National Specialist Services Committee (NSSC)

Guidance for submitting proposals to NSSC – Network

National Services Division (NSD)

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Further detail on governance and decisions making of NSSC can be found within the *NSSC Governance Framework* on the NSD website.

1. National Networks Commissioning and Governance

1.1 The aim of National Specialist Services Committee (NSSC) is to ensure that the highest possible standard of care that can be delivered within available resources is available to all residents of Scotland who require treatment or investigation of a specialised nature, or for a rare condition.

1.2 Through NHS Scotland National Commissioning processes NHS Boards and SGHSCD consider and fund proposals for Specialist Services and for service change, to be led and delivered through National Managed Clinical and Diagnostic Networks (NMCN/NMDNs).

1.3 Networks are virtual entities designed to drive upwards the standards of patient care through integration of services and collaboration among health professionals across professional, organisational and geographical boundaries. It is this concept that is the essence of a managed clinical network and the funding allocated nationally to NMCNs and NMDNs is to assist clinicians and other partners in setting up and running the network:

- appropriate administrative support to structure, organise and support network members in the design and delivery of a 3/5 year workplan
- support for core network priorities: service mapping/development; provision of education; stakeholder engagement and continuous quality improvement
- backfill for lead clinicians paid to the employer on the basis of evidence of actual backfill costs incurred
- travel expenses.

1.4 All Networks are required to operate in line with current SGHSCD guidance on MCNs **CEL 29 (2012)**. 8 Core Principles designed to ensure consistency and organisational effectiveness are reflected in 6 core network objectives (Appendix A).

1.5 National MCNs are primarily reserved for driving improvements in quality and access to specialist care for the most rare and/or complex conditions. National MDNs adopt a consortium approach to inform and implement redesign of clinical diagnostic services in support of patients receiving the right test in the right place and at the right time.

1.6 They are held to account by NSD, as commissioners on behalf of NHS boards and SGHSCD, through an annual cycle of performance management and reporting within a formal governance structure (Appendix B).

1.7 NSD is accountable through the same structure for ensuring that networks are structured, organised and resourced to deliver a 3-5 year work programme, agreed at designation.

1.8 Every 3-5 years networks undergo formal, independent review to ascertain their effectiveness and inform a decision by NHS Boards and SGHSCD, through NSSC, on continuing central funding and future status.

2. Application Process

2.1 The NSSC considers applications for NMCN/NMDNs. The application process for submitting clinical/diagnostic network proposals to NSSC differs from that for Specialist Services in that it comprises 2, rather than 3 stages. These are defined as Stage 1 (Outline) and Stage 3 (Full).

- **Stage 1 Outline Submission –** Describing need for network, patient group/cohort within scope, expected benefits / impact and support for proposal. This informs a decision by NSSC as to whether or not a full application should be worked up.

- **Stage 2 Full Submission** – Evidencing plan for organisational effectiveness which will include high level workplan, delivery model, objectives and deliverables based on 6 core objectives, interdependencies and costs and evidence of stakeholder support.

2.2 The NSSC will review the application at each stage, seeking advice from the National Professional Patient and Public Reference Group (NPPPRG) for managed clinical networks and from the Scottish Government Diagnostics Steering Group for diagnostic networks. NSD will provide active support to applicants to ensure the information provided is both comprehensive and robust.

2.3 All questions should be completed where possible, or applicants should explicitly state that no relevant information is available.

2.4 At any stage of the application process NPPPRG or NSSC may ask for further detail/work to be undertaken in order to advance the application.

2.5 Applicants should note that the NSSC will treat all information provided in support of a proposal as in the public domain unless it is informed otherwise.

3. Dates for submissions

3.1 NPPPRG and NSSC meetings are held each quarter and proposals will be accepted throughout the year for consideration. Dates of meetings and submission date for papers relating to each meeting are listed on the NSD website.

