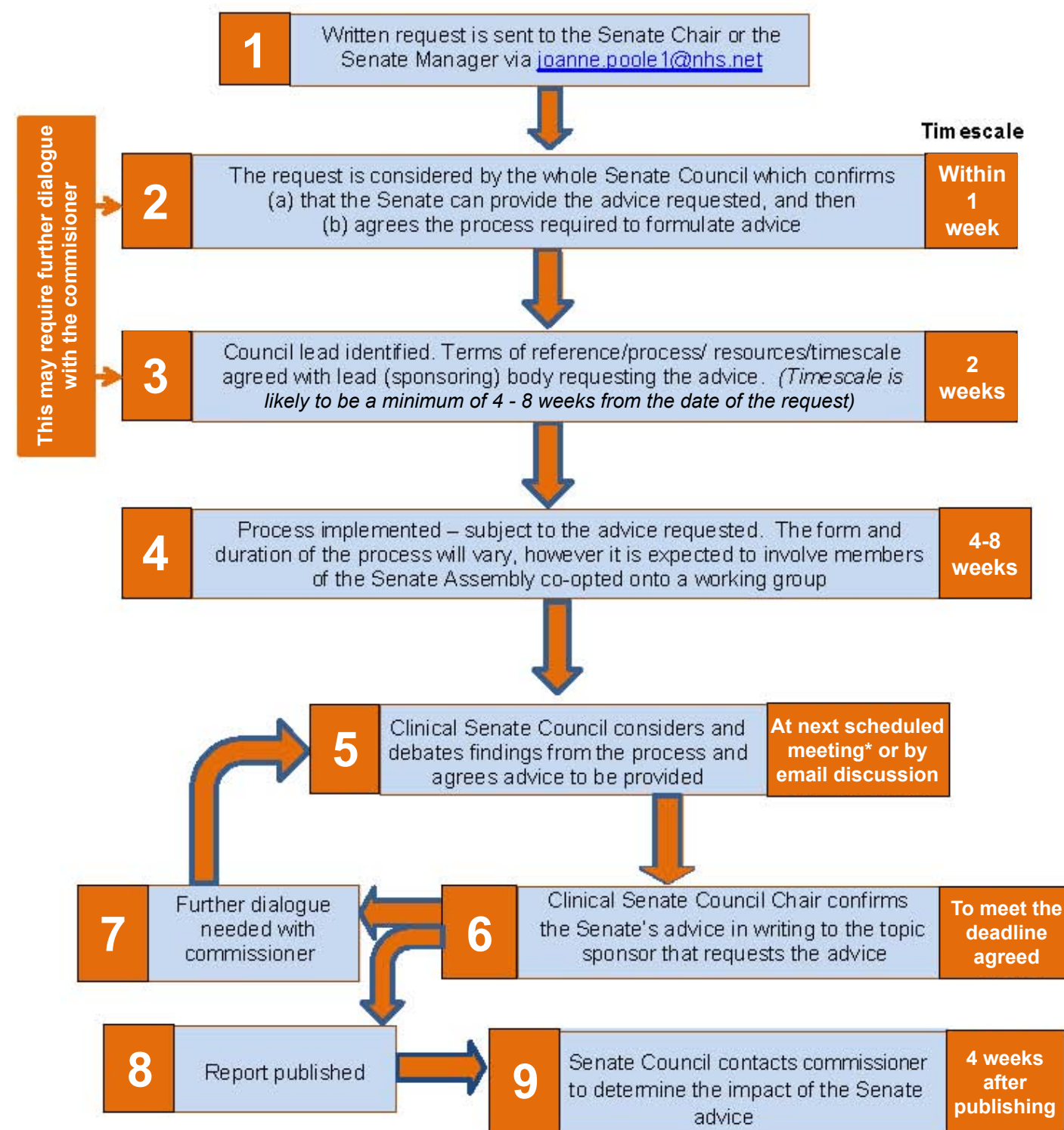
**Greater Manchester Senate** - Cumbrian Clinical Models - Providing clinical advice assessing the extent to which the service models described in the Cumbrian Clinical Strategy are capable of delivering good clinical outcomes for the population of North, West and East Cumbria.

**Bedford & Milton Keynes CCG** - Healthcare review for which we provided an independent chair

**West Midlands Senate** - Future of Acute Hospital Services in Worcester - providing clinical assurance of the proposed model for the future of acute hospital services in Worcestershire

Commissioners and Providers can contact the Senate at any point in the development of their service proposals to access our clinical advice. It is a simple process to secure our advice:

### Securing Advice from Yorkshire and the Humber Clinical Senate: Summary Process



\*Senate Council meetings take place bi-monthly.



