National Planning Forum

Report on Review of National and Scotland wide Managed Clinical Networks 2011

2 December 2011
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Executive Summary

- The National Planning Forum (NPF) commissioned a review of Managed Clinical Networks (MCNs) which operate at an ‘all Scotland’ level with the aim of gaining a strategic view of national networks as a whole and making recommendations on their future direction by December 2011.

- The concept of the Managed Clinical Network (MCN) was first articulated as a formal organisational model for hospital services and over the last decade has become increasingly recognised as a model for care and vehicle for service development at national level.

- The first definition by the Scottish Executive (1999) \(^1\) was ‘a linked group of health professionals and organisations from primary, secondary, and tertiary care, working in a coordinated way that is not constrained by existing organisational or professional boundaries to ensure equitable provision of high quality, clinically effective care’. Scottish Government Health and Social Care Directorates (SGHSC) policy recognises the contribution of networks to “developing services that are person centred, delivered locally where possible but specialised where need be”\(^2\).

- At an ‘all Scotland’ level, four network models have emerged, each with unique characteristics. The scope of local and regional MCNs may be relatively easily quantified by an assessment of the number of patients, staff and sites that are involved in a local or regional NHS Board boundary. National MCNs cut across traditional organisational and professional boundaries and are required where the full range of skills required to provide specialist care for patients with rare conditions and/or complex needs are not available within an NHS Board, or even within a Region.

- The requirement for health services to demonstrate return on investment in terms of improved outcomes, while achieving cost efficiencies, has gathered momentum in recent years and NMCNs are under increasing pressure from SGHSC and NHS Boards to demonstrate that they add value that could not otherwise be achieved.

- It was considered that the added value of MCNs that operate at an ‘all Scotland’ level is that they cut across local and regional NHS Board boundaries and facilitate the necessary structures, systems and processes to ensure equity of access to and standards of specialist care for all patients in Scotland and their carers, regardless of where they live in relation to a specialist centre. Thus a patient in a remote and rural area will have access to specialist care through a formal networked arrangement between local and specialist clinicians and services, even when the care is delivered locally.

- The Review Group noted that ‘all Scotland’ networks provided considerable added value to NHS Scotland and considered that there was a continuing role for MCNs at a national level within NHS Scotland.

- The Review Group reflected on areas where there were anomalies in approaches for ‘National’ and ‘Scotland wide’ networks. There is inequity around the structures currently in place and the arrangements for oversight of performance for NMCNs, National Managed Diagnostic Networks (NMDNs) and other Scotland wide MCNs.

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1 Scottish Executive Health Department (1999) NHS MEL Introduction of Managed Clinical Networks within the NHS in Scotland.

2 Scottish Executive Health Department (2007) Strengthening the role of Managed Clinical Networks.
• The group considered that there are economies of scale, and improvements in the quality of support when networks share network management and support staff.

• Effective clinical leadership is seen as a key success factor for networks. There are anomalies in how they are funded and resourced.

• The Review Group noted that:
  o ‘all Scotland’ networks provided considerable added value to NHS Scotland.
  o The differing models of MCNs, which are not always clearly defined, can lead to confusion around roles and accountability. There is a need for clarity and a need to develop appropriate systems and processes to accommodate requirements.
  o There is increasing recognition that the current practice of recruiting staff to substantive roles in individual networks without appropriate contingency for circumstances whereby national funding ceases (i.e. where a network is shown to have had little or no impact on patient care after five years or where a network achieves its objectives in less than five years and requires no further funding) represents an organisational risk to host NHS Boards and that this should be addressed.
  o Protected time for network Lead Clinicians is required and mechanisms need to be in place to ensure that both medical and other clinical staff can take on the roles of Lead Clinicians.
  o It is clear that there are economies of scale, and benefits from mutual support, from co-ordinating network support in network offices.
  o Further economies could be gained by further standardisation and rationalisation of the current arrangements.
  o There is a need to identify and better monitor outcome indicators and NSD is leading work to address gaps in this area, including the provision of training for NMCN staff.

• The Review Group considered that an audit should be put in place in 3 year’s time to assess the extent to which the recommendations had been implemented, and what demonstrable benefits had been achieved.
1. Introduction

1.1 The Review
In February 2011, the National Planning Forum (NPF) commissioned a review of Managed Clinical Networks (MCNs) which operate at an ‘all Scotland’ level with the aim of gaining a strategic view of national networks as a whole and making recommendations on their future direction by December 2011.

1.2 Remit and Role of the Review Group
- To assess the achievements, benefits and costs of Scotland’s national clinical networks; and make recommendations on the extent to which each network provides value for money.
- To explore the relationship of these MCNs to other structures, such as planning and operational management arrangements in and between NHS Boards.
- To consider the role of other organisations and specifically the role of Healthcare Improvement Scotland (HIS) in relation to the national networks, including their accreditation.
- To consider the role, function and added value of Scotland wide networks
- To make recommendations to the National Planning Forum by December 2011.

1.3 Review Methodology
The review took the form of a short-life working group chaired by Professor McMahon, Acting Director of Strategic Planning in NHS Lothian, reporting to the National Planning Forum. The review encompassed National Managed Clinical Networks and Scotland wide Managed Clinical Networks, as defined in section 2 (a list of all networks in scope is defined in Annex 1) with each network included within scope invited to conduct a self assessment of its purpose, achievements relative to original objectives, priorities and costs.

The Review took into account HDL (2007) 21 - Strengthening of Role of Managed Clinical Networks3 and the Healthcare Quality Strategy for NHS Scotland4 and was informed by lessons learned and outcomes from NHS Board and other reviews of MCNs, specifically the Review of Nine NMCNs5 undertaken by National Services Division (NSD) in 2010. Consideration was also given to the role of NMCNs in planning and implementation of National Delivery Plan for Children and Young People’s Specialist Services (NDP) investment.

1.4 Membership
The membership of the Review Group was:

Professor Alex McMahon, Acting Director of Strategic Planning in NHS Lothian (Chair)
Mr David Cline, National Planning Manager, Directorate for Health and Healthcare Improvement, Scottish Government Health Directorates
Ms Amanda Coulthard, Assistant Director of Planning, NHS Ayrshire and Arran
Mrs Deirdre Evans, Director, National Services Division (NSD)

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1.5 Stakeholder Communication and Engagement

From the outset, communications were disseminated to stakeholders to keep them abreast of work as the review progressed. Stakeholders were also invited to comment on the draft report and recommendations.

1.6 Structure and Purpose of Report

The purpose of this report is to inform decisions and recommendations in relation to National and Scotland wide Networks.

- The main report is divided into three sections:
  - The first section outlines the background to MCNs and explores the added value of National and Scotland wide MCNs
  - The second section is divided into five parts focusing on:
    - Designation, performance management and governance
    - Management and support infrastructure
    - Funding/cost effectiveness
    - Quality assurance
    - Links to other structures
  - The third section outlines conclusions and recommendations going forward.

- The annexes include a profile completed by each network, which sets out its purpose, achievements, priorities and costs and provides an assessment of impact.
2. Managed Clinical Networks

2.1 Background to Managed Clinical Networks

Historically NHS staff have worked in informal networks with national policy steering towards more formal networks following the Calman Hine report (1995)\(^6\) on cancer services and the Acute Services Review for Scotland (1998). The concept of the Managed Clinical Network (MCN) was first articulated as a formal organisational model for hospital services and over the last decade has become increasingly recognised as a model for care and vehicle for service development at national level.

The first definition by the Scottish Executive (1999)\(^7\) was ‘a linked group of health professionals and organisations from primary, secondary, and tertiary care, working in a coordinated way that is not constrained by existing organisational or professional boundaries to ensure equitable provision of high quality, clinically effective care’. SGHSC policy recognises the contribution of networks to “developing services that are person centred, delivered locally where possible but specialised where need be”\(^8\).

2.2 Models of ‘all Scotland level’ Managed Clinical Networks

At an ‘all Scotland’ level, four network models have emerged, each with unique characteristics, and for the purposes of this report are defined below to enable the reader to differentiate between them easily. A full list is in Annex 1:

- **National Managed Clinical Networks (NMCNs)** – Formally designated by SGHSC on the advice of the National Services Advisory Group and Board Chief Executives’ Group. Commissioned and performance managed by NSD of NHS National Services Scotland (NSS) on behalf of the SGHSC and NHS Boards. Subject to regular review. There are 23 such NMCNs.

- **Scotland wide Managed Clinical Networks** – funded directly by SGHSC. There are two such MCNs – Scottish Public Health Network (ScotPHN) and the Forensic Mental Health Services Managed Care Network.

- **Scotland wide Managed Diagnostic Networks (MDNs)** - funded directly by SGHSC, often with fixed term funding. Oversight is now being put in place through the SGHSC Diagnostic Steering Group. There are 4 such MDNs.

- **National Managed Service Networks (MSNs)** – funded directly by SGHSC. Steered by an MSN Board which is independently chaired, and includes membership at NHS Board Chief Executive level from the main NHS Boards that provide the service. Accountable directly to the Cabinet Secretary. There are 2 such MSNs – neurosurgery (budget £300,000 a year) and children’s cancer (budget around £200,000 a year). In view of the very different background and governance structures of the two National Managed Service Networks, they were considered out of scope from the outset.

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\(^7\) Scottish Executive Department of Health (1999) NHS MEL *Introduction of Managed Clinical Networks within the NHS in Scotland*.

\(^8\) Scottish Executive Health Department (2007) *Strengthening the role of Managed Clinical Networks*
The rationale for the different approaches stems from the nature of the services being networked. Common to all networks within scope of this review is that the network is not responsible for the provision of care – the NHS Boards which provide the clinical services retain responsibility for the governance and delivery of the clinical or laboratory service. The role of the network is in co-ordination, sharing good practice and mutual support. The core principles of all MCNs are set out in successive SGHSC circulars – most recently SGHSC, HDL (2007) 21, Strengthening of Role of Managed Clinical Networks.

2.3 Scope and definition of ‘all Scotland level’ Managed Clinical Networks

The scope of local and regional MCNs may be relatively easily quantified by an assessment of the number of patients, staff and sites that are involved in a local or regional NHS Board boundary. National MCNs cut across traditional organisational and professional boundaries and are required where the full range of skills required to provide specialist care for patients with rare conditions and/or complex needs are not available within an NHS Board, or even within a Region.

Patients: national MCNs include all patients in Scotland who meet the criteria for inclusion. They may be defined by potential or actual diagnosis and age or, as in the case of children with exceptional healthcare needs, by the complexity of their clinical condition and care requirements.

Staff: national MCNs support a wide range of multidisciplinary teams of professionals in health, social care and in some cases, education, across Scotland, in improving the quality of care delivery to the patient group. NMCNs are characterised by the need for professionals to network across Regional boundaries to obtain the required skills to deliver a comprehensive service for patients. Hence, often, very few highly skilled clinicians are at the heart of a National MCN.

Sites: the aim is to support care across an unlimited number of sites, including patients’ homes.

2.4 How NMCNs Add Value

The requirement for health services to demonstrate return on investment in terms of improved outcomes, while achieving cost efficiencies, has gathered momentum in recent years and NMCNs are under increasing pressure from SGHSC and NHS Boards to demonstrate that they add value that could not otherwise be achieved.

It was considered that the added value of MCNs that operate at an ‘all Scotland’ level is that they cut across local and regional NHS Board boundaries and facilitate the necessary structures, systems and processes to ensure equity of access to and standards of specialist care for all patients in Scotland, and their carers, regardless of where they live in relation to a specialist centre. Thus a patient in a remote and rural area will have access to specialist care through a formal networked arrangement between local and specialist clinicians and services, even when the care is delivered locally.

The value delivered by National and Scotland-wide networks depends upon the vital work done by all the members of the networks, facilitated and led by the core / executive group of the network. Successful implementation of any MCN recommendation (outwith any overt investment in linked services) depends on the clinical staff involved in the network taking things forward.
There are, of course, consequences of staff being involved in network activity rather than normal duties but, on balance the benefits of networking justify the time commitment involved.

The following is a summary of how NMCNs, in general, add value with some specific examples provided for illustrative purposes. A summary of the added value that individual NMCNs bring is included within each profile in the annexes of this document.

2.4.1 Addressing Identified Need/Gaps in Provision of Patient-Centred, Safe, Efficient Clinical Services

National MCNs are necessary in circumstances where neither local nor regional approaches are sufficient to provide safe, effective, comprehensive, patient centred care – which is the case in a small range of patient groups with rare disease and or complex needs. National MCNs have provided an effective vehicle to bring together clinicians across Scotland. The Scottish Paediatric Urology and Renal Network has established joint network clinics and a local network of link paediatricians, paediatric renal nurses and dieticians supporting children across all areas in Scotland. Other specific examples are included in the templates on each network in the Annex.

2.4.2 Improved Clinical Outcomes

There is evidence that for many conditions which require specialist care, such as Juvenile Idiopathic Arthritis (JIA), clinical outcomes are better the earlier a condition is identified and where specialist care is delivered by a multidisciplinary team (MDT). NMCNs, including the Scottish Paediatric and Adolescent Rheumatology NMCN (SPARN), support both early referral to specialist services and access to specialist care by an appropriate MDT and therefore facilitate achievement of improved outcomes. Systems are being developed to audit the impact.

2.4.3 Cost efficiencies

NMCNs are well placed to identify where cost savings may be achieved through economies of scale at national level, for example, in 2007 the Home Parenteral Nutrition NMCN facilitated the establishment of a national contract for the supply of parenteral nutrition to patient homes, saving NHS Scotland £225k per annum.

In the case of National and Regional MCNs the host NHS Boards of network offices have worked to put in place Network Offices covering a number of different national and regional networks – with shared resources supporting many networks. This has reduced the individual costs of network support from around £85,000 per network to £52,000.

There is however evidence that there is a minimum productive level of support that be provided without affecting the ability of a network to deliver its objectives. The Scotland wide networks on average cost some £120,000 each and have senior network managers at a much higher grade than is provided within network offices. Some stakeholders consider that Scottish Pathology Network and the Diagnostic Imaging Network (MDICN) have achieved greater impact than many national MCNs. The review group considered therefore that NHS Boards, NSD and SGHSC sponsors should reconsider the level of network management and administrative support provided to NMCNs to ensure that it is adequate to support NMCNs to achieve their objectives.

2.4.4 Improved Cost Effectiveness

Financial benefits are anticipated with the development of nationally agreed pathways of care that expedite referral to specialist services and reduce unwanted variation and inefficiencies, for example:
• Reduce the number of avoidable hospital admissions to high dependency or intensive care units for children with exceptional healthcare needs. There are significant benefits to patients and families in avoiding the stress and anxiety associated with avoidable hospital admissions.

• With many individual home care packages costing £50-£100k/pa and up to £500k there is the potential to identify significant savings by improving the assessment of healthcare needs and multidisciplinary working.

2.4.5 Vehicle to Facilitate Service Development that is Person Centred, Safe and Effective

Networks are able to facilitate the provision of information to inform service planning and service redesign. For example the NMCN for Children with Exceptional Healthcare Needs (CEN) performs data analysis and provides NHS Board specific information on the prevalence of severe impairments, hospital admission rates, length of stay in bed days, reasons for admission, admissions linked to procedures and links to deprivation levels. The information provided by the CEN NMCN is increasingly used to inform service planning and service redesign, with the NMCN working collaboratively with Child Health Commissioners and Regional Planning Groups.

NMCNs are representative of national clinical and patient consensus in a specific field and have well established structures, systems and processes that enable discreet pieces of work to be undertaken more efficiently and effectively. For example, national screening programmes liaise with NMCNs to develop national clinical referral pathways. This reduces the need for additional national stakeholder groups with the associated resource (time, financial, clinical and human) implications.

NMCNs share resources and expertise across Scotland to improve quality, equity and reduce costs by preventing duplication. For example, collaborations between NMCNs including SPARN and Uveitis have let to the development of national standards and care pathways. In its work to develop an education resource on communication, CEN identified that training professionals and improving support for parents reduces stress and saves time for healthcare professionals.

2.4.6 Evidence of improvement in quality and performance

National approaches that will inform service delivery, planning and development are being developed to enable NMCNs to measure and report improvements in quality and performance in generic areas as well as areas specific to individual clinical specialty. These include the development of generic quality and performance indicators and the use of the MCN Clinical Audit System.

2.5 Review Group Conclusions

The Review Group noted that ‘all Scotland’ networks provided considerable added value to NHS Scotland and agreed that there was a continuing role for Managed Clinical Networks at a national level within NHS Scotland.

The review group recognised that to demonstrate added value, networks needed to be able to collect, aggregate and analyse data and that, in addition to the costs of freeing up clinical time to provide effective leadership; and funding for part time managerial support, there needed to be funding to enable MCNs to collect and analyse data.

The Review Group agreed that there should be greater encouragement for the use of Telehealth to support the mechanisms of communications between and among the NMCNs.
The Scottish Centre for Telehealth has offered support in terms of attending NMCNs to present information on where and how Telehealth can make a positive difference to the delivery of Health and Care Services.

2.6 Review Recommendations

Recommendation 1: To ensure MCNs continuously drive up the quality of care, the performance management framework for networks should monitor the value delivered by networks in relation to dimensions of quality.

Every national network to have in place a clear plan for how it can collaborate with clinical services to generate efficiencies through the work it does, such as service redesign and reinvestment of funds from cost efficiencies achieved.
3. Issues

The Review Group considered areas where there were anomalies in approaches for 'National' and 'Scotland wide' networks.

3.1 Designation, Performance Management and Governance

3.1.1 National Managed Clinical Networks

Designation
The process for designation of National Managed Clinical Networks involves the assessment of proposals by the National Services Advisory Group (NSAG) against set criteria; consideration by Regional Planning Groups and the NHS Board Chief Executive's Group; and approval by the Cabinet Secretary for Health and Wellbeing. Through this process NHS Board CEs agree that national funding will be “top sliced” from NHS Board allocations to fund a part time manager and administrative support (shared across a group of NMCNs) and backfill for a part time Lead Clinician.

Usually the mechanism is “bottom up”, with proposals emanating from an existing informal network of interested clinicians who appreciate the benefits of national designation, although there have been instances when the approach has been “top down” for example to address gaps in provision following a service review of service.

Commissioning
Commissioning of NMCNs is undertaken through NSD on behalf of NHS Boards and SGHSC. National MCNs are designated for an initial period of up to five years, with a full review of achievements in improving patient care undertaken within this timeframe to inform a decision by NHS Boards, through NSAG, on any continuing central funding. Networks that are shown to have had insufficient impact on patient care after five years are recommended for de-designation. It is possible also for a network to achieve its objectives in less than five years and require no further funding.

Performance Management
Funding and performance management of NMCNs is governed by service agreements between NSD and the host Board of the Network Office supporting the NMCN. All NMCNs are subject to the same performance management arrangements (figure 1 below). As well as generic network aims (these are included in annex 2), each NMCN is required to deliver against a set of objectives, specific to that network, which encompass the issues it was designated to address. The mechanism for this is an annual workplan of activities that is strategically aligned with the generic aims and designation objectives. Where additional objectives emerge or priorities change, for example in response to changes in SGHSC policy, workplans may be amended with agreement from NSD. In relation to National MCNs set up with funding from the National Delivery Plan (NDP) there is also annual reporting of performance and achievements in improving the health and wellbeing of children to the NDP Implementation Group and SGHSC.

Once designation has been agreed, NSD provides advice and guidance on organisational structure and effectiveness. A formal forward planning meeting is held between NSD and Network members to finalise a service agreement that includes designation objectives and an annual workplan for the first year. Thereafter, the NMCN is subject to the performance management cycle set out in figure 1 with ongoing informal and formal discussions between NSD and the NMCN throughout the year as required.
Each NMCN is scheduled for formal review by NSD within its initial period of designation. The review findings are considered by NSAG, the Board CEs Group, and a recommendation made to the Cabinet Secretary for Health and Wellbeing on whether central funding should continue. To date three NMCNs have been recommended for de-designation, two of which were subsequently de-designated, with final decisions awaited from NSAG and SGHSC on the third.

A mechanism is also in place for unscheduled review should this prove necessary. In circumstances where there may be concerns about individual NMCN performance, these are considered internally by NSD’s Senior Management Team (SMT) and a plan agreed that is designed to address these issues. The mechanism for escalation of any failure to respond to or address these concerns is through NSD’s reporting links to NSAG.

![Diagram](image)

**Figure 1. NMCN Performance Management Cycle (revised March 2011)**

Formal review is scheduled to take place within 3-5 years of designation and unscheduled review may take place at any time if there are sufficient concerns in relation to NMCN performance.
3.1.2 Scotland Wide Networks

Designation, Commissioning and Performance Management

There are a variety of arrangements in place for Scotland wide Managed Clinical and Diagnostic Networks. Most were established with temporary funding from SGHSC after applying directly to SGHSC.

The Scottish Public Health Network (ScotPHN) was set up by, and is funded through, the Chief Medical Officer’s directorate in SGHSC. It links closely with the NHS Board Directors of Public Health Group and submits it proposed workplan to the Regional Planning Chief Executive’s Subgroup (RPCEs) from which it seeks strategic direction to ensure alignment with NHS Board and Regional Planning priorities. Regular update reports on progress are provided for discussion and review at every meeting of the RPCEs Subgroup.

The Forensic Mental Health Services Care Network was set up by, and is funded through, the SGHSC Mental Health Directorate. It works closely with, and is supported by, The State Hospital and provides a mechanism for representatives of the clinical community across Scotland who provides – and who refer to – forensic services (mental illness and learning disabilities). The Network has close links with Regional Planning for forensic services and supports the Inter Regional Health Planning Group which meets quarterly. The Network also has close links with partner agencies, Police, Scottish Prison Service, Social Work, Housing and Community Justice Authorities.

Three of the 4 current Managed Diagnostic Networks (MDNs) (all but Scottish Pathology Managed Diagnostic Network) are funded by SGHSC and, until recently, there has been no formal mechanism for setting objectives or performance management. The Scottish Diagnostic Steering Group has now been reformed and intends to play a part in agreeing national objectives, overseeing MDN performance, and in ensuring appropriate linking across diagnostic networks. It is envisaged that this oversight will include SPAN.

