

Orthodontic Managed Clinical Networks in England

September 2017

1.0 Definitions

In this document and the accompanying model frameworks and constitutions:

“MCN” refers to “Managed Clinical Network

“Orthodontic Commissioning Guide” refers to the NHS England (2015) ‘Guides for Commissioning Dental Specialities – Orthodontics’

“BOS” refers to the British Orthodontic Society

“LDC” refers to the Local Dental Committee

“LHB” refers to Local Health Board in Wales

“LOC” refers to Local Orthodontic Committee

“LT” refers to Local Team of NHS England

“LDN” refers to Local Dental Network

“LPN” refers to the Local Professional Network

“HEE” refers to Health Education England

“PROM” refers to Patient Related Outcome Measure

“PREM” refers to Patient Related Experience Measure

2.0 Background

The BOS is committed to the concept of locally sensitive planning based on true considerations of local orthodontic needs assessment. This will become increasingly important with the re-procurement of primary and secondary care Orthodontic services by the Local Area Teams of NHS England. Over the past 10 years in some areas local orthodontic providers in both primary and secondary care have been collaborating together as a local managed clinical network, working in close consultation with the LTs and LDNs in a mutually beneficial partnership, helping to co-ordinate local services and improving patient access to the most appropriate care.

In 2015 NHS England published an ‘Introductory Guide for Commissioning Dental Specialities’¹, and four strategic specialist commissioning guides, including ‘Guides for Commissioning Dental Specialities – Orthodontics’², in which proposed frameworks describe the concept of clinical engagement and leadership through formal Managed Clinical Networks (MCNs) intended to work closely with commissioners and the Local Dental Network (which is the Dental LPN)¹. It is intended that the LT commissioners work to establish MCNs as enablers to the commissioning process, with appropriate financial investment as required.

The Orthodontic Commissioning Guide² states that all level 2 and 3 providers of Orthodontic Services will be required to have a formal link to the MCN and take an active role within it. MCN clinical members will shape and influence service redesign by working with commissioners and patients to deliver and develop effective and efficient provision of orthodontic care. Audit and Peer Review would also fall under the remit of the MCN, using PAR and other appropriate clinical outcome measures to improve quality of care. Multidisciplinary care (cleft, orthognathic, oral surgery, restorative and paediatric dentistry) would be co-ordinated locally through the MCN.

The Orthodontic Commissioning Guide also indicates that local performance management from LT commissioners would require the support and engagement of an MCN, which would be involved in the selection and development of reporting mechanisms for locally relevant metrics, and might also help with the collation of Needs Assessment data. Most importantly, establishing MCNs linked to LDNs and LT Commissioners would assist in making progress to achieve the aims of the commissioning guide, and to develop partnership working with clinicians.

The “Introductory Guide for Commissioning Dental Specialities” defines MCNs as:

“Linked groups of health professionals and organisations from primary, secondary and tertiary care working in a co-ordinated manner, unconstrained by existing professional and organisational boundaries to ensure equitable provision of high quality, clinically effective services.”²

Each LT should have in place an LPN for Dentistry (known as the LDN). The LDN chair together with the Consultants in Dental Public Health and any other clinical members of the LDN act as the clinical voices of the dental commissioners. It is suggested that specialty MCNs might be chaired by NHS consultants as part of their role in the specialty and agreed in their job plans, or by a specialist with appropriate consultant support. It is intended that all specialists working in a particular geographical area and speciality are involved in the MCN to ensure that audit; peer review and supervision of services are maintained across organisational boundaries. While the MCN will work closely with the dental commissioners, LDN, and Consultants in Dental Public health, it was suggested that their development and operation would need to be appropriate to the locality, and its orthodontic workforce and system.

A number of core principles for MCNs were outlined in the Commissioning Guides in 2015²:

1. The MCN must be managed

There must be clarity about its management arrangements, including the appointment of a Chairperson who is recognised as having overall responsibility for the operation of the network. Each network should agree its objectives with the LDN and be accountable to the LDN for their delivery.

2. The MCN should have a defined structure and strategy

The defined structure should oversee the patient pathway and encourage benchmarking across providers. It should have a clear statement of the specific clinical and service improvements which patients can expect as a result of the MCN's establishment.

3. The MCN should use a documented evidence base

Each MCN must use the specialty commissioning guide approach and the measures within it. A documented evidence base should be used where this is available, with the MCN committed to the expansion of this evidence base through research and development.

4. The MCN must contribute to any multi-disciplinary and multi professional MCNs

There should be effective communication between specialty MCNs once established to improve patient care through an over-arching clinical network. This will develop into multi-professional MCNs which should include patient representation in their management arrangements, and Chairs of MCNs should communicate with each other regarding multi-disciplinary treatment planning and provision.

5. MCNs should have a clear policy on disseminating information to patients.

The MCN should have a policy of sharing information with patients including local detail on service changes, improvements, innovation, and limitations, as well as self-care messages.

6. The MCN should have a commitment from all health professionals in the MCN to practice in accordance with the network principles

All providers of specialist care should take part and contribute to the network and indicate their willingness to practice in accordance with specialty guide pathways and with the MCN's general principles.

