



London Clinical Senate

# Annual Report of the London Clinical Senate 2024/25



## Chair's Foreword

Welcome to our annual report. As I write this, we are entering another period of change and uncertainty.

It seems likely if we are to provide better services and achieve better health outcomes in these difficult times, we will need to change and reconfigure those services. So, while last year we undertook fewer reviews, I anticipate that this will change in the coming year and beyond.

So that we are even better positioned to provide the best support and advice, we will continue an active dialogue with our regional and ICB colleagues on how we can provide extra value alongside our reviews. We are also strengthening the patient and public voice representation on our Council.

I would like to thank all the members of Council and Patient and Public Voice (PPV) members for their wisdom and support this year. Particular thanks to Lucy Brett for her expert chairing of the PPV group and Natasha Curran, Council Vice Chair. Most of all thanks to Emily Webster and Gillian Foreshow, who have continued to manage the Senate with considerable commitment and expertise during these challenging times.

Finally, this is likely to be my last report as I aim to step down over the summer. Chairing the London Clinical Senate has been a privilege, but I could not have done it without the support, expertise and enthusiasm of the many colleagues, Council and PPV members over the past seven years. Thank you.



**Mike Gill**  
**Chair, London Clinical Senate**



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## Role of the London Clinical Senate

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The London Clinical Senate is hosted by NHS England, London Region but operates independently to provide **impartial, strategic clinical advice and leadership for healthcare in London.**

We recognise that transformation change requires strong local professional and clinical leadership. We offer early patient-focused 'critical friend' advice to inform developing plans, and final clinical assurance to commissioners including Integrated Care Systems (ICSs) and NHS England (NHSE) to ensure that the proposals improve care for patients and the public. This is achieved, primarily by reviewing Pre-Consultation Business Cases for substantial service change.

In addition to providing important clinical advice and guidance, we also share insights regarding the formal change process. This is particularly pertinent given the changes to the Health & Social Care Act 2022 which were implemented in January 2024. This requires commissioners to notify the Secretary of State of proposals for substantive service change at the point the relevant overview and scrutiny committee confirms it wishes to be formally consulted. It also introduces new powers for the Secretary of State to intervene in reconfigurations. (See Appendix B for more details on the Act).

In accordance with the single operating framework for regional clinical senates in England, the London Clinical Senate:

- Supports commissioners/ Integrated Care Boards (ICBs) and ICSs to make the best decisions about health care for their populations.
- Brings together patients and carers as partners with a range of health and social care professionals, to take an external and independent overview of health and healthcare for local populations.
- Provides a source of strategic, independent clinical advice and leadership on how services should be designed to provide the best overall care and outcomes for patients.
- Provides high quality, independent, and wherever possible, evidence-based strategic clinical advice, and guidance to any requesting party within the local health and care system, assisting them to make optimal decisions to improve health outcomes for their population.
- Provides clinical advice to inform the statutory NHS England reconfiguration assurance process.



