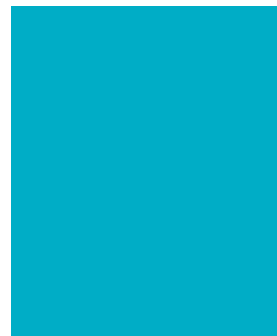
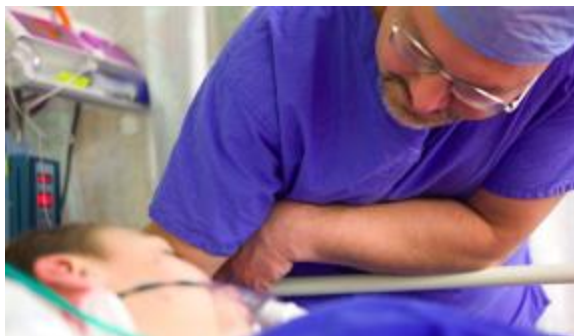
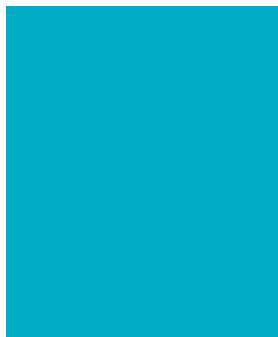


# South West Clinical Senate

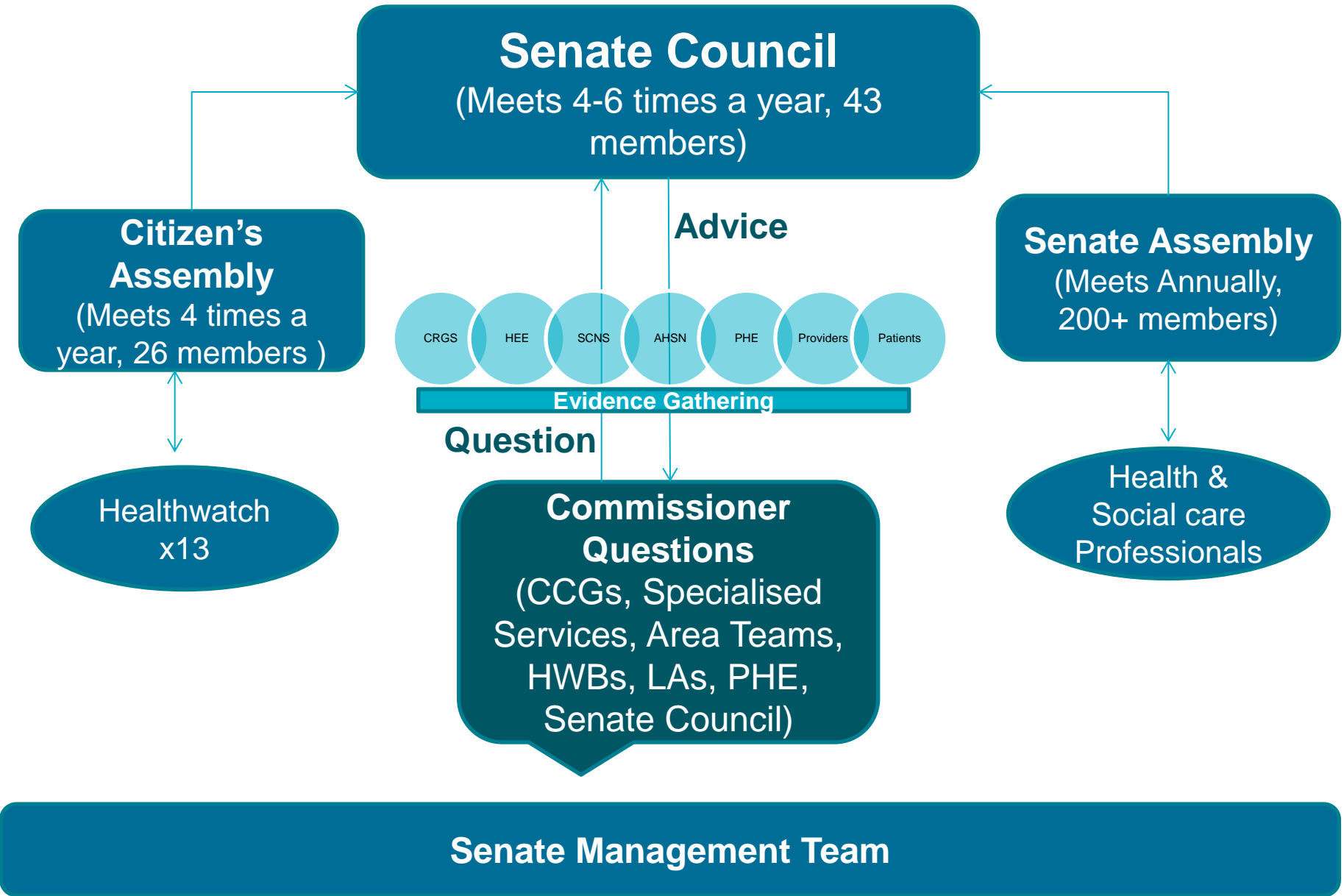


Vaughan Lewis  
November 2014



# South West Clinical Senate

- Non statutory, advisory organisation.
- Unique access to professional expertise
- Strengthens the contribution of the patient voice
- Growing repository of openly accessible advice
- Provides system leadership



# Council Meetings

- Operating Principles and Procedures
- Linkages with other Senates and NHS England
  
- 1<sup>st</sup> Meeting                      Specialised Commissioning
- 2<sup>nd</sup> Meeting                      Advice on model for HIV services
- 3<sup>rd</sup> Meeting                      Community/Secondary interface
- 4<sup>th</sup> Meeting                      Emergency Surgical Services

# Specialist Commissioning

question

What are the principles that specialised commissioning should consider in order to deliver excellent care, which complies with NHS England's service specifications?

# Specialist Commissioning outcomes

- Decisions and configuration of service to be based on objective evaluation that best meets population need.
- Funding flows should be flexible and ensure that solutions are sustainable and affordable for providers.
- Priority to be given to solutions that deliver outcomes across all 5 domains of the outcome framework
- Solutions must maximise the interdependencies within and between providers.

Given the demography of the South West, what would the Senate consider to be the optimal model/s to deliver HIV care to children & adults with specific reference to?

- 24/7 access to specialist opinion
- The issue of late diagnosis
- People over 50 years of age

