

RCN fact sheet: Clinical senates and strategic clinical networks August 2012

Introduction

The Health and Social Care Act 2012 includes radical reform of the way that health care is commissioned in England. The Government's aim for these changes is to produce a more clinically-led and patient-focused NHS which is innovative and has reduced administration costs.

The new clinician-led commissioning system will involve a number of new types of organisation, which are forming across the country ready to take control in April 2013. This briefing will outline what we know so far about two of these – clinical senates and strategic clinical networks. **Please note that it is not yet clear exactly what form these groups will take and how they will work, as guidance is being developed.**

Background

As part of the reforms primary care trusts (PCTs) and strategic health authorities (SHAs) are being abolished. In their place will be a new system for commissioning. The NHS Commissioning Board (NHS CB) is a national body which will be given a formal mandate to oversee the commissioning of health services in England by the Secretary of State for Health from April 2013 (apart from public health services, which will be commissioned by local authorities).

The NHS CB will delegate responsibility for commissioning most hospital and community health services to a network of 212 clinical commissioning groups (CCGs), though it will commission certain specialised services itself (those that need to be organised nationally like spinal injuries services, or those for conditions that affect a small number of people). CCGs will therefore commission emergency care, community care, planned hospital care, and mental health and learning disability services in their local areas.

A number of other new organisations will form across the country to support and advise the NHS CB and the CCGs. Two of these are clinical senates and strategic clinical networks.

Clinical senates

What are they?

Clinical senates will be advisory groups of experts from across health and social care, each covering one of 12 broad geographical areas across England.

What will the membership be?

The senates will be made up of clinical leaders from across the health care system, as well as those from social care and public health. Patients and members of the public will also be involved.

It is not yet clear how appointments will be made to the senates. A consultation on the structure of clinical senates is due in autumn 2012.

What will they do?

Senates will have an advisory role in the new system, sharing their clinical expertise and knowledge of their geographical area with CCGs, health and wellbeing boards and the NHS Commissioning Board so that they can make better informed decisions.

As they bring together members of different professions, specialisms and areas of health and social care, they will offer advice at a strategic level. It is hoped that they will promote cross-speciality collaboration, innovation and integration, and will offer a broad perspective on plans for large-scale service reconfiguration.

Clinical senates will not be statutory bodies, and although they will give comments on CCG plans to the NHS Commissioning Board, they will not have the right to veto them.

Strategic clinical networks

What are they?

Clinical networks are advisory groups of clinical experts covering a particular disease group, patient group or professional group.

Many already exist, but the NHS Commissioning Board will be establishing a suite of new strategic clinical networks in 12 broad geographical areas across the country.

What will the membership be?

Each strategic clinical networks will be made up of clinical experts in a particular field from across primary, secondary and tertiary care, as well as clinicians from social care, and patients.

It is not yet clear how appointments will be made to the networks.

What will they do?

Strategic clinical networks will pool their knowledge to offer advice to CCGs and the NHS Commissioning Board. Their particular focus will be on helping to improve care pathways using evidence-based best practice and to support change.

Strategic clinical networks will not be statutory bodies, and will not have the right to veto CCG plans.

What specialisms will they cover?

The list of five strategic clinical networks that will be initially established in each geographic area was announced in July 2012. They are:

- cancer
- cardiovascular disease (incorporating cardiac, stroke, diabetes and renal disease)
- maternity and children
- mental health, dementia and neurological conditions.

These broad titles have been chosen by the NHS CB based on a set of criteria, including whether the quality of care needs to improve, whether significant benefits can be achieved for patients, and whether a wide range of professionals and organisations are involved.

The NHS Commissioning Board has stated that these strategic clinical networks will run for up to five years. It could be that they dissolve after a few years as issues are resolved and services improve, or that new ones form as new challenges develop.

Other professional networks will continue to exist, and the NHS CB wants to encourage the formation of new ones across England. These could be hosted by the NHS CB, CCGs, providers or professional groups.

What geographical areas will senates and networks cover?

Clinical senates and strategic clinical networks will be set up across the same 12 geographical areas. They are:

- North East, North Cumbria, and the Hambleton and Richmondshire districts of North Yorkshire
- Yorkshire and the Humber
- Greater Manchester, Lancashire and South Cumbria
- Cheshire and the Mersey
- East Midlands
- West Midlands

- East of England
- London
- Thames Valley
- South East Coast
- Wessex
- South West

These 12 areas align with most of the NHS Commissioning Board's 27 local area teams (LATs) apart from three. In most cases the borders of two or three LAT patches will add up to one network's patch, but for these three networks the area they cover crosses LAT boundaries. This is to allow the networks' geographic distribution to mirror actual patient flows.

Each area will have one support team which will provide managerial and clinical support for both strategic clinical networks and clinical senates (sometimes referred to as an "umbrella structure" by the Commissioning Board).

When will senates and networks be formed?

Both clinical senates and strategic clinical networks will be launched in April 2013.

There is little detail about the timetable for establishing senates, but the timetable for strategic clinical networks and support teams has been announced:

- July to September 2012 – appoint clinical directors and network directors, finalise terms of reference and support arrangements.
- October to December 2012 – complete recruitment of support team and finalise operating model.
- January to March 2013 – develop individual networks, develop links with other local groups and finalise quality improvement plans.
- April 2013 – establish strategic clinical networks

What will the nursing involvement be?

Nurses have been listed as one of the professional groups which will be involved in both clinical senates and strategic clinical networks, but it is not yet clear if each network will be required to have a nurse member or not.

The RCN will be closely monitoring their development to make sure that the expertise and experience of the nursing profession is properly used.