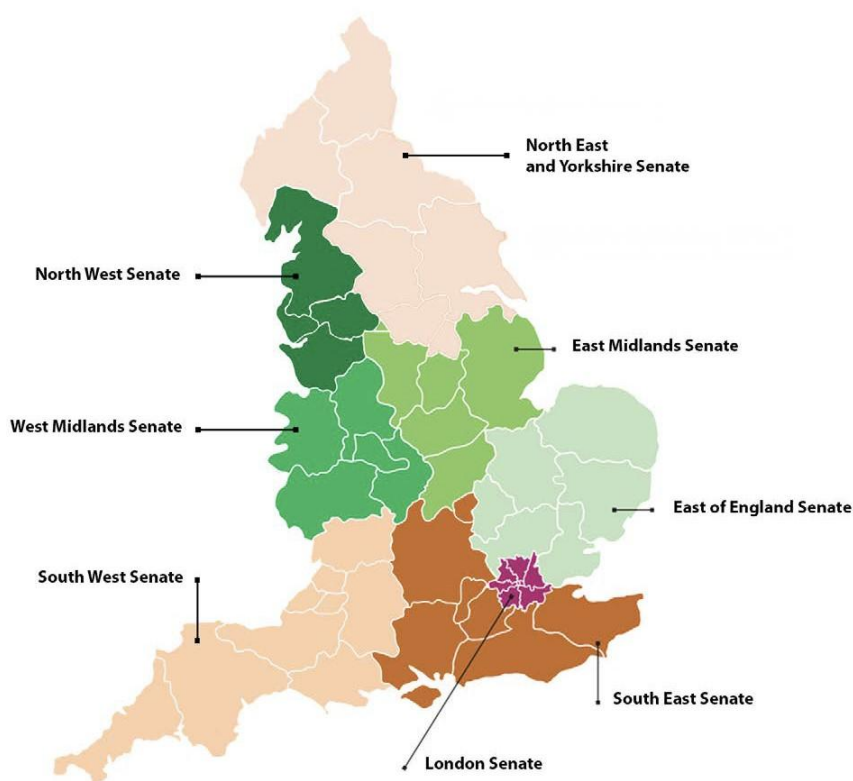
## Regional Clinical Senates

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The London Clinical Senate is one of 8 clinical senates which cover the population of England. The clinical senates have an aligned approach to providing independent advice, whilst uniquely responding to the local population and circumstances. This network enables us to collaborate by sharing knowledge, subject matter expertise and undertaking joint reviews or providing impartial input to reviews led by other senates.

The Chairs and management teams of the national clinical senates meet twice yearly to discuss a curated agenda of topical items. They work collaboratively to provide advice and bring focus on the senates' work.

Jointly, the senate regions maintain a [Topics log](#) detailing all published work, providing a short overview and link to the relevant documents. This includes a co-dependencies framework.





## London Clinical Senate Area and population

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The London Clinical Senate focusses on service change impacting on the **London** population; this involves working with commissioners in the 5 London ICBs. However, as a significant number of people live outside of London and travel to London to receive healthcare and vice versa, we also work closely with neighbouring clinical senates, including undertaking joint reviews to ensure comprehensive consideration of change proposals.



### London Population

**Resident population: 8,945,309** (source : Office for National Statistics)



## Structure and Members

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The London Clinical Senate structure features 3 key groupings as outlined below. Further information on our members can be found on our website: [Londonsenate.nhs.uk](https://londonsenate.nhs.uk)

### London Senate Council

Oversees and directs the work of the Clinical Senate

Comprises of 20+ multi professional members from across London including:  
Medical, Nursing, Allied Health Professionals, Public Health, Social Care, Mental Health, Primary Care, Health Education

Details of Council members can be found [here](#)

### London Senate Patient & Public Voice (PPV) Group

Highlights issues of importance to public and patients

Comprises of 10+ citizens, experts by experience, patients, and carers living in London

The chair's biography can be found on page 20 of this report

Details of PPV group members can be found [here](#)

### Senate Management Team

Manages all senate business including production of reports.

Comprises Senate Council Chair, Senate Council Vice Chair, Head of Senate and Project Manager

Biographies for the chair and vice chair can be found on page 8 of this report.



## Senate Office - About Us

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### **Mike Gill** **Chair, London Clinical Senate**

Dr Mike Gill is an experienced senior Medical Leader. He has been practising as a Consultant Physician (Care of Elderly and General Medicine) since 1989.

Mike is a Non-Executive Director at Homerton University Hospital NHS Foundation Trust and subject matter expert for Postgraduate Certification in Health Care Practice Programme.

Mike has many years of board level experience as a Medical Director. Most recently he was Medical Director at Health 1000: The Wellness Practice, a new type of GP surgery which looked after patients with multiple medical conditions in their own homes. The Practice also supported the care of patients in Nursing Homes.

Prior to this, Mike had been a Medical Director for over 12 years at Newham University Hospital NHS Trust, Barking, Havering and Redbridge University Hospitals NHS Trust, Associate Medical Director at Barts Health and Interim Medical Director at the Homerton University Hospital Foundation Trust.

