##### TRANSCRIPT

##### Episode 9 – Clinical Senate Reviews

##### Paul Parsons - This is Not a Consultation. I'm Paul Parsons.

##### Caroline Latta - And I'm Caroline Latta.

##### Paul Parsons - Welcome to Not A Consultation.

##### Caroline Latta - Our podcast on all things patient and public involvement and NHS service change.

##### Paul Parsons - Hey, Caroline, haven't seen you yet today. What have you been up to?

##### Caroline Latta - Well, I've had a great day. I've been working with clients, advising them on options development processes and how we, of course, make sure that patients influence the development of proposals. And then I've spent time with other clients looking at different ways to carry out stakeholder mapping, because we know there's different ways we can do it and thinking about what works best for them. And in particular, we've been thinking about what does good stakeholder management mean. What have you been doing?

##### Paul Parsons - So, quite similarly, I have been thinking about how to develop proposals. This morning, I was training a group on developing proposals to present in a public consultation. And this afternoon, I briefed one client on setting up a joint scrutiny committee for their programme. And, very excitingly, Caroline, I have been checking our emails from our lovely listeners. There’re some great ideas for topics to cover in future podcasts. So if you're sitting there thinking, I've got an idea for a topic I'd like them to cover get in touch. You can ask us questions, you can give us ideas for things to cover in the future. Let us know by emailing us at listen@notaconsultation.com. Better yet, message us on Twitter @notconsultation.

##### Caroline Latta - So, today on the show, we're going to be talking about one of the more, I would say, misunderstood aspects of service change processes. It's Clinical Senates.

##### Paul Parsons - Clinical Senates are a critical part of major service change. They provide incredibly valuable insight and decades of clinical experience to make sure that your change programme is the best it possibly can be.

##### Caroline Latta - I've had the privilege of working up close with Clinical Senates on a number of occasions, so I know the value they bring to change programmes. I'm really pleased that we're focusing in on them today on the podcast, as one of the frequent questions I'm asked by clients and their stakeholders is what Clinical Senates are, what do they do and how to work with them?

##### Paul Parsons - We invited some people from Clinical Senates around the country to tell us about what they do. And we started, as we always do, by asking them to introduce themselves.

##### Sally Pearson - I'm Sally Pearson. My background is public health medicine and I currently work for NHS Resolution and NHS England. And I chair the Southwest Clinical Senate.

##### Paul Stevens - Hello, I'm Paul Stevens. I'm a kidney doctor by background and have been for more years than I care to remember, and I chair the Southeast Clinical Senate.

##### Emma Orrock - Hi. Emma Orrock, head of Clinical Senate for the East Midlands and West Midlands Clinical Senate.

##### Caroline Baines - Hi, I'm Caroline Baines. I'm the senior manager for the Northwest Clinical Senate.

##### Paul Parsons - Hello, everybody. Welcome to Not a Consultation. Sally, I wonder, would you start by giving us a short description of a Clinical Senate?

##### Sally Pearson - Yes, of course. Clinical Senates were first established in 2013. I think they were part of the re-organisation of the health service, where we lost PCTs and moved into CCGs. And as a consequence, there were kind of Clinical advisory groups that had been established at a strategic health authority level that would have disappeared in that re-organisation. So as part of that move, they established in each of the regions a Clinical Senate. And the purpose of the Clinical Senate is to bring together groups of clinicians from across the region and with varied backgrounds and professional disciplines to provide independent clinical advice within the region.

##### Paul Parsons - Thanks, Sally. Caroline.

##### Caroline Latta - Paul, can you tell us about the role Clinical Senates play in a major service change?

##### Paul Stevens - Yeah, so we're a source of independent, impartial clinical advice and we can really come in either right at the beginning of major service change. So when commissioners or providers looking to start the service change process want some advice as to how to start it, how to go about it, then we can come in at that stage. But I guess we most frequently come in at the pre-consultation business case stage, where we'll be asked to review a pre-consultation business case and essentially with a critical friend looking at it with a fresh pair of eyes.

##### Paul Parsons - There's quite possibly no such thing. But I wonder, could you describe for me how a typical Clinical Senate review works?

