

Thames Valley Clinical Senate

Paper:	Proposal for a Clinical Assurance Review of the Oxfordshire transformation case for change and options appraisal
Date:	11 th May 2016
Author:	Wendy McClure, Thames Valley Clinical Senate Manager

Background

The Oxfordshire CCG (the CCG) is developing a major transformation plan to shape the future of health and social care, now and in the future. The delivery options will be subject to a public consultation and the CCG has approached the Thames Valley Clinical Senate (the Senate) to initiate discussions regarding the provision of a clinical review prior to consultation taking place.

This paper sets out the process which would be involved.

Role of the Clinical Senate

Clinical senates were set up in April 2013 as a source of clinical leadership and impartial, independent clinical advice to support commissioners and other stakeholders in making the best decisions about health care for their populations. Their membership is drawn from across the spectrum of health and social care and patient representatives also bring their voice and perspective. Senates are non-statutory bodies.

Senates have a key role in major service change and transformation both to influence the provision of high quality, sustainable healthcare delivering improved outcomes for patients in the Thames Valley and to advise NHS England as part of the assurance process.

Specifically, the role of the Clinical Senate is to:

- Provide impartial, independent and evidence-based clinical advice and recommendations
- To consider the strategic impact of individual proposals across the Thames Valley footprint
- Advise on complex issues that may arise from service reconfiguration
- Advise on clinical pathways when there is lack of consensus in the local health system
- Provide advice to inform NHS England's service change assurance process

Major Service Change and Reconfiguration

The basis of any major service change or reconfiguration must be that the change will improve the quality of care and that the transformation is clinically-led and based on a clear clinical evidence base. It is important that schemes are appropriately assured, so that communities can be reassured that schemes are high quality, align with best practice and will deliver the benefits expected. NHS England has a role to support and assure the development of proposals and the case for change by commissioners.

At the heart of the assurance process are the four tests from the Government's Mandate to NHS England:

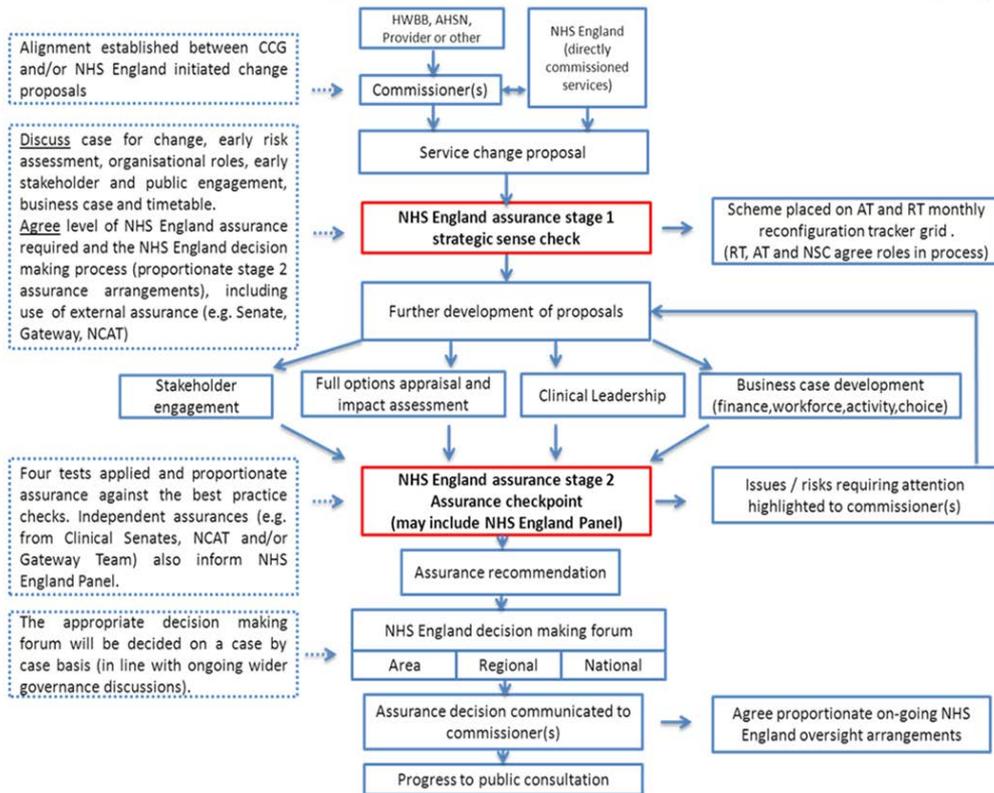
- i. strong public and patient engagement;
- ii. consistency with current and prospective need for patient choice;
- iii. a clear clinical evidence base; and
- iv. support for proposals from clinical commissioners.

In addition the NHS England assurance toolkit also identifies a range of best practice checks for service change proposals, these include:

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

NHS England service change assurance process is shown below:

The assurance process



A suggested methodology would include:

- The Senate Council will agree terms of reference for the review with the CCG. The terms of reference will detail the scope of the clinical review, its timeline and methodology
- The Clinical review Team will be recruited
- Examination of key background documents and information provided by the CCG undertaken
- Development of questions from the examination of information to inform -
- Interviews with key stakeholders associated with the proposals. These will be identified on a case by case basis but typically might include the programme senior responsible owner, programme lead clinician, local GPs, medical directors, programme clinical leads, community services staff.
- Seeking the views of staff in the key clinical areas affected by the proposed changes.
- Where appropriate, visiting the key sites or services in question, allowing for on-site clinician to clinician discussion. For whole system proposals it will be important to consider clinical views from the primary, secondary, tertiary and community sectors.

