

## Independent Clinical Review: TERMS OF REFERENCE

### 1. STAKEHOLDERS

**Title:** Wirral Urgent Care Services

**Sponsoring Commissioning Organisation:** Wirral CCG

**Lead Clinical Senate:** GMLSC

**Terms of reference agreed by:** Prof Donal O'Donoghue (Chair, GMLSC Clinical Senate), Dr Paula Cowan (Medical Director, Wirral CCG) and Nesta Hawker (Director of Commissioning, Wirral CCG)

**Date:** June 2018

**Clinical Senate Chair:** Prof Donal O'Donoghue

**Clinical Senate Review Chair:** Dr Gareth Wallis

**Citizen Representatives:** Ray Murphy

**Clinical Senate Review Team Members:**

REVIEW PANEL MEMBER
Patrick MacDowall, Consultant Nephrologist, Lancashire Teaching Hospitals NHS Trust
Mamta Buch, Consultant Cardiologist, Manchester University Teaching Hospitals
Phil McEvoy, Managing Director, Six Degrees Social Enterprise
Mark Holland, Consultant in Acute Medicine, Salford Royal NHS Foundation Trust
Damian Nolan, Divisional Manager, Halton Borough Council
Gill Johnson, Nurse Consultant, Central Manchester University NHS Foundation Trust
Andrew Simpson, Consultant in Emergency Medicine, North Tees and Hartlepool NHS Foundation Trust

### 2. QUESTION & METHODOLOGY

**Aim of Review:** To undertake an independent clinical review of the proposed plans for urgent and emergency care services delivered in Wirral, in line with the NHS England Stage 2 assurance process.

**Main objectives of the clinical review:**

- Clinical Quality:
  - Have all potential alternative options to the preferred model been considered (inc. co-operation and collaboration with other sites and/or organisations)?
  - Is this the optimal model for the Wirral population?
  - Does the preferred model's clinical case fit with national best practice?

- Have innovations to practise been fully explored?
- Have all the clinical interdependencies been considered?
- Workforce:
  - Do the proposals make the most effective use of the workforce for service delivery?
  - Have future workforce implications been considered?
  - Have innovative workforce models been considered?
- Engagement
  - Have all stakeholders, including staff, third sector organisations, public and service users, been properly engaged in developing the proposed changes?

### Scope of the review:

In scope: Urgent and emergency care services commissioned by Wirral CCG including A&E, walk-in centres, minor injuries centres and GP out of hours

Out of scope: Major trauma, dentistry

Out of scope but key Interdependencies: Pharmacy, NWAS, 111

### Outline methodology:

Review panel visit

**Timeline: June - December 2018**

### Reporting arrangements

The clinical review team will report to Dr Gareth Wallis, Panel Chair, on behalf of the North Region Clinical Senates, who will consider and agree the report and be accountable for the advice contained in the final report. The report will be given to the sponsoring commissioner and a process for the media handling of the report and subsequent publication of findings will be agreed within 3 months of delivery.

## 3. KEY PROCESS AND MILESTONES

- a. Discussion with Clinical Senate Chair and Medical Director 22<sup>nd</sup> June (complete)
- b. Discussion with Clinical Senate Chair, Commissioner and Review Team Lead to finalise Terms of Reference 22<sup>nd</sup> June (complete)
- c. Information for review submitted by Commissioner and distributed to review team – **22<sup>nd</sup> October 2018**
- d. Review Team WebEx/Teleconference - **w/c 5<sup>th</sup> November 2018**
- e. Requests for clarification and/or further information from Commissioners **w/c 12<sup>th</sup> November 2018**
- f. Review Panel Visit – 26<sup>th</sup> November 2018
- g. Panel submit finding for report writing - **28<sup>th</sup> November 2018**
- h. Draft report back to panel for accuracy checks – **3<sup>rd</sup> December 2018** Return – **10<sup>th</sup> December 2018**

- i. Final report drafted & sent to commissioners for comment – **12<sup>th</sup> December 2018 Return 16<sup>th</sup> October 2018**
- j. Final report produced – 17<sup>th</sup> December 2018**
- k. Sign off of final report by Clinical Senate Council – **17<sup>th</sup> December 2018**
- l. Published to commissioner - 18<sup>th</sup> December 2018**

#### **4. REPORT HANDLING**

A draft clinical senate report will be made to the sponsoring organisation for fact checking prior to publication on **18<sup>th</sup> December 2018**

Comments/ correction from Commissioners received by **16<sup>th</sup> December**; the final report will be submitted by the Clinical Senate to the sponsoring organisation by **18<sup>th</sup> December 2018**.