The Scottish Pathology Managed Diagnostic Network (SPAN) is funded by NHS Boards from pooled funding held by the South East and Tayside Group (SEAT) with strategic direction, accountability and governance through the 3 Regional Planning Groups. SPAN presents its annual reports to the RPCEs Subgroup and seeks strategic direction and approval of continuing funding from the RPCEs Subgroup.

3.1.3 Review Group Conclusions

There is inequity around the structures in place and the arrangements for oversight of performance for NMCNs, NMDNs and other Scotland wide MCNs. The Review Group considered that performance management should be in place for all networks operating at the all Scotland level and arrangements should be informed by NHS Grampian Framework for Managed Clinical/Care Networks and the Review of Nine Managed Clinical Networks undertaken by NSD. The group considered that the SGHSC policy oversight of all types of networks should be consistent and should focus on each MCN engaging appropriately with its stakeholders.
3.1.4 Review Recommendations

**Recommendation 2:** SGHSC sponsors should ensure consistent accountability and governance arrangements for Scotland wide and national networks. The annual planning cycle for all MCNs should ensure engagement of stakeholders in agreeing the forward work plan for the network and reporting back of progress to stakeholders.

**Recommendation 3:** SGHSC policy should set out clear definitions of different types of networks; clear criteria for deciding which type of network model is appropriate in what circumstances; and consistent approval processes for central funding for all Managed Clinical / Diagnostic Networks operating at the "all Scotland" level.

3.2 Management and support infrastructure

3.2.1 Support Infrastructure

3.2.1.1 National Managed Clinical Networks

As the number of NMCNs has increased, so has appreciation of the organisational and cost benefit of co-locating NMCNs with other national and in some cases, local and regional MCNs, to provide generic support in terms of management, data handling and related activity. In NHS Tayside and NHS Greater Glasgow & Clyde National Networks are co-located with local and/or regional networks in dedicated "Network Offices". National cancer networks are hosted by NHS Greater Glasgow & Clyde within the WoSCAN office; and in NHS Lothian, national networks are located together but without dedicated infrastructure, although this is being reviewed.

The National Delivery Plan for Children and Young People’s Specialist Services set out a vision for a single shared infrastructure, specifically staffed and resourced to support the range of MCNs, although there was little support for it at that time. Consequently, what is in place is a range of models to meet individual NMCN requirements. Although the current arrangement falls short of that envisaged in 2009, the value of an infrastructure is increasingly recognised in terms of cost effectiveness, efficiency and skill enhancement. There is also growing recognition of the need to address the issues that the current anomalies present in terms of workload, responsibility and accountability. For example, NHS Tayside and NHS Greater Glasgow & Clyde have dedicated Network Offices where a Head of Networks leads the management and support of all MCNs and is the recognised strategic and operational link between the Network Office and NSD as well as other organisations and structures such as NHS Education for Scotland (NES), Healthcare Improvement Scotland (HIS) planning and service structures. These roles are partly funded by NSD in recognition of their role in supporting NMCNs.

There are separate arrangements in place for NMCNs in NHS Lothian and for the national cancer networks that do not include an equivalent role; in NHS Lothian, Network Managers are managed by the Child Health Commissioner, Strategic Planning, who fulfils the role of strategic link to other structures. The role of operational link is shared between two of the Network Managers.

The three adult cancer networks are all hosted by NHS Greater Glasgow & Clyde. Close links have been forged between the NMCNs and the three Regional Cancer Advisory Groups in the North (NOSCAN), South East (SCAN) and the West (WOSCAN) as the regional
cancer planning vehicles in the three regions. There is no Head of Cancer Networks, rather WOSCAN provides senior/line management support at no cost to the national networks.

Each national MCN management and support function has a service agreement with NSD associated with the national element of its function. Despite the successes of national MCNs in working across NHS Board boundaries, there remain structural issues across NHS Boards which act as barriers to effective MCN working. Examples include clinical and information governance, I.T. and differing organisational priorities, structures and roles. On the whole, role differences are largely circumstantial but may be compounded by Agenda for Change banding issues.

The current funding profile for Network Support is set out in appendix 3.

3.2.1.2 Scotland wide Managed Clinical Networks

Each Scotland wide network has individual support tailored to meet the specific needs of that network. There is therefore variation between the support arrangements in place and there are no arrangements for mutual support and cross cover for sickness or other absence. Individual network costs are therefore higher than for networks supported through shared network offices, and there are greater risks to business continuity.

3.2.1.3 Review Group Conclusions

The group considered that there are economies of scale, and improvements in the quality of support when networks share network management and support staff.

3.2.1.4 Review Group Recommendations

Recommendation 4: SGHSC sponsors should introduce consistent management and support arrangements for all national and Scotland wide networks through organisational review and redesign with a view to achieving cost effective, sustainable, support arrangements with the costs of inputs in proportion to value of output. There should be consistent job descriptions and grading of network manager posts reflecting the sphere of influence of the role.

Recommendation 5: NSD, host Boards of network offices, and SGHSC should explore whether further economies and benefits could be achieved by bringing together support for Scotland wide MCNs along with national MCNs; and explore options for rationalisation of the number of network offices.

3.2.2 Defining networks

3.2.2.1 National Managed Clinical Networks

A range of national network models have developed over the past decade; with emerging evidence of the benefits of integration in improving user outcomes. Increasingly NMCNs work closely with other sectors including education, social care and voluntary organisations, with many including representatives from these sectors on steering and working groups. These networks, such as the NMCN for Children with Exceptional Healthcare Needs (CEN) may be better recognised as “Managed Care Networks”.

The NMCN for children and young people with HIV/PID was funded through the NDP. In addition to standard network resources, funds were made available for a Clinical Pharmacist specialising in HIV and PID. With no precedent, there were significant issues and delays
around implementation, including hosting, recruitment and selection for this post. These 
remain unresolved.

Another model that has recently emerged is that of a “Project Network” where a formal 
NMCN structure is established to plan, deliver and evaluate or “pump prime” a specific piece 
of work or project within a fixed period, shorter than that of a standard NMCN. Examples are 
the Paediatric and Adult Haemoglobinopathies NMCN and the NDP funded Paediatric 
Allergy Project Network. These Networks have only been established within financial year 
2011-12, therefore they are not included in the appendices.

3.2.2.2 Scotland wide Managed Clinical Networks

The difference between “diagnostic” and other Scotland wide networks has been recognised 
and the SGHSC Diagnostics Steering Group is developing arrangements for its oversight of 
MDNs. The other two Scotland wide MCNs are accountable directly to SGHSC.

3.2.2.3 Review Group Conclusions

The differing models of MCNs, which are not always clearly defined, can lead to confusion 
around roles and accountability. There is a need for clarity and a need to develop appropriate 
systems and processes to accommodate requirements.

There is increasing recognition that the current practice of recruiting staff to substantive roles 
in individual networks without appropriate contingency for circumstances whereby national 
funding ceases (i.e. where a network is shown to have had little or no impact on patient care 
after five years or where a network achieves its objectives in less than five years and 
requires no further funding) represents an organisational risk to host NHS Boards and that 
this should be addressed in considering future options for consolidating network support.

3.2.2.4 Review Recommendations

Recommendation 6: NSD, in partnership with NHS Boards which host NMCNs should 
develop appropriate risk management for recruitment to network offices, and clarity on 
grading and career pathways for network managers and support staff.

3.2.3 Education and Support

3.2.3.1 National Managed Clinical Networks

Effective clinical leadership is seen as a key success factor for networks. There are 
anomalies in how they are funded and resourced. Currently, for national MCNs, NSD may 
only meet backfill costs when there is evidence that the employing NHS Board has incurred 
additional costs. Current practice, where Lead Clinicians are recruited and appointed by NSD 
rather than by the NHS Board hosting the NMCN has raised issues around accountability 
and it has been suggested that recruitment should be coordinated through the host NHS 
Board.

NSD facilitate a formal recruitment and selection process for the role of Lead Clinician. 
Accountability for their performance in their substantive role is through the Medical Director 
of the employing NHS Board with a “dotted line” to NSD’s Medical Director in relation to their 
role as Lead Clinician for a NMCN. To date there has been no evaluation of the current 
leadership model and organisational support for Lead Clinicians or assessment of their 
education and development needs.
Increasingly, the specialist nature of the role means that it is not possible for backfill to be provided and some Lead Clinicians are performing NMCN duties outwith their job plan. Without protected time this can impact on their ability to deliver the requirements of their role and for NSD to be able to hold them to account.

3.2.3.2 Scotland wide Managed Clinical Networks
In Scotland wide MCNs, arrangements are similarly in place to backfill Lead Clinicians.

3.2.3.3 Review Group Conclusions
Protected time for network Lead Clinicians is required and mechanisms need to be in place to ensure that both medical and other clinical staff can take on the roles of Lead Clinicians.

3.2.3.4 Review Recommendations

Recommendation 7: SGHSC policy lead should review the current leadership model and organisational support for Lead Clinicians together with a learning needs assessment to facilitate future arrangements for appropriate education, training and support systems to enable Lead Clinicians to fulfil their role effectively. This should be agreed by the relevant professional lead within the host NHS Board and, for national networks, Medical Director, NSD. Any additional support should be through the funding made available in the MCN.
3.3  Funding / Cost Effectiveness

3.3.1 National MCNs commissioned by NSD

National funding is provided to each NMCN for part time clinical leadership and managerial and administrative support to enable achievement of their objectives through an annual workplan of activities. There has been a long term strategy to co-locate network support in a few network offices to share resources and ensure mutual support and cross cover for leave across networks. NDP funding has recently been made available to employ 2.5 whole time equivalent (wte) Data Facilitators to support all national networks from their base in Yorkhill Network Office, NHS Greater Glasgow and Clyde.

There are anomalies in the funding levels for NMCNs that have arisen because of the different circumstances under which individual NMCNs have been designated. An example of typical funding for a national MCN is set out below. It is however recognised that the actual resource requirements fluctuate in line with the stage of development that the MCN is at and current workload.

Typical funded value of National MCN: Average cost of NMCN - £52,002 a year (detail is set out in table in Annex 3)

Lead Clinician – up to 2 programmed activities (PAs) where evidence is provided to the network office that backfill costs are being incurred. This is monitored and where actual NMCN requirements are less, only 1 PA will be paid.

Network Manager – up to 0.5 (wte) Band 7 per NMCN, although there is flexibility in how this is used, with the level of support tailored to individual NMCN needs. Some managers are employed at Band 6 and in cancer networks 1wte Network Manager is responsible for three NMCNs. In some cases, where a NMCN is well established and is stable, a Band 5 Coordinator may take on the day to day management of a NMCN, with appropriate supervision.

Administrator – up to 0.5 (wte) Band 4.

3.3.2 Scotland wide Networks

Scottish Pathology Managed Diagnostic Network - £120,000 a year
Scottish Biochemistry Managed Diagnostic Network – £120,000 a year
Managed Diagnostic Imaging Clinical Network (MDICN) - £115,000 a year
Microbiology and Virology Managed Diagnostic Network - £80,000 initial set up funding
Scottish Public Health Network - £180,000 core plus £58,000 project funding
Forensic Mental Health Services Care Network - £160,000 core plus additional funding for specifics (see annex).

Scotland wide MCN and MDNs have individual network support (at varying grades of staff – commonly involving a wte network manager) and backfill costs are funded for Lead Clinicians – see details in Annex.

3.3.3 Review Group Conclusions

It is clear that there are economies of scale, and benefits from mutual support, from co-ordinating network support in network offices. Further economies could be achieved if all network offices had access to fully functioning video conferencing to reduce the requirement for network participants to travel.
Economies could be gained by further standardisation and rationalisation of the current arrangements.

3.3.4 Review Recommendations

**Recommendation 5 also applies here:** NSD, host NHS Boards of network offices, and SGHSC should explore whether further economies and benefits could be achieved by bringing together support for Scotland wide MCNs along with national MCNs; and explore options for rationalisation of the number of network offices.

**Recommendation 8:** SGHSC should revise and clarify the policy on arrangements for recruitment and recompense for Lead Clinicians. Revised arrangements to require:
- applicants for Lead Clinician posts to have the confirmed support of their employing NHS Board including arrangements for backfill/recompense;
- the role to be incorporated into job plans and for this to be reviewed annually within relevant performance review systems and processes; and
- arrangements to be in place for succession planning and sustainability of clinical leadership for the network.
3.4. Quality Assurance

3.4.1 National Managed Clinical Networks

Seeking continual improvement in the quality of care delivered to patients and carers is a fundamental requirement for all MCNs and to that end NHS Quality Improvement Scotland (NHS QIS) was tasked by SGHSC to lead and support national and regional MCNs. The mechanism for this was a Quality Assurance Framework (QAF) which NMCNs were required to work towards achieving within three years of designation. However, the Review of Nine NMCNs found that NHS QIS’ obligation was not fulfilled. In reality, little progress had been made in this area and the requirement for NMCNs to report to both NSD and NHS QIS annually in different formats was seen as leading to unnecessary confusion and duplication of effort.

The focus for quality assurance of NMCNs has changed; in April 2011, Healthcare Improvement Scotland (HIS) replaced NHS QIS with a revised role and remit that has moved away from its original focus on leading and supporting NMCNs in this area. In line with the NHS Healthcare Quality Strategy, NSD has revised its reporting arrangements to reflect the Institute Of Medicine’s Six Domains of Quality and this, together with NDP investment in the development of NMCN Quality Indicators (QI) and the MCN Clinical Audit System (CAS), has become the focus for continuous quality improvement in NMCNs.

3.4.2 Scotland wide Managed Clinical Networks

The SGHSC Diagnostic Steering Group provides quality assurance of Managed Diagnostic Networks; and the Scottish Public Health Network is overseen by the Directors of Public Health Group.

3.4.3 Review Group Conclusions

There is a need to identify and better monitor outcome indicators and NSD is leading work to address gaps in this area, including the provision of training for NMCN staff.

3.4.4 Review Recommendations

Recommendation 9: SGHSC to establish a quality assurance/governance structure that recognises and involves stakeholders e.g. a national NMCN QA group that oversees the development, implementation and monitoring of QA including non clinical MCN standards, quality and performance indicators, reporting schedules and formats. It is recognised that this links with findings that are emerging from the concurrent NPF Review of Efficiency of National Specialist Services and it is suggested that there are potential synergies and efficiencies to be achieved by establishing a single structure in this area.

SGHSC policy should be revised to reflect the change of role following from the replacement of QIS by Healthcare Improvement Scotland as HIS is not required to take on the role previously held by QIS in relation to MCNs.
3.5 Links to Other Structures including Management and Planning in NHS Boards and Regions

3.5.1 National Managed Clinical Networks (excluding Cancer Networks)

National MCNs are required to have in place a stakeholder communication and engagement strategy that sets out appropriate mechanisms for linking with management and planning structures and communicating with and involving stakeholders. The existing arrangement for links to management and planning is set out in Figure 2 below.

Key

- Communication lines
- Reporting lines

![Figure 2. National MCN governance arrangements](image)

The NSD Review of Nine National Managed Clinical Networks found evidence that, through the performance management cycle, communication and reporting links between NMCNs and NSD were robust but that on the whole, links with management and planning were in their infancy. This is recognised as a significant barrier to the potential effectiveness of NMCNs in their role in ensuring equity of access to and standards of specialist care across Scotland. The Review recommended specific improvements in this area that would apply to all NMCNs.
Further evidence emerged from the NDP implementation process of the need for an appropriate model of engagement to build on the pan Scotland planning work undertaken between 2008 and 2010.

A discussion paper offering three possible options for addressing these issues was presented to the NDP Implementation Group in August 2010 and subsequently referred to SGHSC to inform the NPF review of national MCNs. Closer liaison with planners will ensure that NMCNs can better align and deliver to local, regional and national priorities.

### 3.5.2 Scotland wide Managed Clinical Networks

The diagnostic Scotland wide networks have been successful in building good links with national, regional and local diagnostic planning structures. The Scottish Public Health Network and the Forensic Network are not sufficiently integrated with planning structures at present.

### 3.5.3 Points considered by the Review Group

The last two years has seen significant progress in collaborative working between the various network management and support functions and between NMCNs themselves. NMCNs established through NDP were actively engaged with management and planning in the development of NDP investment proposals. However, there is a recognised need to build on that experience and establish robust links to management and planning to ensure that each NMCN can better align and deliver to local, regional and national priorities throughout its lifetime.

The Review Group concurred with the view of the NDP IG in support for the option within the discussion paper whereby Network Offices would be the conduit for individual networks to link with planning and proposed that this model should be developed further to incorporate views of the Review Group. The revised model, endorsed by the Review Group, is set out below.

### 3.5.4 Review Recommendations

**Recommendation 10:** Adopt the proposed model for aligning NMCNs with stakeholders and national, regional and local planning structures as described below.

**Model for Aligning Non Cancer NMCNs with Planning Structures**

Following designation: the NMCN meets with national and regional planners, NSD and Head of Networks to consider emerging priorities/objectives for the NMCN and the regions.

*Note: In this way NMCNs will be clear from the outset on planning priorities; if there are conflicting priorities, Regional Directors and NSD, can jointly facilitate resolution.*

Thereafter, engagement/communication is regular, throughout the performance management cycle, coordinated via Network Offices and includes:

- Newsletters
- Annual reports sent to nominated RPG representatives
- Regular annual (or biannual) "National Network Planning" meetings where representatives from RPGs and NSD, Heads of Networks and selected* NMCNs consider:
  - Emerging generic issues
  - Priorities/objectives for *individual NMCNs that are associated with significant
service change and merit discussion at national level e.g. development of national pathways, presenting audit findings or recommendations around national standards.

The model provides a national forum for any *ad hoc* meetings that may be needed in between times with routine business shared through established communication routes in the form of written reports.

**National cancer networks**

National cancer networks link into Regional Cancer Advisory Groups in the North, South East and West of Scotland – these are seen as the planning vehicle within the regional planning structures.
4. Conclusions and Recommendations

4.1 Conclusions

The Review Group noted that:

- ‘all Scotland’ networks provided considerable added value to NHS Scotland.

- The differing models of MCNs, which are not always clearly defined, can lead to confusion around roles and accountability. There is a need for clarity and a need to develop appropriate systems and processes to accommodate requirements.

- There is increasing recognition that the current practice of recruiting staff to substantive roles in individual networks without appropriate contingency for circumstances whereby national funding ceases (i.e. where a network is shown to have had little or no impact on patient care after five years or where a network achieves its objectives in less than five years and requires no further funding) represents an organisational risk to host NHS Boards and that this should be addressed.

- Protected time for network Lead Clinicians is required and mechanisms need to be in place to ensure that both medical and other clinical staff can take on the roles of Lead Clinicians.

- It is clear that there are economies of scale, and benefits from mutual support, from co-ordinating network support in network offices.

- Further economies could be gained by standardisation and rationalisation of the current arrangements.

- There is a need to identify and better monitor outcome indicators and NSD is leading work to address gaps in this area, including the provision of training for NMCN staff.

The Review Group considered that an audit should be put in place in 3 year’s time to assess the extent to which the recommendations had been implemented, and what demonstrable benefits had been achieved.

4.2 Recommendations

**Recommendation 1:** To ensure MCNs continuously drive up the quality of care, the performance management framework for networks should monitor the value delivered by networks in relation to dimensions of quality.

Every national network to have in place a clear plan for how it can collaborate with clinical services to generate efficiencies through the work it does such as service redesign and reinvestment of cost efficiencies achieved.

**Recommendation 2:** SGHSC sponsors should ensure consistent accountability and governance arrangements for Scotland wide and national networks. The annual performance management cycle for all MCNs should ensure engagement of stakeholders in agreeing the forward work plan for the network and reporting back of progress to stakeholders.

**Recommendation 3:** SGHSC policy should set out clear definitions of different types of networks; clear criteria for deciding which type of network model is appropriate in what circumstances; and consistent approval processes for central funding for all managed clinical / diagnostic networks.
operating at the "all Scotland" level.

**Recommendation 4:** SGHSC sponsors should introduce consistent management and support arrangements for all national and Scotland wide networks through organisational review and redesign with a view to achieving cost effective, sustainable, support arrangements with the costs of inputs in proportion to value of output. There should be consistent job descriptions and grading of network manager posts reflecting the sphere of influence of the role.

**Recommendation 5:** NSD, host Boards of network offices and SGHSC should explore whether further economies and benefits could be achieved by bringing together support for Scotland wide MCNs along with national MCNs; and explore options for rationalisation of the number of network offices.

**Recommendation 6:** NSD, in partnership with NHS Boards which host NMCNs should develop appropriate risk management for recruitment to network offices and clarity on grading and career pathways for network managers and support staff.

**Recommendation 7:** SGHSC policy lead should review the current leadership model and organisational support for Lead Clinicians together with a learning needs assessment to facilitate future arrangements for appropriate education, training and support systems to enable Lead Clinicians to fulfil their role effectively. This should be agreed by the relevant professional lead within the host NHS Board and, for national MCNs, Medical Director, NSD. Any additional support should be through the funding made available in the MCN.

**Recommendation 8:** SGHSC should revise and clarify the policy on arrangements for recruitment and recompense for Lead Clinicians. Revised arrangements to require:
- applicants for Lead Clinician posts to have the confirmed support of their employing NHS Board including arrangements for backfill/recompense;
- the role to be incorporated into job plans and for this to be reviewed annually within relevant performance review systems and processes; and
- arrangements to be in place for succession planning and sustainability of clinical leadership for the network.

**Recommendation 9:** SGHSC to establish a quality assurance/governance structure that recognises and involves stakeholders e.g. a national NMCN QA group that oversees the development, implementation and monitoring of QA including non clinical MCN standards, quality and performance indicators, reporting schedules and formats. It is recognised that this links with findings that are emerging from the concurrent NPF Review of Efficiency of National Specialist Services and it is suggested that there are potential synergies and efficiencies to be achieved by establishing a single structure in this area.

SGHSC policy should be revised to reflect the change of role following from the replacement of QIS by Healthcare Improvement Scotland - which is that HIS is not required to take on the role previously held by QIS in relation to MCNs.

