

# **‘NHS Structures Heart and Stroke Networks’**

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Network Director  
North of England Cardiovascular  
Network  
(NECVN)**

# Introduction

- Current position
- National Commissioning Board
- National work streams
- North East, emerging themes
- Conclusion

# Continuing Policy Churn

- Policy and organisational landscape is unstable, unclear and complicated
- Fate of Health and Social Care Bill remains unknown as it enters House of Lords
- Coalition government's ideological drive to roll back the State shouldn't be underestimated
- In the new mixed economy of health will the third sector prosper or not for-profit companies?
- The Devil is in the detail – much remains unknown

## The future of clinical networks



“One way to provide ‘clinical’ (and public, patient, social care, third sector) advice to commissioners is through networks...

We propose that networks are supported and embedded at all levels of the system.”

*Future Forum Report 2011*

# Role and purpose of the NHS Commissioning Board ( read Networks)

- The NHSCB's overarching role is to ensure that the NHS **delivers better outcomes for patients within its available resources.**
- The NHSCB will fulfil this role through its leadership on delivering the NHS Outcomes Frameworks, supported by its accountability framework for clinical commissioning groups, its framework for choice and competition, and its frameworks for emergency planning and resilience.
- The Board will have a dual role in that it will both deliver its own commissioning functions and **ensure that the whole system is cohesive, coordinated and efficient.**

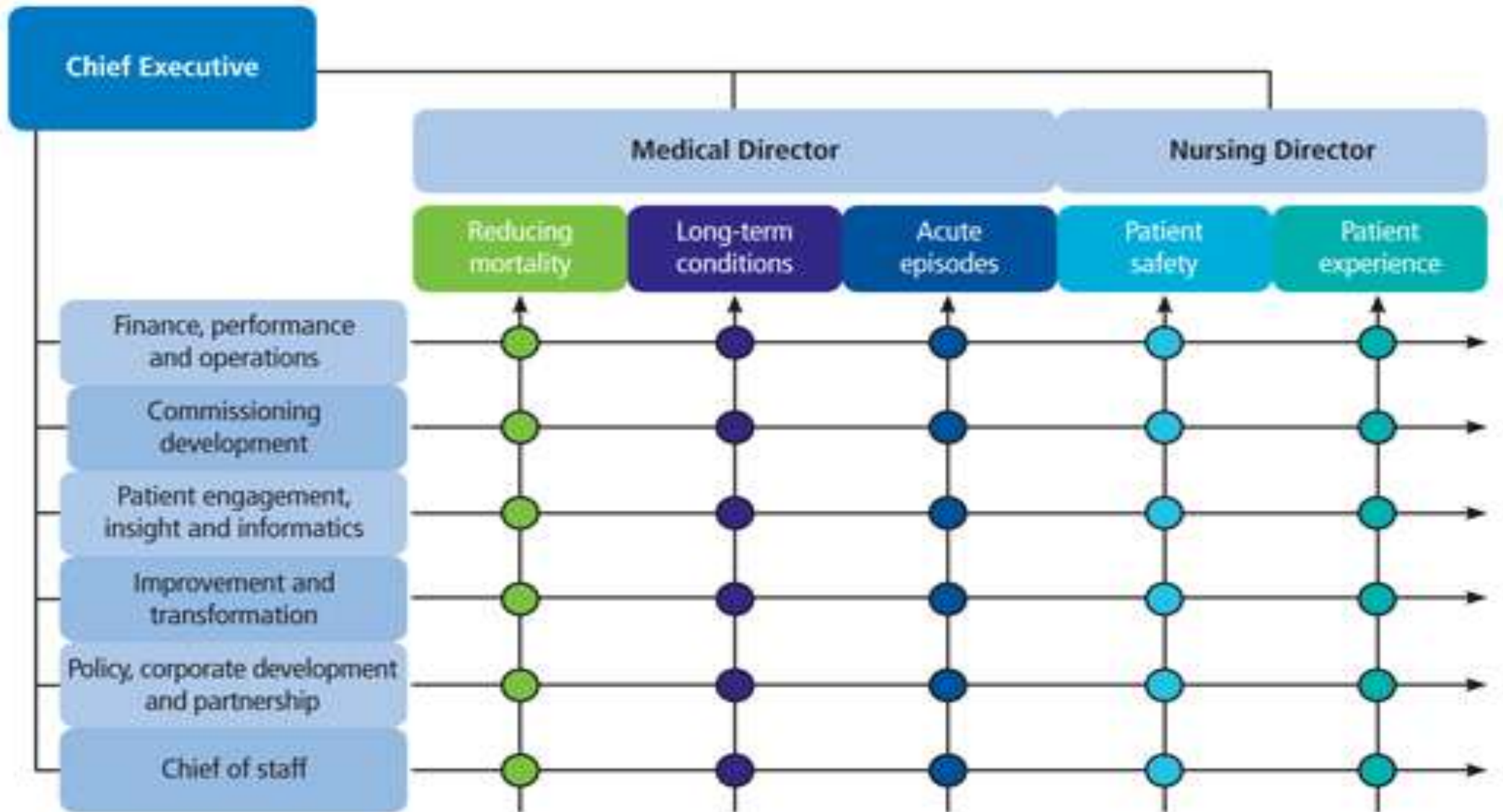
## Networks will increasingly be.....

