

# London Strategic Clinical Networks

Applying clinical advice to commissioning to ensure value for money with excellent clinical outcomes across complex pathways and systems

**Clinical Senate**  
Assurance

## London Strategic Clinical Networks Oversight Group

**Health in the Justice System**  
CLG

- Burns ODN (London, Surrey, Essex)
- Neonatal ODN (5 London sectors)
- Major Trauma ODN (King's College Hospital)
- Major Trauma ODN (Royal London Hospital)
- Major Trauma ODN (St George's Hospital)
- Major Trauma ODN (St Mary's Hospital)
- Critical Care ODN (North East)
- Critical Care ODN (North West)
- Critical Care ODN (South)

**Mental Health SCN**  
SCLG

- Resilience / Prevention
- Psychosis
- Primary care
- Physical health
- CAMHS
- CCG leadership programme

**Dementia SCN**  
SCLG

- Effective diagnosis
- Living well with dementia
- Co-ordinating care
- Improving quality of care

**Neuroscience SCN**  
SCLG

- Information
- Integration
- Quality and safety
- Education

**Cardiovascular SCN**  
SCLG

- Arrhythmia
- Acute coronary syndrome
- Cardiac
- Heart failure
- Vascular

**Stroke SCN**  
SCLG

- Atrial fibrillation
- Emotional wellbeing
- Extended therapy
- Rehabilitation

**Diabetes SCN**  
SCLG

- Education
- Equity of access
- Foot care
- Mental health / eating disorders
- Detection
- Management in primary care

**Renal SCN**  
SCLG

- Acute kidney injury
- Chronic kidney disease
- Patient experience

Governance

**Maternity SCN**  
SCLG

- Maternal mortality
- Reducing stillbirth
- Patient experience
- Baby friendly hospitals
- Perinatal mental health
- Female genital mutilation

**Children's SCN**  
SCLG

- Children's commissioning
- Network development
- Standards
- Asthma
- Critical care
- Cardiology
- Gastrointestinal
- Diabetes
- Nephrology
- Neonates
- Neuroscience
- Surgery
- Oncology

**Respiratory Network**  
CLG

- Flu vaccination leadership
- Quit smoking as treatment
- Breathlessness
- Respiratory mortality

**Urgent and Emergency Care Network**  
CLG

- NHS 111
- London quality standards
- Workforce
- Information

**General Surgery Network**  
CLG

- Emergency conditions
- Enhanced recovery
- Diagnostics
- Referral pathways

**Tuberculosis Network**  
CLG

- Early detection / diagnosis
- Improving TB commissioning
- Reduced variation in provision

**End of Life Network**  
CLG

- What is a good death?
- Workforce and training
- Engagement and social strategy
- Community

