



**Yorkshire and the Humber**  
Clinical Senate

Free and full independent and impartial clinical advice

# Process for Securing Advice from Yorkshire and the Humber Clinical Senate

April 2019

Version 6.0

NHS England and NHS Improvement – North East and Yorkshire



## Version Control

Document Version	Date	Comments	Drafted by
Version 0.1	March 2014		Joanne Poole
Version 0.2	March 2014	Presented to the Senate Council at the March meeting – amendments discussed and approved	Joanne Poole
Version .03	April 2014	Formatting improved	Joanne Poole
Version 0.4	June 2014	Amended following Council meeting in May 2014	Joanne Poole
Final Version 1.0	June 2014	Amended following emailed comments	Joanne Poole
Final Version 2.0	August 2015	Updated to reflect best practice	Joanne Poole
Final Version 3.0	November 2015	Appendix B updated	Joanne Poole
Final Version 4.0	May 2016	Appendix A updated	Julia Jessop
Final Version 5.0	April 2017	Updated to reflect the decisions made in the 2016 Council review of systems and processes	Joanne Poole
Final Version 6.0	April 2019	Refreshed and updated	Joanne Poole

## 1. Introduction

- 1.1 The Yorkshire and the Humber Clinical Senate provides free and full, independent and impartial clinical advice on any proposal for service change in health care that has significant implications for the workforce, patients and the public.
- 1.2 This document lays out the process for seeking advice from the Clinical Senate and details how the Senate will go about formulating that advice and publishing it. The document also provides a template for completion by the topic sponsor to ensure that the relevant scope of information is provided.

## 2. Suitability of Topics

- 2.1 For Yorkshire and the Humber, suitable topics must be proposed by commissioners or providers in the Yorkshire and the Humber geography and must relate to the geography of the Yorkshire and the Humber Senate. For outside Yorkshire and the Humber, the Senate which covers the geography of the proposal, will co-ordinate the input needed by other Senates.
- 2.2 Suitable topics should meet some of the following criteria:
  - have a major impact in the local health economy
  - address cross cutting strategic themes
  - include major service or pathway reconfigurations
  - have a major impact for healthcare innovation
  - have the potential of providing better care, better value and lower cost patient care
  - have the potential to improve patient flow
  - have the potential to improve patient safety and/or influence ending unintended harm
  - debate complex and controversial health reform and require a respected independent strategic clinical view
- 2.3 Topics which will not be considered 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 appropriate documentation provided by the topic sponsor
  - matters involving individual clinicians or patients

## 3. Process

### 3.1 Submitting a request

- 3.1.1 The Yorkshire and the Humber Clinical Senate welcomes requests for advice from any commissioning or provider organisation from within Yorkshire and the Humber.
- 3.1.2 The sponsoring organisation should contact the Senate Manager [joanne.poole1@nhs.net](mailto:joanne.poole1@nhs.net) for an informal discussion in the first instance. The Manager will co-ordinate the Chair's input as required.
- 3.1.3 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](mailto:joanne.poole1@nhs.net). The Senate Chair and 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 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 Senate's 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. The request for advice must make it clear if the Senate is being asked to consider the topic as part of their formal role in providing clinical advice within the assurance process.
- 3.2.2 The Clinical Senate is committed to the principles of transparency, whilst recognising that there will be times during the formulation of advice when the opportunity for confidential debate will be important. When a body refers an issue to the Senate for advice which will clearly have implications for other organisations, the Clinical Senate Council will wish to agree the terms of reference for provision of advice with the partner organisations.
- 3.2.3 In considering requests for advice, the Clinical Senate Council will:
- 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 2.2
  - prioritise the request considering the scale of change and the size of the population affected

### 3.3 Formulating advice

Following receipt of the written request for advice and our agreement that we can provide the advice, the next step is:

