

South East

Clinical
senate

2022-23

Annual Report

May 2023

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Foreword

Welcome to the South East Clinical Senate Annual Report for 2022-23, the first annual report since the merger of the former Kent Surrey Sussex and Hampshire Thames Valley Clinical Senates. The report describes the activities and independent clinical advice we have provided across health and care systems during this time and also touches on some of the previous work undertaken in the South East region during the Covid 19 pandemic.

The past few years have been unprecedented within healthcare across the globe and all areas of healthcare delivery have had to face challenges they would never have envisaged, within timeframes few would have thought possible. Rising to these challenges has accelerated technology development and yielded innovative and collaborative ways of working that have completely changed the way all of us work. Not least of which has been the widespread adoption of virtual working both in the clinical world and in the space occupied by Clinical Senates up and down the country.

In the South East, partly driven by the merger of the former 2 clinical senates, we have refreshed our council membership and established our senate assembly to ensure that we continue to engage with former council and review panel members. The past year has also seen our first clinical fellow appointed and we've been delighted with the progress that she's made in supporting key areas of our system working and development. We are also extremely proud of the work that the clinical senate has undertaken during the period of the report and the contributions made to the wider systems both in our region and further afield through collaborative working. As a Clinical Senate we are also taking time to reflect on how we change and adapt to the changing world of integrated care systems and continue to support services at different stages of development to enable us to be even more responsive to the demands of the health and care system. The expertise of our council members, review panels and wider assembly has never been more important, and we give our heartfelt and sincere thanks to all of those who give their time and support to our work.



Dr Paul Stevens,

Chair South East Clinical Senate

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South East Regional Clinical Senate Role and Function

The Clinical Senate works collaboratively to provide a source of strategic, objective advice and leadership to support systems to deliver the best health and care outcomes for patients, their families and communities. We do this by:

- Providing independent clinical advice on major service change to support the NHSE assurance process
- Acting as a clinical critical friend across the south east region
- Enabling leadership development
- Supporting learning and sharing across systems regionally and nationally
- Through our strong patient and public partnership model.

The Senate is chaired by Dr Paul Stevens (Consultant Nephrologist and former Medical Director) and the Head of Senate is Emily Steward (Registered Nurse and Midwife). The Senate Council and Assembly consist of multiprofessional health and social care leaders and patient and public partners. We are a non-statutory body aligned to the NHS England South East Regional Medical Director.

While there are other sources of independent clinical advice (Clinical Networks, Royal Colleges and specialist societies for example), Clinical Senates stand out as established advisory bodies that can bring together independent multi-disciplinary expertise and experience, together with patients and public partners and at no additional cost to the local NHS commissioners, Trusts or systems.

Independent clinical advice for major service reconfiguration

Clinical Senates are an enabler of the regulatory function of NHS England major service change assurance. The merger last year of the two senates in the South East region has enabled us to furnish both independent clinical and patient and carer advice without conflict of interest or bias, together with local knowledge and organisational and system memory. The South East Clinical Senate convenes Expert Review Panels to conduct independent formal reviews of proposed service reconfigurations to ensure they comply with NHS England's key tests for service change.

Acting as a clinical critical friend across the South East region

The Senate Council provides a clinical reference group to quickly test with a representative set of clinical leaders proposed courses of action and obtain rapid feedback on whether these are likely to yield successful outcomes and to enable rapid consensus of key issues of concern. One obvious example is Covid-19 recovery, a key priority for all systems which, amongst other initiatives, has stimulated work to revisit the Clinical Senate review of the clinical co-dependencies of Acute Hospital Services.

Enabling leadership development

The Clinical Senate plays a major role in building clinical leadership. Our position in the NHS landscape is a unique one with very positive and wide-reaching relationships across health and social care. Clinical Senates provide fertile opportunities for clinical leadership development, as this is the nature of their function and everyday work, focus and outputs. Participants in Clinical Senate work get excellent experience of system-based thinking with real life examples. This year the Senate has hosted a Faculty of Medical Leadership and Management (FMLM) fellow who has had the opportunity to lead on two projects which are highlighted later in this report.

