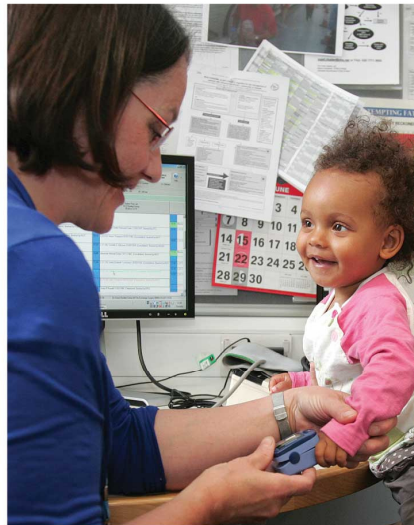
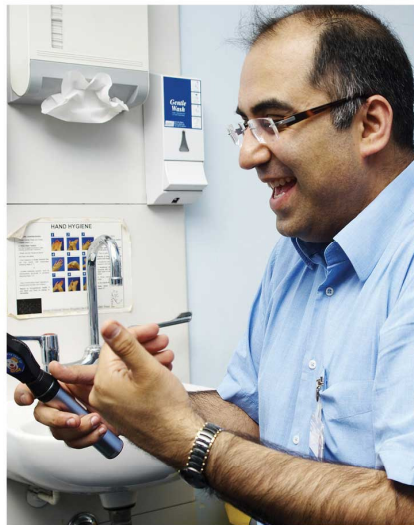


**The Way Forward:  
Strategic clinical  
networks**



# The Way Forward

## *Strategic clinical networks*

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**Prepared by**

**NHS Commissioning Board, a special health authority**

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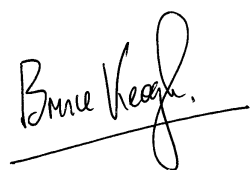
# Foreword

Clinical networks are an NHS success story. Combining the experience of clinicians, the input of patients and the organisational vision of NHS staff they have supported and improved the way we deliver care to patients in distinct areas, delivering true integration across primary, secondary and often tertiary care. For example, stroke networks have enabled transformation in the way services are delivered in many parts of the country leading to measurable improvements in both outcomes and experience for patients. Cancer networks have raised standards, supported easier and faster access to services and encouraged the spread of best practice.

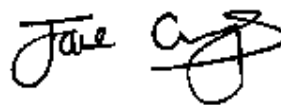
We want to build on the success of networks and ensure that the NHS Commissioning Board and clinical commissioning groups have access to a broad range of expert clinical input to support and inform their decisions about the way care for local populations is planned and delivered.

Over the past year, we have worked with colleagues across the NHS to develop and enhance clinical networks. There has been extensive discussion and engagement about how we can improve this part of the new system, with an extraordinary and welcome level of interest from within the NHS, from patients and from specialist interest groups. We want to thank everyone for their contributions, which have been vital in the way we have shaped our proposals.

We know there are currently many different types of clinical networks. We want this to continue in the future because networks perform varied and valuable roles. This document focuses specifically on strategic clinical networks, which will be established and hosted by the NHS Commissioning Board.



**Professor Sir Bruce Keogh**  
**Medical Director**  
**NHS Commissioning Board Authority**



**Jane Cummings**  
**Chief Nursing Officer**  
**NHS Commissioning Board Authority**

# Introduction

Continuously improving the quality of care we give our patients and the outcomes of their treatment is the core purpose of the new NHS commissioning system. Clinical commissioning groups (CCGs) and the NHS Commissioning Board (NHS CB) will use the interactions they have with providers (such as hospitals) and the clinical expertise offered by new organisations in the system to drive these improvements.

In the current system, clinical networks have been responsible for some significant improvements. Groups of health professionals, hospitals and other providers and commissioners have collaborated to make improvements in their local area, in a particular pathway or for a particular group of patients. This approach has led to real change and sustained improvement over the past decade. The NHS CB is committed to ensuring that, in the new system, we maintain this way of working and delivering services.