7. The MCN should have a quality assurance programme

MCN members will share information which can be benchmarked, including PROMS and PREMS to support service improvements through peer review, education and support.

8. MCNs will develop their education and training potential

This will be developed through exchanges between practitioners in primary and secondary care, and the development of clinicians with enhanced skills and experience, with the establishment of appropriate affiliations to universities, Royal Colleges and HEE.

9. MCNs should ensure that all their health professional members participate in audits

All clinicians must actively participate in the MCN audit activities and the open review of results.

10. The MCN should have a CPD programme in place for all staff and ensure that staff are able to move within the network to improve patient access and maintain professional skills

MCNs should include arrangements for the effective delivery of training so that specialist training pathways have sufficiently experienced trainers and supervision, and may have an influential role in transforming undergraduate and postgraduate training, and training for clinicians with enhanced skills and experience, so that the training follows patients receiving care and not *vice versa*.

11. MCNs should explore the potential for service developments

There should be evidence that MCNs allow professionals to come together to explore potential to generate service improvements and better value for money.

Since the 2015 guidance was published a number of local MCN variants have developed, some merging existing MCNs, and some linking existing LOCs with LT commissioners and Consultants in DPH. In November 2016 NHS England sent further guidance to the LTs³, developed by the Dental Commissioning Guide Implementation Group. This included the MCN Terms of Reference (ToR)⁴ and a job description (JD) for the MCN Chair⁵, applicable to MCNs in all the dental specialties. These were offered as a framework allowing reasonable local variation and modification by the LDN as appropriate. It was suggested that existing MCNs should consider where their current ToRs and JDs aligned with the guidance, particularly in terms of clinical governance arrangements in the Chair's JD.

It was suggested that where considerable differences existed between current MCN arrangements and the recent guidance, that evolution should allow arrangements to align with the guidance framework, while allowing for local variance as appropriate. LTs were advised that the establishment and development timelines of MCNs should be linked to the LDN priorities and commissioning plans³.

3.0 MCN Terms of Reference

The MCN ToR circulated in November 2016 (Appendix 1) supports a clinically-led commissioning approach through the LDNs. It is stated that *“in making the strategic intent operational, NHS England will formalise or establish Managed Clinical Networks (MCN) which will be accountable to the LDN, via the LDN Chair, and NHS England, who will, using their speciality expertise, develop and transform services in line with the local strategic intention”*.⁴

Summary of the main points in the MCN ToR (November 2016)

3.1 Membership:

The MCN is a group governed by NHS England that provides a link to all specialists and clinicians with a contract to provide the speciality services on referral in the locality. Its membership may include DCPs, GDPs, other primary care providers, lay and public representation, and may establish a Core Group to steer the MCN if appropriate due to its size. The Chair of the LDN will be an *ex-officio* member.

3.2 Purpose:

The MCN's purpose is to facilitate patient-centred care through advising the LDN on transformational change and quality improvements in speciality services. It should afford the opportunity for clinicians from all settings to focus on patient services.

3.3 Function:

The MCN should bring together all clinicians in a speciality from primary, secondary and tertiary care to work in a coordinated manner unconstrained by existing boundaries, to promote the provision of high quality effective services. It is an NHS England network which is a clinically-led and managed advisory and assurance group, and through the LDN it will:

- Contribute to local planning and prioritisation.
- Agree a work plan and objectives with NHS England linked to the agreed priorities, and report back on delivery.
- Process information on clinical needs, assessments, service delivery, quality, treatment outcomes, cost-effectiveness, and equity of access, in order to advise NHS England, HEE, PHE and LDN leads.
- Interface with the LDN and contribute to the development and implementation of strategies to improve services, including referral management processes.
- Support evidence-based patient pathways across all providers.
- Work with other MCNs in the same specialty nationally to learn and adopt best practice and share the workload.
- Work with MCNs across other specialties to develop integrated multidisciplinary pathways.
- Work with the LDN to ensure patient views are heard.
- Ensure providers are engaging in appropriate appraisal and personal development activities.
- Advise the LDN on training and educational requirements for service developments.

3.4 Objectives:

1. Communication

The MCN is expected to communicate clearly regarding clinical and service improvements to both patients and referring practitioners around issues such as efficient use of clinical resources, improved communication between providers and referrers, the development of needs-led and evidence-informed care pathways across primary and secondary care, and many other issues relating to the speciality service (see Appendix 1).

2. Use of evidence base

The MCN will use the evidence base and other measures such as service performance data, PROMS, PREMS, and expand this database through its work.

3. Clarity of roles

There should be absolute clarity as to the role of each health professional within the network.

4. Patient information

The MCN will work with the LDN on the policy of dissemination and content of information to patients.

5. Quality Assurance

The MCN should develop a quality assurance programme acceptable to the NHS England commissioners.

6. Education and training

The MCN should work in partnership with HEE and other stakeholders as appropriate.

7. Leadership

The MCN should work with NHS England to develop leadership and management skills to enhance its core function.

