Applications for designation as a national managed clinical or diagnostic network - guidance for applicants

1. Introduction

The National Specialist Services Committee (NSSC) considers applications from managed clinical and diagnostic networks if they cover the whole of Scotland. Applications for national diagnostic networks also need to have the support of the SGHSCD Diagnostics Steering Group.

Funding for the administrative costs and backfill for Lead Clinicians of national networks comes from the top-slicing of NHS Boards' general allocations (as is the case with mainstream national services).

There is a two-stage process for approval of new national managed clinical networks (NMCNs) and national managed diagnostic networks (NMDNs). This process is described and illustrated below.

Stage 1

1.1 The format for stage 1 outline applications is set out in the Annex.

1.2 The aim of this stage is to provide an opportunity for applicants to obtain the views of NSSC on whether or not a full application should be worked up. This is because the process to develop a full application involves considerable work by applicants and engagement with professional, patient, public interests as well as NHS Board management in Boards across Scotland to establish support and the requirement for national networking.

1.3 The NSSC Secretariat will allocate a dedicated contact from National Services Division to provide support to the applicant through stages 1 and 2 of the application process.

1.4 The NSSC will seek advice on the outline stage 1 application from the National Professional Patient and Public Reference Group (NPPPRG) for managed clinical networks, and the Scottish Government (SGHSCD) Diagnostics Steering Group – for diagnostic networks.

Stage 2

1.5 If NSSC recommend that the application is progressed to stage 2, a full application that includes a high level work plan will be required. The format for stage 2 applications is set out in the Annex.

1.6 Advice on the stage 2 application will be sought from the NPPPRG for managed clinical networks, and the SGHSCD Diagnostics Steering Group for diagnostic networks prior to submission of full application to NSSC.

1.7 The NSSC will consider applications against the criteria in section 4 below.
1.8 Management and administrative support for the network will be provided by the National Network Management Service and only marginal additional funding will be provided for lead clinician backfill, etc. The required level of network management and administrative support, and the actual amount of any additional funding required, will be ascertained in partnership with NSD and the host Board of the National Network Management Service during the scoping of the stage 2 application.

1.9 Consideration and final approval (or rejection) of those applications that both fit NSSC criteria and have the agreement of NHS Boards to support the administrative costs of the network, is by Scottish Government Health and Social Care Directorates (SGHSCD).

1.10 Once designated, networks will be expected to agree a detailed workplan in line with the network’s strategic objectives and milestones; progress against this will be used to assess the effectiveness of the network.

Figure 1 National Managed Clinical Network / National Managed Diagnostic Network application process map
1.11 **Networks are designated in the first instance for a period of up to three years.** Performance in achieving the approved designation objectives is assessed annually and a full review of the achievements of the network in improving patient care and meeting its designation objectives will be undertaken within this timeframe to inform a decision by NHS Boards on any continuing central funding.

1.12 **Submissions which are approved by other bodies for short term funding** (eg SGHSCD, NHS HIS, Scottish Cancer Group, Diagnostics Steering Group) will still need to be approved through the process outlined in this paper to attract long term NHS Board funding.

2. **Principles of managed clinical networks**


*The prime focus* of networks is to:

- Produce benefits for patients through improvements in services
- Establish the evidence base for interventions/elements of care
- Develop appropriate evidence-based standards and agree these with NHS HIS
- Use their experiences to develop protocols and to share good practice
- Perform clinical audit to support improving patient care
- Apply protocols and support local clinicians across wide geographical areas to offer care locally to patients within national protocols
- Subsequently re-audit to assess the impact on patient care
- Assist clinicians in gathering information about their performance
- Produce an annual report.

Networks are virtual entities designed to drive upwards the standards of patient care through integration of services and collaboration. It is this concept that is the essence of a managed clinical network, hence the funding allocated nationally to National Managed Clinical and Diagnostic Networks (NMCNs and NMDNs) reflects the funding needed to assist clinicians and other partners in setting up and running the network:

- Appropriate administrative support to organise meetings, newsletters and the annual report
- Support for audit through the national Clinical Audit System
- Backfill for lead clinicians
- Travel expenses.

