

**How to set up an Asthma network**

**What is a Network**

A network is a forum which brings together a community of health and social care professionals, commissioners, patients and parents/carers to work in partnership with the shared goal of improving care for children and young people with asthma. Members are able to collaborate across organisations and patient pathways to identify gaps in care through benchmarking and taking collective action to integrate care, drive improvement and outcomes

**The core features of a successful network are:**

They must have a common purpose, shared vision and agreed priorities for network members to take back to their organisation

They provide a safe forum to enable sustainable improvement to take place at a

local level

They provide an expert resource and an opportunity to

* share best practice
* deliver high‐quality, cost‐effective care through effective commissioning,

organisation and monitoring of servicesInfluence delivery of care packages for children, young people

* Develop educational opportunities for health professionals
* Research and audit

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The Asthma network whether at a local or Strategic Planning Group level should act as a forum for leading the planning, provision, monitoring and quality improvement of effective asthma services. It should be a collaboration between the ranges of relevant stakeholders below that provides the expertise and impetus for the development of future services across an area. The network will need to:

* Establish a clear purpose, vision and strategy. Be specific – what is the network aiming to achieve and why
* Identify essential roles: a chairperson and an administrator to coordinate the network and organise meetings and take minutes
* Consider costs, such as meeting space and administrative support
* Using stakeholder analysis identify the key people who need to be involved.
* Consider what future care in your area might look like for children and young people with asthma. How can you use data to monitor progress and drive continuous improvement?
* Determine how to measure the effectiveness and impact of the network and any of its projects.

**Stakeholders**

Stakeholders should come from across the pathway and include primary, community and specialist care, public health and local authority representatives, health commissioners and children and young people with asthma working in active partnership.

Potential roles of network members

1. Children and young people or parent/carer representatives – to provide experience of services which should be to inform improvement plans and help with any co-design work.

2. Primary and community care professionals which will include schools, school nursing teams, health visitors, safeguarding etc – to help inform commissioners of any system issues, and training needs requirements, and provide expertise as

and when required.

3. Consultants and Secondary and Tertiary care clinicians – to provide clinical leadership to other stakeholders, Chair/ Coordinator and work with commissioners to identify new ways wof working.

5. Allied Health Professionals – inform commissioners of any system issues, training needs of AHPs, and provide expertise as and when required.

6. Local authority, Social care professionals / Health and Well-being representatives – to ensure that CYP care is fully integrated with education and social care. to inform the network of any system issues, and provide expertise as and when required.

7. CCG representatives – to provide commissioning insight and gain knowledge from stakeholders to inform commissioning decisions and future service developments.

9. Public health representatives – to provide local health intelligence to inform commissioning decisions and service provision, as well as focusing on the prevention and broader public health agenda.

**Potential priorities**

* Define prioritiesand draw up a workplan incorporating local, service user, and

national priorities

* Commission services that address the needs of the population based on local Joint Strategic Needs Assessment
* Translate national and London policy and guidance into local action and particularly London asthma standards for children and young people.
* Provide a forum to ensure that children and young people with asthma and their parents can inform the CCG of their experiences and this is used to inform commissioning decisions and service redesign
* Use benchmarking data across strategic planning group areas to improve services and reduce unwarranted variation in access to and management of asthma services in order to improve patient outcomes and cost‐effectiveness
* Work closely with those who are responsible for commissioning services across the whole pathway this will include, local authority, primary care, CCG and specialised commissioning.

Diabetes UK: Do’s and Don’ts of delivering a network?

✘ DON’T be deterred by a lack of funding. A good network can function on a limited budget where the main costs are simply members’ time and a meeting space. If you can show how your network aligns with an existing project or fills a specific need, consider engaging your local CCG or Trust to provide resources.

✘ DON’T hold too many meetings or you risk burn out. Ask members for their input on what a suitable number of meetings should be.

✔ DO recognise that leadership should be shared in a network and all members should feel they have a voice. Empower members by giving them real and meaningful responsibilities.

✔ DO allow for challenging discussions and evolving aims and goals. Try not to over structure or control the network.

✔ DO keep in mind how much time and effort members are able to dedicate to the group when setting goals. Think about the most efficient ways to use their time and energy.

✔ DO celebrate success. Acknowledge individual and group achievements, no matter how small.[[1]](#footnote-1)

Diabetes UK also have a useful network effectiveness scorecard 1

**Useful resources**

[Network Toolkit (NHSIQ)](http://www.nhsiq.nhs.uk/capacity-capability/networks-for-health/network-toolkit.aspx): An online learning resource to help provide the building blocks and 'know how' in the system for networks to strengthen and sustain their own development, performance and impact

[Developing and managing effective networks to support quality improvement in healthcare The Health Foundation March 2014](http://www.health.org.uk/publication/effective-networks-improvement#sthash.qLD9e6Wv.dpuf): A review of literature about effective networks and what makes a successful improvement network.

[NHS Confederation and Arthritis and Musculoskeletal Alliance resource pack: Developing Musculoskeletal (MSK) Networks](http://www.nhsconfed.org/resources/2016/03/developing-msk-networks-a-resource-pack) : Provides a framework for planning and developing a local MSK network

[NHS Networks](https://www.networks.nhs.uk/) – resource for all types of networks

[NHS England: Strategic Clinical Networks](https://www.england.nhs.uk/ourwork/part-rel/scn/)

[NHS England: Operational Delivery Networks](https://www.england.nhs.uk/ourwork/part-rel/odn/)

**Examples of asthma networks:**

 [A Network-Based Approach for Specialised Severe Asthma Services](https://www.google.co.uk/search?q=east+of+england+asthma+network&sourceid=ie7&rls=com.microsoft:en-GB:IE-Address&ie=&oe=&gfe_rd=cr&ei=jXz-Vu6AKaXS8AfN2a3QBg)

Wessex: <http://wessex-asthma.com/>

East of England <http://www.eoescn.nhs.uk/our-networks/maternity-newborn-children-and-young-people/network-forums/paediatric-asthma/>

North East Paediatric Network: Beat Asthma <http://www.beatasthma.co.uk/>

1. Diabetes UK (2015) *How to deliver a successful network for diabetes care* [*https://www.diabetes.org.uk/Professionals/Resources/shared-practice/Networks/*](https://www.diabetes.org.uk/Professionals/Resources/shared-practice/Networks/) [↑](#footnote-ref-1)