Neonatal networks in the new NHS England landscape

Ruth Ashmore
Associate Director
Strategic Clinical Networks
and Senate
NHS England
(East of England)
ruthashmore@nhs.net

The 1st April 2013 marked the largest single reorganisation of the NHS since its inception in 1948. The Health and Social Care Act has changed the landscape of the NHS by:

- giving groups of GPs the responsibility for commissioning and budgets to buy care for their local communities
- moving most of the responsibilities of the Department of Health (DH) to a new independent body called NHS England.

This reform has also meant a review of the form and function of clinical networks. Neonatal networks were developed as a result of recommendations from the DH's National Strategy for Improvement[1]; 2013 marks the 10th anniversary of their formal adoption by the neonatal community as a vehicle for delivering improvements. Their future was further supported by the publication of the Neonatal Toolkit[2] in 2009 and the subsequent NICE Specialist Quality Neonatal Standards in 2010[3].

However, over the last year the future of networks has been uncertain and the neonatal community has expressed much concern about their survival. Many staff involved in supporting the networks have taken opportunities provided by the NHS reforms to either leave the NHS or move to new roles, creating some uncertainty and challenges in maintaining a focus on outputs and potential loss of knowledge and capacity.

The good news is that NHS England has recognised that clinical networks are an NHS success story that have been responsible for some significant sustained improvements in the quality of patient care and outcomes. Moving forward there will be a variety of enabling networks, some that will be hosted by NHS England and others supported and hosted by providers. Their primary focus will be on delivery of innovation and improvement, at pace and scale, and delivering transformational change.

Extending clinical leadership in the NHS has been a guiding principal of the coalition government's reforms of the NHS. Networks have been identified as a key mechanism to support clinical leaders in delivering major improvements in quality and outcomes for patients. They have received a stay of execution and now need to ensure they continue to add value and improve outcomes for patients. In a period of continued austerity it will be vital to ensure they add value to patient outcomes, support families and clinicians.

Networks in the NHS have varied in their formality, function and funding structures. Professional groups have often created informal clinical networks as a way of diffusing knowledge, learning and best practice, supporting professional development and to drive implementation of new ways of working.

The NHS England supported networks will be called Strategic Clinical Networks (SCNs). Their aim is to bring primary, secondary and tertiary care clinicians together, while simultaneously working with social care, the third sector and patients to act as 'engines' for change across complex systems of care, maintaining and improving quality and outcomes. These will cover a number of specific disease groups and life course areas.

The Way Forward: Strategic Clinical Networks[4], published by the NHS Commissioning Board (now NHS England) outlined the range and role of clinical networks in the new health system. The simple message is that where clinicians, commissioners or providers can see the value of working in networks they should be encouraged and valued, but they need to show added value and improve outcomes for patients. There will be a range of networks performing different functions, which include (**TABLE 1**):

1. Twelve clinical senates that will bring together a range of professionals to take an overview of health and healthcare for local populations and provide a source of strategic independent advice and leadership.
2. A small number of prescribed SCNs that are established and supported by NHS England to advise commissioners, support strategic change projects and improve outcomes.
3. Local professional networks supporting pharmacy, eye health and dental care within the 27 area teams of NHS England.
4. Operational Delivery Networks (ODNs) (neonatal networks) that are focused on coordinating patient pathways between providers over a wide area to ensure access to specialist resources and expertise.
5. Fifteen Academic Health Science Networks (AHSNs) that will support the rapid spread of research, innovation and encourage wealth creation.

Each of these networks will support NHS England to deliver the quality agenda around the five domains of the NHS Outcomes Framework[5]. This will ensure a consistent focus on improving

NHS Outcomes Framework				
Senates	**Strategic clinical networks**	**Local professional networks**	**Operational delivery networks**	**Other local networks**
The concious and guiding intelligence	*Engines for change and improvement across complex care systems*	*Gathering frontline knowledge and expertise*	*Mapping patient pathways to ensure access to specialist support*	*AHSNs: Masters of science and evidence-based practice*
Multi-professional	ie cancer, CVD, maternity and children, mental health/dementia/ neurological conditions	ie pharmacy, eye health, dental	eg adult critical care, neonatal intensive care, trauma, burns, paediatric NM, paediatric IC	eg AHSNs, research networks

TABLE 1 The different types of network, NHS England 2013.
Key: CVD = cardiovascular disease, AHSN = academic health science networks, NM = neuromuscular, IC = Intensive care.

the quality of care and outcomes supported by the NHS Change Model[6].

In December 2012 further guidance was published on the way forward for ODNs[7], it set out transitional arrangements for 2013-14. ODNs will focus on operational delivery, with the strategy being defined nationally. The ODNs will ensure outcomes and quality standards are improved and evidence-based and networked patient pathways are agreed. Hosted by provider trusts they will focus on an operational role, supporting the activity of provider trusts in service delivery, improvement and delivery of a commissioned pathway, with a key focus on the quality and equity of access to service provision. It is anticipated that this will allow for more local determination, innovation and efficiency across the pathway. Their key principal will be the delivery of 'right care' principles by incentivising a system to manage the right patient in the right place at the right time. Success factors for ODNs will be:

- improved access and egress to/from services at the right time
- improved operating consistency
- improved outcomes
- increased productivity

Commissioners will clearly define pathway standards through the national service specification, articulating what the outputs of the ODNs will be and measuring their performance through an accountability agreement. The funding in this transition year will be from top slicing the Commissioning for Quality and Innovation (CQUIN) payments across the defined geographical area by the specialised commissioning team. The long-term aim is to include the funding with the tariff. This may well take some time to work through, so some imaginative footwork will be required to ensure the costs are contained in reference costs.

Governance arrangements will be required and, at the time of writing, a national template is being worked on to support the host providers, ensure stakeholder engagement and guarantee that the key role of the network in being an 'honest broker' will not be lost and babies and families remain at the centre of clinical care.

What the ODNs will look like in 12 months' time will be different in each of the geographical patches, but there is no doubt that the future will be about working leaner and smarter together in the interest of improved outcomes for babies and families. The NHS reforms are all about putting clinicians, patients and families at the heart of improvements and this is an opportunity to ensure the networks continue to thrive and flourish in the new NHS. Their success will depend on all staff valuing and working together.

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 2013].
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 2013].
5. **Department of Health.** *Outcomes Frameworks 2012/13: Indicators Aimed Specifically at Children/Young People.* [Online]; 2012. Available from: http://healthandcare.dh.gov.uk/outcomes-frameworks/ [Accessed: 22 April 2013].
6. **NHS.** *The NHS Change Model.* [Online]; 2012. Available from: http://www.changemodel.nhs.uk/pg/groups/13208/Our+story/?community=Our+story [Accessed: 22 April 2013].
7. **NHS England.** *Developing Operational Delivery Networks: The Way Forward.* [Online]; 2012. Available from: www.england.nhs.uk/2012/12/21/odn [Accessed: 22 April 2013].