Funding levels will also reflect the requirement for administrative support to operate flexibly, ensuring that the service provided is responsive to individual NMCN needs as well as collectively.

Networks themselves do not employ staff or contribute to the costs of clinical services, although it is necessary for a lead clinician to be appointed part time, usually for a temporary period of around two years, on rotation, to chair meetings of an executive group. The purpose of the executive group is to steer the Network, overseeing the delivery of a programme of work that includes the development of clinical protocols, audit and stakeholder engagement. In line with HDL(2007)21, the costs of providing backfill for lead clinicians is included within national funding.
Please note that lead clinician backfill is available only for network leadership and not for any care delivered within the network (e.g. attendance at MDTs as part of the network's approach to managing patient care).

Networks also have a role in teaching and research in that they are an excellent opportunity for clinicians to share experience and pass on good practice.

3. Aspects to be considered by NSSC

The aim of NSSC is to ensure that the highest possible standard of care that can be delivered within available resources is available to all residents of Scotland who require treatment or investigation of a specialised nature, or for an uncommon condition. This is true for designated services, NMDNs and NMCNs.

Applicants are expected to address each of the aspects highlighted in the application pro-forma and are encouraged to include any appropriate additional information. Where applicable, supporting evidence from published literature should be provided. All criteria are considered as interdependent factors and not in isolation.

NMCN and NMDN applications should be endorsed by the main NHS Boards involved in delivery of the associated service. The lead proposer is responsible for ensuring that all information required is included. National Services Division (NSD) will advise on potential resources within existing network offices to support additional networks.

Any gaps in providing the information detailed below will prevent bids from being considered until all required elements are complete.

4. Criteria for national clinical networks

MEL(1999)10 defines a national clinical network as one which “would be concerned with those diseases or services which are so rare or specialised that it only makes sense to organise them on a Scotland-wide basis”. This is reinforced in HDL(2002)69, HDL(2007)21, and in CEL 29 (2012).

National networks need to provide:
- A clear patient pathway/s – ensuring equitable access to services for all patients in Scotland (diagnostic services in the case of an NMDN)
- Education of health professionals - to support generalists in delivering specialist care
- Information and engagement with patients, carers and families
- Data capture and clinical audit – to drive up quality

Most MCNs are local or regional. National networks aim to support the safe delivery of care, as locally as possible given the specialist nature of care. A network may require national designation if it would make the best use of the rare talent of a few individuals to benefit many patients, i.e.:
- The core services requiring networking are specialist (as specified in the NSSC criteria)
- Few clinicians in Scotland have the specialist skills and experience to deliver the service – national networking is needed
- National collaboration, communication and knowledge sharing and transfer is required to inform decision making around patients who might have rare conditions or complex needs
- Without a network, patients would have to travel more often across regional (not just NHS Board) boundaries to obtain a comprehensive service
- National organisation and support is needed to strengthen public and patient engagement, integrate care across Scotland, agree patient pathways and protocols, and drive up clinical quality.
- There is a clear need for the national provision of a network.
Each NMCN and NMDN must have a defined structure which sets out the points at which the service it supports is to be delivered and the connections between them. Networks applying for national designation must be multi-disciplinary and/or multi-professional and require collaboration across Scotland to generate a critical mass of expertise and ensure equitable access and treatment.