Supporting learning and sharing across systems regionally and nationally

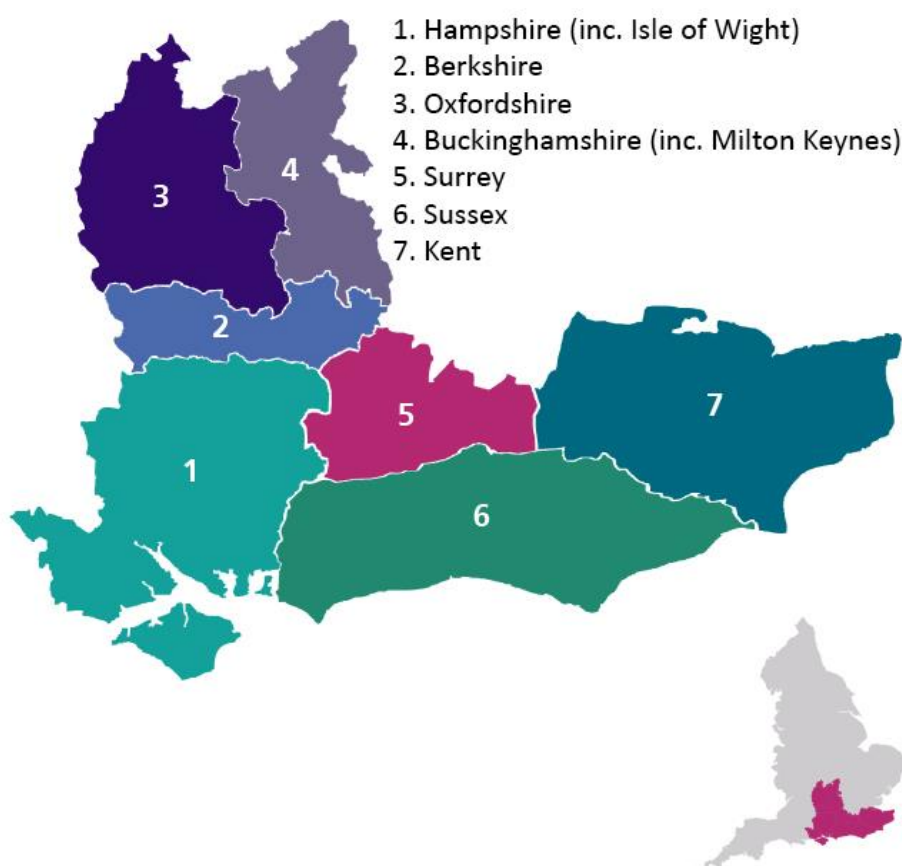
The South East Clinical Senate has a huge resource in the pooled expertise of its members. It provides a platform for sharing that expertise within the Senate, regionally (through its annual Senate Conference and proactive work publications) and nationally (between Senates and systems). Both Paul and Emily have contributed to podcasts this year for 'Not a consultation' with Paul Parsons and Caroline Latta (Associates with The Consultation Institute). Access this [link](#) to hear Emily Steward and Jonny Williams from the NHSE national team chat about the new NHSE interactive handbook for major service change they were involved in producing and this [link](#) for Paul talking with colleagues from our sister senates about the role clinical senates play in service change.

Strong patient and public partnership

The Clinical Senate has a strong patient and public partnership (PPP) model which is integral to the work of the Clinical Senate. Their involvement provides the Council and Expert Review Panel's with a highly valued patient voice and service user insight which is essential for the successful design and review of healthcare services.

Our Population

The Office for National Statistics latest (January 2023) estimates of the size of the South East population are 9,278,100¹ people. The South East Clinical Senate comprises the geographies of Hampshire, Thames Valley, Buckinghamshire, Kent, Surrey and Sussex. Since their inception in 2013, Clinical Senates have established trusted and credible relationship with local stakeholders within their specified geographies. These relationships have developed alongside the commissioning and regulatory landscape. The recent Health and Care Act 2022 saw Integrated Care Systems (ICSs) now placed on a statutory footing. The South East Clinical Senate acts as a source of clinical leadership and impartial advice to support the region's ICSs and other stakeholders to make the best decisions about health and care for their populations. Our advice may be provided, or be relevant, to a number of different bodies within the health and care system including commissioners, providers, local government, improvement bodies and regulators at a system and place.



