

# Hot Topic: Effective Networks

This hot topic outlines what the evidence says about leading and participating in effective networks in health and care environments. It will look at what is meant by a network and the difference between networks and communities of practice; what should be considered when starting a new network (and how to make it a successful one) and the potential pitfalls to avoid. It will also cover network leadership and explore the role technology plays in supporting networks to work across boundaries and organisations.

'Networks play many roles in healthcare. Some drive change across organisations others simply unite individuals with common interests. Networks are growing in number and importance in UK healthcare. They are ideally placed to tackle systematic and complex problems faced by commissioners, providers and regulators, as well as frontline staff and service users. Research has suggested they contribute to healthcare improvement by providing a forum for experimentation and creating knowledge, exchanging information and spreading good practice.' (Health Foundation, 2014: p. 5)



## What is a network?

In its most basic form 'a network is an interconnected group or system' (Health Foundation, 2014: 7). Networks have an element of spontaneity in the way they are established and their tendency to evolve, crucially they 'are distinct from hierarchies, which are controlled via commands, and from markets, where control is financial' (Health Foundation, 2014: 7). They 'transcend strategic management' and are inherently inter-disciplinary (Malby & Mervyn, 2012a: 3). The literature reinforces that it is not the 'mechanisms that support a network' i.e. mailing lists and online platforms, that define a network, but rather 'the people and the relationships between them' that are paramount (Hearn & Mendizabal, 2011: 2). Networks are not static, they 'continuously grow and develop, as more people join, cultivate relationships and exchange information' and connect people to each other, to knowledge and build knowledge bases (NHS Scotland, n.d. b; NHS Digital, n.d.).

So in summary, networks:

- Champion interconnectivity
- Have elements of spontaneity
- Evolve over time
- Enable the sharing of knowledge and expertise
- Are inherently inter-disciplinary
- Are people-centric

## Networks and Communities of Practice (CoPs) – what's the difference?

Often the word network and term Community of Practice (CoP) are used interchangeably, but there are subtle differences identified in the literature. Though there is some overlap in what has been identified as ways to create effective networks and CoPs, it is helpful to understand what sets them apart from each other. One major difference seems to be structure. CoPs are 'structured systems' (NHS Scotland, n.d. b), unlike networks that can be more informal, though of course some networks have an element of structure. Secondly CoPs share a 'specific interest that becomes a source of identification' which fundamentally brings its members together (NHS Scotland, n.d. a). The difference has been neatly summarised by the team at Wenger-Trayner (leading experts and researchers in thought leadership, communities of practice and systems thinking):

'All communities of practice are networks in the sense that they involve connections among members. But not all networks are communities of practice: a community of practice entails shared domain that becomes a source of identification. This identity creates a sense of commitment to the community as a whole, not just connections to a few linking nodes.' (TeamBE, 2011)

The distinctive features of a Community of Practice can be described as:

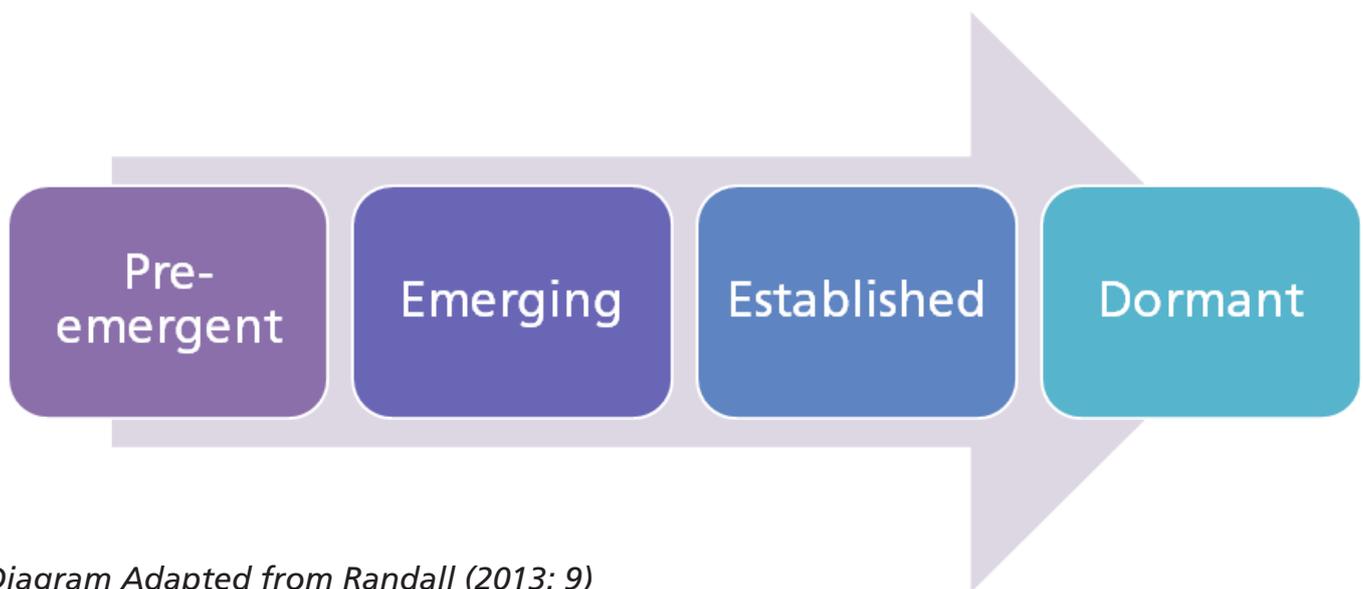
- **Domain** – shared focus of the community
- **Community** – CoP members may come from multi-disciplinary backgrounds
- **Practice** – enabling the sharing of tacit knowledge (National Voices, 2017: 6)

