

National Delivery Plan for Specialist Children's Services ROLES OF NETWORKS

Dr Hamish Wallace, CATSCAN
Deirdre Evans
National Services Division



Managed Clinical Networks

In 2002 the Scottish Executive issued NHS HDL (2002) 69 “Promoting the Development of Managed Clinical Networks in NHS Scotland”. MCNs are defined in the HDL as:

“Linked groups of health professionals and organisations from primary, secondary and tertiary care, working in a co-ordinated manner, unconstrained by existing professional and health Board boundaries, to ensure equitable provision of high quality clinically effective services throughout Scotland.”

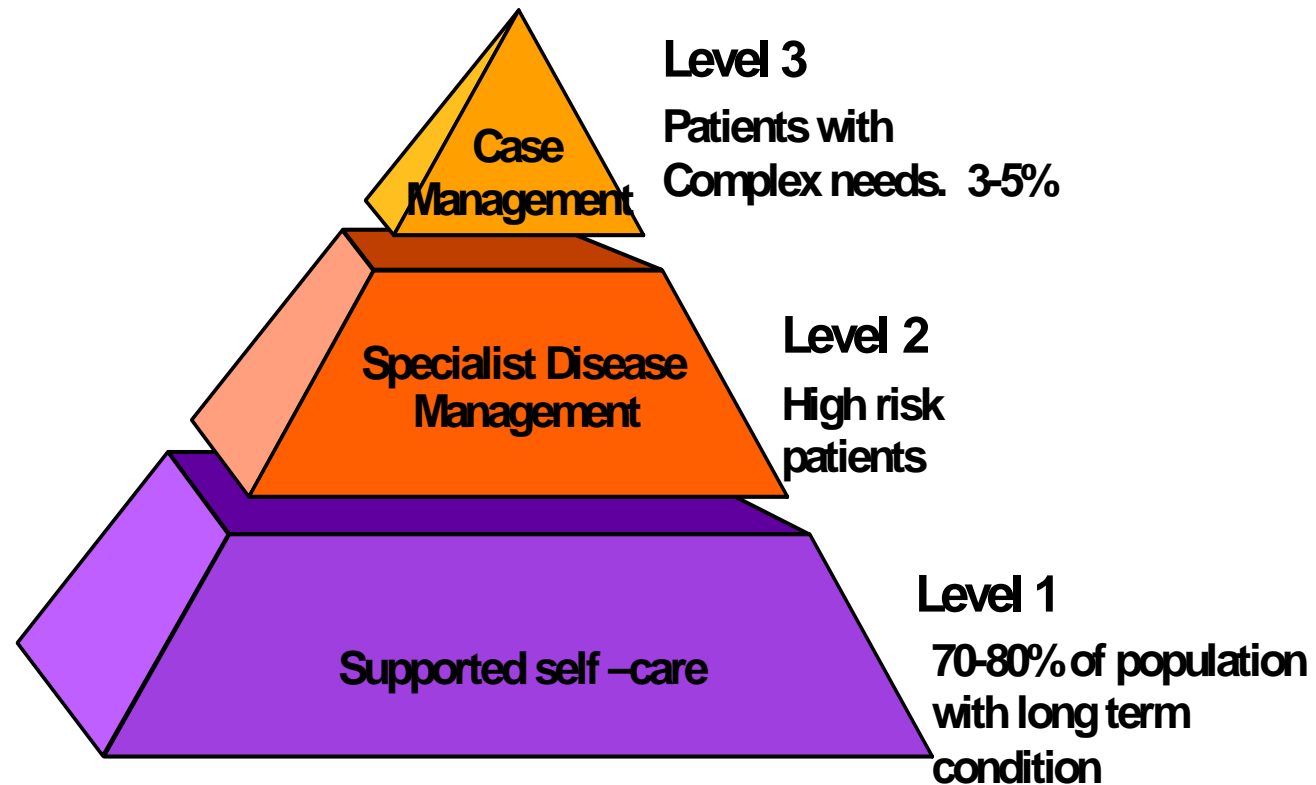
Drivers for Networking

- Presumption against centralisation
- Quality improvement
- Need for specialist input
- Rare clinical skills
- Promoting equity of access