¹ [Office for National Statistics data](#)

The south east has six ICSs.

- Buckinghamshire, Oxfordshire and Berkshire West (BOB)
- Frimley
- Hampshire and the Isle of Wight
- Kent and Medway
- Surrey Heartlands
- Sussex

Our council and assembly members are health and care social leaders and patient and public partners from across the south east geography. For more information on council and assembly members please visit our website <https://secsenate.nhs.uk/>.

Expert Panel Reviews

The Senate has provided advice and support to enable the NHS England major service change assurance process. Our expert review panels consist of health care professionals and patient and public partners. Senate expert panel review members maintain an objective and impartial view, openly declaring conflicts of interest and respecting the need for confidentiality.

Examples of expert review panels undertaken by the South East Clinical Senate this year and also 2021/22 during covid when an annual report was not produced are provided below.

East Sussex Cardiology

The recognition of the challenges faced in interventional cardiology services made the redesign of cardiology a key priority for both the East Sussex system and across Sussex. The overall objectives were to improve health, experience and quality of care and improve the overall sustainability of health and social care services. The Clinical Senate (Kent, Surrey, Sussex) was requested to undertake an independent clinical review of the proposals and the evidence presented; to evaluate the proposals alongside the case for change; to detail recommendations to support commissioners to finalise the pre-consultation business case (PCBC); and to evaluate the proposals in terms of future services being accessible and continuing to meet the needs of the patient population to ensure any inequality issues would be suitably mitigated.

The report can be downloaded here: [Kent, Surrey & Sussex Advice & Recommendations | South East Clinical Senate \(secsenate.nhs.uk\)](#)

East Sussex Ophthalmology

Ophthalmology services account for just over 8% of all outpatient appointments, with ophthalmology referrals to hospital eye services rising by over 12% from 2013/14 to 2017/18. Studies indicate that this increase in demand is set to rise further, particularly in an ageing population. The recognition of the challenges faced in ophthalmology services made the redesign a key priority for both the East Sussex system and across Sussex.

Sussex Health and Care Partnership asked the Clinical Senate (Kent, Surrey and Sussex), to provide independent advice on the short-list of options to improve the future configuration and delivery of ophthalmology services in East Sussex including any preferred options that would mean a change to current service delivery site(s). The review encompassed both medical and surgical Ophthalmological pathways and services inclusive of age-related diagnoses as well as the broader clinical conditions.

The report can be downloaded here: [Kent, Surrey & Sussex Advice & Recommendations | South East Clinical Senate \(secsenate.nhs.uk\)](https://www.secsenate.nhs.uk)

In December last year the East Sussex Health Overview and Scrutiny Committee (HOSC) endorsed the proposals to improve cardiology and ophthalmology services for the people of East Sussex following the approval of the Decision Making Business Case (DMBC) by the NHS Sussex Board in November. These proposals will lead to significant improvements for local people, meaning they can access treatment faster and gain enhanced specialist care for both cardiology and ophthalmology. These plans are the culmination of a comprehensive programme of work that has considered the best clinical evidence, recommendations from clinical experts and a review and evaluation of feedback from two separate public consultations in which hundreds of people, including service users, carers and their families, as well as a wide range of organisations, took part.

West Sussex Stroke Transformation

Strokes cost the UK economy £26 billion per year, including £3.2bn cost to NHS, £5.2bn to social care, and £15.8bn in informal care. Unless actions are taken to prevent the likelihood of a stroke the number of strokes will increase by almost half² and unless actions are taken to improve the immediate acute management and post stroke rehabilitation the burden that stroke places on healthcare systems will rise exponentially.

Across the coastal area of West Sussex in 2019/20, there were 989 Stroke recorded admissions on the Sentinel Stroke National Audit Programme (SSNAP); if nothing is done, this number could rise to 1446 over a similar period.