# Who's Who in the Clinical Senate

## The Council

The Senate Council co-ordinates and manages the Senate's business. It maintains a strategic overview of the work of the Senate and is responsible for the formulation and provision of advice working with the broader Senate Assembly. The Yorkshire and the Humber Clinical Senate Council is made up of 24 members from across our geography.



**Jon Ausobsky**  
Consultant [General] Surgeon from Bradford Teaching Hospitals and also Regional Advisor to the General College of Surgeons and Training Programme Director for General Surgery for Yorkshire and Humber.  
*"Providing advice on reconfiguration of surgical services"*



**Christine Beever**  
Citizen Representative  
*"Bringing an ordinary person's perspective and opinion to support professional comments – and aspiring to be an ambassador for the Senate and for the NHS"*



**David Black\*\***  
Medical Director (Joint), NHS England – North (Yorkshire and the Humber)  
*"Contributing a long standing interest in clinical effectiveness, health policy, and ethically based health related decision making"*



**Kate Gendle**  
Psychology and Allied Health Professions Director, Humber NHS Foundation Trust.  
*"Concerned with issues such as 'parity of esteem' which means making sure that mental health, as well as physical health, is high on the Council agenda."*



**Jayne Hawkins**  
Chartered Clinical Psychologist and Neuropsychologist  
*"Bringing psychological knowledge and perspective to discussions particularly in relation to older people, mental health and dementia; concerned with addressing any potential inequalities and discrimination"*



**Caroline Hibbert**  
Joint Medical Director, Hull and East Yorkshire NHS FT  
*"To ensure the people living within the Yorkshire and Humber areas get the very best care at the right time and in the right place"*



**Hugh Butcher**  
Patient Representative with seven years experience of patient and public engagement in the public sector and NHS informed by .... and research and personal patient experience.  
*"Ensuring that the Senate keeps a peer focus upon patient engagement and empowerment."*



**Sally Franks**  
General Practitioner in Leeds for 15 years and training new GPS  
*"To learn from colleagues broaden my understanding of future planning for the NHS – and aspiring to ensure that the whole patient pathway is considered from first contact to repatriation in the community."*



**Ian Golton**  
Associate Director of the Strategic Clinical Network.  
*"Overall responsibility for the Senate aspiring to contribute to the effective running of the Senate – particularly to represent and promote the Senate in the wider NHS in Y&H and beyond."*



**Jon Hossain\*\***  
Deputy Postgraduate Dean for Health Education England working across Yorkshire and the Humber  
*"Ensure the health educational impact assessment and workforce development assessment for all workforce is considered"*



**Akram Khan**  
GP & Lead CCG Clinician, Bradford City CCG  
*"Keen to see the impact of health inequalities and deprivation tackled"*



**Dawn Lawson\*\***  
Chief Operating Officer, YH Academic Health Science Network  
*"I drive improvement and innovation across the system in Yorkshire and the Humber"*



**Mark Millins**  
Associate Director Paramedic Practice, Yorkshire Ambulance Service.  
*"Ensure that the pre hospital sector is considered in each and every review so that patient needs can be met by the pre hospital team"*



**Steve Ollerton**  
Clinical Leader, Greater Huddersfield CCG  
*"My interests are diabetes and urgent care and I am passionate about technology and how it can be used to transform healthcare"*



**Jeff Perring, Vice Chair**  
Director of Intensive Care, Sheffield Children's Hospital NHS FT  
*"Working together with other members of the Council, to bring about the ratification of Council reviews and other developments"*





**Andrew Phillips**  
Interim Deputy Chief Clinical Officer  
Vale of York CCG, Clinical Lead for  
Yorkshire and Humber Urgent &  
Emergency Care Network, General  
Practitioner

*"Bring the best clinical appraisal  
and guidance at my disposal, using  
evidence of healthcare provision in  
primary care"*



**Sewa Singh**  
Medical Director, Doncaster and  
Bassetlaw NHS FT [& Surgeon]

*"A Providers' view to shaping the  
future of healthcare delivery, keen  
on innovative healthcare models  
and aspiring to shape the vision for  
delivery of healthcare in Yorkshire  
and the Humber."*



**Kevin Smith\*\***  
Deputy Director Healthcare,  
Public Health England (Yorkshire  
and the Humber)

*"Bringing a population perspective  
approach to our discussion and  
support a wider approach to the  
future shape of our healthcare."*



**Cathy Wright**  
AHP lead for Bradford District Care  
Trust

*"Ensuring wider professional  
representation in commissioner  
planning and considering how plans  
impact on everyday lives of the  
people who receive care"*



**Ben Wyatt**  
GP, Calderdale CCG. Thirty years  
general practice including 17 years  
as a practitioner appraiser and a  
former LMC chair.

