



Yorkshire and the Humber
Clinical Senate

Free and full independent and impartial clinical advice

Yorkshire and the Humber Clinical Senate

"Free and full independent
and impartial clinical advice"

2016/17

Annual Report 2016/17

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Chair’s Foreword

I am proud to present the third annual report for the Yorkshire and the Humber Clinical Senate describing 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.

We continue to provide free and full independent and impartial clinical advice on any proposal for service change that has significant implications for patients and the public. We are the only body that acts as a critical friend, close enough to the shop floor to understand the complexities but far enough away to offer an impartial view.

In the year ahead we will have an even greater focus on supporting the Sustainability and Transformation Partnerships (STPs), giving our colleagues confidence that they have clinically sound proposals to deliver the priorities outlined in the recently published Next Steps on the 5 Year Forward View.



Can I take this opportunity to thank all of our public and clinical members of the Senate for their commitment to this important role and I look forward to working with you all in the year ahead.

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

2. Achievements

Thanks to our membership of professionals, patients and the public from a wide range of differing health, public health and social care specialisms we have been able to offer advice on diverse subjects. These range from community proposals for diabetes and urgent care to specialised services like vascular surgery and pancreatic cancer surgery. The feedback we receive is that our advice:

- Provides a level of clinical scrutiny and transparency, sense checking thinking and challenging assumptions
- Provides a clear senior clinical appreciation of the options without fear of partisan bias
- Provides additional assurance to stakeholders in readiness for consultation
- Provides the wider strategic context and ensures that plans align to this
- Helps to provide clinical consensus where this is lacking.



Held **15** hours
of Council
discussion

The Yorkshire and the Humber Senate are pleased to have completed the following reports during 2016/17. The full reports can be accessed on our website www.yhsenate.nhs.uk The following case studies also provide more information on 2 of our reviews.

The Working Together Programme – Care of the Acutely Unwell Child

Commissioners and providers across South Yorkshire, Bassetlaw and North Derbyshire led a review of the care of the acutely unwell child. This followed a national review which highlighted the issues and challenges facing the provision of children’s acute care in district general hospitals. The Senate was asked to advise on the Case for Change and whether this provided a comprehensive review of the issues facing the service. *November 2016*