- organised nationally around the five outcome domains of the NHS Outcomes Framework:
  - reducing mortality
  - long-term conditions
  - acute episodes
  - patient experience
  - patient safety.
- Led by national professional leads for each of these areas, reporting to a national medical director or nursing director.

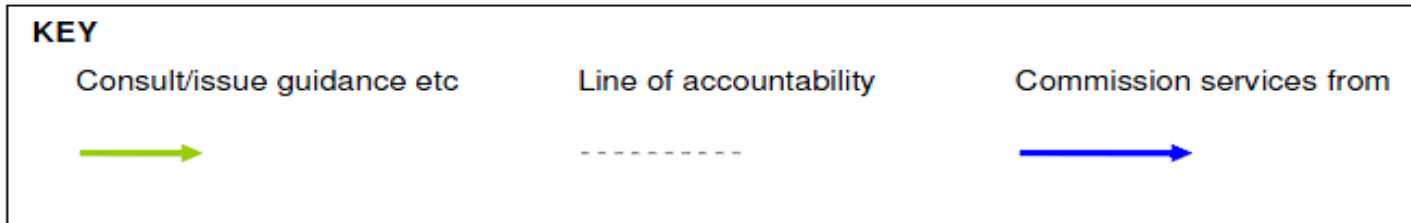
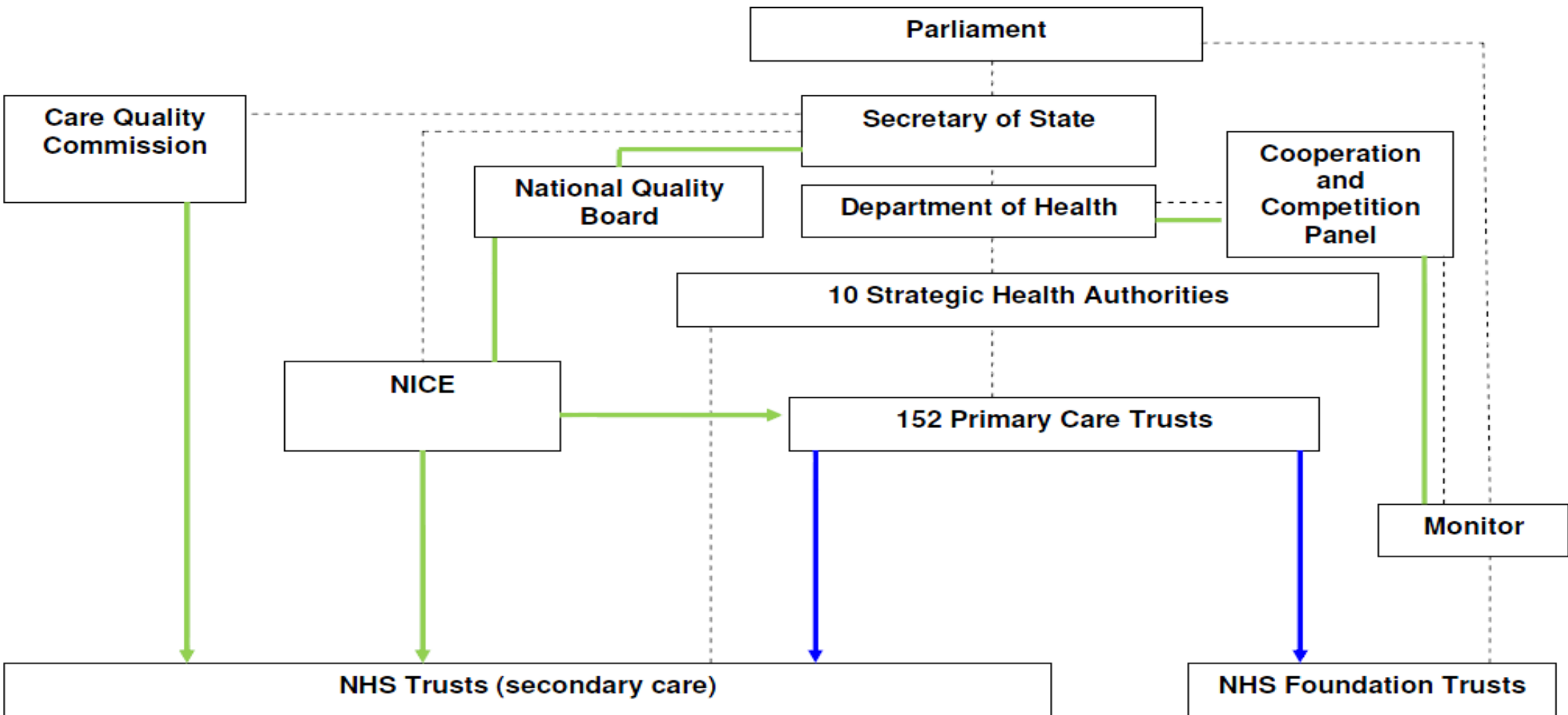
# **Role and purpose of Commissioning Board at national level ( read Networks)**

