The Success Regime: Clinical Support

1. Purpose of this paper

The purpose of this paper is to begin a conversation as to how the National Quality Board (NQB) and the national bodies might support on clinical matters to the Success Regime programme. The paper contains some early thinking, but more work is required to develop ideas further and to create a firm clinical support offer to Success Regime sites.

2. Introduction: The Success Regime

The Success Regime is a whole-systems intervention led by NHS Improvement and NHS England, aimed at providing support and challenge to some of the most challenged health and care economies. The first three health systems to be placed in the Success Regime are:

- West, North & East Cumbria;
- Essex; and
- Northern, Eastern, Western Devon.

These sites were selected on the basis of quantitative and qualitative information that indicated that there were system-wide, systemic issues affecting the quality and sustainability of services offered to patients. The issues in these areas are often long-standing and deep-rooted, and previous interventions have not resulted in the required improvements. It was considered that these areas would benefit from an intervention jointly overseen by the national bodies, taking a system-wide approach to improvement as opposed to focusing on the constituent parts of the health and care economies.

There is no fixed time for which each site will stay in the regime, and the approach taken with each site will differ according to local circumstances. The Success Regime aims to work with selected sites from diagnosing root causes right through to implementing the solutions, whereas other interventions tend to focus on just one part of this process. As well as delivering short and long-term improvements, there is also a commitment to build capacity and capability locally and develop local leaders.

3. Current Position

Governance structures for the management of the programme in each site are established. A full-time programme director is in position in Cumbria and Devon to manage the day-to-day implementation on behalf of the national bodies, and part-

time high-profile programme chairs have also been appointed to provide cross-system leadership. Essex is currently in the process of appointing its programme leadership.

All three sites are currently in the first phase of work, which is aimed at establishing a shared understanding of the root causes of issues within the health economies. This work will come to an end in the New Year with the second phase of work focusing on the development of potential solutions. Work on short-term improvements is also likely to being from the end of this year.

4. Clinical Support: the potential role of the NQB and the wider system

Improving the quality and sustainability of clinical services will be a significant part of what the Success Regime does in each of the sites, and there is a need to make use of the resources available within the national health and care system in doing this. Some preliminary thinking has been done as to the nature of the support which might be possible, but further discussions and ideas are required in order to design a firm offer. Initial thoughts identify the following as potential areas of support:

4.1. Public support from senior national clinicians

In some Success Regime areas, there is no consensus as to the scale of the issues or their root causes. Part of the first phase of diagnostic work will be to establish what the problems are locally, what the drivers are and therefore what potential solutions will need to address. It would be powerful, particularly in terms of local clinicians and the public, to have public support from senior national clinicians for the outcome of the diagnostic work and the end solution in each area.

Recommendation: That the NQB considers how national clinical directors might most effectively be involved in the Success Regime so that they are able to provide this kind of support at key points in the process.

4.2. Assurance from respected clinical experts

At a working level, some independent input and assurance from respected clinical experts throughout the diagnostic and solution development process will be essential in order to ensure that the hypotheses and future service models are clinically valid. Tapping into the regional clinical senates may be one way in which this can be secured.

Recommendation: Discussions should take place to establish whether clinical senates might provide clinical experts to be involved in assuring and developing the work on clinical services in each Success Regime site.

4.3. Delivering short-term clinical improvements

At the more radical end of the scale, the idea of 'clinical rapid improvement teams' has been mooted, that could go into the Success Regime sites and make swift improvements to clinical services and pathways. This could involve a team, led by an experienced clinician and with the authority of the national bodies, going into a Success Regime health economy and working with local clinical teams to change how services are delivered to patients. This might involve making certain pathways more effective, e.g. improving the interface between acute and community care in order to reduce delayed discharges, or it could involve more fundamental changes to the way in which services are provided, e.g. establishing clinical networks in order to safely deliver complex care across a number of providers, or recommending that the delivery of certain services be taken over by an alternative provider.

Recommendation: That further thought is given to the feasibility and value of such a team.

4.4. Academic Health Science Networks

There is potential that Academic Health Science Networks (AHSNs) might supply some of the support which might otherwise be commissioned through tendering. The most obvious support that AHSNs might be well-placed to provide is analytical and evaluative, but they may also have role to play in service improvement and innovation.

Recommendation: That discussions take place between colleagues working on the Success Regime and the relevant AHSNs to establish the nature of support that they may be able to provide.

Given that often previous interventions have failed to make the necessary improvements in these health and care economies, there is a desire to think differently – radically – and to provide a different sort of support to that which is provided traditionally. Further work is therefore needed in order to design a support offer that is sufficiently distinctive.

Recommendation: That the NQB nominates a small group of members to work with relevant colleagues from the national bodies to further develop initial thoughts on the clinical support offer to Success Regime sites.

5. Summary of recommendations

5.1. That the NQB considers how national clinical directors might most effectively be involved in the Success Regime so that they are able to provide public support at key points in the process.

5.2. Discussions should take place to establish whether clinical senates might provide clinical experts to be involved in assuring and developing the work on clinical services in each Success Regime site.

5.3. That further thought is given to the feasibility and value of rapid clinical improvement teams.

5.4. That discussions take place between colleagues working on the Success Regime and the relevant AHSNs to establish the nature of support that they may be able to provide.

5.5. That the NQB nominates a small group of members to work with relevant colleagues from the national bodies to further develop initial thoughts on the clinical support offer to Success Regime sites.

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