##### Paul Stevens - In the process, we'll convene a panel that consists of a variety of people and the people that we put on a panel will obviously depend on what case we're looking at. So, if we're looking at reconfiguration of an acute hospital, then we have quite a large and wide-ranging panel that goes right the way across the different professions that are going to be involved in that reconfiguration. Alternatively, if we're maybe looking at transformation of stroke services, for example, and then we'll focus much more on the people who be involved in delivering that kind of service. It's key, though, that whatever the panel we convene, we have our patients and public partners as part of that panel. And I think that's one of our big strengths in all of our Clinical Senates, that all of us have very good and very strong patient and public engagement within the Senate Council itself and within our panels.

##### Paul Parsons - Sally, what's it like serving on a Clinical Senate?

##### Sally Pearson - It's quite a lot of hard work, so any of the clinicians who are on the panel have a lot of documentation to read through and just orientating themselves with the geographical area that they're working with and the current model of service, but it's tremendously rewarding as well. I chair the panel, so it brings with it its own challenges. You can have up to 20 or more people on your own Clinical Review Panel, plus maybe 20 or more clinicians that join you from the system that's wanting to affect the change. So managing that conversation can be quite challenging, whether you're face to face or virtual. But I always encourage the clinicians who are presenting their changes to see it as a bit of a gift, because in that Clinical Review Panel you have a group of peers who share your commitment to improving services. They may not be in their own geographical area, but they've got a motivation to make services within their region be the best they can be, and they're giving freely of their time to explore your proposals with you and to reflect back to you some of the areas where there may be inconsistencies.

##### One of the things that characterises significant service change in the health service is that it quite often generates quite profound emotions in public and stakeholders, which makes an open and honest conversation and discussion about what might be in the best interest of patients, sometimes quite difficult. And the beauty of the Senate and its Clinical Review Panels is that they can come and look at those proposals, divested of any of the relationships locally that are impacting on that. So for the system, it can be a really valuable way of getting objective clinical advice that helps them to develop their services in the best way possible, but also move on that conversation with some of the stakeholders in their local area that may be quite resistant to the change.

##### Caroline Latta - Emma and Caroline, could you talk us through the process of setting up a Clinical Senate review?

##### Emma Orrock - Usually we work on an eight to ten weeks timeline. There may be some variation. Our clinicians have to give at least six weeks’ notice, so it works really well for both sides if we have eight to ten weeks’ notice so that we can convene the panel, so we can agree the terms of reference.

##### Caroline Latta - When does the Senate find out the review is needed, and how do you go about organising one?

##### Caroline Baines - We're normally quite aware of what's going on in our own regions anyway in terms of major service change, because we do tend to work very closely with our colleagues in NHS England Assurance, so we're normally aware many months in advance that a piece of work is likely to be coming our way. Sometimes we do get taken by surprise with some ad-hoc requests and those will generally come from commissioners themselves and sometimes even the providers of the services seeking to get our thoughts really on whether a Clinical Senate review would be appropriate and good use of everyone's time.

##### Caroline Latta - How do you go about identifying the conditions to take part?

##### Caroline Baines - I think what makes a really effective Clinical Senate panel member is somebody who's got very good soft skills, so somebody who can challenge in a very constructive way, who can support colleagues to think about the art of the possible and to really push that thinking, but in a way that's very positive and supportive. So we need to make sure we've got people in the room that can really make that positive experience for everyone concerned. Increasingly a lot of us are working more on multiple services at the same time, so obviously we need to ensure we have the relevant clinical expertise regarding all of those services. And that's not just medical. We're very keen to make sure that we have the clinical representation in the broadest sense, so we'd always make sure we have appropriate nursing representation, AHPs, even ambulance service, social care as appropriate, and of course patient representatives as well. And by the time people are invited to be on the panel, then we tend to be fairly confident that they are people who we know have the right skills to be able to do that effectively.

##### Paul Stevens - Where we don't perhaps have the necessary expertise available to us, we can dip into our sister Senates around the country and Caroline and I worked together just recently on a review that the Northwest were doing, me with my kidney hat on rather than my Senate hat on.

##### Sally Pearson - So making sure that we're drawing from a group of clinicians that don't have a vested interest in the service that's being reviewed and you can imagine that for some of the small specialties that's quite difficult. So you quite often have to go outside your own geographical region to secure that.

##### Caroline Baines - Virtually all the people involved in the Clinical Senate and the review panels give up their time without payment, so they're either released by their employing organisations and some of them actually do it in their own time using study leave or annual leave.

