

Networks in Health Care: A Comparative Study of Their Management, Impact and Performance

Executive summary for the National Institute for Health Research Service Delivery and Organisation programme

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Executive Summary

Background

What is already known about this subject, and why it was important or useful to undertake this research

Should health care be organised through markets, hierarchies or networks? These three governance modes are distinctive and may have their own strengths and weaknesses. Many organisations are reporting a move to network based forms and this has also been apparent in the NHS for the last decade with the growth of various managed networks. The time has come to take a research based assessment of the nature and impact of these NHS network forms.

Aims

The purpose or objectives of this research study - what it set out to do

1. To identify key network characteristics to develop a typology of NHS networks.
 2. To investigate the differences between more or less managed networks.
 3. To describe the context, origin, and evolution of NHS networks.
 4. To assess the extent to which new Information and Communication Technologies are driving the move to network forms.
 5. To assess network performance and identify key success factors.
 6. To identify promising lessons for policy and practice and appropriate management skills and styles.
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About this study

A brief summary of the study methods

This is an organisational research study which uses qualitative methods, specifically comparative and process based case studies. We first undertook a theoretical literature review to orientate data collection. We then undertook 8 empirical case studies of NHS networks, selecting pairs of cases from 4 contrasting arenas: Genetics Knowledge Parks; Managed Cancer Networks; Sexual Health Networks and Older People's Networks. Data sources included semi structured interviews with a range of key informants (207); documentary analysis and attendance at key meetings. We wrote our data up in single case studies of individual networks (organised to a common format); then pairs of cases and finally undertook cross case and

more thematic analysis. We drew out implications for theory, policy and practice.

Key findings

The main findings from the study, and any qualifications or limitations that particularly need to be noted

This is a qualitative study but contains a carefully selected range of 8 case studies and a large scale empirical base (207 interviews) so it has some external as well as internal validity.

We developed a typology of different network forms based on six dimensions which provides a useful diagnostic tool for local managers to enable them to assess what kind of network they are operating in and what actions may be appropriate.

We applied and developed a qualitative performance assessment model which should be useful to the field. We assessed both the Managed Cancer Networks studies as high performers.

We highlighted the modest contribution of new ICTs to network based working at present – despite what the literature suggests – and argue this is a priority area for policy and practice.

Many of the networks demonstrated a disappointing record in the field of organisational learning – despite what the literature suggests – and we argue this is also a priority area.

We developed a three level analytic framework which related the data to the theory reviewed and which helps explain and conceptualise the network processes observed.

At the macro level, we found that the recent institutionalisation of Evidence Based Medicine and the proliferation of evidence based guidelines and National Service Frameworks has led to a (partial and contested) shift of overall control regime to novel forms based on principles of soft bureaucracy and governmentality. These macro level shifts helped empower and legitimate local network managers in progressing service improvements.

At the meso level, the networks were characterised by many different professions and agencies, sometimes displaying different Epistemic Communities of Practice. The boundaries between ECOPs could be strong, preventing good practice from diffusing within the network. Network managers need to identify such boundaries and work at creating bridges and shared understandings between ECOPs.

At the micro level, we highlighted the importance of well developed local leadership and management capability in enabling networks to progress their objectives and we enumerated some 'signs and symptoms' of effective network leadership forms and the skills needed. We emphasised the role of small mixed teams ('duos and trios'), clinical managerial hybrids and

boundary spanners. Networks needed time and resources to develop effective leadership and shared processes.

Conclusions

Implications of the study for policy and practice and, if appropriate, future areas for research

The cases indicated a set of managerial advantages (e.g. dealing with complex issues which necessarily cross many organisational and professional boundaries) and disadvantages (e.g. could degenerate into a 'talking shop'; could be closed to outsiders) of network based forms which we enumerated.

We suggest policy makers may wish to address the following issues: how ICTs can be used effectively within NHS networks; how networks can promote organisational and interorganisational learning more effectively; how small mixed leadership teams can be developed; how clinical managerial hybrids can be supported.

The SDO might usefully commission a short term comparative review of all the networks projects that have recently reported to identify any common themes. Whether further primary research is needed depends on the future overall direction of health policy. Further work on the performance assessment of networks and assessing the extent to which they add value may be helpful. The analysis of relational forms of market and of the involvement of local civil society may be important additional areas.

Disclaimer

This report presents independent research commissioned by the National Institute for Health Research (NIHR). The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the SDO programme or the Department of Health

Addendum

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