3.5 Membership:

The MCN should be inclusive but if it is large then a Core Group might be established, to be agreed between the MCN chair and the LDN. Core Group membership numbers will be agreed locally and will be recruited from within the MCN area, reflecting the composition of the balance of members with relevant skills and experience. The Chair will be appointed for a term of three years through an interview process overseen by the LDN and commissioners.

The Core Group where it exists is expected to meet more regularly than the MCN, and additional Core Group members can be co-opted as required, with the formation of Short-Life Working Groups as necessary.

3.6 The Chair (see also 4.0 below and Appendix 2)

The MCN Chair will normally be a consultant or a specialist from within the MCN specialty and the MCN area. If a specialist takes on this role then they should be 'consultant-supported' in respect of professional and clinical governance through a formal connection with a consultant from the appropriate specialty (with this support agreed with the consultant's employing trust). The Chair's role is:

- To lead the MCN
- Develop a work plan with the MCN and LDN
- Facilitate MCN meetings and set agendas
- Nominate a deputy chair
- Ensure notes of the meetings are compiled and disseminated in a timely and accurate manner

- Represent the views of the MCN in a wider context
- Represent the MCN and report to the LDN

3.7 Meetings:

It is anticipated that the frequency of MCN and Core Group meetings will be determined locally as appropriate. Conflicts of interest should be declared and recorded at the start of a meeting and a Declaration of Interest (DoI) should be signed by each member before joining the MCN. The LDN will maintain the DoI register. Core Group members should attend all meetings and the Chair may seek alternative representation if a Core Group member misses two consecutive meetings without reasonable cause. A minimum of 75% of members must attend a Core Group meeting in addition to the Chair to make a quorum.

3.8 Accountability:

To encourage transparency and good relations all meetings should be minuted, all agendas and minutes should be published, and the MCN should submit an annual written report to the LDN.

3.9 Review of Arrangements:

The arrangements in the ToR should be reviewed annually, or when requested by a majority vote of the Core Group members.

3.10 Confidentiality:

All patient relevant data will be handled confidentially as per GDC guidance, Caldicott principles and the Data Protection Act.

3.11 Resources:

The commissioning process will recognise the time commitment of the Chair, Core Group members and the MCN, and the Chair will be given administrative support agreed with the LDN.

4.0 Chair of the MCN

Many MCNs or similar speciality bodies have already been established with the Chair appointed in a voluntary unpaid capacity. The NHS guidance to LTs in November 2016 included a Job Description for the Chair of the MCN (Appendix 2) which sets this role in a formal framework of line management within the LT. This leadership role would require the development of close communication across the network and its partners in overseeing the functioning of the network, to ensure equitable high quality patient care. There is also a stated responsibility of the Chair in maintaining teaching and training in secondary care environments.

The key responsibilities of the role are set out as:

1. Clinical Leadership and collaborative working
2. Improving quality and outcomes
3. Enabling patient and public engagement
4. Promoting equality

A person specification for the post of MCN Chair is also provided by NHS England (see Appendix 2). It is anticipated that this role might take up to 2 sessions per week (<8 hours), with a 3 year fixed term contract. It is clear that this role if carried out correctly would require a substantial time commitment and that this would need to be appropriately recognised and rewarded. In the case of a consultant Chair this would need to be recognised in their job plan through negotiation with their employing trust. In order to ensure effective governance and accountability of this role through NHS England management frameworks, the Chair would need to have a formal contract in place with the LT. This might be in the form of an honorary contract with the LT, with remuneration arranged through an arrangement between the LT and an existing employer/contract.

5.0 The further development of Orthodontic MCNs

It is anticipated that the area covered by a speciality MCN will mirror that of the LT area locally, and this has led to the merging of pre-existing LOCs and MCNs over the past few years. The guidance allows for local arrangements as appropriate, and two case-studies are provided (Case study 1: Lancashire and South Cumbria; Case study 2: South West) to illustrate the models that might be adopted in MCN development (see page 10). Many areas yet to establish MCNs may have well-established Local Orthodontic Committees (LOCs) following earlier BOS recommendations. It is recommended that in areas where the LOCs are well established that they should work with the LT in the establishment of an Orthodontic MCN.

The BOS via its Directorate of Clinical Practice will continue to liaise with NHS England in the development of appropriate Orthodontic MCNs. The BOS will also disseminate information and act as a central hub for the sharing of information in co-ordinating a national network of Orthodontic MCN chairs to share best practice and reduce duplication of effort, and this will also enable the expansion of the evidence base to inform quality service developments.

In order to help the BOS function well in this capacity, it would be useful to have feedback from MCNs to allow a comprehensive database to be constructed and maintained. Such information includes names and contact details of MCN leads, and LT dental managers/commissioners, together with details of MCN areas covered. In addition, information related to problems MCNs have experienced together with potential solutions would be welcome. Such information can be sent to the BOS Clinical Practice Directorate via the BOS offices (ann.wright@bos.org.uk).

6.0 Liaison with LDC

MCNs are encouraged to liaise closely with their local LDC(s) in addition to the LDN. As well as seeking LDC representation within the MCN (through a GDP provider representative), the MCN should seek reciprocal representation on their LDC. LDCs are statutory bodies and as such are legally recognised by LTs. MCNs should offer to fulfil the orthodontic element of the LDC's remit and as such place themselves in a strong position with the local commissioning bodies.