Yorkshire and the Humber – Blueprint for Hyper Acute Stroke Services

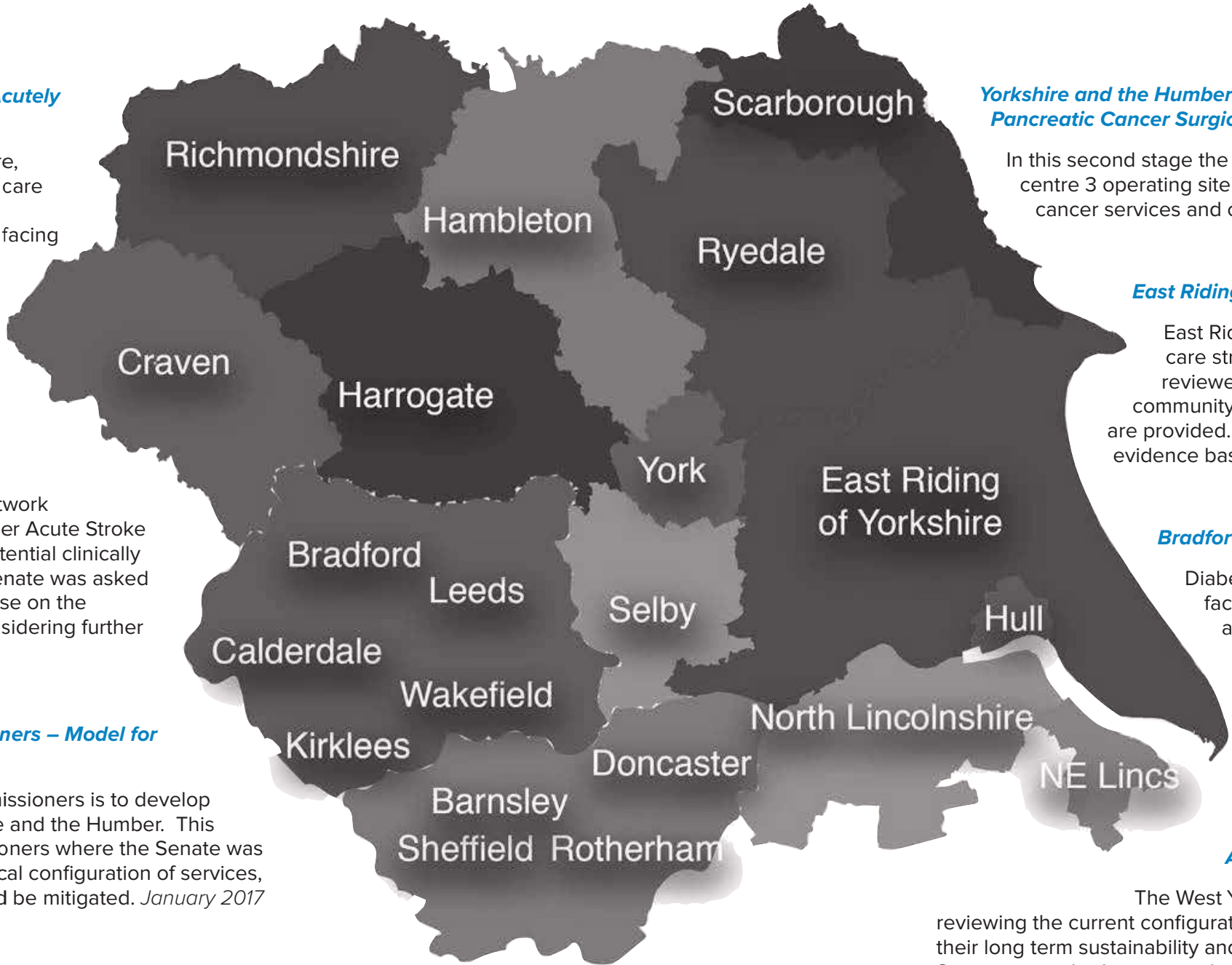
The Yorkshire and the Humber Strategic Clinical Network asked the Senate to consider their blueprint for Hyper Acute Stroke services which provided a high level overview of potential clinically safe and sustainable models for the service. The Senate was asked to consider the metrics and evidence used and advise on the principles to be adopted by organisations when considering further reconfiguration. *July 2016*

Yorkshire and the Humber Specialised Commissioners – Model for Vascular Services

The aim of this project led by the Specialised Commissioners is to develop the best model of vascular services across Yorkshire and the Humber. This was the second stage of working with the commissioners where the Senate was asked to consider the direction of travel for the clinical configuration of services, advise on any clinical concerns and how these could be mitigated. *January 2017*

Yorkshire and the Humber Specialised Commissioners – Model for Pancreatic Cancer Surgical Services Part 1

The aim of this project led by the specialised commissioners is to evaluate the local service against national standards. In this first stage the Senate was asked whether the current service model of 3 centres for specialised pancreatic cancer services was clinically appropriate. *September 2016*



Yorkshire and the Humber Specialised Commissioners – Model for Pancreatic Cancer Surgical Services Part 2

In this second stage the Senate was asked to review the proposal for a 2 centre 3 operating site model for the delivery of specialised pancreatic cancer services and consider if this is a sustainable solution. *March 2017*

East Riding of Yorkshire CCG – Urgent Care Proposals

East Riding of Yorkshire CCG published its revised urgent care strategy in 2016. In line with the strategy the CCG reviewed the provision of their Minor Injuries Units and community beds with a view to changing how the services are provided. The Senate was asked to advise on the clinical evidence base of their case for change. *August 2016*

Bradford Provider Alliance – A Diabetes Model of Care

Diabetes is one of the biggest healthcare challenges facing the NHS. The Bradford Provider Alliance led an innovative redesign of the integrated diabetes service involving a collaborative approach with all stakeholders to develop a pathway from prevention through to acute intervention. The Senate was asked to advise on the completeness of this model. *January 2017*