- National leadership for improving outcomes and driving up the quality of care
- To work within available resources to improve quality and productivity
- Address challenges and improve healthcare outcomes and reduce health inequalities
- Ensure services are commissioned in ways that support consistency, not centralisation, working to NICE standards
- Champion for patients and their interests,

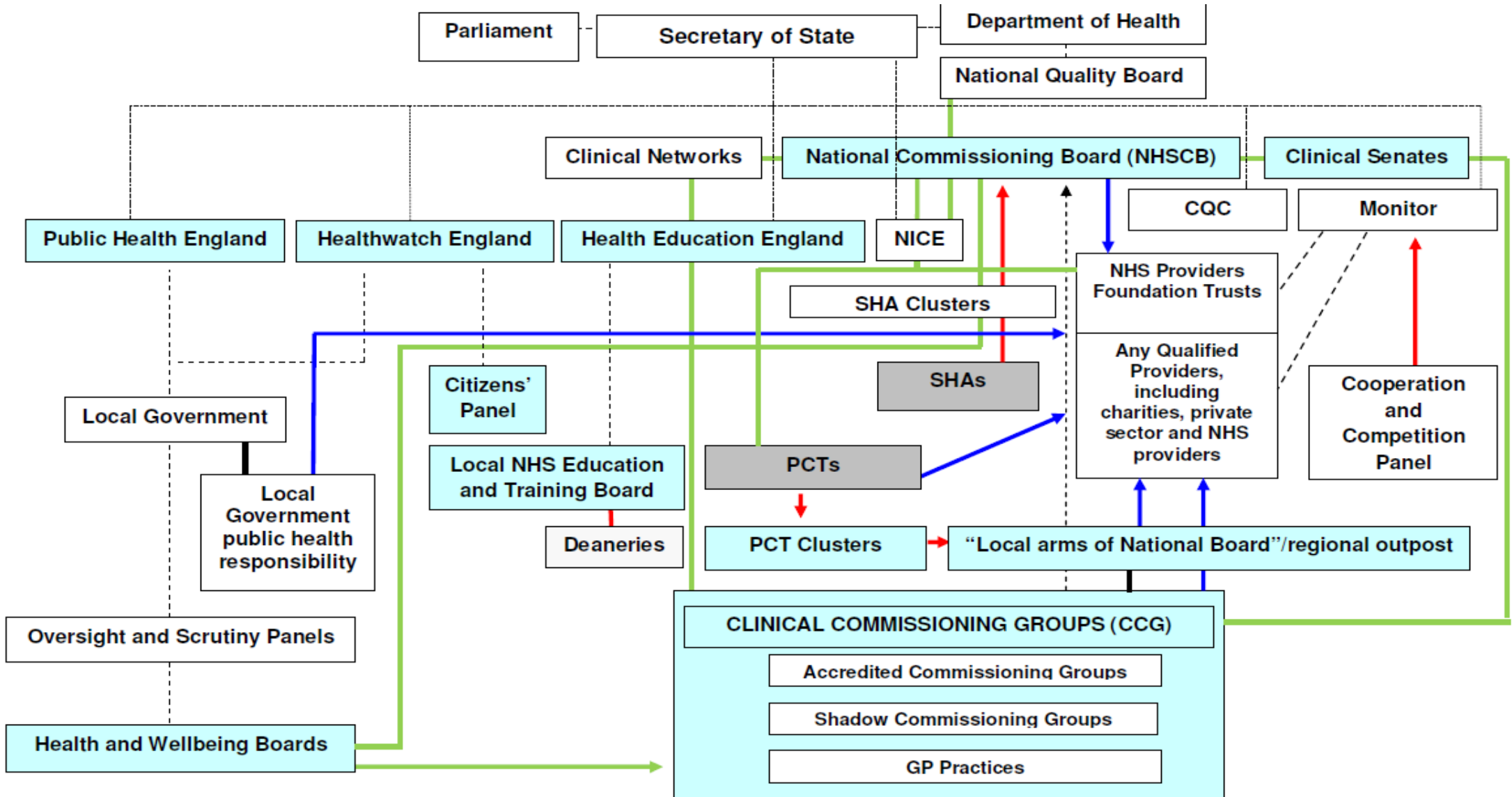
# Structure of Commissioning Board nationally



# The NHS: From This...



# ...To This...



## KEY

Line of accountability

Consult/issue guidance etc

Merge

New Body

Existing organisation (retained until April 2013)

Commission services from



**NETWORK  
&  
SENATE WORKSHOP  
13TH SEPTEMBER 2011**

**Sir Bruce Keogh ( Sponsor)  
Dr Kathy McLean  
Rebecca Larder**

## Networks Review Progress

- Kings Fund hosted a discussion forum for 60 delegates on the types of networks and their underlying principles, Director representatives included,
- Rebecca Larder, East Midlands
- Jan Vaughan, Cheshire and Mersey
- Janet Ratcliffe, Greater Manchester
- NHS improvement, Janet Williamson, Julie Harries
- Requires a paper setting out the intended direction, to be approved by Sir Bruce Keogh
- Expected with NCB by end of November 2011

# Proposal for Clinical Networks, an opportunity for your input

- Q1: What are the categories of network needed in the reformed NHS?
- Q2: What is the overarching purpose of each network category?
- Q3: What are the defining pathway activities and core functions of each network category?
- Q5: What principles should underpin the number and size of the varying networks?
- Q6: What principles should underpin any network linkages?