7.0 Engaging with your LT

It should be recognised that the establishment of an MCN is an integral part of the ongoing commissioning process for primary and secondary care, as set out in the NHS England commissioning guidance, and is mutually beneficial to both providers and commissioners in furthering the provision of quality patient care. In the absence of approaches by the LT, existing MCNs and LOCs should make approaches to NHS England LTs via their LDN chairs or commissioners to make them aware of their presence, their current activities, and their willingness to work constructively with the LT and LDN to establish a formal MCN to develop local provision of quality orthodontic care.

Case study 1: MCN for Lancashire and South Cumbria area
Case Study 2: MCN(s) for South West area

Appendix 1 Managed Clinical Network Terms of Reference (NHS England 2016)
Appendix 2 Managed Clinical Network Chair Job Description (NHS England 2016)

References

1. Introductory Guide for Commissioning Dental Specialities, NHS England, September 2015
2. Guides for Commissioning Dental Specialities – Orthodontics, NHS England, September 2015
3. Letter: Dental Managed Clinical Networks (MCNs), to All dental leads, LDN Chairs, HoPC and Directors of Commissioning, from the Office of the Chief Dental Officer, NHS England, 30th November 2016.
4. Managed Clinical Network Terms of reference, circulated to all dental leads, LDN Chairs, HoPC and Directors of Commissioning, from the Office of the Chief Dental Officer, NHS England, 30th November 2016.
5. Job Description: Chair of Managed Clinical Network, circulated to all dental leads, LDN Chairs, HoPC and Directors of Commissioning, from the Office of the Chief Dental Officer, NHS England, 30th November 2016.

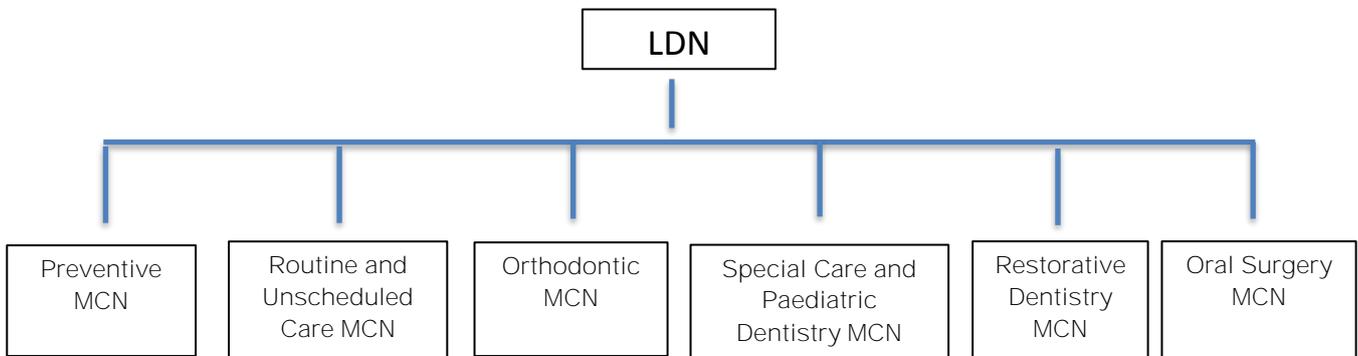
Clinical Practice Directorate of the British Orthodontic Society, August 2017

Case study 1: Orthodontic MCN for Lancashire and South Cumbria

Background

The single Orthodontic MCN in Lancashire was formed in 2013 by merging 4 pre-existing MCNs from East Lancashire, Central Lancashire, Blackpool/Fylde/Wyre area and North Lancashire. Each MCN had been set up through the previous PCTs with the consultant in DPH, and their merger was orchestrated by the Consultant in Dental Public Health who chaired the initial combined meetings. This led to the nomination by the MCN membership of an Orthodontic Consultant as MCN chair in an unpaid voluntary capacity. The Lancashire LOC was dissolved by its members once the MCN had been established as it was felt to be no longer necessary. The Lancashire Orthodontic Study Group has similarly been disbanded as its role has been succeeded by the MCN audit and peer review activities. Since April 2017 the area of the LT has extended to include South Cumbria and the Orthodontic providers in this area have joined the MCN.

The LDN for Lancashire has been developed in the last 4 years to include a Core Group comprising the Chair, the LT Dental Commissioners, and representatives of the LDC, HEE England and the University of Central Lancashire. The organisational development of the LDN and MCNs was promoted through a 2 day workshop in 2014 hosted by the LT and LDN chair, giving the LDN members and MCN chairs the opportunity to network and develop the mission statements and outline objectives of their respective bodies. The Core LDN meets monthly, and every three months its meetings are extended to include the Chairs of the MCNs established in the area. The Chair of the Orthodontic MCN also submits a written progress report to the LDN for these quarterly meetings.