² <https://www.nao.org.uk> - National Audit Office: Progress in improving stroke care report (2010)

The Clinical Senate (Kent, Surrey, Sussex) was asked to review the acute clinical model options which were to be presented to the public for consultation and the supporting pathways such as prevention, early supported discharge and six-month review / life after stroke for each of the options.

The report can be downloaded here: [South East Advice & Recommendations | South East Clinical Senate \(secsenate.nhs.uk\)](#)

In January, the NHS in West Sussex launched a formal 12-week consultation on a proposal to develop an Acute Stroke Centre at one of its two main acute hospitals in the coastal area of West Sussex. Over the 12 weeks, more than 1200 responses were received to an online questionnaire, more than 65 face to face events were attended, and the NHS communicated with over 75 stakeholders. In total there were interactions with more than 900 people face to face and over 100,000 people were reached online over the 12 weeks. An independent partner is now processing the feedback and will provide a final report mid-June. This will support the development of the DMBC, which will go through due governance processes later this year.

West Sussex Stroke Addendum

The NHS West Sussex CCG asked the South East Clinical Senate to provide a desk top review of the responses that they provided to the Senates first report dated 1st April 2022 on their plans to improve the future configuration and delivery of stroke services in West Sussex including any preferred options that would mean a change to current service delivery site(s).

The report can be downloaded here: [South East Advice & Recommendations | South East Clinical Senate \(secsenate.nhs.uk\)](#)

Hampshire Together: Modernising our Hospitals and Health Services.

The Hampshire Together Modernising our Hospitals & Health Services (MoHHS) programme, comprising Hampshire, Southampton, and Isle of Wight (IoW) Clinical Commissioning Group (CCG) and Hampshire Hospitals Foundation Trust are preparing the business case for the reconfiguration of acute care across Hampshire. The review of the pre-consultation business case has been a convoluted process due to changing constraints faced by MoHHS throughout the period of development.

N.B. The Clinical Senate reports will be published in line with the broader project timelines following public consultation.

National Clinical Senate Reviews: Reports and Recommendations Repository

This year the nine Senates across England have collaborated to form a reports and recommendations repository. This is a collection of all the work carried out by Senates across England since their inception in 2013. To enable easy access to the reports the South East Clinical Senate hosts the repository on their website ([Topic Log | South East Clinical Senate \(secsenate.nhs.uk\)](#)). The links in the repository take you to the publication that is housed in the respective Senate's individual website.

Proactive Work

Patient Support Programmes

Patient support programmes (PSPs) are 'value added services' designed to provide tailored support to individual patients taking specific medicines, adding complementary value to medicinal products by supporting patient care.

A paper was prepared by the South East Clinical Senate and endorsed by the South East Regional Medicines Optimisation Committee. Its purpose is to:

- provide a brief overview of 'Patient Support Programmes' - a range of 'value added services / value added schemes' supported by the pharmaceutical industry; and
- specify certain key principles and governance arrangements to be applied within the Region.

The report can be downloaded here: [South East Advice & Recommendations | South East Clinical Senate \(secsenate.nhs.uk\)](#)

Acute hospitals clinical co-dependencies

In 2014 the then South East Coast Clinical Senate undertook an exercise to describe the clinical co-dependencies of acute hospital services. The document that was published has since been used to inform service change throughout the country. Since 2014 and particularly since the pandemic the way that we work has changed significantly and we are now in the process of updating the document incorporating new approaches and reflecting changing evidence which may have changed some of the co-dependencies. We will be able to report in further detail on this work within the 2023/4 annual report.

Regional and National work

New Hospital Programme

Paul has been the National Senate chairs' representative on the Clinical Steering group of the New Hospital Programme since the end of 2021 when it first came into being which has enabled senates to keep abreast of what is being proposed and also contribute clinicians from up and down the country to the expert reference group reviewing the evidence base for the programme together with patient partners from our patient and public forums. The aims of the programme link in with areas that are commonly part of senate review Key Lines of Enquiry such as innovative use of technologies and sustainability.

Systems Transformation Team - Workforce

Emily is a member of this national and regional working group the aim of which is to develop a document to support the effective understanding of workforce modelling for service change schemes.

