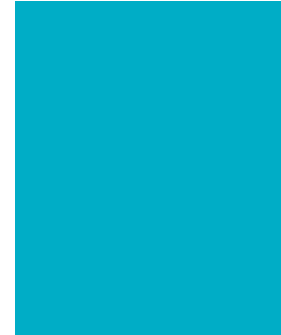


# Strategic Clinical Networks update November 2012



November 2012



**THE NHS**  
CONSTITUTION  
the NHS belongs to us all

*“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.”*

Professor Sir Bruce Keogh,  
NHS Medical Director and  
Jane Cummings, Chief  
Nursing Officer



## The Way Forward: Strategic Clinical Networks (NHS CB July 12)

- Networks are a success story and we need to build on them
- Essential to support improvement of outcomes for patients
- NHS CB to host Strategic Clinical Networks (SCNs) from 2013
- Four initial areas operating throughout the country:
  - cancer
  - cardiovascular
  - maternity and children
  - mental health, dementia and neurological conditions

## SCNs and ODNs

- Operational Delivery Networks (ODNs) focus on coordinating patient pathways between providers over a wide area to ensure access to specialist resources and expertise
- In future they will be provider hosted and funded e.g. neonatal, critical care, trauma, burns
- SCNs operate as engines for change across complex systems of care, maintaining and or improving quality and outcomes. They bring primary, secondary and tertiary care clinicians together with partners from social care, the third sector and patients
- In future they will be hosted by NHS CB and will receive national commissioning funding for their core functions
- Criteria for SCNs set out in 'The Way Forward'

## SCN Operating Framework

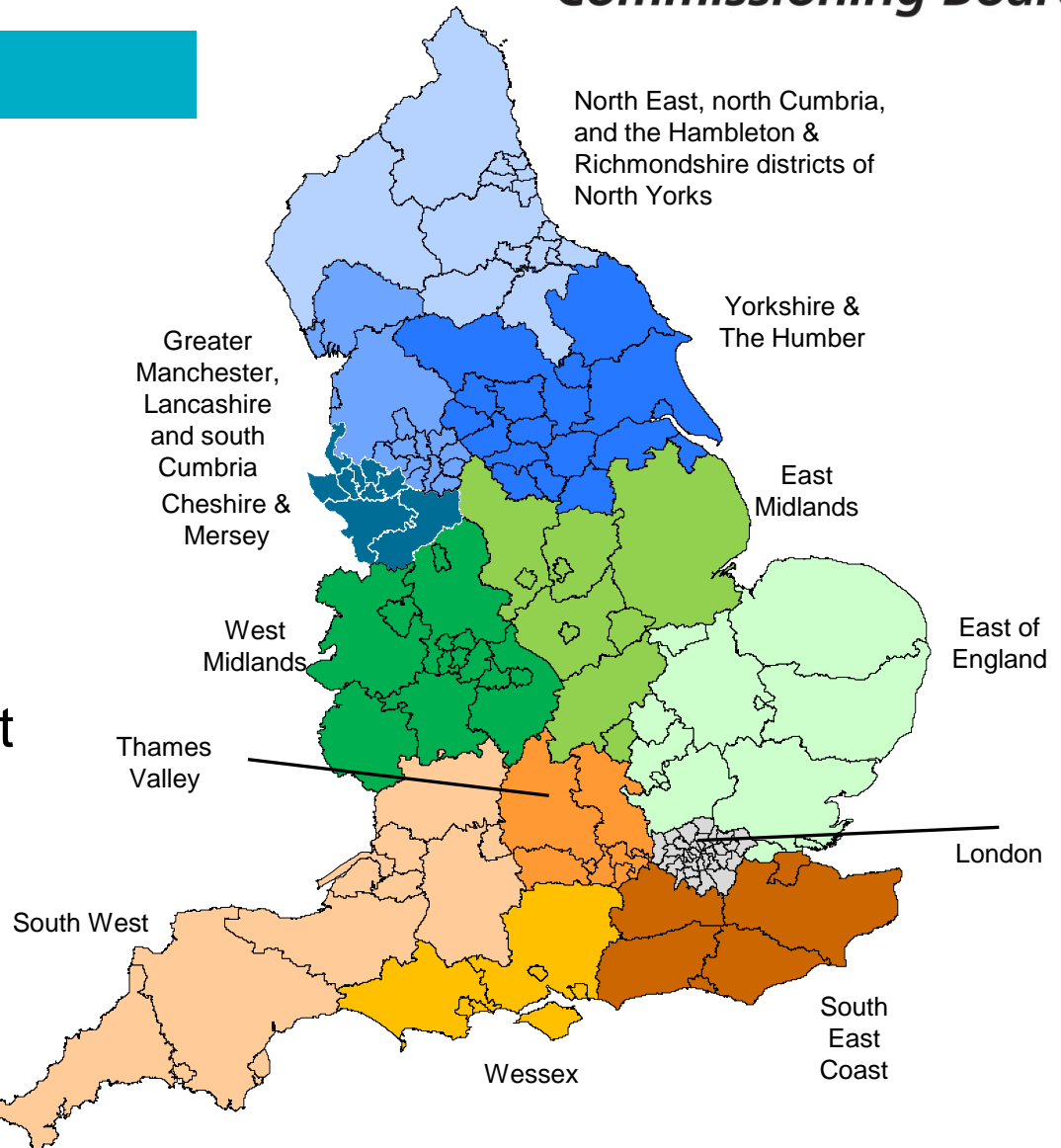
- Promotes consistency of approach but allows local flexibility to meet local needs and circumstances
- SCN leads will come together to further shape the framework, agreeing common approaches where necessary