Patients, or voluntary organisations representing the interests of patients, must be involved in the running of the network. Participation from other partners (e.g. local government, especially health, social work and education representatives), where appropriate, is strongly encouraged.
Contacts for National Specialist Services Committee (NSSC) and National Patient, Public and Professional Reference Group (NPPPRG)

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# Proforma for Stage 1 Proposal for NMCN and NMDNs

## Introductory Information

<table>
<thead>
<tr>
<th><strong>Name of Network:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Names, roles and contact details of proposers, specifying who the lead proposer is:</strong></td>
</tr>
<tr>
<td><strong>Current model of service delivery:</strong></td>
</tr>
<tr>
<td><strong>Brief description of need/issues that the proposed network would aim to address (i.e. need for a network):</strong></td>
</tr>
<tr>
<td><strong>How it is intended that the proposed network will address the need/issues:</strong></td>
</tr>
<tr>
<td><strong>Expected benefits / impact in relation to healthcare quality and outcome measures:</strong></td>
</tr>
<tr>
<td><strong>Why national networking is required (as opposed to regional or local):</strong></td>
</tr>
<tr>
<td><strong>Number and location of centres / NHS Boards expected to have significant involvement:</strong></td>
</tr>
<tr>
<td><strong>Patient groups/cohorts within scope (including numbers of patients expected to benefit):</strong></td>
</tr>
<tr>
<td><strong>Stakeholder support for proposed network (e.g. clinical, operational, patient, voluntary sector):</strong></td>
</tr>
</tbody>
</table>
## 1. Name and description of the proposed network, and contact details

<table>
<thead>
<tr>
<th>Full name of the proposed network</th>
<th>Applicants should provide the full name of the proposed network.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short title for the proposed network</td>
<td>Applicants should provide a title that can be used for meeting papers, etc, which should be no more than 30 characters.</td>
</tr>
<tr>
<td>Name, title and contact details of the lead applicant</td>
<td>Applicants should provide the name of the lead Board along with the name, title, and contact details of the person acting as a lead proposer.</td>
</tr>
<tr>
<td>Brief description of the proposed network</td>
<td>Applicants should provide a ‘lay’ description of no more than 50 words.</td>
</tr>
</tbody>
</table>

## 2. Need for the network

<table>
<thead>
<tr>
<th>Statement of need/issues to be addressed by network</th>
<th>A description of the need/issues that the proposed network would aim to address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition of target patient group(s)</td>
<td>A clear definition of the target patient group that the network will focus on. If the group is a subset of a larger patient population, the clinical reasons for separating these patients should also be provided (for example, an explanation as to why they cannot be served adequately as part of the larger patient population). The current and likely future referral patterns.</td>
</tr>
<tr>
<td>Incidence/prevalence</td>
<td>An estimate of the total number of patients in Scotland that would be affected by the network (i.e. the entire national caseload). This includes the prevalence and incidence of the relevant condition(s). Where the network covers newly-established clinical services, any projections should be supported by the experience of current UK/international centres. The likely changes in incidence/prevalence during the initial commissioning period (up to three years).</td>
</tr>
<tr>
<td>Nature and pattern of service</td>
<td>Description of current model of service delivery including the elements of service provided at primary and secondary levels and other agencies linked to the specialist services, and a full list of all proposed organisations/clinical groups which will take part.</td>
</tr>
</tbody>
</table>
### 3. Alternatives to the provision of a nationally commissioned network

<table>
<thead>
<tr>
<th>Alternatives to the provision of a national network</th>
<th>Evidence that the provision of a local or regional network is inappropriate for the proposed network</th>
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<tbody>
<tr>
<td></td>
<td>Summary of why the provision of an informal network would not be successful in meeting the need/issues described above</td>
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<tr>
<td></td>
<td>Evidence of significant additional benefits from national organisation of a network</td>
</tr>
</tbody>
</table>

