



Implementing CLRNs - Update

Nancy Lester – Director of Operations

CRN National Meeting
London 8 May 2007

Initial observations



- Multi sector engagement essential
- Sound experience and expertise to draw on
- Need to draw on good practice that exists already
- Balance between national consistency and local flexibility important
- Identified need to clarify common areas of misinterpretation
- Many issues raised useful in informing future planning
- Pace of development is rapid

Implementation



- **Host Organisation**

Review panel met 22/25

Majority confirmed 18/22

Revisions invited 4/22

Final review panel scheduled for Mid June (to include EoE)

- Details on website

- Contracts – in preparation; issue end May/June

Implementation



- **Clinical Director**

Good response to national advert; sound field

Interviews held w/c 23 April

Some joint appointments – Clinical Director & co-Directors
– thoroughly examined for added value

Further call issued 9 May (3/22), deadline 4 June

Deadline for EoE 14 May

Interview panel planned for mid June

- Ratification by CLRN Board essential to ensure local ownership/buy in

Implementation



- **CLRN Board**

Broad oversight; ensure cross CLRN input

Nominations invited – reasonable response

First meetings planned mid May - mid June

Key focus: membership (incl ratification of CD where approp);
role; process for engagement)

- Coordinated by national CC; future coordination by CLRN
- Meeting schedule on website
- For details of nominations contact Claire Black
c.black@ukcrn.org.uk

Implementation



- **Senior CLRN Manager (oversees all areas of CLRN activity)**

Will work with Clinical Director (and Exec) in leading the development and operational delivery of the network

- **CLRN Manager (leads on RM&G)**

Will advise on shape of team within CLRN to support RM&G

- National Advert seeking expressions of interest – May
- Local appointments but with involvement from national CC – July – Sept
- Both will contribute to appointment of other CLRN staff

Implementation - funding

■ Stage 1

Per capita and Core Team allocation

In addition to current transition funding & existing TCRN funding

Some initial considerations:

Allocation of sessional support for clinicians of all professions

Accessing support from transition funding, in particular non-staff support costs

Prioritising CLRN activities in initial set up

Distribution of resources between CLRNs and TCRNs

Stage 2

Activity based allocation from April 08 – evolving system

Challenge is to achieve a responsive system that does not destabilise



Keeping Involved/ Planning ahead



Board Representation

- Constituent NHS organisations
- Other relevant stakeholders

Review current activity against CRN portfolio

- Existing support
- Omissions / corrections

Consider priorities (CLRNs are expected to specialise)

- Identify research strengths and potential for development

Share examples of good practice / what works

- Esp RM&Gs systems and collaborations

Contribute to national developments

- Working groups / pilot work

Continue / expand networking across your patch



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