NHS
Yorkshire and the Humber
Clinical Senate

Free and full independent and impartial clinical advice

Yorkshire and the Humber Clinical Senate

Annual Report 2017/18

Contents

NHS
Yorkshire and the Humber
Clinical Senate
Free and full independent and impartial clinical advice

Chair's Foreword

I am proud to present the fourth annual report for the Yorkshire and the Humber Clinical Senate in this anniversary year of the NHS.

During this report you will have chance to review just some of the impartial clinical advice we have provided to our colleagues in health care in Yorkshire and the Humber and across other health care systems in England.

This year has been a period of significant change for the NHS with the morphing of the Sustainability and Transformation programmes (STPs) into integrated care systems. As part of that process, the Yorkshire & Humber Clinical Senate has been working closely with STPs and helping them develop their programmes, and we look forward to continuing that work in the years to come as integrated care systems develop further.

In what has been a busy year, during the past 12 months there has been a closer working relationship between ourselves and other clinical senates across the North of England, as all senates have come together on projects as if we are one Senate. This has resulted with our members working closely with members from other Senates in the North and indeed other parts of the country and that seems to have been a development that is working well, helping the independence and impartiality of our advice to organisations across the whole of the NHS in the North of England. We look forward to that continuing and those relationships growing into the rest of 2018 and beyond.

Finally, in what has been a busy year, I'd like to say thank you to all the members of the Senate Council and the Senate Assembly for all of their hard work during the past twelve months, which has led to us producing impartial clinical advice to various organisations within our region and beyond.

Welcome to our 2017/18 annual report.

WATCH
Click here to watch one of our Annual Report videos

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

We are always looking to increase our clinical membership. There continue to be a range of opportunities for clinicians to work with us and I encourage you to get in touch and join our Clinical Assembly to be kept in touch about these opportunities. You can do this by contacting england.yhsenate@nhs.net

Achievements

Thanks to our membership of professionals, patients and the public from a wide range of differing specialisms we are able to provide high quality independent clinical advice on proposals for service changes in health and social care. We are pleased to be able to offer both early advice on developing proposals to help decision-makers develop services of the highest quality and also to offer advice as part of the NHS England service change assurance process.

WATCH

Click here to watch one of our Annual Report videos

Completed 9 reviews in Yorkshire and the Humber

NHS
Yorkshire and the Humber
Clinical Senate
Free and full independent and impartial clinical advice

The Yorkshire and the Humber Senate are pleased to have completed the following reports during 2017/18. The full reports can be accessed on our website www.yhsenate.nhs.uk. The following case studies also provides more information on 2 of our reviews

Review of Services at Friarage Hospital for Hambleton, Richmond and Whitby CCG commenced November 2017 (ongoing)

The CCG are working with South Tees Hospital NHS Foundation Trust to develop options to ensure that the Friarage Hospital can deliver safe and sustainable care across acute services. The Senate has been asked to provide an independent clinical view on the proposed clinical models. This work remains ongoing.