Accurate, effective, and meaningful workforce modelling is a pillar of successful service change. In engaging with systems and regions, we have identified that understanding the breadth and depth of available material related to this work is often onerous and disparate.

This product therefore seeks to combine guidance, research, reports, and good practice for systems undertaking large scale reconfigurations, to help them to navigate the most effective approaches to workforce modelling and signpost them to the resources they need to make their service change a success. Report to be published later this year.

East of England senate – virtual wards task and finish group

Emily is a member of this group that has been established to bring together opinion from clinicians and experts by experience to develop a template covering the factors Senates should consider when evaluating a virtual service with particular reference to the NHS England assurance test 5.

Clinical Fellow Projects

The Senate is proud to have hosted our first clinical fellow, Rachel Bracegirdle, this year as part of the Faculty of Medical Leadership and Management (FMLM) fellows scheme.

Participants in the work of the South East Clinical Senate have an excellent opportunity to gain strategic leadership experience as part of our everyday work, focus and outputs. Clinical Fellows placed with the Clinical Senate have the unique opportunity to work and interact with regional and national senior leaders and clinical specialists. The experience allows them to develop networks across a wide range of health and care systems.

Below are details of the projects Rachel has been leading on, on behalf of the Senate.

Embedding Healthcare Sustainability in major service change

Frances Mortimer, Medical Director of the Centre for Sustainable Healthcare, presented to the clinical senate council in January 2022. This presentation, along with feedback from systems within the South East and expert panel members, has highlighted that more guidance is needed to support systems who are reconfiguring services when it comes to 'what good looks like' in relation to sustainability. Therefore, it was decided to write the 'Embedding Healthcare Sustainability in Major Service Change' report, in response to this feedback and recognition from the Clinical Senate that the climate crisis is a health crisis.

The report sets out the key facts around climate change, the plan for a net zero NHS and introduces sustainable healthcare principles and quality improvement, in relation to service change. It provides areas of focus for systems and for the Clinical Senate council and review panel members, identifying key questions which should be asked when considering sustainability within service change. Case studies demonstrating good practice are included within the report, highlighting how the principles of sustainable healthcare can be implemented in 'real life.' The report is intended to be a user-friendly document which signposts users to further information and resources including a sustainability impact assessment tool, which has been reviewed by one of our systems.

As part of the process of writing the report, a wide range of stakeholders were engaged, ensuring expert opinion, and allowing the clinical fellow to gain experience in communicating with a number of clinical leaders. Those engaged with included:

- Dr Frances Mortimer, Medical Director, The Centre for Sustainable Healthcare.
- Cath Richards, SusQI Programme Lead, The Centre for Sustainable Healthcare.
- The South East Regional Greener NHS Team – Simon Rollason, Regional Greener NHS Lead, James Bate, Senior Project Manager and Kate Townsend, Programme Manager.

The report can be downloaded here: [South East Advice & Recommendations | South East Clinical Senate \(secsenate.nhs.uk\)](https://seccsenate.nhs.uk)

Health Inequalities within the South East region through a service change lens

The huge health inequalities experienced by those living within coastal communities was highlighted within the Chief Medical Officers Report annual report 2021: health in coastal communities. Given the Clinical Senate has several systems within coastal communities, it was important that we consider this in greater depth. This will allow us to support our systems who are reconfiguring services within these areas, ensuring health inequalities are considered and action is taken to mitigate them. The report is currently in preparation. In a similar format to the sustainability report, the aim is to provide background information, followed by areas to focus on and practical examples which will be of use to systems within the South East. We will be able to report in further detail on this work within the 2023/4 annual report. Stakeholders currently engaged with include:

- Dr Michael Baker, Deputy Director of Healthcare, Public Health England, South East.
- Dr James Hadlow, Associate Medical Director – Remote and Rural Strategy, East Kent Hospitals University NHS Foundation Trust.
- Helen Davies, Health Inequalities Programme Manager, NHS England (South East).
- Sindie Clark, Deputy Director for Primary Care Transformation - Proactive Care.