### 4. Plan to enable organisational effectiveness

<table>
<thead>
<tr>
<th>Proposed future model of service delivery to be supported by network</th>
<th>Description of changes to the current model of service delivery that the network is likely to bring about to meet the need/issues described above, and the proposed future model of service delivery that will be supported by the network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvements in clinical and organisational effectiveness sought by network</td>
<td>Applicants should provide demonstrable, specific, clinical and service improvement targets which will be delivered through the network. Details of any added health effect to be gained from collaboration across levels of care.</td>
</tr>
<tr>
<td>List of objectives/deliverables</td>
<td>Objectives/deliverables that, if designation is approved, the network will work to achieve over an initial 3 year period, based upon the needs/issues described above</td>
</tr>
<tr>
<td>High-level milestones</td>
<td>High-level milestones over the initial designation period of up to three years</td>
</tr>
<tr>
<td>Impact on equality and diversity</td>
<td>The applicant will need to consider to what extent the network will address current health or other inequalities. Applicants must, as a minimum, be able to demonstrate that the network will facilitate equity of both care and access to all eligible residents of Scotland. As with all new NHS programmes, the supporting NHS Board will have to undertake an Equality &amp; Diversity Impact Assessment. It may be the case that a lead NHS Board has not been identified at the time of application, and this work may follow a decision to recommend designation.</td>
</tr>
</tbody>
</table>
| Clinical and operational indicators | Potential measurable and reportable indicators that the network will use to monitor improvements against:  
  - the stated clinical benefits throughout the commissioning period (3 years).  
  - the stated service delivery benefits throughout the commissioning period (3 years) |
| Arrangements for clinical audit | Description of existing/potential systems for data capture for the purposes of continuous quality improvement of services across Scotland (if any), and future arrangements for national clinical audit. |
| Education and training | Summary of the education and training potential of the proposed network, focussing on priorities which meet educational and training needs |
| Patient engagement | Summary of the proposed network’s potential approach to patient engagement |
| Risks/ issues log | Summary of any risks / issues that may prevent the network from achieving its objectives/deliverables, noting how these risks will be reduced/mitigated |

### 6. Interdependencies

| Evidence of teaching/research base | All nationally designated networks are expected to take a leading role in teaching and research. This is not only to promote continued clinical development within the service, but so that new and existing techniques can be passed on to ensure future numbers of appropriately skilled staff to support local provision of specialist expertise.  

NMCNs must be committed to expansion of the evidence base through appropriate research and development and to maximising the potential of the expertise in the network for education and training. 

List and describe evidence of teaching/research base and potential opportunities |

| Other interdependencies | Describe any current and potential interdependencies that may exist with any of the following NHS/non-NHS programmes/organisations, providing comment on how these interdependencies could be managed by the network:  
- Other networks/services/programmes  
- NES/HIS  
- Universities and colleges/clinical/technical training programmes  
- Social care/education/justice/police  
- Industry  
- Other |

### 7. Administrative costs of network and impact of network on costs to wider NHS

| Anticipated resource requirements of network support | Anticipated resource requirements of network support. This will include costs of clinical backfill, administrative and clerical staff, travel costs, sundries (meetings, etc), and any other costs (e.g. audit, telemedicine, expenses for patients, locum cover for network attendance, capital costs). |

| Any additional costs which may need to be borne in other areas of the NHS | Any additional costs which may need to be borne in other areas of the NHS as a result of implementing clinical standards/improving pathways/access, developing services. Although these costs are excluded from national funding, they are necessary to inform NHS Boards of the full costs of the network, beyond the element which will be topsliced. |

### 8. Other relevant information

| Other relevant information | Please include any other relevant information within this section that may not have been covered by the previous sections |

### 9. Statements of support of the application

| Statements of support | Signed statements of support from:  
- the main NHS Boards involved in delivery of the associated, endorsed by at least one NHS Board Chief Executive  
- Patient/voluntary sector groups  
- the national clinical community and/or professional bodies (i.e. Royal Colleges, etc) |
NMCNs and NMDNs by their very nature require to work across NHS Board boundaries. It is crucial that the network has the full support of all staff groups involved in providing the service(s) covered by the network and of clinicians and management from across Scotland.

National networks, by definition, involve all NHS Boards. A joint application needs to be submitted through an agreed lead proposer, who must field questions – if necessary – on behalf of all NHS Boards involved.