## Continued.....

- Q7: What factors should inform future governance arrangements?
- Q8: How do we support the development of networks within financial constraints?
- Q9: How do we arrive at the candidate networks for each category?
- Q10: What needs to be considered in ensuring network effectiveness?
- Q11: What is the relationship between clinical networks and senates?

# NETWORK CATEGORIES

- The rationale for networks is based on improvement, effectiveness, reducing variation and support to the development and delivery of complex pathways.
- Professional networks will always happen and whilst they should be acknowledged, they will not be the focus of this project.
- There should be a focus on the networks to be hosted by the NHSCB. Two reasons were proposed for the NHSCB to create or retain a network:
  - To lead a change process
  - Where lack of co-ordination across pathways will lead to patient harm

# FUNCTIONS AND ACTIVITIES

- Lead improvement where a single organisation, team or solution cannot assure outcomes and value for money
- Bringing together all relevant key stakeholders **turning issues into solutions.**
- Formalising collaboration / integration across professions, organisation boundaries and pathways of care;
- Streamlining patient pathways
- Leading quality improvement strategies
- Patient and carer engagement and consultation
- Effective clinical and managerial leadership of significant change of a complex pathway of care;

# POPULATION COVERAGE AND STRATEGIC FIT

- Networks should be established and retained around patient flows rather than artificial NHS boundaries'
- Network boundaries should “make sense” to professionals and patients:
- Relationships are key in effective networks.
- Clinicians working together to deliver a pathway rather than clinicians ‘forced’ together around a geographical boundary
- Collaboration across commissioning boundaries.
- It is important to remember that networks are not statutory organisations.

# LEVERS

- It is important to ensure clarity of purpose and this should be clearly set out for networks.
- Networks need excellent, trusted data that measures the right things and which they can openly share.
- 
- **Peer challenge drives change. Strong clinical leadership and engagement is therefore crucial.**
- 
- Alignment to other partners including charities / third sector and Royal Colleges are important levers.
- Alignment of service improvement with performance arrangements will be important in the new system.

# LINKAGES

- Linkages should support whole patient pathways (CHD, stroke, vascular, neuro)
- A matrix way of working could reduce silos and reduce duplication of management effort.
- Networks could have a formal obligation to work together as part of their operating model. Networks could also be linked through governance arrangements (working in similar ways).
- There is an opportunity to progress wider (more inclusive) linkages i.e. with patient organisations, 3rd sector, social care.

- **Criteria**

- **Governance and Accountability**

Governance and accountability arrangements will be **dependent on who gives networks the authority to operate, recognising** that networks need to operate at the interface between commissioners and providers being the 'honest broker'

- **Measures of effectiveness**

**Whilst added value can be difficult to quantify, it is important to demonstrate network return on investment for constituent organisations. This should be open and transparent and we should have a consistent framework across networks**

We should have an overarching measure relating to whether the network has made a difference for patients

# SENATES

- **The role, functions and value of senates caused considerable debate**
- Some participants believed senates could:
  - Play a positive role by providing 'cover' for difficult local decisions, if they can provide an informed view on local commissioning proposals
  - Have value at the SCG-level population size, advising on high level change.
  - Have a role in preventing CCGs from making decisions based on narrow interests
- Other participants expressed concern that senates:
  - Are intended to simply placate secondary care clinicians
  - Could become talking shops with little ability to take action
  - Could add little value to the NHSCB
  - Could have a very negative impact if they act to defend sectional interests and become a brake on change.
- It will be important for them to have access to expertise, data, to allow them to be independent and informed.
- **Senates have a key role in addressing cross network issues and in assessing the cumulative impact of the plans and decisions made for individual disease or client groups**