## Types of Network

A number of different networks are described in the literature. Randall (2013: 9) identifies the following network types:

- Managed (top-down)
- Hybrid clinical (explicit clinical outcome focus)
- Developmental (peer-to-peer formal)
- Agency (pooling of resources)
- Learning (communities of practice)
- Learning (enclave/ support)
- Advocacy (champion and role model)
- Social movement (peer-to-peer)

There is an emphasis on the diversity of network types in the NHS with most falling into one of four categories in the network lifecycle:



*Diagram Adapted from Randall (2013: 9)*

## The NHS Context

Malby & Mervyn (2012a: 3) concluded that networks are 'relatively poorly understood in the NHS' and that they would 'benefit from understanding the range of network types and how to design their network structure and architecture to enable successful starting conditions.' Research shows there is a mixture of networks in the NHS, both in terms of scale, governance, structure and formality; generally larger networks are more formalised, but smaller networks encounter less challenges (Ferlie, Fitzgerald & Addicott, 2010). Most recently the Health Foundation (2014) commissioned a piece of research to get a clearer picture of the impact networks have on quality improvement (QI) in the NHS – it confirmed networks are in a unique position to support QI within the health and care system.

## What is the role of a network?

Hearn and Mendizbal (2011: 4) outlined five key roles and functions for any network:

1. **Knowledge Management** – the ability of the network to acquire, filter, exchange and disseminate knowledge
2. **Amplification and advocacy** – functions that help networks place issues on the global agenda
3. **Community building** – enables networks to build shared visions among diverse stakeholders
4. **Convening** – providing bridges between groups who would not normally meet
5. **Mobilise resources** – provide efficient channels for aggregated funding and services to enhance the work of members

## Setting up a network

Networks are about people and therefore cannot be created in the same way as projects or organisations - instead they are about identifying, enhancing and adding value to existing relationships (Hearn & Mendizabal, 2011).

Considerations of network planning:

1. **Members** – there are different depths of membership e.g. leaders, active members or those associated with the network who are less active, but still contribute
2. **Governance** – cannot be the same as hierarchical organisations, one rule unlikely to fit all. About transforming informal rules and relationships into formal ones
3. **Organisational arrangements** – organic, evolve and emerge and grow to meet challenges
4. **Stewardship** – some form of leadership is essential to connect members, ideas and activities in a sustainable way
5. **Resources** – intensive, to maintain relationships requires times and effort. Networks demand attention
6. **Research** – look at networks that already exist, build on them and make strategic use of resources before setting up a new network (Hearn & Mendizabal, 2011: 2, 7)

Some practical steps for setting up a network, taken from the Health Foundation (2014: 16-21):

