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Neurosurgery Clinical Network Specification

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Contents

Executive Summary

This specification sets out requirements for the establishment, development, and management of Neurosurgery Clinical Networks.

Neurosurgery Clinical Networks will focus on key service areas to bring about improvement in the quality and equity of care and outcomes of their population, present and future.

The specification sets out clear expectations for the Networks including key strategic and operational objectives and describes the required governance including lines of accountability, key stakeholders, and interdependencies.

Finally, the specification provides key links to supporting documentation, key deliverables, performance data and indicators.

1. Clinical Networks

Specialised services clinical networks[1] are a vehicle for specialty level collaboration between patients, providers and commissioners. They should have clear lines of accountability with Integrated Care Boards (ICBs) including providers and provider collaboratives, and to NHS England (NHSE) Regional Teams, to ensure local ownership, alignment and a local mandate.

All networks have an important role in delivering the triple aim, supporting:

- better health and wellbeing of everyone,
- the quality of care for all patients, and
- the sustainable use of NHS resources

This specification sets out the appropriate scope for the work of Neurosurgery Networks. This will inform the development of the annual workplans developed in conjunction with the network's commissioners. No network will, or could, focus on all aspects of the scope described, at one time.

In describing the appropriate scope for networks, these specifications refer to the work of the network board and the network's members, supported by the network team. Networks are not expected to assume the legitimate accountabilities and responsibilities of providers who are accountable for meeting the needs of the Service Specification. However, network responsibilities inevitably overlap with those of providers, because networks aim to improve

[1] While some specialised services Clinical Networks have previously been described as Operational Delivery Networks (ODNs), the range of activity undertaken is now significantly beyond that envisaged for ODNs, reaching into non-specialised services, and in some cases primary and community care and prevention. Some are jointly funded as part of national transformation programmes and have accountabilities outside as well as within specialised services. As a result, as a group they are now referred to as specialised services 'Clinical Networks'.

the ways in which services are delivered operationally and shape how they develop and because providers are members of networks.

2. Neurosurgery Strategic Context

2.1 The Specialised Adult Neuroscience Transformation Review

Neurosurgery Clinical Networks were created to support the delivery of five key areas of improvement in the quality and equity of care and outcomes of their population, present and future:

- reducing inappropriate referrals and therefore reduce demand and increasing capacity
- improving flow across the pathway and system
- improving theatre efficiency
- improving emergency pathways and communication with referring centres
- improving safety, outcomes, and experience for patients

These were to be underpinned by innovation, improvement thinking and digital technology. The programme is supported and co-ordinated at national and regional level. This will include national expectations around governance, standards, and terms of reference, accountability, and responsibility. This work will be in partnership with the Transform Clinical Reference Group, Trauma Programme of Care, and Regional Teams.

This is a working document and is expected to adapt and be adjusted as required to support the service.

2.2 Getting it Right First Time (GIRFT)

The GIRFT Cranial Neurosurgery report (2018)[2] highlighted the pathways & services which result in bottlenecks for affecting the quality of patient care within the neurosurgery community. GIRFT also found evidence of unwanted and widespread variation in key patient outcomes (such as in day case surgery) across centres.

GIRFT noted there were several opportunities for service improvement through reducing variation in areas such as streamlining admission to surgery process helping to reduce the length of stay.

The GIRFT spinal services report is also important within neurosurgery units to ensure that spinal conditions are managed in an appropriate manner.

2.3 NHS Long Term Plan

The recommendations of the NHS Long Term Plan (2019)[3] span the prevention, diagnosis and management of long-term condition services including neurosurgery which require a networked approach to development. The NHS Long Term Plan places an emphasis on virtual clinics and digital transformation within neurosurgery services which will improve the flow of care for patients and clinicians.

[2] National Specialty Report, Cranial Neurosurgery, GIRFT, 2018 available at: https://gettingitrightfirsttime.co.uk/wp-content/uploads/2018/07/CranialNeurosurgeryJune18-L.pdf
[3] The NHS Long Term Plan, 2019 available here: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

2.4 Transform Clinical Reference Group

The Transform Clinical Reference Group (CRG) for Neurosurgery and Spinal Surgery provides clinical leadership and expert advice to a national programme of transformation including:

- Fulfilling a key role in the overall strategic leadership and clinical governance for the programme including assurance, check and challenge to the products and outputs of the programme.
- Working collaboratively with a broad network of clinical leaders and clinical stakeholders of the programme, ensuring there is a shared purpose and broad clinical endorsement for the programme's vision and outputs.
- Supporting delivery of the programme and providing clinical subject matter expertise.