**Recommendation 10:** Adopt the proposed National Network Planning model for aligning NMCNs with stakeholders and national, regional and local planning structures.
Bibliography


Annex 1 – List of National and Scotland wide Managed Networks

National Managed Clinical Networks
In scope:
1. Acquired Brain Injury
2. Children with Exceptional Healthcare Needs (CEN)
3. Children and Young People with Cystic Fibrosis NMCN
4. Cleft Lip and Palate Services in Scotland (CleftSiS)
5. Complex Burns Injury (adult and paediatric) CoBiS
6. Diaphragmatic Hernia
7. Disorders Sexual Development Network, formerly Scottish Genital Anomaly Network
8. Familial Arrhythmia Network Scotland (FANS)
9. Inherited Metabolic Disorders (IMD) Scotland Network
10. Phototherapy Network (Photonet)
11. Scottish Adult Neuro-Oncology Network (SANON)
12. Scottish HepatoPancreatoBiliary Network (SHPBN)
13. Scottish Muscle Network
14. Scottish Paediatric & Adolescent Infection & Immunology Network (SPAIIN) (PID&HIV)
15. Scottish Paediatric and Adolescent Rheumatology Network (SPARN)
16. Scottish Paediatric Endocrine Group (SPEG)
17. Scottish Paediatric Epilepsy Network
18. Scottish Paediatric Renal Urology Network
19. Scottish Sarcoma Network (SSN)
20. Uveitis

Out of scope
21. Children’s and Young Peoples Allergy Network Scotland (CYANS) – national project network commissioned for 2 year period only.
22. Haemoglobinopathies – commissioned for 1 year.

Scotland wide Managed Clinical Networks
1. Public Health Network (ScotPHN)
2. Forensic Mental Health Services Managed Care Network

Scotland wide Managed Diagnostic networks
1. Managed Diagnostic Imaging Clinical Network (MDICN)
2. Scottish Pathology Managed Diagnostic Network (SPAN)
3. Scottish Clinical Biochemistry Managed Diagnostic Network (SCB MDN)
4. Microbiology and Virology Managed Diagnostic Network
Annex 2 - Key national network aims as set out in NSD/NMCN Service Agreements

- To ensure patients are managed according to evidence-based, nationally-agreed procedures and protocols.
- To enable provision of care for in as cost effective manner as possible.
- To develop and maintain a register of patients and families.
- To promote the audit of practice and outcomes and hence provide a basis for improving the quality of care.
- To encourage multi-professional care.
- To promote equity of access and service delivery at the most appropriate point of contact (supported by agreed clinical standards and transparent service model).
- To facilitate effective service interfaces and support good practice in multidisciplinary and interagency working both in establishment of an NMCN and the service delivery associated with it.
- To facilitate the various strands of user involvement in service delivery and future planning of services (including detailed public patient involvement framework) as indicated in HDL MCN guidelines and other associated MCN best practice documentation.
- To engage with NHS managers and planners to support service redesign.
- To provide an effective governance framework for all strands of clinical practice and include indicators of improved clinical effectiveness and research and development practices achieved through establishment of the NMCN
Annex 3 - Network Management and Support for National MCNs commissioned by NSD

<table>
<thead>
<tr>
<th>Yorkhill Network Office, NHS Greater Glasgow and Clyde</th>
<th>Lothian</th>
<th>Tayside</th>
<th>Glasgow Cancer Networks hosted by WoSCAN Office, NHS Greater Glasgow and Clyde</th>
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<td>travel, training, conferences, supplies</td>
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**Other funds**

- NDP Network Facilitator (Band 5) *(funded through Yorkhill SLA)*: 76,386
- Data Clerk (Band 4) - Renal *(funded through Yorkhill SLA)*: 27,900
- Non recurring funds for data transfer to Renal Registry *(funded through Yorkhill SLA)*: 84,500
- Pharmacist (Band 8a 0.5WTE) Lothian PID/HIV Network *(funded through Yorkhill SLA)*: 24,800
- MDT Coordinator for Musculoskeletal Sarcoma Service *(funded through NHS GG&C SLA)*: 25,315
- Contribution to UK HIV Network *(funded through Lothian SLA)*
- Maintenance of server for CLEFTSiS audit *(funded through NHS Tayside SLA)*: 21,373
- Maintenance of server for Photonet audit *(funded through NHS Tayside SLA)*: 18,864
- Technician (Band 6) for Photonet *(funded through NHS Tayside SLA)*: 18,227

**Total Other funds per office**: 213,586

**Total other funds for all offices**: £297,365.00
### Annex 4 - Network Management and Support for Scotland wide MCNs

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<th>Staffing</th>
<th>Scottish Pathology Network</th>
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<th>Forensic Mental Health Services</th>
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<td>Includes funding for Lead Clinician, 1 PA, Network Manager Band 8d 1wte. Break down of costs is not provided, funding for a band 8d 1wte, at mid point is £89,932</td>
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<td>Includes funding for Lead Consultant 7 PAs/week, Co-ordinator 1wte Band 6, (mid point = 29,464) Researcher 1wte Band 7, Administration 1.5 wte Band 4</td>
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Annex 5 – Profiles for National Managed Clinical Networks

The profiles for each network are divided by host NHS Board. Each profile contains the following formation:

- Hosted by
- Year established
- Last Reviewed
- Next Review
- Clinical Lead
- Network Manager
- Added Value
- Designation Objectives
- National Resources
- Performance - *main outputs in last two years*
- Priorities for 2011/12
- Communication and Involvement - *How does the Network share what it does?*
Name of Network: Scottish Sarcoma Network (SSN)
Hosted by: West of Scotland Cancer Network (WOSCAN), which is hosted by NHS Greater Glasgow and Clyde

|-----------------------|---------------------|-------------------|

Clinical Lead: Dr Jeff White
Network Manager: Lindsay Campbell

Added Value:

**Scope of Network**
Sarcomas: bone cancer and soft tissue sarcomas, including GastroIntestinal Stromal Tumours (GISTs), have an incidence of approximately 0.8/100,000 and account for less than 1% of all tumours. Patients are referred to their closest specialist centre; Aberdeen, Dundee, Edinburgh, Glasgow or Inverness, where the Scotland-wide weekly Multi-Disciplinary Team (MDT) meeting coordinates their specialist cancer care: investigation, diagnosis, staging, surgery, chemotherapy, radiotherapy and follow up.

From July 2009 to July 2010 inclusive the 5 centres cared for 626 patients with 35% of patients being newly diagnosed and 65% of patients receiving ongoing care. The Network links patients, families/carers, charities, external companies, Universities and NHS professionals (from primary, secondary and tertiary care) together; and works in a coordinated manner to deliver high quality, clinically effective and equitable care to patients across Scotland.

Designation Objectives:
- Improve patient care and access to the best treatment.
- Ensure equity of access through the production and implementation of national guidelines.
- Establish and agree pathways of care for patients across Scotland, so they are seen in a timely manner and by the correct clinical teams.
- Identify gaps in the evidence base to inform clinical trials portfolio.
- Produce nationally comparative data on agreed clinical outcomes to identify variations, and where appropriate put in place plans to manage these variances.
- Increase the number of patients in research studies irrespective of geography.
- Improve teaching of bone and soft tissue sarcoma on a Scotland wide basis, improve training at all levels, undergraduate and post graduate in all areas pertinent to bone and soft tissue sarcoma.
- Generate better value for money.
- Improve communication for patients on a Scotland wide basis.
- Provide a group expertise on which stakeholders groups can draw advice from.

National Resources:
Lead Clinician: currently being recruited (up to 2 sessions per week)
Network Manager: Band 6, circa 0.33wte
Administrator: Band 4, circa 0.27wte

NB: 1 wte MCN Manager supports 3 national cancer MCNs while 0.8 wte Administrator provides support for 3 national cancer MCNs. This enables flexible use of resource across the 3 national MCNs, taking account of variable workloads.

This national resource is supplemented by resource from the West of Scotland Cancer Network core team i.e. to support audit data analysis and national comparative reporting, IT/audit database management. Senior management input is also provided by the Regional Manager (Cancer) WOSCAN. This close alignment with regional structures helps ensure integration of national/regional functions and brings with it economies of scale that would not be realised if national Cancer MCNs were set up as ‘stand alone’ MCNs.

Performance

**main outputs in last two years**
- Radiology, surgery and chemotherapy guidelines have been implemented through the professions rather than the website.
- The generic timed pathway for the first 62 days of care for patients with sarcoma was finalised and then 30 patients sampled for the National Cancer Waiting Times Group.
- Patient information was standardised on charity booklets and Centre specific information sheet.
- In collaboration with the University of the West of Scotland, the Glasgow Clinical Nurse Specialist created a sarcoma Nursing module which 20 Nurses successfully completed in 2010, the next cohort is planned for 2011.
- Supported the service to take forward implementation of the recommendations of the national option appraisal, with the 3 regions planning this specialist surgical service.
- In collaboration with the Scottish Cancer Research Network ensure access to trials. It was confirmed that 17% of patients participated in clinical trials during 2009-10, the first time this has been reported through the Network.
- Undertook an in-depth critical review of the MDT practice to optimise efficiency and effectiveness.
- Undertook preparatory work to support the development and agreement of national Quality Performance Indicators (QPI's). The process has been recommended as a model for other networks to use when developing QPIs.
- In collaboration with NHS Highland established a clinical audit post to enable prospective audit data to be captured and reported for Highland patients. This will drive ongoing service improvement and improved outcomes for patients.

**Priorities for 2011/12**

- Optimise effectiveness and efficiency of MDT meetings by implementing agreed actions to address gaps and deficiencies identified during the 2010/11 national review.
- Support development and implementation of approval process for sarcoma Clinical Management Guideline (CMG).
- Complete review of evidenced based guidelines for follow up of all cancer patients in Scotland.
- Support delivery of the national clinical audit work programme for 2011/12.
- Use the Forth Valley patient pathway to guide the other 13 NHS Boards in creating and implementing the corresponding Board specific pathways for sarcoma patients.

**Communication and Involvement**

*How does the Network share what it does?*

- The Network organises 4 education days per year.
- The annual British Sarcoma Group conference, with the 2009 conference was very successfully held in Glasgow.
- Sarcoma Nursing module from the University of the West of Scotland.
- Scottish sarcoma patients support group started in March 2011, facilitated by the Glasgow Clinical Nurse Specialist.
- Website: [www.ssn.scot.nhs.uk](http://www.ssn.scot.nhs.uk).
**Name of Network:** Scottish Adult Neuro-Oncology Network (SANON)  
**Hosted by:** West of Scotland Cancer Network (WOSCAN), which is hosted by NHS Greater Glasgow and Clyde  
**Year established:** 2006  
**Last Reviewed:** ---  
**Next Review:** 2012  
**Clinical Lead:** Prof. Roy Rampling  
**Network Manager:** Lindsay Campbell  

### Added Value:

**Scope of Network**

Brain and Central Nervous System (CNS) tumours have an incidence of approximately 7.1/100,000 and account for less than 2% of all tumours. Patients are referred to their closest specialist centre (Aberdeen, Dundee, Edinburgh, Glasgow or Inverness) where the weekly Multi-Disciplinary Team (MDT) meeting (Aberdeen and Inverness is a joint meeting) coordinates their specialist cancer care (investigation, diagnosis, staging, surgery, chemotherapy, radiotherapy and follow up).

During 2010, the Glasgow centre cared for 460 patients (which would indicate 920 patients being cared for by all 5 Centres) with 18.5% of patients receiving radical treatment, 6.5% palliative treatment and 75% no further treatment.

The Network links patients, families/carers, charities, external organisations, Universities and NHS professionals (from primary, secondary and tertiary care) together; and works in a coordinated manner to deliver high quality, clinically effective and equitable care to patients across Scotland.

### Designation Objectives:

- Improve patient care and access to the best treatment.
- Ensure equity of access through the production and implementation of national guidelines.
- Establish and agree pathways of care for patients across Scotland, so they are seen in a timely manner and by the correct clinical teams.
- Identify gaps in the evidence base to inform clinical trials portfolio.
- Produce nationally comparative data on agreed clinical outcomes to identify variations, and where appropriate put in place plans to manage these variances.
- Increase the number of patients in research studies irrespective of geography.
- Improve teaching of neuro-oncology on a Scotland wide basis, improve training at all levels, undergraduate and post graduate in all areas pertinent to neuro-oncology.
- Generate better value for money.
- Improve communication for patients on a Scotland wide basis.
- Provide a group expertise on which stakeholders groups can draw advice from.

### National Resources:

**Lead Clinician:** currently being recruited (up to 2 sessions per week)  
**Network Manager:** Band 6, circa 0.33wte per network  
**Administrator:** Band 4, circa 0.27wte  
**NB:** 1 wte MCN Manager supports 3 national cancer MCNs while 0.8 wte Administrator provides support for three national cancer MCNs. This enables flexible use of resource across the 3 national MCNs, taking account of variable workloads.

This national resource is supplemented by resource from the West of Scotland Cancer Network core team i.e. to support audit data analysis and national comparative reporting, IT/audit database management. Senior management input is also provided by the Regional Manager (Cancer) WOSCAN. This close alignment with regional structures helps ensure integration of national/regional functions and brings with it economies of scale that would not be realised if national Cancer MCNs were set up as ‘stand alone’ MCNs.
### Performance

**main outputs in last two years**

- Development and implementation of guideline that all patients with a new diagnosis of brain tumour associated with Tuberous Sclerosis, Neurofibromatosis or von Hippel Lindau disease should be referred to the appropriate Scottish Cancer Genetic Service for counselling, family screening and regular monitoring according to agreed Clinical Genetic Protocols.
- The Edinburgh group applied to NHS Education for Scotland and were granted funding, on behalf of SANON, to produce an educational video for GPs and Optometrists on “Headache and Papilloedema”, in conjunction with University of Edinburgh Video Unit.
- Following the success of tele-pathology trial Dundee, patients can now be diagnosed by the neuropathologists in Edinburgh via this system.
- In collaboration with the Scottish Cancer Research Network ensure access to trials. It was confirmed that 8% of patients participated in clinical trials during 2009-10, the first time this has been reported through the Network.
- Surgery, Oncology, Epilepsy and Genetics guidelines implemented and Radiology guideline in review.
- In collaboration with the NHS Boards, expanded Coordinators to Aberdeen and Dundee Centres. This will improve the efficiency and effectiveness of these 2 MDTs.
- Undertook an in-depth critical review of MDT practices across the region to optimise efficiency and effectiveness.
- In collaboration with the NHS Boards and Scottish Neurosurgery Managed Service Network established clinical audit posts to enable prospective audit data to be captured and reported. This will drive ongoing service improvement and improved outcomes for patients.
- Undertook preparatory work to support the development and agreement of national Quality Performance Indicators (QPI’s).

### Priorities for 2011/12

- Optimise effectiveness and efficiency of MDT meetings by implementing agreed actions to address gaps and deficiencies identified during the 2010/11 West of Scotland regional review.
- Support development and implementation of approval process for brain/central nervous system Clinical Management Guideline (CMG).
- Complete review of evidenced based guidelines for follow up of all cancer patients in Scotland.
- Support delivery of the national clinical audit work programme for 2011/12.
- Use the Forth Valley patient pathway to guide the other 13 Boards in creating and implementing the corresponding Board specific pathways for brain/central nervous system patients.

### Communication and Involvement

**How does the Network share what it does?**

Videos on the diagnosis of “headaches and papilloedema” for GPs and Optometrists were developed by the Edinburgh Centre, and are currently available through Facebook.

The British Neuro-Oncology Society 2010 conference was in Glasgow and was the best attended conference yet. The Network was able to support the conference and the patient information booklet was launched at the end of the conference.

The Samantha Dickson Brain Tumour Trust had patient information days in Edinburgh and Glasgow and is planning more days in Scotland.

National meetings – “the 2010 national meeting in Aberdeen on 5th November 2010 was a huge success with the patient, family and charity session running in parallel with the NHS session. Website: [www.neurooncology.scot.nhs.uk](http://www.neurooncology.scot.nhs.uk).
### Scottish HepatoPancreatoBiliary Network (SHPBN)

**Hosted by:** West of Scotland Cancer Network (WOSCAN), which is hosted by NHS Greater Glasgow and Clyde

|-----------------------|--------------------|-------------------|

**Clinical Lead:** Mr Colin J McKay, Consultant Surgeon

**Network Manager:** Lindsay Campbell

### Added Value:

**Scope of Network**

Liver cancer has an incidence of approximately 3.3/100,000 and accounts for approximately 1.2% of all cancers, while pancreatic cancer has an incidence of approximately 8.3/100,000 and accounts for approximately 2.35% of all cancers. Patients are referred to their closest specialist centre (Aberdeen, Dundee, Edinburgh, Glasgow or Inverness) where the weekly Multi-Disciplinary Team (MDT) meeting coordinates their specialist cancer care (investigation, diagnosis, staging, surgery, chemotherapy, radiotherapy and follow up). During 2009, 963 patients were cared for across Scotland with 47% of patients receiving active treatment and 53% no active treatment. The Network links patients, families/carers, charities, external companies, Universities and NHS professionals (from primary, secondary and tertiary care) together; and works in a coordinated manner to deliver high quality, clinically effective and equitable care to patients across Scotland.

### Designation Objectives:

- Improve patient care and access to the best treatment.
- Ensure equity of access through the production and implementation of national guidelines.
- Establish and agree pathways of care for patients across Scotland so that they are seen in a timely manner and by the correct clinical teams.
- Identify gaps in the evidence base to inform clinical trials portfolio.
- Produce nationally comparative data on agreed clinical outcomes to identify variations, and where appropriate put in place plans to manage these variances.
- Increase the number of patients in research studies irrespective of geography.
- Improve education regarding HepatoPancreatoBiliary cancer on a Scotland wide basis, improve training at all levels, undergraduate and post graduate, in all areas pertinent to HepatoPancreatoBiliary cancer.
- Generate better value for money.
- Improve communication for patients on a Scotland wide basis.
- Provide a group expertise from which stakeholder groups can draw advice.

### National Resources:

- **Lead Clinician:** 2 programmed activities
- **Network Manager:** Band 6, circa 0.33wte per network
- **Administrator:** Band 4, Circa 0.27wte

NB: 1 wte MCN Manager supports 3 national cancer MCNs while 0.8 wte Administrator provides support for 3 national cancer MCNs. This enables flexible use of resource across the 3 national MCNs, taking account of variable workloads.

This national resource is supplemented by resource from the West of Scotland Cancer Network core team i.e. to support audit data analysis and national comparative reporting, IT/audit database management. Senior management input is also provided by the Regional Manager (Cancer) WoSCAN. This close alignment with regional structures helps ensure integration of national/regional functions and brings with it economies of scale that would not be realised if national Cancer MCNs were set up as ‘stand alone’ MCNs.
### Performance

**Main outputs in last two years**

- The major milestone of auditing patients diagnosed during 2009 was achieved and the major findings were:
  - 53% of patients received no active treatment.
  - 0% surgical mortality for liver cancer
  - 5.3% surgical mortality for pancreatic cancer
- In collaboration with the Scottish Cancer Research Network ensure access to trials. It was confirmed that 6% of patients participated in clinical trials during 2009-10, the first time this has been reported through the Network.
- Pancreas and Liver guidelines revised, with the 3 regional pancreas guidelines being combined into 1 Scottish pancreas guideline.
- Undertook an in-depth critical review of MDT practices across the region to optimise efficiency and effectiveness.
- Undertook preparatory work to support the development and agreement of national Quality Performance Indicators (QPI's).
- A project bid to the Chief Scientist Office was successful and tissue banking has now been extended from Dundee and Glasgow to include Edinburgh, ensuring all 3 regions have this capability.

### Priorities for 2011/12

- Optimise effectiveness and efficiency of Multi-Disciplinary Team (MDT) review meetings by implementing agreed actions to address gaps and deficiencies identified during the 2010/11 WoS regional review.
- Support development and implementation of approval process for liver, pancreas and gallbladder/biliary tree Clinical Management Guidelines (CMGs).
- Complete review of evidenced based guidelines for follow up of all cancer patients in Scotland.
- Support delivery of the national clinical audit work programme for 2011/12.
- Use the Fife patient pathway to guide the other 13 Boards in creating and implementing the corresponding Board specific pathways for liver, pancreas, gallbladder and biliary tree cancer patients.

### Communication and Involvement

**How does the Network share what it does?**

The Network works closely with the 3 regional Upper GI Managed Clinical Networks, the Scottish Society of Gastroenterology, the Pancreatic Society of Great Britain and Ireland, and our international colleagues.

The 2010 education event was a joint event with the Scottish Society of Gastroenterology and was so successful it is planned to be repeated in 2013. The 3 regional Upper GI Networks also held their national event then so members could participate in both events.

The Scottish Pancreatic Cancer charity was launched in November 2010 and participated in the 2010 education event.

The patient information booklet was launched in July 2010 through the Clinical Nurse Specialists.

Website: [www.shpbn.scot.nhs.uk](http://www.shpbn.scot.nhs.uk).
Name of Network: Inherited Metabolic Disorders (IMD) Scotland Network

Hosted by: NHS Greater Glasgow and Clyde

Year established: 2007  Last Reviewed: 2009  Next Review:

Clinical Lead: Dr Alison Cozens, Consultant Paediatrician in Inherited Metabolic Disorders

Network Manager: Mr Hugh Kennedy

Added Value: IMD Scotland was established as a network for children and young people with an initial focus on facilitating clinical improvement through the development of protocols of care and education for health professionals. In Scotland there are approximately 680 patients with a definite diagnosis of an IMD who are reviewed regularly by IMD services. There are also an undetermined number of patients with IMDS who are managed by other specialties, on whom IMD Consultants might be consulted. In addition, the NMCN, including the individual specialist clinical and laboratory services, help to identify and diagnose patients with IMD. This means that those involved in the Network see and advise about a considerable number of patients who do not turn out to have IMD in the end, but who take up a considerable amount of time, both as inpatients and as outpatients. The NMCN is resourced, structured and performance managed to define and deliver a programme of clinical and service improvements to agreed standards and timescales and is an important partner and mechanism for service design and development. The NMCN has worked with stakeholders including clinical and service representatives from NHS Boards, to develop a national pathway of care for babies with MCADD identified through the Newborn Blood Spot Screening Programme which ensures that specialist care is delivered on a networked basis. It is currently leading a similar development for babies referred with suspected PKU. The pathway is based on UK standards and will be monitored and audited, facilitated by the MCN Clinical Audit System. In light of both the increasing number of adults with childhood onset IMDS surviving into adulthood and others who are diagnosed with adult onset IMDS and the lack of specialist provision for them, the network has expanded its remit to include all individuals and families affected by IMDS and development of a sustainable adult service delivery model is underway.