Mike was also a member of NICE Acute Medical Emergencies Guideline Committee and an elected fellow on the Council of the Royal College of Physicians 2014-2017. Other roles undertaken include Joint Clinical Director for the Health for North East London programme and Honorary Clinical Director for Elderly Care at NHS London.







**Natasha Curran**  
**Vice chair, London Clinical Senate**

Natasha has practised as a Consultant in Anaesthesia and Pain Medicine at University College London Hospitals since 2008. Her clinical leadership began in transforming pain and then musculoskeletal services at borough level.

As a keen supporter of research and innovation, and particularly its implementation throughout her career, she was appointed as the Medical Director of the Health Innovation Network in south London in 2018. She went on to be the founding national Chair of the Clinical Executives Group of the Academic Health Science Networks (now renamed Health Innovation Networks).

Natasha's Board experience dates from her time on the Governing Body of Wandsworth Clinical Commissioning Group. She was a Board member of NHSE's National Innovation Accelerator until September 2024.

She has led the Implementation and Involvement team of the Applied Research Collaboration South London since its inception in 2019 and was one of the Directors of Clinical Strategy at King's Health Partners. Over the years she has sat on NICE evidence reviews and is an Expert Adviser to NICE and journals such as BMJ Open.

Natasha has represented the Health Innovation Networks on the Clinical Senate since 2022 and became Vice Chair in 2024.

**The Senate Management team:**

**Head of Clinical Senate**  
**Project Manager**

Emily Webster  
Gillian Foresheew



# Offer of the London Clinical Senate

## Impartiality and Adding Value

The London Clinical Senate seeks to support commissioners through major service change.

We bring together a broad range of experienced health and care professionals with patients and carers to give considered advice on matters of strategic importance across all healthcare conditions and pathways.

The London Clinical Senate:

- Provides independent, strategic advice and leadership to assist statutory bodies in making the best decisions about healthcare for the populations they serve
- Promotes the health and care needs of Londoners and advocates for improvements in quality, outcomes and best value
- Provides a multi-disciplinary whole systems perspective to the issues it considers and the advice it provides

We offer evidence-based input informed by practical experience.

Our work is at no additional cost to NHS commissioners, trusts or systems as senate and review panel members are employed by healthcare organisations and volunteer their time and expertise.

This selection of members enables our work to be informed by a wealth of health and social care experience, and

our members develop system leadership experience which they can employ in their main organisation.

Council members work is enabled by:

- ✓ Broad range of independent multi-disciplinary clinical expertise and experience, drawn from London and beyond.
- ✓ Input of patient voice representatives
- ✓ Impartiality through diligent management of potential conflicts of interest

Our offer includes:

- Guidance on the unique challenges of major service reconfiguration with reference to the broader legal framework, and liaison with NHSE London Service Reconfiguration team and National System Transformation Team.
- Expertise around substantial service change processes and sharing of best practice.
- Independent clinical reviews, focussing on final clinical assurance on Pre-Consultation Business Cases prior to formal NHSE assurance processes.



# Independent Clinical Senate Reviews

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The NHS England assurance process requires an independent clinical review of major service change. Commissioners also benefit from an objective assessment and feedback prior to consultation.

The Senate meets these needs and welcomes early engagement with commissioners to guide as necessary.

## Review Preparation

The fundamental role of the review panel is to assess whether there is a clear clinical evidence base for change and whether there is an impact on bed requirements. These are two key features of the government's tests for service change (see appendix B).

In addition, the Senate has developed its own principles, which inform the assessment of the change proposal. Fundamental to this is the engagement and perspective of patients and public, which is enabled by patient and public voice partners being integral to the review panel. Factors such as equality, diversity and inclusion; impact on staff and workforce as well as carbon footprint are also carefully considered. For a full list of the London Clinical Senate principles see appendix A).

