

## **A Strategy for Managed Clinical Networks in Specialist Paediatric Services in Scotland**

### **Summary**

- Specialist children's services are often accessed by relatively small numbers of patients but require highly specialised, scarce clinical skills. Ensuring the sustainability of such services, while also safeguarding local access wherever possible, poses very significant challenges for the NHS in Scotland.
- Clinical networking provides a vehicle for extending the reach of specialist advice and care by supporting local clinical services and therefore improving the care of children.
- Managed Clinical Networks (MCNs), initially introduced in 1998, have been effective in raising standards and in maintaining local access to specialist services. To date they have developed sporadically rather than as an integral part of a comprehensive strategy for children's services.
- This strategy for paediatric specialist MCNs aims to contribute to the Scottish Executive Health Department's development of a "National Delivery Plan for Specialist Children's Services" by setting out a strategic approach to the development of networks in specialist paediatric services.
- The strategy offers support for the prioritisation of specialist paediatric MCNs both during, and subsequent to, the development of the National Delivery Plan
- Although specialist paediatric MCNs may operate at a national, regional or local level the strategy provides a framework to ensure that network development takes place in the context of a Scotland-wide perspective that supports equity of service provision and quality
- The strategy recommends that network support should be consolidated in network offices to make the best use of the required resources and provide mutual support and cross cover.

## Introduction

1. **Managed Clinical Networks.** Since the concept was first introduced in the report of the Acute Services Review (1998) Managed Clinical Networks (MCNs) have played an increasingly important role in the structure and delivery of services within NHS Scotland.
2. In particular Managed Clinical Networks are now central to existing strategies in areas such as diabetes and cancer management and have an established role in the overall approach to the management of long-term conditions.
3. In addition to offering a framework for clinical service delivery, the principles underpinning MCNs, initially expressed in HDL(2002)69 and reiterated in *Strengthening the Role of Managed Clinical Networks* HDL(2007)21, also support other key objectives such as multi-disciplinary working, patient involvement, quality assurance, audit and the effective use of resources.
4. **Specialist Services for Children and Young People.** The challenge of delivering high quality, accessible and sustainable services to children and young people in the context of the size and distribution of the Scottish population was recognised in the National Framework for Service Change (2005), "Building a Health Service Fit for the Future". Historically many of these services have evolved in their different regions with a measure of independence which has resulted in variable patterns of service, inefficient use of scarce resources and growing problems of sustainability particularly in regard to workforce issues and the requirements of clinical governance.
5. By way of response, "Building a Health Service Fit for the Future" highlighted the need for much more robust arrangements for the planning, commissioning and delivery of specialist paediatric services within Scotland. Within that context the potentially important role which MCNs can play in taking forward that objective was recognised and commended.
6. **Delivering for Health.** In "Delivering for Health", the Scottish Executive Health Department (SEHD) responded to the recommendations of "Building a Health Service Fit for the Future" in respect of services for children and young people by a number of key actions including:
  - the creation of a National Steering Group for Specialist Children's Services bringing together regional planning, NHS Board and clinical interests to develop a "National Delivery Plan for Specialist Children's Services"
  - the commitment to commission paediatric intensive care as a national service, and to undertake an audit of high dependency care
  - the production of an "Action Framework for Children and Young People's Health".
7. In addition, and as a reflection of the contribution which MCNs offer in respect of the quality, equity and sustainability of services, "Delivering for Health" specifically required National Services Division (NSD), along with Regional Planning Groups, to develop a Strategy for the use of a networked approach to support specialist paediatric services.

## Existing Arrangements

8. Much work has already been undertaken in regard to the methodology of MCNs and the arrangements by which they are developed, approved, operated and accredited. In developing a strategic approach to MCNs for specialist paediatric services, the clear intention is to build on NHS Board and regional planning of children's services, and to ensure that the MCN service model is used where appropriate and integrated within the spectrum of comprehensive service provision to meet the needs of children and young people in Scotland.
9. Although MCNs can operate at local, regional or national levels the nature of specialist paediatric services and, in particular, the role of the specialist children's hospitals in service delivery, would suggest that most networks relating to these specialities will operate across NHS Board boundaries, either at a regional or national level.
10. Current approving bodies of national and regional MCNs are the Scottish Executive Health Department, advised by the National Services Advisory Group (NSAG); and Regional Planning Groups. SEHD, through the National Steering Group for Specialist Children's Services, is currently developing an overarching "National Delivery Plan for Specialist Children's Services". This paper seeks to contribute to the development of the Delivery Plan, and recommends that, after it is completed, the existing pathways for submission and approval of applications for specialist paediatric MCNs should be retained, supplemented by inter-regional collaboration and the advice of the Children and Young People's Health Support Group to ensure a consistent approach to the provision of specialist children's services across Scotland.
11. The arrangements by which regional and national MCNs are accredited are being taken forward under the auspices of NHS Quality Improvement Scotland (NHS QIS). It is anticipated that the accreditation arrangements for MCNs for specialist paediatric services will be comparable to those for other national and regional MCNs.
12. It is also recognised that the nationally agreed core principles expressed in HDL(2007)21 apply to specialist paediatric MCNs with the same rigour as they apply to those developed for other clinical services. In particular the value and importance of
  - agreed structures for leadership, management and reporting
  - clear objectives
  - evidence-based practice
  - multi-disciplinary and multi-professional working
  - patient and family engagement
  - audit and quality assurance
  - education and professional development
  - effective resource use