# **CLINICAL NETWORKS & SENATES - CLINICAL SUMMIT**

**GOSFORTH PARK  
14TH SEPTEMBER 2011**

## North East issues

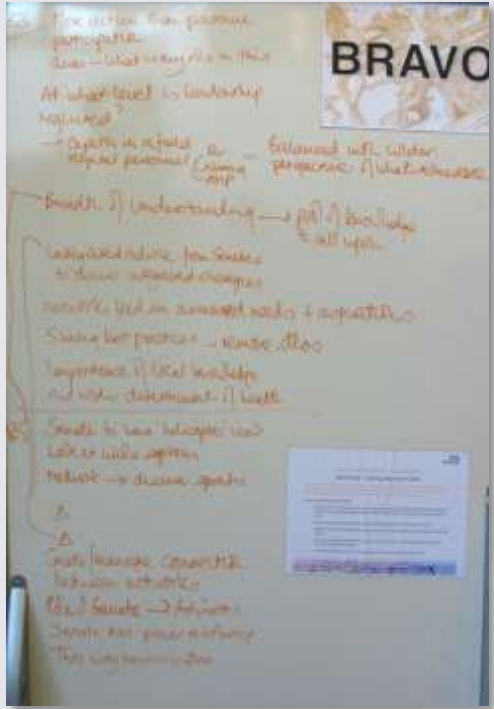
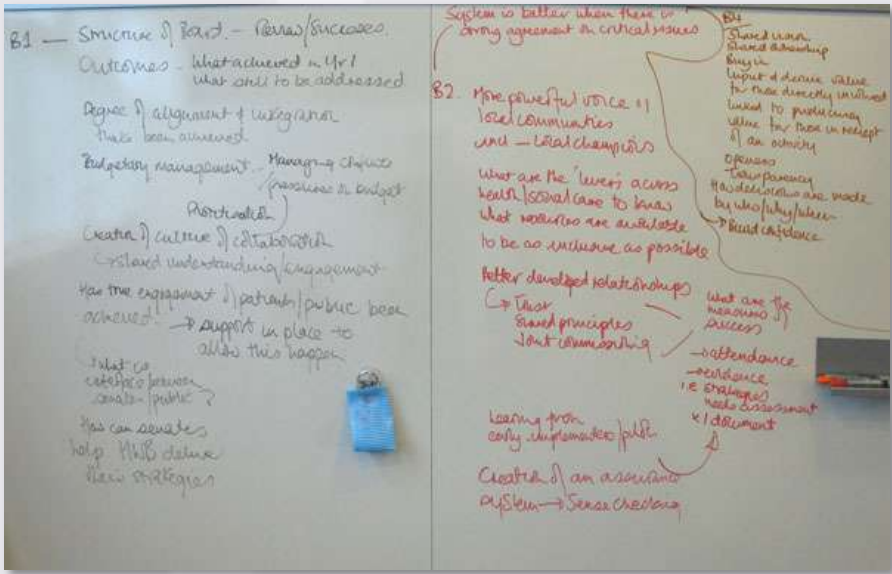
- Creating the future role of clinical leadership
- Outcomes, Continuous Improvement and Innovation
- Function of Clinical Senates
- Service Configuration & Support & Advice
- Voice of Clinicians
- Divergence of Practice, Assurance and Variations
- Model of Networks
- Clinical Commissioning Groups
- Function of Networks
- Health and Wellbeing Boards
- Principles of Clinical Leadership

# Creating the future role of clinical leadership

Contents	Participants	Introduction	What we know so far	Creating the future role of clinical leadership	How would this work in reality?	Developing Our Opinion	Close
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## TEAM BRAVO

- Team Members**
- Carol Hardy
  - Cynthia Atkin
  - David Landes
  - Ian Pattison
  - John Costello
  - Jonathan Smith
  - Judith Thompson
  - Peter Mercer
  - Sharon Haggerty



**Additional Materials**

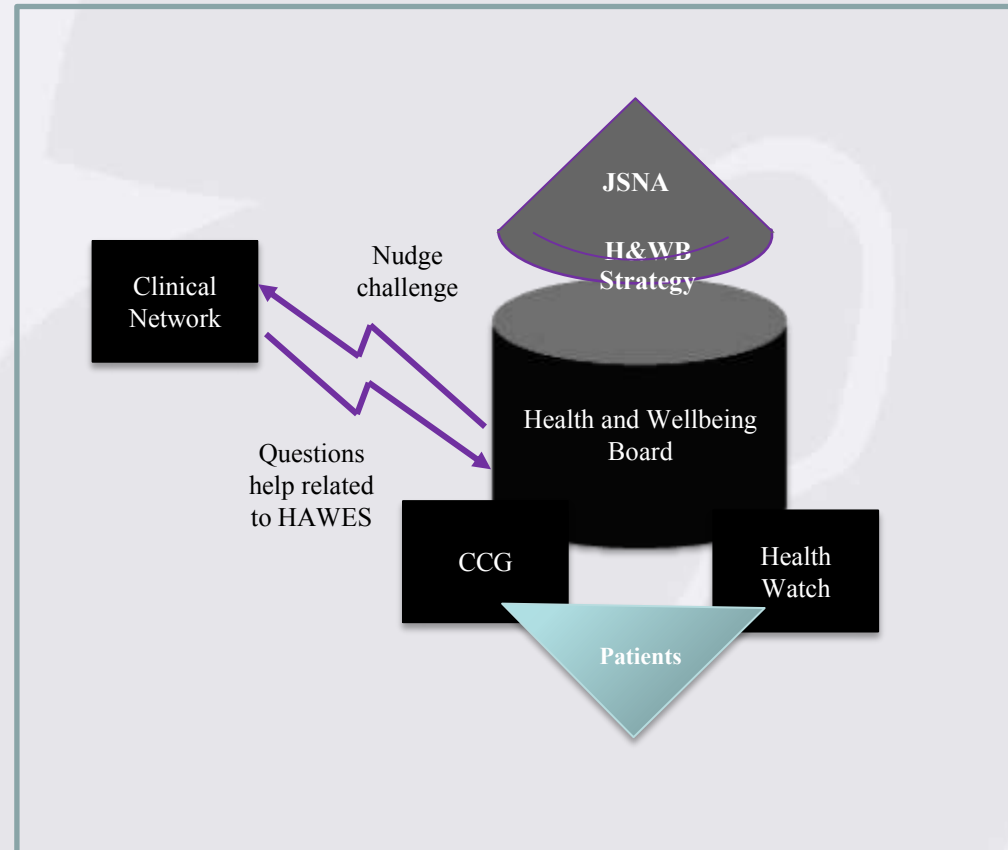
[Larger copies of walls](#)      [Assignments](#)

## TEAM INDIA

### Health and Wellbeing Boards

So...