Castleberg Hospital Review for Airedale, Wharfedale and Craven CCG October 2017

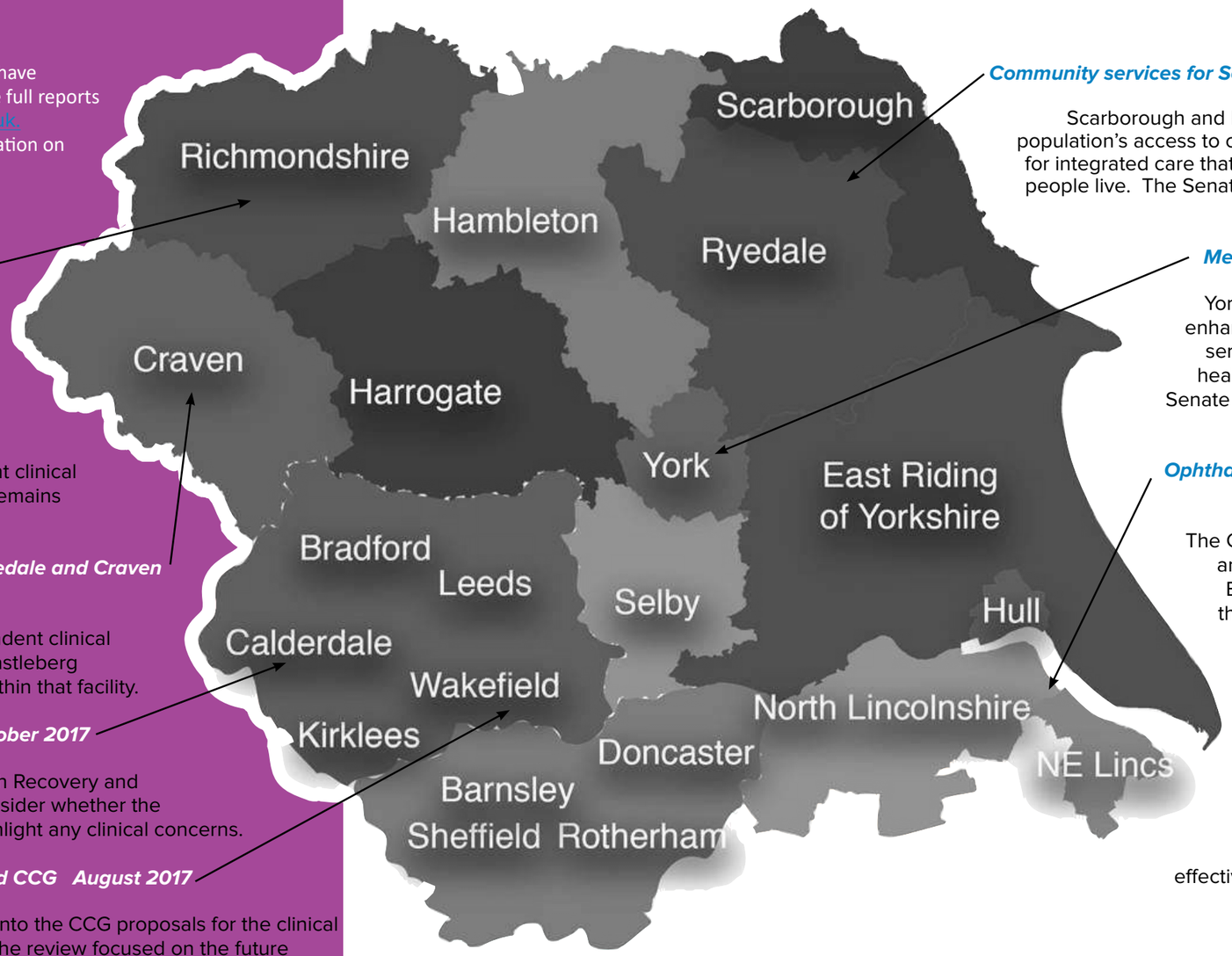
The CCG asked the Senate to provide an independent clinical perspective on the options for the future of the Castleberg Community Hospital and the services provided within that facility.

Mental health services for Calderdale CCG October 2017

The CCG developed proposals for a Mental Health Recovery and Rehabilitation model and asked the Senate to consider whether the proposed model fits with best practice and to highlight any clinical concerns.

Pontefract Emergency Department for Wakefield CCG August 2017

The Senate provided clinical advice and support into the CCG proposals for the clinical configuration of services at Pontefract Hospital. The review focused on the future definition and design of emergency and urgent services at the hospital.



Community services for Scarborough and Ryedale CCG. September 2017

Scarborough and Ryedale CCG developed a model to improve their population's access to community health and social care. The model was for integrated care that organised services around the community where people live. The Senate was asked to review the appropriateness of the service specification and the model.

Mental health services for York CCG January 2018

York CCG worked with their provider on proposals to enhance and redesign both community and bed based services in order to provide a comprehensive mental health offer to the population of the Vale of York. The Senate was asked to comment on the developing clinical model.

Ophthalmology Review for Northern Lincolnshire CCGs March 2018

The CCG developed a model for a Clinical Assessment and Treatment Service for North Lincolnshire, North East Lincolnshire and East Riding CCGs and asked the CCG for a clinical view on the proposed service to help finalise the scope of the specification.

Musculoskeletal pathways for NHS England Yorkshire & the Humber July 2017

NHS England asked the Senate to provide clinical input into their assurance of CCG Musculoskeletal pathways. The clinicians focused their review on whether the proposed pathway had the potential to deliver a clinically effective service which complies with national guidance.

Yorkshire and Humber Clinical Senate - Contributions to 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 disciplines across a review panel who have no conflict of interest with the subject in question.

