

South East

Clinical **senate**

2024-2025
Annual Report

May 2025

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Foreword

Welcome to the South East Clinical Senate Annual Report for 2024-25 the third 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 period.

Although this past year promised a wealth of assurance work from across the region systems have continued to be constrained by a number of challenges. These include those related to performance recovery, service pressures affecting all areas of our healthcare system and workforce, a change in government together with proposals for transition of NHS England into the Department of Health and Social Care, a spending review and a review of how Integrated Commissioning Boards will continue to play a critical role to play in the future as strategic commissioners central to realising the ambitions of the (yet to be published) 10 Year Health Plan.

That has again afforded us some space in which to undertake a number of proactive projects and we have published on a variety of subjects related to clinical senate work. These are detailed within this report.

We are 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 the NHS 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.



Paul Stevens

South East Clinical Senate Chair

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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 overall health and care outcomes for the population in the southeast region. 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 vice chair, Dr Sally Smith (Registered Nurse). The Head of Senate is Emily Steward (Registered Nurse and Midwife) supported by Rachel Bracegirdle (Registered Dietician), who is our Programme Manager. 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 (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 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. The South East Clinical Senate is able to provide support to service transformation in a number of ways:

- Early advice to systems at the beginning of their transformation work, help with thinking through clinical strategy ideas and wicked problems, acting as a critical friend to add rigour and test out ideas.
- Early advice in transformation processes that do not yet meet the threshold for a major service change (but may or may not have the potential to do so in the future).
- Providing a review and assessment of key strategy documents. This can be particularly helpful where the outcome may prove contentious and thus an external independent strategic sense check would be valuable.

- Case for Change reviews.
- Decision making Business Case (DMBC) reviews.

Significant value is added by the Senate's ability to tailor its approach dependent on the situation, avoiding a one size fits all approach. Emily Steward, Head of Senate, welcomes discussing the individual needs of an organisation/system. Please contact her via england.clinicalsenatesec@nhs.net.

Proactive work

We invite requests for clinical senate review of topics that are of significant and strategic importance to health and social care transformation in the region. These can be from any groups or organisations that have an interest in health and social care. Some examples of those groups are below:

- Council members
- Commissioners
- Integrated Care Boards or Systems
- NHS England
- Specialised Commissioning
- Local Authorities
- Clinical Networks
- Provider Organisations
- Proposed by the Senate to a Commissioner

Please contact Emily Steward, Head of Senate via england.clinicalsenatesec@nhs.net.

Acting as a clinical critical friend across the South East region

Where capacity allows, the Senate Council can also provide a clinical reference group to 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.

Enabling leadership development

The Clinical Senate plays a major role in building clinical leadership. Our position in the NHS landscape is unique 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, focus and outputs. Participants in

Clinical Senate work gain excellent experience of system-based thinking with real life examples.

In previous years we have hosted a Faculty of Medical Leadership and Management (FMLM) fellow. Currently we have a collaborative partnership with our Public Health colleagues supporting Public Health trainees during their placement with NHSE, South East (see pages 10-12)

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 proactive work and reports) and nationally (between Senates and systems). We host the [national clinical senate's advice and review log](#) where all the reviews and recommendations that have been published by the senates since their inception in 2013 can be accessed.