The Orthodontic MCN

The MCN membership includes all clinical providers of orthodontic services in primary and secondary care, which includes approx. 45 practitioners and the clinical staff from 5 secondary care units. They are joined by the LT Dental Commissioners, the Consultant in Dental Public Health and the Chair of the LDN. All members are invited to the MCN meetings held every 3 months. The MCN has developed its own mission statement and objectives agreed with the LDN, and reports against these to the LDN quarterly. The MCN has also taken on the role of coordinating audit and peer review for its members, with audits across primary and secondary care reported at MCN meetings and at an annual Orthodontic Audit/Peer Review meeting. Examples of the major issues addressed by the MCN are:

- Referral Guidelines for Orthodontics across Lancashire which have been implemented and audited.
- Quarterly reporting of waiting times for Orthodontic services in Primary and Secondary care.
- Advising the LT through recommendations to the LDN on appropriate spending of non-recurrent funding to address excessive waiting times for assessment and treatment.
- Advising the LT on best practice for NP assessment and waiting list management.
- Advising the LT on appropriate referral management processes.
- Development of improved pathways for multidisciplinary patients through the other MCNs, for example in Restorative Dentistry.
- Coordination of services and resources where there are changes in staffing or shortages of appropriate clinicians, promoting partnership working across primary and secondary care.

The Chair of the Orthodontic MCN

The Chair was nominated by the MCN membership and is a Consultant in the area. To date this is an unpaid voluntary post with no job description or set time commitment. The Chair sets the agenda for MCN meetings with the LT commissioners, and produces and circulates minutes of the meetings. They submit a written report to the LDN meetings which they attend every 3 months, and work with the LT Commissioners as required to progress issues between MCN meetings. The Chair also coordinates the audit/peer review activity for the MCN, organising an annual Peer Review and Audit day for Orthodontic practitioners and their DCPs. It is anticipated that this post will become funded in the near future, and that more of the work of the Chair will be devolved once a more formalised MCN structure and membership evolves in the next 6-12 months.

Case study 2: Orthodontic MCN for South West

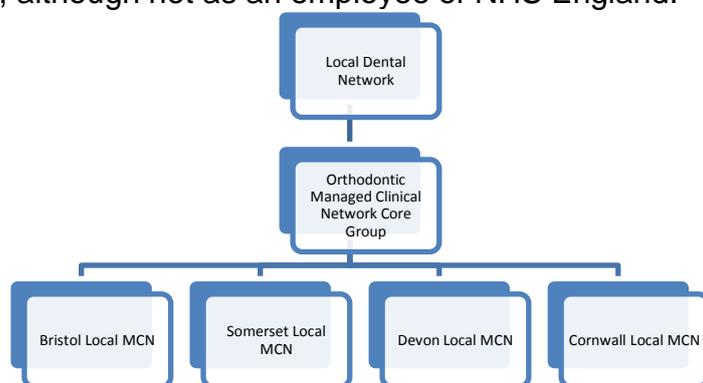
Background

The South-West (SW) region extends from Bristol in the North down to Cornwall and the Scilly Isles in the South. The South-West's overarching MCN oversees the areas served by four local 'MCN's: Cornwall, Devon, Somerset and Bristol. The Terms of Reference for the MCNs were based on the nationally developed documents. It has been established since September 2016.



Structure of South-West MCN

There is a core group which sits above the four areas (local) MCNs (see diagram). This core group meets three times a year. The Chair of this group is paid for this role, although not as an employee of NHS England.



The members of the core group are:

- Chair (Specialist Practitioner)
- Deputy Chair (Consultant, currently chair of one of the local MCNs)
- All Chairs of the other 3 Local MCNs (1 Consultant, 2 Specialist Practitioners)
- Consultant in Dental Public Health
- 2 members of the commissioning team including the Lead Commissioner
- Representative of the LDC
- Representative of HEE
- Representative of BOS (Consultant)

Chair of SW MCN

The Job description for the Chair was based on documents developed nationally and then tailored to the region. The Chair of the Orthodontic MCN was appointed in August 2016 for a 3 year term. The Chair is a core member of the Local Dental Network Committee. The Chair was tasked to produce an action plan of the first year activity by November 2016; this included the establishment of a representative managed clinical network of providers. This is a paid role. However the time commitment and hence salary was thought to be an evolving process over the first year. The job description outlined up to two PAs. However, it was recognised that more time may be needed in the first year to develop the network. A half day administration support was identified for the Chair in the first instance.

Membership of MCN

All providers of orthodontic care are members of the MCN. The local MCNs (Bristol, Somerset, Devon and Cornwall) hold meetings up to 3 times per year. There are plans to hold one full day meeting where all SW MCN members will be invited.

Name: District, Area or Region?

Managed Clinical Network Terms of Reference

1. Introduction

NHS England supports a clinically-led commissioning approach.

NHS England has established Local Dental Networks (LDN) which are an integral part of NHS England and lead NHS England's strategic commissioning approach to dentistry and oral health.

In making the strategic intent operational, NHS England will formalise or establish Managed Clinical Networks (MCN) which will be accountable to the LDN, via the LDN Chair, and NHS England and who will, using their specialty expertise, develop and transform services in line with the local strategic intention.

The Managed Clinical Network is a group governed by NHS England that provides a link to all specialists and clinicians with a contract to provide a "*insert the specialty's name here*" service on referral in the locality the network covers.