The panel is also cognisant of the 6 tests, which are undertaken by the London Mayor post consultation to determine whether they will support the proposal (see appendix B). The Senate may make recommendations with this in mind.

The process:

- Terms of Reference are agreed with commissioners, informed by the key clinical questions on which they have requested advice. This includes clear mutual expectations and timelines - allowing flexibility given the complexity of major service change.
- The commissioner provides a draft Pre-Consultation Business Case and supplementary information as relevant.
- The panel review day is held, where the commissioning team presents the proposal, and the panel explore key lines of enquiry. This may be online or in person depending on the nature of the review.
- There is often initial learning and feedback on the panel day.
- A report for the sponsor/ commissioner including key recommendations. The sponsor decides when this is published. This includes scrutiny on the case for change; evidence base and patient perspective; signposting to evidence and learning from prior experience; and identification of unintended or unforeseen consequences of service change.



## Recent Senate Reviews

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### NHS North West London adult (18+) community-based specialist palliative care services improvement programme and proposed new model of care

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**Chair:** Heather Richardson, Director of Academic Learning & Action, St. Christopher's Hospice

**Vice-Chair:** Marianne Leach, Consultant Paediatrician, St. Georges Hospital, London

The London Clinical Senate first reviewed palliative care proposals in north west London in 2019, when changes on a tri borough footprint were considered. In 2024 the ICBs requested the senate review a proposed model of care for adult community-based specialist palliative care services, which built on initial thinking and had been developed through a specialist palliative care improvement programme.

The London Clinical Senate commended the programme team for the development from the initial proposals, the quality and depth of the work and the comprehensive materials provided. The Review Panel supported the changes and provided recommendations aligning to several overarching suggestions, focused on achieving greatest positive impact through the proposed changes. These were to continue to develop the model to reflect contemporary, changing, and future needs, by:

- Adopting a lens of equity across the diverse populations of north west London to guide the design, roll out and enhancement of the model.
- Being innovative – moving beyond “the basics” of coordinating care to creating connectivity and collaboration across the patch. For example, through digital enablement and by aligning multiprofessional teams including primary care, allied health professionals and a wide range of stakeholders around the need of patients.
- Being confident that the rollout proposed is possible. This will involve due attention to the challenges of implementation; workforce availability and capability; access to care home beds; and a strong working interface with primary care and other services.



## London Clinical Senate

- Maintaining and developing public engagement to ensure people are using the right services at the right time.
- Building a range of quality measures and outcomes at population and patient /user reported levels, which are benchmarked, and reviewed across the patch. Using these to help review and continue to develop and improve the model to meet the breadth of the populations needs.

The specific recommendations are explained further in the main body of the report.

[See London Clinical Senate Report, 13<sup>th</sup> May 2024  
Available from: [Londonsenate.co.uk](https://londonsenate.co.uk)]





## Contributions to other regional Senates' clinical reviews

London Clinical Senate council members have provided expertise in recent years to clinical reviews hosted by other regional Senates.

### Women's Hospital Services in Liverpool - Case for Change – July 2024

Sponsoring Commissioning Organisation: Cheshire & Merseyside Integrated Care Board. [Report available here](#)

This formal review led by the North West Clinical Senate provided advice and recommendations on the Case for Change for future delivery of Women's Hospital Services in Liverpool.

| London Clinical Senate participants |   |
|-------------------------------------|---|
| <b>Diane Jones</b>                  | <b>Chief Nursing Officer, NHS North East London</b> |
| <b>Kath Evans</b>                   | <b>Director of Children's Nursing, Barts Health</b> |
| <b>Lucy Brett</b>                   | <b>Chair, Patient and Public Voice Group</b>        |

### Manchester Foundation Trust Cardiac & Vascular Services review - November 2023.

Sponsoring Commissioning Organisation: North West Specialised Commissioning team. [Report available here](#)

This was early-stage independent clinical review led by North West Clinical Senate (prior to Stage 1 assurance checkpoint) of the draft Case for Change and the proposed future clinical models of care for delivery of Cardiac Surgery and Specialised Vascular Surgery services by Manchester Foundation Trust.

