**Clinical Senate – Guidance**

**What is the Clinical Senate?**

Clinical Senates are non-statutory advisory bodies, covering their respective geographical areas. They bring together multi-professional clinical leaders to work collaboratively as an independent body who can provide expert clinical advice and guidance to all parts of the healthcare system to drive improvement.

Through its members, the Clinical Senate will use its extensive knowledge and clinical expertise to assist commissioners to make the best decisions about healthcare for their population. This is to put outcomes and quality at the heart of the commissioning system, increase efficiency and promote the needs of patients above the needs of organisations.

The Clinical Senate helps ensure that plans are:

* Clinically sound and evidence-based
* Focused on improving patient outcomes
* Reflective of best practice and innovation.

In Derbyshire, the relevant body is the **East Midlands Clinical Senate** which covers the following Integrated Care Systems:

* Derbyshire
* Leicester, Leicestershire and Rutland
* Lincolnshire
* Northamptonshire
* Nottinghamshire.

**Why involve the Clinical Senate?**

A Clinical Senate review is often required as part of the NHS England Assurance Process (Stage 2 Proposal Development), particularly for:

* Major service reconfigurations
* Proposals involving significant clinical pathway changes
* High-impact or controversial service changes.

Senate advice can strengthen proposals by:

* Providing external clinical credibility
* Highlighting potential risks or areas of improvement
* Supporting a smoother NHSE assurance process.

**When to notify the Clinical Senate?**

**Early engagement is strongly encouraged.**

The Senate can be commissioned at **any stage**, from early advice to formal review. For large-scale changes, they may support multiple times throughout the process. There are two levels of engagement:

* **Informal advice**: The Senate should be engaged as early as possible, this can begin early in the process even before a draft Pre-Consultation Business Case (PCBC) is developed
* **Formal commissioning** of the Clinical Senate usually happens once a draft Pre-Consultation Business Case (PCBC) is ready and before public consultation begins. This timing allows the Senate to give independent clinical advice that can strengthen proposals ahead of NHS England assurance.

However, the Senate should be engaged **early in the process**, even before the draft PCBC is developed. While a formal review typically waits until a clinical model and options are defined, early engagement is encouraged to support shared learning and improve proposal development.

**Notice period**: A minimum of 10–12 weeks’ lead-in time is required to formally commission a review, as Senate members must be given at least 6 weeks’ notice.

**What happens at a Clinical Senate Review?**

The Clinical Senate conducts a formal review of your clinical model, which may include:

* A review panel of independent clinicians
* Presentation from the ICB/Clinical team
* Q&A and discussion session
* A written Clinical Senate Report with recommendations.

They will typically ask:

* Is the proposal(s) clinically safe and sustainable?
* Does it improve patient outcomes?
* Is it based on best practice and robust evidence?
* Has there been meaningful clinical engagement?
* Have workforce, access and equality impacts been identified and highlighted?
* What Patient and Public (PPI) has been undertaken to date, and what are the plans for ongoing involvement?

**What information is needed?**

You will usually need to provide:

* A Pre-consultation Business Case (draft or final)
* Proposed clinical model and pathways including before and after comparisons
* Clinical evidence base and relevant guidelines
* Summary of clinical engagement (who has been involved?)
* Activity, demand and workforce data
* Quality and Equality Impact Assessment (QEIA)
* Summary of Patient and Public Involvement (PPI) undertaken to date and the Communications and Engagement Plan for ongoing

**Who attends the review?**

From the Clinical Senate:

* Clinical Senate Chair
* Independent panel of clinicians (GPs, Nurses, Consultants etc.)
* Patient Representatives
* Senate team and admin support.

From the ICB:

* Clinical Lead or Medical Director
* Programme or Transformation Lead
* Relevant pathway lead
* Communications and Engagement Lead.

**Patient Representatives on the Senate:**

Patient representatives are included on the Clinical Senate review panels. They bring a public and patient perspective, offering constructive challenge and helping ensure proposals reflect real service user needs and experiences.

Although they do not hold decision-making authority, their input:

* Strengthens the quality of Senate recommendations
* Promotes patient-centred care
* Helps ensure that public and patient voices are meaningfully considered.

Integrated Care Board (ICB) teams submitting proposals should:

* Clearly evidence how patient and public involvement (PPI) has been carried out and how they plan to continue involvement
* Be prepared to consider feedback from Senate patient representatives.

**How to contact the Senate?**

You can contact the Senate by emailing: [eastmidlands.clinicalsenate@nhs.net](mailto:eastmidlands.clinicalsenate@nhs.net)

For more information: [Midlands Clinical Senates](https://midlandssenates.nhs.uk/)

**Other guidance to consider prior to consultation:**

* [NHSE Assurance Guidance](https://joinedupcarederbyshire.co.uk/download/nhse-assurance-guidance/)
* [Notifying and requesting a Call-In by the of Secretary State (SoS)](https://joinedupcarederbyshire.co.uk/download/notifying-and-requesting-a-call-in-by-the-of-secretary-state/)