A bit of history…..

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Clinical Networks

- Clinical networks long recognised as vehicle for service improvement
- 2013- Strategic clinical networks established, alongside operational delivery networks
- NHS England central direction and funding
- 2015-16 review of NHS(E) resulted in withdrawn support for some networks
- Regional enthusiasm enabled some networks to continue despite lack of funding

Many shapes and sizes

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Clinical Networks

- Informal networks- professional interest groups
- Operational delivery networks- specialist areas (SpecCom)
- Local professional networks eg community pharmacy
- Nationally mandated networks, via NHS(E) and regional offices
- Complex ‘autonomous’ networks eg Cancer Alliances
- ICB-based system working eg Local Maternity and Neonatal System
- Academic Health Science Network – partnership work where appropriate

Key features of networks

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- Inclusive and representative
- Multidisciplinary
- Cross-sector involvement
- Clinical leadership and credibility
- Adequate admin and managerial support
- Appropriate patient and public involvement
- Communication and liaison

ICB and clinical networks

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- Existing clinical networks are co-terminous with NENC ICB
- Some networks have aligned with workstreams of ICB
- ICB highly supportive of network approach
- ICB clinical leadership structure in evolution
- Networks need clear terms of reference and effective reporting structures

Ways of working

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- Focus on defined and critical issues
- Entire patient pathway approach- from early detection to rehabilitation
- Learning from best practice examples
- Always consider health inequalities (geographical and socio-economic)
- Aiming for defined and consistent standard of care across region

Benefits of working as network

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- Peer support
- Learning from best practice
- Sharing of ideas
- Credible source of advice for commissioners and providers
- Facilitates effective liaison with patient groups and third sector
- Enables ICS-wide approach to clinical issues

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