Existing networks in the NHS have varied in their formality, function and funding structures. Informal clinical networks have often been created by professional groups as a way of diffusing knowledge, learning and best practice, supporting professional development and to drive implementation of new ways of working.

Elsewhere, formal clinical networks have been established to bring improvements to clinical pathways or areas where many professional groups and organisations are involved in the development and delivery of care. This may be for a specific condition or patient group and is often across a defined geographical area. They have typically had formal leadership and governance structures and have operated with a mandate from commissioners and providers to work on their behalf and ensure that the quality of care for all patients is consistently high.

In the new system, we want to ensure that the benefits of clinical networks, whether formal or informal, continue. For instance, some networks are currently hosted by primary care trusts but after 2013 these organisations will not longer exist. In the new system, the NHS CB will act as a host, including providing financial support, for a number of these more formal clinical networks. These networks will work across the boundaries of commissioning and provision, acting as engines for change in the modernised NHS.

We will introduce a new type of network called strategic clinical networks. They will be established in areas of major healthcare challenge where a whole system, integrated approach is needed to achieve a real change in quality and outcomes of care for patients. Strategic clinical networks will help commissioners reduce unwarranted variation in services and will encourage innovation. They will use the NHS single change model as the framework for their improvement activities.

For some services such as burns care, critical care, neonatal and trauma care operational delivery networks have brought providers and commissioners together to coordinate patient pathways over a wide geographic area to ensure access to specialist resources and expertise. The NHS Commissioning Board Authority (NHS CBA) recognises the vital importance of these delivery focussed networks and will soon announce how they will be maintained in the new system.

The NHS CB wants to encourage CCGs and local health economies to develop or continue their own networks for clinical pathways or for patient groups which would benefit from this kind of focus. Where professionals and organisations see value in working as a network to improve care, they should do so. The support teams for strategic clinical networks will be able to offer support and learning to help the development of local networks.

This document sets out the NHS CBA's work in setting the criteria for deciding on the strategic clinical networks that it will host, and identifies the areas where

we will continue to do more work in advance of the new system coming into effect on 1 April 2013.

Strategic clinical networks will develop key relationships with other networks and organisations, such as clinical senates, academic health science networks (AHSNs), local education and training boards (LETBs) and clinical research networks, and this document also explains how those interactions should operate.

## Clinical networks in the new health system

Networks in the NHS have focussed clinical advice and leadership on specific conditions and patient groups. This has led to improvements in the quality of services, in significant changes in the delivery of some services and a reduction in unacceptable variations of care.

The new commissioning system will encourage a range of networks performing different functions. These will include:

- a small number of strategic clinical networks that are established and supported by the NHS CB to advise commissioners, support change projects and improve outcomes;
- operational delivery networks that are focused on coordinating patient pathways between providers over a wide area to ensure access to specialist resources, such as critical care beds or burns units;

- local professional networks developed by the NHS CB to advise on the commissioning of a specific service such as dental, pharmacy and optometry services;
- local networks decided on and resourced by CCGs to support the achievement of local priorities and ways of working; and
- networks established and maintained by a group of providers to enable the joint delivery of a service.

CCGs and the NHS CB will be able to establish and retain clinical networks, for specific conditions or patient groups to assist them in achieving their core purpose of quality improvement.

It is expected that CCGs may choose to deploy clinical networks to support them with local priorities and ways of working. The NHS CB will be able to use networks where it has a direct involvement in the commissioning of a service; where a national steer is needed to support implementation and where national network coverage is needed.

Strategic clinical networks will work on the guiding principle of engaging patients and the public in all their work, whether it is developing quality improvement bodies or providing an oversight of the network's activities. The NHS CB is developing a universal approach to ensure that public and patient involvement is meaningful and effective. Other organisations, particularly those from social care and the voluntary sector, will also be important partners in strategic clinical networks.