are as fully applicable to services for children and young people as they are in the adult sector.

## Current Situation in Paediatric Services

13. A number of MCNs relating to children's services have already been established at regional or national levels including:
  - Paediatric epilepsy
  - Children's cancer
  - Metabolic services
  - Renal disease
  - Genital anomalies
  - Cleft lip and palate
  - Bone and soft tissue sarcoma
  - Scottish Muscle Group
  - Home parenteral nutrition
  - Severe mental health problems
  - Burns care
  - Child protection (West of Scotland)
  - Gastroenterology (North)
  - Neurology (North)
  
14. In support of some of the current paediatric networks, network offices have been established at a regional level offering generic support in terms of management, data handling and related activity. The value of this approach is acknowledged and reaffirmed elsewhere in this strategy.
  
15. Work undertaken in the context of earlier reviews of specialist paediatric services in Scotland identified other components of services for children and young people which were viewed as potentially benefiting from either a networked service or a Managed Clinical Network (some of which have already been progressed within individual regions)
  - Child protection
  - Emergency care
  - Rural care
  - Complex respiratory
  - Gastroenterology
  - Neurology
  - Critical care
  - Complex needs
  - Cystic fibrosis
  
16. In the National Delivery Plan for Specialist Children's Services it is expected that SEHD will map out the overall pattern of specialist services required to meet the needs of the children of Scotland and, within that context, will describe the extent to which networking of these, and other, specialist services is required.
  
17. Experience to date has demonstrated that a range of models of networking are required including -
  - informal collaborations with joint audit and standard setting
  - Managed Care Networks (as described in HDL(2007)21)
  - formally approved Managed Clinical Networks
  - networked services (involving shared resourcing of services)
  - fully funded, multisite, nationally designated services.

18. In practice a range of solutions will be required to meet the needs of children with different conditions and the varying circumstances that pertain across the country including remote and rural areas. Against that background this Strategy specifically focuses on the role of formally designated MCNs, as described in extant SEHD guidance, and the issues involved in applying this methodology in a consistent and prioritised way to the delivery of specialist children's services.

## **Strategic Approach**

19. The existing MCNs in specialist paediatric services have arisen, to a varying degree, from a mixture of the, sometimes clamant, needs of the service, existing informal clinical and professional networks and the enthusiasm and drive of individual clinicians. They have not been developed in a structured way in response to an assessment of the needs of children and young people for networked services. While this strategy reflects the widely accepted requirement to adopt a structured approach to ensuring that the benefits of networking are introduced and rolled out across a range of specialist paediatric services, it is important that, in so doing, individual initiative continues to be encouraged and the strength of existing informal arrangements recognised and incorporated.
20. Fundamental to this strategic approach must be the goal of ensuring a consistency of service provision throughout Scotland in respect of the various specialities. Accordingly, since it is not anticipated that specialist paediatric MCNs will be relevant solely within one regional area, where an MCN is not to be introduced at a national level consideration should normally be given to the development of a specialist MCN in each of the regions on the basis of a collaborative inter-regional approach. Given the nature of specialist paediatric services it is anticipated that the development of MCNs for such services at a local Health Board level will only be appropriate in a relatively few situations
21. A substantial investment in time and effort is involved in the introduction of a formal network. Given the number of specialist paediatric services already identified as potentially benefiting from networking, with further areas likely also to be suitable for consideration in the future, this strategy proposes a programmed approach to the establishment of networking based on an agreed method of prioritisation.
22. In adopting such an approach it will be necessary for those planning specialist children's services (at national, regional and local levels) to ensure that due consideration has been given to alternative service structures which may be more relevant to addressing the needs of children with specific conditions, either in isolation or in parallel with a Managed Clinical Network, for example:
  - Shared appointments for regional consultant posts
  - Joint management arrangements
  - Outreach and/or inreach services
  - Formal national service designation.

