

Improving Healthcare Together (IHT) 2020 - 2030

Summary of recommendations from the Clinical Senates report

The independent Clinical Senates of London and the South East have reviewed our clinical model.

The Senate stated clearly that there are significant benefits to bringing together the six acute hospital services into a new purpose built facility located on one of the three hospital sites. The panel made a number of recommendations within the report.

The Senate have commended the programme for our drive and initiative in developing such an innovative solution to the three key challenges facing Epsom and St Helier hospitals – workforce, estate and financial sustainability.

The IHT Clinical Advisory Group will use the Clinical Senate's feedback to further strengthen and enhance what we have proposed. As any new acute facility will not open its doors until at least 2025 we will continue to develop our clinical model between now and then.

We remain committed to providing local people with the best local NHS services, providing excellent quality healthcare for future generations to come.

1.1. Recommendations made by the Clinical Senates

The recommendations of the Clinical Senates are grouped into seven main areas, which the Clinical Advisory Group are considering as part of the ongoing work to develop the clinical model.

a) Finance, activity and estates

- The Senate has asked for several activity and bed modelling assumptions and breakdowns to be revisited.
- This includes further examination of demand and capacity in community care and provision of more detailed demographic forecasts.

These recommendations will be addressed through the programme's dedicated finance, activity and estates group.

b) Risk and benefit analysis

- The Senate recommends across several areas that the risks and benefits of the options and services are revisited.
- This includes evaluating the potential risks and benefits of a standalone district site in comparison to a district site co-located with the major acute site; standalone urgent treatment centres and critical care capacity.

A specific risk and benefits group is being set up to address these points. This will include clinicians from across the area, as well as external clinicians, for additional check and challenge.

c) Transfers and ambulance impacts

- The Senate makes several recommendations around transfers and ambulance impacts.
- This includes continuity of care during handovers and managing the (emergency) demand on ambulances.

These recommendations will be considered through a specific intra- and inter-site group, with further impacts on ambulances considered through the finance, activity and estates group and/or a specific provider impact group as required.

d) Workforce

- The Senate makes numerous recommendations around workforce.
- This includes examining training requirements, considering the benefits of centralising specialists and understanding the workforce requirements for the district site.

This will be examined through our Clinical Advisory Group and the risk and benefits group.

e) District hospital and urgent treatment centres

- The Senate queried a number of aspects of the model relating to the district hospital model as well as urgent treatment centres.
- This crossed over with several other themes, including risks, transfers and workforce.

These recommendations will be considered through various working groups, including Clinical Advisory Group, the intra- and inter-site group and the risk and benefits group.

f) Patient pathways

- The Senate emphasised the importance of effective patient pathways between major acute and district services, discharge pathways and pathways with other services including mental health and social services.

These will be considered as part of Clinical Advisory Group's further refinement of the clinical model leading up to the next iteration of the pre-consultation business case.

g) General clarifications

- A number of strategic recommendations were made around managing population health, understanding why major acute services needed to be maintained across the geography and alignment with digital strategies.

The pre-consultation business case will be refined to reflect these comments and where appropriate be fed back through the Clinical Advisory Group and wider working groups.

The full report of the London and the South East Clinical Senates can be found on the Improving Healthcare Together programme's website – [here](#).