

## **Information Sheet: What is the role and core purpose of the Clinical Senate?**

### Our role, the breadth of our membership, and our offer to STPs/ commissioners

*Clinical Senates are a source of independent, strategic advice and guidance to commissioners, STPs, and other stakeholders, to assist them to make the best decisions about healthcare for the populations they represent.*

*The Clinical Senate Council co-ordinates and manages the Senate's business. It maintains a strategic overview across our region and it is responsible for the formulation and provision of clinical advice working with the broader Senate Assembly.*

*The role of the Head of Clinical Senate is to provide oversight and management of all aspects of Senate activity. The Head of Clinical Senate is supported by a Senate Administrator. The Senate Office is the support function and these are the only paid positions. All Senate Council and Assembly members work in a voluntary capacity.*

### How we develop advice for STPs/commissioners

*Clinical Senates review the service change proposals through **clinical review panels**. Review panels are made up of a group of clinicians and patient representatives brought together for that specific purpose. Review panel members are not associated in any way with the proposals and are primarily drawn from the Clinical Senate Assembly. With the Head of Clinical Senate, the sponsoring organisation determines the question it is asking the Clinical Senate to provide advice on. Once that has been developed, a Terms of Reference will be agreed and panel members secured. The panel members will review the case for change and evidence and agree the key lines of enquiry for the panel day.*

*The review panel is usually one day or less and may include site visits if it is considered to be appropriate for the matter under review. On the panel day, the panel convenes and meets with members of the sponsoring organisation for them to be able to answer any questions panel members may have. The panel then has confidential discussions on the case for change and evidence presented and formulates its advice which is provided in a confidential report.*

### The role of clinicians and patients in the Senate

*We are a Clinical Senate – the Clinical Senate Council has two co-chairs and the Council is a multi-professional Steering Group, including patient representatives. The wider Assembly membership is made up of clinicians and patient representatives.*

### How we work in collaboration with PPI Groups

*The Academic Health Science Network (AHSN) is a non-voting member of the Senate Council. We work closely with AHSN's PPI Senate through this established*

*link and PPI Senate members have participated in our clinical reviews representing a patient voice, which is on a par with clinicians.*

#### How we ensure evidence from other Senates' work is used

*The Clinical Senates have developed a central repository of all our work across the 12 geographic Footprints (in 2017-18), and this is currently being populated – this will enable us to easily search the extensive activity that has been undertaken elsewhere in the country by other Clinical Senates.*

#### How do STPs and members of the public access our information, resources, and clinical reviews?

*Each Clinical Senate has their own website and independent clinical reviews undertaken are published here (the outputs, reports and recommendations from the Clinical Senates are the property of the sponsoring organisations. Public domain access to the Clinical Senate review reports is made only on the express permission of the sponsoring organisation). Work is currently underway to look at a single hub for all 12 Clinical Senates.*

#### The Senate's mandate

*This is clearly articulated in the joining instructions/ acceptance letter. The integrity of the Clinical Senate needs to be maintained at all times, including managing potential conflicts of interest to ensure that clinical advice remains independent and impartial.*

#### Does the Senate consider cost in its clinical reviews?

*Whilst Clinical Senates are independent in their clinical advice given – we all adhere to the NHS England Single Operating Framework to ensure consistency and accountability.*

*At the heart of the NHS England assurance process for service change are the four tests from the Government's Mandate to NHS England. The four tests, intended to apply in all cases of major NHS service change, are:*

- *strong public and patient engagement*
- *consistency with current and prospective need for patient choice*
- *a clear clinical evidence base*
- *support for proposals from clinical commissioners*

*In addition to these four tests, NHS England also identifies a range of best practice checks for service change proposals, these include:*

- *clear articulation of patient and quality benefits*
- *the clinical case fits with national best practice and clinical sustainability*
- *an options appraisal includes consideration of a network approach, cooperation and collaboration with other sites and / or organisations*

*As part of the NHS England assurance process, Clinical Senates are requested to review a service change proposal against the appropriate key test (clinical evidence base) and the best practice checks that relate to clinical quality.*

Does the Senate receive feedback on the clinical advice provided as part of clinical reviews?

*We would always endeavour to provide feedback to all members who participate in our clinical reviews, including patient representatives.*

*Any final decision rests with the sponsoring organisation (the organisation/ Clinical Commissioning Group) that commissioned the Senate to undertake a clinical review; however, we do endeavour to maintain any dialogue so we know what may have happened as a result of our recommendations.*

How does the Clinical Senate communicate with our members?

*We generally communicate with our Assembly members via emails/ newsletters and of course we have a website. Senate Council members also meet 6 times a year – this is our business meeting.*

Purpose of Clinical Senates<sup>1</sup>

*The purpose of Clinical Senates is clearly defined in NHS England's Operating Framework – it is important to remind STPs, as they develop and mature, about how we can support more broadly, and that by maintaining a positive dialogue with the STPs, this will ensure that they are reminded of how we can help.*

*Clinical Senates support health economies to improve health outcomes of their local communities by providing **independent, impartial and evidence-based clinical advice.***

*Clinical Senates engage a wide range of health and care professionals, with patients and the public, so that clinical advice draws on a **breadth of knowledge, expertise and leadership.***

Guiding principles

*Clinical Senates have a set of values to guide their work, consistent with the NHS Constitution.*

*Clinical Senates support commissioners to put outcomes and quality at the heart of commissioning, and to promote the needs of patients above the needs of organisations or professions.*

*Senate members maintain an objective and impartial view, openly declaring conflicts of interest and respecting the need for confidentiality.*

*Patients and citizens have an equivalent voice.*

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<sup>1</sup> Clinical Senates in England Single Operating Framework 2014-15

*Diversity and equality is valued and promoted.*

*Advice is independent and impartial informed by the best available evidence; where evidence is limited, Clinical Senates seek to build and reflect consensus.*

*Business processes, decision making, governance and accountability will be open and transparent and adhere to the Nolan principles.*

*Clinical Senates will work together and co-ordinate activities where required, within and between regions, to ensure they reflect cross boundary patient journeys and coherence in advice provided, avoid duplication and secure best value from their collective resource.*

### Organisational model

*Clinical senates are independent advisory bodies comprising a Clinical Senate **Council** and a wider clinical senate **Assembly**.*

*The Clinical Senate **Assembly** is a diverse multi-professional group enabling ready access to experts from a broad range of health and care professions and the patient and public voice. Members encompass the full spectrum of NHS care.*

*The Clinical Senate **Council**, a smaller multi-professional leadership group, including the patient and public voice, is responsible for co-ordinating and managing the Clinical Senate's work, assuring the process through which advice is formulated and approving the definitive advice provided.*

*Each Clinical Senate has a support team funded through a budget allocated by NHS England.*

### Accountability and governance

*Clinical Senates are non-statutory bodies. Commissioners remain accountable for the commissioning of services and providers remain accountable for service delivery.*

*The East Midlands Clinical Senate chair is accountable to the Medical Director of NHS England Central Midlands for ensuring that:*

- *The Clinical Senate operates as a credible source of advice and that its advice is always independent and impartial of any organisation to which it is provided*
- *The guiding principles are adhered to*
- *The Clinical Senates' business functions and processes are effective*