Designation Objectives:
- Education of clinicians in the detection, investigation and management of metabolic illness
- Development of standards, care pathways and protocols of care
- Development of an audit programme for children with metabolic illness to ensure a high standard of outcomes and adherence to treatment standards

Objectives for 2010/11
- Plan and develop a comprehensive range of information resources for families of children and adults with inherited metabolic disorders and health professionals.
- Develop links with families and family support groups - organise and host a conference for families.
- Develop an education strategy and implement activities within it that have been prioritised and scheduled for completion by 31st March 2011.
- Develop a range of measurable quality indicators for implementation.
- Identify and prioritise standards, protocols and guidelines for development and implementation and audit use of existing protocols and guidelines.
- Collect required range of patient and clinical information to populate and maintain validity of data within MCN Clinical Audit system and fulfil requirements of early implementer role for MCN Clinical Audit system.
- Undertake Equality and Diversity Impact Assessment.
- Develop a communication strategy and implement activities within it that have been prioritised and scheduled for completion by 31st March 2011.
- Undertake a scoping exercise to inform the development and implementation of effective transition arrangements.
- Incorporate response to Review of 9 MCNs: effective organisational structures, subgroups, links to planning structures.

Additional objectives added during the year following revision of organisational structure
- Map services for children and adults with Inherited Metabolic Disorders across Scotland.
- Establish an Adult Services Subgroup to make recommendations for the provision of services to adults with Inherited Metabolic Disorders.
- Review current status of services for children and adults with lysosomal storage disorders in Scotland and make recommendations for an integrated Scottish service.
- Explore options for the development of a specialist service for children with familial hypercholesterolaemia and related disorders.

National Resources:
- Lead Clinician: up to 2 PAs, Network Manager: Band 6 0.5 WTE, Data manager – 2.5 WTE shared across all NMCNs. The Head of the Yorkhill Network Office also provides a degree of strategic oversight and support for the network.
### Performance - main outputs in last two years

#### Network structure

In response to recommendations from the Review of Nine MCNs, IMD Scotland has revised its structure to facilitate improved organisational effectiveness. It has also expanded its scope to include adult metabolic services. Standardisation of care and referral pathways for specific conditions:

- Clinical and laboratory protocols for newborn screening, diagnosis and clinical management of MCADD in babies were developed, agreed and published, to support the new Newborn Blood Spot Screening Programme which was successfully launched in Scotland in October 2010. By end September 2011 all babies identified through screening were managed according to the agreed pathway.
- Plans to bring the Scottish programme in line with the new UK recommendations and standards for PKU are well underway. Changes to the screening protocol, reporting from the screening laboratory and the clinical management pathways to ensure that care in Scotland meets UK standards have been agreed and implemented.
- Draft Dietary Guideline for the management of pregnancy in women with PKU in Scotland and Dietary Guideline for the initial management of babies identified with PKU developed and piloted across Scotland.

#### Service development

- A review of the current status of services for children and adults with lysosomal storage disorders has been completed, and recommendations for an integrated Scottish service are under discussion.
- The Network is exploring options, in discussion with Clinical Genetics and the Scottish Lipid Forum, for the development of a specialist service for children with familial hypercholesterolaemia and related lipid disorders.
- Initial mapping exercise completed to determine where current adult and adolescent services exist. A paper has been prepared outlining current provision and priorities for service development.

#### Information for parents and patients:

- An information pack for parents of babies with PKU was completed in March 2010, and distributed to families of 15 babies newly diagnosed with PKU in 2010-2011.
- An information pack was developed for parents of babies newly diagnosed with MCAD Deficiency and distributed to families of all babies newly diagnosed with MCAD Deficiency in 2010-2011.
- A Family Support Working Group was formally established and has held regular meetings, since October 2010.
- Getting Involved leaflet designed to give families information about the Network and to invite them to become involved. This was distributed by MDT’s to families of children and adults attending IMD clinics in Scotland.
- Highly successful, well-attended Families event held at Crieff Hydro Hotel. A range of educational and social sessions were held and enjoyed by families. The opportunities for families to meet others in a similar situation and to ask questions of professionals were very much appreciated by individuals and families.

#### Education and Training

An Education Working Group was formally established and has held regular meetings. Clinical and laboratory members of the Network developed and delivered educational events for professionals throughout Scotland.

#### Clinical Outcome and Quality Indicators: Baseline indicators from the last five years are being collated from the data held by the Scottish Newborn Screening Laboratory.

#### Priorities for 2011/12

- Education of clinicians in the detection, investigation and management of Inherited Metabolic Disorders.
- Development of standards, care pathways and protocols of care.
- Development of an audit programme for people with Inherited Metabolic Disorders to ensure adherence to treatment standards and a high standard of outcomes.
- Engagement with other professional groups to raise awareness of Inherited Metabolic Disorders, including Education, Social Work and Voluntary Services.
- Provision of education and support to people with IMD and their families.
- Development of the specialist Inherited Metabolic Disorders services within Scotland, to improve access to specialist services through outreach and joint working.

#### Communication and Involvement

**How does the Network share what it does?**

Website, Annual report published on NSD website, Getting Involved leaflet, Engagement with regional and local planning groups – being taken forward by Heads of networks on behalf of all NMCNs.
<table>
<thead>
<tr>
<th>Name of Network:</th>
<th>Scottish Paediatric and Adolescent Rheumatology Network (SPARN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hosted by:</td>
<td>NHS Greater Glasgow and Clyde</td>
</tr>
<tr>
<td>Year established:</td>
<td>2009</td>
</tr>
<tr>
<td>Clinical Lead:</td>
<td>Dr Joyce Davidson, Consultant Paediatric Rheumatologist</td>
</tr>
<tr>
<td>Network Manager:</td>
<td>Michael Durkan</td>
</tr>
</tbody>
</table>

**Added Value:** *Scope of Network*

SPARN was established to facilitate sustainable solutions to address issues of quality and access to evidence based standards of specialist rheumatology care. In particular, unknown prevalence and unmet demand create effective transition and engagement with stakeholders. In addition the network plans to expand and share professional expertise through links to other specialist services. This work will lead improved outcomes for patients. The network is resourced, structured and performance managed to define and deliver a programme of clinical and service improvements that has already delivered significant progress against these requirements.

Network clinics have been established in 10 NHS Boards, (including Greater Glasgow & Clyde and Lothian) and through this it is now evident that the number of known cases of Juvenile Idiopathic Arthritis (JIA) is in line with UK prevalence of 1 in 1000. Children with the most common rheumatological conditions have access to the standards of multidisciplinary specialist care as defined in ARMA / BSPAR standards. A programme of clinical audit is underway, facilitated by the MCN Clinical Audit system and there is evidence of improved links and collaborative working with stakeholders and other specialists’ services that has facilitated service redesign and improvement.

**Designation Objectives:**

- Encourage and facilitate the involvement of families, children and patient support groups in the network and engage them in service improvement
- Agree data collection, audit, and research to provide a basis for further service improvement and in monitoring clinical outcomes
- Establish systems and processes to ensure that stakeholders are identified and are engaged effectively in the establishment and ongoing development of the network
- Develop standardised care (protocols and guidelines) and referral pathways for specific conditions
- Standardise how investigations are performed and interpreted
- Develop network protocols enabling more care to take place locally, including network clinics
- Facilitate equity of care across Scotland
- Identify training needs and facilitate the design, development and delivery of education and training
- Promote local multidisciplinary meetings with access to teleconferencing to overcome difficulties in attending
- Provide opportunities to develop knowledge, skills and competencies both for those directly involved in the client group as well as general paediatricians, AHPs and primary care colleagues
- Organise and host an annual meeting
- Develop and deliver a communication strategy to support stakeholder engagement, effective internal and external communication including the development and sharing of protocols and information leaflets and the development of a web site
- Facilitate links with other specialities

**National Resources:**

- Lead Clinician: up to 2 PAs
- Network Manager: Band 5 0.5 WTE
- Data Manager – 2.5 WTE shared across all NMCNs.
- The Head of the Yorkhill Network Office also provides a degree of strategic oversight and support for the network.

**Performance - main outputs in last two years**

**Education and training**

- Learning Needs Analysis completed and education strategy developed jointly with NES based on the Learning Needs Analysis.
- Programme of Monthly Multidisciplinary CPD meetings began in October 2010. Meetings are open to all units and can be accessed via teleconferencing.
**JIA Study day for AHP’s and nurses was held on 31 August 2010.**

**Data collection, audit and research**
- Standard dataset agreed. Data collection forms and access database have been created. Initial pilot undertaken in Glasgow and Lanarkshire has been rolled out to the rest of Scotland. Data was collected on 111 patients. Initial results presented at the annual meeting in May 2011. Further analysis is being undertaken to inform continuous quality improvement. The data will be used as baseline for a UK-wide audit of standards of care to be undertaken by SPCA.
- NMCN Clinical Audit System (CAS) has been developed to reflect SPARN requirements.

**Standardisation of care and referral pathways for specific conditions**
- Development of a Management Guideline for Juvenile Idiopathic Arthritis (JIA) associated Chronic Anterior Uveitis together with an appropriate patient / family information leaflet has been agreed. A combined meeting with members of the Uveitis MCN to launch these documents is planned for 30 September 2011.
- Individual handheld drug monitoring and information booklets have been designed for circulation to all network clinics.

**Patient and parent involvement and information**
- Patient information pack developed for newly diagnosed JIA patients
- Working with Scottish Network for Arthritis in Children (SNAC) to support patient and families with JIA. JIA Family Support Weekend, in conjunction with SNAC, was held in March 2011.
- Local family days have been held:
  - Fife meeting was held in January 2011
  - Soft play day for under 5s was held in Aberdeen in October 2010,
  - 8-10s activities and information morning was held in Edinburgh recently.
- Independence breaks for younger teenagers held in September 2010. Young people from several centres attended.

**Networked care**
- Clinics now in place in Tayside, Grampian, Highland, Dumfries Lanarkshire, Ayrshire, Clyde and Fife.

**Priorities for 2011/12**

**Education and training**
- Transition education event planned for September 2011
- Delivery of a programme of MDT education meetings

**Data collection, audit and research**
- Incorporate and populate? fields associated with Diagnosis and Annual Review within MCN Clinical Audit System to facilitate audit

**Standardisation of care and referral pathways for specific conditions**
- Develop standards and protocols – Network clinic standards, AHP led protocol for Hypermobility Clinic, physio guideline on assessment and management of children with JIA, protocol for MRI in JIA.

**Patient and parent involvement and information**
- Annual event for families
- Review and develop NMCN website

**Networked care**
- Establish Network clinics in Stirling and Borders
- Undertake service mapping exercise to ascertain impact of NMCN and NDP investment

**Communication and Involvement - How does the Network share what it does?**
- Information available for families and professionals e.g. newsletter.
- SPARN website [www.sparn.scot.nhs.uk](http://www.sparn.scot.nhs.uk)
- Annual conference for stakeholders
- Annual report published on NSD website
- Populated pages on Managed Knowledge network.
- Engagement with regional and local planning groups –being taken forward by Heads of Networks on behalf of all NMCNs.
- Contribution to local and national events e.g. SGHSC conference on Transition May 2011.
Name of Network: Scottish Paediatric Renal Urology Network

Hosted by: NHS Greater Glasgow and Clyde


Clinical Lead: Dr David Hughes, Consultant Paediatric Nephrologist

Network Coordinator: Linda Watson

Added Value:

**Scope of Network**
The network is intended to encompass renal and urological disease in children and young people up to 16 years old, who may require specialist intervention but who can also be managed locally. Since national designation and over the past two years, the network has:

- Significantly improved the coordination of links between primary, secondary and tertiary services across Scotland
- Worked to improve patient care, particularly in terms of quality, access, co-ordination and convenience
- Developed and reviewed numerous national clinical guidelines and care pathways to ensure equity of access to an equitable level of care
- Put the patient and their family at the centre of its work, and embedded this person-centred approach into its service model

**Designation Objectives:**

- To ensure that through collaboration and multi-disciplinary working, there will be a significant improvement in the outcomes of children and young people with renal and urological disease.
- To ensure that all patients with chronic renal and urological illness receive a coordinated and integrated care plan, that takes into account the educational, psychological, emotional and social needs of the patient and their family as well as treatment of their renal or urological condition.
- To facilitate the care of children and young people with renal and urological disease via local teams delivering care close to home with information and intervention being provided, as necessary, by the specialist unit.

**National Resources:**

- Lead Clinician: up to 2 PAs (not taken)
- Network Coordinator: Band 5 1.0 WTE
- Data Manager – 2.5 WTE shared across all NMCNs.
- The Head of the Yorkhill Network Office also provides a degree of strategic oversight and support for the network.

**Performance - main outputs in last two years**

- Facilitated and supported joint clinics and shared-care arrangements
- Facilitated video conferencing case discussion between specialist units and DGHs to enable evaluation of their performance
- Created a Scottish service directory of paediatric renal and urological services
- Developed a comprehensive multi-disciplinary Community of Practice on the Managed Knowledge Network with educational resources, guidelines and pathways (viewed 6,103 times over 2010/11) Some areas have also been developed for patients, families and carers.
- Supported the redesign of the Yorkhill outpatient service to develop a joint-clinic approach with local DGHs
- Undertook a series of family group meetings and used the outputs to develop the network’s approach to engaging with families.
- Worked with families and a graphic illustrator to visually map the patient care pathway, and have used this information to inform improvements in the pathway
- Adopted a “You said, we did” approach to ensure that families are aware of how the network has considered and worked to address any issues that are raised
- Developed a number of renal specific and generic patient information leaflets
- Supported patients and carers to engage with the network and to offer mutual support through Voices and Befriending training
- Undertook a Learning Needs Analysis to inform the education strategy
- Audited services for teenagers and young adults in transition
- Supported the Scottish Continence and Enuresis Interest Group
- Developed four Care Quality Indicators
- Redesigned and updated the network website
- Supported the development of Renal Patient View (Patient management system) for patients in Yorkhill, and has started to scope the development of Renal Patient View for patients across Scotland

<table>
<thead>
<tr>
<th>Priorities for 2011/12</th>
<th>The network will:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that all appropriate patients receive a medication booklet as a key quality indicator. The network will use the MCN Clinical Audit System to measure usage of the booklet.</td>
<td>Support transition</td>
</tr>
<tr>
<td>Develop a patient/family satisfaction survey and distribute this to family and carer representatives</td>
<td>Review and revise network’s communication plan</td>
</tr>
<tr>
<td>Produce a DVD for pre-dialysis and transplant</td>
<td>Continue to map the parent and carer journey through renal and urology services and demonstrate actions against issues raised</td>
</tr>
<tr>
<td>Develop a discharge planning guideline and shared care protocol</td>
<td>Continue to support and develop a network of local families groups who will inform on renal and urology services and patient information. Parent and carer induction packs will be provided</td>
</tr>
<tr>
<td>Finalise network’s core dataset and quality indicators</td>
<td>Continue to offer voices and befriending training for parents/carers involved in the network.</td>
</tr>
<tr>
<td>Migrate data to SERPR system for the West of Scotland and explore the use of this nationally</td>
<td>Continue to support clinical education</td>
</tr>
<tr>
<td>Implement MCN Clinical Audit System</td>
<td>Continue to support shared care clinics in Aberdeen, Edinburgh, Stirling, Paisley and Dundee, and develop shared care clinics in DGHs, with the support of NDP funding</td>
</tr>
<tr>
<td>Finalise Equality Impact Assessment for Family Meetings</td>
<td>Continually update information sections on websites</td>
</tr>
<tr>
<td>Review renal and urology guidelines available on <a href="http://www.clinicalguidelines.com">www.clinicalguidelines.com</a></td>
<td>Continue to review network literature to ensure its accuracy.</td>
</tr>
<tr>
<td>Develop shared care protocols</td>
<td>The network uses the following mechanisms to communicate and involve its stakeholders:</td>
</tr>
<tr>
<td>Support transition</td>
<td>The network has a communications strategy to ensure that it communicates and engages appropriately with all stakeholders</td>
</tr>
<tr>
<td>Review and revise network’s communication plan</td>
<td>Terms of reference for Steering Group members, including an expectation that members communicate with other stakeholders in their areas and feed into the network</td>
</tr>
<tr>
<td>Continue to map the parent and carer journey through renal and urology services and demonstrate actions against issues raised</td>
<td>Parent and family involvement in the network, and support to participate in the network, including voices and befriending training</td>
</tr>
<tr>
<td>Continue to support and develop a network of local families groups who will inform on renal and urology services and patient information. Parent and carer induction packs will be provided</td>
<td>Development of parent information pack, and leaflets promoting engagement with the network</td>
</tr>
<tr>
<td>Continue to offer voices and befriending training for parents/carers involved in the network.</td>
<td>Link clinicians in each NHS Board act as the conduit for information between the network and services</td>
</tr>
<tr>
<td>Continue to support clinical education</td>
<td>Annual education events and series of other education events including joint clinics, and case discussions</td>
</tr>
<tr>
<td>Continue to support shared care clinics in Aberdeen, Edinburgh, Stirling, Paisley and Dundee, and develop shared care clinics in DGHs, with the support of NDP funding</td>
<td>Use of the NES online Managed Knowledge Network to distribute relevant guidelines and clinical educational materials</td>
</tr>
<tr>
<td>Continually update information sections on websites</td>
<td>Through the network’s service map that provides information on contacts in all areas of NHS Scotland</td>
</tr>
<tr>
<td>Continue to review network literature to ensure its accuracy.</td>
<td>Through the network website and through the mid-year and annual report published on website and submitted to NSD.</td>
</tr>
<tr>
<td></td>
<td>Through establishing sub and working groups which include Scottish Continence Enuresis Working Group (SCEIG), Guidelines, Education, Transition and Clinical Audit System (CAS), Core Data Set and Quality Indicators.</td>
</tr>
<tr>
<td></td>
<td>More detailed information can be found on the network’s website or Managed Knowledge Network Community of Practice Pages</td>
</tr>
</tbody>
</table>
Name of Network: Scottish Paediatric Endocrine Group (SPEG)

Hosted by: NHS Greater Glasgow and Clyde

Year established: 2009  |  Last Reviewed: n/a  |  Next Review: 2014

Clinical Lead: Dr Guftar Shaikh (from 1st April 2011)

Network Manager: Ms Maureen Kinney

Added Value:
SPEG is resourced, structured and performance managed to define and deliver a programme of clinical and service improvements to agreed standards and timescales. Health professionals (MDT) have access to a tailored, coordinated programme of education facilitated by telemedicine. Systems and processes are in place to ensure information and resources are available for patients, families and other stakeholders. A system is in place to ensure that incidence and prevalence of endocrine disorders is known and monitored and to audit standards of care and outcomes. An initial range of CQIs has been developed against which performance will be measured, facilitated by the MCN Clinical audit System. Patients have improved access to national, evidence based standards of specialist care locally through joint clinics.

Designation Objectives:
- Encourage and facilitate the involvement of families, children and patient support groups in the network and engage them in service improvement
- Agree data collection, audit, and research to provide a basis for further service improvement and in monitoring clinical outcomes
- Establish systems and processes to ensure that stakeholders are identified and are engaged effectively in the establishment and ongoing development of the network
- Develop standardised care (protocols and guidelines) and referral pathways for specific conditions
- Standardise how investigations are performed and interpreted
- Develop shared care protocols enabling more care to take place locally, including joint/outreach clinics
- Ensure equity of care across the region and supporting DGHs
- Identify training needs and facilitate the design, development and delivery of education and training
- Promote local multidisciplinary meetings with access to teleconferencing to overcome difficulties in attending
- Provide opportunities to develop knowledge, skills and competencies both for those directly involved in the client group as well as general paediatricians, AHPs and primary care colleagues
- Organise and host an annual meeting
- Develop and deliver a communication strategy to support effective internal and external communication including the development and sharing of protocols and information leaflets and the development of a web site
- Facilitate links with other specialities – e.g. radiology

National Resources:
- Lead Clinician: up to 2 PAs
- Network Manager: Band 6, 0.5 WTE
- Data Manager – 2.5 WTE shared across all NMCNs.
- The Head of the Yorkhill Network Office also provides a degree of strategic oversight and support for the network.

Performance - main outputs in last two years
Patient and carer information and involvement:
- Adrenal suppression information for schools and thyroid medication booklet have been completed and distributed to all centres.
- All patients with adrenal suppression are now known to the SAS to expedite appropriate clinical care.

Training and Education
- Learning needs analysis completed. Topics identified by primary care were: Growth and Maturation; Puberty; Thyroid and Adrenal Insufficiency. The network plans a rolling programme of education across Scotland to support these topics.
- Metabolic, Endocrine, Diabetes Lectures (MEDLY) now established in Yorkhill with a regular attendance weekly of between 20-25 people. Trainees, nursing staff, research assistants and consultants attend.
Topics have included: Diabetes & Exercise; Pseudohypoaldosteronism; Surgical management of skeletal dysplasia.

- Annual Scientific Meeting held in January for paediatric endocrine specialists.

**Quality indicators**

- Quality indicators agreed for Congenital Hypothyroidism (CHT) treatment and Growth Hormone. Base lines for % of children who had their height and weight assessed for the <5s twice a year and for the >5s annually. Network is currently achieving this standard in 94% of cases. Figure was presented at the 2011 scientific meeting and accepted as a reasonable figure to maintain and improve on.
- The growth hormone indicator measurement tool is being piloted in RHSC Glasgow and will be rolled out across Scotland in 2011.

**Standardisation of care and referral pathways for specific conditions**

- An audit of clinical practice of laboratories and clinicians in relation to dynamic function tests has been completed. Following audit, a clinical handbook on dynamic function tests has been developed and launched in January.
- Guideline on the treatment of CHT has been reviewed and launched
- British Society of Paediatric Endocrinology Standards of care have been adopted.
- Treatment time for CHT is 11 days, which is well within the recommended 13 days. This has been achieved by linking through Newborn Blood Spot Screening Programme, education events and robust data collection.
- Transition sub group established with aim of scoping transition pathways. Transition clinics have been established in the West and East of Scotland
- Share care clinics are established in all areas in Scotland (with the exception of Fife).
- Map of current paediatric endocrine services has been developed. It is updated regularly to include information on NDP appointed posts.
- Emergency treatment for patients with adrenal insufficiency

### Priorities for 2011/12

**Patient and carer information and involvement:**

- Families Meeting to consider patient and family experience of services.