**Cancer ICS**

- Early detection
- Reducing variation
- Living with and beyond cancer

**Urgent and Emergency Care Board**

**NHS 111**

**Primary Care**  
CLG

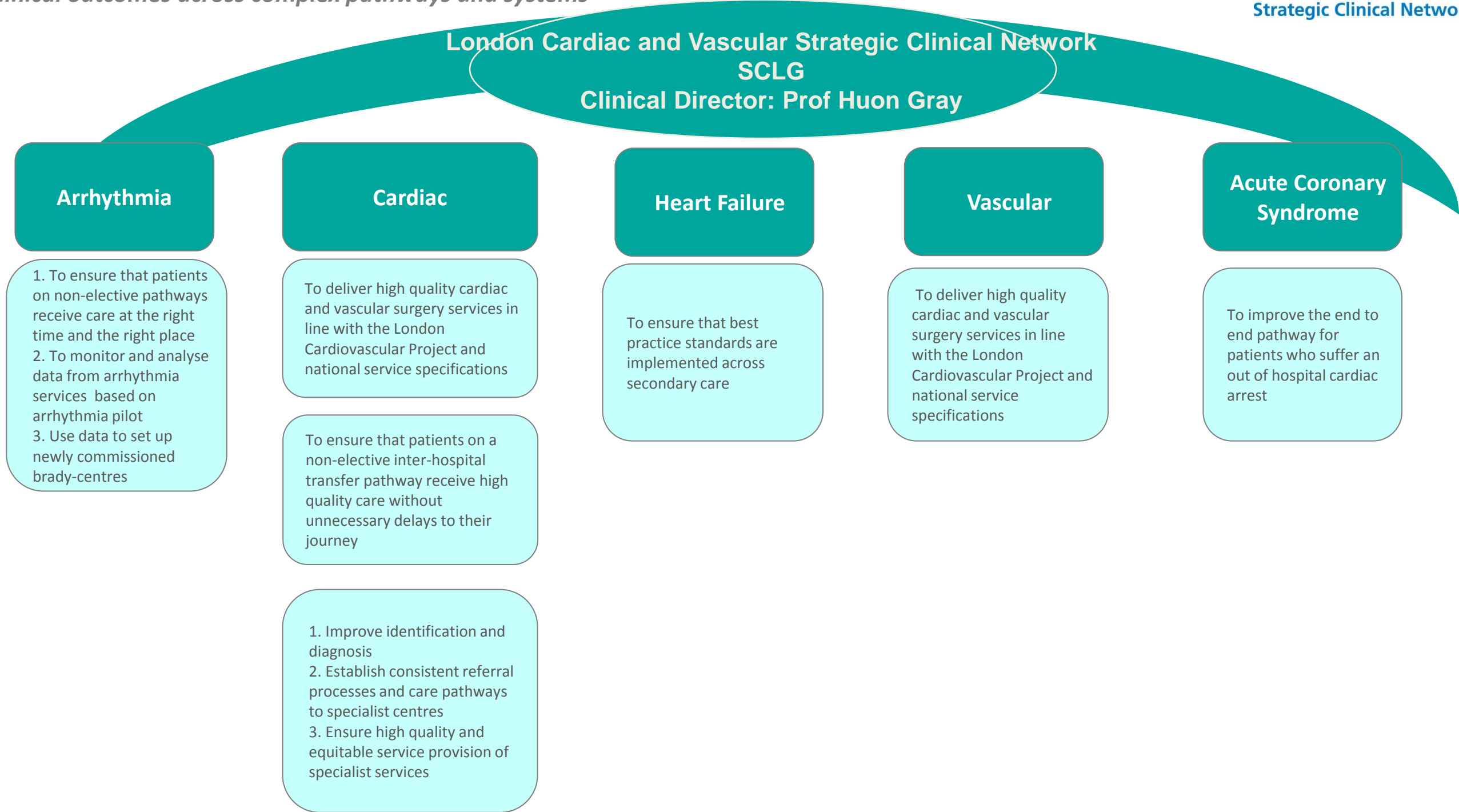
**Co-ordinate My Care**

**Acute Medicine Network - TBD**  
CLG

Public Health / Medical Directorate  
Transformation Directorate / Medical Directorate  
Strategic Clinical Leadership Group  
Clinical Leadership Group

# London Stroke Strategic Clinical Network

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## London Stroke Strategic Clinical Network SCLG Clinical Director: Prof Tony Rudd MBE

### Atrial fibrillation

**Improving AF detection and management**  
Patients with AF are not identified early enough to prevent them from having a stroke; Only a small proportion of those known to have AF receive the most appropriate drug management

- Hold event for CCG CVD leads to discuss education needs and incentives for improving detection and management in primary care
- Facilitate uptake by clinicians of the use of the GRASP-AF tool in primary care
- Share best practice of AF with primary care clinicians
- Develop AF consensus statement for the capital.

### Emotional wellbeing

**Emotional support**  
Access to emotional support for stroke survivors and cares is limited currently, particularly in the community, where it is known to be needed most.

- Explore potential to extend IAPT service to stroke service
- Ensure ongoing education of MDTs to provide low level psychological support via local stroke operational groups
- Education for CCGs on psychological needs across CVD

**Six month reviews**  
Six month reviews of stroke survivors are not being consistently carried out in London

- Update London summary of six month review provision
- Work with CCGs to implement reviews across London

### Quality of service

**HASU / SU standards**  
Ensure that London quality standards for care delivery and staffing levels in hyper acute stroke units (HASUs) and stroke units (Sus) are maintained

- Work with CCGs to review all HASUs and Sus against London standards
- Effect handover of future assessments to CCGs

### Extended therapy

**Weekend therapy**  
There is limited access to therapy at the weekends, both in the hospital and in the community

- Undertake cost/benefit analysis of extended therapy input
- Develop best practice model
- Work with CCGs and providers to implement 6/7 day therapy access in inpatient and community stroke teams

### Rehabilitation

**ESD**  
Ensure that all stroke survivors in London have access to rehabilitation (occupational therapy, speech and language therapy, physical therapy, psychological support) of the same intensity as inpatient rehabilitation in the community as soon as they are ready to leave hospital. This is described as early supported discharge (ESD).

