

KnowledgeShare

Web alert: networking within the NHS

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The advantages of networking

The last year has seen enormous change for the NHS, with primary care trusts merging, strategic health authorities splitting, and mental health trusts transforming themselves. Reorganisation seems to be the norm within the health service, but this continual change can be unsettling for staff, and detrimental to patient care and continuity. One potential solution to this problem is the development and harnessing of inter-organisational networks of healthcare staff. These networks, which are springing up throughout the NHS with a whole range of aims and interests, have considerable advantages in terms of flexibility and durability. An article in the *BMJ* makes clear that networks can help to avoid the closure of vulnerable services, saying that they 'offer a way of making best use of scarce specialist expertise, standardising care, improving access, and reducing any 'distance-decay' effects that can result from the concentration of specialist services in large centres'.¹

There is also a great opportunity for improved knowledge management through the use of networking. So much of the knowledge that drives the health service is tacit, not available from policies and publications but only through interaction with colleagues. Networks broaden the scope of these interactions, and can stimulate discovery and a questioning attitude towards the way things are done. More generally they provide scope for training and self-development beyond that which is available in any one organisation. *An Organization with a Memory* from the Department of Health suggests that networks can help to improve patient safety by allowing healthcare staff to share experiences and learn from their mistakes.² And perhaps the greatest advantage of networks, at least from a management point of view, is that they help eliminate duplication of effort, allowing people to share what they know rather than re-inventing the wheel. The following websites illustrate the range of networks that are out there, and the ways in which they can be used to improve practice.

NHS Networks: www.networks.nhs.uk

Attempting to keep track of the many inter-organisational and inter-professional networks springing up around the NHS is NHS Networks, a site which provides both a register of existing collaborations and an online home for the smaller networks. There are currently around 200 networks in the register, and these can be browsed by region or topic. Many of the networks on the list have been set up to support quality care in a particular disease area within a specific geographical region. Others focus on connecting staff within particular professions, for example healthcare scientists or nurses, or within particular sectors. A large number of primary care trust networks can be found here. In addition to these, some of the networks are aimed at supporting governance issues such as patient and public involvement, human resources or research. It is certainly worth finding out whether there is a network in your area that may be able to provide you with additional professional support.

If, on the other hand, you are already part of a network of colleagues, or are considering developing a network, you will gain a number of benefits from registering on this site. As well as the obvious advantage of allowing others to find out about your initiative more easily, the website also gives network co-ordinators the opportunity to set up their own online discussion forums and submit news stories and network documentation. This is an invaluable service for those networks that do not have the time or opportunity to develop a web presence. For those who are new to running a network, the 'Network support' section also contains useful background information, competences for network managers, lessons from other sectors, and many more helpful documents.

As well as offering support to individual networks, the NHS Networks site is a valuable resource in its own right, with its own discussion forums and regular newsletter, plus briefings on key topics facing the NHS at the moment, including obesity and commissioning. These can be found in the 'Features' section of the site.

Lean Thinking Network: www.networks.nhs.uk/networks.php?pid=211

One of the groups that have made the most out of the NHS Networks site is the Lean Thinking Network. Lean thinking is a management concept focusing on eliminating all non-value-adding activities, which originated in the motor industry but has since jumped to other sectors, often with extremely impressive results. A report on lean thinking has recently been commissioned by the NHS Confederation, and the idea of translating these ideas to the healthcare system has been picked up by a number of national newspapers.³ The webpage of the Lean Thinking Network contains a small number of documents introducing the concept to healthcare staff, as well as the opportunity to join in the discussion or ask questions of existing network members.

Clinical networks

Managed clinical networks have been defined as 'linked groups of health professionals and organisations from primary, secondary and tertiary care working in a co-ordinated manner, unconstrained by existing professional and existing [organisational] boundaries to ensure equitable provision of high quality, clinically effective services'. They can help to connect individual staff grouped by function, client group, disease area or specialty. A detailed briefing on clinical networks can be found in the Health Management Specialist Library from the National Library for Health (NLH) (www.library.nhs.uk/healthmanagement/ViewResource.aspx?resID=29543).

There are many advantages to this model of networking, in particular that they help to disperse specialist knowledge throughout the NHS and standardise care. The NLH management briefing suggests a number of steps that those interested in clinical networks should take, and provides links to a variety of supporting resources, such as a guide to network implementation. Key contacts are listed, as are a number of examples of good practice.

Cancer Services Collaborative 'Improvement Partnership': www.cancerimprovement.nhs.uk

This improvement partnership is an example of an umbrella organisation supporting local networks across

the country. Their aim is to help reduce waiting times and, by facilitating the collaborative processes inherent in regional cancer networks, to achieve the objectives of the NHS Cancer Plan 2000. The site provides access to a selection of how-to guides, pathways, toolkits, and documents containing the latest evidence on service improvement, which are divided between clinical information, management information and patient information.

This site demonstrates the progress that can be made towards eliminating variation in the quality of care by harnessing the power of networks, and indeed networks of networks. An example is the network-wide patient information protocol, backed up by a national patient information team. There are subsections of the site for particular tumour areas, radiology and pathology, radiotherapy and chemotherapy; the sheer quantity of useful support materials available is eye-opening. Finally there are the obligatory discussion lists, which allow you to ask questions of the National Team and, more widely, the service improvement teams who have undertaken projects across England.

Association for Public Health Observatories (APHO): www.apho.org.uk

The APHO is another network of networks that has an increasingly important part to play as public health moves up the list of NHS priorities. There are 13 public health observatories (PHOs) around the UK whose task is to monitor trends in disease, highlight areas for action and identify gaps in the knowledge of UK health. This site acts as a portal to connect them all, and to function as a 'learning network' for the members. The Association supports collaborative working by assigning each PHO to lead on a particular area and thus avoid duplication, and by developing linkages at a regional, national and international level.

