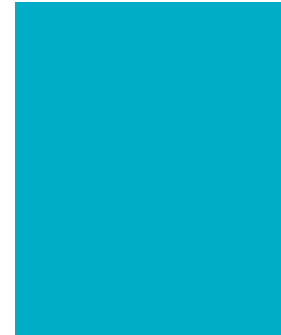


# Operational Delivery Networks update



December 2012



*“Clinical networks are an NHS success story. Combining the experience of clinicians, the input of patients and the organisational vision of NHS staff, they have supported and improved the way we deliver care to patients in distinct areas, delivering true integration across primary, secondary and often tertiary care.”*

Sir Bruce Keogh, NHS  
Medical Director and  
Jane Cummings, Chief  
Nursing Officer



## Context

- NHS CB recognised the value of networks in the publication of *The Way Forward: Strategic Clinical Networks* in July 2012
- The new NHS architecture will include a range of networks:
  - **Operational Delivery Networks (ODNs)** i.e. Neonatal and adult critical care, trauma and burns
  - **Strategic Clinical Networks (SCNs)** i.e. cancer, cardiovascular, maternity and children and mental health, dementia and neurological conditions
  - Local networks, locally determined

## SCNs and ODNs

- **Operational Delivery Networks** are focussed on coordinating patient pathways between providers over a wide area to ensure access to specialist resources and expertise. Provider clinicians dominate their membership, though work closely with patients and other stakeholders.

In future they will be provider hosted and funded.

- **Strategic Clinical Networks** define evidence based best practice pathways, and operate as engines for change across complex systems of care, maintaining and or improving quality and outcomes. They bring primary, secondary and tertiary care clinicians together with partners from social care the third sector and patients.

In future they will be NHS CB hosted and receive national commissioning funding for their core functions. The criteria for SCNs is set out in *The Way Forward: Strategic Clinical Networks*.

## Current situation

### Existing provider delivery networks

- **National coverage:** adult and neonatal critical care, burns, major trauma
- **Variable coverage:** adult congenital heart disease, paediatric congenital cardiac surgery, paediatric neuroscience
- Variable funding mechanisms and scope  
e.g. based on 2011/12 baseline survey, £8.5m is spent on provider delivery networks, with £4m on adult critical care. Trauma networks are just being established
- Disparity in funding of individual networks which ranges from £84k to £621k pa
- Mainly hosted by PCTs

## Proposal for ODNs

- Move to align to Clinical Senate geography (12 in England), although the number of networks will depend on local clinical relationships and patient flows
- Membership of ODN included in commissioning specifications for 2013/14 contacts
- ODNs will be funded through tariff in the future
- Strategy will be set nationally and coordinated through NHS CB Specialised Commissioning programme of care leads and Clinical Reference Groups (CRGs)
- Continued patient and family engagement
- Close alignment with SCNs, Clinical Senates, Academic Health Science Networks, Local Education Training Boards, research networks, Health and Wellbeing Boards and others

## Purpose of ODNs

- Ensure effective clinical flows through the provider system
- Facilitate system-wide collaboration
- Improve multi-professional, cross-organisational engagement
- Develop consistent guidance and service standards to ensure a consistent patient and family experience
- Focus on quality assurance
- Capacity planning
- Activity and quality monitoring

## Benefits of ODNs

- Improved outcomes, productivity and efficiency
- Stronger collaborative provision of services
- Maintained/improved quality of care and outcomes for patients
- Opportunities for risk sharing between providers
- More accurate costing meaning resources can be used more efficiently
- Ability to adopt innovative practice quicker than in the past
- Rapid learning and development
- Improved system resilience, including major incident planning



## Success factors for ODNs

- Better access to and from services at the right time
- Improved operational consistency
- Better outcomes for patients
- Increased productivity
- Greater collaboration between providers in a pathway
- Robust governance arrangements

## Operating principles

ODNs will be founded on national operating principles:

- Hosted by lead provider in the geographical area
- Chaired by experienced leader. It's anticipated that a clinician will want to hold this role
- Link to relevant national Clinical Reference Group (CRG)
- Systematic approach to change: [www.changemodel.nhs.uk](http://www.changemodel.nhs.uk)
- In accordance with pathway in contract specification
- Robust governance within host provider

## Links to commissioning policy development

- 60 national Clinical Reference Groups (CRGs) linked to Specialised Commissioning definition set
- CRGs support the development of national contracting products, quality monitoring tools and clinical innovation
- Co-ordinated through regional programmes of care leads within regional Specialised Commissioning Teams

## Proposed funding mechanisms

- The long term intention is for ODNs to be funded through tariff. Providers will not be able to provide these services without being in an appropriate network and will need to agree with each other how this is resourced
- Transitional arrangement (2013/14):  
c0.1% CQUIN for relevant specialised services will be retained by specialised commissioners
- Nationally, 0.1% CQUIN is worth c£9m compared to current estimated £8.5m cost

## Proposed contractual arrangements

- Local LAT Specialised Commissioning teams will agree a host provider for each network along with a locally agreed quality and outcome related service specification
- Host provider receives locally agreed level of CQUIN funds
- All relevant providers will have a service specification requiring networked pathways through an ODN approach
- Host provider may or may not be tertiary provider; may be economies of scale to host more than one ODN

## Accountability

- ODN hosted by and accountable to a lead provider
- Governance arrangements will be agreed between members including clear escalation and risk management arrangements
- Subject to specification in the contract
- An Annual Report, highlighting quality outcomes, will need to be produced

## HR issues

- In the future staff will be employed by the host provider, within structures determined by the provider
- TUPE principles apply
- Specialised Commissioning Teams will negotiate transfers with host providers within a national HR framework
- National timescales apply i.e. staff to know destination by 31<sup>st</sup> December 2012
- Further consultation with staff to follow

## Next steps

- NHS CB publication of *Developing ODNs: The Way Forward* in December 2012
- Ongoing communication and engagement plan
- Careful management of transition
- Local negotiation between Specialised Commissioning Teams and providers
- Publication of national service specifications for ODNs



## Questions and further information

If you have any questions or require further information, please contact:

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