| London Clinical Senate participants |  |
|-------------------------------------|--|
| <b>Andrew Chukwuemeka</b>           | <b>Consultant Cardiothoracic Surgeon, Hospital Medical Director – Hammersmith, Imperial College Healthcare NHS Trust</b> |
| <b>Mark Mason</b>                   | <b>Medical Director, Heart, Lung and Critical Care Clinical Group, Guys &amp; St. Thomas' NHS Foundation Trust</b>       |



## **Review of the Centralisation of Section 136 Health Based Places of Safety (HBPoS) in Kent and Medway - May 2023**

Sponsoring Commissioning Organisation: NHS England Regional Reconfiguration Assurance Team. [Report available here](#)

The South East Clinical Senate were requested by the NHS England regional reconfiguration assurance team to review proposals aimed at improving the experience and outcomes for patients through creation of a centralised HBPoS service for Kent and Medway. The improvement work addresses workforce, estate and facilities, access to assessment and reduction in the period of detention in a HBPoS.

| London Clinical Senate participant |  |
|------------------------------------|--|
| Tim Edwards                        | Consultant Paramedic & Associate Clinical Director, London Ambulance Service |



## Senate Council Meetings

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The Clinical Senate Council meet 6 times during the year. The council oversees the work of the senate, with meetings considering core areas:

### Harnessing wisdom from the past

#### Co-producing guidance on chairing independent clinical reviews

Following a busy year of reviews in 2023/24, time was allocated for council members to critically reflected on their experience, the processes and learning. They identified that guidance for review chairs would be helpful. A working group of experienced council members developed a document containing information about the process, personal reflections and tips. Review chairs shared that they had enjoyed and were well supported in the process. The document was formalised by senate council and is available for reference by any members considering chairing a future review.

#### Focus groups on evaluating service change

London Clinical Senate Council members volunteered to support a project to examine the current barriers and facilitators to evaluation of 'substantial service change'. The study aims to identify factors which will inform future policy proposals aimed at making evaluation more widespread. Members are anticipated to contribute to online focus groups for the region are anticipated in June 2025.



## Horizon scanning and future readiness

The London Clinical Senate office and senate council have connected with key stakeholders to consider the future needs and offer of the senate, and ensure readiness for requests:

### National and Regional Strategy and conversations with ICBs

Recognising the significant announcements of March 2025 regarding the future of NHSE and ICBs, the 10-year plan and three left shifts the council has considered the future positioning and offer of the London Clinical Senate.

Cognisant of pressures leading to prioritisation, the London Transformation Strategy and the importance of inclusive, earlier public deliberation we have discussed with collective ICB colleagues how we might support. This has included in swift access to senate council meetings for topics for provide early support and guidance, operational memory of significant change e.g. in orthopaedics, connection to other national senates and resources as well as opportunity to strengthen connections for leadership.

### National Meeting of Clinical Senates

We have focused on specific topics to enhance skills for reviews as well as considered how we can clarify and strengthen our offer:

- NHS Workforce plan and role of physician's associates, data insights into inequalities.
- Case for and against centralisation and consolidation of services considering specialist care, and how resources are moved across the system.
- Updating our operational guidance



**Expanding Patient and Public Voice representation on council**

The council has agreed to strengthen the voice of patients and public in its work, by expanding the number of lay members on council in the new financial year. These will be supported by the wider Patient and Public Voice group and senate office.

**Reviewing and updating governance documents**

The council have reviewed and commented on:

- Senate Terms of Reference
- Process for Independent review
- Template for requesting independent reviews

These have been updated following recent experience and learning, recognising the Health and Care Act 2022 and pending further guidance anticipated on *Planning, Delivering and Assuring service change*.





## Developing skills, learning and development

*Several key topical presentations and discussions have been taken to council to assist members develop knowledge and skills, which in turn support with future reviews. These are:*

### **NICE update – priorities for 2024/2025**

An insight on the priorities and formulation of guidance, with active focus and discussion on prioritisation, involvement and equalities. We are now engaging actively with NICE colleagues for future reviews.