The review of documents, information gathered from interviews and discussions with key figures, any site visits and subsequent enquiries will all inform the clinical review team report. A draft report will be provided to the sponsoring organisation for fact checking purposes only.

Consideration of the review findings

The clinical review team will draft a review report and, prior to submission to clinical senate council for its consideration, the team will provide a copy to the sponsoring organisation for factual accuracy checking purposes only.

Once the sponsoring organisation has responded and any factual inaccuracies amended, the draft report will be submitted to clinical senate council. Clinical senate council will be asked to consider the review team's findings and comment specifically on the:

- i. comprehensiveness and applicability of the review
- ii. content and clarity of the review and its suitability to the population in question
- iii. interpretation of the evidence available to support its recommendations
- iv. likely impact on patient groups affected by the guidance
- v. likely impact / ability of the health service to implement the recommendations.

In considering the review team report, senate council should ensure that the terms of reference have been fulfilled and that the advice is sense checked, clear and evidence based. The council may also wish to take a view on any specific issues highlighted by the clinical review team, or offer advice on issues that should be taken into consideration in implementing change including unintended consequences and sustainability.

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Once the draft is finalised, members of the clinical review team will be asked to formally approve the advice and report for submission to the sponsoring organisation. The review report is then endorsed by clinical senate council who take formal responsibility for the report and issue it to the sponsoring organisation.

Outline timescales

Timescales would be agreed with the CCG as part of the Terms of Reference. Indicative timings shared are that the CCG would like to commence public consultation in September '16 but this is yet to be confirmed.

The following table shows an initial scoping of the timescales, according to the methodology, and identifies that this would be challenging for the Senate to achieve. If the CCG is:

1. in a position to confirm it's requirements for an assurance review following the Transformation Board meeting on 17th May 2016 and
2. if it will be in a position to provide the Senate with a full case for change and options appraisal (with backing documentation) by the beginning of July

the Senate would work to the timescales below but this would still mean that final sign off by Senate Council could not be achieved until the end of September.

We can revisit the timetable as part of the Terms of Reference discussions but there is concern that this will need to run over the summer months when availability of panel members will be impacted by holidays – both theirs and others for whom they may be providing cover.

Stage	Activity	Guide Timescales	Possible Risk
1	<ul style="list-style-type: none"> • CCG requests clinical review of Senate as part of NHS England assurance process 	Wk commencing 16/05/16 following Transformation Board	None identified
	<ul style="list-style-type: none"> • Senate to review nature and scope of proposals to ensure appropriate for review 	Senate Council 24 th May	None identified
2	<ul style="list-style-type: none"> • Senate and CCG agree early stage Terms of Reference, in particular agreeing the timeline & methodology 	By end May	Availability of detail to inform TOR
	<ul style="list-style-type: none"> • Senate council appoints Lead member / chair of clinical review team 	By mid June	Dependent on when the CCG formally requests the review and the availability of an appropriate clinician
3	<ul style="list-style-type: none"> • Senate Chair and clinical review team chair identify and invite clinical review team members 	Mid – end June	Very tight timescale to identify a panel. Will need to have a good level of detail from the

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	<ul style="list-style-type: none"> Clinical review team members declare any interests, these are considered by Senate and CRT chair Clinical review team members confirmed, confidentiality agreements signed 	<p>By mid July</p> <p>By mid July</p>	<p>CCG to avoid COI</p> <p>None identified</p> <p>None identified</p>
4	<ul style="list-style-type: none"> Terms of reference agreed and signed CCG provides clinical review team with case for change, options appraisal and supporting information and evidence Clinical review commences, in accordance with the agreed terms of reference & methodology 	<p>By end of June '16</p> <p>By beginning of July</p> <p>Mid Aug</p>	<p>None identified</p> <p>CCG to advise if this is feasible</p> <p>The delay in commencing the review is that we will need to give the panel 6-8 weeks notice. We will try to run the panel review over 1-2 days</p>
5	<ul style="list-style-type: none"> On completion of the clinical review, report drafted by Senate and provided to the CCG to check for factual accuracy Any factual inaccuracies amended, draft report submitted to and considered by Clinical Senate council Senate council ensures clinical review and report fulfils the agreed terms of reference 	<p>By mid Sep</p> <p>Senate Council 27th Sep</p> <p>Senate Council 27th Sep</p>	<p>If public consultation is required in September, we will look at how Council input can be achieved outside of the planned Council meeting</p>
6	<ul style="list-style-type: none"> Any final amendments made & Clinical Senate Council endorses report & formally submits to CCG Sponsoring organisation submits report to NHS England assurance checkpoint Publication of report on agreed date 	<p>By end of September</p> <p>This will be agreed with the CCG as part of the Terms of Reference</p>	