- 3.3.1 To agree definitive terms of reference, setting out the process and the timescale by which we can provide that advice. The terms of reference are developed by the Senate Manager and are agreed with the named lead from the sponsoring organisation.
- 3.3.2 The Clinical Senate will endeavor to provide advice within the timescale requested, subject to the evidence provided being complete and subject to the timescale being consistent with a robust and effective process. Normally this process will require 4 - 12 weeks from agreement of the terms of reference. There is flexibility in our approach to providing the advice, from early advice through Council discussion, to a fuller process involving an expert panel.
- 3.3.3 If the process involves establishing an expert clinical panel, the leadership and membership will be agreed with the Council. In most cases this is likely to draw on members of the Clinical Senate Assembly with relevant experience and be led by a member of the Council. Membership of the expert panel will be established to avoid conflicts of interest.
- 3.3.4 The development of the advice is likely to require meetings with clinical and managerial representatives of the sponsoring organisation to clarify the Senate understanding of the body of evidence submitted to them. The exact process and timescale will be developed with the topic sponsor and set out in the terms of reference.
- 3.3.5 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 will be agreed with the topic sponsor requesting the advice.
- 3.3.6 The topic sponsor requesting the advice will be expected to make all relevant information available in the form required by the Clinical 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.
- 3.3.7 There may be occasions where the Senate identifies gaps in the work provided which cannot be supplied by the topic sponsor. In this case the Senate may commission bespoke research or engagement activities (e.g. with clinicians and patients or carers involved) to enable an independent view of an issue.

- 3.3.8 A Clinical Senate Council member will be identified to Chair the expert panel and oversee the process (supported by the Clinical Senate office).
- 3.3.9 The Clinical Senate Council will receive an update on progress at each Council meeting and there will be on-going dialogue with the lead body requesting the advice (coordinated by the Clinical Senate office).

### **3.4 Provision of final advice**

- 3.4.1 The Clinical Senate Council is responsible for ratifying the final advice. Discussions will be scheduled into Clinical Senate Council meetings and will include briefings by review team expert panel chairs as required.
- 3.4.2 Once agreed, the Clinical Senate's advice will be presented to the lead from the sponsoring organisation as a written report or a Chair's letter, this will include:
- background (structured, aligned to information provided in the advice request template)
  - terms of reference
  - how the advice was formulated
  - the extent of engagement with health and care professionals, patient and the public
  - the Clinical Senate's advice and recommendations with the supporting evidence base
  - any specific considerations and/or consequences in implementing the advice

### **3.5 Communication**

- 3.5.1 Sponsoring organisations will be asked to comment on the draft reports prior to them being finalised.
- 3.5.2 The publication date of our advice is agreed with the sponsoring organisation as part of the terms of reference for the review. It is expected that the report will be published soon after its agreement and at the latest 8 weeks following its sign off by the Senate Council (i.e. by the next Senate Council meeting to be held following its ratification). Until that time of publication, the reports will remain confidential. Arrangements for managing confidentiality through the process will be discussed with the topic sponsor requesting the advice and other parties involved to reach agreement on the approach. Arrangements for wider communication and media handling will be agreed between the key parties.
- 3.5.3 The Clinical Senate has no executive authority or legal obligations. The Clinical Senate's advice and recommendations will be for consideration and implementation as decided by the statutory organisation(s) that request(s) it.