- Inform CCGs of evidence base for ESD
- Work with relevant CCGs to encourage implementation of ESD in boroughs where it does not exist currently.

**Skilled community teams**  
Establish community teams with stroke-specific skills in all CCGs for patients who require less intense rehabilitation over a longer period of time. This can follow on from a period of ESD or commence on discharge from hospital.

- Educate CCGs of importance and impact of community teams with stroke-specific skills
- Agree London wide service specification for stroke / neuro-specific community teams, including staffing levels
- Work with CCGs to encourage development of these teams where they do not exist currently.

**Vocational rehab**  
There is very limited access to vocational rehabilitation (helping stroke survivors to return to gainful activity, whether paid, voluntary or within the home).

- Review provision
- Develop catalogue of best practice models
- Develop cost /benefit model of vocational rehab
- Work with CCGs to commission services

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## London Renal Strategic Clinical Network SCLG Clinical Director: Dr Neil Ashman

### Acute kidney injury

Support and embed LAKIN in London-specific audits, and develop local tools with regular reporting  
National AKI project 2014 RF  
Roll out e-alerting across secondary & primary care system to warn if kidneys deteriorating – does every trust have e-alerting in place and those that do they have a response team for AKI – way of responding to problem – CL audit data and CLG to write to CE of trusts and include NICE guidance and have you met NICE.  
Learn from stroke over inter hospital transfer cardiac tool to stroke applied to kidney care – dialysis req AKI all trusts to use IHT tool with time to transfer – no patient to wait longer than 48 hours to transfer to a renal centre if requiring dialysis

### Chronic kidney disease

Foot health in chronic kidney disease while on dialysis to improve mortality morbidity

### Patient experience

- Provide a strong platform for our patients' voices in development; every centre to bring tools they use and areas of best practice what is best practice
- Aim to promote shared decision making, renal patient view
- Develop a London-wide tool-kit of best practice. Many London units are doing good things, but all could potentially offer a similar portfolio of patient-centred services. Need to have better primary care input if we are aiming at useful tools
- End of life care

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## London Diabetes Strategic Clinical Network SCLG Clinical Director: Dr Stephen Thomas

### Equity of access

Consider influence of hub and spoke models on foot care  
Reduce barriers to accessing services.  
Foot care

1. Clarify organisation of vascular services in Hub & Spoke models.
2. Negative impact of model on patients with PAD.
3. Mortality from PAD intervention is low but post-op mortality is high due to complications/comorbidities.
4. Develop Foot Protection Teams in spoke services.
5. Equity of access for diabetics and non-diabetics
6. Co-ordination between renal dialysis units and foot teams.

Type 1/ pumps

1. Priority areas need clarification
2. Look at data for DUK/JDRF/ABCD November '12 Audit (21 centres)

### Education

Patient education

1. Provision of courses in local area
2. Varied access to courses
3. Language/ culturally relevant education
4. Flexibility in types of education on offer

Healthcare professional education

1. Guidance on standardised skills/ education programs
2. Access to training
3. Link with LETB to have diabetes as part of curriculum.

Community champions

1. Role and influence of community champion needs clarifying.

### Management of care

Foot care

1. a) Develop Foot Protection Teams/Protocols.
2. b) Rapid access foot care clinics.