<ul style="list-style-type: none"><li>• <b>Articulating a clear common purpose</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Developing a cooperative structure</b></li></ul>
<ul style="list-style-type: none"><li>a) Determine the appropriate leadership model</li><li>b) Consider sources of revenue, income and non-monetary resources</li><li>c) Identify relevant stakeholders</li><li>d) Encourage co-creation of the network</li><li>e) Coach members</li></ul>
<ul style="list-style-type: none"><li>• <b>Building critical mass</b></li></ul>
<ul style="list-style-type: none"><li>a) Create a clear and compelling value proposition</li><li>b) Define an effective engagement strategy</li><li>c) Leverage the founding mandate for external sponsorship</li><li>d) Proactively search for members</li><li>e) Cultivate change agents within the membership</li></ul>
<ul style="list-style-type: none"><li>• <b>Maximising the benefit of collective intelligence</b></li></ul>
<ul style="list-style-type: none"><li>a) Provide infrastructure for people to share data and experience (see also Technology section)</li><li>b) Promote transparency</li><li>c) Facilitate discussion, experimentation and innovation</li><li>d) Define and quantify network impact</li></ul>
<ul style="list-style-type: none"><li>• <b>Building a meaningful sense of community</b></li></ul>
<ul style="list-style-type: none"><li>a) Facilitate personal contact where possible, including social interaction</li><li>b) Create opportunities for focused interaction on specific topics</li><li>c) Create opportunities for focused interaction by smaller peer-based sub-groups</li></ul>

## Recap: key things to remember

- Understanding the structure and characteristics of professional networks is vital
- It is important to attend to how a network functions
- It may be time well spent, depending on local conditions, to nurture professional networks and invest time to facilitate their contributions to care (Cunningham et al., 2011: 248)

## What makes an effective network?

The literature identifies a number of key ways a network can be more effective, namely 'the presence of a shared ideology' for members to work towards and the importance of effective leadership and fostering clinical/ managerial hybrid roles to 'win legitimacy' (Ferlie, Fitzgerald & Addicott, 2010: 144, 156). Having these 'key players, often in management or leadership roles' who can 'act as connectors to transmit information' helps build bridges and enable the sharing of information between the network and other groups (Cunningham et al., 2011: 247). Good communication is encouraged in effective networks and the presence of trust is crucial (Cunningham et al., 2011). An effective social network is concerned with 'constructing and using social capital' through information sharing – if learning is valued social networks are more impactful (Malby & Mervyn, 2012b: 7).

The Health Foundation's (2014) review found that though there is no 'one size fits all' formula for designing successful networks, there are five core features (illustrated by the 5C Wheel) that enable quality improvement:

1. Common Purpose (draws members together)
2. Cooperative structure (enables people to work together across organisations)
3. Critical mass (expands and increases value for members)
4. Collective intelligence (accumulation of sharing and learning)
5. Community building (members benefit from each other and the relationships they foster)

You can [watch a video expanding on the principles of the 5C Wheel here](#)



Ultimately effective networks contain people who 'provide opportunities; celebrate successes; are "hubs" for other networks and groups and influence agendas' (Bristol University, n.d.).

## Network Leadership

Leading a network is different than leadership in traditional hierarchies (Malby & Mervyn, 2012a). Network leadership should be 'facilitative, distributed and inclusive, whilst making the most of different creative ends' and have a firm focus on members and impact (Malby & Mervyn, 2012a: 4). A shift from bureaucratic line management styles to a broader definition and 'flexible cross boundary working' is expected (Ferlie, Fitzgerald & Addicott, 2010: 157). The move to more 'lateral patterns of leadership' requires a combination of soft and hard management skills and a greater need for administrative resources (Ferlie, Fitzgerald & Addicott, 2010: 157).

## Why do some networks fail?

There are number of reasons why a network has the potential to fail - mitigating some of these risks might mean a network is more effective. Malby & Mervyn (2012a) warn of about the following; institutionalism, over-management, mistakes made in design, over-expectation of members, constraining the independence of network members, or a failure to recognise when a change in leadership might be necessary. Equally over-reliance on individuals or 'key players' can also 'be a vulnerability' if leaders 'leave, change roles or become marginalised' (Cunningham et al., 2011: 247). There is also evidence to suggest that poorly resourced networks lack the potential to move forward and that networks with a greater number of stakeholders, with more variety, can encounter more difficulties (Cunningham et al., 2011).

Wenger-Trayner (n.d.) identify the following network 'Failure Factors':

- Lack of time
- Leader neglect
- Focus on events
- Focus on documents
- De-energising tasks and red tape
- Logistics or IT
- Command/ control
- A cookie-cutter approach (repetition in approach and lack of individuality)
- Ideology

Some networks can be categorised as 'dormant' in that they were once 'established', might still have some members and a vague infrastructure but have 'ceased to fulfil the intended function' (Randall, 2013: 5). In this case the network has not failed as such but may need attention, transformation or the instigation of a close-down process. Networks are 'indigenous to any situation or environment' and 'exist before an initiative comes along and will exist after it has closed down' providing they are nurtured, maintained and supported (Hearn & Mendizabal, 2011: 7).

