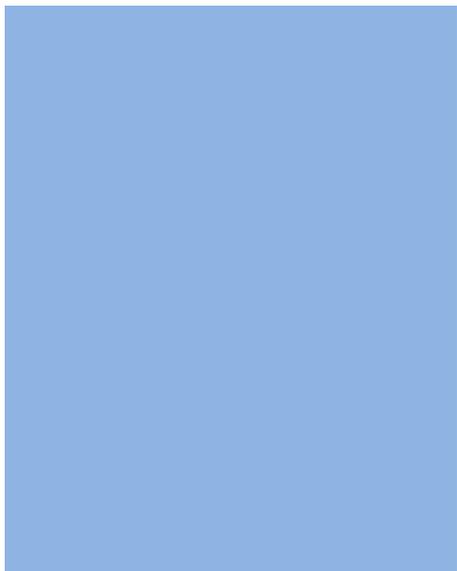
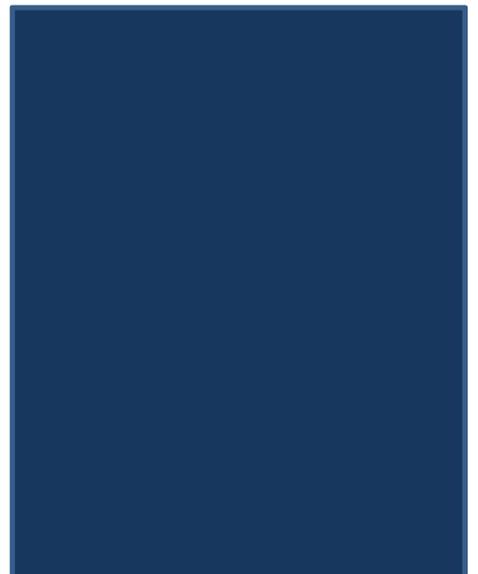


**LOCAL
PROFESSIONAL
NETWORKS**

**SINGLE
OPERATING
FRAMEWORK**



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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.

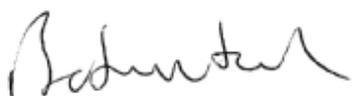
During 2012 we published documents on Strategic Clinical Networks, Operational Delivery Networks and Clinical Senates and this, on Local Professional Networks, is the final one.

Local Professional Networks will be established in each area covering pharmacy, dentistry and eye health communities. They will ensure that the contribution of these professional groups is maximised in the improvement of outcomes and reduction in inequalities. LPNs will need to work closely with Strategic Clinical Networks, Academic Health Science Networks, Clinical Senates as well as commissioners, providers and patients.

During 2012 we tested the idea in a number of areas and found that such networks brought benefits for patients and professionals alike. We have held a number of stakeholder events to explore how this model should develop and comments from these events have fed into this document. We now set out the steps that need to be taken to establish comprehensive coverage across England to improve care for patients.

The next stage is for NHS England primary care commissioning area teams to establish the three local networks and to support clinical leaders to come together to develop a prioritised plan for the improvement of local services.

This is a great opportunity to improve outcomes for patients across the country and make best use of skilled professionals who meet many patients every day in communities across England.

A handwritten signature in black ink, appearing to read 'Barbara Hakin', written in a cursive style.

Dame Barbara Hakin
Interim Chief Operating Officer and Deputy Chief Executive NHS England

1 Introduction

'Securing Excellence in Primary Care' (June 2012) committed to the development of Local Professional Networks (LPNs) for dentistry, pharmacy and eye health.

Local Professional Networks will:

- Support the implementation of national strategy and policy at local level
- Work with key stakeholders on the development and delivery of local priorities
- Provide local clinical leadership.

Local Professional Networks are one part of a family of clinical networks supported by NHS England as recommended by the NHS Future Forum 2011.

Clinical networks support local clinicians to deliver the NHS and Public Health outcomes framework. Local Professional Networks are a key part of providing sustainable leadership for the NHS and will work across the commissioning and provider services as a catalyst for change in the modernised NHS.

Local Professional Networks will be hosted and supported by the area teams of NHS England. There will typically be three LPNs, for eye health, pharmacy and dentistry within each area team. All LPNs will be represented through a national LPN Assembly in order to influence future policy change and improvements. The area team Director of Commissioning will be responsible for ensuring that local networks are effective, by demonstrating achievements in:

- High quality care
- Reducing service variation
- Reducing inequalities

LPNs need to be established and developed effectively across the NHS in accordance with the values and principles of NHS England. The single operating framework will guide LPNs establishment, development and functioning. This framework promotes consistency of approach but also allows flexibility for health communities to develop their own LPN structures in line with local need and circumstances.