Single South West HIV Provider Network with two hubs each providing 24/7 specialist opinion.

The HIV Provider Network should SOPs covering;

- Virtual MDTs to support the management of in-patients
- Thresholds for transfer to a specialist HIV facility

The HIV Clinical Network should work with PHE to develop guidance related to targeted screening with the aim of reducing the late diagnosis rate



## **Social care implications**

- Senate was concerned by reports of stigmatisation and harm as a result of social care funding challenges and raised this with social care leaders.

## **Training**

- Awareness of high prevalence groups.
- The value of targeted opportunistic screening.
- Psychosocial and emotional needs and support

# Emergency Surgical Services question

Based on available evidence and guidance, how should emergency surgical services be configured in the South West, so as to provide comprehensive, high quality emergency care based on national standards that is sustainable for the future?

# Emergency Surgical Services outcomes <sup>1</sup>

- All Providers should participate in national audits
- Data from national audits should be shared
- RCS led peer review of all current providers.
- A CQUIN is agreed for 2015-16 focusing on mortality.
- A clinical lead should be identified in each unit
- An operational delivery network should be established

## Emergency Surgical Services outcomes <sup>2</sup>

- Future commissioning and outcome data including morbidity as well as mortality and patient experience.
- CCGs encouraged to take account of existing service and patient flow data, including making use of geographical information software.
- Workforce
- Replicate existing models of physician input
- Separation of emergency and elective case-loads.