- A health and wellbeing board might seek advice from a clinical network on matters related to the JSNA and W&W strategy.
- A clinical network might nudge or challenge a health and wellbeing board towards better/best practice
- Sufficiently noisy question from health and wellbeing board might prompt the creation of a new clinical network
- The relationship should/will be dynamic given the cross membership between CCGs and FTs



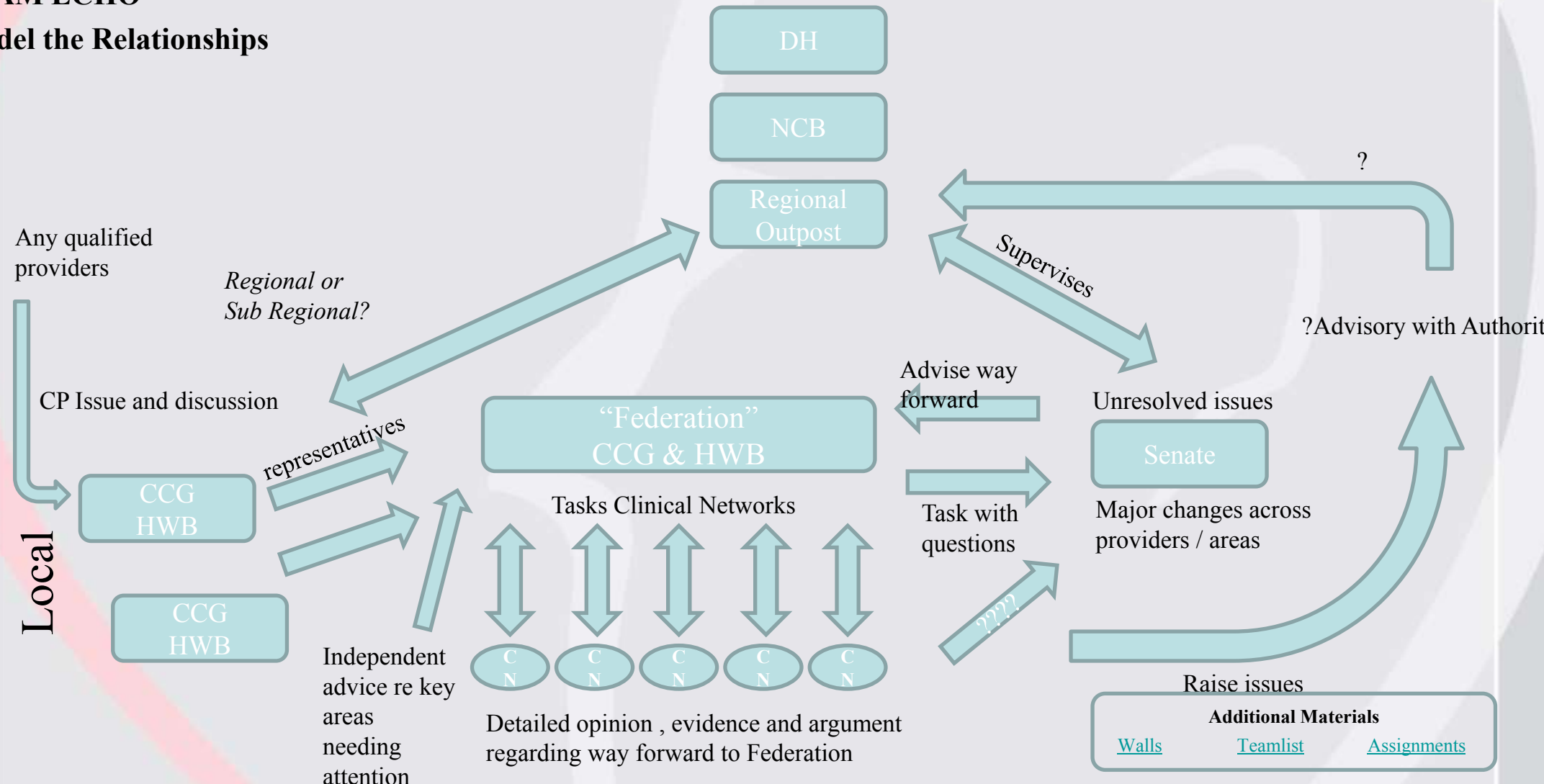
#### Additional Materials

[Walls](#)[Teamlist](#)[Assignments](#)