Strong patient and public partnership

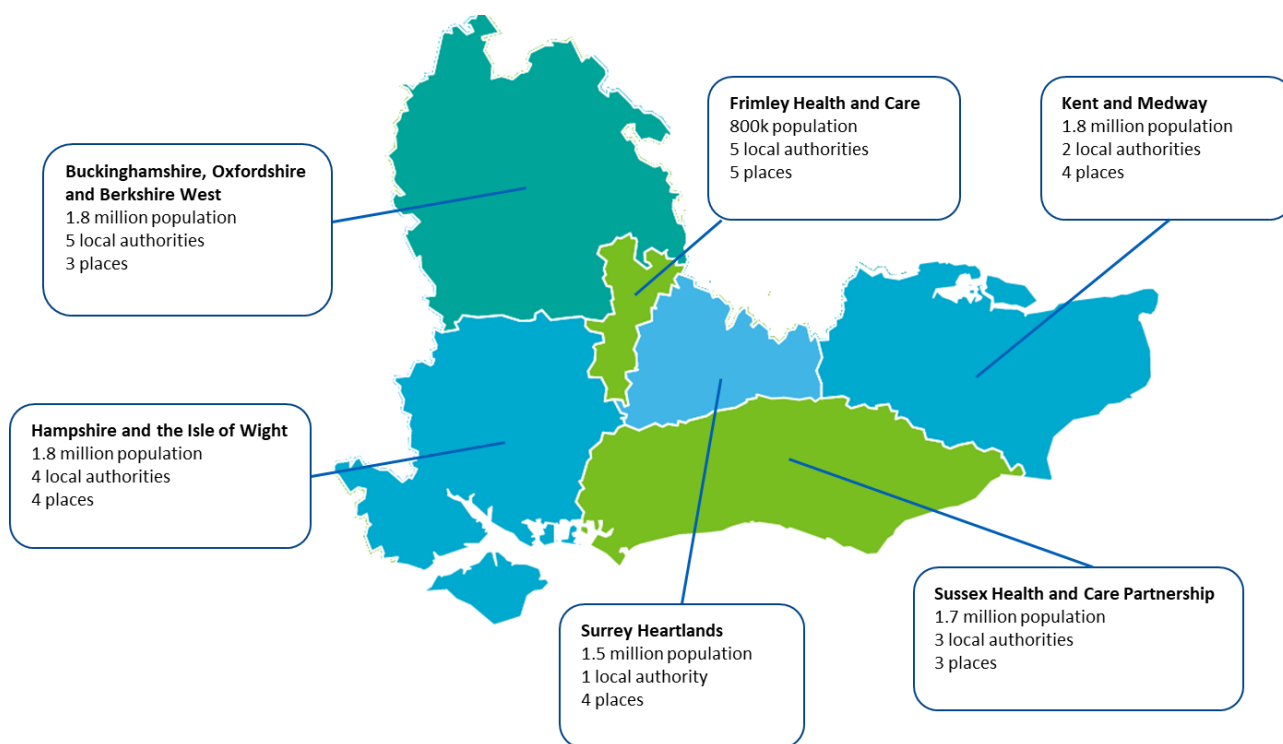
The Clinical Senate has a strong patient and public partnership (PPP) model which is integral to our work. Patients and public partner involvement provides both Council and the expert review panels with a highly valued patient voice and service user insight which is essential for the successful design and review of healthcare services. Senate PPP members are also active contributors to our proactive work publications.

Our Population

The Office for National Statistics latest (mid-2023) estimates of the size of the South East population are 9,482,507¹ people, an increase of 1.0% relative to mid-2022. The South East Clinical Senate comprises the six Integrated Care Systems (ICSs), Kent and Medway, Sussex, Surrey Heartlands, Hampshire and the Isle of White, Buckinghamshire West, Oxfordshire and Berkshire, and Frimley. Since their inception in 2013, Clinical Senates have established trusted and credible relationships with local stakeholders within their specified geographies. These relationships have developed alongside the commissioning and regulatory landscape and Clinical Senates remain uniquely placed to act as sources of clinical leadership and impartial advice to support the region's ICBs 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

¹ [Office for National Statistics data](#)

health and care system including commissioners, providers, local government, improvement bodies and regulators at a system and place level.



Our council and assembly members are health and care social leaders and patient and public partners from across the South East region. 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 updates on 2022/23 reviews are provided below.