The MCN will be inclusive and may, therefore, include dental care professionals (DCPs), general dental practitioners (GDPs), other primary care providers and lay or public representation, all of whom will be co-options that are determined to be relevant by the Core Group. Further details of relevant members of the MCN are contained in Appendix 1.

The MCN may establish a Core Group to steer the network using the guidance contained within this document, depending on the size of the MCN.

The Chair (or nominated Deputy) of the LDN will be ex officio members.

2. Purpose and Aims of an MCN

The purpose of the MCN is to facilitate patient-centered care. It will provide assurance to the LDN through advising on transformational change, improving clinical effectiveness, cost-effectiveness, equity of access, efficiency and offer parity of outcome in service delivery.

The aim of the MCN is to offer a way of working where clinicians from all settings across the clinical care pathway can focus on patient services.

3. Function of Managed Clinical Network

3.1 The MCN links all clinicians from primary, salaried, secondary and tertiary care to work in a coordinated manner, unconstrained by existing professional and organisational boundaries to ensure equitable provision of high quality, clinically effective services.

3.2 The MCN is an NHS England managed clinically-led and managed advisory and assurance group, which will:

- Work with the LDN to contribute to local planning and prioritisation.
- Agree a work plan and objectives with NHS England LDN linked to these priorities and regularly report back on delivery.
- Receive and consider information on clinical needs, assessments, service delivery, quality, treatment outcomes, cost-effectiveness and equity of access data, in order to advise NHS England, Health Education England (HEE), Public Health England (PHE) and Local Dental Network (LDN) leads.
- Interface with the LDN to understand wider local priorities and action plans.
- Contribute to the development and subsequent implementation of strategies that will improve service care provision to include the development of referral management systems.
- Support the implementation of evidence-based patient pathways across all providers.
- Work with other MCNs in the same specialty nationally to learn and adopt best practice, avoid duplication of effort and share the workload.
- Work with MCNs in other specialties locally to develop integrated pathways across specialties.
- Work with the LDN to ensure there is a mechanism for patients' views on their local clinical services to be expressed and heard.
- Ensure providers are participating in an appropriate appraisal and personal development plan setting process.
- Advise the LDN on areas where further education or training would develop service capacity or capability.

4. Objectives

4.1 The MCN will communicate clear statements regarding specific clinical and service improvements that patients and referrers can expect, such as:

- Increased flexibility and more efficient use of the skills within clinical teams and of the available resources.
- Improved communication between service providers and between providers and referrers to benefit patients.
- Develop and implement needs-led and evidence-informed care pathways across primary and secondary care to improve equity of access and ensure parity of outcome.

- Improve quality and value regardless of setting.
- Contribute to and support implementation of audit/outcome assessment programmes to benchmark provider performance in order to identify and support commissioners address sub-standard performance as well as recognise excellence.
- Receive and advise on formal quality assurance data to support commissioners in their contract monitoring.
- Provide specialist advice to LDNs and commissioners to support the commissioning function and influence service specifications to seek high value and quality service.
- Offer clinicians the opportunities to be innovative in order to achieve improved outcomes and efficiencies, stimulate new ways of working and be an integral and valued component of the commissioning process.
- Be aware of the current workforce, the opportunities to enhance skill mix, advise on continuing professional development (CPD), education and training requirements and suggest how educational programmes can be adapted to meet future needs.
- MCNs will not be involved in individual performance management of clinicians. Instead, its role will be to encourage and improve the performance of the clinicians as a network, whilst individual clinical or contractual performance issues will be covered by the respective Medical Directors of either a NHS Trust employer or by an NHS England Commissioner.

4.2 MCNs will use the evidence base, and will receive service performance data, Patient Reported Outcome Measure (PROMs) and Patient Reported Experience Measure (PREMs) data and be committed to the expansion of the evidence base through appropriate research and development.

4.3 There must be clarity about the role of each health professional in the MCN, particularly where new or extended roles are being developed as part of the Network.

4.4 The MCN will work with the LDN to develop a policy on the dissemination of information to patients, and the nature of that information.

4.5 An integral part of the MCN must be a quality assurance programme acceptable to the commissioning body, NHS England.

4.6 The educational and training potential of the MCN should be recognised. The MCN should work in partnership with HEE and other training or education stakeholders as appropriate.

4.7 The MCN will work with the LDN to develop leadership and management skills to enhance its core functions.

5. Membership of the Core Group

5.1 As stated above, the MCN will be an inclusive group. If the MCN is large then this may require establishment of a Core Group, to be agreed between the MCN Chair and the LDN.

5.2 Members of the Core Group will be recruited from within the MCN's representative area and they will spend the majority of their time working within that NHS region.

5.3 The Chair will be appointed through an interview process overseen by the LDN and relevant commissioners. The position of Chair will be held for three years.

5.4 The establishment and exact number of members of the Core Group of the MCN will be agreed with the LDN through the LDN Chair.

5.5 If a member of the Core Group is unable to attend they must make reasonable efforts to nominate a deputy.

5.6 The Core Group should mirror the composition of the MCN and ensure an appropriate balance of members with the relevant skills and experience.

