

Clinical Senate Newsletter

November 2018 | Issue No 3

Welcome from the Clinical Senate Chair

We would like to thank our members who have participated in clinical review panels over the last few months.

It is our members who make the Clinical Senate a success, and we are grateful to our existing members who are committed to the Clinical Senate's programme of work. We are currently actively recruiting new members from across the East Midlands, particularly as the volume and variation of work is increasing.

Since producing our previous newsletter in June, we have conducted two STP clinical reviews and including supplementary panels and a review of the Residential Short Break Service in Northamptonshire. Further details are contained within this newsletter. We are extremely proud of the work of the Clinical Senate and the significant contribution we have made to the wider health and care system. This has been recognised in our 2017/18 Annual Report, which has been published by all three Midlands and East Clinical Senates (and can be found below).

We have also identified three proactive quality improvement projects which should be helpful and add value to our local health care systems.

Finally, we are pleased to announce that Alyson Evans recently joined the Senate Office alongside Emma Orrock and Lara Harrison who manage and co-ordinate the full programme of work.

Best wishes

Professor Ashley Dennison

Work Programme

Clinical reviews undertaken since June 2018

We have conducted the below clinical reviews since June:

- University Hospitals of Leicester NHS Trust Acute Reconfiguration clinical reviews
- Lincolnshire STP clinical reviews
- NHS Nene and NHS Corby Clinical Commissioning Groups - Residential Short Break Service

We have now published the following Clinical Senate reports (with the permission of the sponsoring organisations):

- Resetting Health Care in Corby (2017)
- Resetting Intermediate Care Services in Northamptonshire (2018)
- Nene and Corby CCGs Residential Short Break Service (2018)

All published reports can be found on our website: <http://emsenate.nhs.uk/>

Pro-active work

Physical Activity and Exercise Medicine

The health benefits of physical activity are well established and include: primary prevention of non-communicable diseases such as cardiovascular disease, type 2 diabetes and many cancers; secondary prevention of complications and further morbidity from a range of conditions; and tertiary prevention. Nationally, the Faculty of Sport and Exercise Medicine are reviewing the evidence base for the use of physical activity in the treatment pathways for twenty long-term conditions. To complement this work at a local level in the East Midlands, Public Health England and the Clinical Senate are working together to understand, for selected long-term conditions, the extent to which physical activity is used as treatment within care pathways and how these treatment services are commissioned and delivered locally.

An initial phase of the project involved discussions about the physical activity as treatment landscape across the East Midlands and identified a number of clinical pathways in which physical activity is used, and the complexity of the landscape with variations not only between different long-term conditions but also between commissioners and providers in different places within the same long-term condition. We are now moving into Phase 2 which seeks to map two clinical specialities in distinct geographies in the East Midlands, current NHS commissioning and provision of physical activity services. The findings from these case studies, as well as implications for commissioning and clinical practice, will be presented at the Clinical Senate Annual Assembly Event on the 28th November 2018. **Please contact the Senate Office (below) if you would like to register for this event.**

Clinical risk and escalation during winter pressures: Lessons from 2017/18

The winter of 2017/18 saw the NHS in England experience extreme and possibly unprecedented pressures across the system. In response to this, NHS England Central Midlands held a workshop in Spring 2018 to review the impact of these experiences and explore the key learning points organisations had gained. One of the recommendations of the workshop was that NHS England commissioned the Clinical Senate to undertake a qualitative and evidence based review of some of the localised experiences in order to produce a report detailing clinical guidance and recommendations for future practice.

Two of our sessional Clinical Fellows now plan to take this forward by formulating a literature review looking at the current available evidence regarding winter pressures and to undertake a qualitative clinical review. This will be achieved by visiting a representative sample of organisations across the East Midlands to gain insight into what constitutes best practice and looking at lessons which can be shared across the region to improve outcomes. This will culminate in a final report detailing clinical guidance for commissioners and providers on best practice for managing winter pressures in the region.

“Specialist Registrar training is effective in developing the knowledge and skill required to deal with most clinical challenges one may face after transitioning from registrar to consultant. There is less emphasis placed upon non clinical aspects of daily consultant life, a fact I was acutely aware of when approaching the end of my registrar training.

The time I have spent working with and within the East Midlands Clinical Senate has provided a window into the inner working of the NHS. I have had the opportunity to actively participate in STP reviews by providing relevant specialist input and advice, but also gaining valuable insight into how an STP process works and how a Clinical Senate can act as a ‘critical friend’ to better inform and sense-check an organisation.

