

Olovus briefing: Working with Clinical Senates - NHS in England

Summary

Clinical Senates are a hugely valuable and often misunderstood element of the service change process in England. This guide sets out how to work with Clinical Senates, how they are composed, what they can offer your programme, and some best practice to ensure that you maximise the benefit of working alongside them.

Background

Clinical Senates were established by the Health and Social Care Act 2012 as non-statutory bodies designed to provide independent, strategic advice and guidance to commissioners and stakeholders to assist in making the best decisions for the population they are responsible for. A Clinical Senate review is a crucial checkpoint in any major service change programme.

Practical steps

A Clinical Senate review typically follows this pattern:

1. Notification: Proposing organisation gets in touch with their Clinical Senate to tell them about the service change proposals.
2. Preparation: Proposing organisation and Clinical Senate discuss and agree terms of reference for the panel review; make arrangements for a review panel visit; and share relevant documents - typically pre-consultation business case and associated information.
3. Review panel visit: A panel visits to see services in action, receive presentations from, and ask questions of programme team representatives. There are often 20 people on the review panel.
4. Report: The Clinical Senate drafts its report; the proposing organisation receives, checks, and considers the report. The proposing organisation and Clinical Senate agree a date to publish the report.

There are three possible outcomes from a Clinical Senate review:

- a. The panel confirms the case is well evidenced and the proposals are sound. Go ahead as planned.
- b. The panel finds the evidence doesn't support the proposals and the programme has to stop to reconsider.
- c. The panel decides that most of the evidence is there and makes recommendations to be addressed. The panel will indicate if the recommendations should be addressed before or after consultation on the proposals.

Clinical Senate reviews provide clinically sound, objective input for service change programmes. A review tests the evidence that informs the proposals for service change presented in a pre-consultation business case.

Service change programmes get the greatest benefit from a review when they welcome the panel's input as an informed, critical friend. Service change proposals often become a focal point for wider discontent in your area, so there are clear benefits for patients in getting independent clinical input for your programme.

Engaging your Clinical Senate early will benefit your programme. The best reviews are interactive processes, so having the Senate's input throughout will be incredibly helpful, rather than leaving it right up until the end and risk making big changes at a late stage of the programme.

There is a lot of documentation involved in this process, so make sure your team knows it well. Senate panellists have described the frustrations of arriving at a review having read all of the material provided, only to find the programme representatives are less familiar with their own business case. The most productive Clinical Senate reviews are those where everyone around the table has a solid understanding of programme proposals.

Openness and transparency are critical to a successful review. It is really important that proposing organisations are open with their review panel throughout the process. You're all on the same side, so giving the panel all the information they need means they can make fully informed recommendations. That will help you deliver the best possible services for your patients.

The advice and recommendations that a Clinical Senate review provides is not mandatory. Should your project be subject to a judicial review, there will be some very difficult questions asked about why their advice wasn't followed. It's all about your appetite for risk.

In some circumstances, the members of your local Clinical Senate may be involved in the service that is being reconfigured. If that's the case, the Clinical Senate will call upon their colleagues nationally to conduct the review to avoid any conflicts of interest.

The service is (mostly) free. Experienced senior clinicians and lay people give their time freely or are released from their day jobs to take part in Clinical Senate reviews. It's a lot of hard work and in many cases the most you'll be asked to contribute is tea and muffins for the team. Some regions ask for a contribution towards travel, accommodation, and subsistence for panellists. Get in touch with your local Senate and ask what their policy is before you cost it in.

Note to readers

These notes are intended only to give an overview of complex requirements as general information. Every situation is different. Please seek specific professional advice to inform the action you take on the issues raised in your circumstances. © Olovus