### **London Dementia Clinical Network update**

An overview of the work of the London Dementia Clinical Network, highlighting implementation of the [London Vision](#) followed by a discussion with a request for feedback on post diagnostic support and usage of the Universal Care Plan.

### **Universal Care Plan: An update for the London Clinical Senate**

Presentation covering the direction of travel and summarising the clinical strategy and the expansion for the Universal Care Plan, updating the planned launch in the NHS app, National Record Locator, continuing the work in advanced care planning for patients.

### **Health Innovation Network's Anti-Racism Journey**

A powerful and thought-provoking account of the Health Innovation Network (HIN's) anti-racism journey, which set the scene for the need for global change citing some of the most recent drivers and call to action. See: [healthinnovationnetwork.com/hin-anti-racism](https://healthinnovationnetwork.com/hin-anti-racism)

### **Re-imagining health equity using advanced analytics**

Presentation and discussion on health equity and the opportunities available with the effective use of analytics. The presentation covered the background to analysis of inequalities, analysis techniques and imagining the future – the opportunities and the challenge.



## Patient and Public Voice Group (PPV) Chair's Foreword

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This year, though one which ends in what Mike describes as “another period of change and uncertainty” was a fruitful one for the PPV Group in which members took part in multiple reviews, both within London and with other Senates across the UK.

These covered maternity services and end of life care and my diverse patient and public colleagues worked hard to highlight lived-experience, staff welfare, and equity of service provision and care amongst other issues.

We have also worked closely with several London services – including the Diagnostic's group who visited the PPV twice to get feedback and patient and public insights on their work across the capital as they worked on their new strategy

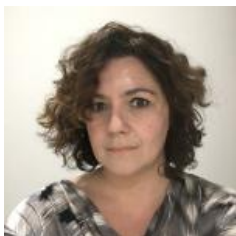
We met with the London Region Emergency Preparedness Resilience and Response team (EPRR) who gave a brief history of the emergence of EPRR across NHS organisations.

We also invited the Director of Improvement, Transformation and Partnerships at NHS England to speak to patients. He spoke to the meeting about the National Partnership Agreement: Right Care, Right Person. [National Partnership Agreement: Right Care, Right Person \(RCRP\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/national-partnership-agreement-right-care-right-person).

These regular sessions allowed both reciprocal sharing of expertise and insight, whilst also further developing the understanding of the PPV group members on the challenges, strengths and breadth of healthcare across London.

As Mike also notes, we will continue to support the council in its active dialogue with our regional and ICB colleagues and will in part do this by increasing the patient and public voice representation at Council.

Finally, I would also like to share Mike's thanks to all the members of Patient and Public Voice and council members for their hard work, engagement, challenge and insight over the year.



**Lucy Brett**  
**Chair, London Clinical Senate Patient and Public Voice Group**



## About Lucy

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Lucy Brett is an experienced communications professional and writer who specialises in telling healthcare narratives and raising awareness of conditions that are often underrepresented and underdiscussed for a variety of reasons, including stigma, complexity, and taboo. She has lived experience of many London hospitals and healthcare systems and brings to the discussion an understanding of complex healthcare needs, comorbidities, the treatment of rare diseases, disability, and caring responsibilities.

As a Research Partner for Versus Arthritis, she has brought lived experience to discussions around topics including pain management, service provision, treatment options, and the need for patient voices and experiences to be reflected in policy – including, for example, the voices of people with early onset and poly-arthritis who have to work and who do not fit the typical demographic. Lucy is a patient representative on the Innovate UK's FemTech Accelerator and has addressed awardees on patient experience and its role in innovation.

