

Proposals for networks in the reformed NHS

October 2011

The NHS Future Forum

- Networks should have a role in supporting commissioners and providers to improve outcomes for patients.
- Clinical and professional networks should be embedded in the new NHS system.
- There should be further work to define and review the function, effectiveness and range of different types of networks.

The Government response

- Clinical networks should be retained and strengthened in the new NHS system.
- Networks should have a stronger role in commissioning, in support of clinical commissioning groups and the NHS Commissioning Board.
- A range of professionals should play an integral part in the clinical commissioning of patient care, including through clinical networks and new clinical senates.

- Review established, led by Dr Kathy McLean, Clinical Transitions Director.
- Developing proposals in line with new policy context focusing on ‘the what’
- Focusing on:
 - What problems are networks trying to solve in the reformed NHS?;
 - What categories of network do we need?;
 - What principles should underpin future operating models?;
 - How do we ensure network effectiveness?
- Proposals co-produced with:
 - National clinical directors, GPs, policy leads, commissioners, academics, network teams, voluntary sector, patient groups and other partners including Royal Colleges, NICE and the Audit Commission.
- The process of wider engagement will be commencing shortly and comments will be invited on a range of questions posed.

Role of networks

- Commissioners will have a duty to improve outcomes in the reformed NHS.
- Some of these outcomes will be nationally determined and outlined in the NHS Outcomes Framework and others will be locally agreed.
- Networks could have a role in supporting improvement
- The review will be making recommendations for when networks can add value.
- These could include for example, when there is:
 - A collective or pan-England approach to pathway delivery;
 - Unification, co-ordination and integration of pathways;
 - A whole system approach across complex pathways involving multiple professionals and organisations;
 - Additional strategies for outcome improvement than excellent commissioning alone;
 - Large scale change and reconfiguration

Several categories of network will be needed in the new system.

NHSCB supported networks

- Some networks will need to be determined by the NHSCB. This could include where:
 - The NHSCB has a direct involvement in the commissioning of a pathway;
 - Where a national steer is needed to support implementation;
 - Where national coverage is needed.

NB: CCGs will be involved and engaged in these networks

CCG supported Networks

- Some networks will need to be determined by CCGs:
 - In keeping with local priorities and ways of working.

Professional Networks

- The reformed NHS will continue to need professional networks.
- Typically these will be maintained by their own members, bringing together professionals to diffuse knowledge, learning, best practice and the implementation of new ways of working.
- There could be times when commissioners will want to support a professional network

Criteria and principles

- Criteria for determining which conditions and patient groups would benefit from a NHSCB supported network will need to be established;
- Principles for the establishment of NHSCB supported networks will be developed. These could include:
 - All NHSCB-supported networks should have clarity of purpose in relation to outcome ambitions e.g. Network A's purpose will be to support the outcome ambition that:
 - X lives are saved through doing a, b and c based on evidence and data;
 - All NHSCB-supported networks should have clear terms of reference setting out network roles, responsibilities, accountability and governance;
 - All NHSCB-supported networks should have a mandate to operate for an agreed period of time (number of years) after which an assessment will determine whether the network has evolved and remains purposeful.
- It will be for CCGs to determine the criteria and principles for their networks

Network activities

- Networks will be established by, and accountable to, commissioners.
- Networks are likely to be of most benefit when operating at the interface between commissioners and providers.
- Networks will need to undertake a range of activities networks such as:
 - Supporting understanding of population needs, service gaps and improvements needed to close these gaps;
 - Facilitating agreement of shared priorities for improvement;
 - Supporting the development of commissioning products (pathways, models of care) and commissioning decisions;
 - Leading the delivery of quality improvement plans;
 - Fostering relationships (including acting as an ‘honest broker’);
 - Supporting the identification, spread and adoption of best practice;
 - Supporting quality assurance processes.

Recommendations on aspects of the operating model are being considered:

Strategic Fit

Size and Number

Network Linkages

Governance and Accountability

Relationship with Clinical Senates

Network Levers

- There are a range of system levers that networks will be able to use to support outcome improvement.
- There is a potential range of network specific levers such as trusted data / information.

Network Development

- Proposals will be made on network development, recognising the spectrum of networks that currently do and do not exist.

Network effectiveness

Measuring Network Effectiveness

- Recommendations on the ways in which networks should demonstrate added value for patients and their constituent organisations will be made. For example the publication of annual reports.

Periodic Review

- The project will also be making recommendations on how we ensure networks remain purposeful and this could include periodic reviews.

Network resources

- The project team has been carrying out a high level baseline review on current networks and the resources associated with them.
- We are exploring what level of funding will be available in the future to support network activity.
- Options for funding for current nationally supported networks in 2012/13 are being explored.
- Work is needed to describe potential funding proposals for future years.
- There will be a focus on shared administrative resources ‘organising hubs’ for networks and senates.

Next steps

- The process of wider engagement will be commencing shortly and comments will be invited on a range of questions posed.
- The review will provide the NHSCB with proposals when it comes into being as a Special Health Authority later this year.
- The work of the review will continue throughout 2011/12.
- Proposals will potentially be piloted and tested in 2012/13 before wider implementation.

Your Opportunity to Shape the Network Proposals

- Your comments and suggestions are needed.
- Updates on the review and opportunities to comment further will be posted on the Department of Health's modernisation website:
www.healthandcare.dh.gov.uk/category/senates/