The site allows you to browse for 'Contacts and expertise' in your field and local area, lists conferences and events where you will be able to network with other staff interested in public health, and provides links out to the individual public health observatories. Their collaborative approach has allowed them to develop a set of data standards which mean that statistics collected by each individual PHO are comparable, and that their resources can be searched collectively. In this way the APHO acts as a valuable forum for disseminating good practice and sharing methodologies.

Integrated Care Network: www.icn.csip.org.uk

Among those networks that move beyond the boundaries of the NHS is the Integrated Care Network (ICN). Forming part of the Care Services Improvement Partnership which encourages organisations to work together across health and social care, the ICN has around 5000 members made up of integration leads from local government, the independent and voluntary sectors, and the health service. The network's goal is to reshape care services, including workforce, financial and other resource flows, in order to improve access to care and increase engagement between local communities and the NHS. Like many of the networks listed here, the ICN does this through an online discussion board that allows users of the site to ask questions of experts in service integration, via conferences and workshops, and national consultations. In 2005 the network influenced the development of the White Paper *Our Health, our Care, our Say*.

Documents available from the site include: practice examples, such as *Getting Front line Integration to Work*, from the Sedgefield Primary Care Trust; discussion papers on topics ranging from organisational culture to integrating children's services; and support materials on performance and evaluation. This makes the network ideal for any staff interested in improving collaboration and breaking down barriers between the different sectors.

Knowledge Exchange: www.theknowledgexchange.co.uk

The Knowledge Exchange is a site for healthcare managers to come and share information and ideas. It is a private company and you must register to use the site, but it is free for NHS staff, and over 6000 individuals have already joined. When you register you will be able to indicate your job role, as well as listing areas in which you have experience. Doing this enables you to receive information bulletins that are specific to your own professional interests, and provides the basis for the 'Exchange' itself which allows users to ask questions of each other. Questions are directed specifically to those members who have declared an interest in the area.

Users are also able to search the archive of previously asked questions, and the answers they have received, and have the facility to post documents that they believe will be of interest to others. The 'Viewpoint' section of the site includes monthly guest editorials by contributors ranging from patients to senior managers, who are invited to write about the important issues currently facing health and social care. Recent topics include whether the private sector

provides better care than the NHS, how medical administration can be improved to make life easier for patients, and the blame culture. Registered users of the site are encouraged to post comments, rebuttals or possible solutions to the issues and arguments presented.

Contact, Help, Advice and Information Networks (CHAIN): <http://chain.ulcc.ac.uk/chain>

There are currently three CHAINS: CHAIN 1 focusing on evidence-based practice, CHAIN 2 focusing on workplace-based learning, and CHAIN 3 focusing on innovation and improvement. Each one gives members a simple and informal way of contacting each other to exchange ideas and share knowledge.

CHAIN has been around for almost 10 years now, having been initially set up by the NHS Research and Development Programme. In 2004, CHAIN 1 was independently evaluated for an article published by the *BMJ*, in which the authors conclude that it provides an example of how 'knowledge can be targeted, personalised, and made meaningful through informal social processes'.⁴ The network enables the translation of research into practice, and fosters the exchange of tacit knowledge between organisations and professional groups and between novices and experienced practitioners. Like the Knowledge Exchange (above) registered users of the site identify their areas of interest and use these interests to target questions and comments towards the most appropriate group of people. In fact CHAIN goes even further by allowing users to track down specific individuals within the network by region, role, specialty, skills, and so on. As a simple example of the way the site can be used, I have just used CHAIN 1 to track down the 18 people in the network from Surrey and Sussex willing to share their skills in the critical appraisal of published research.

Research networks

The principles of networking are also being used to revolutionise clinical research within the UK. Linking and co-ordinating researchers, who are working on similar clinical questions but are geographically dispersed, can bring a range of advantages. Duplication of effort is reduced, and research teams are suddenly able to draw on a much wider population of patients, allowing greater sample sizes and more accurate conclusions. The UK Clinical Research Network (CRN, www.ukcrn.org.uk) aims to do exactly this, while also improving the quality of research

through a more solid infrastructure and more well-defined research protocols. The UK CRN also aims to widen participation in clinical research by increasing the number of NHS organisations that are research-active. In order to provide more focus, the national network is itself divided up into a number of networks focusing on specific disease areas, for example, cancer, diabetes, or mental health, as well as the Medicines for Children Research Network and the Primary Care Research Network. Each of these can be accessed via the above site, and each breaks down into smaller regional networks, allowing you to get in touch with researchers working in your area of interest nearby. The websites provide details of training courses, information for patients wishing to get involved in research, suggestions for finding research funding, and more.

Where the focus of the UK CRN is on co-ordinating the development of a national research programme, encouraging collaboration and recruiting patients, there is also a network of organisations that are there to support the individual researchers. These are the Research and Development Support Units (RDSUs), and the homepage of the national network can be found at www.national-rdsu.org.uk. Local RDSUs vary in their provision, but training courses range from turning your idea into an answerable research question, to how to write a successful grant application, to statistical methods. In the spirit of networking, RDSUs will also be able to put you in touch with other researchers working in your field, and may be able to set up one-to-one tutorials with local experts.

Conclusion

Hopefully some of the online resources outlined here will have encouraged you to get involved in a network within your own area of interest, to start up a network in your area if none exists, or to make better use of

the connections already available to you. Russell *et al* suggest that evidence-based practice should be seen as a 'contact sport', in other words: 'a social process involving the exchange and negotiation of knowledge between individuals and groups'.⁴ With this in mind, it would seem that networks will become increasingly instrumental in the development of quality in health care.

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