During her tenure at the PPV, which started in 2020, her first narrative nonfiction book *PMSL* was published by Bloomsbury imprint Green Tree. It was an incontinence memoir, released internationally and to acclaim from both patients and healthcare professionals. She is a regular speaker on the topic of incontinence and its related impact on mental health. After delivering a keynote at the inaugural Everywoman Festival in Cardiff in 2023, for example, she returned for this year's event to host a practical workshop for patients on medical memoir writing.

Lucy has advised on the Pelvic Obstetric & Gynaecological Physiotherapy (POGP) guidance for patients and has contributed to debates and international seminars as a subject matter expert by experience in her capacity as an ambassador for the World Federation for Incontinence and Pelvic Patients, including talks for each World Continence Week since 2021. She was also invited to a global conference at Tampere University, Finland, in 2022, to talk on continence products and sustainability.

She has addressed the full Senate Council and has spoken at London Clinical Senate Forum and the NHS England London Region Medical Directorate Away Day.



# Patient and Public Voice Group Presentations and Discussions

We are extremely grateful for the contribution of all our PPV members, for the insight they bring, sharing their knowledge and understanding. We also recognise the invaluable connection to their communities and are thankful for the willingness with which they give their time.

## Learning and development

- **Overview of public involvement at National Institute for Health and Care Excellence (NICE)**  
Presentation and discussion with colleagues from NICE, specifically focussing on the attributes and recruitment of lay experts.
- **Right Care, Right Person**  
Presentation and discussion on the National Partnership Agreement. The group also explored the rise in children's mental health and wellbeing, highlighting a potential important area for future focus.

## Feedback

- **Diagnostic Services**  
The London regional diagnostics team provided information on how diagnostic tests are used to identify disease and conditions. This was followed by an exploration of lived experience of London diagnostics services, with feedback and suggestions on inequalities, access, service locations and pathways. It provided some key initial patient and citizen feedback to highlight further areas they may wish to explore with the public
- **Emergencies, the NHS and your community (an introduction to Emergency, Preparedness, Resilience and Response (EPRR))**  
Presentation and discussion on the emergence of EPRR and their role across NHS organisations, with feedback to the team. There was alignment of themes, with huge value for the personal reflections and feedback being used to support senior leaders and commanders in decision making around communications in an incident.



## Testimonials

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### **North West London adult (18+) community-based specialist palliative care services improvement programme and proposed new model of care**

*“One of the standout successes of the review process was the collaborative approach taken by all stakeholders. The involvement of diverse groups, including clinicians, patients, and caregivers, ensured that multiple perspectives were considered. The thorough data collection and analysis provided a solid foundation for evidence-based recommendations. Additionally, the timely communication and transparency throughout the process helped build trust and foster a sense of shared purpose among participants. Thank you very much – we got lots out of this process. It helped us improve our work and we looked forward to consultation, implementation, and then making the changes happen.”*

*“... The Senate's expertise, comprehensive approach, and commitment to evidence-based recommendations made it an invaluable resource for evaluating and improving healthcare services. The collaborative process and the advice provided was both practical and relevant, provided reassurance that we were heading in the right direction and identified areas that we needed to strengthen.”*

### **Service Reconfiguration, Performance, Information and Regulation Directorate, NHS England – London Region**

*“The London Clinical Senate (LCS) continues to provide independent, strategic advice and guidance to commissioners and other stakeholders. It is highly valued and supports them to make the best healthcare decisions for the populations they represent. This capacity to review and advise is invaluable and fully aligned to NHSE's formal service change assurance framework. Working with expert clinical leaders, health and social care professionals, and patients, the London Clinical Senate has provided expert independent and impartial clinical advice on a number of complex reconfiguration schemes in London and more broadly to proposals impacting populations from a number of NHSE Regions:*

- *Paediatric Treatment Centre Cancer Services; South London and inclusive of services to South East Region.*
- *StartWell - Maternity and neonate services in North Central London*

*LCS has proven an effective and valued partner providing advice and leadership on how services should be designed to provide the best overall care across the healthcare system to improve patient outcomes and population health.”*