23. **National Planning and Co-ordination.** The National Steering Group for Specialist Paediatric Services has, within its remit, the responsibility for taking forward reviews of the main specialist services within Scotland and developing a National Delivery Plan for specialist children's services. After the development of the Delivery Plan there will be a continued requirement to take forward the strategic application of MCNs within specialist children's services including the need to
- agree the relative priorities of individual specialist services for consideration as potential national MCNs
  - ensure consideration has been given to alternative service structures that should be adopted instead of, or as complementary to, a national MCN
  - agree whether MCNs should most appropriately be submitted for consideration at a national or regional level
  - ensure that consideration is given to all specialities which may benefit from networking.
  - maintain a Scotland-wide perspective
24. This work will require to be taken forward through close collaboration between Regional Planning Groups, NSAG and the Children and Young People's Health Support Group who should offer the national overview of the potential contribution of MCNs to the delivery and equity of specialist children's services in Scotland.
25. **Prioritisation.** Annex A provides a framework of weighted criteria, each incorporating a scale of importance or severity. Application of this framework, and the accompanying scoring arrangements, should allow a sound basis on which prioritisation decisions can be reached by the SEHD National Steering Group in developing the National Delivery Plan and, subsequently, should provide a tool for assessing the relative priority to attach to applications for children's specialist MCNs submitted to SEHD and Regional Planning Groups.
26. In order to ensure that sufficient information is available to allow the criteria to be applied, an accompanying proforma is provided (Annex B) which should be completed and submitted by groups proposing the establishment of a formal MCN. Responsibility for completion of the proforma will rest with the clinicians involved in the proposed network with the expectation that the process will include engagement with appropriate clinical, managerial, planning and finance colleagues.
27. The proforma will also assist in identifying whether alternative service models may be relevant and will likewise contribute to decision-making regarding the most appropriate span of the MCN (eg. regional or national).
28. **Network Span.** In order to support equity of service quality across Scotland there will need to be sound inter-regional collaboration in deciding whether specific networking arrangements are only required in one region or whether the specialist service under consideration requires networking on a national or multi-regional basis. This strategy anticipates such decisions will be progressed in the context of existing collaborative arrangements between the Regional Planning Groups supported by advice from the Children and Young

People's Health Support Group. An algorithm to assist decision making is outlined in Annex C.

29. **Network Organisation and Resources.** The principles and practice of MCN organisation are the same for paediatric and adult services. Each network requires a **Lead Clinician** who will have dedicated time, recognised through job planning, to guide and promote the development of the MCN. The lead clinician should be the individual clinician most suitable for this role, irrespective of their clinical discipline or their geographical location in respect of the service structure or the network management arrangements. This strategy recommends that there should be a formal appointment process for lead clinicians. In many instances there will be merit in fixed term appointments with the lead clinician role rotating over time as the MCN evolves.
30. A successful MCN requires input from a range of managerial, administrative and data-handling skills, both during its inception and for its continued effective operation. The amount of input required varies considerably over time. In order to optimise resource use in regard to these generic skills it is proposed that support for MCNs should be provided through **Network Offices** through which a core team of network support staff can work with a number of MCNs. This will allow flexibility, sharing of resource and the development of more specialist skills within the network team such as database management and clinical audit.
31. While there may be some advantage in a network office concentrating on specialist paediatric services it is also true that the core skills involved are common to adult and paediatric MCNs and there is no reason why network offices should not cover a range of MCNs.
32. In many circumstances it is anticipated that the staff and resources of a network offices will operate from a single location. Other arrangements, including a "virtual" network office, are also possible and there needs to be flexibility for Regional Planning Groups and NHS Boards to develop the models most suited to their MCN structures and local requirements.
33. **Information Management.** Sound, comprehensive information and good data handling are central to an effective MCN. This is particularly true where networks cross traditional NHS organisational boundaries and operate at a regional or national level. The evolving e-Health Strategy in NHS Scotland offers an increasing number of information management options and tools and it is essential that there is early contact between those involved in developing proposals for a network and the e-Health team in the Scottish Executive Health Department.
34. **Interagency Working.** Most MCNs are currently built around clinical services. There is however no reason why they cannot cross traditional agency boundaries or engage with the voluntary sector and models of such interagency MCNs are already emerging. Arrangements of this nature, which will be particularly relevant to local networks, will be assisted by the evolving role of Community Health Partnerships which provide a forum for interagency collaboration. Accordingly, where appropriate (a possible example may be children with complex needs) consideration should be given to the option of engaging with other relevant agencies and voluntary organisations in the formation of a Managed Care Network as described in HDL(2007)21.

## **Conclusion**

35. The value of networks is now well attested and is already being demonstrated in the limited number of specialist paediatric networks already in operation. There is a clear perception that networking, including specifically the strategic use of Managed Clinical Networks, should be a key element of the current efforts to develop a sustainable and coherent framework for the planning, commissioning and delivery of specialist paediatric services in Scotland.