NHS Grampian

Framework For Managed

Clinical/Care Networks

July 2009

Contents Of Framework

Authors
- Graeme Smith, Head of Service Development
- Dr Pauline Strachan, Deputy Medical Director
- Susan Webb, Deputy Director of Public Health
- Lorraine Scott, Service Planning Lead For Public Health & Planning
- Helen Robbins, Head of Clinical Governance & Risk Management

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Section 1: Executive Summary

1.0 Introduction

Since the development of the concept of Managed Clinical Networks (MCNs) back in 1998, there have been numerous examples of the significant benefits gained by both service users and service providers. This model, if implemented accordingly, addresses the many issues which hamper the delivery of high quality, equitable, accessible and effective patient centred care.

Managed Care Networks take this concept further, as they have a key role in the integration of services across the health and local authority sectors by addressing the problems experienced by service users as they move from one provider or partner organisation to the next.

This document refers to MCNs as managed 'clinical' and 'care' networks, unless otherwise specified.

1.1 Background To Framework

National Context

The concept of MCNs was first set out in the 'Scottish Acute Services Review' report, published in 1998. Since February 1999, various MELs and HDLs have been produced by the Scottish Government, setting out the concept, benefits and core principles which govern the introduction of MCNs in the NHS in Scotland. The concept of MCNs has been further reiterated in the current Scottish Government national strategy 'Better Health, Better Care: Action Plan'.

Local Context

Within NHS Grampian, there are various types of groups operating which display various characteristics of a network. Some of which focus on specific diseases and others are regarded as programmes which smaller networks operate within. There are also many formal and informal clinical networks operating of which appear to vary in both scale and function.

In September 2006, a draft proposal paper for a 'Clinical Governance Framework for MCNs in Grampian – Discussion Paper' was produced. This paper identified that there were an increasing number of networks/MCNs being developed within NHS Grampian, but no formal clinical governance arrangements were developed.

A NHS Grampian MCN policy was developed in 2007, which outlined the purpose and focus of such networks within NHS Grampian. Due to a lack of leadership capacity, this policy was never fully implemented.

In Spring 2008, an informal review of MCNs was undertaken within NHS Grampian. This review highlighted that further clarity was required around the definition and role of the various networks as well as confirming where MCNs sit within the organisation. In addition to this, it was highlighted that MCNs require to be further integrated into local planning processes and that they could be better supported by the organisation to realise their full potential. A report was produced at the end of 2008, which outlined 11 recommendations.

1.2   Aim And Key Principles Of The MCN Framework

The aim of the MCN framework is to provide a clear and unambiguous framework for MCNs to operate within NHS Grampian.

The key principles of the framework are that it sets out:
- a clear definition for MCNs within NHS Grampian, set against definitions of other types of networks such as clinical, project, obligate and Managed Service Networks
- the role of MCNs (and the MCN management team) within NHS Grampian and the links with CHPs/sectors
- the role of the organisation in supporting and maximising the potential of MCNs within Grampian
- an exemplar model of an MCN based on learning from within Grampian and also elsewhere
- clear MCN reporting and governance structures
- clear accreditation and re-accreditation processes, based on NHS QIS draft guidance

- how MCNs are to be integrated into planning structures
- what the future capacity and structure of MCNs may look like, and the
- overall potential to generate system wide efficiency, effectiveness and patient experience, in addition to facilitating the achievement of local and national standards and priorities.

1.3   Benefits Of The Framework

There are a number of benefits to be gained by the implementation of this framework; these are outlined in section 4 of this document.   The key benefits are that there is a clear understanding of the purpose, function and governance arrangements of MCNs within NHS Grampian. This therefore allows MCNs to be adequately supported by the organisation in order to realise their full potential and the associated benefits to patients, the public, staff and partners. This will also allow a more consistent approach to MCNs, which from an organisational view point, will support greater alignment and synergy with the implementation of NHS Grampian's vision and its strategic priorities as communicated in the Grampian Health Plan.

1.4   Conclusion

The concept of MCNs was first established in Scotland in 1998. Since that time, the definition of MCNs has evolved but the concept remains as strong as ever. MCNs (both clinical and care) are managed actively, required to be governed by the 9 core principles and require to have been accredited. MCNs are multi-disciplinary, multi-professional and must involve patients/carers and other non-NHS partners to focus on the needs of patients, in order to improve access, equity and quality of services and patient care.

Through the development of the *NHS Framework For MCNs*, the organisation has taken a proactive approach to ensure that there is clarity of the various types of networks, their roles and how these sit and are supported by the organisation. This framework has been based upon findings of a local informal MCN review, national policy and the emerging accreditation/re-accreditation guidance from NHS QIS. By taking this approach, this ensures that MCNs are supported to realise their potential whilst NHS Grampian and the population it serves, reap the significant benefits associated with MCNs.

2.0   Introduction

Since the development of the concept of Managed Clinical Networks (MCNs) back in 1998, there have been numerous examples of the significant benefits gained by both service users and service providers. This model, if implemented accordingly, addresses the many issues which hamper the delivery of high quality, equitable, accessible and effective patient centred care. Such outcomes can only be reached by ensuring that MCNs work across organisational boundaries and have committed representation from patients and carers and key representatives from relevant health organisations.

Managed Care Networks take this concept further, as they have a key role in the integration of services across the health and local authority sectors by addressing the problems experienced by service users as they move from one provider or partner organisation to the next.

This document refers to MCNs as managed 'clinical' and 'care' networks, unless otherwise specified.

2.1   National Policy

The concept of MCNs was first set out in the 'Scottish Acute Services Review' report[1], published in 1998. In February 1999, the Scottish Executive Health Department (SEHD) circulated a NHS MEL (1999) 10[2], which set out the core principles which should govern the introduction of MCNs in the NHS in Scotland.

The concept, benefits and the key principles of MCNs were further reiterated in HDL (2002) 69[3]. Within HDL (2002) 69, the SEHD asked that action be taken by NHS Boards to develop MCNs where there is agreement that there are clear benefits to patients, whether this is on a local, regional or national perspective. In addition to this, the HDL also highlighted the availability of pump-priming assistance from the SEHD for certain MCNs, such as Diabetes, Stroke and Coronary Heart Disease.

In March 2007, the SEHD published a further HDL, 'Strengthening The Role Of Managed Clinical Networks '. This HDL (2007) 21[4] was based on revised guidance aimed at strengthening MCNs authority and increasing their influence on resource allocation for service developments identified as a priority. The HDL outlined guidance which again, reiterated the core principles underpinning MCN development and that MCNs should receive support from the appropriate planning body (local, regional or national), so that development of the network can be fully integrated into the relevant planning and management arrangements from the start.

Within HDL 21, it states that local NHS Boards will be responsible for accreditating and re-accreditating their local MCNs. This message was further reiterated in a letter issued to Chief Executives in December 2008.

In December 2007, the Scottish Government Health Department (SGHD) published the national strategy, 'Better Health, Better Care: Action Plan' (BH,BC)[5]. BH,BC states that MCNs were developed as mechanisms for linking groups of health professionals and organisations in the delivery of high quality care and that coverage of such networks requires to be expanded. This document also states that we require to '*strengthen the traditional model of Managed Clinical Networks so that they provide effective clinical leadership for action to plan and deliver national services against stretching targets*'.

2.2   Local Context

HDL (2007) 21[4], describes the key strengths of MCNs as '*the promotion of consistency and quality of service throughout the care pathway and the bringing of service user and provider views to the service planning process...developing services which are truly person-centred, delivered locally wherever possible but specialised where need be*'. This statement reflects the principles of NHS Grampian's Healthfit vision[6], which was created back in 2002. These principles will continue to be reflected within the refreshed NHS Grampian Healthfit vision[7].

Within NHS Grampian, there are various types of groups operating which display characteristics of a network. Some of which focus on specific diseases and others are regarded as programmes which smaller networks operate within. There are also many formal and informal clinical networks operating of which appear to vary in both scale and function.

In September 2006, a draft proposal paper for a 'Clinical Governance Framework for MCNs in Grampian – Discussion Paper'[8] was produced. This paper identified that there were an increasing number of networks/MCNs being developed within NHS Grampian, but no formal clinical governance arrangements were developed. The paper did however state that some MCNs had adopted in-built quality assurance processes through the utilisation of the NHS Quality Improvement Scotland (NHS QIS) Quality Assurance Framework, which allowed them to work towards initial accreditation.