5.7 The Core Group Members will be recruited from the MCN and will be appointed for three years.

5.8 It is expected that the Core Group will meet more frequently than the MCN, dependent upon local arrangements.

5.9 Co-options

Additional Core Group members will be co-opted as necessary. Further attendees will be invited as and when required with the majority agreement of the Core Group's membership or at the wish of the Chair if necessary.

5.10 Short-Life Working Groups (SLWGs)

SLWGs of the MCN Core Group may be established to take forward particular pieces of work.

6. The MCN Chair

The Chair will normally either be a consultant or a specialist who will be recruited from the eligible pool in the MCN representative area. It should be noted that if the Chair is a non-consultant specialist then the MCN should be "consultant-supported" through a formal connection to a consultant from the appropriate specialty, who will have both the expertise and access to facilities that will provide support in respect of professional and clinical governance issues. This support would need to be agreed by the consultant and their employing trust.

The Chair's role will be:

- To lead the MCN
- To develop a work plan with the MCN and LDN
- To facilitate MCN meetings, set meeting agendas and maintain MCN representation
- Nominate a deputy chair
- Ensure contemporaneous notes of the meetings are compiled and disseminated in a timely and accurate manner
- Represent the views of MCN in the wider health economy
- Represent the MCN and report to the LDN

7 Meeting arrangements

7.1 Frequency of meetings

Meetings of the MCN and the Core Group will be held at a frequency to be determined by the membership. The Chair will be able to call additional meetings as and when required.

7.2 Declarations of Interest

Any agenda items that are highlighted by a member as a potential conflict of interest should be declared at the start of a meeting and recorded as such within the minutes. The other members will then decide whether that member can participate in that particular discussion.

A Declaration of Interest (DoI) should be signed by each member before joining.

The LDN will maintain the DoI register.

7.3 Attendance at meetings

The members of the Core Group should normally attend all of their relevant meetings, whenever possible. If a Core Group member fails to attend a meeting of the Core Group MCN on two consecutive occasions, the Chair may seek alternative appropriate representation, unless he/she is satisfied that the absence was due to a reasonable cause.

7.4 Quoracy

The meeting of a Core Group will be quorate when a minimum of 75% of members are in attendance, in addition to the Chair or Deputy Chair.

8. Accountability

8.1 To ensure transparency and encourage good relations between members of the group and to develop the network, there should be:

- Contemporaneous minutes taken at each meeting.
- Publication of agendas and minutes
- A written annual report to the LDN

9. Review of Arrangements

9.1 The arrangement set out in these Terms of Reference will be reviewed annually, or as and when requested by a majority vote of the steering group members.

9.2 Any changes or amendments to the Terms of Reference will be agreed and signed off by the LDN.

10. Confidentiality

10.1 All members will respect the confidentiality of all patient relevant data abiding by:

- Current General Dental Council guidelines
- The Data Protection Act
- Caldicott principles

11. Resources

11.1 The commissioning process will include recognition of the time commitment of the Chair, Core Group members and the MCN.

11.2 The MCN Chair will be supported by administrative personnel agreed with the LDN Chair.

Appendix

The following sets out the constitution of the full MCN.

All clinicians in the locality who have a contract to provide treatment on referral at Level 2 or Level 3 will be members of the MCN and be contractually obliged to participate in audit and in open, anonymised review of results.

This may involve providers, performers, dental care professionals, general dental practitioners and other primary care providers.

The MCN should be representative of all NHS clinicians providing NHS treatment. It should interface directly with the local NHS England team, LDN, HEE and PHE.

The members of the MCN whenever possible should attend a meeting of the full MCN. If a member fails to attend a meeting of the MCN on two consecutive occasions, the Chair may seek to remove the member from the MCN, unless he/she is satisfied that the absence was due to a reasonable cause.



JOB DESCRIPTION

JOB TITLE : CHAIR OF MANAGED CLINICAL NETWORK

ACCOUNTABLE TO: **Chair of Local**
Dental Network

REPORT TO: Chair of Local Dental
Network

PROFESSIONAL LINE TO: Medical Director, NHS
England in the appropriate
locality

TIME COMMITMENT: Up to a maximum of 2
Programmed Activities (Pas) per
week (additional PAs may be
required in the early stages to
establish the MCN)

CONTRACT PERIOD : 3 years fixed term

NOTICE PERIOD: 3 months

1. Job Purpose

NHS England has published Commissioning Guides for some of the specialties in dentistry. The intention of the Guides is to encourage improved patient experience in receiving dental care across all aspects of dentistry in primary, salaried, secondary and tertiary care.

The comprehensive integration of these services will require NHS England to establish Managed Clinical Networks (MCN) for each of the specialties that will link clinicians across all settings to provide patient-centred care throughout the clinical pathway including improving clinical effectiveness, equity of access, efficiency and parity of outcome.

It will be the responsibility of the Chair of each Managed Clinical Network to oversee the functioning of such in line with the Terms of Reference published by NHS England. This will require close communication with identified clinicians from all aspects of dentistry who have successfully applied and been appointed to the Network.

Ultimately, the role of the MCNs, through the leadership of the Chairs, will be to ensure high quality patient care in an equitable manner across the country.