Hampshire Together New Hospital Programme: Modernising Our Hospitals and Health Services Decision Making Business Case Critical Friend Review

The South East Clinical Senate has previously undertaken three independent clinical reviews of the Modernising our Hospitals and Health Services (MoHHS) programme pre-consultation business case (PCBC). Twice in 2020 and once in 2022. We were pleased to receive the DMBC for comment and review as part of a response from NHS England Strategy and Transformation, South East. The extensive consultation and thorough consideration of the feedback received is particularly noteworthy.

The South East Clinical Senate wishes to congratulate the MoHHS programme team on progressing towards the DMBC stage. The report will be available on our website in the near future.

Sister Senate reviews

In addition to our region's assurance reviews the national senates support one another with expertise as required. The review below is an example of this and we would like to thank council member, Claire Parr, Clinical Support Services, Divisional Quality & Safety Lead, University Hospitals Sussex NHS Foundation Trust and Emily Steward who contributed.

The North West Women's Hospital Case for Change review July 2024

The aim of the review was to provide advice and recommendations on the Case for Change for future delivery of Women's Hospital Services in Liverpool.

The panel expressed strong support for the Case for Change, describing it as one of the most compelling cases they have seen from a clinical perspective. There is a well-articulated and stark need to progress service change, reconfiguration, and transformation to provide the best possible women's hospital services for the people of Liverpool and the surrounding areas. The report can be read [here](#).

Expert panel review updates

Proposed changes to children's specialist cancer services Principal Treatment Centre serving Brighton and Hove, East Sussex, Kent and Medway, South London and most of Surrey

Over the summer, the Secretary of State for Health and Social Care was asked to call in for review the decision on the future location of the Principal Treatment Centre for children with cancer living in south London and much of south east England. The Secretary of State has now informed the programme team, and those who made this request, that having looked carefully at all the information provided and considered it against the criteria for call-in, he has decided not to intervene in the decision taken by the leaders of NHS England (London and South East regions) in March 2024. This means that very specialist cancer services for children living in south London and much of south east England will transfer to Evelina London Children's Hospital, with radiotherapy at University College Hospital, as planned. The move is not expected to happen before October 2026 and there will be no sudden changes to children's cancer care in the meantime. We welcome this news. Planning and preparations for the safe transfer of services are making good progress and will continue. Further updates and information are available [here](#).

Proactive Work

Patient Access to Healthcare Records

Sharing and accessing patient health data is changing, affording the NHS two unique opportunities. Firstly, to fully integrate individual patient care across the many boundaries that hitherto have served as barriers to data sharing within the healthcare system. Secondly, to empower and enable patients to be truly central to their own healthcare management. Patient access to their healthcare records is essential if these are to be realised but there remains inequity of access, poor communication, fragmentation and duplication of effort and resource.

This report identifies areas for future research and is intended to increase awareness and understanding of patient access to healthcare records from a digital perspective, the barriers and facilitators to improved access, what is achievable now and what may be achievable in the future, and critically what patients want from access to their healthcare records.

We are grateful to the patient groups who shared a survey and for focus group participants for their time and willingness to engage openly with us. The information and insights

gained were extremely valuable. All contributors are acknowledged in the report which can be found [here](#).

Physician Associates and Anaesthesia Associates in the NHS

The NHS is now 76 years from its post war inception and building a workforce capable of delivering the volume and breadth of health and social care to meet population needs continues to be a priority focus for national bodies. This national workforce challenge and its effects on the various professional groups and patient care is well documented. The NHS Long Term Plan (LTP) highlights the need to expand capacity and grow the workforce. Importantly the LTP emphasises the need to do this in some very specific ways, such as to expand capacity and capability in primary and community care and to support integration and cross sectoral working between primary, secondary and community health, health and social care and physical and mental health.