West Yorkshire and Harrogate CCGs – Hyper Acute Stroke Services

The West Yorkshire and Harrogate commissioners are reviewing the current configuration of Hyper Acute Stroke services to ensure their long term sustainability and compliance with national standards. The Senate was asked to review the Case for Change and advise on the areas of focus to strengthen the development of the proposals. *March 2017*

Case Study

Specialised Commissioning, Yorkshire and the Humber - Pancreatic Cancer Services

Background

Specialist pancreatic cancer services are currently being delivered from 3 centres within the Yorkshire and the Humber area and specialised commissioners have commenced a project designed to review and evaluate this service against national standards. Commissioners provided the Senate with the evaluation in September 2016 and asked:

“whether the current service model for pancreatic cancer is clinically appropriate.

Are there opportunities to improve the service and its compliance with the national service specification and what risks, issues, opportunities or concerns does the Senate advise the commissioner to consider in the development of the options for the future service.”

The Problem

When the services were assessed against the nationally mandated service specification, only one out of the three centres was found to be compliant with the required population minimum. This raised questions of whether each centre has a sufficient number of cases annually to maintain the expertise of the staff. This evaluation was also supported from peer reviews which noted that services within the Yorkshire and the Humber region were not delivered to the required standard.

Our Advice

The Senate recommended that the population base is a critical factor and therefore a 3 centre model for Specialised Pancreatic Cancer Services within Yorkshire and the Humber is not clinically appropriate. We advised that the opportunities to improve the service would be by delivering the Improving Outcomes Guidance recommendations.

The Senate also made a number of recommendations on the issues that need to be considered in the next stage of work including the need

- i. To better understand the demographics of the disease.
- ii. For more detailed analysis and understanding of the activity.

- iii. For more detailed information on the diagnostic and supporting services.

Our Impact

Commissioners confirmed that the independent clinical advice received from the senate;

- Provided an independent expert clinical opinion and scrutiny on the pancreatic service review.
- Provided clinical oversight in the service review work already undertaken.
- Enabled further discussions to take place between commissioners and providers on potential modelling for future service delivery.

Testimonial

“As commissioners involved in the review of specialised services with a variety of different providers across a wide geographical footprint, the ability to call on an independent assurance process from a range of specialists within their field has been invaluable in providing a level of scrutiny and transparency to the processes undertaken.”

“The ability to call on a range of specialists within their field has been invaluable”

Case Study

East Riding CCG – Urgent Care Proposals August 2016

Background

East Riding of Yorkshire Clinical Commissioning Group (ERYCCG) published its revised Urgent Care Strategy in 2016. In line with the strategy the CCG reviewed their current provision of Minor Injuries Units (MIUs) and community beds across their geography with a view to changing how these services are provided.

The Senate was approached by the CCG and asked to consider:

“Does the Case for Change demonstrate a clear clinical evidence base and is it robust enough to inform the development of the service options for public consultation.”

“How can the CCG strengthen their clinical leadership in the absence of a dedicated urgent care lead?”

The Problem

Commissioners identified that currently the MIU's offer a varying service in terms of opening hours and access to diagnostic tests which leads to a confusing picture for patients. This is due in part to difficulty with recruitment which has led to the MIUs offering inconsistent services. There is also variable attendance by the public at the MIUs which has led to challenges in clinicians not being given the opportunity to maintain their range of skills and competencies.

There is significant variability in the types of community beds that are available - their location, their admission criteria, occupancy rates and quality standards, for example. Commissioners have recognised that there is opportunity to better support patients to be able to go home with appropriate community support

Our Advice

We agreed that the current model of Minor Injuries Units (MIU) is unsustainable but that there was opportunity for commissioners to improve the Case for Change by:

- Providing more detail on the community bed provision to improve the explanation of their proposals

- Better explaining how the work on community beds and MIUs will link with the wider integrated urgent care system
- Focussing on ensuring the public understand the services being offered to them
- Giving more consideration to the management of patients with long term conditions and mental health issues

We also provided practical suggestions on how commissioners can strengthen their clinical leadership.