A NHS Grampian MCN policy[9] was developed in 2007, which outlined the purpose and focus of such networks within NHS Grampian. Due to lack of leadership capacity, this policy was never fully implemented. In 2007, a 'Managed Clinical Network Forum' was established, but due to various reasons this disbanded after a short period of time.

In Spring 2008, there was local agreement that an informal review of MCNs was required within NHS Grampian. The aim of the review was to establish the number and function of managed clinical and care networks within NHS Grampian, in addition to how such networks can be better supported by the organisation and be further integrated into local planning processes. A report was produced at the end of 2008, which outlined 11 recommendations.

2.3 The Need For A MCN Framework

The informal review of networks performed in 2008 highlighted that:
- across NHS Grampian, individuals and groups have different working definitions of what MCNs and clinical networks (CNs) are.
- there is a lack of clarity and understanding of the role of MCNs and where they sit within the organisation.

- clearer governance and reporting structures require to be developed and communicated.

- there is inconsistency in the function of MCNs across NHS Grampian.

- although the identified MCNs function differently, they have each produced excellent pieces of work and models of working, but this could be further enhanced to have a bigger impact for the Grampian population and the organisation.

- to date there has been little shared learning or collaborative working across MCNs and CNs within Grampian.

- greater clarity of roles and responsibilities of members who sit on MCNs is required. This has specifically been highlighted in relation to Public Health and Service Planning, in addition to those representing CHPs/Sectors.

- clarity around future accreditation and re-accreditation processes for local NHS Board MCNs are required, as local MCN accreditation is now the responsibility of local NHS Boards.

- processes are required in order to effectively prioritise the development and structure of future MCNs within Grampian.

A significant barrier to the collective success of MCNs on an organisational level is that there has not been a consistent approach across NHS Grampian, therefore limiting the impact MCNs have in directing strategic planning and therefore delivery of the organisational vision and the organisations strategic objectives. It is clear that MCNs have contributed to the success of the organisation, but the view is that a greater impact can be sought through a more co-ordinated and collaborative approach of MCNs. This framework aims to support this approach.

For further information on the informal review, please see the 'Informal Review Of Clinical/Care Networks In NHS Grampian ~ A Report'[10].

2.4   Aim Of The MCN Framework

The aim of the MCN framework is to provide a clear and unambiguous framework for MCNs to operate within NHS Grampian. The framework focuses on the provision of:

- a clear definition for MCNs within NHS Grampian
- clarity on the role of MCNs within NHS Grampian and the links with CHPs/sectors
- clarity on the role of the organisation in supporting and maximising the potential of MCNs within Grampian
- clear MCN reporting and governance structures
- clear accreditation and re-accreditation processes
- clarity on how MCNs are to be integrated into planning structures, and the
- overall potential to generate system wide efficiency, effectiveness and patient experience, in addition to facilitating the achievement of local and national standards and priorities.

Section 3: Framework For NHS Grampian Managed Clinical/Care Networks

3.0 Definition And Role Of Networks In NHS Grampian

As mentioned in the previous section, there are various groups operating within NHS Grampian which display characteristics of a network. This framework focuses on both clinical and care networks. The informal review of clinical and care networks in NHS Grampian highlighted differing working definitions for both MCNs and CNs, in addition to a general lack of understanding in the role and function of CNs and MCNs. This picture was mirrored at a national conference regarding English and Scottish MCNs held in February 2009.

There appears to be four main types of clinical/care networks[11], these are:

- Disease – for example cancer, coronary heart disease, diabetes.
- Speciality – for example vascular surgery, neurosurgery.
- Client group – for example older people, children.
- Functional – for example pathology, trauma care.

These networks can be set-up within NHS Board boundaries, regionally or nationally. Networks vary in formality and management.

In addition to the four networks outlined above, the concept of 'obligate networks' emerged in May 2008 via CEL (2008) 23[12] entitled 'Delivering For Remote and Rural Healthcare'. Obligate networks are formal arrangements of working between larger centres and Rural General Hospitals to support the delivery of care and decision making, agree specialist clinical links and develop and agree evidence-based protocols. CEL (2008) 23 highlights that the priority areas for action are to sustain core services and developing networks to ensure access to four key specialist areas not routinely available in Rural General Hospitals, including Child Health, Mental Health, Radiology and Laboratories. Obligate networks are seen as a crucial part of regional planning in delivering remote and rural healthcare and are perceived as more than the traditional model of MCNs in that they may fill a gap in service delivery.

In August 2008 the concept of Managed Service Networks (MSNs) was developed. MSNs are said to be vehicles for improvement and should pursue sustainability and redesign through standards. The first MSN to be established was Neurosurgery in January 2009. The overarching principles of MSNs are that they should enable coherence, consistency, sustainability and redesign. There are seven key criteria for MSNs which were agreed by the *National Directors of Planning Group* in August 2008.

Overall, the definition and terminology of clinical/care networks is somewhat ambiguous. It has become clear that it is individual host organisations responsibility to define MCNs and other types of networks (excluding obligate and MSNs) in order to ensure networks have a clear role and function and are supported to deliver the expected outcomes.

Examples of the different types of local clinical and care networks operating within NHS Grampian are outlined in appendix 1.

3.0.1   Definition Of MCNs

The definition of MCNs has evolved over the last 10 years. MCNs (both clinical and care) are managed actively, required to be governed by the 9 core principles (see section 3.3.4, page 24) and require to have been accredited or be working towards accreditation. MCNs are multi-disciplinary, multi-professional and must involve patients/carers and other non-NHS partners to focus on the needs of patients in order to improve equity of access and quality of services and patient care.

If networks are to be accredited as a MCN, the organisation (or SGHD) has therefore agreed that there is a clear role and need for the MCN to be operating for a minimum of a five year period. Accreditation lasts for three years and it takes around 12 to 18 months for a MCN to work up to initial accreditation. Re-accreditation if deemed appropriate, should be undertaken every three years[4].

For those networks that have a defined role to deliver a piece of work which has a specific timeframe of 4 years or less, these should be classified as project networks. These networks may require some dedicated resources i.e. clinical leadership, management and administration, and in some cases, may be led and resourced by specific CHPs as appropriate.

Managed Clinical Networks

The most widely used definition for Managed Clinical Networks is stated below. This definition fails to cite public and non-NHS partner roles within MCNs, but this concept is made evident within the core principles outlined within the MEL[2].

Definition of Managed Clinical Networks (MEL (1999) 10);
"managed clinical networks are defined 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".

Managed Care Networks

Managed Care Networks have an important role in the integration of services across the health and local authority sectors by addressing the problems experienced by service users as they move from one provider or partner organisation to the next.

HDL 21[4] states that Managed Care Networks have a role in supporting the delivery of key outcomes from the National Outcomes Framework. Managed Care Networks are multi-agency and are likely to operate best at local level.

3.0.2   Definition Of Clinical Networks (CNs)

Clinical Networks (CNs) are generally not managed or co-ordinated and tend to be the informal coming together of interested parties to develop specific areas of interest. These networks tend not to have any dedicated clinical leadership capacity and do not have dedicated management capacity.

There are cases where a CN may mirror the function of a MCN but due to the nature of the work plan (e.g. specific purpose with less than a 4 year life span to deliver); it would not be feasible for such a network to work towards accreditation. This would be classified as a project network.

Due to the nature of Care Networks, it is anticipated that they can only really function as a 'Managed' Care Network.

3.0.3   Role and Function Of Networks In NHS Grampian MCNs

HDL (2007) 21[4], states that '*MCNs are an integral part of a systematic approach to service redesign, integration and improvement. They are also key to the development and implementation of the approaches to long term conditions set out in Delivering for Health, as well as to the process of 'shifting the balance of care' away from the acute setting towards community-based services'.* This statement reflects the five strategic themes (or elements of), which were agreed by the Grampian NHS Board in 2009, as set out in the Grampian Health Plan for 2009/10[13].