Clinical Senate Conference

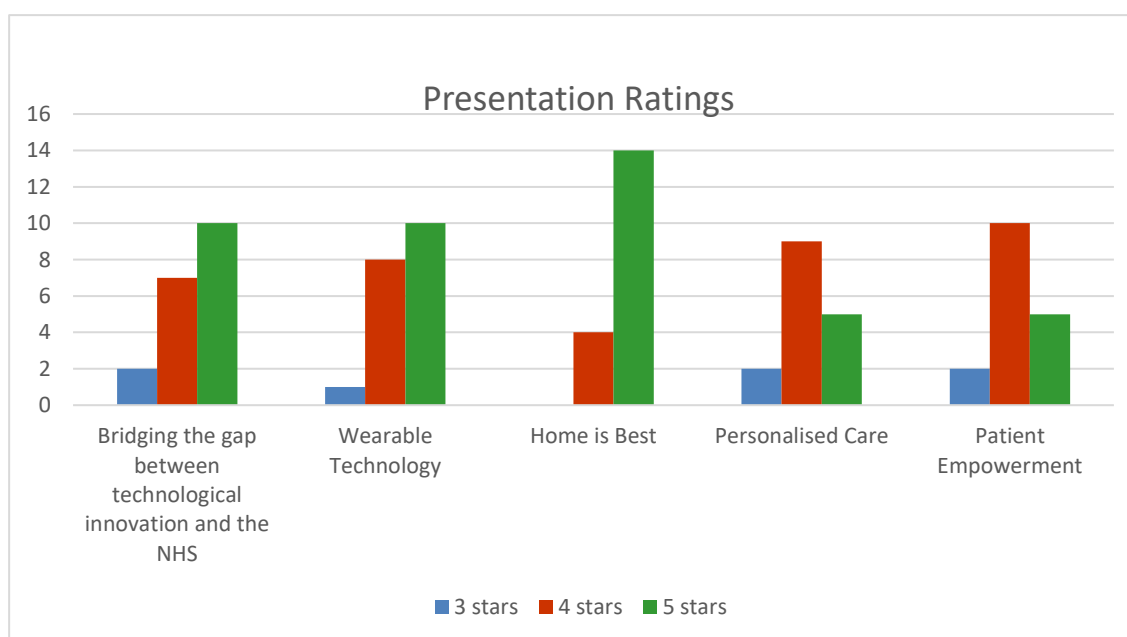
The Clinical senate held its inaugural conference 'Matching Technological Innovation with Personalised Care' on 5th October 2022. The purpose of the conference was to provide an educational networking event for our council members who give their time freely to support the Senate's work and to provide a sharing and learning event for systems we have worked with within the region. Events of this kind need to be arranged well in advance of the date and due to the ongoing uncertainty caused by the COVID-19 pandemic delegate numbers were reduced. Regrettably due to a train strike (not COVID-19) we had to host the event virtually rather than in person. Nevertheless, it was very well received and well attended by primary care, acute care, public health, ICB clinical colleagues and patient and public partners. Based on the overwhelmingly positive feedback our plan is for a repeat event.

Evaluation Feedback

- 19 of 33 attendees sent feedback, a response rate of 57%.
- We asked for presentations to be rated 1-5 (5 excellent). All presentations scored above 4 (range 4.18- 4.78). With 'Home is best: Getting there with innovative care' just taking the top spot.
- 100% of respondents would recommend to colleagues and felt the conference was relevant to their area of practice.

The following graph shows the ratings for each of the presentations in terms of an overall rating with 5 stars representing the highest rating.

Overall rating



Additional comments received:

Excellent afternoon – thank you.

An excellent opportunity to hear about and discuss developments.

All the speakers and discussion were thought provoking.

This was an excellent conference. All the presenters and presentations were to such a high standard. The presentations were so thought provoking and relatable to practice to provide the best patient care. I feel many health care professionals would benefit from attending conference likes his in the future, so if able it would be good for it to be advertised widely.

The senate management team thank each of the presenters for their time and expertise.