10 members of our Council and our Assembly have also contributed to the following reviews across England:

- Liverpool Women's Hospital **Maternity Services** for the North West Senate
- **Mental Health Services** in Hambleton, Richmond & Whitby for the Northern Senate
- **Paediatric** Review of the Path to Excellence in Hambleton, Richmond & Whitby for the Northern Senate
- **Urgent Care** in Birmingham for the West Midlands Senate
- **Urgent Care** Centre in Corby for the East Midlands Senate
- Model of Care for **Acute Services** in Ormskirk & Southport for the North West Senate
- **Vascular & Urology Services** in Greater Manchester for the North West Senate

NHS
Yorkshire and the Humber
Clinical Senate
Free and full independent and impartial clinical advice

Case Study

Identifying the best setting for intermediate care, Castleberg Community Hospital

Background

Castleberg hospital is an intermediate care facility near Settle of approximately 10 beds which flexes according to winter pressures. It was closed on a temporary basis in 2017 because of patient safety issues related to the structure of the building. The service is commissioned by Airedale, Wharfedale and Craven Clinical Commissioning Group (AWC CCG), who asked the Senate to provide an independent clinical perspective on the options for the future of Castleberg Community Hospital and the services provided within that facility. The Senate focused on providing a response to the following question:

Can the Clinical Senate provide an independent clinical assessment of the option to close Castleberg Community Hospital and the services provided at that facility and provide care at home or in a community setting compared to the other options of continuing to commission an inpatient hospital facility in North Craven? What risks, issues, opportunities or concerns does the Senate advise the commissioner to consider as they reach a conclusion on their preferred option?

The Problem

Castleberg is a centralised centre for patients that is known to the community, staff and local acute health settings and acts as a central focus of the out of hospital health pathway for patients. However, following ongoing issues with the power supply, heating and drainage issues Airedale NHS Foundation Trust – which runs services at the hospital - was no longer confident that the building was safe for inpatient care, or for the health and wellbeing of its staff. As a result, inpatient services were temporarily withdrawn on 13 April 2017. A similar temporary closure took place in 2008 and the issues with the maintenance of this building are well recognised.

Our Advice

The Senate recognised that the CCG already has a comprehensive community approach to intermediate care and advised that the option to close Castleberg Community Hospital and invest funding in providing care through an alternative care model compared favourably against the other options presented. The Senate advised that the assessment and evaluation of the options should be improved for public consultation.

The report also included recommendations on the areas where the CCG could improve the explanation of the community services model, give further assurance about the capacity of the community service and the GP commitment to the model. The Senate also recommended that the CCG demonstrate to the public the sustainability of the planned inpatient provision in care homes.

Our Impact

Airedale Wharfedale and Craven CCG, which were leading on the consultation were able to use the advice from the Senate to feed in to the consultation and provide reassurance to the public that the alternative care model was valid, evidence based and was supported by experience from similar services elsewhere in the country. This will provide support to the decision making body that the alternative care model can be robust, safe and appropriate to the needs of the population.

Case Study Testimonial

Colin Renwick, Airedale Wharfdale & Craven CCG

What was the area of work you asked the Clinical Senate for support with?

We engaged the Clinical Senate about the Castleberg hospital, which is an old workhouse hospital, based in Settle, an isolated rural community in the dales. The building was built in 19th century and looks after people, mainly elderly, who aren't appropriate for going into the acute Airedale hospital, so for people who have had a fall or for palliative care.

At the beginning of 2017, Airedale NHS Foundation Trust (who run the hospital) had to close the facility very suddenly due to two issues, drainage and electrics, as they felt it wasn't safe to go on looking after patients onsite.

As there was a potential that the hospital could be permanently closed we had to undertake a study about what to do with regards the services being delivered there. We needed to establish were we going to reopen the hospital or not and if not how would care be delivered without the facility. This study had to be done with the organisation who owned the hospital, NHS property services alongside the CCG and the Trust. This meant it was a three-way decision between the commissioners, the people who provided the services and the property owners.

As there was a potential that the hospital could be permanently closed, that was a decision that had to go out to public consultation. There was an enormous amount of public anxiety at the possibility of the hospital closing and how care would be delivered.

The three options that were up for up for consultation were

1) Spending the money that needed to solve the infrastructure problems, with the hospital reopening very similar to how it was closed.

2) Rebuild the whole hospital as a completely new facility either on the same site or a different site within the local community.

