Neonatal Operational Delivery Networks – one year on

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Neonatal networks were initially developed in response to recommendations in the Department of Health's (DH) National Strategy for Improvement published in 2003[1]. For the most part their development was 'bottom up' championed by local clinicians and managers. There is broad consensus that they have added value to neonatal care and their importance has been recognised in the Neonatal Toolkit[2] and the NICE Specialist Quality Standards[3]. In 2012 the NHS Commissioning Board described a new national model of networks[4,5] and over the last year we have witnessed the implementation of that new model. What follows is a personal reflection on the first year of the 'new world' both in general and more specifically from a local (North West of England and Greater Manchester) perspective.

NHS England (NHSE) has recognised the positive contribution of clinical networks in general and in 2012 published guidance outlining the roles of different types of clinical networks in the new health system[4,5]. While the Government, DH and NHSE do talk about a clinician-led NHS this seemed to be a 'top down' initiative with little or no consultation with clinicians who had worked in (neonatal) networks for over a decade, or with BAPM. Like many colleagues I felt some disappointment and a great deal of apprehension at the proposed changes, not only because of concerns about the model itself, but also because of the turmoil and time wasting which is an inevitable consequence of trying to fix what is not broken.

The model designated different types of networks and was described in *Infant* last year[6]. Strategic Clinical Networks (SCNs) are charged with advising commissioners, supporting strategic change projects, improving outcomes and serving as the engine for change and improvement across complex care systems. Operational Delivery Networks (ODNs) are to focus on coordinating patient pathways between providers over a wide area to ensure access to specialist resources and expertise. Neonatal networks have been designated ODNs. Unquestionably coordination of patient pathways is a principal objective of a neonatal network. However most, if not all, neonatal clinical colleagues would also consider advice to commissioners, support for strategic change, improving outcomes etc to be within the remit of a neonatal network too. Maternity and Children's SCNs have been established but it seems that the baby has been overlooked and the new model, formally at least, seems not to acknowledge the strategic importance of the neonatal network. There is a national drive to centralise delivery in all areas of specialist care and future major reconfigurations are likely in many parts of the country. It is important that neonatal networks are full partners in all strategic decision making around women and children's services.

In Greater Manchester the neonatal network was a crucial partner in the recent 'Making it Better' (MiB) reconfiguration of women and children's services both in terms of strategic planning and subsequently in implementation. The neonatal network worked in close collaboration with the Maternity and Paediatric Networks. These networks played a vital role in maintaining broader clinical input to the implementation of MiB and in maintaining the clinical consensus for the changes being made. The networks also played an important role as the 'quality assurance' mechanism for the MiB project. It is fair to say that the neonatal network has been perceived by its constituents, local Trusts, maternity and midwifery colleagues and commissioners not only as the overseer of clinical pathways and patient flows but also as an equal partner in strategic planning and development.

The DH's new model caused us much angst and trepidation not only because of doubts as to the model itself, but also because during implementation of change existing support of any nature disappeared long before any new support was put in place. Nevertheless, a year on I feel we are coming to terms with the new world and doing what clinicians generally do well: adapting to a new reality and making the most of it.

The establishment of the national Clinical Reference Group (CRG) to describe service specifications and standards has been a welcome development and will undoubtedly aid in promoting best practice and consistency of care throughout the country. Local representation promotes a feeling of participation and ownership and our regional representative consults with and feeds back to colleagues regularly.

In her article in *Infant* last year, Ruth Ashmore pointed out that what individual ODNs will look like over the course of time is likely to be different in each of the geographical patches[6]. National guidance suggested that ODNs should be established in each of the 12 Senate footprints, of which there are two in the North West. North West Specialist Commissioners saw some advantage to a single North West of England ODN. However this would encompass a huge

geographical area and over 20 neonatal units. Clinicians in all three areas in the North West (Cheshire and Merseyside, Lancashire and South Cumbria, and Greater Manchester) felt strongly that patient flows are and should continue to be within these three well-defined discrete areas. Our Specialist Commissioners engaged with clinical and managerial representatives from all three pre-existing neonatal networks to develop a model which is intended, on the one hand to preserve and strengthen the three pre-existing networks, and on the other hand to encourage collaboration and strengthen ties between them and their constituent units, under the umbrella of an over-arching ODN that also provides pooled resources such as administrative support and data analysis. The ODN is currently hosted by Alder Hey Children's Hospital. An ODN Director is in post, as is a data analyst and administrative support staff. The three pre-existing networks continue as local steering groups each with its own Clinical Lead and Service Improvement Facilitator (SIF). Each area SIF and the Clinical Leads will also support the work of the over-arching ODN under the leadership of the ODN Director. Working on a North West-wide footprint will bring benefits in terms of data collection and analysis, benchmarking and comparison of resources, education and training, research and audit, procurement, linking to the CRG, ensuring a consistent response to dashboard development and service specifications and consistency of management and support for transport services. Local working within the three areas will bring benefits in terms of oversight of patient pathways, flows and activity; ensuring parent involvement; interaction with local community and paediatric services; supporting dialogue between clinicians and also ensuring local educational and training provision.

It has taken time to establish a new framework and it remains to be seen whether the new model will be of more value than the old. However, it does feel now that we have a workable model which could bring potential benefits both at local and regional level. We look forward to increased collaboration and interaction between all three constituent areas in the North West. One very important area that still needs to be addressed, ideally at national level, is the establishment of formal links and joined up working between the Neonatal ODNs and the relevant Maternity and Children's SCNs.

References

1. **Department of Health.** *Neonatal Intensive Care Review: Strategies for Improvement.* London: DH; 2003.
2. **Department of Health.** *Toolkit for High Quality Neonatal Services.* [Online]; 2009. Available from: www.dh.gov.uk.
3. **National Institute for Health and Care Excellence.** *Specialist Neonatal Care Quality Standard.* [Online]; 2010. Available from: http://publications.nice.org.uk/specialist-neonatal-care-quality-standard-qs4 [Accessed: 22 April 2014].
4. **NHS Commissioning Board.** *The Way Forward – Strategic Clinical Networks.* [Online]; 2012. Available from: www.cnne.org.uk/news.php?nid=2024 [Accessed: 22 April 2014].
5. **NHS Commissioning Board.** *Developing Operational Delivery Networks: The Way Forward.* [Online] 2012. Available from: www.england.nhs.uk/2012/12/21/odn [Accessed: 22 April 2014].
6. **Ashmore R.** Neonatal networks in the new NHS England Landscape. *Infant* 2013;9:78-79.