3. Network Scope

3.1 Scope

All parts of the adult neurosurgery pathway are in scope. This will include the referral process through to diagnostics, theatre (capacity, efficiency, productivity), critical care, repatriation and rehabilitation, discharge/transfers of care.

The neurosurgery networks will focus on those conditions and procedures that can only be performed in a neurosciences centre. The spinal and neurosurgery networks should work closely together to ensure that both cranial and spinal pathways are optimised.

Specialised neurosurgery services are described in detail in the following Service Specification:

- Neurosurgery (Adult) (170109S)

Not in Scope

- Neurology
- Paediatric neurosurgery

Care for children and young people between 0 and 16 years will often be within children's services, but arrangements vary for young people over 16 years. Each network will agree a policy on developmentally appropriate care arrangements for children and young people aged 16-18 (and beyond 18 years where this is appropriate, for example those with learning disabilities) cared for outside a specific child or young person's service. The network should also have an agreed transition protocol which includes these issues, in line with NICE guidance 'Transition from children's to adults' services for young people using health or social care services'[4].

3.2 Population Covered

All providers of neurosurgery services in England are required to be part of one of eight clinical networks which cover the country. Network footprints reflect patient flows, provider scale and catchments so will often cut across commissioner boundaries (ICB and regional).

[4] Guideline NG43 Transition from children's to adults' services for young people using health or social care services, NICE, 2016 available here: https://www.nice.org.uk/guidance/ng43

Some units within a network may also cover patients from outside that specific network. The networks are:

NORTH EAST AND YORKSHIRE

North East & Yorkshire

NORTH WEST
North West

MIDLANDS
Midlands

EAST OF ENGLAND
East of England

LONDON
London North
London South

SOUTH EAST
South East

SOUTH WEST
South West

Wales, Scotland, Northern Ireland & Crown Dependencies

While residents in these geographies may receive specialised care within England, referring services in these geographies are not part of neurosurgery networks.

4. Network Aims and Objectives

4.1 Network Vision and Aims

Patients are best served when the whole system works together. Neurosurgery Clinical Networks have been established to facilitate collaborative working, bringing together commissioners (across specialised, non-specialised and social care), providers (primary, community, secondary and tertiary) supported by patients in the design and delivery of high quality services. There will be an initial focus on:

- Establishing optimal pathways
- Improving patient flow
- Improving quality and safety
- Theatre improvement
- Outpatient improvement

To this end, Neurosurgery Clinical Networks will implement the principles of a learning healthcare system through increasing the capability and capacity to deliver service improvement, rapid adoption of new technologies and participation in research, and relevant national policy or guideline development, within the network.

The aim of the Neurosurgery Clinical Networks is to improve access to excellent care for patients presenting with neurosurgical and spinal conditions via an elective pathway or as an emergency, and to reduce variation in clinical practice between providers within the network and between networks

To achieve this aim, neurosurgical and spinal surgical patients should receive the highest levels of patient-centred, multi-disciplinary care in the most appropriate environment.

Neurosurgical Clinical Networks provide professional and clinical leadership. Members of the networks will work collaboratively to share learning, experiences, knowledge, skills and best practice for the benefit of everyone within that specialist environment.

