

# Creating a Healthcare Scientist Network for Greater Manchester.

Helen Liggett and Kevin Wyke,  
Greater Manchester Strategic Health Authority.



**KEVIN WYKE**  
Healthcare Science  
Project Manager  
GMSHA

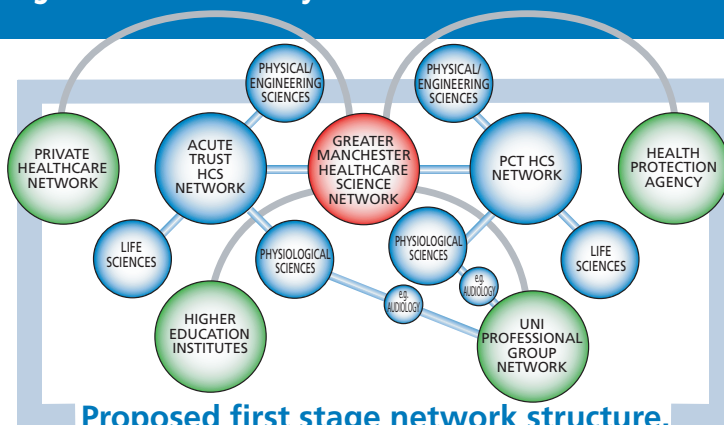


**HELEN LIGGETT**  
Healthcare Science  
Network Co-ordinator  
GMSHA

[Helen.liggett@gmsa.nhs.uk](mailto:Helen.liggett@gmsa.nhs.uk)  
0161 276 6656  
07818 408347

[Kevin.wyke@gmsa.nhs.uk](mailto:Kevin.wyke@gmsa.nhs.uk)  
0161 234 6646  
0787 9620103

For more information please contact  
Kevin or Helen  
Greater Manchester Strategic Health Authority  
4th Floor Barlow House, Minshull Street,  
Manchester. M1 3DZ.



Proposed first stage network structure.

## Background

Greater Manchester Strategic Health Authority (GMSHA) which now incorporates the former Greater Manchester Workforce Confederation (GMWDC), was formed in April 2002 following the merger of the six previous health authorities in the conurbation. The authority oversees both hospital and primary care services in Bolton, Bury, Manchester, Salford, Oldham, Rochdale, Stockport, Tameside, Trafford and Wigan.

The authority is one of 28 SHA's in England that faces many challenges to improve and modernise the services for local people. One of these such challenges is " Making the Change – A strategy for the professions in Healthcare Science".

A government initiative that was introduced in February 2001

This document introduced the generic title of " Healthcare Scientist" to encompass all disciplines within the three main areas of Healthcare Science (HCS), which are **Life Sciences**, **Physiological Sciences** and **Physical/Engineering Sciences**. The aims of this document for HCS are:-

- To raise the profile of HCS within all aspects of healthcare.
- How HCS will be supported and developed in the future.
- To modernise education and training.
- To tackle recruitment and retention issues.
- To ensure planning for HCS workforce is integrated with planning for other staff groups.
- Introduce National Occupational Standards.
- Introduce stronger regulatory framework
- To widen access to CPD and LLL

To address all these issues across the HCS workforce in Greater Manchester a 12 month part-time project has been funded by GMSHA to develop a HCS network across all 28 acute and primary care trusts. (Commenced February 2004).

## Benefits of a HCS network.

To make the network effective it must have a very specific purpose and be able to achieve it's aims only then will both the organisations and the individuals benefit greatly from it's work.

### Benefits for the individual :-

- Mechanism to secure ongoing development.
- Increased effective leadership.
- Mechanism to share practice.
- Mechanism for influencing at all levels.
- Form stronger links within the NHS with different professions.
- Increased representation.

### For the Organisation :-

- Single point of contact to HCS for professional advice at every level (SHA, WDC, Organisation)
- Communication – DoH to / from individual
- Networking between groups.
- Gain consensus on new ways of working.
- Delivering messages.
- Source of expertise.

The remit for this project is to construct a HCS network within each organisation that will represent all the scientific disciplines at each site and be representative of all grades of staff, each individual network will then feed in directly via a chosen representative from each site to GMSHA . It is also envisaged that the network will include representatives from private healthcare and Higher Education Institutes and the Health Protection Agency. This network can then build on and feed into other existing networks across Greater Manchester and ultimately similar networks across the UK.

## Greater Manchester HCS network progress.

Our initial aim was to identify a named HCS representative at every organisation, to do this we contacted each chief executive at every trust and PCT and asked them to nominate a key individual who could represent all the many scientific disciplines within their organisation. This approach ensures that the local network and nominated representative are formally recognised by each organisations board and senior management team they then have the effective strategic links needed to influence and contribute to development and modernisation of healthcare locally.

In total 14 representatives were nominated from 28 sites from various backgrounds (Many of the primary care and mental health trusts did not have any HCS in employment.)

On June 19th 2004 the group of 14 key contacts met to discuss the direction of the network and how the network could function and ultimately be a valuable asset .The terms of reference for the network were discussed with emphasis on membership , communication channels and priorities for 2004-2005 in relation to the strategic framework for GMSHA in providing a high quality service within the region.

Already many of the key representatives are taking the important messages back to their organisations and embryonic networks are forming across the Greater Manchester region.

## Future direction of HCS network.

This is just the start, within Greater Manchester the clinical networks will play a central role in developing healthcare and will influence key decisions on strategy and investment across the conurbation. We hope the HCS will:-

### Responsibilities

- Publish governance requirements
- Publish network arrangements
- Provide regular communication
- Advise SHA on service configuration
- Recommend strategic goals
- Recommend workforce development priorities
- Advise on capital allocations
- Monitor clinical outcomes for SHA

### Requirements

- Directory of clinicians and managers involved
- Information monitoring specification
- Dedicated management support
- Analytical support