The NHS Long Term Workforce Plan (LTWP) describes the extent of a predicted workforce shortfall in the face of demographic change. The plan sets out a strategic direction for the long term, and includes action to be taken locally, regionally, and nationally in the short and medium term to address current workforce challenges. Those actions fall into three priority areas: Train, Retain and Reform. To facilitate these three areas, routes into NHS professional careers will need to change. Working differently means enabling the development of new roles. Two of these proposed new roles are Physician Associates (PAs) and Anaesthesia Associates (AAs).

However, since publication of the LTWP these roles have received considerable and increasing professional and public scrutiny. This report pre-dated the appointment of Professor Gillian Leng to lead an independent review of PAs AAs in England and its purpose is twofold:

- to describe how the roles of PAs and AAs have developed to date in both the NHS and other healthcare systems
- to review the published evidence relating to patient safety, patient outcomes, patient experience and cost effectiveness of PAs and AAs.

The report can be accessed [here](#)

Enabling Improvement and Reducing Inequalities in Hypertension and Cholesterol Detection and Management in South East England

This comprehensive report was prepared by Johanna Kaminer on behalf of the South East Clinical Senate and Public Health, NHS England South East.

Cardiovascular disease (CVD) remains a significant cause of premature mortality, despite being largely preventable, and it continues to drive health inequalities and disability across the region. This report highlights the urgent need for improved detection and management of hypertension and high cholesterol, as well as evidence-based actions to achieve this improvement.

Hypertension is the highest global risk factor for death worldwide and hyperlipidaemia is the 6th highest. Both risk factors not only impact life expectancy but also healthy life expectancy, directly and through associated disease, in particular CVD including heart disease and cerebrovascular disease. The South East region carries a high burden of CVD, disability and frailty, particularly prevalent in coastal areas. While we have seen progress in treatment rates for hypertension and hyperlipidaemia returning to pre-pandemic levels, it is concerning that the South East still lags behind the national average and fails to meet yearly NHS targets.

The recommendations outlined in this report are based on the latest evidence, and qualitative insights and learning from CVD leads at Integrated Care Board and practice levels; and provide a clear roadmap for enhancing quality improvement efforts across the region.

The report can be accessed [here](#).

Best Practice Review of Clinical Pathways Identified as Areas of Uncertainty and Differing Opinion

Integrated Care Systems (ICSs) are partnerships bringing together NHS organisations, local authorities and others to plan and deliver the best health and care pathways for their population. As commissioners look at developing patient pathways, it is important to understand what best practice looks like. For certain clinical areas the conflicting opinions as to the optimum care may make it difficult for the system to come together to create appropriate pathways of care.

The South East Clinical Senate has been asked by the Medical Directors for Primary and Secondary Care Transformation, NHSE South East to review current best practice in certain clinical areas identified by Integrated Care System (ICS) colleagues.

A panel review is scheduled for July with our report expected in August 2025.

Developing a shared vision for the future of healthcare

The National Health Service in England is under severe pressure with rising demand for services. A key driver is the changing demographic of the population, described for the South East region in the 'Tomorrows Region' dataset developed by the Office for Health Improvement and Disparities (OHID) and presented to the South East Clinical Senate council in January 2025. The dataset outlines the demographic changes and the potential impact of these on health care need in the future.

The Clinical Senate is well placed to inform and advise the NHS on the future needs in the region and beyond (building upon the work undertaken on 'Tomorrows Region'). This includes advising on the steps needed to achieve change for key services, together with broader strategic considerations on incentivisation and managing the shift of resources to meet future needs, as well as the workforce requirements for the future service models. As described above together with Public Health we had previously highlighted disparities in detection and management of hypertension and high cholesterol across the South East region. High systolic blood pressure and high low density lipoprotein cholesterol are the 2 highest risks driving age-standardised disability adjusted life years for cardiovascular disease in Western Europe. Other metabolic risks include high body mass index, high fasting blood glucose and kidney dysfunction. The most significant behavioural risks include smoking, diet, high alcohol intake and low physical activity.