**Training and Education**

- Finalise and distribute “Precocious Puberty” information leaflet
- Deliver education and training programme as scheduled within the education strategy
- Undertake LNA for secondary care
- Plan, organise and host annual scientific meeting.
- Plan, organise and host a multidisciplinary education event

**Data collection, audit and standards**

- Complete roll out of tool for measurement of CQI growth hormone treatment and CQI growth hormone stimulation test
- Undertake review of current practice in growth hormone prescribing
- Audit activity and impact of joint clinics on workforce planning, clinical care and patient experience
- Further develop core data set
- Audit how services are performing against British Society of Paediatric Endocrinology Standards of care

**Standardisation of care and referral pathways for specific conditions**

- Audit of patient pathway for congenital hypothyroidism.

**Communication and Involvement**

- Website established
- Managed Knowledge Network communities of practice populated
- Newsletters issued
- Annual report published on NSD website
- “Getting Involved” leaflet issued to families
- Annual conference for carers and professionals – scheduled for August.
- Families events to take place in Edinburgh & Glasgow - August
- Engagement with regional and local planning groups – being taken forward by Heads of networks on behalf of all NMCNs.
Name of Network: Uveitis

Hosted by: NHS Greater Glasgow and Clyde (NHS Grampian, prior to April 2011)

<table>
<thead>
<tr>
<th>Year established: 2008</th>
<th>Last Reviewed:</th>
<th>Next Review: 2012</th>
</tr>
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</table>

Clinical Lead: Dr Graeme Williams (as of February 2011)

Network Manager: Jennifer Bruce

Added Value:

A NMCN for Uveitis was established to develop evidence based protocols, guidelines and standards that would improve experience and outcome for users by ensuring that the right patients receive the right treatment, at the right time, in the right place and that all patients have equitable access to highest standards of clinical care, regardless of where they live i.e. enabling the delivery of care close to home with advice and more complex intervention provided through tertiary referral where appropriate.

Designation Objectives:

- To ensure patients are managed according to evidence-based, nationally-agreed procedures and protocols
- To enable provision of treatment for Uveitis in as cost effective manner as possible
- To allow audit of practice and outcomes and hence provide a basis for improving the quality of care
- To encourage multi-professional care
- To promote equity of access and service delivery at the most appropriate point of contact (supported by agreed clinical standards and transparent service model)
- To facilitate the various strands of user involvement in service delivery and future planning of services (including detailed public patient involvement framework) as indicated in HDL MCN guidelines and other associated MCN best practice documentation.
- To provide effective governance framework through clinical standards for all strands of clinical practice and include indicators of improved clinical effectiveness & research and development practices.
- Provide a full list of clinicians/sites

National Resources:

- Lead Clinician: up to 2 PAs
- Network Manager: Band 6, 0.5 WTE
- Data Manager – 2.5 WTE shared across all NMCNs.
- The Head of the Yorkhill Network Office also provides a degree of strategic oversight and support for the network.

Performance - main outputs in last two years:

- Established an appropriate and effective network structure.
- Developed a comprehensive suite of evidence based protocols, guidelines and standards to ensure that clinical care is safe, efficient and effective.
- Initial data collection exercises have been undertaken to establish baseline information to inform wider data collection requirements and future service development. These include patient numbers in Scotland which.

Priorities for 2011/12:

- The network will establish working groups to take forward the following work; standards and guidelines, education, data collection and patient involvement
- The network will focus on launching the standards and guidelines through 2011/12 and measuring their impact. Baselines will be drawn on where current services are in comparison and recommendations made to NHS Boards on potential improvements.
- The network will focus on education to underpin the standards and guidelines. This will include a learning needs analysis and education through videoconferencing case discussion.
- A study day is planned for 2011. In addition there will be ongoing work in
- The network will also support continuous improvement by adopting the Clinical Audit System,
development of a core data set and care quality indicators.

Communication and Involvement
- Patients are involved in the NMCN and there is representation from the Uveitis Information Group
- Website: [http://www.uveitis.net](http://www.uveitis.net)
Name of Network: Diaphragmatic Hernia
Hosted by: NHS Greater Glasgow and Clyde

Year established: 2009  Last Reviewed: n/a  Next Review: 2012

Clinical Lead: Mr Carl Davis, Consultant Paediatric Surgeon
Network Manager: Hugh Kennedy

Added Value:
The NMCN was established to encompass the diagnosis (preferably antenatal), medical and surgical treatment and long-term follow up of children born with a diaphragmatic hernia, including, where appropriate, to facilitate and support the interface between tertiary and local care.

Designation Objectives:
- To ensure equity of access to a standardised, high quality care pathway for mother and baby across Scotland (covering antenatal, perinatal, surgery and long-term follow-up).
- To deliver standardised pathways supporting care delivered as close to home as clinically possible.
- Develop a service model that is embedded in multidisciplinary working, combined and integrated care delivery and focused community engagement.
- Evaluate the service delivery model against standard national clinical governance checks and benchmark against UK and international performance measures.
- Introduce a formalised management infrastructure that will support the co-ordinated strategic long-term planning for future service delivery of DH services (nationally and regionally).
- To promote service delivery at the most local point of contact (supported by agreed clinical standards and transparent service model).
- To facilitate effective service interfaces and support good practice in multidisciplinary and interagency working both in establishment of an NMCN and the service delivery associated with it.
- To facilitate the various strands of user involvement in service delivery and future planning of services (including detailed public patient involvement framework) as indicated in HDL MCN guidelines and other associated MCN best practice documentation.
- To provide effective governance framework for all strands of clinical practice and include indicators of improved clinical effectiveness and research and development practices achieved through establishment of the NMCN.

National Resources:
- Lead Clinician: 0 sessions (lead clinician is in post, but working over and above clinical commitments providing 1 session, and is not backfilled)
- Network Manager: Band 6, 0.5 wte
- Administrator: Band 4, 0.5 wte
- Data Manager – 2.5 WTE shared across all NMCNs.
- The Head of the Yorkhill Network Office also provides a degree of strategic oversight and support for the network.

Performance
main outputs in last two years
- Established network infrastructure
- Service mapping undertaken which was used to inform network approach
- Developed communications plan
- Developed annual newsletters
- Created infrastructure for website
- Held one well-received educational conference
- Produced patient induction information leaflet
- A significant amount of work has been undertaken to develop a series of guidelines, that will be signed-off by the network in 2011/12
- Developed 10 clinical quality indicators
• An audit programme is under development
• Consideration of MCN Clinical Audit System and alternative audit mechanisms to capture audit information
• Contribution to the wider Congenital Anomalies event.

Priorities for 2011/12 (these priorities are yet to be signed off by NSD)
Over 2011/12, the network will:
• Produce the following clinical information guidelines: - inpatient guidelines, antenatal guidelines, follow-up guidelines, and counselling guidelines
• Identify areas for audit and develop protocols for information collection
• Identify and collect an agreed minimum dataset
• Agree quality indicators
• Audit the quality standards set where applicable
• Collect data for clinical management, further research and entry into the international diaphragmatic hernia database
• Implement a data collection tool
• Hold a families group to fully engage with and take on the views of service users
• Repeat the annual educational event
• Fully develop the NES community of practice educational resource on the Managed Knowledge Network
• Fully develop the website
• Develop communications and engagement mechanisms to ensure that members of all maternity hospitals are aware of network pathways (and so are also able to support the network’s audit)
• Develop and agree care pathways for people with diaphragmatic hernia

Communication and Involvement
How does the Network share what it does?
The network uses the following mechanisms to communicate and involve its stakeholders:
• Terms of reference for Steering Group members, including an expectation that members communicate with other stakeholders in their areas and feed into the network
• Development of parent information pack, and leaflets promoting engagement with the network
• Annual education event and contribution to the wider Congenital Anomalies event with representatives from across Scotland
• Use of the NES online Managed Knowledge Network to distribute relevant guidelines and clinical educational materials
• Use of contact information gathered from mapping exercise to communicate with stakeholders when necessary
• Development of network website
• Mid-year and annual report published on website and submitted to NSD
Name of Network: Disorders Sexual Development Network  (formerly Scottish Genital Anomaly Network)

Hosted by: NHS Greater Glasgow and Clyde


Clinical Lead: Dr Chris Driver, Consultant

Network Manager: Maureen Kinney

Added Value:

Scope of Network
The network has links with all maternity units in Scotland. When a child is identified with a complex congenital genital anomaly that falls under the remit of the network, the child is referred to a relevant network member. Standardised information is provided to the child and their family.

The multi-disciplinary team regularly attending SGAN clinics consisting of staff from Clinical Biochemistry, Clinical Genetics, Endocrinology (Paediatric, Adult), Psychiatry, Paediatric and Adult Psychology and Surgery (Gynaecology, Paediatric, Plastic and Urology). The SGAN clinics provide a 'one-stop' forum for discussion of complex cases by a multi-disciplinary highly specialised team. These clinics are held in Aberdeen, Edinburgh and Glasgow and provide children and their families with a streamlined process, centred around the child.

The network also has a strong educational and research component and has supported the education of professionals across Scotland, and the development of the evidence-base. The network has been acknowledged internationally for its work.

Designation Objectives:
- To develop a national structured care pathway which comes into operation as soon as a child with genital anomalies is identified anywhere in Scotland
- To provide an optimal level of care to all affected patients through the network, and preserve services within all localities whilst maintaining access to national expertise
- To promote service delivery at the most local point of contact (supported by agreed clinical standards and a transparent service model)
- To facilitate effective service interfaces and support good practice in multidisciplinary and interagency working both in establishment of a Managed Clinical Network and the service delivery associated with it
- To facilitate the various strands of user involvement in service delivery and future planning of services (including detailed public patient involvement framework) as indicated in Health Department Letter Managed Clinical Network guidelines and other associated Managed Clinical Network best practice documentation
- To provide effective governance framework for all strands of clinical practice and include indicators of improved clinical effectiveness and research and development practices achieved through establishment of a genital anomalies network.

National Resources:
- Lead Clinician: 0 sessions (Lead Clinician is in post, but working over and above clinical commitments providing 1 session, and therefore is not backfilled)
- Network Manager: Band 6, 0.5 wte
- Data Manager – 2.5 WTE shared across all NMCNs.
- The Head of the Yorkhill Network Office also provides a degree of strategic oversight and support for the network.

Performance - main outputs in last two years
- Held 15 SGAN multidisciplinary clinics in Aberdeen, Edinburgh and Glasgow, and increased the number of clinics to allow more patients to be followed-up than in the past
- Audited SGAN clinics and attendance
- Populated the SGAN register for clinical audit purposes
- Provided outreach from Aberdeen, Edinburgh and Glasgow to DGHs across Scotland
- Proactively worked to improve parents/patient representation on the network
- Developed leaflets for Disorders/Differences of Sex Development including Congenital Adrenal Hyperplasia, Vaginal Dilatation, Cryptorchidism (Undescended Testes), and Getting Involved leaflets to encourage families to become involved in the leaflet
- Used telemedicine to support SGAN clinics and to support network education and training
- Held an annual educational symposium
- Distributed quarterly newsletters
- Updated network website
- Developed minimum dataset and care quality indicators for population into the MCN Clinical Audit System
- Implemented the MCN Clinical Audit System
- Developed Managed Knowledge Network Community of Practice
- Debated change in name of MCN from Scottish Genital Anomaly Network to Disorders/Differences of Sex Development network as recommended by the 2009 NSD review of nine NMCNs, network members and the voluntary sector. A decision is to be taken in July 2011.

**Priorities for 2011/12**
- The network will agree a name change. Information leaflets and output from the network will need to be changed to reflect this.
- SGAN will aim to ensure the continued programme of MDT Clinics, and the use of teledmedicine links.
- SGAN will endeavour to have all relevant members trained on the new Clinical Audit System and start to populate the web-based register.
- The network will continue to develop information sheets for conditions that fall within the scope of the network.
- The Network will organise patient/parent/carer forums to gauge what users would like to see the network achieving in future and how they can become involved. This is one area that has proved difficult to achieve.
- The network will continue the programme of education both within and out with the network.

**Communication and Involvement**

*How does the Network share what it does?*

The network uses the following mechanisms to communicate and involve its stakeholders:
- Terms of reference for Steering Group members, including an expectation that members communicate with other stakeholders in their areas and feed into the network
- Development of parent information pack, and leaflets promoting engagement with the network
- Annual education symposium and contribution to the wider Congenital Anomalies event with representatives from across Scotland
- Use of the NES online Managed Knowledge Network to distribute relevant clinical educational materials
- Through SGAN clinics and the provision of outreach
- Development of network website
- Mid-year and annual report published on website and submitted to NSD
### Name of Network: Scottish Paediatric Epilepsy Network

**Hosted by:** NHS Greater Glasgow and Clyde

|-----------------------|---------------------|-------------------|

**Clinical Lead:** Dr Ailsa McLellan

**Network Manager:** Ms Karyn Robertson

### Added Value:

**Scope of Network**

The network has adopted a holistic approach to develop an infrastructure to support the needs of the child or young person with epilepsy. The network has not only linked staff in primary, secondary and tertiary care from across NHS Scotland, but also social work and education colleagues across the public sector, and voluntary sector organisations.

The network has been very successful in promoting an equitable standard of care, and robust care pathways across Scotland, supported by a strong and active educational programme.

The network has promoted and audited compliance against SIGN 81 across NHS Scotland, and has developed evidence-based network guidelines.

### Designation Objectives:

- To promote the delivery of high quality care to children and adolescents with epilepsy in Scotland
- To be patient centred and deliver seamless care between organisations and professional groups involved in epilepsy care
- To contribute to the setting of standards for epilepsy care and to audit the care provided

### National Resources:

- **Lead Clinician:** 0 sessions (lead clinician in post but is working over and above clinical commitments providing 2 sessions, and is not backfilled)
- **Network Manager:** Band 6, 0.5wte
- **Administrator:** Band 4, 0.5 wte
- **Data Manager:** 2.5 WTE shared across all NMCNs.
- The Head of the Yorkhill Network Office also provides a degree of strategic oversight and support for the network.

### Performance

**main outputs in last two years**

The network has:

- reviewed the results of questionnaires sent to CAMHs / Educational Psychology teams
- made links with the Scottish Government Education Department to develop an epilepsy section on the GLOW intranet resource for teachers
- developed questionnaires to identify social work services in each locality that are available to children and young people with epilepsy
- delivered roadshows on paediatric epilepsy surgery, the ketogenic diet and Sudden Death in Epilepsy (SUDEP) to 222 professionals (so far) across Scotland
- held BPNA PET1 and PET2 courses in sites across Scotland
- held Scottish Paediatricians with an Interest in Epilepsy Group (SPIEG) meetings three times a year
- developed a community of practice for the managed knowledge network for children and young people’s services
- developed an information leaflet about becoming involved in SPEN
- developed a directory of information resources for patients and families
- held a families day with information sessions
- held the annual epilepsy research days, and disseminated quarterly research newsletters to assist with research collaboration
- developed a bid for the national epilepsy surgery service, that was approved by the Scottish
Government and has been nationally commissioned by NSD since 1st April 2011

- discussed transition and developed transition materials
- promoted participation in the epilepsy 12 audit

### Priorities for 2011/12

- Continue to hold epilepsy roadshows across Scotland, this year covering convulsive and non convulsive status epilepticus, non epileptic attack disorder and videos of different types of seizures
- Continue to hold PET1 and PET2 courses
- Continue to hold regular Scottish Paediatricians with an Interest in Epilepsy Group (SPIEG) meetings
- Continue to hold an annual families event
- Continue to hold an annual epilepsy research conference
- Develop a paediatric epilepsy resource on GLOW to support colleagues in education, including the delivery of training from one place that can be accessed by schools across the country
- Support the new national paediatric epilepsy surgery service, particularly pathways into and out of the service, and the national epilepsy MDT
- make available an on-line resource signposting clinicians and patients to information resources available
- continue to support the Epilepsy 12 audit
- audit clinical quality indicators using the MCN Clinical Audit System

### Communication and Involvement

#### How does the Network share what it does?

The network uses the following mechanisms to communicate and involve its stakeholders:

- Terms of reference for Steering Group members, including an expectation that members communicate with other stakeholders in their areas and feed into the network
- Development of parent information pack, and leaflets promoting engagement with the network
- Link paediatricians and epilepsy nurses in NHS Boards who act as the conduit for information transfer between the network and services
- Link education and social work contacts across Scotland
- Links with Scottish regional planners
- Annual education event and series of other education events including roadshows, PET courses and research conferences
- Use of the NES online Managed Knowledge Network to distribute relevant guidelines and clinical educational materials
- Through the network website
- Through the mid-year and annual report published on website and submitted to NSD
MCNs based in Yorkhill Network Office in NHS Greater Glasgow and Clyde

**Name of Network:** Scottish Muscle Network  
**Hosted by:** NHS Greater Glasgow and Clyde

|-----------------------|---------------------|-------------------|

**Clinical Lead:** Dr Richard Petty, Consultant Neurologist  
**Network Manager:** Ms Karyn Robertson

**Added Value:**

**Scope of Network**
The network has adopted a holistic approach to develop an infrastructure to support the needs of people with neuromuscular disorders. The network has mapped service provision in Scotland, and worked positively with patients, colleagues across the NHS, the voluntary sector and the Scottish Government to raise awareness and improve the care provided for patients with other neuromuscular conditions.

The network has worked to promote the delivery of an equitable, high quality service to people with Duchenne Muscular Dystrophy and Myotonic Dystrophy regardless of where they live in Scotland. The network has recently started to make inroads into services for people with other conditions.

**Designation Objectives:**
- To ensure that patients with neuromuscular disorders throughout Scotland receive an equitable high quality service
- To be patient centred and promote seamless care between organisations and professional groups
- To raise awareness of neuromuscular disorders through educational meetings
- To gather and share best evidence regarding effectiveness of medical interventions
- To develop standards of care for the commoner neuromuscular disorders and to audit the care provided by identifying key performance indicators

**National Resources:**
- Lead Clinician: 0 sessions (lead clinician in post but is working over and above clinical commitments providing 1 session, and is looking to be not backfilled)
- Network Manager: Band 6, 0.5wte
- Administrator: Band 4, 0.5 wte
- Data Manager – 2.5 WTE shared across all NMCNs.
- The Head of the Yorkhill Network Office also provides a degree of strategic oversight and support for the network.

**Performance**

*main outputs in last two years*
- Extensive mapping of neuromuscular services that has been used to inform NHS Scotland and SGHSC policy
- A series of patient and family involvement events
- Self-directed support project to improve access to the scheme
- Significant work on developing transition pathways and resources
- The establishment of Muscle Interest Group Clinicians Meetings to provide peer support and education for clinicians who spend a significant proportion of their time on neuromuscular disorders
- Two annual multidisciplinary educational conferences
- The Duchenne Muscular Dystrophy Multidisciplinary Care Pathway was published and is available on the SMN website.
- Development of evidence-based “Management of Adults with Myotonic Dystrophy: A Guide for Professionals”
- A small group of professionals from the SMN visited Denmark to identify learning opportunities for Scotland.

**Priorities for 2011/12**
- Hold an annual multidisciplinary educational conference
- Develop a plan to address patients and families needs around neuromuscular disorders
- Improve links to local service provision
- Explore the role of telemedicine in management of neuromuscular disorders
- Continue to hold Muscle Interest Group meetings
- Establish respiratory and cardiac subgroups

### Communication and Involvement

**How does the Network share what it does?**

- Terms of reference for Steering Group members, including an expectation that members communicate with other stakeholders in their areas and feed into the network
- Links with Scottish regional planners
- Annual education event
- The mid-year and annual report published on website and submitted to NSD
- The network website
- The development of patient information leaflets
- Through meetings
- Through the development of a communication framework to support the needs of local services
**Name of Network:** Familial Arrhythmia Network Scotland (FANS)

**Hosted by:** NHS Tayside

**Year established:** 2008  
**Last Reviewed:**  
**Next Review:** 2013

**Clinical Lead:** Dr Anna Choy, Consultant Cardiologist  
**Network Manager:** Gregory Fearn

**Added Value:**

FANS is a multi-disciplinary network established to improve the diagnosis and care for individuals and their families affected by familial arrhythmia. FANS works at a regional level with each of the four specialist centres in Scotland and also with colleagues at NHS Board level, developing and implementing national standards and protocols to improve care quality. Effective networked care ensures referral to appropriate specialists and appropriate and selective genetic and clinical testing for individuals and families across Scotland with associated improvement in patient experience and improved cost effectiveness.

FANS is committed to the development of public and professional educational and research opportunities and promotes awareness of inherited cardiac conditions throughout Scotland via its links within the NHS, government agencies and the voluntary sector.

**Designation Objectives:**

- To promote service delivery at the most local point of contact (supported by agreed clinical standards and transparent service model).
- To facilitate effective service interfaces and support good practice in multidisciplinary and interagency working both in establishment of an NMCN and the service delivery associated with it.
- To facilitate the various strands of user involvement in service delivery and future planning of services (including detailed public patient involvement framework) as indicated in HDL MCN guidelines and other associated MCN best practice documentation.
- To provide effective governance framework for all strands of clinical practice and include indicators of improved clinical effectiveness and research and development practices achieved through establishment of the NMCN.
- The formation of FANS was driven by the recognition by both cardiologists and clinical geneticists in Scotland that the management of individuals with primary electrical diseases at risk of sudden cardiac death, and their families is challenging and requires co-ordinated strategies and input from many healthcare professionals. Currently, information regarding referral pathways, the specialists in the field, and the availability and types of genetic testing is sometimes not widely disseminated or readily accessible. Together with the prior absence of guidelines and consensus for the diagnosis, risk stratification and treatment of these conditions, this has led to disparities in treatment across Scotland.
- There is a need for better coordination of services, in order to deliver an equitable, evidenced based and resource efficient service. In brief, FANS aims to address these issues by primarily developing care and management pathways for the diagnosis, treatment, and risk assessment of the familial arrhythmia, as well as to administer a database for follow-up of these patients and their families. Long term registry follow up of these individuals is essential as often the genetic diagnosis is initially unknown, but as new mutations are discovered, these patients and their families may be tested accordingly. Furthermore, as the knowledge base of these conditions increases, through the registry and network, new recommendations and guidelines can be translated into clinical practice and offered to patients in a timely manner.