Primary Care

1. Ensure all GPs adhere to 8 care processes, aiming for DUK 15 healthcare essentials.

### Patient experience

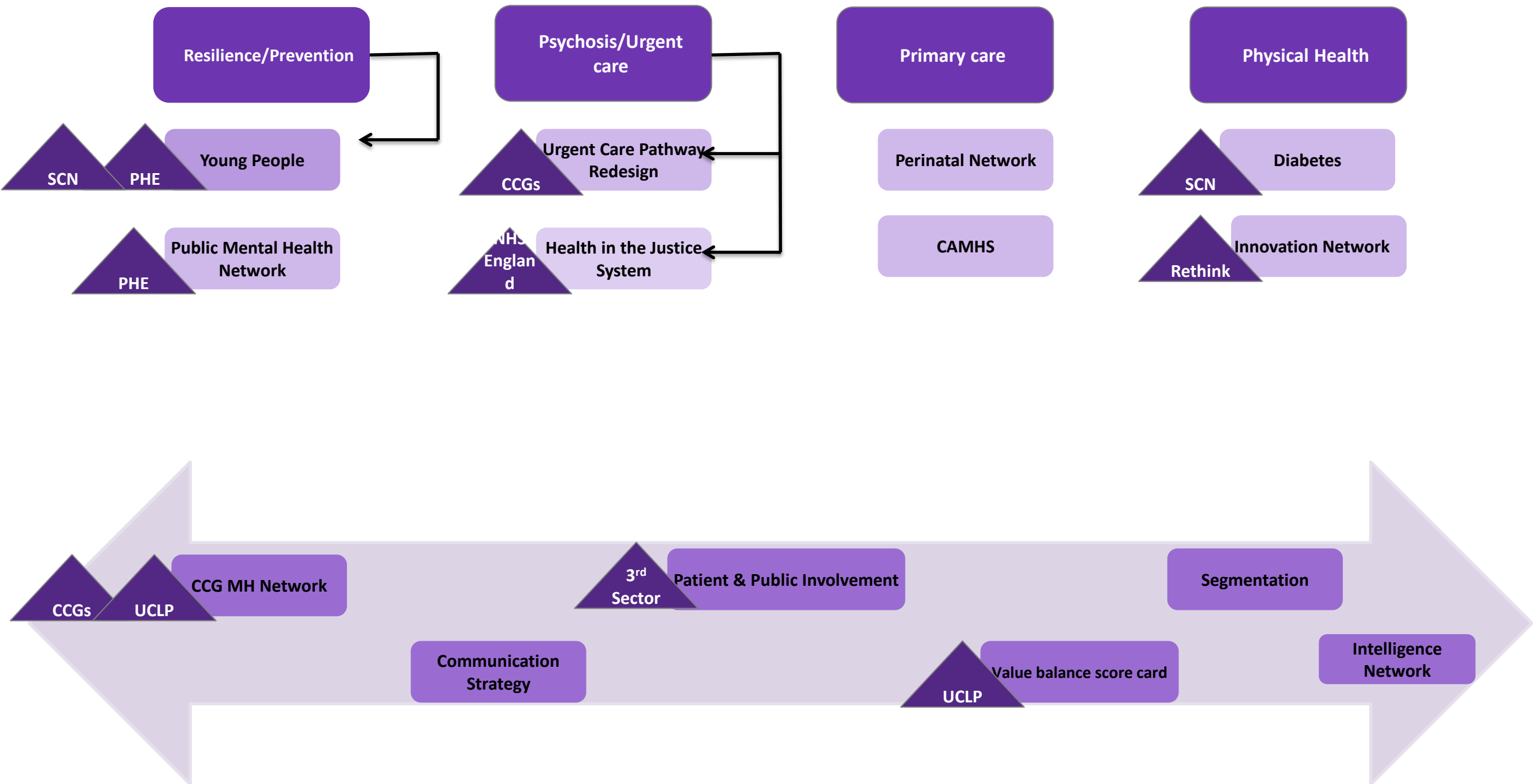
Patient education

1. Positive engagement between patient & healthcare professionals post diagnosis
2. Develop relevant education programmes

### Detection of diabetes

1. Unifying diagnostic criteria across London, not just using Health checks.
2. Scope the use of HbA1c as diagnostic tool, potentially make recommendations

## London Strategic Clinical Network Mental Health



# London Dementia Strategic Clinical Network

Draft – will be continuously added to so will chan



Working in partnership to improve dementia outcomes that matter to Londoners

London Strategic Clinical Networks

## London Strategic Clinical Network Dementia

Clinical Director Professor Eileen Sills

Effective diagnosis

Living well with dementia

Coordinating care

Improving quality of care

Priorities

1. Guidelines on good quality diagnosis
2. Risk stratification tool
3. Memory service network
4. Raising awareness in high prevalence settings
5. Dementia fellowship programme
6. Linking with projects on BME and ethnicity

1. Therapeutic interventions
  - a) Map therapeutic interventions along pathway
  - b) Guidelines on appropriate assessment and review
  - c) Guidelines on alternatives to anti-psychotics
  - d) Guidelines for use of medication
2. Immediate post diagnosis support
3. Recommendations for good quality post diagnosis support