## SCNs - guiding principles

- Quality - contribution to the NHS Outcomes Framework
- Clinical leadership
- Patient and public voice
- Equality and health inequalities
- Innovation and the NHS Change Model  
[www.changemodel.nhs.uk](http://www.changemodel.nhs.uk)

## Geography

- 12 senate geographical areas
- One core support team per senate
- Number and size of each network will be locally determined, to take account of patient flows and clinical relationships



## Accountability and governance

- SCNs will be non-statutory organisations
- Annual accountability agreement with NHS CB for delivering a programme of quality improvement, as defined by Domain Leads and local partners
- Hosted by and accountable to NHS CB Operations Directorate, but function within matrix environment to ensure close alignment with other directorates
- Staff accountable to Medical Director of host LAT, usually the one also hosting specialised commissioning
- Expected all relevant providers and commissioners will want to engage with SCNs
- Usual system escalation measures apply



## Alignment with the new system

SCNs will need to develop close relationships with stakeholders including:

- Patients and the public
- Commissioners and providers
- Clinical Senates, Health and Well Being Boards and Academic Health Science Networks (AHSNs)
- NHS Improvement body
- Third Sector organisations
- Professional organisations
- Education and training bodies

## SCNs will be successful if they...

- Address big issues and meet member needs
- Support delivery, NHS Constitution, Outcomes Framework, equality and financial sustainability
- Provide expert clinical advice, facilitate clinical leadership, facilitate patient voice, use NHS Change model to spread innovation and best practice
- Support commissioners and providers to deliver quality improvement and better outcomes for patients

## Finance

- £10m running costs (£833k per clinical senate)
- £32m from programme budget (allocation based on unweighted population basis) - must relate directly to patient care
- Range of total national funding per senate: £2066k to £5627k
- Can be supplemented by local or national funds (i.e. NHS Improvement body)