##### Paul Parsons - What kind of budget do programme managers need to set aside for a Clinical Senate review?

##### Caroline Baines - It's very minimal, it could be as low as zero. The reviews that we've done during COVID have tended to be online, obviously, so there's been no associated costs with that at all. The way we prefer to do our reviews when possible is to do site visits and actually speak to people in person. The panel members seem to get an awful lot out of actually walking the shop floor and speaking to people who are delivering the services and not just the people who are sitting in the big boardroom who are saying all the right things. So when it is a case of a site visit, we would normally ourselves, pay for our own members to travel to and from there, but we look for just subsistence funding. So if it requires an overnight stay, then we would ask the commissioners of the review to pay for an overnight stay for colleagues and just some basic food and beverages to put us on and allow us to fire through to the end.

##### Paul Parsons - Can you describe how a Clinical Senate review can influence proposals for major service change?

##### Sally Pearson - I always help systems understand right from the beginning that the outcome of this process can be one of three things, recognising that the Clinical Review Panel is part of a formal assurance process, being run by NHS England and effectively they've delegated to the Clinical Senates the judgement about whether a service change meets the requirements of the clinical evidence test. So the outcome is either that you've got a Clinical Review Panel that says we're satisfied that there's all the clinical evidence that you require, they're backed by clinical evidence, and this would be happy for this proposal to move to consultation, or there's no clinical evidence to support it, or there's insufficient clinical evidence to support it and it shouldn't progress. In between those two, there are findings of, there is a clinical evidence space, it's moving in the right direction, it's the right thing to do, but the Clinical Review Panel have some areas of advice about how the proposals could be improved. And sometimes those are shaped as advice that ought to be complied with prior to consultation. So they're things that you really need to sort out before you start to have this conversation with the public. Or they can be things that you need to consider as a system before you implement those changes. But that in a way, helps to focus the system's mind on these are the outcomes that I might get from a Clinical Review Panel, but also to say to them, it's not a threshold to test. And some of us have had experience of systems that kind of see the Clinical Senate process as a hurdle to be overcome. And they try and minimise it and leave it to the last minute and wait until they've got all of their ducks in a row. And then their belief is that they'll leap over the hurdle, and that could be fine. And of course, the best clinical reviews come from those systems that engage with us early, talk to us early about their proposals, give the Clinical Review Panel an opportunity to feedback on early iterations of the business case. And therefore, when you get to the final Clinical formal Clinical Review Panel, you've largely distilled the questions that need further exploration into a limited number of issues that both the panel and the clinicians from the system are expecting to have a more detailed conversation about. So, it becomes a more iterative developmental process than perhaps systems perceive it to be when they read the guidance.

##### Caroline Latta - Just picking up on the issues that you've covered, what clinical specialties have you reviewed, and do you see some common themes emerging?

##### Sally Pearson – I suppose it’s the nature of the things, isn’t it, that most systems, or because of policy changes nationally, Clinical Senates from across the country tend to find themselves looking at very similar service reconfigurations at the same time. So, Paul spoke about reconfiguration of stroke services, and I suspect every single Senate has had a number of stroke reconfigurations to look at. And one of the benefits of the national Senate system and the close working of the Senate managers from across all of the Senates is that we can put together the findings from all of those reviews and bring those together in a way that perhaps isn't done anywhere else within the service. In terms of the key things that I think emerge from service reviews, workforce is generally the thing that pushes a system to recognise the need that a service needs to change because they cannot secure sufficient specialist skills and expertise to enable the continuation of service in their current model. And it is generally concerns about the sustainability and the robustness of the workforce going forward that forms the basis of the most significant challenges from Clinical Review Panels back to systems about their proposals going forward.

##### Paul Parsons - How does patient voice influence the panel?

##### Paul Stevens - I guess we do it in different ways. So, in the panels that we run, then our patient and public partners will have their own time set aside in the panel. They can come in at any stage anyway, but they have their own dedicated time, so they know that the things that are important to them, they can bring up and voice, and they also know that they can do that in a safe and supportive manner and that really is important. And I think the other thing we should remember is that patient need and patient choice is woven throughout the new health and social care bill, although people perhaps frequently don't realise that.

##### Paul Parsons - Thanks, Paul. Emma and Caroline, so we can encourage our listeners to follow best practice, can you describe for us your ideal customer for a Clinical Senate review?