4. Evidence to support decision making

4.1 Criteria for national designation

Applications must be able to demonstrate the proposals will meet the following criteria:

- The core services requiring networking are specialist -usually limited to 500 patients.
- Few clinicians in Scotland have the specialist skills and experience to deliver the service – national networking is needed.
- National collaboration, communication and knowledge sharing and transfer is required to inform decision making around patients who might have rare conditions or complex needs.
- Without a network, patients would have to travel more often across regional (not just NHS Board) boundaries to obtain a comprehensive service.
- National organisation and support is needed to strengthen public and patient engagement, integrate care across Scotland, agree patient pathways and protocols, and drive up clinical quality.
- There is a clear need for the national provision of a network.i.e.Scotland wide stakeholder engagement has been, or will be, undertaken to understand the current service model and issues associated with it and the level of support for the proposal from, key stakeholders.
- There are statements of support from stakeholders, including, at minimum, the main NHS Boards that provide the specialist care.
- The network will provide:
  - A clear patient pathway/s – ensuring equitable access to services for all patients in Scotland (diagnostic services in the case of an NMDN)
  - Education of health professionals - to support generalists in delivering specialist care
  - Information and engagement with patients, carers and families
  - Data capture and clinical audit – to drive continuous quality improvement.

4.2 Evaluation of proposals

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

4.2.2 The lead proposer is responsible for ensuring that all information required is included. National Services Division (NSD) will advise on an appropriate level of resource to ensure the network is structured and organised to deliver its objectives.

4.2.3 In assessing proposals NSSC will consider: the following questions:

- **Does the proposal demonstrate that the network is needed and is likely to benefit the population identified?**
  - number of patients with reference to the complexity and severity of condition
  - ability of this group of patients to benefit
  - clinical safety and risk
  - clinical effectiveness & potential for improving health

- **Would the network add value to healthcare in Scotland?**
  - Needs of and benefits to patients
  - Stimulating research and innovation

- **Is it a reasonable cost to the public?**
  - Value for money compared to alternatives

- **Will the proposed network enable better access to hiqh quality specialist care for patients and carers across Scotland?**

- **Does the proposed workplan address the 6 core network objectives?**

5 STAGE 1 - Outline Submission

Section 1: Summary information

1.1 Full name of the proposed network

Applicants should provide the full name of the proposed network.

1.2 Name, title and contact details of proposer

Applicants should provide the name, title, and contact details of the person acting as a lead proposer.

1.3 Brief description of the proposed network

Applicants should provide a 'lay' description of no more than 50 words.

Section 2: Outline Proposal

2.1 Current model of service delivery

Description of current model of service delivery including the elements of service provided at primary and secondary levels and other groups/organisations linked to the specialist service(s).

2.2 Brief description of need/issues that the proposed network would aim to address (i.e. need for a network)

A description of the need/issues that the proposed network would aim to address.

2.3 Expected benefits / impact in relation to healthcare, quality and outcomes, patient experience

Description of changes to the current model of service delivery that the network is likely to bring about to meet the need/issues described above, indicating the significant additional benefits/improvements the network will support.

2.4 Why national networking is required

Summary of why the provision of an informal network would not be successful in meeting the need/issues described above and reasons that the provision of a local or regional network is inappropriate for the proposed network

2.5 Patient groups/cohorts within scope and the number of patients expected to benefit

A clear definition of the target patient group that the network will focus on. If the group is a subset of a

larger patient population, the clinical reasons for separating these patients should also be provided (for example, an explanation as to why they cannot be served adequately as part of the larger patient population).

An estimate of the total number of patients in Scotland that would be affected by the network.

2.6 Number and locations of centres / NHS boards expected to have significant involvement

A full list of Board/ organisations involved in the delivery of the associated services that the network will support.

2.7 Outline support and national strategies and/or policies the network would support

Outline what national strategies and/or policies the development of the network model would support.

Outlines level of support for the proposal eg NHS Boards, patient/voluntary groups, professional groups such Royal colleges, IJBs, third sector, social care etc. Evidence of support will be required at stage 3.

6 STAGE 2 – Full Submission

Section 1: Summary information

1.1 Full name of the proposed network

Applicants should provide the full name of the proposed network.

1.2 Name, title and contact details of the lead proposer

Applicants should provide the name, title, and contact details of the person acting as a lead proposer.

1.3 Brief description of the proposed network

Applicants should provide a 'lay' description of no more than 50 words.