# South West Clinical Senate

## Public Transport Access to Acute Hospitals [Tuesday 1pm to 4pm]

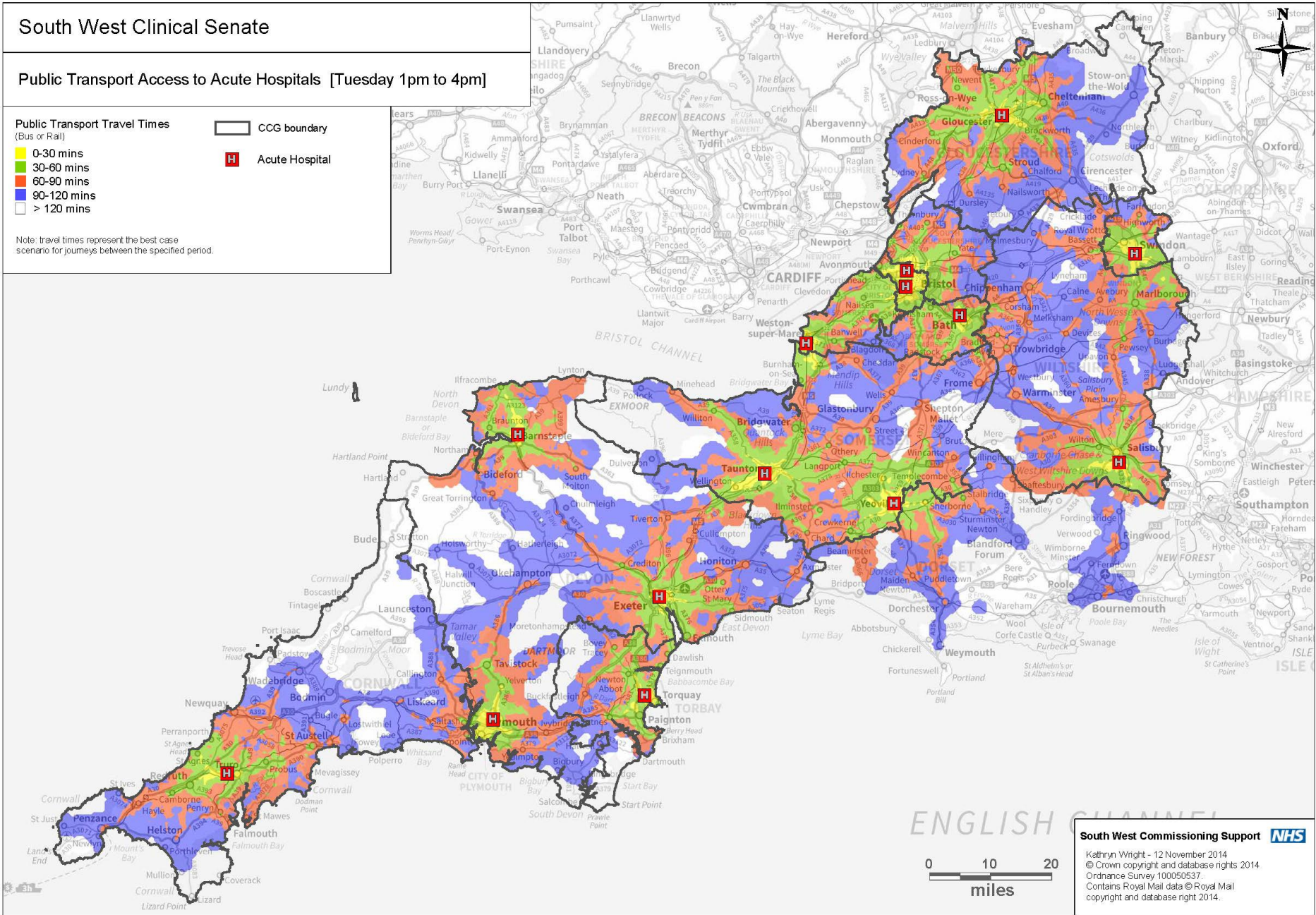
### Public Transport Travel Times (Bus or Rail)

- 0-30 mins
- 30-60 mins
- 60-90 mins
- 90-120 mins
- > 120 mins

CCG boundary

Acute Hospital

Note: travel times represent the best case scenario for journeys between the specified period.



# National Clinical Advisory Team (NCAT)

- Ceased to function as of 1<sup>st</sup> April 2014
- Senates to take on NCAT role from September 2014
- Senates worked together to develop ToRs and SOPs
- Expert Review Teams to consider clinical evidence base for service change as part of assurance process
- Senate Council to agree TOR for each review team and sign off final report
- Expert Review teams selected from Assembly members both within and outwith the SW

# NHS Change process

4 tests intended to apply in major NHS service change

- strong public and patient engagement;
- consistent with current & prospective need for patient choice
- a clear clinical evidence base
- support for proposals from clinical commissioners.

# Challenges

- Clinical Senates not widely understood
- CCG engagement has been challenging
- Access to meaningful data
- Delivering advice that adds value
- Kings Fund report