Presentations

Bridging the Gap Between Technological Innovation and the NHS – The Academic Health Science Networks Perspective

The years 2021/22 have been pivotal for the Academic Health Science Networks (AHSNs). While they continued to support our health and care systems with the recovery from the pandemic, they have undertaken work to set out their vision and strategy and refine their processes to ensure they can meet our collective ambition to transform as many lives as possible through more rapid uptake of high value innovation in health and care. The presentation gave the perspective from our Kent, Surrey and Sussex and Oxford AHSNs.

Wearable Technology - From extreme environments to patient's homes

This presentation detailed the background, need, development, improvement, and future of wearable technology. How specifically the military have learnt through experience, how new technology is being tested and how that is applied to transform patient care. Personal experiences of the speaker using and testing the technology in extreme environments were used to highlight the opportunities and the challenges.

Home is Best. Getting there with innovative care

The presentation explained what a virtual ward is (and is not). How virtual wards support patients who would otherwise be in hospital to receive the acute care and treatment they need in their own home. This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital. The presentation focussed on the East Kent Frailty Hospital at Home with a case study being used to emphasise the impact of the model of care.

Personalised Care at the heart of integration and innovation

Many of the technological advances discussed in the previous presentations offer tremendous potential, but how do we ensure that personalisation and personalised care are hardwired and enabled into these innovations. Making personalised care an everyday reality for people requires a whole-system change. This presentation explored what is personalised care, what difference does it make and why does it matter?

Patient Empowerment: How to support patients to know best

Patients Know Best (PKB) is a social enterprise and technology platform. It's designed to help health and social care providers bring together patient data, along with the patient's own data. Creating one secure Personal Health Record (PHR) for the patient. It is the first PHR to integrate with the NHS App making it more accessible to more people across the United Kingdom.

PHRs are the only instance where patients are given an open and customisable set of tools to record information, measurements, symptoms, multi-origin documentation on the various facets and episodes of their care and this in full coordination and collaboration with their health care providers who operate the data flow in the other direction. The benefits of effective and reliable access to personal healthcare records were illuminated by shared experiences from a patient.

Testimonials

Below are examples of the feedback we have received from systems we have worked with this year.

‘Excellent two-way communication process, good planning and available to answer points of clarification etc, enabled us to gain the most out of the review’

‘[Clinical Senate] supports a rigorous independent review.’

Associate Director for Clinical Strategy and Integration, Hampshire Hospitals

“We could not have progressed without this external clinical review of the model. It gave it clinical credibility that no other review process could have done.”

Director of Commissioning NHS West Sussex CCG, West Sussex Stroke Transformation

Acknowledgements

Our work would not be possible without the dedication and expertise of our council and assembly members who give their time and knowledge to support systems to improve the health and care outcomes for service users, their families, and communities.

We are also very grateful for the time and expertise of:

Dr Frances Mortimer, Medical Director, The Centre for Sustainable Healthcare

Cath Richards, SusQI Programme Lead, The Centre for Sustainable Healthcare

The South East Regional Greener NHS Team – Simon Rollason, Regional Greener NHS Lead, James Bate, Senior Project Manager and Kate Townsend, Programme Manager

The on-going support of:

Dr Michael Baker, Deputy Director of Healthcare, Public Health England, South East

Dr James Hadlow, Associate Medical Director – Remote and Rural Strategy, East Kent Hospitals University NHS Foundation Trust

Helen Davies, Health Inequalities Programme Manager, NHS England (South East)

Sindie Clark, Deputy Director for Primary Care Transformation - Proactive Care

Finally, we would like to thank our 2022 conference speakers:

Dr Des Holden, CEO Kent, Surrey, Sussex, Academic Health Science Network

Dr Guy Rooney, Medical Director Oxford Academic Health Science Network

Major Natalie Taylor, GP, British Army Lecturer, Academic Department of Military General Practice

Dr Shelagh O’Riordan, Consultant Community Geriatrician, Kent Community Health NHS Foundation Trust

Jane Stopher, Regional Head for Personalised Care, NHS England – South East

Rebecca Maynard, Business Development Executive, Patients Know Best

Fran Husson, Patient Advocate

Get in Touch

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