**Reflections from Clinical Senate members**

*“I would strongly encourage colleagues to join the Senate ....it is a great forum which I have had the privilege of being part of. We have really good discussions with a broad range of colleagues.”* Chief Medical Officer, London Ambulance Service

*“I just wanted to say a heartfelt thank you for all your input and support in the palliative care review that we have just finished together. It was a great experience for me chairing it, and a real pleasure working with, and learning from you in the process.”* Director of Academic Learning and Action - St. Christopher's Hospice

*“This was a very pleasant and very valuable experience, and I feel privileged to have been part of it. I have a huge appreciation for your knowledge and skills in making it happen and guiding through the process.*

*THANK YOU!”* Consultant Paediatrician, St. Georges Hospital, London



## Acknowledgements and thank you ...

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The Senate's work is possible because clinicians, patients, and members of the public together with stakeholders give their time, knowledge and expertise to help improve healthcare in London. We are very grateful for the significant contribution of everyone we have worked with throughout 2024-2025 in the Senate Council and our programmes of work.

We would like to thank all Senate Council members for generously donating their time and expertise at Council meetings and Reviews.

In addition, a huge thank you is given to the speakers who have brought their expertise and enthusiasm presenting to the London Clinical Senate Council.

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Website: [Londonsenate.nhs.uk](https://londonsenate.nhs.uk)



## APPENDIX A

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### Senate Principles

- Promoting integrated working across health and across health and social care and ensure a seamless patient journey
- Being patient-centred and co-designed (this includes patient experience, patient involvement in development and design of services)
- Reducing inequalities (this involves understanding and tackling inequalities in access, health outcomes and service experience, between people who share a protected characteristic and those who do not, and being responsive to the diversity within London's population)
- Demonstrating parity of esteem between mental and physical health for people of all ages
- Supporting self-care and health and wellbeing. Improving standards and outcomes (these include use of evidence and research, application of national guidance, best practice and innovation)
- Ensuring value (achieving the best patient and population outcomes from available resources)
- Demonstrate how environmental sustainability and moves to carbon neutral are included in plans and developments. This includes reference to the national ambition to reach carbon net zero by 2040 and the London Health Board ambition to ensure that every Londoner breathes safe air.



## APPENDIX B

The **Health and Social Care Act 2022** introduced new powers for the Secretary of State to intervene in reconfigurations; this took effect on 31 January 2024.

### Duty to notify

- Requires ICBs and other commissioners to notify the Secretary of State of any new proposals for substantial service changes, at the point the relevant Overview and Scrutiny Committee (OSC) confirms it wishes to be formally consulted.
- This duty does not apply retrospectively to proposals which have already passed this point.

### New powers for the Secretary of State

- The Secretary of State will be able to use new powers to 'call in' proposals for any service change (not just those that are notifiable) and take or retake any decision that the commissioner could have taken.
- This power replaces the power which gave OSCs the ability to formally refer a service change scheme to the Secretary of State. Anyone can now request the SoS to make a call in.

There will be legal obligations for NHS organisations to provide ministers with information and assistance to support the exercise of this power.

See: [Reconfiguring NHS services - ministerial intervention powers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/reconfiguring-nhs-services-ministerial-intervention-powers)

### The Government's 4 tests of service change

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- Clear, clinical evidence base.
- Support for proposals from clinical commissioners.

Plus (April 2017) any proposal including plans to significantly reduce hospital bed numbers NHS Patients will continue to receive high quality care within any proposal that includes plans to significantly reduce hospital bed numbers.

See: [planning-assuring-delivering-service-change-v6-1.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/planning-assuring-delivering-service-change-v6-1.pdf)

**The mayor's 6 tests are required** to be met before they will give their support to any major health and care transformation or service reconfiguration proposals in London.

- Health inequalities and prevention of ill health
- Hospital beds
- Financial investment and savings
- Social care impact
- Clinical support
- Patient and public engagement

See: [Champion, challenge, collaborate | London City Hall](https://www.london.gov.uk/what-we-do/health-and-social-care/champion-challenge-collaborate)