## Core national funding covers

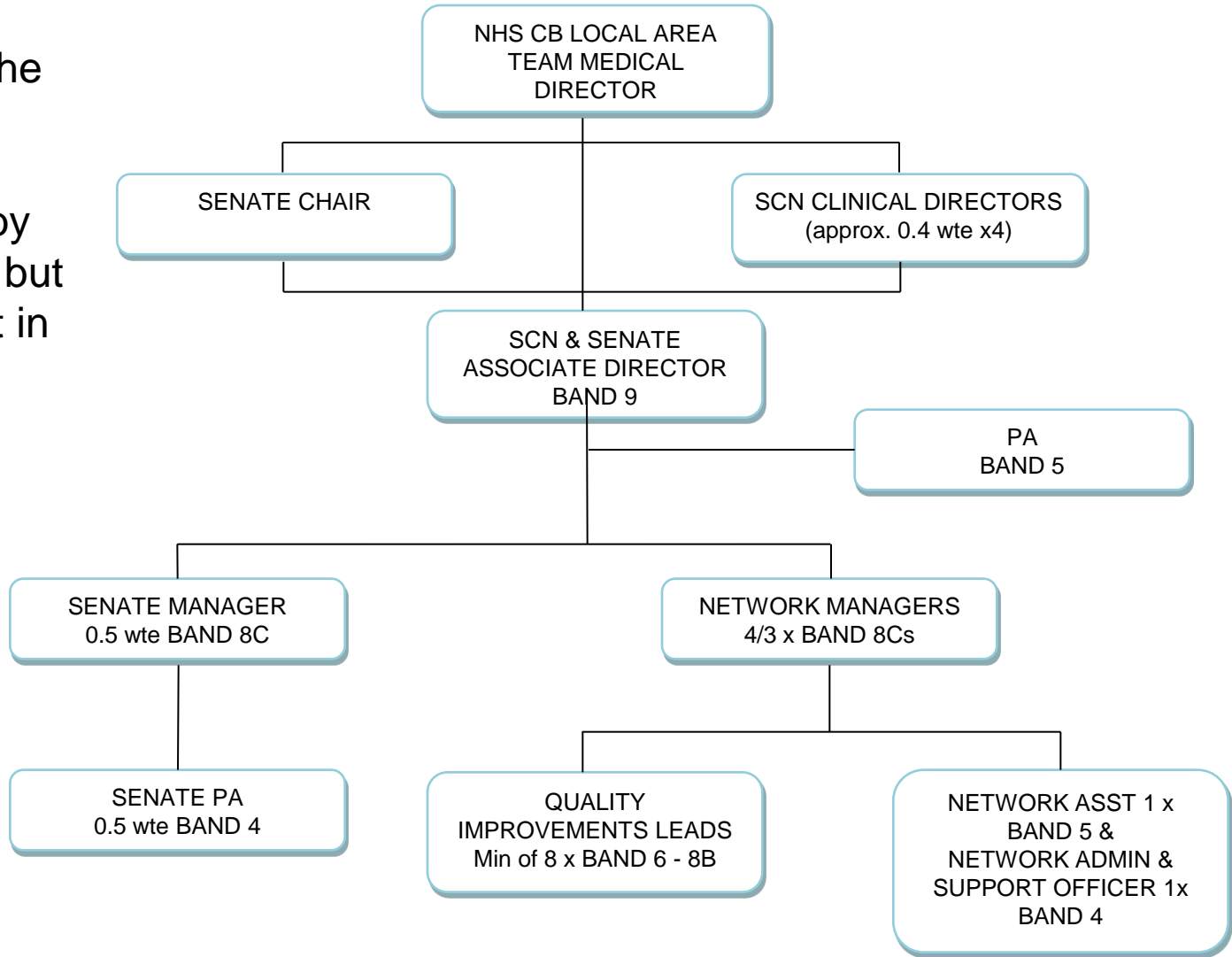
- Core management support team
- Clinical leadership
- 'Pay to commission' work
- Events and meetings
- Patient and Public Involvement support
- Clinical senate support
- Non pay including estates

## Senate and SCN core support team

- SCN and Senate Associate Director (1.00, band 9)
- Senate chair (sessional)
- SCN Clinical Directors (sessional)
- Senate Manager (0.5, band 8C)
- Network Managers (3.0, band 8C)
- Quality Improvement Leads (c8.0, band 6-8B)
- Admin support (c3.5, band 4/5)

## Core support team structure

The actual size of the team will vary depending on the population served by the Clinical Senate but core posts will exist in all senates.



## Measuring SCN effectiveness

- Linked to Outcome Domains - national and local priorities
- Structure i.e. governance, PPI, finance
- Process i.e. annual programme based on national priorities, use of NHS single model of change, innovation and spread of best practice, annual report
- Outcomes i.e. progress in local area against Outcomes Frameworks
- Further development needed

## Next steps

- Publicise SCN Operating Framework and FAQs
- Recruitment to posts in line with People Transition Policy by December 2012
- Senates and Networks Implementation group, chaired by Dr Bewick, Regional Medical Director (North) - accountable to NHS CB Ops Directorate SMT
- Ongoing communication and engagement plan
- Organisational development at national and local level
- Publication of 'ODNs and Clinical Senates: The Way Forward' at the end of November 2012



## Questions and further information

If you have any questions or require further information, please contact:

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