

Managed networks within cancer services: an organisational perspective

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Introduction

Policy background

The ‘managed-care network’ is a novel mode of organisation and management that is currently being used within the reorganisation of NHS cancer services. It builds on the recommendations of the Calman–Hine Report (1995) which first proposed a networked approach as opposed to a highly centralised approach or a market-led approach. The Calman–Hine Report suggested that cancer centres, units and primary care teams should work in partnership with each other in a network form, with patients being treated at the most appropriate level. Care pathways between the various providers need to be smooth for this model to work. The Calman–Hine Report (1995) also suggested important leadership roles for lead clinician and lead nurses within the implementation process and this may have had the effect of consolidating professional ownership of the model. Network-based working is in any case consistent with the ways in which many healthcare professionals work, albeit this has historically been on a more informal basis and usually only within their own profession.

The network model was a radical proposal at the time – given the then dominant model of the internal market – but has been increasingly accepted by policy-makers. After the change of political control in 1997, overall health policy accorded less stress to the previous guiding ideas of competition and choice and more stress to alternative values: ensuring high quality, and coordinated and integrated care across the whole of the NHS. The policy stress on network-based forms of management within cancer services is strengthening and likely to continue as a major theme over the next 5 years. It is seen as especially appropriate because the ‘care pathways’ of many cancer patients are complex, likely to cross conventional primary, secondary and tertiary healthcare boundaries, and may also involve social care and some voluntary agencies (such as hospices). Such care pathways can best be managed through a network approach. If successful, this model of the ‘managed network’ may be exported to other healthcare services, so this is potentially a management innovation of some significance. Note, however, the term ‘managed network’ implies that it may take a very different form from the tacit and self-regulated professional networks of the past.

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In brief, the model must be modified somewhat, but it must be accepted that, in modifying it, some of the characteristic features and behaviours of networks are compromised. At its best, this may lead to a new model relevant specifically to the health sector. At worst, it may lead to disillusionment with network models, unless the issues and tensions above are carefully considered, understood and accepted from the start.

References

- Alter C & Hage J (1993). *Organizations Working Together*. Sage Library of Social Research, no. 191, London: Sage
- Axelrod R (1984). *The Evolution of Co-operation*. New York: Basic Books
- Axelsson B & Easton G, eds (1992). *Industrial Networks – A New View of Reality*. London: Routledge
- Becattini G (1990). The Marshallian industrial district as a socio-economic notion. In Pyke F, Becattini G, Sengenberger W (eds) *Industrial Districts And Inter-Firm Co-operation In Italy*. Geneva: International Institute of Labour Studies
- Best M (1990). *The New Competition – Institutions of Industrial Restructuring*. Cambridge: Polity Press
- Biggiaro L (1999). Markets, hierarchies, networks, districts: a cybernetic approach. *Human Systems Management* **18**(2), 71–86
- Blau P (1964). *Exchange and Power in Social Life*. London: John Wiley & Sons
- Burt RS (1992). *Structural Holes: The social structure of competition*. Cambridge, MA: Harvard Business Press
- Coro G & Grandinetti R (1999). Evolutionary patterns of Italian district networks. *Human Systems Management* **18**(2), 117–129
- Department of Trade and Industry (1988). *Our Competitive Future – Building the Knowledge Driven Economy*. UK Government Competitiveness White Paper. London: DTI.
- Farinelli F (1996). *Networks of Firms Confronting the Challenge of Globalisation: The Italian Experience*. IPTS Report, no. 7, September, pp 14–20
- Gillies JM (2000). Industrial network adaptability: a complex systems based model, PhD thesis, Cranfield University
- Grabher G (1993). Rediscovering the social in the economics of inter-firm relations. In Grabher G (ed.) *The Embedded Firm: On the socio-economics of industrial networks*. London: Routledge
- Lazerson MH (1988). Organizational growth of small firms: an outcome of markets and hierarchies? *American Sociological Review* **53**, 330–342
- Lazerson MH & Lorenzoni G (1998). *The Firms That Feed Industrial Districts: A Return To The Italian Source*. Working paper, Economics Faculty, University of Bologna
- Lipnack J & Stamps J (1994). *The Age of the Network – Organising Principles for the 21st Century*. Essex Junction, VT: Oliver Wight Publications
- Lipparini A & Sobrero M (1994). The glue and the pieces: entrepreneurship and innovation in small firm networks. *Journal of Business Venturing* **9**, 125–140
- Marshall A (1890). *Principles of Economics*. London: Macmillan
- NHS (2000). *Managed Clinical Networks*. London: NHS
- Nohria N & Eccles RG, eds (1992). *Networks and Organisations – Structure, Form and Action*. Boston, MA: Harvard Business School Press

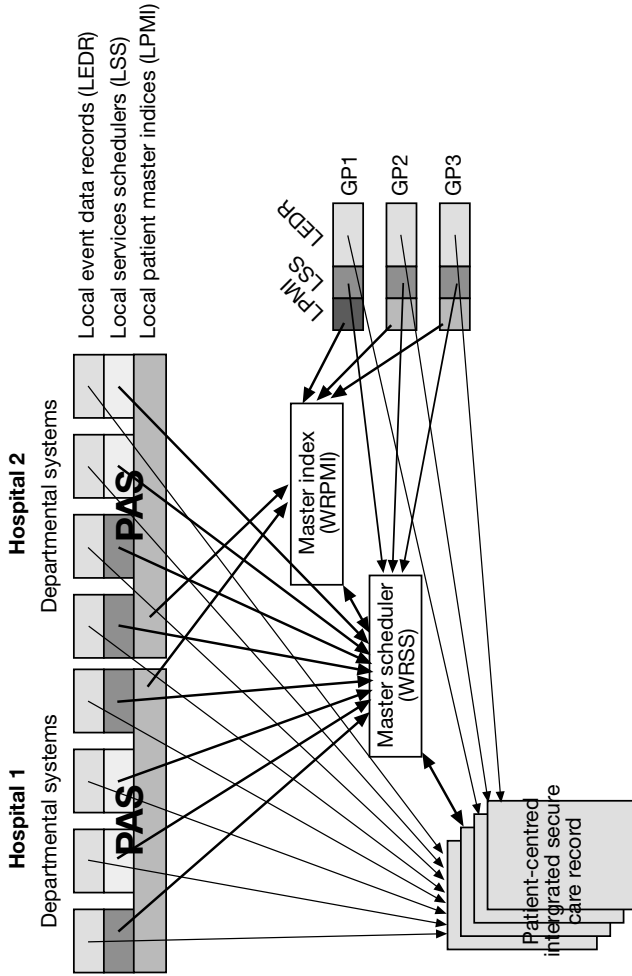


Figure 7.1 Schematic arrangement and diagram of links between local and regional identifier, scheduler and records systems, over all of which a security layer is implemented. The integrity of the two links, shown as bold double-headed arrows, is crucial to this approach to integration of legacy care systems.