HDL (2007) 21[4], states that policy documents continue to emphasise the continuing importance of MCNs in implementing a number of key executive policies such as:

- involving people in the future development of services, an essential element of truly person-centred services;
- helping achieve waiting times targets by streamlining the patient journey;
- improving the quality of services through responding to the results of audit; and
- making the most effective use of existing resources, especially the workforce.

MCNs have a role in quality improvement and performance management, obtaining and negotiating agreement over clinical and other service issues, as well as acting as the planning forum for the NHS Board around particular disease areas or topics[4]. Section 3.3.4 on page 24, outlines the 9 core principles which guides the function of MCNs.

In addition to the above, MCNs within NHS Grampian have a key role and function as follows:

- provide a clear vision and three year strategy for the Grampian population (and beyond as appropriate), in relation to their specific condition/topic area.
- provide assurance to the Board as appropriate via the relevant sub committees/governance structures.
- provide advice on the development, adoption and dissemination of evidence based policy and guidelines.
- develop and implement an agreed annual action plan and objectives which supports the delivery of the agreed three year strategy.

- inform the development and support the delivery of the Grampian Health Plan, the organisations overarching strategic plan.
- act as an advisory body to the organisation for their specific condition/topic area i.e. on the priorities, resource allocation, population needs etc. MCNs in the main, do not have resource allocations but should influence resource allocation based on clinical/audit evidence base and service user and carer needs.
- to lead improvement in the quality of healthcare delivery to patients via the MCN.

3.1 Exemplar Model For MCNs In Grampian

3.1.0   MCN Structure

In relation to the structure of individual MCNs, Figure 1 below illustrates a good practice model for MCNs within Grampian. Each MCN has a steering group which requires to demonstrate true partnership working and cross-system planning via its members. The Steering Group requires to have an agreed role and remit in-situ.

Supporting the work of the MCN Steering Group are sub groups, some of which will be long-term such as Public and Patient Involvement, Quality Assurance, Workforce and Training. Some sub-groups will be short-life and will focus on the delivery of specific, time bound pieces of work.

MCN Steering Group							
(Meet quarterly)							
Sector Management	Voluntary Organisations	NHS Staff (multi-disciplinary/professional)	Service Users /Carers	Local Authorities	Public Health Representative	Corporate Planning	Governance Representation

MCN Sub Groups
(Meet as per work plan. Some sub groups may have short life spans)

MCN Management Team
MCN Clinical Lead	MCN Manager

NHS Grampian MCN Support & Advisory Team

MCN Core Team
(Meet at least monthly to oversee progress against work plan. Includes MCN Management Team and a few members from the steering group as appropriate)

MCN Support Team
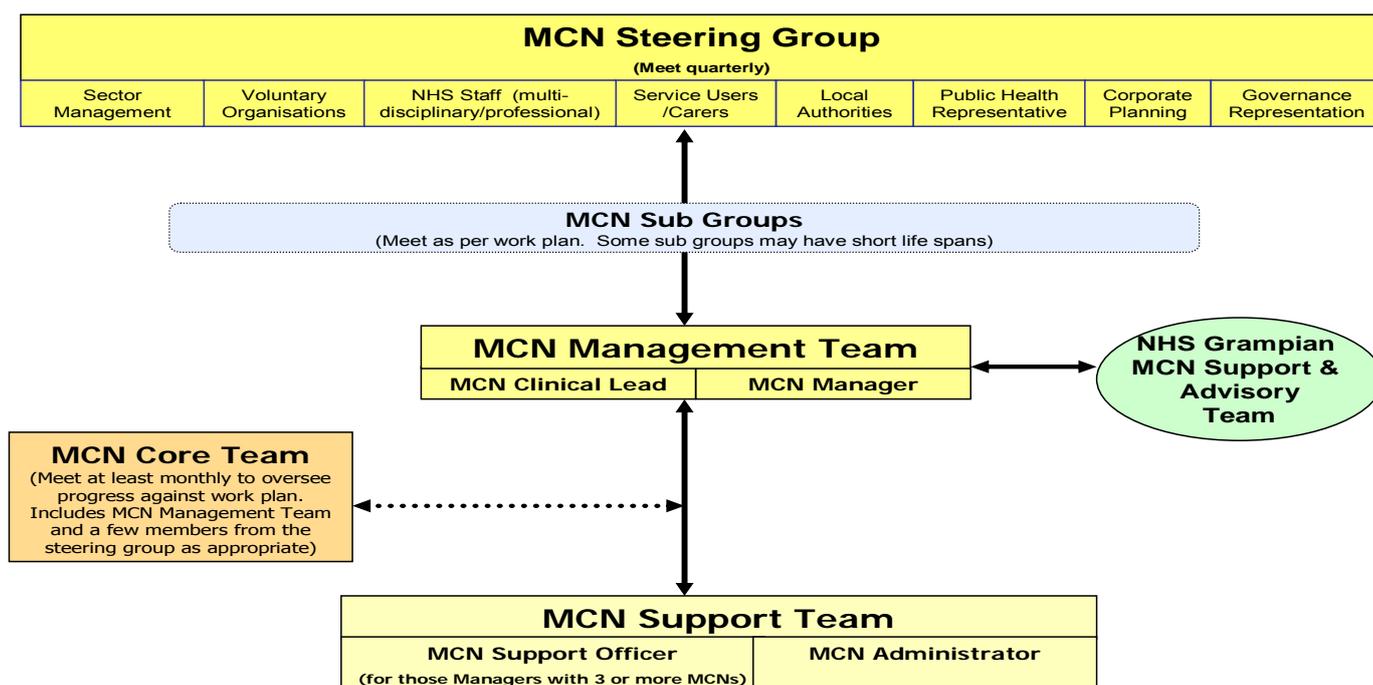| MCN Support Officer (for those Managers with 3 or more MCNs)	MCN Administrator

Figure 1: Example Of A Good Practice Model For MCNs Within Grampian

The informal review demonstrated that those MCNs who have a 'Core Team' tend to have a more co-ordinated and timely approach to developing and delivering on their plans. The good practice model reflects this element.

3.1.1 MCN Management Teams

The leadership and management function of the MCN is delivered via the dedicated capacity of an appointed MCN Clinical Lead and MCN Manager which have support team capacity. Capacity of the manager, officer and administrator will be flexible and dependent on the individual MCNs stage of development and agreed work plan. All MCNs would expect to have administration support and those MCN managers with responsibility for three or more MCNs would have support of a Band 6 MCN Support Officer post.

MCN Manager and Clinical Lead posts have key roles in developing and maintaining good communication and working relationships with each of the four sectors and partner organisations. It is suggested that MCN Managers and Clinical Leads meet with CHP/Sector General Managers and Clinical Leads or/and CHP groups at least quarterly. It is understood that arrangements around this will require to be agreed with each individual sector.

Clinical Lead roles will continue on the basis of a two year contract, allowing opportunities for clinical leadership to change as appropriate. MCN manager roles will likely continue as a mixture of substantive and fixed-term posts as currently the case.

The MCN Clinical Lead and MCN Manager roles are supported by the NHS Grampian MCN Support and Advisory Team. Section 3.2 on page 19 outlines the function of this team in more detail.

3.1.2 MCN Membership

The 'Informal Review of MCNs In NHS Grampian' highlighted concerns around sector and corporate directorate capacity to ensure appropriate representation on the growing number of MCNs and CNs in order to support decision making. MCNs require commitment from their members, as their function and status are vulnerable if key stakeholders disengage.

The framework attempts to ensure that those MCNs which have been agreed as an organisational priority, have the appropriate level of representation in order to ensure a MCN can fulfil its function. Part of the plans to achieve this is to ensure:

- MCNs are grouped together as appropriate in the future, in order to minimise the number of MCNs/networks functioning and requiring sector/partner/directorate capacity.
- role and responsibility of MCN members are clearly defined through the development of a 'Stakeholder Communication Plan'. This is a requirement for MCN accreditation, which is outlined in Figure 3 on page 22.
- MCN members have clear responsibility to ensure that their service/organisation is aware of current issues being considered and co-ordinate two-way dialogue as appropriate.

3.1.3 Future Structure Of MCNs

Based on the informal review, it is proposed that the future organisational structure for MCNs across NHS Grampian evolves in order to ensure sustainability and maximum use of current and future resources.