It should be appreciated that time commitments are likely to be greater in the early months during establishment of each MCN. This would need to be negotiated as required by local circumstances. Time commitments are to be reviewed and renewed on a regular basis.

It will be the responsibility of the Chair to be both aware and maintain stability of existing teaching and training taking place in secondary care environments at undergraduate, Dental Core Training (DCT) and Specialty Registrar levels.

2. Key Responsibilities

2.1 Clinical Leadership & Collaborative Working

- Establish and maintain an effective MCN involving all appropriate stakeholders
- Create and foster a culture of clinical engagement across the MCN
- Demonstrate clinical leadership that is central to the delivery of all commissioning activities
- Maintain the engagement of all members of the MCN in developing and implementing evidence-based pathways
- Establish effective collaborative working to ensure the Network meets local and national priorities and action plans
- Maintain effective communication with the Local Dental Network (LDN)
- Report regularly to the Local Dental Network on progress in respect of agreed workplans
- Share information, such as the establishment of improved care and pathways, with other MCNs both locally and nationally
- Ensure that each MCN member engages with a robust appraisal system specifically designed for members of the MCN that is in place through collaboration with Health Education England
- Ensure that good managerial practice is maintained in the running of the MCN, such as the organization of regular meetings, setting of agendas and release of minutes of meetings
- To adhere to the relevant professional codes of conduct
- Provide direction and support to the MCN through effective management and leadership
- Appropriate support will be provided dependent upon the development needs of the individual chair.

- The Chair working with the LDN and commissioners will undertake work, as necessary, to understand the specialist services that are currently being provided, by whom and where, along with the quality and quantity of those services.

2.2 Improving Quality and Outcomes

- Enable the Network to synthesise and use the information received on clinical needs assessments, service delivery, quality, treatment outcomes, cost-effectiveness and equity of access data, in order to advise the LDN and, through the LDN, NHS England, Health Education England (HEE) and Public Health England (PHE).
 - Develop and improve referral management systems through effective leadership
 - Assure an appropriate and effective quality assurance programme is in place at all times
 - Communicate with the LDN and, through the LDN, HEE where a need for further education has been identified
 - Encourage the MCN to develop more flexible and efficient use of the clinical skills available within the specialty through identifying potential improvements and recommending change to the LDN and commissioners where it is considered beneficial
 - Enable and assure that the MCN implements systems to benchmark provider performance using audit and outcome measures
 - Encourage and lead on the use of innovation in all aspects of work
 - Mediate where necessary, in such matters as conflicts of view or interest between members of the MCN or commissioners, to enable and encourage reconciliation

2.3 Enabling Patient and Public Involvement

- Promote an open and transparent policy of public engagement within the MCN
- Ensure effective and regular interaction with patient and public groups in respect of feedback and consultation on proposed workplans
- To act as a champion for patients and their interests in respect of the strategy development and decision-making of the MCN

2.4 Promoting Equality

- Ensure robust communication between all members of the MCN at all times
- Ensure that the MCN consider improvement of care and systems regardless of setting
- Ensure all members of the MCN complete Conflicts of Interest declarations on an annual basis
- Encourage the development of a wide range of skillmix within the MCN and across all clinical settings
- Uphold organizational policies and principles on the promotion of equality

JOB DESCRIPTION AGREEMENT	
Job Holder's Signature:	Date:
Medical Director Signature:	Date:
LDN Chair's Signature	Date:

Education/Qualifications	<i>Essential</i>	<i>Desirable</i>
Inclusion in the GDC register with either an appropriate post graduate qualification to practice within the specialty, as named by the title of the MCN, or to be included on one of the GDC's relevant Specialist Lists, instead	√	
Experience		
Working at Consultant/Specialist level	√	
Managing, training & mentoring staff	√	
Practical experience in facilitating change	√	
Scientific publications, presentation of papers at conferences & seminars		√
Experience of active involvement in local, regional or national strategy groups	√	
Personal qualities		
Able to prioritise work	√	
Able to work well against a background of change and uncertainty	√	
Adaptable to situations, can work productively with people of all capabilities and attitudes	√	
Commitment to team-working and respect and consideration for	√	

the skills of others		
Self-motivated, pro-active and innovative	√	
Cope with uncertainty and lead others through such		
High standards of professional probity	√	
Proven and recognised interest in clinical service development		√
Skills		
Strategic thinker with proven leadership skills	√	
Excellent oral and written communication skills with the ability to develop strong working relationships with clinicians and managers at all levels	√	
Effective interpersonal, motivational and influencing skills	√	
Ability to respond appropriately in unplanned and unforeseen circumstances	√	
Good presentational skills (oral and written)		√
Pragmatic negotiator with sensible expectation of what can be achieved	√	
Computer literate (evidence of knowledge and use of a variety of software packages <i>eg MS Office</i>)		√
Ability to design, develop, interpret and implement policies	√	
Able to operate effectively across organisational boundaries To cope with uncertainty and lead others through such	√	√
Knowledge		
Understanding of the broader framework of the NHS alongside current policies in relation to health and social care	√	
Understanding of social and political environment		√
Other		
Ability to travel throughout the MCN area as required and to travel to meetings nationally		√

Person Specification