# Developing our opinion

## TEAM ECHO

### Model the Relationships

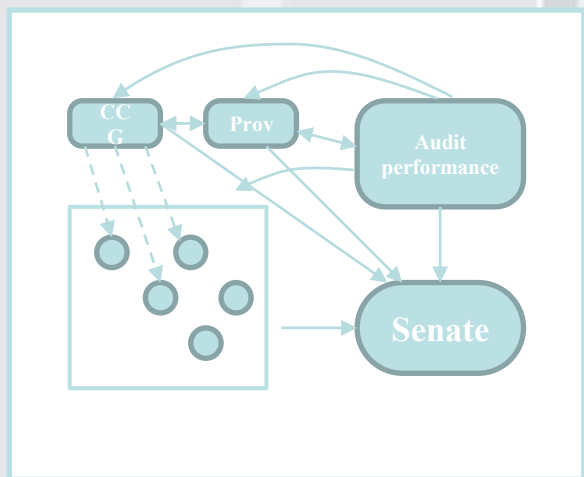
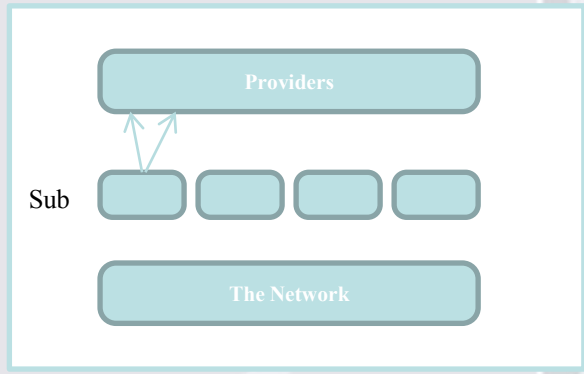
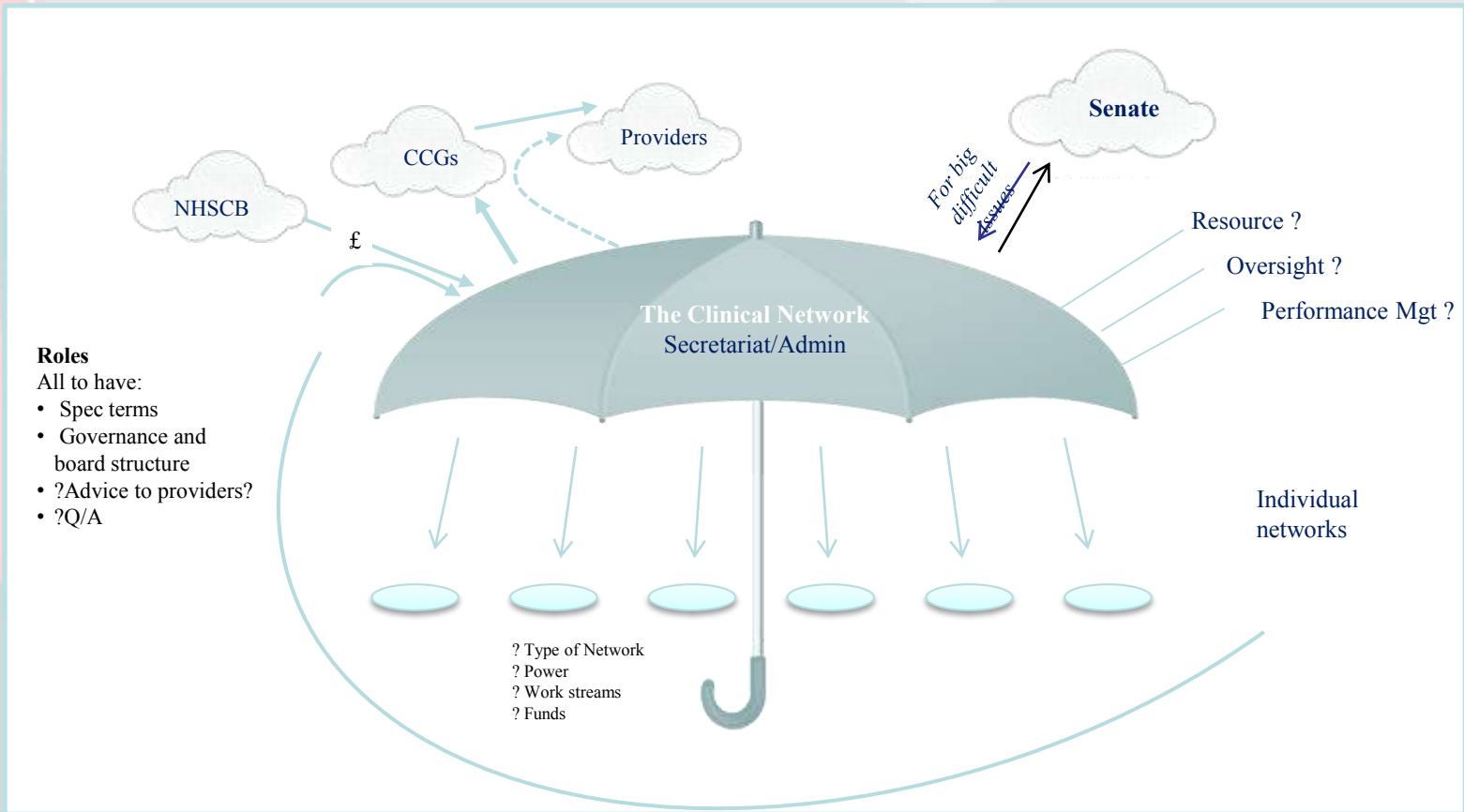