CCGs, the local area teams of the NHS CB and the providers of NHS services within the geographical area will be key stakeholders. CCGs will be able to use



networks as a source of clinical advice and support in driving their quality improvement programmes locally.

Strategic clinical networks will assist commissioners in ensuring best value for money in addition to improving the quality of care and outcomes for patients.

## Establishing strategic clinical networks

The new commissioning system is designed to give clinicians the best opportunities to plan and pay for the most appropriate and effective health services for their local populations. This local focus, supported by an NHS structure that has clinicians at every level, aims to improve the health outcomes that matter most to patients.

A small number of strategic clinical networks will help drive improvements in key areas.

- when a large scale change is required across very complex pathways of care involving many professional groups and organisations and is the best approach to planning and delivery of services; and
- where a co-ordinated, combined improvement approach is needed to overcome certain healthcare challenges, which have not responded previously to other improvement efforts.

Strategic clinical networks will focus on the main health issues identified by the NHS CB against a set of criteria. The decision to establish a strategic clinical network will be based on achieving significant and lasting change.

We have used the following criteria to identify the first strategic clinical networks.

- there is a strong case for a measurable improvement in quality of care, due to poor outcomes in relation to international comparators and / or there are significant variations across the country;
- there are significant benefits that can be achieved for patients, professionals and partner organisations;
- a wide range of professionals and organisations are already involved in the delivery of care;
- a network approach is the best way to plan and deliver a specific care pathway due to the scale and volume of the condition it addresses;
- there are demonstrable links to NICE guidance;
- there is good evidence and / or rationale for why the desired quality improvement could not be achieved by other means such as by a clinical commissioning group or by using contracts or tariffs;
- there is evidence and /or rationale that the quality improvement required can be achieved through a network model;
- a whole-England approach is the best way to improve services; and
- there is a risk/impact from the absence of a strategic clinical network.

# The first strategic clinical networks

The criteria outlined above have been used to identify those overarching conditions and patient groups for which strategic clinical networks will be established and supported from 2013. These are:

- Cancer
- Cardiovascular disease (incorporating cardiac, stroke, diabetes and renal disease)
- Maternity and children;
- Mental health, dementia and neurological conditions.

The NHS CBA will set out what it expects each strategic clinical network to achieve by way of improvement programmes when they are operational. Strategic clinical networks will be established for up to five years, depending upon the amount of change that is needed in a specific area. As priorities change or when the work of one of the initial strategic clinical networks concludes the NHS CB will identify new conditions or patient groups that would benefit from a strategic clinical network approach.

# The NHS Outcomes Framework

The work of the NHS CB is organised around the five domains of the NHS Outcomes Framework:

- Domain one            Preventing people from dying prematurely
- Domain two            Enhancing quality of life for people with long term conditions
- Domain three            Helping people to recover from episodes of ill health or following injury
- Domain four            Ensuring that people have a positive experience of care
- Domain five            Treating and caring for people in a safe environment and protecting them from avoidable harm.

Individual strategic clinical networks will be organised under one of the domains so there is a tight focus on achieving change in that area.

Improvements to patient experience and patient safety underpin all NHS care and will be similarly embedded in the work of all strategic clinical networks.

<b>Domain</b>	<b>Strategic clinical network</b>
Reducing mortality	Cancer Cardiovascular disease
Long term conditions	Mental health, dementia and neurological conditions
Recovery from injury and illness	Maternity and children

# Local geography and organisations

The new system is designed to improve local accountability and promote a truly regional approach to delivering high quality NHS care. The NHS CB has divided England into 12 areas, broadly based around major patient flows into specialist or tertiary centres. The footprint of each area maps onto CCG and local authority boundaries.

Each area will contain a number of different bodies including clinical senates, strategic clinical networks and academic health science networks. The work of these bodies will support and encourage the improvement of local health services.