Section 2: Need for the network

2.1 Description of need/issues that the proposed network would aim to address and expected benefits / impact

A description of the need/issues that the proposed network would aim to address and summary of the significant benefits/improvements the network will support in relation service provision and delivery

2.2 Definition of target patient group(s)/cohort including Incidence/prevalence

A clear definition of the target patient group that the network will focus on. If the group is a subset of a larger patient population, the clinical reasons for separating these patients should also be provided (for example, an explanation as to why they cannot be served adequately as part of the larger patient population).

An estimate of the total number of patients in Scotland that would be affected by the network (i.e. the entire national caseload). This includes the prevalence and incidence of the relevant condition(s) and the likely changes in incidence/prevalence during the initial commissioning period (up to three years).

Section 3: Plan to enable organisational effectiveness

3.1 Proposed future model of service delivery to be supported by network

Description of changes to the current model of service delivery that the network is likely to bring about to meet the need/issues described above, and the proposed future model of service delivery that will be supported by the network

3.2 Key Network Objectives/deliverables:

For each of the 6 core network objectives listed below (3.2.1 to 3.2.6) describe under each how the network will work to achieve deliverables over an initial 3 year period. Responses should include the approach in relation to:

- arrangements for clinical audit,
- priorities for education and training,
- patient engagement
- ensuring equity of care and access.

3.2.1 Design and ongoing development of an effective Network structure that is organised, resourced and governed to meet requirements in relation to SGHSCD Guidance on MCNs (currently CEL (2012) 29)

Year 1 –

Year 2 –

Year 3 -

3.2.2 Support the design and delivery of services that are evidence based and aligned with current strategic and local and regional NHS planning and service priorities.

Year 1 –

Year 2 –

Year 3 –

3.2.3 Effective Stakeholder Communication and Engagement through design and delivery of a written strategy that ensures stakeholders from Health, Social Care, Education, the Third Sector and Service User are involved in the Network and explicitly in the design and delivery of service models and improvements.

Year 1 –

Year 2 –

Year 3 –

3.2.4 Improved capability and capacity in care through design and delivery of a written education strategy that reflects and meets stakeholder needs.

Year 1 –

Year 2 –

Year 3 –

3.2.5 Effective systems and processes to facilitate and provide evidence of continuous quality improvement

Year 1 –

Year 2 –

Year 3 –

3.2.6 Generate better value for money in how services are delivered

3.3 Clinical and performance indicators

Describe existing/potential measurable and reportable indicators that the network will use to demonstrate clinical benefits and improvement.

3.4 Risks/ issues

Summary of any risks / issues that may prevent the network from achieving its objectives/deliverables, noting how these risks will be reduced/mitigated eg lack of capacity/support from services to release individuals to contribute/benefit from the network or lack of buy in from individual Boards to adopt recommendations emanating from the network.

Consideration of any unintended consequences of the network.

Section 4: Interdependencies and/or synergies

Describe any current and potential interdependencies that may exist, providing comment on how these interdependencies will be managed by the network. Consideration should be given to:

- Other networks/ services / programmes
- NES/ HIS
- Universities and colleges/ clinical/technical training programmes
- Social care/IJBs/education/justice/police
- Industry
- National strategies/programmes
- Other

Consideration should also be given to changing models of care, demand for service, potential pressures.

Any additional costs which may need to be borne in other areas of the NHS as a result of implementing clinical standards/improving pathways/access, developing services must also be considered – to be reported under section 5.3.

Section 5: Costs and impact of network to wider NHS

5.1 Costs in Year 1-3

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

	WTE	Year 1	Year 2	Year 3
Lead Clinician				
Band 7 Programme Manager				
Band 5 Programme Support Officer				
Operational budget				
Total				

5.2 Impact of network on costs to wider NHS

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

Section 6: Support for the proposal

6.1 Evidence of support for the proposal

National designated networks are required to work across NHS Board boundaries. It is crucial that the network has the full support of all staff groups involved in providing the service(s) covered by the network and of clinicians and management from across Scotland. Statements of support from:

- the main NHS Boards involved in delivery of the associated, endorsed by at least one NHS Board Chief Executive
- Patient/voluntary sector groups
- the national clinical community and/or professional bodies (i.e. Royal Colleges, etc)

Outline/consider any opposition there may to the proposal

7 Any other relevant information

Include any other relevant information within this section that may not have been covered by the previous sections

Appendix A - 8 Core Principles and 6 core network objectives

The 8 core principles are as stated in SGHSCD guidance on MCNs **CEL 29 (2012)**:

- Each MCN must have clarity about its management arrangements, including the appointment of a person, usually known as the Lead Clinician (or 'Lead Officer' if it is a multi-agency Network), who is recognised as having overall responsibility for the functioning of the Network. Each Network must also produce an annual report to the body or bodies to which it is accountable, and that annual report must also be available to the public.
- Each Network must have a defined structure that sets out the points at which the service is to be delivered, and the connections between them. This will usually be achieved by mapping the journey of care. The structure must indicate clearly the ways in which the Network relates to the planning function of the body or bodies to which it is accountable.
- Each Network must have an annual plan, setting out, with the agreement of those with statutory responsibility for the delivery of services, the relevant standards, the intended quality improvements and, where possible, quantifying the outcomes and benefits to those for whom services are provided, as well as their families and carers. The social work Performance Improvement Framework and developing work on joint inspection will be relevant to multi-agency Managed Care Networks.
- Each Network must use a documented evidence base, such as SIGN Guidelines where these are available, and should draw on expansions of the evidence base arising through continuous quality improvement and audit, which all MCNs are encouraged to undertake, as well as relevant research and development. All the professionals who work in the Network must practice in accordance with the evidence base and the general principles governing Networks.
- Each Network must be multi-disciplinary and multi-professional, in keeping with the Network concept. Multi-agency Networks will cover local authority services such as social care. There must be clarity about the role of each member of the Network, particularly where new or extended professional roles are being developed to achieve the Network's aims.
- Each Network must include meaningful involvement of those for whom services are provided, and by the voluntary sector, in its management arrangements, and must provide them with suitable support and build the capacity of these individuals to contribute to the planning and management arrangements. Each Network should develop mechanisms for capturing the views and experiences of service users and their carers, and have clear policies on: improving access to services; the convenience of services; addressing health inequalities; the dissemination of appropriate, up-to-date information to service users and carers; and on the nature of that information. The 'Voices' programmes run by Chest, Heart & Stroke Scotland and the Neurological Alliance of Scotland can support MCNs in achieving this aim. More details are given in paragraph 35 below.
- Networks' educational and training potential should be used to the full, in particular through exchanges between those working in the community and primary care and those working in hospitals or specialist centres. All Networks should ensure that professionals involved in the Network are participating in appropriate appraisal systems that assess competence to carry out the functions delivered on behalf of the relevant NHS Board or governing body, and that the participating healthcare professionals are involved in a programme of continuous professional development.

- Each Network must demonstrate continuing scrutiny of opportunities to achieve better value for money through the delivery of optimal, evidence-based care that adds value from the patient's perspective, optimises productivity and reduces unwarranted variation. Networks should be supported to deliver continuous quality improvement. The value Networks add should also be assessed in terms of their contribution to an organisational culture that promotes learning, quality improvement, collaborative interprofessional and team-based working, adherence to agreed and evidence-based protocols to improve outcomes, equity of access and quality of life.

The 6 core network objectives that networks are expected to achieve:

1. Design and ongoing development of an effective Network structure that is organised, resourced and governed to meet requirements in relation to SGHSCD Guidance on MCNs (currently CEL (2012) 29) (Annex and national commissioning performance management and reporting arrangements);

2. Support the design and delivery of services that are evidence based and aligned with current strategic and local and regional NHS planning and service priorities.