3) Keeping the hospital permanently closed, using the money that would have spent on the physical infrastructure to enhance community services, with care being delivered in people's homes or in a few beds commissioned from local care homes with more nurses available.

In particularly it was the third option we were seeking advice from the Senate about and whether this model could stand up in comparison to the care that could be delivered in a physical hospital.

How did the Clinical Senate support you?

Once we engaged with the Clinical Senate we had ongoing dialogue with the senate both through face to face and telephone conference. The Senate pulled in experts in the field, which is what they are good at doing, and brought people with similar experiences in to help establish whether enhancing community advice as a valid option.

We found working with the Senate really excellent, they really supportive, interested and pulled together in a good panel of people to look at the issues across the whole spectrum, through social services, lay people, people with General Practice experience, intermediate care and people with experience of working with the elderly. The broad spectrum of people was reassuring and gave us confidence that if we were to take the decision to close the hospital, it was supported by current thinking and evidence.

WATCH

Click here to watch one of our Annual Report videos

Case Study

Clinical Configuration of Accident and Emergency Services at Pontefract Hospital.

Background

The CCG requested Senate advice on the model of Accident and Emergency (A&E) services at Pontefract Hospital. A clincal review meeting was held on 3rd August 2017 to discuss the options for the long term sustainable solution for the service.

Since the commitment to the model of A&E services in 2011 the CCG has faced significant challenges in staffing the emergency department at Pontefract particularly overnight. Since September 2012 the emergency service is run as follows:

8am - 10pm by specialist clinicians with clinical cover provided by the Mid Yorkshire Hospitals NHS Trust

10pm - 8am by a combination of GPs with experience in emergency medicine and specialist nurses with oversight from the Mid Yorkshire Hospitals NHS Trust.

The Problem

The current model of care as an A&E department was put in place as a temporary solution and has a number of issues. Most importantly:

- **Pontefract Hospital does not have the vital clinical services on site to support an accident and emergency department. There are no facilites to admit acutely ill medical patients to Pontefract.**
- **There is no dedicated anaesthetist on site, no acute inpatient beds and MRI and CT facilities at Pontefract Hospital are only available during the day time.**
- **The clinical cover is reliant on a small number of doctors employed through an agency which means there is a risk of medical cover not being available at short notice.**

Our Advice

The Senate members were in full agreement that it is unsafe to continue to provide a 24 hour A&E department at Pontefract Hospital. The big current challenges are the absence of the required clinical services to support the A&E service and the insecure workforce.

The Senate confirmed their unanimous support for the provision of an Urgent Treatment Centre (UTC) at Pontefract Hospital as defined in the NHSE document "Urgent Treatment Centres-Principles and Standards" published July 2017. Senate members stated their preferred option for a 24/7 service and noted the alignment opportunities recognised within the above UTC document if the UTC is co-located with the GP out-of-hours service.

Our Impact

The Senate advice has been used to inform an event where members of the public were invited to consider the independent clinical advice alongside feedback from public engagement to support an informed discussion about the options. The decision was made that consultation was not required and the Governing Body made their final decision on the model last autumn. The change was implemented in April 2018.

Case Study Testimonial

Ruth Unwin, NHS Wakefield CCG

What was the area of work you asked the Clinical Senate for support with?

We engaged Yorkshire & Humber Clinical Senate in the summer of 2017 as we started to look at how we could organise our urgent care services, in particularly our accident and emergency (A&E) services at Pontefract and Pinderfields hospitals.

Pontefract hospital had an A&E service but without the support services expected such as intensive care and critical care beds and as new national Urgent Care guidance was coming out what we wanted to discuss with the Senate was how we might organise the services differently.

We initially spoke to the Senate about doing an advisory piece of work to guide us through the clinically safe options suitable for this district.

How did the Clinical Senate support you?

The relationship with the Yorkshire & Humber Clinical Senate was enormously helpful. We approached them at the beginning of the process to provide advice rather than assurance and so as part of that process, they engaged with our clinical leads, providing with verbal feedback and written reports which we were allowed to share with local stakeholders including the public.

What was beneficial about working with the Yorkshire & Humber Clinical Senate was that because they were clinicans from the area, they understood the geography, the socio economics and the political environment and they were able to give us a steer about what was sensible based on their understanding of the local area.

Their advice was that we should provide a consistent service 24 hours a day and that it would be unsafe to provide an offer to the public which changed based on the time of day.