I have undertaken proactive work relating to how organisations plan for ‘winter pressures’. The hope is that this piece of work and the subsequent advice and guidance will help better inform our local acute Trusts, ambulance service and CCGs of the best available guidance, provide an opportunity for shared learning between organisations and allow improvements to the processes by which our patients receive care at this challenging time of year.

I have thoroughly enjoyed my involvement with the Clinical Senate so far and look forward to embracing the challenges that lie ahead safe in the knowledge the skills I learn now will assist with my future endeavours.”

Clinical Senate Clinical Fellow

Reviewing the evidence base on 'multiple site single service' models of care in the East Midlands

Introduction

Increasing use of ‘multiple sites single service’ models, which has necessitated service delivery across more than one clinical site or tertiary centre, seems to be gaining grounds in plans for service reconfiguration in Sustainability and Transformation Partnership Plans. Public Health England in partnership with the East

Midlands Clinical Senate are leading a four staged approach to develop a framework to support Clinical Senates and STPs.

Methods

A systematic review of the literature to understand the evidence base and establish the enablers and barriers of this model has been undertaken by PHE. Potential themes that are essential for the optimal definition of the model have been identified.

Phase two of the project involves exploring experiences of other Clinical Senates through a mixed method qualitative study. This comprises a table-based discussion at a recent national Clinical Senates' meeting, and further in-depth interviews and engagement of regional Clinical Senates on quality improvement of the model definition and framework.

Results and Conclusions

Results from the systematic review is anticipated to be ready for publication in December 2018, while our Clinical Fellows will be engaging further with regional Clinical Senates in the new year. The qualitative insights gained will complement the outcomes from the systematic review. Thus, providing necessary themes for the optimal definition of the model, and providing a clinical framework for Clinical Senates and STPs to utilise when considering these models.

“Being involved in multiple site single service pro-active work has broadened my experience, and exposed me to the world of qualitative research. I have had hands-on experience in research design and planning; design of questionnaires; data collection and gained insight into thematic analysis.

Participating, contributing and rubbing minds at steering and Senate Council meetings with experts from Public Health England and East Midlands Clinical Senate will remain an indelible experience with me.

I am very grateful to Ashley, Matt and Emma for their leadership and support especially with the recently concluded focus group at the national Clinical Senates' meeting in London.”

Clinical Senate Clinical Fellow

Membership

Clinical Senate Assembly membership – how to apply

Can you use your clinical expertise to improve healthcare in the East Midlands? Our Clinical Senate is looking for clinical professionals to provide advice on a range of healthcare services. More info at <http://emsenate.nhs.uk/clinical-senate-assembly> #EMClinicalSenate

The Clinical Senate Assembly is a diverse, multi-professional membership forum, providing a clinical resource and access to experts from the full range of health and care professions.

Clinical Senate Assembly members will be invited to participate in issues of strategic importance to improve healthcare in the East Midlands and formulate independent clinical advice. Members will work in multi-professional groups to provide their expert knowledge and opinion – clinical reviews could be virtual (desk top review) or a physical meeting based in one of our STP Footprints in the East Midlands.

Senate Assembly membership will be for two years. Your time commitment is flexible and will depend on membership of the working groups. There is likely to be an annual Assembly event to support professional development, and which promotes the role of the Clinical Senate – which will attract CPD points.

Applications are welcomed from enthusiastic and passionate health and social care professionals from all disciplines who are actively involved in healthcare delivery, and are able to command the respect of clinical and non-clinical professionals.

To apply for membership of the Clinical Senate Assembly, please send an expression of interest to: england.eastmidlandsclinicalsenate@nhs.net

Please provide your name, contact details, role and employing organisation. This should be supported by a statement of no more than 500 words describing your professional background and areas of interest, as well as your reasons for applying / describing what you would bring to the Clinical Senate.

Resources

Midlands and East Clinical Senates 2017/18 Annual Report:



MidlandsAndEastClinicalSenates-1718Annual

Patient & Public Involvement Checklist for organisations leading STPs:



PPI Checklist for STP
Final Version.pdf

South West Clinical Senate Council Workforce Recommendations:



2017 12 06 Senate
Recommendations Wc

National Clinical Senate Topic Log

This Topic Log has been compiled on behalf of all 12 Clinical Senates, and can be easily searched to identify

the type of work undertaken by each of the Clinical Senates since their establishment in 2013:



Copy of National
Clinical Senate Topic I

Get in touch

If you have any questions or comments on this newsletter or if you can suggest content to feature in a future edition please contact:

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