# Developing our opinion

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## TEAM BRAVO

### Function of Clinical Senates and Configuration of Senates in the NE



**Additional Materials**

[Walls](#)   [Teamlist](#)   [Assignments](#)

## TEAM HOTEL

### Function of Networks

#### Function of network

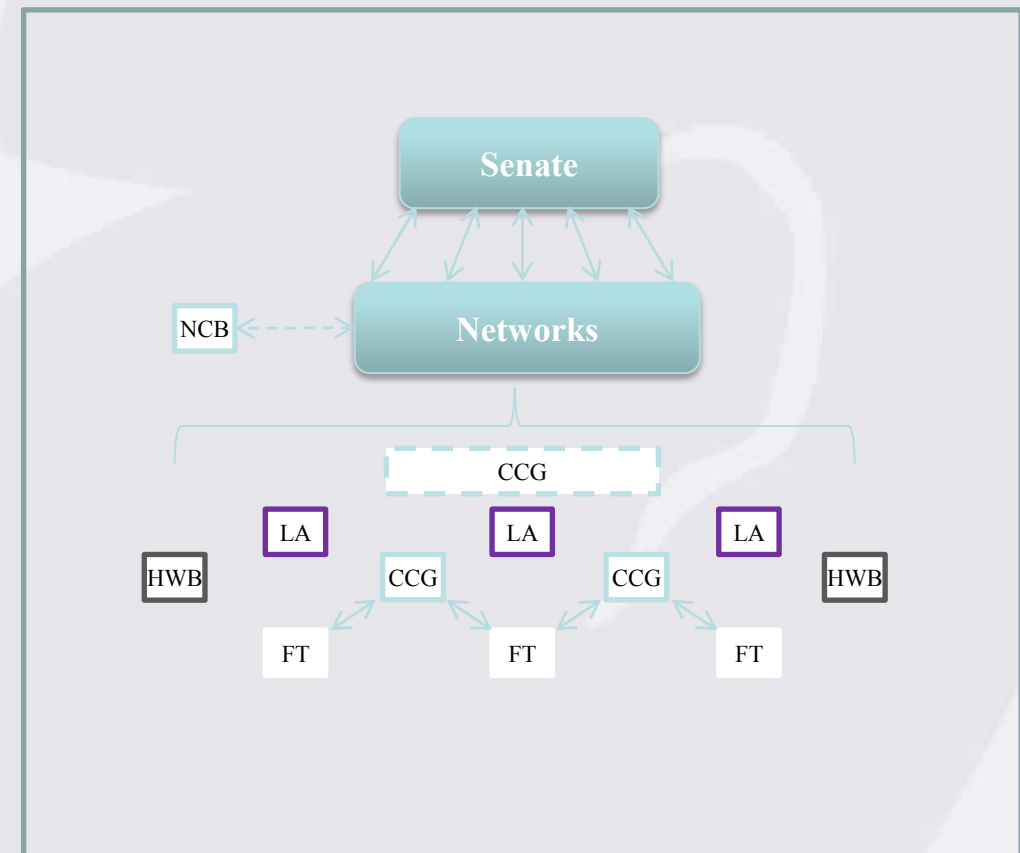
- Perform/meet/facilitate National Mandate
- Provide advice/not statutory recommendations
- Provide single point intelligence - NICE
- Provide independence
- Provide evidence base
- **Honest broker role**
- Maintain integrity
- Pathway orientated
- Facilitate equity of access
- Advise of:
  - Saving lives
  - Saving money
  - Improving patient experience
- **Create/assist in service planning to support commissioning**
- **Improving quality standards/outcomes**
- **(operational function)**

#### Federated CCG and Senate

- Very useful to some Networks but not all
- **One size doesn't fit all (National versus Local funding)**

#### Network issue

- Resource availability



#### Additional Materials

[Walls](#)[Teamlist](#)[Assignments](#)

# Closing remarks

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What we know so far

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How would this  
work in reality?

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Close



‘The more organised we are, the more we can bring about change and effectiveness in the way we work. Hopefully this will be a valuable milestone, there was a large consensus gained throughout the day on what we need to do going forward. Thanks everyone for all the hard work’

Richard Barker  
Chief Operating Officer  
NHS North

# The Future for NHS Improvement and Networks

- Actively planning for a future as part of the New Improvement Body , part of the NHSCB
- Reporting to the NHS Director of Transformation , new structures in place by April 2012
- Significant change inevitable, few details available to date
- Transition funding to be secured
- 2011/12 will see a review of our priorities in preparation for 2012/13. A number of cardiac and stroke priorities will close as work is reprioritised.
- Our Goal to remain focussed on delivery this year