The LPN Assembly will support work to shape this framework further, agreeing a common national approach to LPN operation where beneficial, and providing an opportunity to share innovation.

2 NHS context for clinical networks

2.1 The Outcomes Framework

The NHS Outcomes framework is the overall uniting framework for NHS England sits alongside a number of other outcomes frameworks such as the public health outcomes framework. These outcomes are relevant to all clinicians across all of their work. By aligning local work plans of different NHS bodies to a single set of outcome measures, different programmes of work can be more easily aligned. Networks support local clinicians to deliver the outcomes framework in local systems.

NHS England will identify priority programmes of work through the planning process. Medical Directors at NHS England regional and area team level will ensure that network plans are aligned both to national priorities and local needs. NHS Improving Quality (IQ) will provide a range of support including training, tools and techniques. Networks will need to focus both on improving outcomes and reducing inequalities between outcomes for different population groups. Networks will operate in line with the NHS Constitution. All networks will describe their priorities in line with the outcomes framework so that every clinician knows what a given improvement means for them and for patients they treat.

Networks enable clinicians to work with others to lead improvement of outcomes for patients; they are part of the clinical leadership arrangements which NHS England is strengthening within its new architecture.

3 Features of Clinical Networks in the new system

All clinical networks have certain features:

- They have an agreed set of work priorities aimed at improving specific indicators within the Outcomes Framework.
- Networks deliver improved outcomes for patients, address health inequalities and continuous quality improvement through pathway redesign.
- Networks must establish strong patient and public involvement to ensure that patient outcomes are kept central to the LPN agenda.
- Networks have formal leadership and governance arrangements to ensure that effort is directed and effective, but they are not statutory bodies and do not seek to duplicate these powers or responsibilities.

4 Benefits of networks

LPNs support commissioners across the commissioning cycle. They bring clinical focus and medical expertise and create momentum for large scale change. Networks have a role in improving service quality, but do not have a role in performance management of individual service providers or performers.

Networks will champion quality improvements across health and social care communities and need to offer clinicians an opportunity to develop leadership skills.

LPNs need to create opportunities for patients, carers and third sector bodies to influence NHS delivery of services. Area teams will be accountable to Health and Wellbeing Boards for improvements to directly commissioned services.

5 Local Professional Networks- functions

5.1 Core Functions

The core functions of a Local Professional Network are:

- Support NHS England in commissioning primary care with robust clinical input
- Drive improvement in outcomes, in line with local and national priorities
- Provide clinical leadership and facilitate wider clinical engagement
- Support patient involvement
- Support other commissioners i.e. CCGs, PHE, LETB
- Advise and work with local Health and Wellbeing Boards
- Contribute to the national LPN Assembly
- To support reducing health inequality within the overall context of improving outcomes.
- Act as a critical friend to area teams

For the system as a whole, LPNs generate a range of benefits:

- Commissioners and providers receive credible and consistent clinical advice
- Prioritised and aligned improvement activities are supported
- Patient care pathways across organisational boundaries
- Care across the systems is consistent and improving, regardless of the patient's entry point
- Learning and improvement is spread and disseminated between peers
- Patients have a structured route for engagement in service improvement
- Contribute to system resilience to meet changing demand
- Networks support relationships across the systems

- Support LETBs in workforce planning and identifying educational and training needs in the pharmacy workforce

5.2 Dental LPN specific functions

- Cover the whole dental pathway across primary, secondary and community care and out of hours
- Key role in supporting the development of quality measures for dental primary and secondary care, including CQUIN payments
- Will need to work closely with local authorities and Public Health England to deliver and develop cohesive Oral Health strategies and associated commissioning plans
- Will need to work closely with dental public health consultants

5.3 Pharmacy LPN specific functions

- Support local authorities who lead on the development of the Pharmaceutical Needs Assessment which NHS England will use in commissioning pharmaceutical services
- Support the development of new programmes of work to promote self-care and improve long term conditions
- Work with CCGs to develop and implement the primary care strategy
- Work with patients and other health care professionals (outside of pharmacy) to develop a comprehensive programme of work aimed at ensuring medicines optimisation
- Support the sharing of learning from medication incidents and Serious Incidents Requiring Investigation (SIRIs)
- Develop multi professional working to address the items above
- Provide leadership to ensure robust commissioning of all locally enhanced services