Our Impact

Commissioners confirmed that our advice helped the CCG to engage with clinicians about the proposed service changes and the clinical case for change. In addition our advice strengthened the case for change by focusing on how these proposals on MIUs and community beds fitted into the wider urgent care strategy. This strengthened the pre consultation business case and the CCG preparation and evidence for strategic check points with NHS England.

Testimonial

“The CCG would like to thank the Yorkshire and Humber Clinical Senate for their support and we will utilise the service again in the future for other programmes of work, we would also recommend the Clinical Senate's services to other NHS organisations.”



“We recommend the Clinical Senate's services to other NHS organisations”



Include All Members

- Ask and Encourage Questions
- Body Language
 - (open, tone, eye contact)
- Check understanding
 - (yours and theirs)

Contributed
to 4 reviews
nationwide

Yorkshire and Humber Clinical Senate 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.

The Yorkshire and the Humber Senate led a review of the Better Health Programme on behalf of the North of England Senate. This is a wide reaching programme of change across the Durham Darlington and Teesside geography. It aims to improve standards of community and in hospital services that are delivered across the healthcare system. We delivered our advice over the course of several months, involving both Council and Assembly members and took a small panel of experts to visit the sites in question in October 2016.

Commissioners have stated that our advice was invaluable because it:

- Supported clinicians to reach a broad clinical consensus on system wide transformation

- Supported and challenged local clinician's bold and ambitious strategy for emergency care, elective care and maternity, paediatrics and neonatal intensive care.

- Directed and challenged leaders to produce a robust and credible out of hospital improvement plan

In addition to this review 5 members of our Council have also contributed to the following reviews across England:

North of England Senate – Review of Liverpool Women's Hospital maternity proposals

North of England Senate – Hambleton, Richmondshire and Whitby CCG Mental Health pathway proposals

North of England Senate – Review of Midwife-Led Units in Northumberland

West Midlands Senate – Future Fit Programme



Completed 8 reviews in Yorkshire and the Humber

3. Personal Perspectives

COUNCIL MEMBER

Dr Kate Yorke, Psychology & Allied Health Professions Director, Humber NHS FT

I have been a member of the Clinical Senate since January 2016.

As a Clinical Psychologist with 24 years experience in the NHS I saw this as an opportunity to make sure that mental health was on the agenda in all of our work.

The NHS Mandate for 2014/15 states that “NHS England’s objective is to put mental health on a par with physical health”. In February 2016, the [Five Year Forward View for Mental Health](#) made a set of recommendations to ensure parity of esteem between mental and physical health.

Although a good number of the service changes we have been involved with at the senate have concerned acute and physical health services, there is always a mental health element to consider as mental wellbeing is known to be associated with better recovery and illness prevention. I see my role in the Council as ensuring that the mental health aspects have equal weight in our discussions to ensure the advice we

give has the breadth and depth needed.

I have recently been involved with a review of a mental health service and was able to use my experience with our local service changes as well as a review of the best evidence to inform my clinical advice.

ASSEMBLY MEMBER

Dr David Partridge, Microbiologist, Sheffield Teaching Hospitals

The opportunity to provide input into the shape of healthcare in other areas as a Senate assembly member has been both rewarding and educational. The reviews that I have participated in have been well organised and it has been interesting to consider and discuss the views of other clinicians on the appropriate direction of travel for regional healthcare. The assembly and council members who I have worked with have been engaged and enthusiastic about their roles and I believe that our Senate reviews have provided meaningful constructive feedback, which will translate into better outcomes for patients. The insight and critical review of practice development ideas elsewhere has also improved my ability to objectively consider our own service and how we might improve it.