1. Principles for what coordinated care means for people with dementia
2. Develop 'how to' guide with good practice examples
3. Support CCGs interested in coordinated dementia care

1. Principles for use of a recognition scheme in all care settings
2. Principles for social care contracting
3. Guidelines for excellent quality of care
4. Guidelines for good quality training based on these principles
5. Map available training across London
6. Principles for signposting
7. Develop information hub

Acute and Community TTT Programme Network

End Of Life (EOL)

Patient and Public Involvement

LETBs & HEE

GP Network

AHSNs

Voluntary Sector

PHE

Commissioners Network

Dementia Leads

Dementia Action Alliance

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## London Neuroscience Strategic Clinical Network SCLG Clinical Director: Dr Nicholas Losseff

### Information

To develop a section of the myhealthlondon website to signpost neurological patients, clinicians and the public to neurologic information. Response to criticism with the National Framework for neurological conditions.

### Integrated care

To implement an integrated case management and support system across London for neurological conditions that covers both NHS and social care. We have linked up with North West London Integrated Care Programme (NWLICP) – a pioneer site. We are working together to create and test a Multiple Sclerosis care pathway against the NWL integrated model that was designed originally for over 75s and diabetes. Response to criticism with the National Framework for neurological conditions.

### Quality and safety

Phase 1 will carry out an organisational audit with providers of neurological services to benchmark them against a set of standards derived by the project's standards committee. The standards will define what this Network believes to cover quality & safety for all providers along the neurological conditions pathway. Phase 2 – projects to address the identified issues of quality and safety and thus inequality of provision across London. Provides baseline and will be instrumental in addressing acute neurological care.

### Education

: Improvement of outcomes for patients and clinicians by developing shared ownership of improved clinical pathways in neurological conditions through shared learning and effective communication. The initial focus will be to support primary care using headache, a common condition as our exemplar and producing support material accessible by primary care IT e.g. EMIS Web



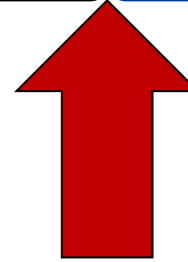
# London Children's Strategic Clinical Network

Priorities:  
Hospital standards  
3 Childrens' Healthcare Network model  
Serious Incident analysis

Patients and public

Strategic Clinical Leadership Group  
Clinical Director: Prof Russell Viner

Children's Commissioning Group  
Chair: Simon Weldon



PATHWAYS GROUPS	Cardiology Pathway	Neuroscience Pathway	Diabetes Pathway	Nephrology Pathway	Surgery Pathway	PATHWAYS GROUPS
	Critical Care Pathway	Oncology Pathway	Asthma Pathway	Gastrointestinal Pathway	Neonates Pathway	



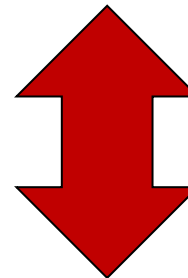
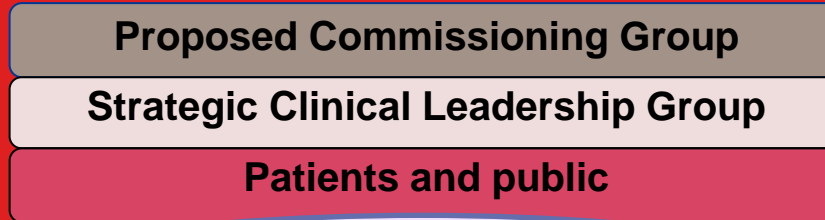
## STANDARDS



ENABLERS	Mental Health	Education and Workforce	Data/Information	Health in the Justice System	Immunisation , Healthy Child and Safeguarding
	Programme Management	IT	Communications		

# Maternity Strategic Clinical Network

Co Clinical Directors: Prof Donald Peebles, and Donna Ockenden



Working groups	<b>Models of Care working group</b> Chair: Donald Peebles SCN Lead: Julie Lees	Incorporating: Data Workforce Maternity tariff Pathways Innovation Education Skills and competencies	<b>Outcomes working group</b> Chair: Donna Ockenden SCN Lead: Caroline Moren	Incorporating: Innovation Maternal deaths Stillbirths Caesarean-section rates Quality and safety standards Data Patient experience
	Cross cutting groups	Patient and Public Involvement (PPI)	Perinatal Mental Health	