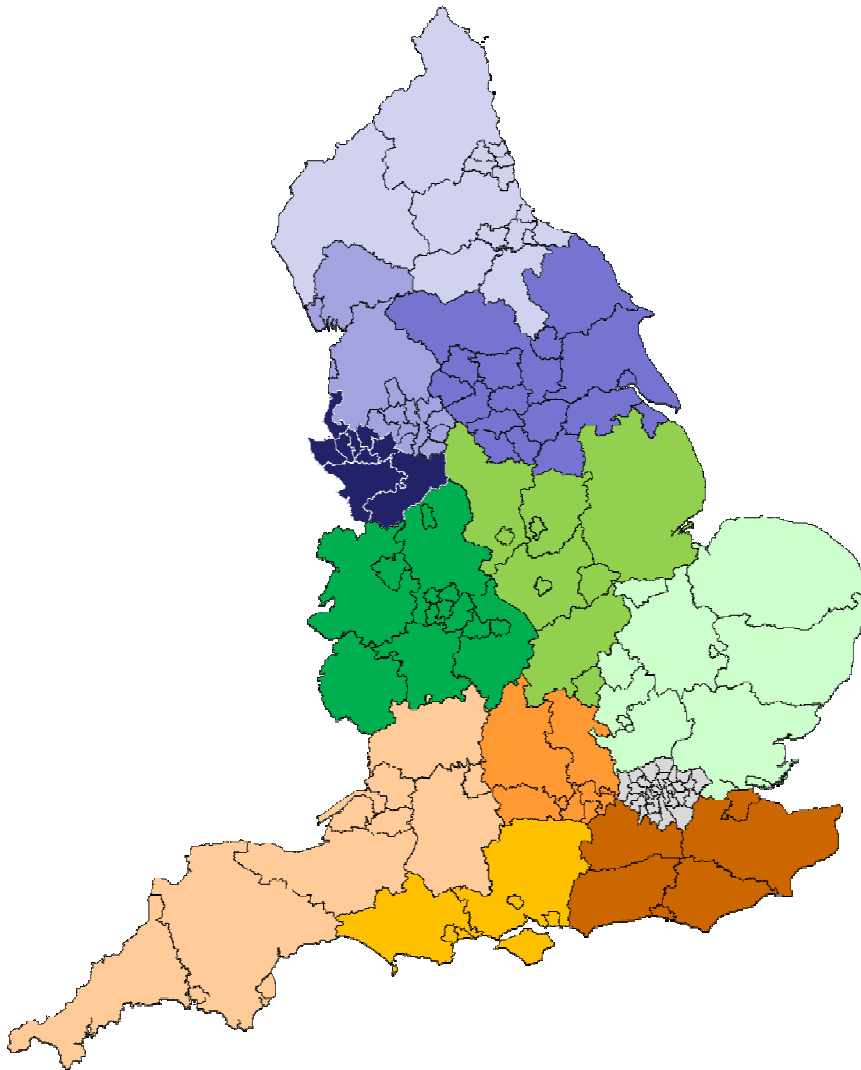
Clinical senates will have a particularly close relationship with strategic clinical networks. Each geographical area will have one clinical senate, taking a broader, strategic view on the totality of healthcare within that patch.

Clinical senates will provide evidence-based advice to help commissioners put the needs of patients above those of organisations or professions. They are likely to play a key role in providing a strategic overview of major service change – for example, on service redesign and reconfiguration. Further information on the detail of how clinical senates will be developed and established will be the subject of a separate publication.

Academic health science networks will bring together academia, NHS commissioners, providers of NHS services and industry. AHSNs will undertake a range of agreed core functions to bring about collaborations between education,

training, research, informatics and healthcare delivery and encourage innovation and the improvement of patient and population health outcomes.

The 12 geographical areas are illustrated in this map



# Support teams

Each of the 12 geographical areas will contain a support team to provide clinical and managerial support for the strategic clinical networks and the clinical senates in that area. The support team will be based in one of the local area team offices within the patch and will be funded by the NHS CB.

