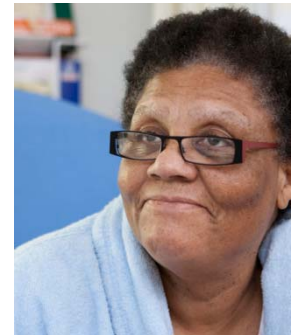
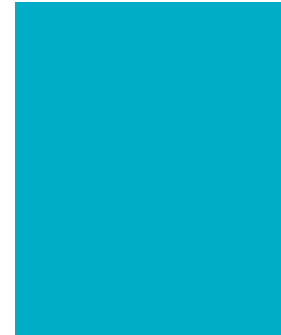
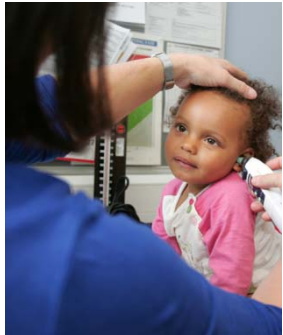


# Proposals for Clinical Networks in the Modernised NHS



February 2012



## Background

### Policy on Clinical Networks

*Equity and Excellence* heralded a major cultural shift towards a focus on outcomes of care

The Future Forum recommended networks should have a role in supporting commissioners and providers to improve outcomes for patients but outlined the need to define and review their function, form and effectiveness

In its response the Government confirmed clinical networks would be retained and strengthened in the new NHS system

### Emerging Proposals

Dr Kathy McLean, Clinical Transitions Director, has been leading a project on networks with input from over 500 stakeholders

This presentation explains the proposed model for NHS CB prescribed (strategic) clinical networks

We are suggesting that strategic clinical networks are established in accordance with clear criteria and a transparent process, having clarity of purpose and functions, operating within a single model, with shared geographical support teams and a process of regular review

## Network Categories

### Network Spectrum

Many types of network exist. The range and potential benefit of these should be recognised:

- **Informal clinical networks:** established by professionals to support knowledge, best practice, professional development and new ways of working
- **Formal clinical networks:** established locally to support the achievement of local priorities or ways of working
- **Formal clinical networks:** prescribed by the NHS CB for specific conditions and patient groups to assist commissioners (the NHS CB and CCGs) in achieving their core purpose of quality improvement and ultimately the delivery of outcome ambitions for patients

### Strategic Clinical Networks (SCNs)

NHS CB prescribed networks will be called Strategic Clinical Networks (SCNs)

These will bring primary, secondary and tertiary care clinicians together, with partners from social care, the third sector and patients to define evidence based best practice pathways, which are implemented and assured through network relationships with commissioners and providers.

SCNs will operate throughout the country as 'engines' for change and pathway co-ordination across complex systems of care maintaining and / or improving quality and outcomes

## Principles

**Focused on quality improvement, and the achievement of outcome ambitions for patients, within available resources**

**Embedded within the NHS, leading change processes and co-ordinating complex pathways of care**

**Clinically led, with all member organisations being actively engaged and abiding by a duty of co-operation**

**Established and developed consistently, functioning within a single operating model**

**Regularly reviewed, remaining purposeful and value adding for patients, professionals and member organisations**

**Aligned to, and operating within, a geographical overarching network structure with a single support team**

## Role

### Purpose

SCNs will be created and retained to support quality improvement and will have clarity of role vis-à-vis other bodies such as Commissioning Support Organisations and the NHS Improvement Body

Their Terms of Reference will form their mandate to take forward quality improvement work

SCNs will have clinical leadership at the heart of their work and take account of the patients' voice in their activities

Their work will be closely aligned with research, education and innovation partners

### Functions

SCNs will:

- Assess need and agree priorities for improvement across member organisations.
- Deliver quality improvement programmes of work:
  - Adapting evidence based, best practice pathways for local implementation
  - Supporting commissioners and providers with change and pathway co-ordination
  - Supporting quality assurance processes
- Publish the outcomes of their programmes of work

## Question

How do we ensure that NHS CB prescribed networks are embedded, adding value, in the new system?

## Establishment

### Criteria

SCNs will be established in accordance with clear criteria including:

1. A clear link to a national outcome ambition
2. The need for a change process and / or co-ordination across complex pathways
3. Significant potential for quality improvement through a network model, involving multiple professionals and organisations
4. The need for a pan-England approach
5. Clear rationale for why quality improvement cannot be driven by another means (e.g. by a clinical commissioning group)
6. An assessment of how the absence of a SCN would result in a lack of continuous quality improvement
7. A major part of the pathway will be commissioned by the NHS CB

### Process

There will be a transparent process for decision making about what constitutes a SCN led by the NHS CB Medical Director with support from the NHS Outcome Framework Domain Leads

Professional groups, or others, who wish to make a case for a SCN will need to provide evidence that a condition or patient group meets the agreed criteria

It is expected only a small number of SCNs will be prescribed to allow for local determination and innovation

Networks nationally supported, at present, will be endorsed if they meet the criteria

## Question

Have we outlined a comprehensive list of criteria for NHS CB prescribed Strategic Clinical Networks?