In collaboration with Public Health colleagues this new review aims to provide a description of the future health needs for the population in the South East Region. It will focus on key services that will be most impacted in the future and seek to build options for responding to this future need to maintain a sustainable health system that would serve the needs of the population over the next 15 years. The linked long-term conditions type 2 diabetes, cardiovascular disease and chronic kidney disease have the same evidence-based treatment targets and, together with obesity, have the same evidence-based treatments. The review will inform models of service delivery for prevention and management of linked conditions and how they will need to change in the future. A subsequent project following on from this would be the workforce requirements to enable the delivery of new service models.

National and Regional Work

New Hospital Programme

Paul Stevens, Senate Chair, 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. This 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 and proposals for a therapeutic and inclusive built environment 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, sustainability and infection prevention and control. The programme looks to create new 'intelligent' hospitals that are one aspect of a broader system that links in with home care, primary care and community care. These hospitals are envisioned to be models that change the way the NHS delivers care within the acute hospital setting, not just new physical hospital buildings. A standardised approach is adopted to ensure that each organisation realises the full benefits of the national programme that is seeking to improve quality and safety of patient care; improve the health and wellbeing of staff; advance digital capability; address health inequalities; and ensure efficient and effective delivery of services through transformation and innovation.

Evaluation of Service Change

The South East Clinical Senate was pleased to be asked to take part in research examining the barriers and facilitators to carrying out evaluation of substantial service change experienced by those responsible for planning and assuring the changes. Substantial service changes are those requiring consultation with local health scrutiny committees. Typically, these also require public consultation.

A small group of council members will be involved in focus groups to facilitate the project in May this year and we look forward to reporting on its findings in next year's annual report.

South East Clinical Senate Response to the 10 year Health Plan for England

The government has promised to put in place a 10-Year Health Plan to fix the NHS in England and invited organisations to submit their priorities for the plan. The South East Clinical Senate were pleased to submit their organisational response to the 10 Year Health Plan for England. The response included:

- What the South East Clinical Senate would like to see included in the 10-Year Health plan and why

The biggest challenges and enablers to the three shifts in healthcare:

- Moving care from hospitals to communities
- Making better use of technology
- Focussing on preventing sickness, not just treating it

Specific policy ideas for change, including the timeframe they are expected to be delivered in.

Our submission can be accessed [here](#)

Public Health Trainees

Clinical Fellows and Trainees 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. We will support new Public Health Trainees during their involvement in the new project planned on 'Developing a shared vision for the future of healthcare.'

Senate Council Meetings

In addition to attending to senate business, council meetings provide an opportunity to network and learn. We have had a number of external speakers this year whose presentation topics have included:

- updates from systems colleagues regarding service changes we have reviewed;
- a 'Myth Busting Evidence and Data' presentation which included explanations and discussion on 7 rules for myth busting evidence and data, avoidance of moderate systematic errors (biases) and moderate random errors;
- a revisit of the major service change process, a recap on the tests and principles of service change, timeline of service change and the new national guidance which includes the new powers of the Secretary of State and new duties for NHS bodies in service reconfiguration;
- 'Tomorrow's Region', as described above;
- the Fuller Stocktake and primary care integration including views from unpaid carers on expectations and impact.

Topics are chosen to contribute to council members' knowledge and learning both professionally and in their roles as expert review panel members. All speaker presentations are CPD accredited.

While the majority of our meetings are held on MS Teams, we have one in-person whole day meeting a year. It is clear council members find the opportunity to meet in this way highly valuable. The recent annual face to face council meeting provided an opportunity to meet colleagues in person and this year we were joined by London clinical senate colleagues. The session on systems and strategic thinking was facilitated by Gareth Corser from NHS Elect and allowed us time to consider the inter-related disciplines of strategic and system thinking and approaches which will assist us with:

- Developing strategy within our own services
- Understanding how the principles of system thinking can help to understand complex and recurrent problems more deeply
- Helping to effectively contribute to our organisation's strategic development (as well as suggesting the right questions to ask of those leading strategy work)
- Assisting us in our Clinical Senate work to apply models of strategic and system change to support the work of the Clinical Senates.

