

Consultation on New Guidance on Managed Clinical and Care Networks A response from the Neurological Alliance of Scotland

The Neurological Alliance of Scotland welcomes the opportunity to respond to the consultation on new guidance on Managed Clinical and Care Networks. The consultation has been circulated to all 37 member organisations of the Alliance, some of whom intend to submit a direct response. The Alliance has also encouraged its member organisations to, where possible; seek the views of patients and carers in their organisation who currently participate in existing MCNs.

There are some areas of the consultation in which the Alliance does not feel it is qualified to make detailed comment. Therefore, rather than a question by question response, we provide a more generalised view regarding the questions raised in the consultation which we hope will be useful to the refresh of extant guidance from 2007.

NHS Boards and MCN Links

The Alliance believes that it is important for MCNs to be effectively integrated into NHS planning, performance and governance processes if they are to achieve their aim whilst generating value for money. It would be useful for MCN managers to be linked to local NHS planning groups, which we perceive is not always the case. In regard to the recently established Neurology health improvement networks, there are inconsistencies regarding the role of NHS planning colleagues and their involvement.

The Alliance agrees that a formalised framework would improve integration of MCNs and NHS Boards and encourage consistency across MCNs. Such a framework could incorporate clear objectives and evaluation criteria which would emphasise the need for MCNs to generate value for money. It would also be important to emphasise the importance of working in partnership with third sector organisations and also to ensure the need for support at NHS level for the meaningful involvement of patients and carers is recognised.

Primary Care

The Alliance believes it is crucial to explicitly encourage the involvement of primary care colleagues in the work of MCNs. Establishing a reference group of primary care professionals may be a useful mechanism for linking this group to NHS board service delivery and pathway planning. Other approaches such as the development of a Community of Practice may also facilitate more joined up working and involvement. This approach is currently being established

to support sharing of practice and expertise across the Neurology Health Improvement Groups and could easily be replicated across other condition specific MCNs and incorporate primary care colleagues and third sector organisations.

Providing opportunities for Continuing Professional Development for primary care professionals may provide an incentive and could be achieved through delivery of training by MCNs to GPs and practice nurses who will be increasingly encouraged to deliver clinics for a range of long term conditions at community level.

Leadership

The Alliance is aware that currently within MCNs, clinical leadership often appears to dominate and achievement of the MCN can be determined by the relationship between the MCN manager and Clinical Lead. The Alliance believes that a more distributed form of leadership, whereby leadership across other professional roles is encouraged, would be helpful. This is particularly important if some MCNs are to move toward Managed Care Networks. Given that early supported discharge and shifting the balance of care to community settings is a key focus of Scottish Government Health Policy, the Alliance believes that there should be greater input from social care organisations. Therefore, in terms of leadership it would perhaps be beneficial to have a core team which could maintain a strong decision making function and allow for improved coordination and planning on not just clinical issues, but also longer term care issues.

Patient and Carer Involvement

The Neurological Alliance of Scotland believes that MCNs offer an important and powerful opportunity for patients and carers to become involved in the planning, delivery and review of their local and regional services. However, we are aware that there are often limited opportunities for those interested to fully engage. This may be due to the size of the steering group and thus only limited places available for patient representation. In this circumstance, it is important that an effective mechanism is in place for MCNs to ensure that those patients and carers wishing to contribute to the MCN agenda are able to do so. There are examples from the Stroke MCNs where patient involvement groups have formed as an outcome of Stroke Voices training and who feed into the wider MCN. Whilst the Alliance is fully supportive of different levels of involvement of patients and carers in MCN's and will develop this through its Neurological Voices programme, it is important that MCN professionals acknowledge that patient and carer contribution is integral to the work programme of the MCN and not seen as an add on to the group agenda.

We are aware that currently there are inconsistent approaches to patient involvement across different MCNs. We believe that in order to improve consistency and ensure involvement is not tokenistic, it is crucial that MCNs are resourced adequately to enable them to properly support patient engagement. This means that those professionals involved have suitable guidance and training to ensure their understanding of the ongoing support needed for meaningful participation of patients and carers and to clarify their role in providing this. The Neurological Voices programme will help to achieve this with its relationship developed at local level with

Neurology Health Improvement Groups and ongoing support through the provision of training and resources for patients and carers.

The Alliance is aware that there are often barriers to effective patient participation in MCN meetings as a result of inaccessibility regarding the materials used, the format of meetings or the timing of circulating papers. MCNs need to consider ways in which they can improve more meaningful involvement. The Neurological Voices training programme will be key in ensuring that patients and carers are skilled and supported in engaging with the Neurology Health Improvement Groups but the Alliance is also ensuring that NHS boards acknowledge that this is a two way process and representatives must be fully supported in order to properly engage. This means ensuring that communication and cognitive difficulties are accounted for and accessible documentation and effective principles of engagement are adopted by all NHS Boards. Much work regarding this has already been carried out by Voices Scotland which has produced guidance for health professionals to facilitate the model of a mutual MCN.

The Alliance believes that specific advice should be included in the next iteration of the MCN guidance to ensure that the 'Voices' programmes are integral to the development of MCNs and will provide the best opportunity for MCNs to achieve true person centred services. The emerging 'Neurological Voices' programme has been enthusiastically welcomed by NHS Board Neurology Improvement Groups and is seen as an opportunity to support the local engagement of patients and carers in the improvement of neurology services.

It is also essential to acknowledge the pivotal role of the voluntary sector in synthesising the views of specific patient groups to enhance and support individual patient experiences. This is often omitted from the traditional Patient Focus Public Involvement (PFPI) methodology.

Guidance for National MCNs

It is widely acknowledged that where there are MCN Champions involved in the creation and development of MCN's the potential for improvement is significant. However where there is resistance to change, there needs to be the capacity to develop a modified MCN which is initiated and driven strategically. A good example of this in recent years has been the development of the Managed Service Network which, built on the principles of MCN's, has encouraged participation at all strategic levels and ensured balance of participation from Scottish Government, NHS Board Chief Executives ,Clinicians, AHP's, Patient Representatives and Voluntary Sector organisations. Within this structure there is also flexibility to create, for example, an Operational Management Group and a range of other sub groups to focus on particular aspects of the work stream. A further advantage of this structure is that it has the potential to encourage a consistency of approach "Scotland wide" and enables country wide sharing, learning and improvement backed up by national data to assist in measuring outcomes against key National Outcomes.