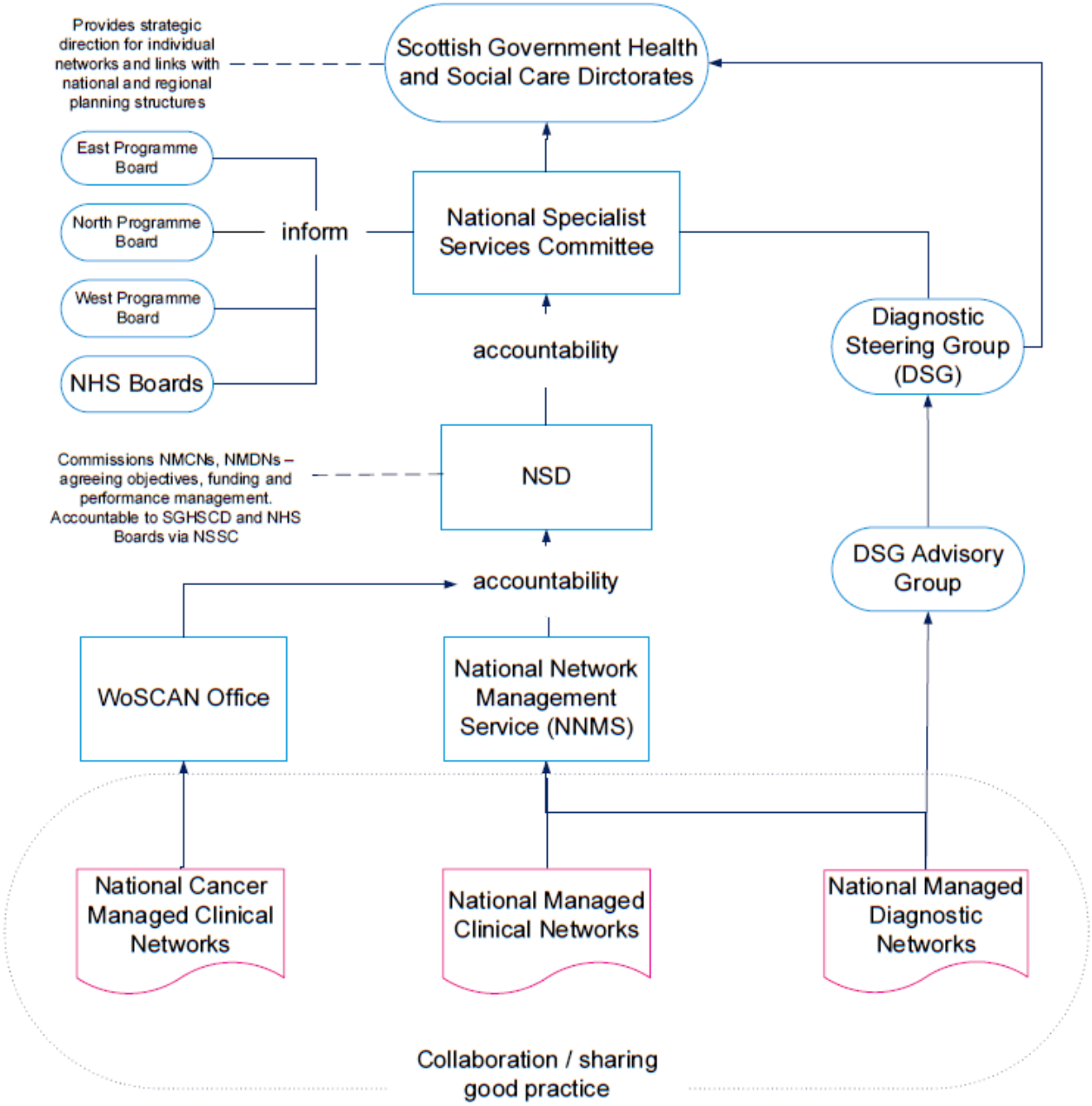
3. Effective Stakeholder Communication and Engagement through design and delivery of a written strategy that ensures stakeholders from Health, Social Care, Education, the Third Sector and Service User are involved in the Network and explicitly in the design and delivery of service models and improvements.

4. Improved capability and capacity in care through design and delivery of a written education strategy that reflects and meets stakeholder needs.

5. Effective systems and processes to facilitate and provide evidence of continuous improvement in the quality of care, including the development of a written quality improvement strategy.

6. Generate better value for money in how services are delivered.

Appendix B - Network Governance Structure



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