The report will be ratified by the Clinical Senate Council on the **17<sup>th</sup> December 2018**.

#### **5. COMMUNICATION AND MEDIA HANDLING**

The Clinical Senate aims to be open and transparent in the work that it does. The Clinical Senate would request that the sponsoring commissioning organisation publish any clinical advice and recommendations made. The Clinical Senate is aware of the sensitivities related to service change and reconfiguration and so an agreement will be reached in discussion with the sponsoring organisation in relation to the timing and process of publication.

Name of Communication Lead Sponsoring Commissioner:

#### **6. RESOURCES**

The clinical senate will provide administrative support to the review team, including setting up the meetings and other duties as appropriate.

The clinical review team will request any additional resources, including the commissioning of any further work, from the sponsoring organisation.

#### **7. ACCOUNTABILITY AND GOVERNANCE**

The clinical review team is part of the North Region Clinical Senate accountability and governance structure.

The Clinical Senate is a non-statutory advisory body and will submit the report to the sponsoring commissioning organisation.

The sponsoring commissioning organisation remains accountable for decision making but the review report may wish to draw attention to any risks that the sponsoring organisation may wish to fully consider and address before progressing their proposals.

## 8. FUNCTIONS, RESPONSIBILITIES & ROLES

### The sponsoring organisation will:

- I. Provide the clinical review panel relevant information, this may include: with the case for change, options appraisal and relevant background and current information, identifying relevant best practice and guidance, service specifications. Background information may include, among other things, relevant data and activity, internal and external reviews and audits, impact assessments, relevant workforce information and population projection, evidence of alignment with national, regional and local strategies and guidance (e.g. NHS Constitution and outcomes framework, Joint Strategic Needs Assessments, CCG two and five year plans and commissioning intentions). The sponsoring organisation will provide any other additional background information requested by the clinical review team.
- II. Respond within the agreed timescale to the draft report on matter of factual inaccuracy.
- III. Undertake not to attempt to unduly influence any members of the clinical review team during the review.
- IV. Submit the final report to NHS England for inclusion in its formal service change assurance process.

### Clinical senate council and the sponsoring organisation will:

- V. Agree the terms of reference for the clinical review, including scope, timelines, methodology and reporting arrangements.

### Clinical Senate council will:

- VI. Appoint a clinical review team, this may be formed by members of the senate, external experts, and / or others with relevant expertise. It will appoint a chair or lead member.
- VII. Advise on and endorse the terms of reference, timetable and methodology for the review
- VIII. Consider the review recommendations and report (and may wish to make further recommendations)
- IX. Provide suitable support to the team and
- X. Submit the final report to the sponsoring organisation

### Clinical review team will:

- XI. Undertake its review in line the methodology agreed in the terms of reference
- XII. Follow the report template and provide the sponsoring organisation with a draft report to check for factual inaccuracies.
- XIII. Submit the draft report to clinical senate council for comments and will consider any such comments and incorporate relevant amendments to the report. The team will subsequently submit final draft of the report to the Clinical Senate Council.
- XIV. Keep accurate notes of meetings.

Clinical review team members will undertake to:

- XV. Commit fully to the review and attend all briefings, meetings, interviews, panels etc that are part of the review ( as defined in methodology).
- XVI. Contribute fully to the process and review report
- XVII. Ensure that the report accurately represents the consensus of opinion of the clinical review team
- XVIII. Comply with a confidentiality agreement and not discuss the scope of the review nor the content of the draft or final report with anyone not immediately involved in it.