**National Resources:**

- **Lead Clinician:** 2 PAs  
- **Network Manager:** Band 7 0.5 wte  
- **Administrator:** vacant at present
### Performance

**main outputs in last two years**
- Agreed national protocols for a range of inherited cardiac conditions
- The highly successful, official launch of FANS at the Scottish Parliament in February 2010.
- The launch of the FANS website in February 2010 ([www.fans.scot.nhs.uk](http://www.fans.scot.nhs.uk))
- The creation of a robust structure for the MCN encompassing Steering and Sub Groups, the Patient Forum, links with the Procurator Fiscal service
- Three FANS National Arrhythmia Symposia, all successfully staged since March 2009.
- The establishment of multi-disciplinary team meetings in the three of our four specialist centres which don’t have a joint clinic for familial arrhythmia patients. The MDTs are not just for expert discussion on individual cases, they increasingly act as forums and decision making structures for regional issues related to inherited cardiac conditions.
- The establishment of a Patient Forum, strong links with voluntary agencies and electronic media to support our public engagement programme.

### Priorities for 2011/12
- Finalisation of the FANS dataset in readiness for the implementation of the national Clinical Audit System.
- The utilisation of the national CAS database by the FANS network. This will be done initially by using CAS as a registry for FANS patients and people with suspected inherited cardiac conditions.
- Hold the 3rd annual FANS / Scottish Arrhythmia Group Symposium in May 2011.
- Continue to strengthen the role of FANS in relation to other inherited cardiac conditions, such as cardiomyopathy.
- Progress the programme of work identified by the Patient Forum.
- Develop a programme of clinical audit in place for 2011/12 in addition to audit data that is collected routinely. This will be informed by our dataset development and CAS implementation.
- Audit the work of FANS against our agreed national standard and underpinning criteria.
- Improve the quality of content on the FANS website to utilise its full potential. Promote the website to ensure a wider audience for the work of FANS.
- Initiate our Research Subgroup to develop the research projects which are currently in development.
- Hold the inaugural FANS Nursing & Allied Health Professionals Educational event in the autumn of 2011.
- Review our nationally agreed protocols.
- Have documented regional pathways for the management of patients with familial arrhythmia. FANS has already produced national pathways but these are not always appropriate for the specific nature of services which are provided in regional centres.

### Communication and Involvement

FANS has a network structure which reflects the multi-disciplinary nature of managing inherited cardiac conditions. Within this structure we have a Patient Forum which is giving a voice to people with familial arrhythmia (and their families) within FANS. We also have representation from voluntary agencies on our Steering Group.

FANS has a website; [www.fans.scot.nhs.co.uk](http://www.fans.scot.nhs.co.uk) which was launched in February 2010. In addition it also has a Facebook page [www.facebook.com/fans](http://www.facebook.com/fans). The FANS Facebook page allows direct communication with members of the public.

FANS has developed engaged with professional colleagues outside the network through a number of means. These include newsletters, our annual FANS Symposium, learning needs assessments and links with the Heart Disease MCNs. We have a lead cardiologist link in each NHS Board outside the specialist centres.
**Name of Network:** Cleft Lip and Palate Services in Scotland (CleftSiS)

**Hosted by:** NHS Tayside

**Year established:** April 2000  
**Last Reviewed:** 2010  
**Next Review:** 2011 as part of a wider review of Cleft Lip and Palate Surgical Service.

**Clinical Lead:** Mr Mark Devlin, Maxillo Facial Surgeon  
**Network Manager:** Mhairi Gallacher

**Added Value:** *Scope of Network*

To co-ordinate and optimise care and clinical outcomes through standard setting and audit for all patients with cleft lip and/or palate in Scotland.

**Designation Objectives:**
- Rationalise number of cleft centres to no more than two whilst maintaining specialist knowledge locally and coordinating more efficient organisation of patient care nearer to home
- Improve outcomes in Scotland to be more favourably comparable to national outcomes
- Develop Scottish protocols
- Coordinate education
- Ensure that all specialty groups cooperate in the management of patients to standards as agreed with the Clinical Standards Board for Scotland (now NHS QIS).
- To facilitate effective service interfaces and support good practice in multidisciplinary and interagency working both in establishment of an NMCN and the service delivery associated with it.
- To ensure provision of cleft lip and palate are in as cost effective manner as possible.
- To provide equity of access and service delivery at the most appropriate point of contact (supported by agreed clinical standards and transparent service model).
- To promote service delivery at the most appropriate point of contact (supported by agreed clinical standards and transparent service model).
- To facilitate the various strands of user involvement in service delivery and future planning of services (including detailed patient public patient involvement framework) as indicated in HDL MCN guidelines and other associated MCN best practice documentation.
- To provide effective governance frameworks for all strands of clinical practice in Scotland and include indicators of improved clinical effectiveness and research and development practices achieved through establishment of the NMCN.
- To develop and maintain the Electronic Patient Record.
- To develop and maintain a comprehensive list of clinicians and sites with the appropriate expertise for cleft lip and palate repair.

**National Resources:**

- **Lead Clinician:** 0.07 WTE  
- **Network Manager:** 0.5 WTE band 7  
- **Administrator:** 0.5 Band 4 and 0.25 Band 3

**Performance**

*main outputs in last two years*

The network was reviewed in 2009/10 by National Services Division as part of a review of 9 Managed Clinical Networks and issues were identified with this network in terms of audit activity and compliance with the core principles of networks. The network have worked exceedingly hard in 2010/11 to meet the recommendations of the review and over the last year have achieved over 82% of an in-depth 32 point work plan, the areas which were not completed were due to external constraints. The network is functioning very well.
In 10/11 they completed areas of work to increase patient centeredness, improve safety, improve effectiveness and efficiency and made the service more equitable and timely. The network improved their audit and participates in the Quad centre audit. In addition, they reviewed and updated their protocols and identified issues with data collection which have led to a review of the minimum data set in the year to come. The network also agreed an ideal care pathway for both centres which they hope to recommend to the cleft review as the appropriate method for service delivery.

Priorities for 2011/12

The work plan for 2011/12 has not yet been formally agreed, however it is expected the key objectives which the network will integrate into their work plan will be:-

- Explore undertaking a Learning Needs Analysis for staff and patients/carers.
- Review and agree minimum data sets for collection of specialty data.
- Review and standardise process for registration of babies.
- Explore transition of care from paediatrics to adult services.
- Work with patients, carers and CLAPA to produce new patient booklet to meet their requirements and conform with NHS information leaflet guidelines.
- Attendance at Quad Centre Audit in June 2011 to facilitate benchmarking with other Centres.

Communication and Involvement

How does the Network share what it does?
The network have an established web site which they update regularly, at present an admin constraint for updating the website has been identified which the Tayside office is looking to resolve.

In addition, the network produces a patient newsletter twice yearly and has involvement with patient support groups, the network also have patient representatives within the core of their review group, these representatives are utilised appropriately.

- Annual report published on NSD website
- Annual meeting for professionals
- Engagement with regional and local planning groups –being taken forward by Heads of networks on behalf of all NMCNs.

The network disseminates guidelines and information throughout the network membership and via email if required.

The network within 2011/12 is launching a patient engagement event, initially in the west if this is viewed as a success this will be implemented throughout Scotland.
Name of Network: **Complex Burns Injury (adult and paediatric) CoBIS**

Hosted by: NHS Tayside

Year established: 2007  |  Last Reviewed:  |  Next Review: 2012/13

Clinical Lead: Professor John Kinsella

Network Manager: Dr Janet Baxter

**Added Value:**

**Scope of Network**

- Optimise the level of support for patients – adults and children – as well as their families and carers.
- Support the establishment and maintenance of a skin bank (both autologous and allogenic) to ensure there is safe and satisfactory supply of skin allografts that have been stored and processed in accordance with all the appropriate regulations.
- Initiate and maintain training and educational events to meet the skills requirements of those involved in the treatment and care of burned patients.
- Ensure that there is a comprehensive plan in place in Scotland to deal with large numbers of burn victims, which may arise from an adverse event resulting in multiple casualties.
- Establish and maintain a database of complex burn injury in Scotland.
- Set up mechanisms to regularly audit outcome of burn treatment against nationally agreed standards of care.
- Establish a website for those managing burn injuries in Scotland, as well as patients and carers, which will be accessible to the general public for information purposes.

**Designation Objectives:**

- To ensure patients are managed according to evidence-based, nationally-agreed procedures and protocols.
- To enable provision of care for Complex Burns care in as cost effective manner as possible.
- To develop and maintain a register of patients and families.
- To allow audit of practice and outcomes and hence provide a basis for improving the quality of care.
- To encourage multi-professional care.
- To promote equity of access and service delivery at the most appropriate point of contact (supported by agreed clinical standards and transparent service model).
- Provide a full list of clinicians/sites with expertise

**National Resources:**

- Lead Clinician: 2 Programmed Activities
- Network Manager: Band 7, 0.5 wte
- Administrator: Band 4, 0.5 wte

**Performance**

*main outputs in last two years*

- The network has started to work on the aims and objectives specified since its inception in 2007 and appear to have a well-established group of network members. Work is ongoing in relation to the collection of data, and the network are also investigating whether the National Clinical Audit system can be used by their network, and will be working towards implementing this within the year ahead. The network produced its first round of data within their annual report 2010/11, and this will be continued and refined further in the year ahead.
- The network has established a website: [http://www.cobis.scot.nhs.uk/](http://www.cobis.scot.nhs.uk/) which is accessible to the public and is kept up to date with information in relation to the network.
- Work is also ongoing in relation to the education of the networks members.
- The network is currently also investigating a pathway for patients in the event of a major incident.
- The network is actively engaging with a third sector organisation to explore supporting patient’s psycho-social needs.
- Prepared and published clear referral pathways for the transfer of complex burn injuries.
The network has held very successful conference events, one of which marked the launch of COBIS
A draft quality assurance framework has been submitted to Healthcare Improvement Scotland
Audited the level of psychosocial care provided to burned patients
All sub groups of the MCN have worked towards completion of their specific work streams
  - Data collection has worked with the MCN to agree a minimum dataset and worked with NISG towards implementation of the generic MCN IT system
  - Paediatric care has published guidelines for the treatment and ongoing care of burned children
  - Adult care has done the same and all are available on the website
  - Patient / carer involvement has continued to support COBIS in the development of training for all grades of staff in involved in burn management
  - Training and education sub group has worked on each clinical meeting and has supported the establishment of the Burn and Plastic Surgery module at Glasgow University
The MCN continues to improve its involvement with patients and carers by including presentation form both patients and carers in the programme of the annual clinical meeting and developing the patient experience by documented patient stories for the website.
Agreed clinical quality indicators so that the reporting from the generic clinical system will inform burn care
Formalised contact with the National Network for Burn Care, particularly in relation to the development of and implementation of a National Disaster Plan
Identified a training resource from Changing Faces that will allow the development of education on the psychosocial management of burned patients
Distributed newsletters to stakeholders
Developed a communication strategy
Developed and education strategy
In 2010 provided an annexe for the Scottish Government National Disaster Plan
Discussed skin banking with the Tissue Banking Service
Completed an Equality and Diversity Impact Assessment for the MCN – at the time, no specific negative impacts were identified, however, it is now recognised that we need to provide particular support for young people transitioning from paediatric to adult services.

Priorities for 2011/12
The work plan for 2011/12 has been agreed with NSD. The priorities include:
- Ensure that service users involved in the network are supported and the network acts upon their feedback
- Plan a structured approach to the use of the Changing Faces Psychosocial training pack
- Promote best clinical practice across Scotland - develop and promote standards/ guidelines/ protocols
- Improve safety throughout primary, community and acute services
- Continue to work with NSD and NISG to implement the Clinical Audit System (CAS)
- Explore protocols for transitional care using Better Health, Better Care and RCPE Transition guidance.
- Plan MCN conference to include presentations on lessons learned from 7/7 London bombing
- Develop a sub group to look at the current Disaster Plan and identify areas which COBIS would like to feed into.

Communication and Involvement - How does the Network share what it does?
The network has a website which is utilises for interaction with patients, carers and staff members. Members of the network are from various backgrounds and cascade information from the network on their behalf.
Annual and mid year reports
Annual clinical meetings
Distribution of guidelines and protocols to all units involved in the management of burned patients
MCNs based in Tayside Office
Name of Network: National Managed Clinical Network for Phototherapy in Scotland (Photonet)

Hosted by: NHS Tayside


Clinical Lead: Dr Robert Dawe

Network Manager: Mhairi Gallacher

Added Value:

**Scope of Network**

All 36 Phototherapy Centres, which provide either or both of UVB phototherapy and PUVA, in Scotland participate in Photonet, the National Managed Clinical Network for Phototherapy. The value of having such a Network is currently being emphasised by the problems occurring in the more fragmented National Health Services in other UK countries, where, in the absence of national standards for phototherapy, it is likely that “postcode prescribing” is going to continue to become worse.

- To ensure patients are managed according to evidence-based, nationally-agreed procedures and protocols.
- To enable provision of care in phototherapies in as cost effective manner as possible.
- To encourage and make possible the use of phototherapies rather than the use of more expensive drug therapies.
- To develop and maintain a register of patients and summary outcome data for each course.
- To allow audit of practice and outcomes and hence provide a basis for improving the quality of care.
- To encourage multi-professional care
- To provide equity of access and service delivery at the most appropriate point of contact (supported by agreed clinical standards and transparent service model).
- Provide a full list of clinicians/sites with expertise.

**Designation Objectives:**

- To promote service delivery at the most local point of contact (supported by agreed clinical standards and transparent service model).
- To facilitate effective service interfaces and support good practice in multidisciplinary and interagency working both in establishment of an NMCN and the service delivery associated with it.
- To maintain a standardised computer programme across Scotland to monitor numbers of treatments per patient, adherence to protocols, and cancer follow-up for patients receiving phototherapy.
- To facilitate the various strands of user involvement in service delivery and future planning of services (including detailed public patient involvement framework) as indicated in HDL MCN guidelines and other associated MCN best practice documentation.
- To provide effective governance framework for all strands of clinical practice in Scotland and include indicators of improved clinical effectiveness and research & development practices achieved through establishment of the NMCN.

**National Resources:**

- Lead Clinician: 0.07 wte (lead clinician is in post, however sessions are currently not backfilled)
- Network Manager: Band 7, 0.4 wte
- Administrator: Band 4, 1 wte
- Technician – Band 6 0.5 wte

**Performance - main outputs in last two years**

The Network was part of the review of 9 managed clinical networks in 2009/10. The recommendation from this review was that the Network’s designation continued this was due to the benefits which the Photonet Network has achieved in that time.

Scotland has realised the following benefits from this investment in that time:

- Platform for multi-disciplinary care
- Extensive networking opportunities for staff involved in service
- Comprehensive protocols with regular schedule for review
- Patient survey
- Various opportunities for patient involvement
- Patient information leafletsQIS accreditation and the embedding of the standards into care and
audit nationally
- Number of treatments almost doubled across all three types of treatment
- Significant increase in clear outcomes for patients treated for whole body psoriasis
- 0.5wte technician to ensure national standards in use of equipment thus significantly improving patient safety
- Development of web-based nurse training in conjunction with NES. This provides a standardised approach to training and the equitable provision of care as nurses can be signed off as Nurse Practitioners in Phototherapy
- Reduction in number of centres significantly above national average for erythemal episodes, thus improving patient safety
- Creation of substantial evidence base for phototherapy
- Photosys database
- Increase in phototherapy sites
- Introduction of Business Objects standard reporting tool
- Scoping exercise regarding safety of cabinets

This work has continued within 2010/11:
- A PhotoSys Sub-Group was convened during 2010/11 to manage the change control requirements for the PhotoSys system. A number of change controls were implemented following a User Acceptance Testing period.
- The Phototherapy Nurse Education Programme was actively rolled out to all practitioners administering phototherapy in Scotland. 67 practitioners have now completed the online education programme and an evaluation questionnaire issued to gain feedback on the course and to assess any areas of the course which may require some improvements to be made. The results of the questionnaire were presented at the National Meeting on 18 May 2011.
- The Photonet Technician has visited 34 sites during 20010/11. Readings taken and investigation/analysis of results were presented at the National Meeting on 18 May 2011.
- The 9th National Meeting of the NMCN for Phototherapy took place on Wednesday 18 May 2011 within the Steele Seminar Room, Perth Royal Infirmary. The meeting continues to be attended by a wide range of delegates from across the country and from all specialties involved in the Network. Delegates were invited to complete an evaluation form, the results of which will be considered by the Photonet Steering Group when organising the programme for the 2012 event.
- The Photonet Network Standards were reviewed and updated during 2010/2011.
- Two additional protocols were endorsed by the Network.
  - Calibration of Hybec MED testers
  - Cancer follow-up protocol
- A leaflet encouraging patient involvement was developed and circulated to treatment centres.
- A mapping exercise of staff and services was undertaken to further scope the standardisation of care in all sites.
- The Nursing Sub-Group was reconvened during 2010/11 to lead on the review of the online nurse education programme.
- Photonet implemented self-audit against a number of Photonet Standards.
- Photonet members continue to be fully involved in research and a list of recent publications is available within Annual Reports.

Priorities for 2011/12
Photonet will develop and endorse a work plan for 2011/12 including the following key objectives:
- Evaluate and further develop nurse education.
- Finalise updated website and ensure appropriate links are made available.
- Continue to promote equity of care through exploring models of care for home phototherapy.
- Explore the applicability of the National MCN Clinical Audit System.
- 10th National Meeting will be held in May 2012.

Communication and Involvement
*How does the Network share what it does?*
The network is an effective communicator, regular stakeholder meetings are held, a website has recently been updated and relaunched (www.photonet.scot.nhs.uk) and the network regularly surveys its members and contacts them by email.

- In addition, the network produces a newsletter twice yearly and has involvement with patient support groups.
- Annual report published on NSD website.
- Annual meeting for professionals.
- Engagement with regional and local planning groups –being taken forward by Heads of networks on behalf of all NMCNs.
- The network disseminates guidelines and information throughout the network membership and via email if required.
Name of Network: Children and Young People with Cystic Fibrosis NMCN

Hosted by: NHS Tayside

Year established: 2009  |  Last Reviewed: n/a  |  Next Review: 2014

Clinical Lead: Dr Richard Brooker

Network Manager: Gregory Fearn

Added Value:
There are approximately 400 children in Scotland with Cystic Fibrosis who receive specialist care.

The NMCN is resourced, structured and performance managed to define and deliver a programme of clinical and service improvements to agreed standards and timescales. It has focused on establishing a model of care that is one of regional implementation of national standards and protocols with a significant increase in the number of multidisciplinary shared care clinics to enable more specialist care, including annual reviews, to be delivered locally.

Designation Objectives:
- Encourage and facilitate the involvement of families, children and patient support groups in the network and engage them in service improvement
- Agree data collection, audit, and research to provide a basis for further service improvement and in monitoring clinical outcomes
- Establish systems and processes to ensure that stakeholders are identified and are engaged effectively in the establishment and ongoing development of the network
- Develop standardised care (protocols and guidelines) and referral pathways for specific conditions
- Standardise how investigations are performed and interpreted
- Develop shared care protocols enabling more care to take place locally, including joint/outreach clinics
- Ensure equity of care across the region and supporting DGHs
- Identify training needs and facilitate the design, development and delivery of education and training
- Promote local multidisciplinary meetings with access to teleconferencing to overcome difficulties in attending
- Provide opportunities to develop knowledge, skills and competencies both for those directly involved in the client group as well as general paediatricians, AHPs and primary care colleagues
- Organise and host an annual meeting
- Develop and deliver a stakeholder communication and engagement strategy to support effective internal and external communication including the development and sharing of protocols and information leaflets and the development of a website
- Facilitate links with other specialities

National Resources:
Lead Clinician up to 2 PAs,
Network Manager: Band 7 0.5 WTE
Administrator: Band 4 0.2 WTE
Data managers – 2.5 WTE based in MCN Office NHS GGC & shared across all NMCNs.

Performance - main outputs in last two years
Standardisation of how investigations are performed and interpreted
- Lung Function equipment harmonised in all Specialist CF Clinics. Lung function technicians and physiologists working on standardised protocols.
- Questionnaire on microbiological investigation sent to all laboratories.
- Standardised radiological investigations

Improvements in multidisciplinary clinics, with care being delivered as locally as possible
- 300% increase in number of shared care clinics, Borders patients being seen in Edinburgh; 4 shared
MCNs based in Tayside Office

care clinics and 6 video conferences with Raigmore Hospital, Inverness; 4 shared care clinics and RHA and Cross House Hospital. Level of specialist care available locally that was not available before the NMCN was established achieved through contribution to NDP investment process?

- Improved physiotherapy assessment at annual review in Aberdeen and monthly consultant cross-cover CF clinics between Aberdeen/Dundee.
- In Dundee/Aberdeen: 3 monthly outreach CF clinics to Inverness. Monthly teleconference annual review meetings.
- In South-East Scotland: outreach clinics to Stirling/Fife established
- In West of Scotland: Annual review outreach clinics established in Dumfries, Ayr and Paisley/Greenock. New local CF clinic and outreach clinic established in Wishaw early 2011.

**Formal launch**
The Scottish Paediatric Cystic Fibrosis Managed Clinical Network was formally launched at the Scottish Cystic Fibrosis Group annual educational day on 7 May 2010. Engagement with planning and management on development and implementation of NDP investment proposals

**Education**

- 2 Scottish CF annual educational meetings held.
- Collaborated with Scottish CF Group to explore the CF MCN incorporating a specific session into May meeting.