*"Aiming to bring the voice of primary  
care to the Senate."*



**Rebecca Bentley**  
Nursing Professional Lead & Non-  
Medical Prescribing Lead

*"Providing a nursing perspective  
from primary and secondary care  
to the Senate Council influencing  
commissioners views and shaping  
service delivery"*



**Paul Twomey\*\***  
Joint Medical Director and  
Responsible Officer and Clinical  
Lead for the delivery of Medical  
Revalidation and RO function for  
NHS England North

*"Providing a focus on quality  
of services and governance,  
especially with the development  
of primary care, associated local  
health and social care systems and  
complementary service redesign"*



**Chris Welsh**  
Senate Chair

*"To ensure that the Senate provides  
advice which is clinically sound and  
increases the quality of the care  
delivered to patients. This means  
Senate meetings, ensuring that all  
voices are heard in the debate"*



**John Whelpton**  
Patient Representative

*"To ensure that any future  
recommendations of Council will  
benefit the general public in terms  
of providing their healthcare."*



**Jo Poole**  
Senate Manager

*"Developing the Senate so that its  
independent clinical advice is an  
integral part of any transformation/  
service change for Yorkshire and  
the Humber."*



**Steph Beal**  
PA to Senate Manager

*"Aspiring to provide an excellent  
administration and support service  
to the Senate and its manager."*

**[\*\* Nominated Representative]**





## The Assembly

The Senate Assembly is a diverse multi professional forum which provides the Council with ready access to a pool of experts from a broad range of health and social professions. Under the direction of the Council the Assembly members are drawn into time limited multi professional working groups to respond to commissioner requests for advice.

We have a membership of more than 100 clinicians and 8 public representatives. We are always looking for more clinicians to assist us. Clinicians who are interested can contact the Senate on 0113 8253467 or [england.yhsenate@nhs.net](mailto:england.yhsenate@nhs.net)



# Priorities for the Year Ahead

## Working with....

### ...Sustainability and Transformation Teams

We have 3 Sustainability and Transformation footprints ([NHS England » Sustainability and Transformation Plans](#)) within Yorkshire and the Humber. Their plans show how local services will evolve and become sustainable over the next five years – ultimately delivering the **Five Year Forward View** vision of better health, better patient care and improved NHS efficiency.

The Senate is pleased to be working with commissioners and providers on the development of the proposals that will help drive genuine and sustainable transformation in patient experience and health outcomes of the longer-term.

### ...Urgent and Emergency Care Networks

The 3 Urgent and Emergency Care networks in Yorkshire and the Humber have challenges ahead in developing models which simplify the urgent and emergency care system and provide better integration between A&E departments and other services that provide and support urgent treatments. The Senate looks forward to providing clinical support to these networks in the development of their proposals.

### ...Better Health Programme

The Senate has already commenced informal work with the commissioners for the Durham, Darlington and Tees Better Health Programme and is looking forward to providing the formal clinical assurance for their proposals as these develop. This is a wide ranging programme designed to transform services across community and hospital services to ensure better quality outcomes for their population.

### ...Vascular Services

The Senate has already worked with the Yorkshire and the Humber specialised commissioners on their Case for Change for vascular services and is looking forward to working with them again in the autumn to review the options they have developed to deliver a sustainable service for the future.

### Other Forthcoming Reviews

We are also looking forward to working with specialised commissioners on pancreatic cancer services and the Working Together programme on the pathway for the acutely ill child.

### Our Own Development

We are half way through a development programme for the Senate ensuring we take time to reflect on our work and how we can improve the services we provide to commissioners and providers. On completion of the programme we will refresh our processes to reflect the learning and ensure we offer an even better service to our colleagues.



# Financial Summary

The Yorkshire and the Humber Clinical Senate is incredibly cost effective with only a small number of paid staff. The Senate is successful in providing quality clinical advice through our clinicians giving their time freely to contribute to our reviews.

2015/16 Expenditure	
Pay	£89,316
Non Pay	£7494.63
National Allocation	£26,995
Total	£123,805.63

# Key Contacts

Web Address	<a href="http://www.yhsenate.nhs.uk">www.yhsenate.nhs.uk</a>
Twitter account	<a href="https://twitter.com/yhsenate">@yhsenate</a>
Senate Manager	Joanne Poole <a href="mailto:Joanne.poole1@nhs.net">Joanne.poole1@nhs.net</a> 0113 8253397 or 07900715369
Senate Chair	Chris Welsh <a href="mailto:Chris.welsh@nhs.net">Chris.welsh@nhs.net</a> 07831197822
Senate Administrator	Stephanie Beal <a href="mailto:stephaniebeal@nhs.net">stephaniebeal@nhs.net</a> 0113 8253467