COUNCIL MEMBER

Rebecca Bentley, Nursing Professional Lead and Non-Medical Prescribing Lead, Bradford & District Care NHS Foundation Trust

The clinical senate provides a valuable and meaningful opportunity to engage and participate in debate and discussion about a wide range of new service developments and transformation in the delivery of services. The inclusion of a variety of clinicians, service users and NHS leaders provides a rich and diverse view. My role on the senate as a nurse allows me to draw on the 25 years of experience in nursing I have across both primary and secondary care, in frontline posts, and management and leadership posts. With the guidance of the senate I am able to review and contribute to work streams from the perspective of a nurse, this allows each individual on the senate to bring their own unique perspective which is then skilfully summarised and utilised by the chair and senate manager to provide the responses that will influence and guide the requests for support from a variety of organisations.

Through individual support and supervision I have felt more confident in the contributions I offer. Any questions or queries I have about pieces of work

are readily answered and the forum of the senate is a kind and compassionate environment in keeping with the values and culture we aspire to in the NHS. I have learnt so much being part of the senate on local and national initiatives. The advice given and involvement of the people round the table is given with the best intentions and the strong commitment to make the NHS the best it can be. I recall a member of the council, a very busy clinician saying he was there for the greater good which I absolutely agree with. The senate council give their time and energy to support and offer their valuable views and advice on new and improved service transformation and I am very grateful to play a small part in this process.

Who's Who in the Clinical Senate

The Council

The Senate Council is the steering group for the Senate. This group 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 23 members from across our geography.



Asem Ali



Ian Golton

Associate Director of the Clinical Networks and Senate.
"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."



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."



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"



Peter Allen

Patient Representative

"To help bring to the Council public views from informed bodies both Public and Voluntary hopefully to aid the Council's decision making"



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"



John Baker

Professor of Mental Health Nursing, University of Leeds

"To raise the profile of mental health within the work of the Council"



Jon Hossain**

Consultant Vascular Surgeon and 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"



Nicola Jay

Consultant Paediatrician Allergy & Asthma, Sheffield Children's Hospital NHS Foundation Trust
"I believe in equity and equality, ensuring safe, quality services are available for all facilitated by strong clinical leadership"



Akram Khan

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



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"



Stephen Elsmere Patient Representative

"I have always been interested in the quality (how we implement and assess) of our NHS"



Sally Franks

General Practitioner in Leeds for 15 years and training new GP's

"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."



Pnt Laloë

Consultant Anaesthetist, Calderdale & Huddersfield NHS Foundation Trust



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
Consultant Intensivist & Deputy Medical 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
Joint Medical Director, 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
Vascular Surgeon & 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, 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."



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."



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"



Jo Poole
Senate Manager
"Developing the Senate so that its clinical advice is an integral part of 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 care professions and patient and the public representatives. The time commitment is flexible as members 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.

We have a membership of more than 100 clinicians and 8 Public representatives. During this year we have recruited an additional 9 members to our Assembly and are currently in the process of recruiting more patient and public members. 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

Drawn upon
68 clinical
professionals
for advice



4. Priorities for the Year Ahead

The Next Steps on the [NHS Five Year Forward View](#) was published in March 2017 and clearly sets out what needs to be achieved over the next 2 years. It marks the decisive shift in focus to supporting the delivery and implementation of key priorities including improvements in A&E performance, improvements to cancer services and mental health services and strengthening access to high quality GP services.

Sustainability and Transformation Partnerships (STPs) are now developed as a way to bring together GPs, hospitals, mental health services and social care to keep people healthier for longer and integrate services around those patients who need it most. As a Senate we need to ensure our skills are fully utilised in supporting STPs to meet these national priorities. This will include supporting their service redesign and innovation, their clinical transformation and in providing clinical leadership and support to the STP teams.

We look forward to holding an event in collaboration with the NHS England North Regional Office and the NHS England Engagement and Communications team on 22 June to meet with the clinical leaders across the 3 STPs in Yorkshire and the Humber and to identify the opportunities for working together.

**Considered
proposals
affecting 23
foundation
trusts**

5. 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.

2016/17 Expenditure	
Pay	83,300
Non Pay	7,620
Total	90,962

6. Key Contacts

🌐 www.yhsenate.nhs.uk

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Impacting on
nearly **5.4** million
service users