##### Caroline Baines - The first thing for me would be engaging early with us, so not coming to us six weeks before you need a review. I always say to colleagues in my area, you can't engage with us too soon. I would say be open, be honest, be transparent. We're here to be supportive and constructively critical. We are not here to make judgements. So be honest with us and be open and bring a really broad range of colleagues to the table.

##### Emma Orrock - I think the evidence submission and the level of detail that's provided, but also how it is submitted and how it's laid out, because our Senate panel members will all be doing their day jobs and probably reading that evidence submission in the evenings. I would also then just say in the written evidence submission and on the day itself, really describe the patient journey, maybe even start with the patient journey. And then I would just add maybe if there's a muffin to go with the sandwich and the piece of fruit for Senate panel members, that goes down really well.

##### Sally Pearson - It might sound a bit cheeky, but I'd say the ideal system is a system that's actually read the documents that they're going to give you, because sometimes you get documents that have been written in by different people in different parts of it. And the Senate Clinical Review Panel is often the first one that had to read it from beginning to end. And it's amazing how much repetition there can be in there or how many disconnects there are, because they're calling things different things in different places. And there's often quite a bit of showing off in business cases where there's so much data, because they happen to have the data and the information, rather than discriminating between the information that's really going to help you to make the case about your change.

##### Caroline Latta - So you've been working with the programme, they've been and looked at the services and spoken with the programme clinical leaders and local stakeholders. So, what happens next?

##### Emma Orrock - So the core Senate team has the primary responsibility to draw all of that together, which is quite a challenging task. So everything that's been seen and heard into a draft report, it's very much a team report. So once the content is there and the structure, we share that, it may be different, but in the Midlands, with the panel chair first and then with all of the panel members. Once we've been through that process and the Clinical Review Panel as the team are happy with it, we submit it to the sponsoring organisation who are able to check it for matters of factual accuracy only. It then comes back to the Senate team, we work through that process and then it has to be ratified by our Senate council. Usually, we would be turning that draft report around in about two weeks.

##### Sally Pearson - Yes, so the report, when it's shared with the system, is the system's property, if you like. It's their report. So, it generally stays confidential within the discussions around the service change until the point when they're going for public consultation. Then the Senate will publish those reports on their website.

##### Caroline Latta - You've provided the reports with recommendations to the programme. What happens to the recommendations? How are they followed through and assured as part of the overall planning and assuring service change process from NHS England.

##### Sally Pearson - So generally, if we'd made suggestions or recommendations as part of the Clinical Review Panel report, it depends whether they're in that category of should be done before consultation or before implementation. So if it's before consultation, that generally will slow down the process of the NHS England assurance processing. It's often a long time between a kind of Clinical Review Panel and implementation. So probably the discipline about the following up of those recommendations is less robust than the ones prior to consultation.

##### Caroline Baines - I think it's worth noting that the advice and recommendations that Clinical Senates give is not mandated. So the commissioners are not actually obligated to follow the advice and recommendations given, nor are they accountable to the Clinical Senate for doing that. But if commissioners don't take on board that advice and recommendations, then should the piece of work end up going to the IRP or Judicial Review, then they could have some very difficult questions to answer about why they didn't take on board that advice and why they didn't follow it.

##### Paul Parsons - Thanks, Caroline. The Health and Care Act has given a welcome rise in profile to the need to reduce health inequalities. I wonder what you see the role of Clinical Senates being, in helping to reduce the inequalities that so many of our communities experience.

##### Caroline Baines - In the Clinical Senate, we've always taken an interest in terms of inequalities and making sure that the plans that are being proposed will ideally help to reduce inequalities within the area and certainly that they will not widen inequalities. And sometimes that can be an unintended consequence of the plans, which is where the expert objective view of the clinicians coming in is so valuable because they can often spot where that might be an issue. But more recently, I think particularly the rising of tools such as the core 20 plus five that's come through from the National Health Inequalities team is proving really, really useful in terms of us being able to give much more tangible, useful, practical tools to programmes to help them look at that issue.

##### Paul Stevens - In our Senate, we've just recently been fortunate to follow the example of other Senates and appointed Clinical Fellow, so she is going to look specifically at producing inequalities advice for our Senate council.