The support teams will:

- build and oversee coherent and effective network arrangements in their area;
- provide and support leadership;
- help networks to develop an annual programme of quality improvement based on local and national priorities;
- provide robust project and programme management expertise;
- encourage the use of the NHS single model of change to include promoting the adoption of innovation and spreading of best practice; and
- enable quality assurance processes, including clinical audits, and support the assessment of network activity.

The support teams will also help strategic clinical networks access a number of other services including information, audit and expertise in economic appraisals, finances, public health information and analysis.

Each support team will be led by a part-time clinical director and an overall network director. The two directors will decide on the level of clinical input the team will need and arrange this to be supplied from local clinicians and professionals such as doctors, nurses, allied health professionals and scientists. These roles will be mainly part time or session based.

The first stage in establishing the support team will be the appointment of the clinical and network directors.

The next stage is to appoint a core team which spans the breadth of generic and more specialist skills needed in each support team. The NHS CB is working to core values and behaviours, including matrix working, and this approach will ensure the new way of working is successful.

## Accountability and governance

Strategic clinical networks are non-statutory bodies, this means they do not have a legal duty to commission health services. In the new commissioning system, only CCGs and the NHS CB are accountable for commissioning and delivering contracts.

Providers, such as hospital trusts, are accountable for the quality of the service they deliver. We will achieve improved clinical outcomes through better commissioning and service provision.

Strategic clinical networks will have clear terms of reference and an annual accountability agreement with the NHS CB for the programmes of quality improvement they carry out.

The clinical and network directors will be accountable to the local area team which hosts them, and through the local area director to the regional director.

The support teams' clinical and network directors will help co-produce an accountability and governance framework once they are appointed.



# New improvement body support

The new improvement body will provide national support for strategic clinical networks when it is fully functioning. The following support is anticipated:

- communication and co-operation,
- sharing and disseminating good, innovative practice,
- knowledge building and trouble shooting, and
- training, development, coaching and support.

The Transformation Directorate of the NHS CB will provide further information on the new improvement body in due course, which will include future arrangements for the National Cancer Action Team (NCAT), NHS Diabetes and Kidney Care together with NHS Improvement, all of which have supported clinical networks in the past.

## Timetable

Outlined below is a timetable with the next steps for setting up strategic clinical networks. The Operations Directorate in the NHS CB will lead the workforce changes to implement these proposals and will follow the procedures set out in the NHS CB's people transition policy.

July to September 2012	<ul style="list-style-type: none"> <li>• Test the new arrangements in a simulation exercise</li> <li>• Confirm funding for each geographical patch</li> <li>• Finalise hosting and support arrangements (such as analytical support)</li> <li>• Appoint clinical directors and network directors</li> <li>• Establish a programme group of clinical directors and network directors to develop the single operating model</li> <li>• Finalise the terms of reference for specific strategic clinical networks</li> </ul>
October to December 2012	<ul style="list-style-type: none"> <li>• Complete recruitment for all the remaining support team posts</li> <li>• Finalise the single operating model</li> </ul>
January to March 2013	<ul style="list-style-type: none"> <li>• Develop individual strategic clinical networks</li> <li>• Finalise quality improvement plans for each strategic clinical network taking account of the terms of reference and local context</li> <li>• Develop links with AHSNs, clinical senates and other local structures</li> </ul>

## Evaluation

The programme group will set out detailed proposals for evaluating the work of strategic clinical networks. These will include ways of demonstrating evidence of effectiveness and the publication of quality improvement programmes and annual reports.

# Future updates

*The Way Forward* has provided a summary of the proposals for clinical networks with an emphasis on the new strategic clinical networks.

We will publish more information on the development of operational delivery networks on the NHS Commissioning Board Authority website.

We have addressed frequently asked questions and published our responses alongside this document.

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