

Thursday 15th September 2011

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Dear Colleague,

Developing clinical senates and networks

Following the publication of the Future Forum report, and the Government's response, there has been a great deal of interest in proposals for new clinical senates, and the role clinical networks in the new system. Sir Bruce Keogh has asked me to lead a group to develop proposals in both these areas, following on from my role as Chair of the Future Forum workstream on clinical advice and leadership.

I am writing to you as someone who may be interested in knowing more about, or contributing directly to, this work. This letter sets out the work done so far and the opportunities for you to engage with proposals as they are developed. Co-production of this work will be vital, and I am keen to engage with as many people as possible.

At the outset I believe it is important to distinguish the different roles we envisage will be performed by networks and senates in the future. Although they can take many forms, clinical networks are usually specific to a client group, disease group or professional group. Networks can undertake a range of functions, including supporting improvements in pathways and outcomes of care. Clinical senates, however, are intended to bring together a range of experts, professionals and others from across different areas of health and social care to offer access to independent advice about improvements in quality of care across broad geographical areas of the country.

Clinical networks

In the listening events carried out as part of the Future Forum's work, I heard widespread support for both the principle of networks and their operation in many areas, but also concerns about variations in effectiveness. That is why I have been asked to carry out a piece of work to define the role of clinical networks and review their range, function and effectiveness.

I have established a small project group which is overseeing the development of proposals, working with network leads and co-ordinators to gather baseline information for this review. The scope of this work is to:

- i. Map the current patterns of networks and assess the current level of resource associated with them
- ii. Define what is meant by 'network' and the role of potential models in the new system
- iii. Propose which clinical and professional areas require formal networks

I expect this work to lead to a suggested operating model, or a set of operating models for networks, which the NHS Commissioning Board would consider once it is established as a Special Health Authority later this year.

Clinical senates

Clinical senates are expected to be a way of bringing clinical leaders together across broad areas of the country to provide a vehicle for cross speciality collaboration, strategic advice and innovation to support commissioners. They will have an enabling role for both clinical commissioning groups and the NHS Commissioning Board, but they will not be new statutory bodies or formal organisations. They are not intended to be another layer of bureaucracy or be a structure to “interfere” with or constrain clinical commissioning groups. Senates may provide part of the way for clinical commissioning groups to meet their proposed statutory duty to secure advice from a wide range of health professionals, but they will not have a right of veto for plans or proposals.

The number of clinical senates (likely to be in the order of 15), who will be part of them and what their specific roles will be are all yet to be determined, and I am keen to engage as widely as possible while developing proposals for their operation. The Government’s response to the Future Forum report suggested, for example, that clinical senates could provide advice on the clinical aspects of commissioners’ proposals for large scale service change or reconfiguration, where commissioners feel a broader strategic view would be useful. This suggests that it would be most appropriate for senates to operate over a wide strategic area. Additionally, they could also have a role in the quality aspects of authorisation or annual assessment of clinical commissioning groups.

Engagement and future work

We have already heard from a large number of clinicians and stakeholders who are keen to be involved in this work and I want to engage with as wide an audience as possible across the NHS and wider healthcare system. The development of draft proposals is being overseen by a core project group, working to co-produce proposals with a wider group including national clinical directors, GPs, policy leads, commissioners, academics, network teams, voluntary sector, patient groups and Royal Colleges. Proposals will be tested and refined with this wider audience during September and October, including through a workshop hosted by the Kings Fund.

However, I am conscious that many more people are interested in this work than it is possible to gather in a room together, and am exploring options such as holding wider webinars, to allow a larger number of people to engage directly with this work. In the mean time, if you have comments or thoughts you would like to send for us to consider in the development process, please contact the team via Rebecca Larder on: rebecca.larder@nhs.net .

The listening exercise made clear how important clinical advice and leadership are in delivering improvement in health outcomes in the coming years. Clinical senates and networks will be a key part of that, and I look forward to working with you to make them an integral and trusted part of the new health system.



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