The proposed principles to improve sustainability, efficiency and effectiveness of dedicated MCN resources over the medium term, are as follows:

- NHS Grampian decision bodies take a wider and positive view on how future national funding sources could be used to deliver a network approach for the Grampian population. For example, if funding became available for Multiple Sclerosis, NHS Grampian could consider the benefits of having a MCN for Neurology, of which multiple sclerosis would sit within.
- support the evaluation of MCN projects in order to evidence the impact and need of such work/models. The impact of a Public Health Research post will be tested during 2009 in relation to the Respiratory MCN, to establish impact and benefits of such a resource, prior to considering the provision of such a resource for other MCNs.
- fewer MCN managers operate within NHS Grampian by adequately remunerating roles to have responsibility for up to three or four MCNs, with the appropriate support from Band 6 Support Officers and administration staff. This will provide more effective and efficient use of skills and workforce capacity.

- NHS Grampian MCN Managers and administration teams work as a core team within one office space. This will promote efficiency and flexibility of workforce capacity to respond to individual MCN work plans and the covering of leave.

- it will be deemed appropriate that some MCNs will evolve into non-managed networks and will no longer require the same level of dedicated management capacity. This will allow the MCN management/support teams to have the capacity to take on other MCNs as per local and national priorities evolve.

- as recurrent funding is established for MCN manager, administrative and support officer roles, this will allow the opportunity to shift resource across MCNs depending on workload, stage of development and organisational priorities. This will allow a more generic use of resource to maximise MCN workforce capacity.

3.2 Reporting And Governance Structure For MCNs In Grampian

3.2.0 Reporting Structure

As stated in HDL 21[4], MCNs require to be fully integrated into planning structures, therefore overall responsibility for MCNs should sit within the planning directorate and overall accountability will sit with the 'NHS Grampian Strategic Management Team' (SMT). Figure 2 overleaf, outlines the high level reporting and governance structure for MCNs within NHS Grampian.

The diagram illustrates that MCNs are required to submit their three year strategy to SMT for recommendation, prior to submitting to the Service Strategy and Redesign Committee (SSRC) for approval. This process aims to ensure that MCN strategies and work plans are both informing and contributing to the delivery of the organisations Healthfit vision and overarching strategy, the Grampian Health Plan.

Figure 2, also illustrates that MCNs will be expected to attend SMT on an annual basis to submit their annual plans and annual objectives for approval. Mid year, it is expected that the '*NHS Grampian Support and Advisory Team*' will submit a six month report to SMT and SSRC on the progress made by the MCNs against the agreed strategy, plans and objectives.
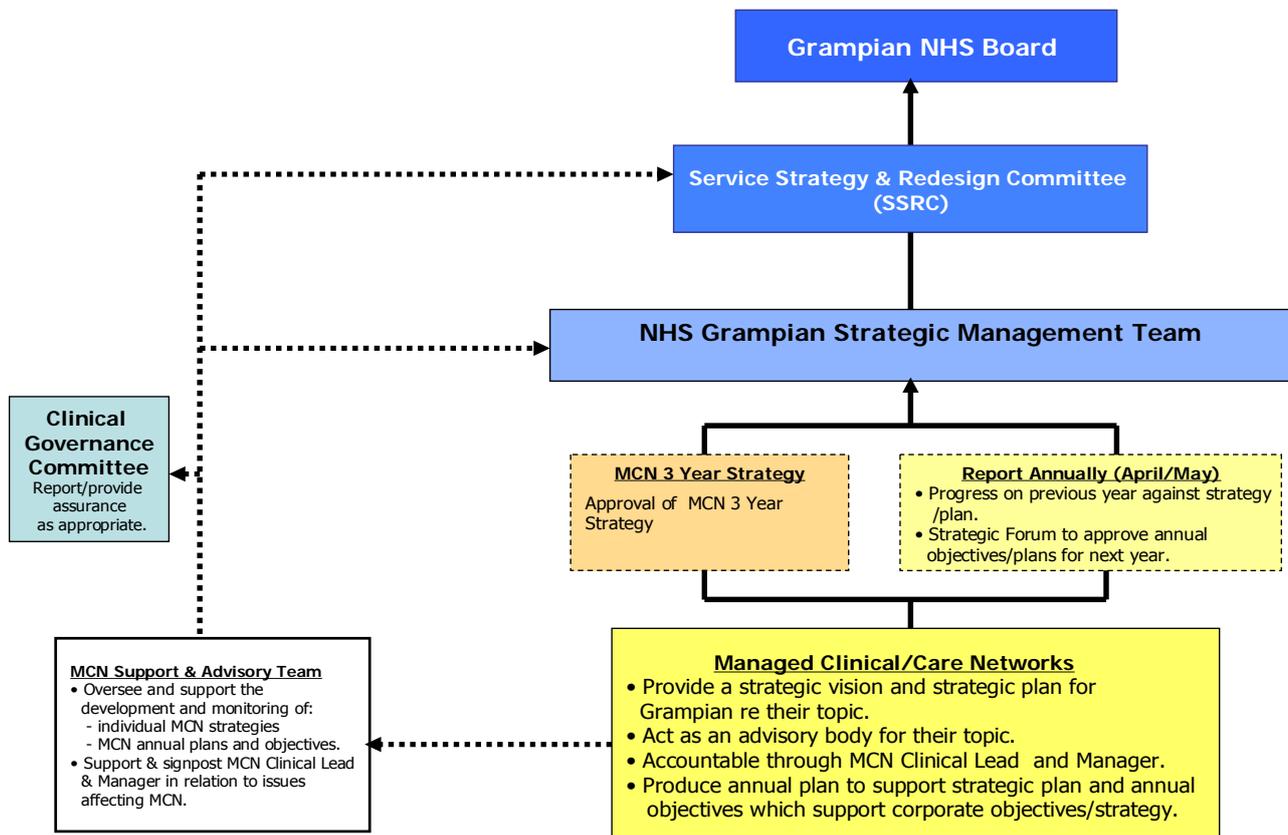
Grampian NHS Board

Service Strategy & Redesign Committee (SSRC)

NHS Grampian Strategic Management Team

Clinical Governance Committee
Report/provide assurance as appropriate.

MCN 3 Year Strategy
Approval of MCN 3 Year Strategy

Report Annually (April/May)
• Progress on previous year against strategy /plan.
• Strategic Forum to approve annual objectives/plans for next year.

MCN Support & Advisory Team
• Oversee and support the development and monitoring of:
 - individual MCN strategies
 - MCN annual plans and objectives.
• Support & signpost MCN Clinical Lead & Manager in relation to issues affecting MCN.

Managed Clinical/Care Networks
• Provide a strategic vision and strategic plan for Grampian re their topic.
• Act as an advisory body for their topic.
• Accountable through MCN Clinical Lead and Manager.
• Produce annual plan to support strategic plan and annual objectives which support corporate objectives/strategy.

Figure 2: High level reporting and governance structure for MCNs in NHS Grampian

In order to ensure that MCNs are adequately supported by the organisation, that there is a consistent approach to MCN function across Grampian and to ensure alignment with the Healthfit Vision and strategy, it is proposed that the '*NHS Grampian MCN Support and Advisory Team*' carries out this function of behalf of SMT.

3.2.1   NHS Grampian MCN Support And Advisory Team

The purpose of the proposed NHS Grampian MCN Support and Advisory Team is to:

- support, advise and signpost MCNs to reach their maximum potential.
- ensure a consistent approach is taken by all MCNs as per the agreed NHS Grampian MCN framework.
- fulfil the management function of MCNs on behalf of SMT by supporting MCN Managers and Clinical Leads to meet the agreed objectives.
- support governance and quality improvement approaches taken by MCNs.
- provide an annual update report to SSRC and SMT on overall progress of MCNs in relation to implementation of strategy, annual plan and objectives.

- promote collaborative working between and across MCNs as appropriate, in order to ensure maximum impact for the Grampian population.
- support and facilitate the accreditation and re-accreditation process of MCNs within NHS Grampian.

Membership of the 'NHS Grampian MCN Support and Advisory Team' is outlined in Box 1 below.

