

National Delivery Plan – The Role of Managed Clinical Networks

Since their introduction in 1998 Managed Clinical Networks (MCNs) have played an increasing role in the delivery of health care in Scotland. The core principles of MCNs, reiterated in HDL(2007) 21, address many of the issues relating to ensuring the quality, equity, accessibility, and effectiveness of service delivery.

These issues have particular relevance to specialist children's services in which smaller patient populations pose very real challenges to the provision of sustainable service models that are also acceptably accessible at a local level. As a result, children's services have been at the forefront of adopting the MCN approach with a significant range of national and regional specialist MCNs already in place (Table 1).

The importance of MCNs to specialist children's services, and the recognised need to apply the methodology in a structured way, targeting those specialities where the introduction of an MCN stood to offer maximum benefit, led to recommendations in *Delivering for Health* (2005), and the subsequent *Action Framework for Children and Young People's Health in Scotland* (2007), for the production of a "Strategy for Managed Clinical Networks in Specialist Children's Services".

The Strategy, which was developed through collaboration between the Children and Young People's Health Support Group, National Services Division and Regional Planning Groups, was issued in July 2007 and is attached as Annex 1.

The Strategy is built on existing arrangements for the approval of MCNs involving the National Services Advisory Group or Regional Planning Groups as appropriate. It does however seek to encourage a planned and proactive approach to the identification and promotion of specialities for which an MCN offers an appropriate service model.

In that regard the Strategy recognises that a number of previous reviews of specialist children's services in Scotland have already identified a group of specialities or services potentially suitable for a networked approach, either at a regional or national level (Table 2).

Key to the pursuit of the strategy will be an effective planning forum, operating at a national level, which can

- prioritise individual specialist services for consideration as potential MCNs
- discern whether an MCN is the most appropriate service model for the speciality in question or whether other models should be considered
- agree whether MCNs would operate more effectively at a national or regional level
- ensure that consideration is given to all specialities which may benefit from networking

- ensure that the progression of the individual speciality networks are taken forward in the context of the overall delivery of specialist children's services in Scotland

The fulfilment of these objectives will require an effective collaboration which reflects the complementary roles of Regional Planning Groups, the National Services Division and the Children and Young People's Health Support Group.

Recommendation 1

A formal mechanism should be established involving Regional Planning Groups, National Services Division and the Children and Young People's Health Support Group to promote and co-ordinate the future utilisation of MCNs, and comparable network models, in the context of the overall delivery of specialist children's services in Scotland*.

*Note : over time this function may be incorporated into any revised planning and commissioning arrangements that may be introduced at a national/supra-regional level.

Recommendation 2

Under the auspices of the collaborative arrangements proposed in Recommendation 1, a scoping exercise should be undertaken to identify and prioritise those children's specialities in which an MCN or comparable model could realistically and beneficially be introduced.

The progressive reliance on MCNs, and other networked arrangements, as key elements in the delivery of specialist children's services will require to be appropriately supported and resourced if the full benefits of this approach are to be realised. In practice the creation, and subsequent maintenance and development, of an MCN includes many elements that are independent of the speciality in questions. There is therefore significant potential benefit, in terms of cost effectiveness, efficiency and skill enhancement, in the development of a single infrastructure, potentially provided from several locations, specifically staffed and resourced to support the overall "network of networks" for children's services.

Such an approach is reflected in part in the network office which already exists in RHSC Glasgow but there is a need to strategically, and intentionally, develop and extend this model to embrace the spread of network services.

Recommendation 3

Led by National Services Division in conjunction with Regional Planning Groups a formal infrastructure should be resourced and established across Scotland to support the introduction, maintenance and development of all networks in specialist children's services.

The importance of networked models of care is now well recognised and is reflected in the increasing number of specialist children's services using this approach. In large measure the pattern of networks which currently exists has arisen as a result of initiatives and drivers within individual specialities with the resultant networks often being established in a measure of isolation.

The National Delivery Plan is however testimony to the many synergies and interdependencies that exist between specialist children's services and the consequent need for a whole-system approach across Scotland. Such an approach needs to be reflected in the way in which existing networks in specialist children's services are developed, and new networks introduced in the future, if the advantages of this methodology are to be maximised to the benefit of children and young people's services as a whole.

Table 1 Current Pattern of Managed Clinical Networks in Specialist Children's Services

National	Regional
Epilepsy	Gastroenterology (North)
Cancer Services	Neurology (North)
Metabolic Disease	Child Protection (West)
Renal Disease	
Genital Anomalies	
Cleft Lip and Palate	
Bone and Soft Tissue Sarcoma	
Scottish Muscle Group	
Home Parenteral Nutrition	
Severe Mental Health problems	
Burns	

Table 2 Specialities already identified as potentially suitable for an MCN

Child Protection*	Cystic Fibrosis
Emergency Care	Gastroenterology*
Rural Care	Neurology*
Complex Respiratory/Home Ventilation	Critical Care
Complex Needs	

*These specialities current exist as networks in some regions but not others.