**Patient and parent involvement**

- Parents from different geographical urban/rural areas as members of the Steering Group.
- Facebook user group established

**Priorities for 2011/12**

- Work in partnership with Newborn Screening programme to revise the CF screening and clinical referral and management pathway
- Continue to develop standardised care/investigation/shared care protocols and guidelines
- Implement the outcomes from the microbiological investigations questionnaire to promote standardisation
- Develop abdominal ultrasound protocol and circulate to all radiology departments to promote standardised radiological investigation
- Review data collection for the identified Clinical Quality Indicator
- Progress a training needs analysis the outcomes will inform the development of CF NMCN Education Strategy
- Progress the development of the CF NMCN web site
- Complete a service mapping exercise
- Interactions with Primary Care and role of the GP to be explored

**Communication and Involvement: How does the Network share what it does?**

- Website pages populated in Managed Knowledge Network
- NMCN information included in CF Centre Newsletter
- Annual report published on NSD website
- Annual meeting for professionals
- Facebook user group established
- Engagement with regional and local planning groups –being taken forward by Heads of networks on behalf of all NMCNs.
Name of Network: Acquired Brain Injury

Hosted by: NHS Lothian

Year established: 2006   Last Reviewed:   Next Review: 2013

Clinical Lead: Dr Alan Carson, Consultant NeuroPsychiatrist

Network Manager: Lorna Hall

Added Value:

**Scope of Network**
The Network improves access to and the quality of services for adults and children with Acquired Brain Injury (ABI). The incidence in Scotland of traumatic brain injury alone is 330 per 100 000 population per year of which approximately 10% are severe. The Network links patients, families/carers, 3rd Sector Agencies, Private Sector Care, Education (both tertiary for staff and at a primary/secondary level for children with ABI) Social Work along with NHS professionals (from primary, secondary and tertiary care) together; and works in a coordinated manner to deliver high quality, clinically effective and equitable care to patients across Scotland. The emphasis on care is multidisciplinary and multi-agency, and as well as the usual medical and nursing staff, a range of allied health professionals including physiotherapy, occupational therapy, neuropsychology, dietetics, speech and language therapy, amongst many others, is of paramount importance. The Network listens to patients and relatives views, gathers information about their perceptions and personal experience of care and uses that information to further improve care.

**Designation Objectives:**
- To promote service delivery at the most local point of contact (supported by agreed clinical standards and transparent service model).
- To facilitate effective service interfaces and support good practice in multidisciplinary and interagency working both in establishment of an NMCN and the service delivery associated with it.
- To facilitate the various strands of user involvement in service delivery and future planning of services (including detailed public patient involvement framework) as indicated in HDL MCN guidelines and other associated MCN best practice documentation.
- To provide effective governance framework for all strands of clinical practice and include indicators of improved clinical effectiveness and research and development practices achieved through establishment of the NMCN.

**National Resources:**
- £70,500 (Average share of NHS Lothian Network Office fund)
- Lead Clinician input (number of Programmed Activities) 1
- Network Manager - band 7 whole time equivalent 0.5
- Administrator - band 4/whole time equivalent 0.4 wte

**Performance main outputs in last two years**
- Reviewed the ABI NMCN structures, governance structures along with outcomes and benefits to users.
- Mapped the current quality strategy against the Healthcare Quality Strategy for NHS Scotland 2010 and updated.
- Increased patient and user involvement in the NMCN ABI Network.
- Reviewed and updated ABI Stakeholder Communication & Engagement Strategy with evaluation of impact.
- Updated and re-launched SABIN website.
- Took forward the prioritised strands identified by the Children’s and Young People’s Interest Group in April 09.
- Set up sub-gp with terms of reference and work plan for 2011/12 to explore taking forward the development to a Managed Care Network.
- Reviewed the progress of Health Boards implementation of TBI Standards and updated mapping/gap report.
- Produced ABI competences and producing education strategy to support
- Established a Data Management sub group to include quality data collection and analysis in order to contribute to the evidence base of ABI.
- Set up a subgroup to explore and scope the remote and rural issues around ABI with an action plan developed.

## Priorities for 2011/12

- To ensure maintenance and implementation of outcomes and benefits to users
- To increase patient and user involvement in the NMCN ABI Network, by holding café style workshops around sector and bi-annual meetings with 3rd sector, in order to form a patient and carer consultation forum
- To continue to review and update ABI Stakeholder Communication & Engagement Strategy, as appropriate, with evaluation of impact including improved information and resources on the SABIN website
- To take forward the prioritised strands identified by the children’s and young people sub-group.
- To set up a sub-group/work stream to explore moving the National Managed Clinical Network to a Managed Care Network
- To continue to review the progress of Health Boards Implementation of TBI Standards and update mapping report.
- To continue implementation of the Education & Training Sub-gp with terms of reference and work plan for 2011/12.
- To ensure maintenance and implementation of the ABI NMCN Structure and Governance Structures.
- To implement a Data Management Plan, including holding a data symposium in Sept 11 to in order to contribute to the evidence base of ABI.
- To explore and scope the remote and rural issues around ABI with an action plan developed.

## Communication and Involvement

*How does the Network share what it does?

- Website [www.sabin.scot.nhs.uk](http://www.sabin.scot.nhs.uk)
- 4 newsletters per year
- Networking meetings.
- Communication and engagement strategy - annual letters to stakeholders asking how well we did and how they prefer to engage.
Name of Network:  Children with Exceptional Healthcare Needs (CEN)

Hosted by:  NHS Lothian

Year established: 2009     Last Reviewed:     Next Review: 2014

Clinical Lead:  Ms Dawn Moss

Network Manager:  Dr Marit Boot

Added Value:
Many of the 355 patients across Scotland who meet the nationally agreed criteria of “exceptional healthcare needs” have in place costly packages of care and have frequent and lengthy hospital admissions, often associated with delayed discharge. Through the introduction of a national care pathway that can be audited, the NMCN is working towards equity of healthcare provision and reducing the number of hospital admissions, delayed discharges and other inefficiencies within the pathway that cause unnecessary distress to patients and carers and are costly to the NHSS.

The NMCN acts as a forum for parents/carers to discuss improvements in care and connects and supports multidisciplinary teams of professionals in health, social care and education in improving the quality of care delivery to this group of children through provision of information and education that is available at all sites where children receive care, including their homes.

Designation Objectives:
- Encourage and facilitate the involvement of families, children and patient support groups in the network and engage them in service improvement
- Agree data collection, audit, and research to provide a basis for further service improvement and in monitoring clinical outcomes
- Establish systems and processes to ensure that stakeholders are identified and are engaged effectively in the establishment and ongoing development of the network
- Develop standards of care (protocols and guidelines) and pathways for the specified group (children with exceptional healthcare needs) and implement these pathways
- Ensure equity of care across all regions of Scotland
- Work within the GIRFEC model
- Identify how to support healthcare professionals at all levels and share care protocols
- Identify training needs and facilitate the design, development and delivery of education and training
- Provide opportunities to develop knowledge, skills and competencies both for those directly involved in the client group as well as primary care and localities colleagues
- Promote national meetings with representatives from across Scotland with access to teleconferencing to overcome difficulties in attending
- Organise and host an annual meeting
- Develop and deliver a communication strategy to support effective internal and external communication including the development and sharing of protocols and information leaflets and the development and regular updating of a web site
- Facilitate links between health, education, and social work and support the development of joint protocols and standards
- Provide a forum to discuss problems related to the care for children with exceptional healthcare needs
- To facilitate links with other networks related to the care of children with exceptional healthcare needs e.g. the Palliative Care network, Ventilation group, Nursing Continuing Care forum

National Resources: £70,500 (Average share of NHS Lothian Network Office fund)
Extends to: Lead Clinician up to 2 Pas, Network Manager Band 7 0.5 WTE, Administrator Band 4 0.5 WTE, Data Manager – 2.5 WTE resource shared by all paediatric NMCNs

Performance - main outputs in last two years
- Improvement in data collection systems and processes:
  - accurate data on the demographics and type of impairments of the majority of children with exceptional healthcare needs (83% now recorded on Special Needs System (SNS) or local databases)
Use of SNS extended both in the number of health boards where it is used and in the range of information collected.

- Audit programme has been developed to inform and evaluate clinical and service improvement:
  - National pathway of evidence based care launched September 2010 and is being rolled out across Scotland.
  - Development of quality indicators.
- Needs of children and families identified and used to inform and deliver NMCN priorities.
- Improved understanding between parents and health professionals (reported by attendees at CEN conference September 2010).
- CEN website established for families and professionals (800 unique visitors per month).
- Education programme for families and professionals to address identified learning needs:
  - Improved communication around emotional impact of tube feeding as a result of the development of an educational programme with information leaflet and DVD (reported by attendees at CEN conference September 2010 and by professionals using the education DVD for training staff and informing parents)
  - DVD and Workshop ‘How do you want me to talk to you? Recognising the Challenges in Communicating with Children with Exceptional Healthcare Needs (launched May 2011)
- Launch event and annual conference for families and health professionals.
- Use of videoconferencing to facilitate stakeholder involvement and optimise use of resources
- Work closely with other networks including GI network, Palliative Care Network (SCYPPCN) on developing CYPADM form and education modules.

Priorities for 2011/12

Emergency care
- Prioritised for improvements by parents and professionals.
- Parents will be involved in presentations and discussions at the annual conference in September.

Pathway of care
- Perform retrospective audit for 20 children and initiate the prospective audit of the Pathway of Care aimed to analyse co-ordination of care/GIRFEC, discharge planning and discharge delays.
- Continue to develop and update the information in the Pathway of Care, promoting best clinical practice incorporating the GIRFEC/Care Co-ordination principles.

Education
- Develop an education strategy to identify training needs and agree what educational material and workshops need to be developed.
- Promote the use of the education modules; train facilitators and roll out workshops across Scotland aimed at improving communication ‘How do you want me to talk to you? Recognising the challenges in communicating with children with exceptional healthcare needs’.

Stakeholder communication and engagement
- Update the stakeholder analysis and develop a communication strategy.

Communication and Involvement
- Annual conference for carers and professionals in health, social care, education and voluntary sector on 8 September in Perth.
- Annual report published on NSD website and NMCN CEN website (www.cen.scot.nhs.uk)
- Populated pages on Managed Knowledge network.
- Postcards to raise awareness of the NMCN CEN amongst families and professionals
- Engagement with regional and local planning groups – initially formal approaches made to individual RPGs to agree mechanism for engagement, now being taken forward by Heads of networks on behalf of all NMCNs.
- Regular news updates.
- Contribution to local and national events e.g. SGHSC conference on paediatric workforce issues March 2011; Dysphagia Forum March 2011; AGHD conference on Transition May 2011.
Name of Network: Scottish Paediatric & Adolescent Infection & Immunology Network (SPAIIN) (PID&HIV)

Hosted by: NHS Lothian

Year established: 2010  Last Reviewed:  Next Review:

Clinical Lead: Dr Conor Doherty, Consultant in Paediatric Infectious Diseases and Immunology

Network Manager: Lorna Hall

Added Value:
SPAIIN was established to address issues of quality of and access to care within Scotland for children infected with:
- HIV - currently 50 infected children and 30 affected pregnancies per annum
- Primary Immune Deficiency (PID) - >100 separate conditions with little established epidemiology, little or no clinical guidance documentation or standards of care, no networking of care or audit and where the number of children affected is not known.

In the four months of its existence it has been employed in setting up the structures and processes of a NMCN, scoping existing services and needs, developing effective relationships within the network and raising awareness outwith, engaging with patients and families and setting priorities.

Specialist services in Glasgow and Edinburgh are already moving to a new working arrangement of closer support and cooperation with shared sessions. Regional and local services are discussing their specific needs, priorities and pathways to foster effective interaction with specialist services in the delivery of high quality care.

Designation Objectives:
- Encourage and facilitate the involvement of families, children and patient support groups in the network and engage them in service improvement
- Establish systems and processes to ensure that stakeholders are identified and are engaged effectively in the establishment and ongoing development of the network
- Develop a database of PID patients in Scotland to facilitate clinical care, audit and service development
- Agree data collection, audit and research to provide a basis for further service improvement and in monitoring clinical outcomes
- Develop a comprehensive range of protocols and care pathways.
- Develop and deliver an education and training strategy for both specialist and non specialist staff and children and families
- Develop and deliver a communication strategy to support effective internal and external communication including the development and sharing of protocols and information leaflets and the development of a web site
- Organise and host an annual meeting
- Facilitate links with other specialities

National Resources:
£70,500 (Average share of NHS Lothian Network Office fund) extends to Lead Clinician up to 2 PAs, Network Manager Band 7 0.5 WTE, Administrator Band 4 0.4 WTE, Data manager – 2.5 WTE shared across all NMCNs.

NB: SPAIIN is in the unique position of having a clinical post associated with it; the NDPIG endorsed recurrent funding for a National Clinical Pharmacist 0.5 Band 8a post. Funding is channelled through NSD to NHS GG&C where the post will be hosted when recruitment is finalised.

Performance -main outputs since established in October 2010
Network structure established - The Network has put in place a robust governance structure and associated processes to define and deliver a programme of clinical and service improvements to agreed standards and timescales.

Induction packs for lay representatives and health professionals produced.
Network Launch took place in February. 70 people were in attendance with representative from health, social work, third sector, patients, parents and carers. Evaluation of launch completed.

Network priorities identified:
Following the launch of the network the following workstreams and priorities for each have been identified:
- Data and Information – Establish basic epidemiology of PID & HIV, link to ISD, CHIVA and UK PID database and develop clinical and process indicators.
- Patient, Parent and Carers – Development of a forum to allow meaningful engagement with the network.
- Education and Training – Assess training needs and develop staff competencies.
- Pathways and protocols – Develop pathways for the patient journey to enable equity of access to care from primary care to tertiary referral. Production of guidelines to enable standardised level of care across Scotland.

Quality strategy developed ratified at May 2011 steering group meeting.

Communication
- Website developed
- Communication survey undertaken
- First newsletter circulated in March.

Priorities for 2011/12
Stakeholder communication and engagement
- Establish reference group of users, carers and families.
- Engage with 3rd sector stakeholders to plan, organise and run 3 regional stakeholder events.
- Hold 2nd annual meeting to facilitate communication between health professionals and patient representatives.
- Develop and launch website and postcards
- Produce 4 newsletters

Service development – complete service mapping with focus on smaller centres

Audit - develop an audit programme to include development and audit of clinical indicators and guidelines and adoption of MCN Clinical Audit System to facilitate delivery of the programme.

Education - Carry out a Training Needs Assessment for health professionals and develop education/training solutions to address requirements. Hold a clinicians education day on 13/09/1. Scope competency framework requirements.

Communication and Involvement
- Website
- Four newsletters planned per year. First newsletter circulated in March.
- Annual report published on NSD website Postcards to raise awareness of the NMCN amongst families and professionals
- Annual conference for carers and professionals in health, social care, education and voluntary sector.
- Engagement with regional and local planning groups –being taken forward by Heads of networks on behalf of all NMCNs.
Name of Network: Scottish Pathology Network (SPAN)

Hosted by: NHS Tayside

Year established: 2006  Last Reviewed: 2010  Next Review: N/K

Clinical Lead: Dr Jeremy Thomas

Network Manager: Mr Derek Bishop

Added Value: Scope

SPAN is a collaboration of the pathology clinical community across NHS Scotland. It is designed to bring a cross Board collaborative approach to service improvement for high quality patient care. It is hosted by NHS Tayside and reports to South East and Tayside (SEAT) Regional Planning Group and the Diagnostic Steering Group.

Designation Objectives:

- Responsibility for driving and enabling the improvement of pathology-related services through closer collaboration, ensuring that national and local standards are met and clinical practice is developed consistently.
- To lead modernisation of service design to effect and maintain availability of high quality, equitable, patient driven, co-ordinated pathology services across Scotland covering, Screening, Diagnosis, Treatment and Information Provision such that there is best use of resources to patient and clinical benefit.
- Through the network to be a strategic contact point for NHS Boards, Regional Planning Groups, Scottish Government Health Directorates and national bodies within and outside the NHS (NHS Education Scotland, Healthcare Improvement Scotland etc.)
- Major role in the introduction of new service developments, specifically those having impact across existing NHS Board boundaries.

National Resources: £120k

- Lead Clinician up to 1 PA
- Network Manager Band 8d 1wte.
- No designated admin support.

Performance - main outputs in last two years

- Review and implementation of revised delivery of laboratory cervical cytology on a Scotland wide basis to meet changing future needs. The project has taken 5 years to bring to implementation and takes account of changes to the screening population through immunisation, new testing methodologies and the use of automation includes:-
  - Moving to a sustainable model of delivery across Boards moving delivery to a 2 consortia model from an 11 individual lab model
  - The testing and introduction of image assisted screening
  - Anticipating moving from a primary 1st line microscopical interpretive methodology to high throughput molecular technology in the medium to long term
  - Reducing costs by using pan Scotland purchasing power
  - Review of Molecular Pathology with recommendations accepted by Diagnostic Steering Group and moving to implementation. Challenges around new predictive testing linked directly at a molecular level to patient treatment. e.g. HER2 testing for Herceptin treatment & EGFR in Erlotinib treatment. Recommendations around:-
    - Organisation
    - Delivery
    - Quality standards
    - Additional costs
- Collection and presentation on statistics/benchmarking for quality improvement. The collection of data has been clinically owned and driven and the data used, Scotland wide for quality improvement including laboratory turnaround time.
- Standardisation of reporting within created specialist groups e.g. Colorectal & Urology
- Supported cross Board collaboration e.g. remote intraoperative diagnosis partnership NHS Lothian and NHS Tayside
- Review and input to revised death certification procedures
- Support/development of specialist pathology groups as required.
- Input to a number of service/clinical reviews

Priorities for 2011/12

**Cervical Cytology**
To deliver the outcomes of the review, support NHS Boards and monitor progress in the 2 year implementation plan.

**Molecular Pathology**
To support taking forward the review group report to implementation.

**Electron Microscopy**
Reviewing the requirement and delivery of this specialist service.

**Early Cancer Detection**
To support NHS Boards and the Diagnostic Steering Group around capacity challenges in histopathology to meet this initiative.

**Benchmarking/Statistics**
Review current benchmarking systems and in conjunction with the Diagnostic Steering Group make recommendations on the way forward.

Continue to collect, analyse and implement best practice through the use of SPAN statistics on staffing and activity

**Clinical & Managerial Groups**
Support each of the specialist groups working on quality performance indicators and standardisation and development of clinical practice. e.g: Urological pathology, colo-rectal pathology.

**Collaborations**
To support cross NHS Board collaborations to mitigate risk where service is challenged.

**Communication and Involvement**
- Administrative office fully functional.
- Steering Group is representative and meets regularly with very good attendance and support from the clinical community.
- The Clinical Lead and Network Manager are undertaking a series of site visits to meet the Clinical Lead and Laboratory Manager for each NHS Board in Scotland to get hands-on knowledge of local circumstances.
- Website active and includes all minutes of meetings, review groups and updates to current practice. All aspects of website available public domain.
- Mailing lists of all clinical and managerial stakeholders
- Annual report submitted to SEAT Planning Group and included in their annual report which is published on their website and circulated widely.
- Membership of the Diagnostic Steering Group as conduit to Govt Health Directorate
- Engagement with NSD on areas of national services and screening.
- Engagement with regional planning groups on challenges e.g. Molecular Pathology, Early cancer detection.
### Name of Network: Scottish Clinical Biochemistry Managed Diagnostic Network (SCBMDN)

**Hosted by:** NHS Grampian  
**Year established:** 2010  
**Last Reviewed:** n/a  
**Next Review:** n/a

**Clinical Lead:** Dr Bernard Croal  
**Network Manager:** Dr Heather Holmes

### Added Value:
The role of SCBMDN is to promote and coordinate a more effective and evidence based approach to delivery and improvement of clinical biochemistry services across Scotland. The aim is ultimately to increase the impact of services while maximising the benefit of the resources invested with the necessary focus on quality and patient care. It also provides a definable representative group for the profession that can interact cooperatively with SGHSC to provide relevant input as required, and influence the policy making stage of healthcare planning.

SCBMDN will:
- inspire, instigate and support improvements in Clinical Biochemistry Services to benefit patients;  
- provide a framework to promote best practice using the evidence base and drawing on audit done at national level;  
- address issues of waste, harm and variation in the context of service provision and utilisation;  
- promote a standardised approach to service delivery to ensure equity of patient access to services across Scotland;  
- optimise use of resources to enhance benefit from existing and future investment in services (improved cost utility);  
- act as a national forum for continuous quality improvement in clinical biochemistry;  
- horizon scan to identify future needs, and provide advice on what new tests need to be adopted and what tests might be redundant.

### Designation Objectives:
SCBMDN brings together professionals from across Scotland to work in a coordinated manner to ensure the provision of high quality, clinically effective biochemistry services. By facilitating and fostering cooperation between clinical biochemistry departments the MDN aims to:
- promote consistency in service provision, education and training;  
- identify emerging challenges and problems likely to impact on service provision;  
- enable sharing of best practice;  
- facilitate adoption of appropriate guidance (e.g., NICE, SIGN, RCPath, other professional);  
- improve the evidence base for diagnostic tests;  
- achieve harmonisation of approaches towards service provision;  
- provide a forum for the introduction and evaluation of new concepts and technologies.

### National Resources:
Finances provided from CMO’s office for 2 years for:
- 1PA Clinical Lead  
- 0.5 wte Manager (AfC 8b)  
- 0.5 wte secretarial support  
- travel and IT expenses  
(total of £120k funding until March 2013)

Input and goodwill of clinical leads and lead BMSs from across Scottish laboratories

### Performance:
The main achievements of SCBMDN in the last two years are:
- establishment of the network at the beginning of 2010;  
- first meeting of network held in February 2010;  
- regular (quarterly) steering committee meetings held with AGM open to all biochemistry staff held in
February 2011;
- appointment of the network manager in May 2011;
- agreement of the Constitution and Terms of Reference in August 2011;
- agreement of guidelines on reporting units, and therapeutic target ranges for drug assays;
- production and adoption of guidelines on method specific target ranges for Parathyroid Hormone (PTH) in patients with chronic kidney disease.

Priorities for 2011/12 are:
- appointment of new Clinical Lead;
- development of SCBMDN website;
- improvement of currently held data on Biochemistry workforce;
- beginning to collate data on services available in each laboratory to enable comparison and benchmarking;
- adoption of the Pathology Harmony ranges deemed appropriate for Scottish labs;
- development of network response to the Keele benchmarking report;
- working with NES to secure training posts within Modernising Scientific Careers framework.