Membership Of The NHS Grampian MCN Support & Advisory Team
• Head of Service Development; Line management of MCN Managers & Lead for MCNs within Planning Directorate.
• Deputy Medical Director; Line management of Lead Clinicians & member of Clinical Governance Committee.
• Deputy Director of Public Health; Line management of Lead Clinicians & Lead for MCNs within Public Health.
• Sector General Manager/Representative; Support MCNs in relation to sector links and governance.
• Head of Clinical Governance and Risk Management; Support MCNs in relation to Clinical Governance and Accreditation/re-accreditation.
• Service Planning Lead For Public Health & Planning; Grampian Health Plan and support the function of the team.

Box 1: Membership of the NHS Grampian MCN Support & Advisory Team

The Head of Service Development currently has responsibility for the management of the majority of MCN managers and also for ensuring MCNs are integrated within the planning directorate. In time, it is anticipated that all MCN managers will be line managed by one individual, which will enhance consistency and greater shared working between managers, thus proving beneficial to both MCN managers and the organisation.

The current MCN Clinical Leads are professionally accountable to either the Deputy Medical Director or the Deputy Director of Public Health. Consideration of line management in relation to MCN clinical leadership being provided by a nurse or Allied Healthcare Professional will be required in the future as and when this occurs.

3.2.2   Governance Structures
MCNs are virtual organisations without operational responsibility or accountability. MCNs require clear governance, leadership and structure to co-ordinate work and maintain direction and focus. Principles for governance are:
- inclusive membership
- agreed annual work plans supporting the agreed three year strategy
- clear accountability and reporting mechanisms.

Clinical Governance

Clinical governance remains the responsibility of operational staff accountable through the appropriate line management structure. Operational staff and managers are key members of MCNs and MCNs have a role in ensuring good quality, safe and effective clinical care. MCN Clinical Leads and MCN Managers have accountability to ensure the MCN functions accordingly against the agreed NHS Grampian MCN Framework.

The clinical governance reporting structure for MCNs is referred to in Figure 2 (page 19) and is supported through the function and membership of the *NHS Grampian MCN Support and Advisory Team*. This governance function is expected to be delivered via the following routes:

- Deputy Medical Director and Head of Clinical Governance and Risk Management, are members of the Clinical Governance Committee and will act as a link in relation to any key clinical governance issues which MCNs require to be aware of or address.
- membership of a sector representative, will allow enhanced clarity around what the sectors and MCNs are each accountable for.
- development and monitoring against an agreed Quality Assurance Programme which will be submitted to the Clinical Governance Committee, prior to the MCN being accredited by NHS Grampian.
- MCNs will be asked to provide assurance to the Clinical Governance Committee on specific issues of concern, as and when they arise.
- each MCN will have an identified link person from the Clinical Governance Team to support MCN clinical governance requirements as and when required. The key capacity requirements will likely be required around the accreditation process, in particular the Quality Assurance Programme.

Other Governance strands focussing on performance, staff and Patient Focus and Public Involvement (PFPI) will be predominantly reported through the SMT.

3.3 MCN Accreditation And Re-accreditation

HDL (2007) 21[4] states that NHS Boards will have responsibility for the accreditation and re-accreditation of local MCNs. This was further re-iterated in a letter to NHS Board Chief Executives from NHS QIS in December 2008.

3.3.0 Proposed MCN Accreditation And Re-accreditation Process In NHS Grampian

NHS QIS produced draft MCN Accreditation guidance in early 2008 and at the time of writing the NHS Grampian MCN framework, this guidance had not been finalised. Figure 3 below, outlines the proposed high level framework in relation to both accreditation and re-accreditation within NHS Grampian. The accreditation process will be tested with a local MCN in late summer 2009, in line with the most up to date NHS QIS guidance, prior to fully approving and implementing this process within NHS Grampian.
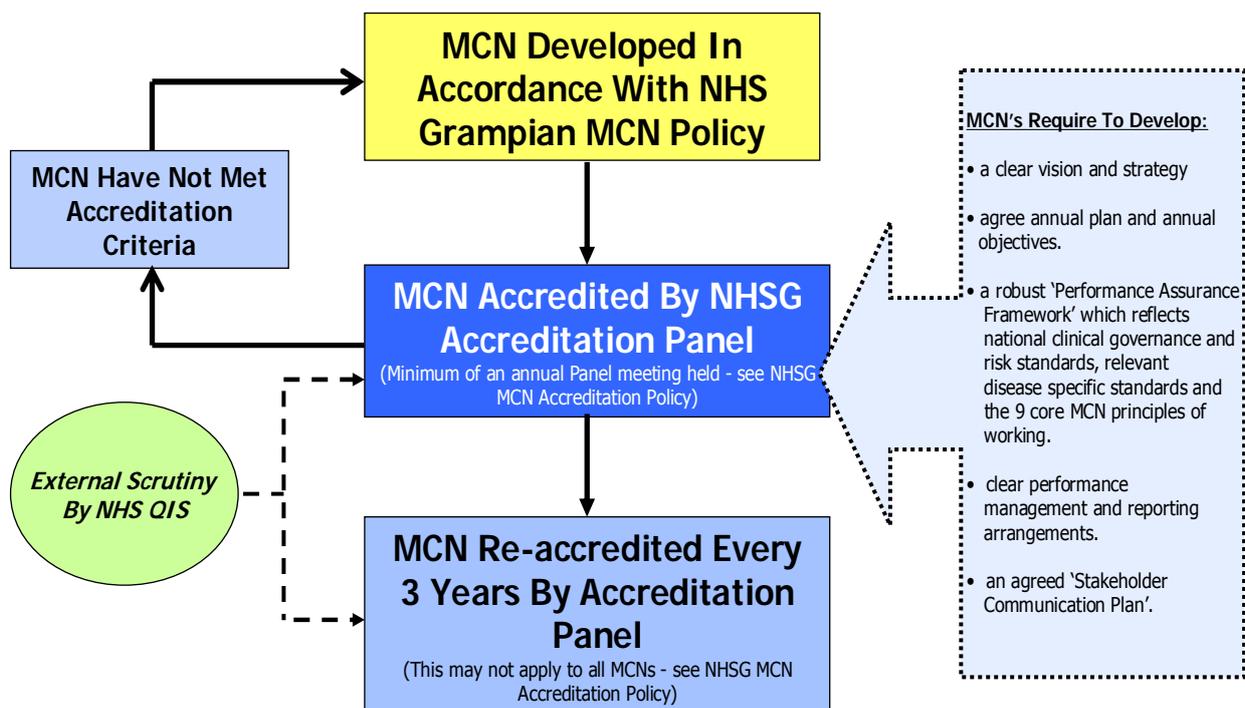
Notes:
* NHS QIS states that responsibility for accreditation and re-accreditation of local NHS Board MCNs will sit with local NHS Boards. NHS QIS will continue to accredit and re-accredit regional and national MCNs as outlined in HDL (2007) 21[4].
* NHS Grampian MCN Accreditation Policy details processes and requirements for accreditation. It is noted that some MCNs in time may evolve into a 'non-managed network' and will therefore not require to be re-accredited.

Figure 3: Outline of high level framework for MCN accreditation and re-accreditation in NHS Grampian.

3.3.1   MCN Accreditation Requirements

MCNs are expected to be accredited within 12 to 18 months of establishment. NHS QIS current guidance suggests that MCNs should be accredited within two years, but the view locally is that this timescale is too lengthy. Established MCNs require to be re-accredited every three years.   MCNs should only be re-accredited based on approved levels of need for the network to function.   A fundamental element to defining this need is based on what impact the MCN will have in supporting the organisation to deliver the NHS Grampian Healthfit vision, local and national priorities.

In order for MCNs to be successfully accredited and re-accredited, they require to:
- provide a clear vision and three year strategy for the condition/topic area, which requires to be aligned to the NHS Grampian Healthfit vision and the Grampian Health Plan.
- develop annual objectives and an annual plan which supports the implementation of their agreed strategy.
- have in place a Quality Assurance Programme, as per NHS QIS guidance which is outlined in section 3.3.3 overleaf.

In time, some MCNs will naturally evolve into non-managed clinical networks and therefore, it will no longer be appropriate to warrant the rigorous requirements of accreditation.