Patients have different needs

- few need access to specialist care



New vision – staff and patients as partners

- Better Health Better Care Report recommends imaginative solutions to delivering care in local settings
- Blurring of boundaries between primary and secondary care
- Between hospitals and the community
- Across hospitals
- Real patient involvement, representation, a voice that is heard
- To ensure better, local and faster access to health care

Scottish Paediatric Epilepsy Network

Networks critical to accessible care across NHS Scotland



Scottish Home Parenteral Nutrition

Managed Clinical Network



- Nationally networked services that balance the need for specialisation and local delivery of services where possible.

Networking Child Health Services



Specialised Paediatric Services -

- Cancer
- Cystic fibrosis
- Inherited Metabolic Disorders
- Complex respiratory
- Paediatric epilepsy
- Renal and urology
- Genital anomalies
- Cleft lip and palate
- Bone and soft tissue sarcoma
- Home parenteral nutrition
- Burns care
- Inherited Muscle Disorders
- Endocrinology
- Rheumatology
- PICU/HDU – critical care
- Children with complex needs
- Complex and severe mental health problems

Networking Cancer services for Children and young people - CATSCAN

Milestones:

Appointment of lead clinician and network
manager Dec 2007

Announcement and /Launch March 2008

Two PTC in Scotland (Glasgow and Edinburgh)

NIHCE Levels of shared care (Aberdeen, Dundee,
Inverness and dumfries) - plus others to be
developed

Networking Cancer services for Children and young people - CATSCAN

National Executive formed:

- Multi-disciplinary
- Geographically representative
- Strong Parent/Patient involvement

CATSCAN priorities

- Focus on Clinical Issues
- Implement Evidence- based ways of promoting service development
- But..
- No Financial authority..to deliver service change.
- Potential impasse..
 - Health boards/Regional Planning groups/ NSD..

Childhood cancer survival in Europe

1990-4 EURO CARE -3 (Gatta et al, Annals Oncol, 2003 14, suppl 5).



Region	No. of cases	5 yr observed survival (%)	95% CI	RR of death
England & W	5,835	71.1	70-72	1
Scotland	636	71.0	67-74	1.02
Germany	7,473	76.4	75-77	0.81
Norway	539	74.8	71-78	0.81
Sweden	1,215	79.4	77-82	0.68
France	1,419	72.8	70-75	0.89

Potential reasons to consider

- Organisation of care and referral to specialist treatment centres
- Speed of diagnosis and delivery of treatment
- Choice of treatment (is it 'the best'?)
- Availability of clinical trials
- Adherence to protocol recommendations
- Attitude to treatment at relapse
- Artefact of data collection & multiple interpretation

Our Vision

- Permissive national network
 - Levels of care (NICE, 2005)
 - Safe care as locally as possible
- Clinical Trials / Research
- Improved IT infrastructure support
- Strong links to voluntary sector
- Patient involvement



CATSCAN

Children and Teenagers' Scottish Cancer
Network



Advantages

- Equity of access to [pathway of care](#)
- Evidenced-based best practice – consistently applied
- Access / Entry to open clinical trials
- Audit / Evaluation of service (Improve IT infrastructure)
- Patient and Family involvement
- Provide opportunities for clinical training and CPD (Doctors/Nurses/PAMS)

Clinical Priorities

- Implementing standards and levels of care
 - Levels of care
 - Supportive care protocols
- Palliative care
- Teenagers & Transition
 - Age-appropriate care
- Survivorship/Rehabilitation
 - SIGN 76

Generic Work Themes

- Patient/Family Focus
- Education and Training
- Clinical Governance
- IT/Telemedicine

Questions for the Workshop

- What are the group's general views on the key issues that should be addressed?
- What challenges do the group think there maybe in implementing them?
- Are there any alternative approaches which have been overlooked?
- What are the group's ideas for solutions in addressing the key issues they have raised?