Communication and Involvement:
Network steering committee has representatives from all 14 Health Boards.
Key stakeholders (RCPath, ACB, IBMS) are represented on steering committee.
All staff in Clinical Biochemistry are invited to AGM.
Agendas, minutes and associated papers are distributed to network steering committee and all Medical and Clinical Scientist Consultant staff.
Health Board representatives are encouraged to disseminate information to colleagues.
Approved final documents are to be made available on website.
Network is represented on Diagnostic Steering Committee by Clinical Lead and Manager.
Name of Network: Managed Diagnostic Imaging Clinical Network (MDICN)

Hosted by: NHS Greater Glasgow and Clyde

| Year established: 2009 | Last Reviewed: n/a | Next Review: National Review currently underway |

Clinical Lead: Dr Iain Robertson

Network Manager: Mr Jim Cannon

Added Value:
The MDICN exists to add value where a national perspective is of benefit and where it makes sense to have a coordinated approach to work within radiology in NHS Scotland. The network is primarily concerned with challenging boards around service delivery and also supporting them in Continuous Improvement and Quality Improvement work. The MDICN delivers on a work programme which supports and challenges services by:
- Delivering a national benchmarking process using standardised data, for use in local Continuous Improvement
- Leading a programme to improve data quality and comparability within Imaging
- Recommending service development opportunities based on available data and evaluation of service models at the leading edge of change.
- Developing a “quality” measurement model for Radiology in NHS Scotland
- Providing objective views on a variety of topics based on:
  - Consultation across the whole of radiology in NHSScotland
  - Expert views from network subgroups
  - Expert analysis of available data
- Acting as a conduit between the service and national work
- Acting as a communication channel between services within and out with Radiology

Designation Objectives:
The MDICN was funded to tackle the issues raised within the report from Audit Scotland (2008) and the report of the Diagnostic Steering Group (2009). These recommendations tasked Scottish Government and NHS boards with specific work, and the network has developed a work plan which supports areas in both domains. A principle role of the network is to challenge boards - in terms of best use of resources - by presentation of standardised, robust datasets. A robust and ongoing benchmarking model allows services to carry out continuous improvement work and performance to be gauged against national norms. A process of prioritisation, using the recommendations as the starting point was followed by a formal consultation exercise across the whole of radiology in Scotland. Consensus was gained and a series of projects were then described by the network core team followed by the construction of a framework to support delivery.

National Resources:
1 session / week Clinical Lead (consultant Radiologist)
1 WTE Network Manager – Band 8B
1 WTE Administrator / Project Support – Band 4
Annual network costs = c115K

The MDICN core team currently process a large volume of data:
- Minimum dataset (currently 6.5 million data entries 2008 – 2010)
- Modality BM datasets (MRI X 42 returns, CT X 50 returns, US X 132 returns)
  - Questionnaires
  - RIS reports (5 separate systems in Scotland)
  - Examination code times

This work includes collation, data cleansing, validation meetings with service and support for analysis. In addition to the above core data collection work, the MDICN core team have also collected / collated national data for a variety of purposes including:
- Workforce; Radiographer advanced practise; Shift pattern
- Equipment; Symptomatic Breast services
- Primary Care access to imaging
- Radiologist workload
The network holds biannual national events, as well as organise a busy programme of subgroup meetings (currently 7 subgroups and a steering group which meet quarterly, on average). Data analysis capacity is currently brokered from ISD at no additional cost to the network.

**Performance**

The MDICN work plan is reviewed and signed off at the MDICN Steering Group. This is a service based Steering Group with membership primarily made up from Clinical Directors and managers - of radiology services – from across NHSScotland. Performance against the network work plan is reviewed by the Diagnostic Steering Group.

The relevant recommendations (Audit Scotland & Report of the DSG) and subsequent work plan are appended (Appendix 1). Some examples of delivery are listed below.

- National modality based benchmarking process for radiology agreed (Q1 2010)
  - Standardised data definitions and collection processes agreed (Q3 2010)
  - MRI dataset collected and analysed (Q2 2011)
  - CT & US datasets collected (Q2 2011)
  - 2nd MRI dataset about to take place (Q3 2011)

- National Minimum Dataset agreed (Q1 2011)
  - First collection complete (Q2 2011)

- Standardised process for updating examination codes within Radiology Information Systems (RIS) agreed (Q3 2011)
  - Stage 1 – Reducing number of codes used in Scotland complete (Q1 2011)

- Review of current data relating to Radiographer reporting of plain film images including recommendations for increased adoption of these roles
  - Paper written (Q3 2011)

- Review of current Interventional Radiology provision (out of hours) including assessment of risk and recommendations on mitigation of risks
  - Paper written and passed to National Planning Forum (Q1 2010)

**Priorities for 2011/12**

- Extend benchmarking process from initial establishment to improvement phase.
- Continue improvements in Imaging data quality with RIS data set proposals
- Encourage use of BM data for continuous improvement work
- Begin quarterly collection of Minimum Dataset and present initial analysis focusing on modality trend and speciality referral trend across Scotland.
- Development of a national Quality Measurement model
  - National Patient Experience Survey
  - Audit of time between acquisition to verified report
  - Audit / review dose data from across Scotland in selected modalities
  - Audit / review how radiation incidents are shared across Scotland
- Continue supporting national initiatives such as:
  - Detect Cancer Early, implementation plan
  - Better Heart Disease and Stroke Care action plan
  - 18 week RTT

**Communication and Involvement**

- Network website developed and updated weekly: Formal consultation process run through website, Subgroup documentation held on site, Updates / reference document library
- Monthly update emails to wide distribution lists: Subgroup members; Network members who have signed up on website
- 7 subgroups (10-15 members each) working on different aspects of the work plan
- Clinical / Managerial Steering group – sign off of work plan
- Service visits / meetings to update on work /specifıcs of some work plan items
- Attendance at national Service Managers forum to provide updates
- Presentation at national (UK) and professional body conferences
- Presentations at Chief Executives meeting
- Network Manager and Clinical Lead are members of Scottish Government Diagnostic Steering Group
- Biannual national (Scotland) network meetings – used to progress work plan and update on current work
- Engaged with Regional planning groups: Radiographer reporting / Regional out of hours services in radiology; Interventional Radiology out of hours
- Network Core Team membership: AAA screening workforce subgroup and programme board; National MSK project programme board; Breast Screening review support team; Specialist Advisory Board for Radiology; National Radiology Procurement Project - Steering group
**Name of Network: Scottish Public Health Network**

Hosted by: NHS Health Scotland

|-----------------------|----------------------------------------|-----------------------|

Clinical Lead: Phil Mackie (Lead Consultant)

Network Manager: Ann Conacher (Co-ordinator)

**Added Value:**

**Scope of Network**

In the context of the Scottish Government’s five objectives, the Scottish Public Health Network (ScotPHN) contributes to the creation of a healthier, greener, and wealthier and fairer Scotland. It does this through delivery of a work programme that focuses on reducing health inequalities, preventing disease and supporting the development of safe, effective, and person-centred health care and health improvement services. ScotPHN provides a wide-ranging contribution to, and enhancement of, the current public health provision in Scotland, harnessing the expertise within NHSScotland, local authorities, academia, the independent sector and the people and communities of Scotland. As a network it is resourced, structured and quality assured to ensure effective and efficient delivery. Specifically, it undertakes the following:

- national projects or areas of work that help individual NHS Boards avoid duplication of effort and increasing effectiveness, by co-ordinating resource across NHSScotland and adding value to the collaborative effort;
- national needs assessment and service specification – ScotPHN provides the mechanism for assessing the health and health service needs of the Scottish population and the ways in which services may be configured to deliver the three Quality Ambitions set out for NHSScotland;
- specific developmental projects on behalf of the Scottish Directors of Public Health Group (SDsPH) to progress the group’s agenda thus providing it additional functionality and improved effectiveness;
- liaison between Scottish Government, National Planning Forum and the SDsPH to agree and deliver mutually agreed objectives;
- facilitating communication between practitioners in public health; and
- providing advice on ways of working to increase patient and public involvement and improve public health effectiveness and efficiency.

**Designation Objectives: From service agreement**

ScotPHN’s objectives were originally agreed between the Scottish Government Health Department and the Scottish Directors of Public Health as being:

1. to undertake prioritised national pieces of work where there is a clearly identified need:
   - national health care needs assessments;
   - other outputs identified through discussion with key stakeholders. For example, resources* (Scottish Obesity Action Resource), care pathways (Mental health patient pathway for prisoners), service frameworks (Health improvement outcomes for prisoners framework) etc.;
2. facilitate information exchange between public health practitioners, link with other networks and share learning:
   - regular contact with NHS Boards, special boards, Scottish Government and national organisations;
   - provide secretariat to SDsPH and the Consultants in Dental Public Health/Chief Administrative Dental Officers groups and other public health professional groups as required;
   - support national (e.g. Health Impact Analysis Network (HIAN)) and regional networks (e.g. North of Scotland Public Health Network and undertake joint projects where required;
3. create effective communication amongst professionals and the public to allow efficient co-ordination of public health activity:
   - provide a website with register of specialist public health, public health news and information, links to other sites, fora to discuss areas of mutual interest;
   - support national groups e.g. SDsPH, CDPH/CADO, Health Promotion Managers in order that they may address key issues in public health;
4. support and enhance the capabilities and functionality of the Scottish Directors of Public Health Group

* Resources or action resources developed by ScotPHN are national resources of current good practice collated and made available on behalf of all practitioners in public health.
### National Resources:

Funding allocation combination of Scottish Government provision (previously provided to the Scottish Needs Assessment Programme) and additional funding from NHS Health Scotland to cover projects and staffing costs. Currently project budget is £58K and salary budget, which is within the NHS Health Scotland’s core budget, is £180K. This provides:

- **Lead Consultant** – From 1 June 2011, 7 PAs/week (Previously 4 PAs/week)
- **Co-ordinator** – 1WTE / Permanent / Band 6
- **Researcher** – 1WTE / Permanent / Band 7
- **Administration** – 1.5 WTE / Permanent / Band 4

### Performance - Main outputs in last two years

#### Communication and engagement

- Development of ScotPHN website which includes discussion fora, RSS feeds and register of those working in specialist public health. Development of private areas for professional groups and those for whom ScotPHN provides a secretariat;
- A critical assessment of the use of social media for the delivery of reliable and timely health information by Public Health;
- A developmental project on patient focus and public involvement in the ScotPHN to understand the best way to involve public and patients in ScotPHN’s work; recommendations are being taken forward in 2011-12;
- Support for network development (health impact assessment network; sustainable health network);
- Regular programme of meetings with Scottish Government Health Department;
- Regular programme of meetings with national professional groups (e.g. Health Protection Network, the Health Promotion Managers Group, Scottish Public Health Observatory) and regional groups (e.g. North of Scotland Public Health Network);
- Provide secretariat for a Cross Party Group on Obesity (until March 2011);
- Attendance and presentation at national events (e.g. Scottish Faculty of Public Health; Association of Community Health Partnerships); and
- Rolling programme of NHS Board visits.

#### Projects and Supportive Work

**Completed:**

- Overview of Specialist Public Health (led by the Chief Medical Officer). Supported work streams relating to: the role of the Director of Public Health, Public Health Consultant staffing requirements and the Specialist Public Health Contribution to CHPs and CPPs;
- Obesity Route Map – undertook a process of engagement (4 events: 3 regional and 1 video conference) on behalf of the Scottish Government;
- Survival, mortality and life expectancy analysis of national HIV cohort in Scotland – further to previous treatment and care needs assessment of people living with HIV;
- Health care needs assessment of services for people living with ME-CFS on behalf of Scottish Government Health Department (Full report and a patient friendly version);
- Needs assessment of home oxygen services on behalf of NHS Scotland Chief Executives / NHS National Services Scotland;
- Mental health needs assessment of looked after children in residential accommodation;
- Mutual aid during period when NHS Boards were responding to H1N1 outbreak;
- Provision of public health expert advice and support for NHS National Planning Forum sub–groups on bariatric surgery and Transcatheter Aortic Valve Implantation (TAVI) and for NSAG reviews (Hyperbaric treatment service review); and
- Support to national groups (Clinical Quality Indicators for Specialist Children’s Services Group (in conjunction with the North of Scotland Public Health Network); Scottish Medical and Scientific Advisory Committee (post-polio syndrome)).

**Nearing completion:**

- Update of Scottish Needs Assessment Programme report on type 2 diabetes: screening and prevention, including additional cost benefit analysis undertaken on screening. Additional work to support implementation nearing completion;
- Development of a framework for health improvement outcomes for prisoners;
- New ways of working looking at cost efficiencies, disinvestment, NHS Boards’ work programmes
understand how work across all geographical boards could be undertaken more effectively and efficiently in times of constrained resources; and

- Health care needs assessment of rheumatoid arthritis (an update of the Public Health Institute for Scotland report, 2002) on behalf of Scottish Government Health Department.

**Development of new projects:**

- Scottish Obesity Action Resource 2 – a national resource of current good practice in relation to the prevention and treatment of obesity;
- Mental health needs assessment of looked after children (non-accommodated);
- Scottish Alcohol Action Resource;
- Scottish Prison Health Improvement Resource – collate and provide local and national health improvement material linking to the health improvement for prisoners framework; and
- Developing mechanisms to deliver SDsPH / public health inputs to NPF, NSAG, SHTG and Scottish Government objectives.

**Self-assessment**

- Undertakes self-assessment every two years to ensure that ScotPHN continues to develop as a network and is fulfilling the objectives set annually through work programme and meeting its overall aims. Also to identify areas for further development through assessment. (Full reports are available on request.)

### Priorities for 2011/12 - From 2011/12 workplan

- Continued development of the network;
- Projects; completion and development of proposals for 2011/12;
- Continued support to Directors of Public Health Group (New ways of working);
- Secretariat – Directors of Public Health Group; Consultant in Dental Public Health/Chief Administrative Dental Officers; Health Promotion Managers group being developed;
- Visits to NHS Boards to update on current work and obtain views on ‘New ways of working’;
- Roll out of web based register of specialist public health to special boards, academic departments and local authorities;
- Further refinement of quality assurance process to more fully reflect aspects of the Quality Strategy including formalisation of equality process and affordability analyses;
- Implement recommendations from project on public involvement and patient focus;
- Align ScotPHN work programme with those of DsPH public health departments to identify national priorities to be taken forward as ScotPHN projects therefore ensuring duplication is avoided and identifying resource for national work;
- Align ScotPHN work programme to National Planning Forum work programme;
- Review of impact of completed projects on policy and practice;
- Implementation and revision of Communication Strategy;
- Increased support for national networks which contribute to public health agenda in Scotland – Health Impact Assessment, Sustainable Development, Scottish Prison Service and Health Promotion;
- Enhance links with academic public health departments; and
- Enhance links with CoSLA.

**Communication and Involvement How does the Network share what it does?**

- Dedicated website: [www.scotphn.net](http://www.scotphn.net);
- Broad range of expertise and organisations represented within ScotPHN Executive Board;
- Visits to NHS Boards’ Public Health Departments;
- Regular attendance at SDsPH Group meetings;
- Regular attendance at Health Promotion Managers’ Group meetings;
- Updates to Regional Planning Chief Executives;
- Updates to local authority health improvement officers;
- Training with specialist registrars, health promotion managers etc.;
- Trainee position within ScotPHN;
- Lead authorship resource from NHS Boards, academia etc.; and
- Relevant expertise brought to projects through project group membership (NHS Board, academia, voluntary sector, patients and public etc.).
### Name of Network: Scottish Medical Microbiology and Virology Managed Network

**Hosted by:** NHS Grampian

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<th>Last Reviewed:</th>
<th>Next Review: N/K</th>
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**Clinical Lead:** Appointment in progress

**Network Manager:** Appointment in progress

**Added Value:** Scope

The SMMV Managed Network brings together senior members of the medical and scientific professions to work towards service improvement in a co-ordinated manner across Scotland. It will build on the work of the Scottish Microbiology Forum, which has been committed to the provision of safe, high quality, clinically effective patient services but until recently lacked formal designation as a network and the necessary funding for a Clinical Lead and Network Manager.

Twenty-five NHS diagnostic and Scottish Reference laboratories are represented, ranging from small geographically remote settings to University teaching hospitals. The full range of professional disciplines encompassed ensures that laboratory diagnostic, clinical advisory, and infection prevention and control aspects are all included in the collaborative approach.

The SMMV MDN reports to the SGHSC Diagnostic Steering Group.

#### Designation Objectives:

- To support the delivery of high quality, efficient and safe clinical laboratory services for patient benefit by the adoption of a Scotland-wide collaborative approach to service improvement.
- To progress rationalisation and standardisation of test provision, including regular review of specialised test provision in Scotland using information in the Specialised Pathology and Laboratory Medicine Board 2009 Report as a baseline (e.g. consideration of whether some tests currently referred to English laboratories could be provided in Scotland, with quality and cost benefits)
- To lead on the achievement of national agreement on issues such as good practice turnaround times for priority diagnostic tests and the role of new technologies and rapid testing methods
- To work with SGHSC on the implementation of the recommendations on diagnostic testing contained in national reports and action plans (e.g. SGHSC TB Action Plan for Scotland 2011, testing during pandemics and emerging infection threats (Health Protection Scotland report on the pandemic of Influenza A (H1N1) 2010), and antimicrobial resistance detection tests)
- To plan long term national strategy to provide an effective Scotland-wide service that is able to respond to future requirements and meet national guidelines and standards
- To be a prime contact point for Regional Planning Groups, SGHSC, and other national bodies (Health Protection Scotland, NHS Education Scotland, Healthcare Improvement Scotland)

#### National Resources:

- £80,000 pump priming funding to support the creation of the Network, held by NHS Grampian until appointments to lead posts made.
- Clinical Lead 1 PA; Network Manager 0.5 WTE Band 8C; Administrator 0.4 WTE.

#### Performance - main outputs in last two years

**Established this year**

**Priorities for 2011/12:**

- Appointment of individuals to the lead roles
- Establishment of the Network Steering Group (First meeting held in June 2011)
- Successful completion of the transition from the Scottish Microbiology Forum to the SMMV Managed Diagnostic Network
- Initiation of discussions on the use of benchmarking data for quality improvement
- Implementation of the national strategy of standardised antimicrobial sensitivity testing and
reporting to Health Protection Scotland to support the surveillance of antimicrobial resistance

- Production of a consensus view on the role of molecular tests for MRSA screening to support national MRSA screening policy
- Production of formal guidance for NHS Boards on appropriate methods of laboratory testing for norovirus to support prioritisation of patients who require isolation rooms
- Production of responses to requests from SGHSC for a consensus view on national Medical Microbiology and Virology laboratory testing issues as they arise
- The securing of long-term funding

<table>
<thead>
<tr>
<th>Communication and Involvement:</th>
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<tr>
<td>• Quarterly meetings of the Scottish MMV Managed Network Steering Group, which is representative of all 14 territorial NHS Boards</td>
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<tr>
<td>• Twice yearly meetings of the whole network, to replace current twice yearly meetings of the Scottish Microbiology Forum</td>
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<td>• E mail communication via the Network Manager and Administrator for consultation documents, information, advice etc</td>
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<tr>
<td>• The Scottish Microbiology Forum currently has an active website with documents including minutes and presentations from meetings and national guidance and reports. The SMMV MDN will develop a similar website</td>
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<td>• Progress reports will be produced as required</td>
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<tr>
<th>Links to other Groups and organisations:</th>
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<tr>
<td>o Diagnostic Steering Group</td>
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<tr>
<td>o Infection Control Doctors Network</td>
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<tr>
<td>o Scottish Antimicrobial Prescribing Group</td>
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<tr>
<td>o SGHSC HAI National Policy Group</td>
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<tr>
<td>o HAI Task Force National Advisory Group</td>
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<tr>
<td>o SGHSC Reference Laboratories Working Group</td>
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<tr>
<td>o Health Protection Scotland</td>
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<tr>
<td>o Health Protection Agency</td>
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<tr>
<td>Name of Network: Forensic Mental Health Services Managed Care Network</td>
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<td>---------------------------------------------------------------</td>
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<tr>
<td>Hosted by: The State Hospitals Board for Scotland</td>
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<tr>
<td>Clinical Officer: Ms Andrena Adamson, Chief Executive of The State Hospitals Board for Scotland</td>
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<tr>
<td>Network Manager: Vivienne Gration, Forensic Network Project Manager</td>
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<td>Added Value:</td>
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<tr>
<td>Scottish Ministers invited Chief Executive of The State Hospital to establish the Forensic Mental Health Services Managed Care Network. It brings pan-Scotland expertise together in developing and agreeing a common approach in Scotland to forensic mental health services and its estate – through high, medium, low secure and community services</td>
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<tr>
<td>Designation Objectives:</td>
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<tr>
<td>• To bring a pan-Scotland dimension to the provision and planning of forensic mental health services.</td>
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<td>• Support development of local forensic services.</td>
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<td>• Agree and secure protocols to facilitate and ease the management of flow of patients through the forensic system.</td>
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<td>• Teaching, Training and Research, as outlined in the Scottish Executive Letter from Ian Gordon in 2003 setting out initial objectives</td>
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<td>National Resources:</td>
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<tr>
<td>£260,000 core infrastructure for Network and School includes Project Manager (1 WTE Band 7). In addition £75,000 for MAPPA Activities in Health</td>
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<tr>
<td>Performance:</td>
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<tr>
<td>• 17 sub groups promoting best practice and networking</td>
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<td>• National and international learning events</td>
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<td>• School of Forensic Mental Health</td>
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<td>• Establishment of three regional planning groups (North, West and South &amp; East)</td>
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<tr>
<td>Priorities for 2011/12:</td>
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<tr>
<td>• Psychological Therapies – Implementation of the Psychological Therapies Forensic Matrix</td>
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<td>• Governance – The Network will support regional and local services in the development of governance arrangements</td>
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<td>• Research – Further development of the research agenda across disciplines in Scotland is planned</td>
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<tr>
<td>• Carers Network – The Network is supporting carers with the development of a network of carers' groups linked to services and an annual conference. The Network is also working with Carers to develop a National Forensic Carers' Strategy</td>
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<tr>
<td>• Quality Framework – The Network is supporting services in quality improvement with self assessment and peer review in low secure and community services against agreed standards</td>
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<tr>
<td>Communication and Involvement</td>
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<tr>
<td>Meetings, subgroups meetings, events, website, email updates.</td>
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