3.3.2   Benefits of Accreditation

NHS QIS state that the benefits of accreditation are:
- assures the quality of services to patients, staff and members of the public
- provides a benchmark of standards for MCNs, the associated service and hospital(s)
- provides quality monitoring information
- facilitates the development of people and organisations
- creates a dynamic environment for change
- provides networking opportunities, and
- evidence of continuous quality improvement

3.3.3   NHS QIS Criteria For MCN Quality Assurance Programmes

NHS QIS state the purpose of the MCN Quality Assurance Programme (QAP) is to:

- measure performance against the agreed standards and core support improvements in care and services
- learn from challenges and share strengths, and
- report openly.

A comprehensive QAP requires to include the following:

- a set of standards for the services provided by the MCN i.e. NHS QIS Clinical Governance standards, condition specific guidelines (SIGN, NICE, European Guidelines etc). Where national standards are not in place, MCNs required to develop standards as per the NHS QIS guidance
- agreed arrangements by which performance against the standards will be reviewed and monitored
- agreed arrangements for the reporting of review findings, and
- arrangements to implement agreed recommendations in response to review findings.

QAP's must be developed using the agreed NHS Grampian templates (based on NHS QIS template) and be formally supported by *NHS Grampian Clinical Governance Committee*, prior to submitting to the *NHS Grampian MCN Accreditation Panel*, as part of the accreditation/re-accreditation process.

3.3.4   Core Principles For MCNs

MCNs are governed by 9 Core Principles[4], these are:

- clear management arrangements and leadership of the MCN
- defined structure
- annual work plan
- documented evidence base
- multi-disciplinary and multi-professional
- patient focussed
- Quality Assurance Programme
- continuous Professional Development for MCN professionals
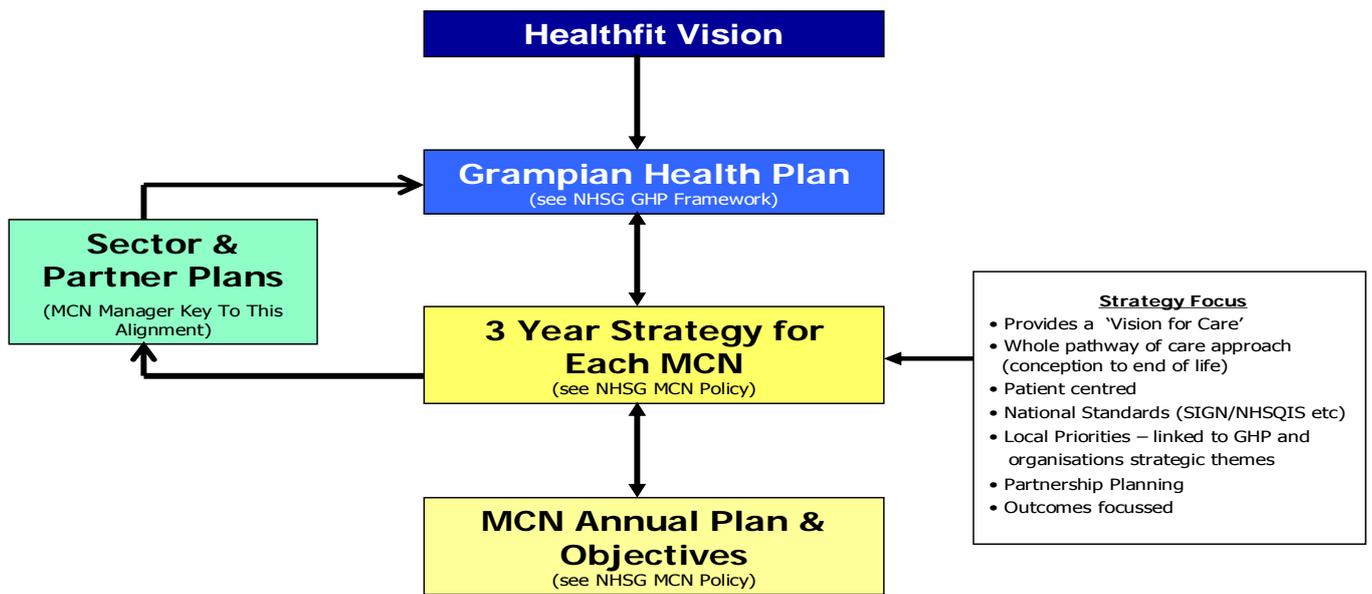- exploring the networks ability to generate better value for money.

3.3.5   Overseeing Of Accreditation And Re-accreditation In NHS Grampian

One of the roles of the *NHS Grampian MCN Support and Advisory Team* is to support and facilitate the accreditation and re-accreditation process within NHS Grampian. All NHS Boards will be externally scrutinised by NHS QIS on their accreditation and re-accreditation processes.

3.4   MCN Strategic Direction And Annual Work Plans

MCN strategies require to be aligned to the agreed NHS Grampian Health Plan framework and planning cycle, which will allow MCNs to take a more proactive and influential approach to system-wide, strategic planning. The MCN strategy will be guided by the organisational vision (Healthfit) and strategic plan (Grampian Health Plan) as communicated by the organisation at that time.

As outlined in subsequent sections, MCNs are key vehicles for robust planning if they are managed and supported appropriately within the organisation. In order to ensure a consistent and rigorous approach is taken across NHS Grampian, it has been recommended that MCNs develop a three year strategy which sets out the vision and direction for the Grampian population, in relation to their affiliated disease area/topic. Appendix 2 outlines the proposed MCN strategy template which aims to ensure a consistent approach across all MCNs. Figure 4, overleaf, illustrates the high level planning framework for MCNs within NHS Grampian.

Healthfit Vision

↓

Grampian Health Plan
(see NHSG GHP Framework)

Sector & Partner Plans
(MCN Manager Key To This Alignment)

3 Year Strategy for Each MCN
(see NHSG MCN Policy)

Strategy Focus
- Provides a 'Vision for Care'
- Whole pathway of care approach (conception to end of life)
- Patient centred
- National Standards (SIGN/NHSQIS etc)
- Local Priorities – linked to GHP and organisations strategic themes
- Partnership Planning
- Outcomes focussed

MCN Annual Plan & Objectives
(see NHSG MCN Policy)

Notes:

* MCN is used to describe 'Managed Clinical and/or Care Networks'.

* MCNs 3 Year Strategy approved by the Service Strategy & Redesign Committee.

* MCNs Annual Plan and Annual Objectives are endorsed by NHS Grampian's Strategic Management Team.

* Development of MCN Strategies, Annual Plans and Objectives are supported and facilitated by the NHS Grampian MCN Support & Advisory Team.

Figure 4: High Level Planning Framework For MCNs

3.4.0   MCN Strategy Requirements

MCN strategies require to incorporate the following components:

- a clear vision for future care, aligned to the organisations Healthfit vision

- whole pathway, from conception to end of life

- national standards such as the NHS QIS Governance standards and the disease/topic specific clinical guidelines i.e. SIGN, NICE and European guidelines as appropriate

- aligned to the organisations agreed strategic themes/objectives and priority programmes

- alignment with sector and partner plans, and

- outcome focussed.

In order to ensure there is alignment between sector plans, partner plans and the MCN Strategy, the MCN Manager is crucial to this by developing and maintaining good working relationships with each sector and partner organisation. This is outlined on page 16 (section 3.1.1).

To ensure the delivery of the MCN strategy, it has been agreed that an annual MCN plan should be developed which will outline the progress made against the previous year's objectives and work plan, in addition to outlining the objectives and work plan for the next financial year.   Appendix 3 and Appendix 4 outline the template for the MCN annual plan and MCN annual objectives respectively.

As outlined in section 3.2 all individual MCN strategies, annual plans and objectives will be directed and supported as appropriate by the *NHS Grampian MCN Support and Advisory Team*, prior to being submitted to the SMT and SSRC as appropriate for approval.

Appendix 5 outlines the proposed MCN annual planning cycle which takes into consideration the development of an annual plan and agreement of annual objectives, which aims to inform the organisational planning and budget setting processes within NHS Grampian, thus strengthening the relationship between MCNs and planning. This cycle is consistent with the NHS Grampian Health Plan planning cycle approved by the Grampian NHS Board in August 2008.