4.2 Network Objectives

- To lead continuous improvement, reducing unwarranted variation in access, outcome and experience across the whole neurosurgery system.
- Working as appropriate with EPRR, to support the management of crisis where this arises, within the network's boundaries and with other networks where appropriate, ensuring continuity of care and facilitating mutual aid.
- To ensure population health across the whole network geography is emphasised in the network's work, ensuring local care meets the needs of the population and national standards.
- To foster a culture of collaboration and shared learning, promoting provider collaboration across the network to improve care pathways.
- To develop and respond to a strong collective voice for system stakeholders, including patients and families/carers.
- To develop a strategic approach, in partnership with ICBs to the improvement of neurosurgery care and pathways, including the delivery of a sustainable, viable configuration of neurosurgery services across the network.
- To ensure that local long-term plans are developed to deliver high quality care by commissioned providers, which meet the requirements of NHS England's service specifications, NICE guidance, the NHS Long Term Plan, GIRFT recommendations and other nationally agreed policies and standards.
- To address areas of inequity and populations who are at highest risk, but not optimally treated.
- To develop robust, creative, and sustainable workforce plans for neurosurgery services, based upon individual capabilities and development for all staff.
- To ensure wider collaboration with regional partners such as NHSE, Local Health Science Networks and neighbouring networks to ensure service alignment between networks; sharing good practice where services operate on a footprint wider than an individual network or there is a single provider only within the network.
- To engage with the national Neurosciences Transformation Programme and Neurosurgery and Spinal Surgery Clinical Reference Group (CRG) to build future specifications and standards from the identification of the characteristics of excellent care and engage with future national accreditation.
- To support providers in restoring services and reducing waits.

4.3 Network Functions

Service delivery: *the network's role in planning and managing capacity and demand*

- Support continued restoration and recovery of the neurosurgery services which have been impacted by the pandemic.
- Develop, agree and implement common referral, care and transfer pathways and other policies, protocols, and procedures across the network, to reduce variation in service delivery.

- Benchmark and map current provision and gaps in neurosurgical pathways to determine priorities.
- Undertake capacity planning and activity monitoring to ensure service capacity matches demand requirements for elective and emergency treatments and contingencies are agreed where this cannot be achieved.

Resources: *the network's role in stewardship of resources across whole pathway and minimising unwarranted variation*

- Develop an approach to optimising efficient use of resources across whole pathway.
- Reduce unwarranted variation in pathways and processes that lead to inefficiencies.
- Support consistent, network-wide implementation of digital healthcare approaches that offer greater efficiency e.g. remote patient monitoring.
- Support consistent, network-wide implementation of new approaches to outpatient care e.g. phone/video OP clinics, patient-initiated follow-up.
- Work with other related networks, flexing use of resources to find efficiencies, target resources for best effect and share insight and experience.

Workforce: *the network's role in ensuring flexible, skilled, resilient staffing*

- Undertake a review of workforce and skills and put in place a strategy to address gaps and shortages.
- Develop robust, creative, and sustainable workforce plans for neurosurgery services, based upon individual capabilities and development for all staff.
- Understand and implement the principles of a learning healthcare system through increasing capability in service improvement, rapid adoption of new technologies and participation in research, and relevant national policy or guideline development.
- Develop and agree a network-training plan that meets the needs of the network both in the delivery of care and in the functioning of the network.
- Promote workforce resilience through:
- mutual aid agreements
- health and wellbeing support for staff

Quality: *the network's role in improving quality, safety, experience & outcomes*

- Take a leadership role in improving the outcomes and experiences for those who access care within the neurosurgery service
- Monitor key indicators of quality across the network as required by commissioners and by the service and network specification e.g. national audit and quality dashboard.
- Participate in national audits as well as having a local rolling audit program to inform patient care and clinical learning.
- Monitor key qualitative and quantitative measures to inform continuous quality improvement and commissioning decisions.

Collaboration: *the networks role in promoting working together across organisations at local, system and national level*

- Develop close collaboration and joint working between Neurosurgery Clinical Networks and Spinal Services Clinical Networks to ensure consistency and facilitate joint working.
- Ensure wider collaboration at a regional level though a strategic oversight group with regional partners such as NHSE, Local Health Science Networks and neighbouring

networks to ensure service alignment between networks; sharing good practice where services operate on a footprint wider than an individual network or there is a single provider only within the network.
- Develop a network data sharing agreement between network partners.

Transformation: *the networks role in planning sustainable services that meet the needs of all patients*

- Apply improvement and redesign methodologies to all aspects of the network's work to deliver ongoing quality and service improvement.
- Work in partnership with ICBs to develop a strategic approach to:
    - improving neurosurgery care and pathways
    - delivery optimal capacity and configuration of neurosurgery services within the geography.
    - ensuring local care meets the needs of the population and national standards.
- Ensure local long-term plans are developed to deliver high quality care by commissioned providers, which meet the requirements of NHS England's service specifications, NICE guidance, the NHS Long Term Plan, GIRFT recommendations and other nationally agreed policies and standards.
- Participate in national, regional, and local research across all clinical disciplines and share findings.
- Support the early and systematic adoption of innovation and research across the network.