## The role of technology in effective networks

There are a few things to remember when considering the use of technology to share information and updates within a network. Information technologies and online platforms can of course be incredibly useful in enhancing the communication capabilities of a network, but they cannot make for a successful network in and of themselves – an ‘investment in technology offers no guarantees for gathering collective intelligence’ (Health Foundation, 2014: 19).

The Health Foundation (2014) recommend that any technology selected should provide the infrastructure needed to share data and experience; be ‘easy and convenient for all to use’; and ‘offer sufficient incentive to make people want to use’ it - in other words include useful and high quality content that is regularly updated and create an environment members want to utilise and engage with (Health Foundation, 2014: 19). Wenger and Trayner (n.d.) go as far as to say systems can ‘break’ a community if they are difficult to use, as members become frustrated and give up attempting to interact with them.

Interestingly in Ferlie, Fitzgerald & Addicott’s study (2010: 19, 149) ICTs did not ‘emerge as an important part’ of the stories of the networks they studied, basic IT was necessary to store and share data, as well as the expertise of key network staff, but they found ‘little support for the argument that new ICTs are a major driver towards network forms’. In other words, networks need somewhere to store and share information, but exactly which technological product they used was not what was important, rather that the tool selected met the network’s needs. In reality most key decision making took place ‘face to face rather than electronically’ (Ferlie, Fitzgerald & Addicott, 2010: 149). This was echoed by Hanewald (2013) who found the ‘mere offer of technology’ did not ensure a positive learning experience in her research into two educational networks, the more successful of the networks she investigated placed greater emphasis on face-to-face learning (Hanewald, 2013).

To summarise, technologies selected to support a network should prioritise usability and consider the skills of network members, and resources available to them. Online systems and spaces are no substitute for face-to-face interaction and should be used to complement, rather than replace, these interactions. See Appendix 1 one for more information on some online platforms used to network in health and care.

## Recommendations

Hanewald (2013) provides some useful suggestions to help with selecting the appropriate technology:

- Choose something based on user needs which aligns with their digital literacy levels
- Pick something that is intuitive, user-friendly and does not require a lot of set-up
- Check compatibility with other online tools
- Ensure multimodality (can you share text, images video and audio files?)
- Does it have the ability to schedule posts and also hold chats?

Behavioural recommendations are also important and can include: naming at least one site administrator; clearly articulating the rationale and benefits of engaging; communicating the ethics of online conduct; encouraging collegiate relationships, establishing a code of conduct and documenting any lessons learned (Hanewald, 2013).

## Other considerations

- Potential firewall issues - some platforms may be blocked by local IT services so assess this during selection (can IT unblock the site or might a backup be needed?)
- Check usability on different browsers and devices - remember not everyone has access to the same software or accesses information in the same way
- Is the system/ site optimised for smartphones and tablets?
- Security - depending the data/ information being stored consider the reputation of the site/ system (is it NHS or public sector endorsed for example? Are there any governance issues i.e. where will the data be stored? If data is stored outside the EEA will there be implications?)
- What permission levels are available for groups/ networks on the site or system?
- Are there any costs associated with the site or system chosen?

For more information on some potential sites or systems for sharing information online see Appendix 1 (Online Platforms for networks & Communities of Practice). This is by no means an exhaustive list but is a helpful starting point.

**Published May 2018**

## Next Steps

Networks are 'ideally placed to tackle systematic and complex problems faced by commissioners, providers and regulators, as well as frontline staff and service users' and therefore have an important and crucial role in the health and care landscape (Health Foundation, 2014: 5).

Next steps vary depending on the stages of the network. Researching before creation of new networks avoids duplication of effort. Established networks should evaluate their progress, think about refreshing processes and consider if learning is being documented and shared effectively. Looking at options available is recommended for networks looking to create a shared online space and it is important to remember to assess network member capabilities and needs and involve them in the selection process.

Further research is needed in the area of developing effective networks for health and care, but the latest Health Foundation (2014) report gives an excellent overview of the evidence if further reading is necessary.

## Appendix

**Appendix 1** - Online Platforms for Networks & Communities of Practice

This Hot Topic was produced by the HEE Knowledge Management team. You can contact us on [KnowledgeManagement@hee.nhs.uk](mailto:KnowledgeManagement@hee.nhs.uk)

A full reference list is available on the following page

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