The evaluation demonstrated that the day was a highly valuable use of council's time and that members' knowledge of systems and strategic thinking had significantly increased through their attendance.

Membership Review

Listening to our council members is an important value we espouse working together as the clinical senate for the South East region. In September 2024 senate council members were invited to share feedback on their senate experience. The review gave us the opportunity to hear from our members; to learn what was working well from their perspective and for them to share suggestions they may have for improvement, change and development.

This review is an important part of our governance as a senate. The report details comparison in our membership from a profession perspective with other senates; sets out the themed positive feedback; and cites the ideas members offered for the future. The report concludes with a set of recommendations that will be discussed by senate members and implemented.

The most commonly occurring themes of feedback were used to formulate the recommendations, which in summary were:

- Introduce induction sessions for new senate council members
- Continue to focus on recruitment of the senate council to ensure diversity and an ongoing broad representation of backgrounds

- Improve learning opportunities from previous reports and reviews
- Greater inclusion of senate council members in proactive work
- Review agenda items for council meetings
- Enhanced collaboration with other Healthcare organisations

We would like to thank council members for taking the time to consider their experience and for being so candid, constructive and helpful in responding. We were delighted to receive such exceptional suggestions and were very humbled by the willingness of our members, many of whom offered more of their time in the implementation of the recommendations.

Testimonials

Below are examples of the feedback we have received from Systems and colleagues we have worked with this year.

‘This is a most impressive piece of work [Patient Access to Healthcare Record Report] capturing a certain period in the history of the NHS in its efforts to improve health literacy and patient activation/ agency/autonomy as per the Long Term Plan.’

(Patient Healthcare Record Patient Advocate)

‘I wanted to thank you all for your immense support, guidance, and thoughtful contributions throughout the project – it has been such a pleasure to work with you and I enjoyed the collaboration very much. This project has been a truly positive experience, and I have learned so much from each of you!’

(Public Health Trainee)

It has been a great opportunity to learn skills and processes involved in service development review and redesign.

(Council Member)

Great communication and coordination through Head of Senate. Comprehensive report with value add for the ICB.

(Deputy Director System Coordination)

Thank you for your full report, it is much appreciated. We have begun to go through our own process with the ICB in relation to DMBC changes and considerations for the wider system change. Please pass on our thanks to your members for their detailed review.

(Associate Director for Clinical Strategy and Integration HHFT)

I appreciate the diversity in representation in the senate – it allows for different perspectives that ultimately aim to improve patient care.

(Council Member)

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 the speakers who have presented at council meetings this year:

- Lara Alloway, Chief Medical Officer Hampshire and Isle of Wight ICB
- Jo-anne Alner, Director of Population Health and Inequalities, NHS Sussex
- Alex Bax, Chief Executive, Pathway
- Caroline Cameron, South East Region Unpaid Carer Lead
- Tim Caroe, Medical Director Primary Care Transformation, NHSE South East
- Gareth Corser, Managing Director NHS Elect
- Julian Daley, Expert by Experience, Pathway
- Tim Elwell-Sutton, Deputy Regional Director of Public Health, South East, OHID, DHSC and NHSE
- Professor Will Herrington, Professor of Trials and Epidemiology of Kidney Disease, Renal Studies Group, University of Oxford
- Dr Simone Ivatts, Consultant, University Hospitals Sussex
- Johanna Kaminer, Public Health Registrar, ST3 Public Health Directorate, NHS England, South East
- Linda McGowan, Policy and Strategy Manager, NHSE
- Oliver Phillips, Director of Strategy and Planning, University Hospitals Sussex,
- Naomi Ratcliffe, Associate Director Clinical Strategy and Integration

Get in Touch

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Website: <https://secsenate.nhs.uk/>