Population health: *the network's role in assessing need, improving inequalities in health, access, experience and outcomes*

- Provide robust professional clinical leadership to ensure population health is the key emphasis across the network geography.
- Identify health service needs of patients and review service provision across the network against identified need and identify gaps. Plan and deliver improvements to network services to address identified gaps
- Leverage wider programmes of work to identify and address unwarranted variation and drive and monitor plans to address areas of inequity and populations who are at highest risk, but not optimally treated.

4.4 Annual workplan

The network board will agree an annual workplan with its commissioners. This will reflect national, regional and local priorities, taking account of the resources available to support delivery. The workplan will describe its expected deliverables and benefits.

The network board will publish an annual report detailing its activities, accounts and delivery against the agreed annual plan.

5. Governance

5.1 Accountability

Hosting

The network will be hosted by a named organisation within the network geography by the network's commissioners, but will operate at arm's length, for the benefit of the network and not the host organisation.

Accountability and responsibility

Network footprints reflect patient flows, provider scale and catchments so will often cut across commissioner boundaries (ICB and regional). Governance arrangements must provide clear accountability to commissioners at system level (with links to all relevant ICBs) and region as appropriate for both network delivery and commissioning responsibilities. Local arrangements to achieve this should be clearly documented within the network's terms of reference.

Networks will be responsible to ICBs for the management of local pathways and delivery of locally agreed targets. This should be set out in memoranda of understanding between ICBs, providers and the network.

The network will be accountable to the regional team of NHSE via the appropriate board within the Region including any multi-ICB decision bodies established.

A single network plan and deliverables should be agreed with all ICBs within the network's geography and signed off by the region. Networks will be expected to provide regular reports and have regular reviews with NHSE regional teams.

The network's authority to act on behalf of its commissioners and members will be set out clearly within the network memorandum of understanding and where necessary clarified within the agreed annual plan.

5.2 Network governance and architecture

Members and stakeholders

Networks are required to have a formally constituted governing body or board, which is accountable to the network's commissioners for delivery of the network's agreed programme, with a line of sight to all ICBs whose patients use the services of providers within the network.

Network boards should include balanced representation from member organisations and other relevant stakeholders, including patient representatives and third sector organisations.

Neurosurgery Clinical Networks will include all providers who deliver neurosurgery care across the whole patient pathway including providers of:

- Primary care
- Diagnostics
- Community Services
- Home care
- Emergency services
- Secondary care
- Tertiary care

Clinical representation should cover the whole multi-disciplinary team and pathway of care.

The network should develop an approach to working with patients and families that ensures patient views inform its whole work programme and ensure optimal service provision for patients.

The Board

The board should meet on a regular basis and operate under the oversight of a suitable chair with agreed terms of reference.

The chair will be an appropriately experienced, impartial leader who is credible across the whole network and will be appointed through a fair and open process.

- The chair should not be the network clinical lead, and ideally should not have the same main employer as the Network Clinical Lead in order to mitigate the risk of (real or perceived) conflicts of interest.
- They could be a board member or senior clinician from one of the provider organisations in the network (ideally not the host, to underpin the collective nature of these arrangements) or a patient representative where a suitable candidate is available.

5.3 Risk Management and risk sharing

Networks do not manage risk independently but within a system of national, regional and system level arrangements. Networks support risk identification, assessment, mitigation and may facilitate any agreed response.

Specific local risk management arrangements and governance processes should be managed locally through MOUs/ SOPs etc which are clear and signed off. Escalation processes for risks within a system should be clear and explicit, with any quality concerns escalated through agreed systems and regional processes.

5.4 Interdependent Relationships

Key interdependencies with other networks include:

- Rehabilitation
- Spinal Services Clinical Networks
- Spinal Cord Injury Networks
- Critical Care Networks (Adult and Paediatric)
- Radiology Networks
- Neurology
- Neuro-oncology
- MSK networks
- Cancer Networks
- Major Trauma Networks
- Vascular Surgery
- Children's Strategic Forum (CSF) or equivalent

How these networks and services are engaged in the work of neurosurgery services will be determined locally.