5.4 Eye Health LPN specific functions

- NHS sight tests and domiciliary services are demand-led and work to improve access for sight tests for hard to reach groups
- Support Health and Wellbeing Boards to carry out effective Eye Health Needs Assessments as part of the local Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy
- Focus on improving and redesigning services in line with national eye health pathways, such as: ocular hypertension monitoring service; glaucoma; referral

refinement; acute referral services (e.g. PEARS); pre and post-operative cataracts; low vision service for adults; eye services for adults with a learning disability

- Key role in developing eye health in primary, secondary and social care

6 The LPN Assembly

The LPN Assembly will facilitate communication, influence and development between the LPNs and with the rest of the system at national level. In particular it will be the means by which LPNs can influence national commissioning policy. Through the assembly, LPNs can ensure that there is effective development and support for LPNs. It will be possible for members to establish working groups to address topics of mutual interest and concern. The LPN Assembly will be supported to meet face to face several times a year as well as via electronic communications. Nominations from the LPN Assembly will form an LPN reference group, which will:

- Input, ideas and advice regarding issues that have a significant impact on primary care and secondary dental care
- Feedback on programme development
- Advise on emergent issues affecting primary care policies or procedures

7 Membership and Governance of LPNs

Membership will be locally determined but will include:

- Clinical Chair
- Patient representative(s)
- Local clinicians from across the clinical spectrum
- Other specialists, such as public health, as agreed
- Manager from within area team who is responsible for ensuring adequate administrative input and other support

Members* will not be appointed to represent a professional interest or particular sector. Members will be appointed for the quality of their leadership, professional credibility, knowledge and added value they will bring. In the event of a conflict of interest arising, this must be clearly documented and managed.

When appointments are being made to positions, there should be a robust and transparent recruitment process which is in line with NHS England HR principles. The appointment panel is determined locally; however should include appropriate professional representatives.

The LPN will need to have clear arrangements for managing risk and escalating concerns.

The LPN Chair will be professionally accountable to the area team Medical Director and managerially accountable to the area team Director of Commissioning. There is also an additional professional responsibility to the National Clinical Lead.

The NHS Litigation Authority has advised that LPN members acting within their role, with any conflict of interest clearly managed, would be covered by the NHS England indemnity arrangements.

**Membership can include Local Representative Committees (LRCs)*

8 Annual Work Plan

All LPNs will develop an annual work plan which describes the improvement priorities for the LPN. The work plan will be based on an analysis of local need and national priorities. It will describe priority improvement programmes for the year. This will be supported by an organisational development plan which describes supporting actions to improve engagement and effectiveness of the network, recognising that for the first year, there will need to be a strong emphasis on development. In the first year therefore this should include a local clinical leadership development plan, supported by the Leadership team within the LETB.

The work plan should be developed in line with the area team commissioning cycle and on an annual basis, the network should engage with stakeholders to review the effectiveness of the network and delivery of work plan objectives to inform the following year's priorities. It is anticipated that in the first year LPNs should concentrate on advice to and alignment with commissioning priorities.

It is particularly important that Health and Wellbeing Boards are included as a key stakeholder in both the development of the work plan and the review of network effectiveness.

9 Hosting and support

The LPN will be hosted by NHS England Primary Care Commissioning area team. It will, through its identified support staff, have access to all NHS England support arrangements i.e. business intelligence, financial advice, communications expertise.

£120k pa has been identified within core area team funding to resource local clinical and administrative resource for the LPNs. There is potential for this to be supplemented from other service resources, for example, CQUIN. It will be for the area team to determine best local fit arrangements as local structures will not all be the same.

10 Alignment with the new system

LPNs will need to work in alignment with CCGs, Health Education England/LETB, NHS Leadership Academy, PHE, NHS IQ, Local Authorities, Healthwatch, Health and Wellbeing boards, Health Education England and regulators (e.g. Monitor and CQC) as well as with other local clinical networks and senates and academic health science networks.

At local level, the alignment of work plans, overseen by the Director of Commissioning is a key way through which improvement priorities for the system are addressed in a systematic way. NHS England Regional offices, through Regional Directors of Commissioning will provide oversight at regional level and a link to national priority setting and alignment, led by National Domain Leads in the Medical and Nursing Directorates.

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