##### Paul Parsons - Thank you both. Sally, what do the people who take part in a Clinical Review Panel get out of it?

##### Sally Pearson – So, the clinicians who are making the proposals clearly get the benefit of having reflections on their proposals. But equally, those clinicians who have taken part in the Clinical Review Panel almost universally say how much they get out of it in terms of their ability to see another system reflect on the services that they deliver within their own geographical area and consider the extent to which some of the things that they've heard and learned as part of that clinical review process may well help them develop their services and practice locally.

##### Paul Parsons - Thank you. And thank you all for joining us to talk about Clinical Senate reviews today. To finish up, can we ask you for your top tip for change programme managers who are planning for a clinical review? Caroline Baines, can we start with you?

##### Caroline Baines - Engage with us early.

##### Paul Parsons - As simple as that. Engage with us early. Can I come to you now, please, Emma?

##### Emma Orrock - Keep talking to us. Ask as many questions as possible throughout the process, particularly in the run up, so we can make things as smooth as possible and be just completely open with us, really helps.

##### Paul Parsons - Thank you very much. Sally, can I come to you for your top tip, please?

##### Sally Pearson - See your Clinical Senate as your friend, not your foe.

##### Paul Parsons - Thank you very much and Paul?

##### Paul Stevens - Make sure that whatever you say has data and evidence to support it.

##### Paul Parsons - Thank you very much.

##### Caroline Latta - Wow, that was a lot.

##### Paul Parsons - Yes, it was. There's so much to take away from that conversation.

##### Caroline Latta - For a start, it's really made it clear to me how important it is to get the Clinical Senates involved as soon as possible in the service change process. It's an interactive process. Having input on your business case can only be a benefit to any change programme.

##### Paul Parsons - I often say that the programmes are only as good as the scrutiny that they're put under. So the very nature of this exercise makes the programme much, much stronger. The fact that the advice they provide is of an objective clinical nature is absolutely invaluable.

##### Caroline Latta - You're right. I liked the reflection on the fact that these sorts of service change programmes can bring up a lot of emotions in people. So the Senate can bring their objective clinical viewpoint and help move conversations on where there have been some local hesitancy or concern about services moving around.

##### Paul Parsons - Yeah, that's an important point. I think it's also important to remember the point they made that the Clinical Senate is not a hurdle to overcome. It's not a box to be ticked. It's best when you make it an integral part of your change programme and that can actually make the job easier. The Senate panellists can help you to see clearly through the challenges that you've got. And that, again, speaks to why it's so important to get them involved as early as you possibly can. It's better if you don't present them a completed programme, actually get them involved, use them to help you complete your programme.

##### Caroline Latta - And while they provide advice that doesn't have to be followed, I think it's worth remembering that point, that it is part of the formal assurance process for NHS England of planning and assuring service change. So, if the worst were to happen and the programme faces challenges such as judicial review or a referral to the Secretary of State, there will be questions asked as to why their advice wasn't followed. And as we always advise our clients, it's always about your appetite for risk.

##### Paul Parsons - And it's important to remember that all the different Clinical Senates have their own arrangements. So, while we heard in the conversation there that some of them cover the costs for travel and accommodation, then some actually might want a contribution towards those charges. You need to speak to your local Clinical Senate to find out what the exact arrangements are. And that was our episode on Clinical Senates.

##### Caroline Latta - We're really grateful to Caroline Baines, Paul Stevens, Emma Orrock and Sally Pearson for joining us today to talk about Clinical Senates. They've been great guests, providing helpful insights into the clinical review process in NHS Service Change Assurance.

##### Paul Parsons - We'd love to know what you think about this episode and all of our others. Join the conversation by following us on Twitter @notconsultation or emailing us at listen@notaconsultation.com.

##### Caroline Latta - So, here we are again. That's it for this episode. There's loads more learning in our other episodes, all available on our website www.notaconsultation.com

##### Paul Parsons - You can find us as Not A Consultation wherever you get your podcasts and hit subscribe to be the first to get all our new episodes. Thanks for listening and remember, this is not a consultation…

##### Everyone - it's a podcast.

##### Callum Currie - Not a Consultation is powered by Stand - stakeholder involvement, strategic communications and programme support for health service change. Check them out at www.wearestand.co.uk.

Not a Consultation is written, hosted and produced by Caroline Latta and Paul Parsons with assistance from me, Callum Currie. Get in touch at listen@notaconsultation.com and follow us on Twitter @notconsultation. All of our episodes are available at www.notaconsultation.com.