All neurosurgery networks are expected to actively engage with:

- National and regional transformation programmes.
- The Neurosurgery and Spinal Surgery Transform Clinical Reference Group (CRG) to build future specifications and standards from the identification of the characteristics of excellent care and engage with future national accreditation.

The Neurosurgery Network will deliver a whole system wide work programme across a defined geographical area. They will align and work with established and evolving NHS organisations such as Senates and Clinical Reference Groups (CRGs). The Network model will be reviewed and developed through the regional specialised commissioning bodies and ICB's, coordinated through the National Programme of Care (NPoC) as the delivery mechanism of the seven regions, linked to CRGs, then out into the networks with delivery of the aligned pathways through the provider landscape. Networks will collaborate with regional commissioning leads, as well as commissioning quality teams with accountability to NSTP via the Neurosciences Programme Board, to improve joined up working to achieve better outcomes and service access.

6. Resources

Network funding provided to the host is ring-fenced for the network programme of work.

Each network should have a team to support its work that provides clinical leadership, management and administrative support. Networks should also have arrangements for analytical and business intelligence support. Commissioners must ensure as part of the annual planning process that the scale of resource made available to networks is sufficient to support the agreed programme of work. The capacity of the network to deliver its programme of work does not reside solely in the network team but also in the support of all network members including its commissioners.

As part of the annual planning process, commissioners must ensure that:

- the scale of resource made available to networks is sufficient to support the agreed programme of work
- networks have access to the data they need and the analytical capacity and capability to turn this into actionable improvement programmes

Roles such as administration, network management and analytical support may be appropriately combined across networks, with further opportunities to increase the value from these investments, share learning across networks and improve the sustainability of networks through the provision of a pool of staff to support specialised services Clinical Networks across a region.

7. Deliverables, Service Indicators & Outcomes

Indicators and metrics of network performance come from three principal sources:

1. Generic indicators of a well set up, well-functioning network

- There is an appropriate network management team in post with the skills to deliver the specification
- The network board meets at least three times per year, is quorate, and minutes, actions and risks are recorded
- As appropriate to the network specification, there are regular network specialist Multi-Disciplinary Team (MDT) meetings (or equivalent)
- There are IT facilities in place that enable communication across the network, supporting image transfer and remote participation in the MDT.
- There is an annual workplan agreed with the network's commissioners

- There is an agreed plan for PPV engagement
- There is an analysis of the service needs of the population served by the network, a gap analysis and a plan, agreed with the network's commissioners to meet those needs
- There are network agreed patient pathways, procedures and protocols
- There is an analysis of workforce requirements and a plan, agreed with network members to meet these requirements
- There are arrangements (for example passporting) that enable workforce flexibility between providers within the network.
- There is an analysis of training needs, and an annual network training plan agreed with network members
- There is an analysis of the network's data and information needs and a plan, agreed with network members to meet these requirements
- There is a network agreed research strategy including access and participation in clinical trials
- The annual workplan includes at least one quality improvement initiative
- An annual report is produced, summarising the work of the network and its outcomes. The report includes a financial statement
- The network participates in the national network of networks

2. Nationally agreed indicators and outcomes

Evidence of close collaboration and joint working with relevant spinal clinical networks.

Further deliverables can be found at https: https://future.nhs.uk/neuroregions/groupHome

3. The network's individual locally agreed annual workplan, which should build in metrics and indicators for each element.

The network board will agree an annual workplan with its commissioners which will include the expected in year deliverables along with the indicators that will demonstrate effective network operation. There is an expectation that the workplan aligns with the national priorities of the RHIC.

8. Further support and information

All references and support will be made available via NHS Futures page:

Cranial Neurosurgery, GIRFT National Specialty Report, 2018 available here: https://gettingitrightfirsttime.co.uk/wp-content/uploads/2018/05/CranialNeurosurgeryJune18-L.pdf

The full suite of materials covering what clinical networks do, commissioning of specialised services clinical networks and the clinical networks operating model together with model materials for use by networks and their commissioners can be found on the Future NHS website here: https://future.nhs.uk/NationalSpecialisedCommissioning/view?objectID=34094320

Access requires membership of the site and permission to access the workspace. This is straightforward for all NHS employees.