## Organisation

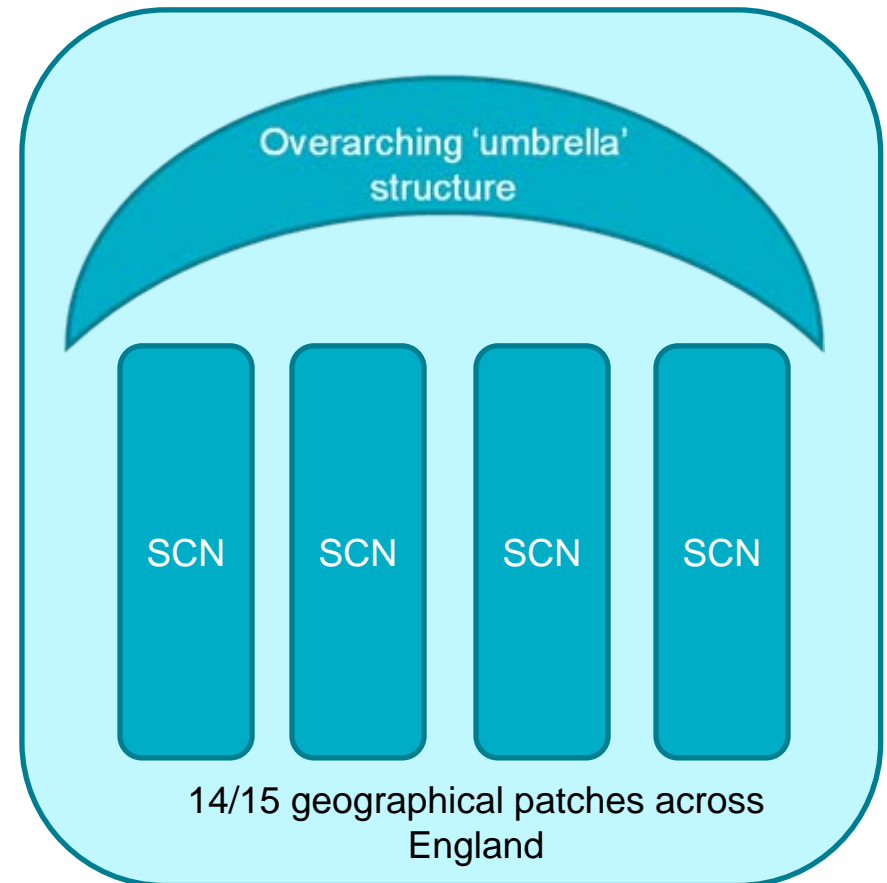
### Structure

A single overarching 'umbrella' network structure will be created covering a geographical patch

It is expected that there will be approximately 15 geographical patches in England

The number and size of each prescribed SCN should be based on patient flows, with SCNs aligned to and operating within one of the overarching 'umbrella' network structures

There will need to be collaboration between SCNs where there are synergies in work programmes and pathways of care.



## Resources

### Support Teams

Each overarching 'umbrella' network structure will have a Lead Clinician and Chief Officer. Each SCN will have a dedicated Clinical Chair

There will be single support teams, in each of the 14/15 geographical patches. This arrangement will enable a flexible approach to future network support

These network support teams will help fashion coherent and effective network arrangements in their area

A small national support service is also proposed

### Funding

National funding will be provided for infrastructure and support initially, moving to a membership model over time

The geographical support teams will also support clinical senates and there could be room for local networks to be supported within the resource envelope

Each geographical support service should be located in a local NHS building that provides good access and infrastructure for SCN activities as well as a resource for use by other networks including informal professional networks

## Questions

Should there be opportunity within the overarching ‘umbrella’ network structures for locally established networks to be supported?

To what extent is a national network support service needed to enable interaction, oversight and assurance?

## Governance and Accountability

### Accountability

SCNs will be non-statutory membership models

- Commissioners are accountable for commissioning
- Providers are accountable for service delivery
- SCNs are responsible for delivering their agreed function and work-programmes for their member organisations

SCNs will be responsive to commissioning aims and finance plans but also able to highlight where improvement is needed

The overarching geographical networks will be accountable to the NHS CB

### Governance

All member organisations will be actively engaged in SCN activities through a duty of partnership and, where needed, will abide by majority decisions

Professionals and organisations will need to be members of more than one specific condition / patient group SCN where patient flows require

Governance will be through an Oversight Group at overarching geographical network level, with underpinning SCN Steering Groups

Clinical leads, chairs and support teams will all have defined roles and responsibilities

## Question

The overarching 'umbrella' network structures will need to be hosted within the geographical area. Which organisations could potentially do that?

## Effectiveness

### Measuring Effectiveness

SCN success will be based on ability to translate outcome ambitions into local improvement for patients. SCNs will need to demonstrate year on year added value for patients, professionals and member organisations

Effectiveness will be measured by a combination of process measures (for which SCNs will be directly responsible) and outcome measures, commissioned by commissioners and which are delivered by providers.

SCNs will publish their work programmes and annual reports, including impact assessments of their work

### Review

There will be a process of regular 6-monthly review, carried out at the geographical overarching umbrella structure level, to ensure effective network functioning in each geographical patch

SCNs will be established and reviewed on a five yearly basis. Where they remain purposeful their Terms of Reference will be renewed. Where their work is concluded they will be disestablished

## Summary and Next Steps

### Summary

Once implemented, the NHS will have a transparent and consistent process for the establishment of NHSCB prescribed networks, which will be called Strategic Clinical Networks (SCNs). These will be established and retained to lead a change process or co-ordinate care across complex systems. They will have clarity of purpose and role in supporting the achievement of outcome ambitions and will operate within a single model

SCNs will be accountable to the NHSCB and be kept under review to ensure they remain purposeful and value adding for patients. Networks will come together within approximately 15 overarching network structures that have single support teams

### Next Steps

Comments invited on proposals through webinar on 13<sup>th</sup> February 2012

Recommendations presented to the NHS CB before the end of March 2012

Confirmed plans shared, together with operational detail, in April 2012

SCNs confirmed mid 2012

Move to full implementation, including workforce change, aligned to NHS CB transition programme timetable through 2012