It is expected that clinical networks will be asked to inform strategic planning by delivering a brief annual action plan setting out aims and objectives for the year.

3.5   Collaborative Working Between MCNs In NHS Grampian

It has become clear throughout the 'informal review' that there are a number of areas which cut across a number of networks, therefore demonstrating the need for networks to work collectively in order to ensure maximum impact for the Grampian population. Examples of such cross-cutting themes are health improvement and tackling health inequalities, long term conditions, palliative care and rehabilitation. In 2007, a 'network forum' was established but due to various reasons the network forum disbanded within a short period of time. Within the informal review, this concept was specifically questioned, and it was generally agreed that such 'cross-cutting' themes could be more effectively tackled through a more collaborative working approach.

Such a collaborative approach will be facilitated and supported by the *NHS Grampian MCN Support and Advisory Team*. MCN participation in this approach will form part of individual MCN objectives. This model will also be open to members of other networks to participate in order to ensure optimum organisational impact on such cross-cutting themes, sharing good practice and supporting and influencing strategic planning.

In addition to this, the *NHS Grampian MCN Support and Advisory Team* will facilitate and support the network managers to share learning's and further approaches/models of collaborative working as appropriate.

3.6 Collaborate Working Between MCNs and Change And Innovation Programmes

MCNs have clear roles and responsibilities which focus on ensuring there is clinical leadership, agreed standards and appropriate governance mechanisms in place. The Change and Innovation Programmes within NHS Grampian have clear roles and remits to work with and support services and MCNs as appropriate in service redesign and the development of integrated care pathways. A key example of this in relation to a number of MCNs, is the Long Term Conditions Programme.

3.7 Evaluation Of MCNs In NHS Grampian

It is expected that individual MCNs will self-assess their effectiveness against the networks terms of reference using Creech and Ramji (2004)[4] principles of network assessment, as outlined in Box 2 below.

Principle	Assessment Criteria
Effectiveness	• Are network goals and objectives clear and are being fully achieved? • Is the network fully realising the advantages of working together?
Structure & Governance	• How is the network organised and how is it taking decisions on it work? • Are structural and governance issues impeding its work?
Efficiency	• Are the transactional costs of collaboration a significant barrier to success? • Is capacity being built across the network to strengthen member's ability to collaborate?
Resources & Sustainability	• Does the network have the required resources (i.e. administration, manager capacity) to operate?
Life-Cycle	• How does the network performing in comparison to other networks at similar stages of development? • What is the continuum of growth of the network?

Box 2: Principles of network assessment, extracted from Creech and Ramji (2004)

Further work is required to assess how best to support MCNs to evaluate work projects and evidence the impact of such projects/models. A Public Health Research post will be tested during 2009 and 2010 in relation to the Respiratory MCN, to establish impact and benefits of such a resource, prior to considering the provision of a generic resource for other MCNs.

It is anticipated that the NHS Grampian MCN Framework will be reviewed in January 2011, and this will be set against the following outcomes:

- increased clinician, patient and partner participation in decision making and policy development and NHS Grampian Strategies such as the Grampian Health Plan.
- increased dissemination and implementation of evidence-based practice.
- reduced variation in clinical practice.
- improved patient experience.
- improved integration of continuous quality improvement activities which enhance care pathways to ensure safe, effective care at the right time and in the right place.
- increased workforce development activities.
- all new MCNs are accredited within 18 months of establishment and all current MCN's are re-accredited three yearly as appropriate.
- MCNs have greater awareness and profile at corporate level.

3.8 National And Regional MCNs

Regional MCNs

Regional MCNs cover aggregated Health Board areas in relation to specific conditions or services. These are either hosted by a single NHS Board, by the Regional Planning Group or established via Regional Planning arrangements and supported locally via the Director of Corporate Planning. Regional MCNs will be accredited and re-accredited by NHS QIS on a three yearly cycle.

NHS Grampian currently hosts the North of Scotland Eating Disorder MCN, which is currently working towards accreditation.

The development of obligate networks as mentioned on page 11, tend to be regionally led.

National MCNs

National MCNs cover a disease or service which is deemed as specialised. National MCNs are established by the National Service Division (NSD), NHS Scotland and are hosted by a NHS Board. National MCNs will be accredited and re-accredited by NHS QIS.

NHS Grampian currently hosts one National MCN, which is the National Uveitis MCN.

Section 4: Benefits Of The MCN Framework

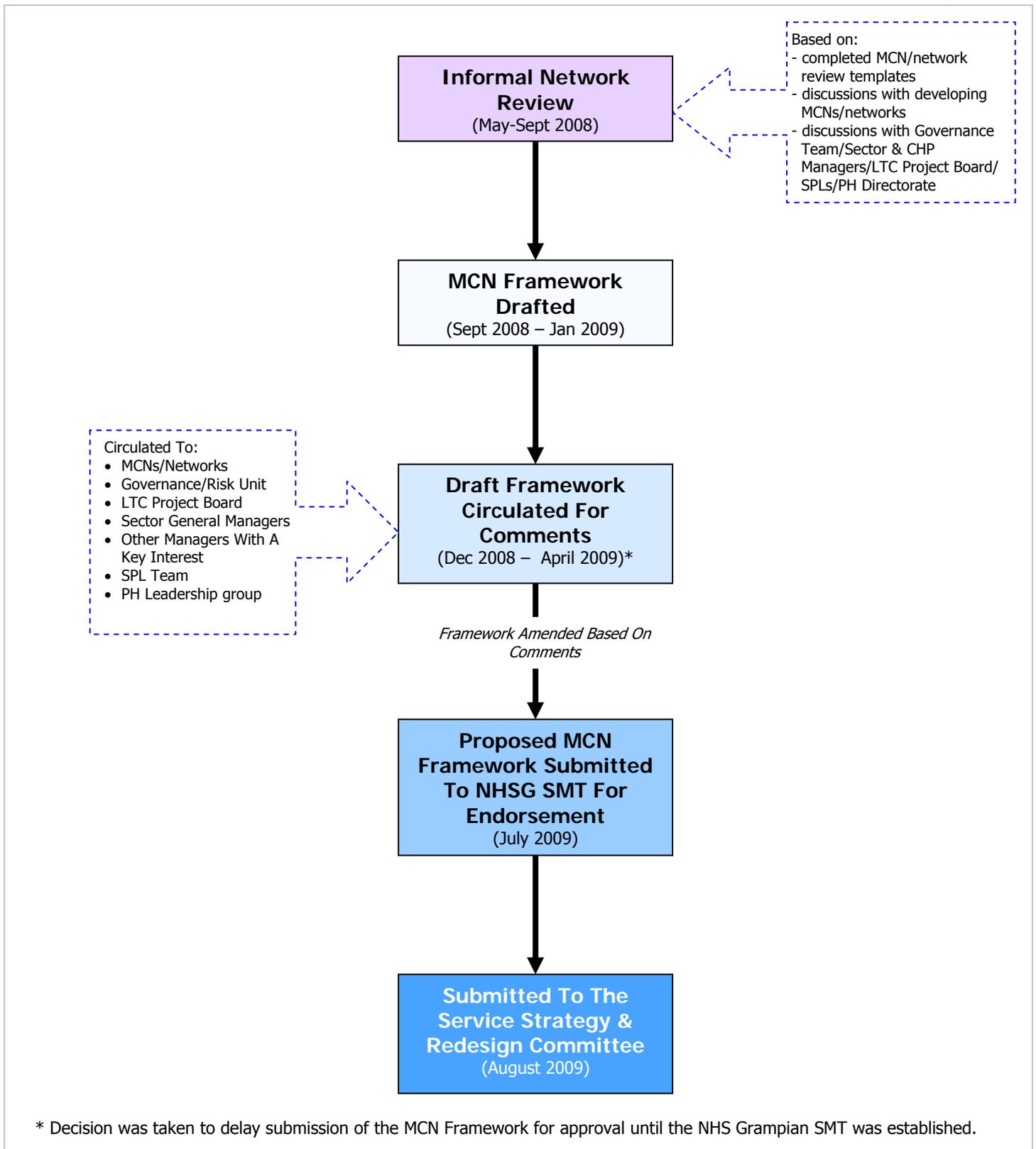### 4.0 Benefits Of MCN Framework

There are a number of benefits to be gained by the implementation of this framework, these are:

- the provision of a clear understanding of the purpose and function of MCNs within NHS Grampian.
- clear reporting and governance structures supporting MCNs.
- alignment of MCN strategy and work plans with NHS Grampian's vision and strategic plan (Grampian Health Plan).
- a more consistent approach to MCN function across NHS Grampian.
- facilitation of collaborative MCN working as appropriate, to maximise overall benefit for the Grampian population and NHS Grampian resources.
- increased organisational support to MCNs to maximise their potential.
- increased support and sharing of good practice by MCNs and CNs.
- maximisation of MCN management, administrative and evaluative capacity/resources.
- increased involvement and influence of MCNs in system-wide and strategic planning.
- increase in equity of access to quality and needs driven care, for whoever you are, or wherever you live in Grampian (or beyond). This is also relevant in relation to the obligate networks with the Island Boards.
- services and care is better joined-up and improves patient experience.
- whole system pathway approach is taken, which is driven by patient need and evidence to deliver safe, effective care in the right place, at the right time and by the most appropriate skilled professional/person. This approach, as appropriate, supports the shift in the balance of care.
- consistent and credible information available to patients, carers, staff and public.
- meets NHS QIS quality assurance requirements.

All of the above supports the delivery of the five strategic themes agreed by Grampian NHS Board.

Section 5: Process To Develop And Agree Framework

The process taken to develop and agree this framework is illustrated below.

Informal Network Review
(May-Sept 2008)

Based on:
- completed MCN/network review templates
- discussions with developing MCNs/networks
- discussions with Governance Team/Sector & CHP Managers/LTC Project Board/ SPLs/PH Directorate

MCN Framework Drafted
(Sept 2008 – Jan 2009)

Circulated To:
- MCNs/Networks
- Governance/Risk Unit
- LTC Project Board
- Sector General Managers
- Other Managers With A Key Interest
- SPL Team
- PH Leadership group

Draft Framework Circulated For Comments
(Dec 2008 – April 2009)*

Framework Amended Based On Comments

Proposed MCN Framework Submitted To NHSG SMT For Endorsement
(July 2009)

Submitted To The Service Strategy & Redesign Committee
(August 2009)

* Decision was taken to delay submission of the MCN Framework for approval until the NHS Grampian SMT was established.

References

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2 Introduction of Managed Clinical Networks Within The NHS In Scotland. NHS MEL (1999) 10. Scottish Executive Health Department.

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4 Strengthening The Role Of Managed Clinical Networks. NHS HDL (2007) 21. Scottish Executive Health Department.

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6 Healthfit – Creating the vision for Grampian's health: Report (2002), NHS Grampian/ Office For Public Management.

7 NHS Grampian Healthfit Event Report (2008). NHS Grampian Corporate Planning Directorate.

8 Draft Proposal For A Clinical Governance Framework For Managed Clinical Networks (2006). NHS Grampian Clinical Governance Support Unit.

9 NHS Grampian Draft MCN Policy (2007). NHS Grampian Corporate Planning Directorate.

10 Informal Review Of Clinical/Care Networks In NHS Grampian – A Report. (2008). NHS Grampian Corporate Planning Directorate.

11 Clinical Networks Briefing. (2002). NHS National Workforce Projects.

12 Delivering For Remote And Rural Healthcare. NHS CEL (2008) 23. Scottish Government Health Directorate.

13 Grampian Health Plan for 2009/10. (April 2009). NHS Grampian Corporate Planning Directorate.

14 Creech H, Ramji A, (2004) – Knowledge Networks: Guidelines for Assessment International Institute for Sustainable Development.

Clinical And Care Networks In NHS Grampian – January 2008

The NHS Grampian Informal Review of Clinical and Care Networks identified various types of MCNs and CNs which were at various stages of iteration. Table 1 below, outlines the identified MCNs and CNs. This omits the regional and national MCNs which NHS Grampian currently hosts.

Accredited MCNs	MCNs Evolving/Working Towards Accreditation	Clinical Networks	Formal Programme of Care/Service Networks	Suggested Future MCNs
• Diabetes	• Stroke	• Minor Surgery	• Cancer	• Palliative Care
	• Coronary Heart Disease	• COPD (will sit within Respiratory MCN)	• Mental Health	• Musculoskeletal
	• Sexual Health	• Palliative Care	• Child Health	• Neurology
	• Oral Health & Dentistry	• Eye Care		
	• Respiratory (COPD will sit within)	• ENT		
	• Hepatitis C			
	• Unscheduled Care			

Table 1: Outline of MCNs, CNs and Service Networks Within NHS Grampian As Identified In 2008

Proposed Format For Grampian MCN Strategies

- Contents Page

- Executive Summary

- Chapter 1:   Vision for care in Grampian and link to NHS Grampian Healthfit vision.

- Chapter 2:   -   Incidence/Prevalence
  - Pattern of disease
  - Trends and factors affecting these
  - Impacts

- Chapter 3:   Best Practice
  - What is best practice across patient pathway?
  - How do services perform against this?
  - Gaps and why?
  - Horizon scan and predict future needs
  - Prevention/Screening Tackling Health Inequalities
  - Diagnosis
  - Treatment
  - Rehabilitation
  - Palliative care

- Chapter 4:   Future model of care and high level plans to achieve/work towards this in the next 3 years

- Chapter 5:   Resource and infrastructure requirements

- Chapter 6:   Finance plan

- Chapter 7:   Workforce plan

- Chapter 8:   Quality Assurance Programme/Performance Monitoring/Outcomes

- Chapter 9:   Risk Plan

- Chapter 10: Stakeholder Communication Plan

<u>Proposed Format for MCN Annual Plan</u>

- Contents Page

- Executive Summary

- Chapter 1: Background
  - Brief outline of condition/disease prevalence/ incidence and local context.
  - Vision of care
  - Outline of strategic plan
  - Agreed objectives for the previous year

- Chapter 2:
  - Progress made against previous years objectives
  - Overall progress towards delivery of strategic plan & vision
  - Finance/workforce plan updates
  - Communication plan

- Chapter 3:
  - Objectives and plan for next year in relation to the 3 year strategy
  - Expected outcomes/measures against objectives with named leads and set timeframes.

- Conclusion

Template For MCN Annual Objectives

NHS SCOTLAND - PERFORMANCE PLANNING AND DEVELOPMENT SYSTEM

MCN Performance Plan and Review – 2009/10

Page 1 of 1

MCN:

1. Objective no. 1 of 1 NHS Grampian Corporate Objective/Strategic Theme						
2. MCN Objective (what you are focusing on)	**3. Initiatives** (specific supporting actions)	**4. Measures** (How I'll know if I have succeeded)	**5. Timescales**	**6. Lead**		**7. Progress review** (to be completed for review meetings)
						8. Weighting (out of a total of 40)

Proposed MCN Annual Planning Cycle

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

MCN Objective Setting Process
(see NHSG policy)
1. Review progress from previous year.
2. Agree Annual Plan.
3. Agree Annual Objectives
Initially by core group and then by OMT

Alignment of MCN Annual Plan with approved Grampian Health Plan

Review Meeting With Core Team

Attend & Contribute to the Annual NHSG Event:
▪ Showcase good work
▪ Discuss next years (or 3yr) actions/ priorities against 3yr GHP
▪ Contribute to NHSG Planning & Finance Processes

Annual Network Event

Development of Annual MCN Plans (see NHSG agreed format)
▪ Plan will be aligned to the Grampian Health Plan and reflect implementation of the MCN Strategy

Contribute to the development of the annual GHP Update Doc/3 Year GHP
• Progress made against priorities
• Plans/actions against priorities for next plan
• Consultation of GHP document

Ad hoc network sessions held in response to network needs i.e. improving health and reducing health inequalities

Engagement & Communication with Staff, Public & Partners Re Progress & Priorities

MCN Strategy Implemented & Monitored Via Agreed Annual Plans & Objectives

Note: Each MCN will be re-accredited every 3 years, as per the NHS Grampian MCN policy.