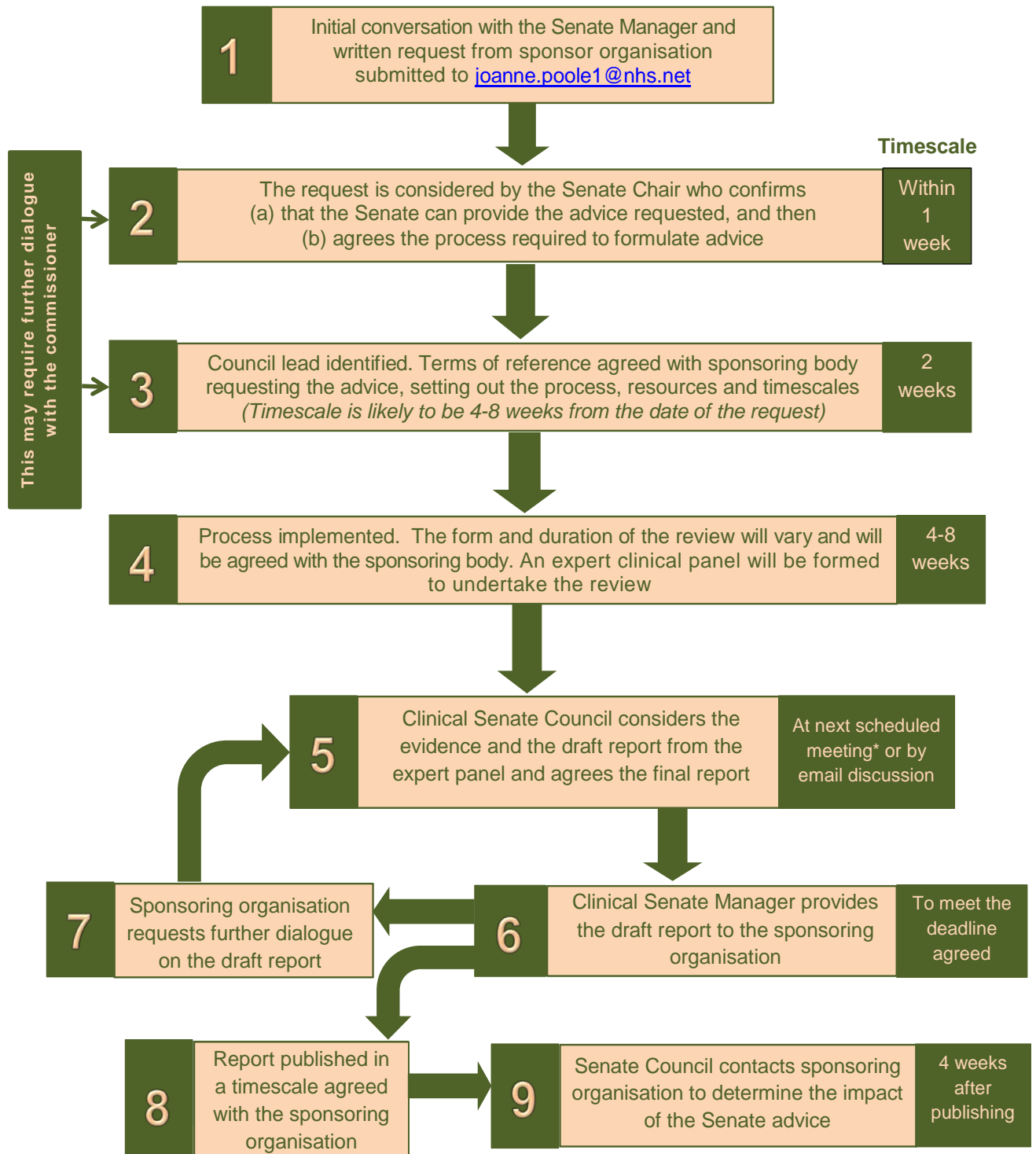
## 4. Assessing the Impact of the Advice

- 4.1 The Senate Manager will ask the sponsoring organisation to contribute to a Case Study to help summarise the work undertaken and assess the impact of the Senate advice. The draft Case Study will be emailed to the named lead following the publication of the report, with a request for an evaluation of our impact, a testimonial and suggestions as to how we may improve our processes. This evaluation from the topic sponsor is an expectation and is written into the Terms of Reference for the review.

*For further information contact Joanne Poole, Senate Manager on 0113 8253397, mobile: 07900 715369 or email: [joanne.poole1@nhs.net](mailto:joanne.poole1@nhs.net)*

## Appendix A

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



\*Senate Council meetings take place bi-monthly

Timescales are illustrative and contingent upon the scale of the topic and the quality of the information and evidence provided to the Senate



## Appendix B

### Template to secure advice from the Yorkshire and the Humber 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 to ask the Senate?**

**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** - support for case for change including the appraisal of the clinical evidence within
- C** - early advice to inform a clinical service model
- D**- review of a proposed clinical model
- E** - other (please specify)

Is the advice being requested from the Senate:-

- A** - advice on developing proposals
- B** - early advice for Stage 1 of the NHS England assurance process
- C** - formal clinical review for Stage 2 of the NHS England assurance process

What specific evidence will be made available to the Clinical Senate to formulate the advice?	
How have patients and carers been involved in the development of the proposals at this stage?  Are there any relevant patient, carer and public impact assessments available?	
The need for mental & physical health services to be better integrated is a national priority. Does your request to the Senate demonstrate how this has been considered?	
Does the topic involve revisiting a strategic decision that has already been made?	
Is the topic subject to other advisory or scrutiny processes?	

## Key Senate Contacts

<b>Senate Manager</b>	Joanne Poole <a href="mailto:Joanne.poole1@nhs.net">Joanne.poole1@nhs.net</a> 0113 8253397 or 07900715369
<b>Senate Chair</b>	Chris Welsh <a href="mailto:Chris.welsh@nhs.net">Chris.welsh@nhs.net</a> 07831197822
<b>Senate Administrator</b>	Stephanie Beal <a href="mailto:stephaniebeal@nhs.net">stephaniebeal@nhs.net</a> 0113 8253467