This was actually different to the national guidance at the time, but the Senate understood, that whilst that advice was for new Urgent Care services, as this was a reconfiguration of existing services, a different approach needed to be taken.

During the decision making process there was pressure from the public and local politicians about what service to have (in particular keeping an A&E), the fact the Senate has advised this was not a safe option, was really helpful.

The advice was used to guide us through a public engagement process, where we took feedback from the public, coupled with the independent clinical advice in order to have a mature conversation.

WATCH

Click here to watch one of our Annual Report videos

Who's Who in the Clinical Senate

The Council

The Senate Council provides the oversight for the Senate, coordinating and managing the Senate's business. It maintains a strategic overview of the work of the Senate and is also responsible for the formulation and provision of advice overseeing the work of the expert clinical panels assembled for each review. The Yorkshire and the Humber Clinical Senate Council is made up of 19 clinical members and 3 lay members from across our geography. For the full membership of our Council please see www.yhsenate.nhs.uk

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 care professions and public and patient members. We have a membership of more than 100 clinicians and 8 lay members. The time commitment for our Assembly members is flexible as their input is through their participation in time limited multi professional expert panels drawn together to ensure the Senate has the expertise needed to respond to a request for advice. Members are kept in touch with the opportunities to join expert panels through regular bulletins.

We are always looking for more clinicians and members of the public to assist us. If you are interested contact the Senate on 0113 8253467 or england.yhsenate@nhs.net

NHS
Yorkshire and the Humber
Clinical Senate
Free and full independent and impartial clinical advice

A COUNCIL MEMBERS OPINION

Nicola Jay
Sheffield Children's Hospital & Senate Council Member

I'm one of the members of the Senate Council, before that I was in the Assembly.

The role of being in the Council involves attending Senate Council meetings every couple of months but also taking part in programmes of work to help develop service across the region and other parts of the country as well at times.

I think the Senate gives another opinion, sometimes when you are working within your own organisation you can't potentially see what the positives and negatives are. I think getting a second opinion from a wide group of people who have lots of experience in either working in the NHS or change is an excellent opportunity.

WATCH

Click here to watch one of our Annual Report videos

NHS
Yorkshire and the Humber
Clinical Senate
Free and full independent and impartial clinical advice

Priorities for the Year Ahead

Our priority is to continue to provide high quality independent clinical advice across health and social care in Yorkshire and the Humber and more widely with our partners in the North of England. As NHS England and NHS Improvement come together in the new regional teams, and as STPs become Integrated Care Systems (ICS) we need to ensure that we can continue to offer high quality services to commissioners and programmes that are of practical value and use. To do this we need to be positioned in the system to allow us to maintain our independence of view and for our geography to remain the right size to maintain the engagement of our clinical members and ensure a detailed understanding of our local services.

Our high quality advice is due to the expertise of our members. The 5 year tenure of a number of our experienced Council members is drawing to a close and we need to ensure that our Council remains expert, representative and diverse as we recruit new members. With the increasing work load we also need to draw on more clinicians to help us and so will work to increase our Assembly membership across both clinicians and lay representatives.

We are looking forward to working with a number of organisations on the following service reviews scheduled in 2018/19:

- West Yorkshire and Harrogate Health and Care Partnership on their stroke services
- Hambleton, Richmond and Whitby on the Friarage Hospital
- Harrogate and Rural District CCG on their mental health services
- Cheshire and Merseyside Health & Care Partnership on the East Cheshire NHS Trust & the Southport and Ormskirk NHS Trust reviews

We are now well established and our partners are aware of the clinical resources that we have to offer. As organisations grow and change we remain open to suggestions on how we work in the future to ensure we continue to offer a valuable service as a critical friend able to provide expertise to commissioners working in challenging circumstances or as a formal review body with no vested interest in providing clinical assurance.

Financial Summary

The Yorkshire and the Humber Clinical Senate is incredibly cost effective as our clinicians and public members give their time freely to provide quality impartial advice. We only have a small number of paid part time staff whose costs are detailed below.

2017/18 Expenditure	
Pay	108,000
Non Pay	10,801
Total	118,801

Key Contacts

www.yhsenate.nhs.uk

@yhsenate

Senate Manager - Joanne Poole

joanne.poole1@nhs.net

0113 8253397 or 07900715369

Senate Chair - Chris Welsh

chris.welsh@nhs.net

07831197822

Senate Administrator - Stephanie Beal

stephaniebeal@nhs.net

0113 8253467