Managed Clinical Networks? Can they benefit patients?

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BOS Commissioners’ Day, June 24th 2016
Learning objectives:

• Understand the term Managed Clinical Network
• What do you want from them?
• What do we want from them?
• What should patients expect from them?
Managed Clinical Network (MCN)

Section 17 – Establishing a MCN

- All providers engage and participate
- Clear structure
- Decisions evidence based
- Facilitate clear pathways for multi-disciplinary working
- Oversee clinical governance
- Oversee quality assurance
- Develop educational and training potential

Guide for Commissioning Dentistry Services, Sept 2015

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Managed Clinical Network (MCN)

Definition

• ... a group governed by NHS England that provides a link to all specialists and clinicians with a contract to provide an orthodontic service on referral in the locality the network covers

Function of MCN

- Links all clinicians from primary, salaried, secondary and tertiary care
- To encourage all to work in a co-ordinated manner
- Unconstrained by existing professional and organisational boundaries
- To ensure equitable provision of high quality clinically effective services

Purpose

- To work with commissioners to help deliver a service which is:
  - Patient-centred
  - Structured delivery of care
  - Accountable
  - Safe
  - High quality
  - Responsive
  - Communicative
  - Innovative
Who does what and where?

- Complexity Descriptors
  - Level 1, Level 2, Level 3a and Level 3b

**COMPLEXITY ASSESSMENT – ORTHODONTIC TREATMENT**

- **Level 1**
  - Recognise malocclusion and normal occlusion.
  - Ensure oral health is good prior to referral.
  - Perform baseline occlusal examination and charting.
  - Explain the patient what Orthodontic treatment may involve and take valid and timely referrals.
  - Monitor post-Orthodontic care maintenance.
  - Work to be carried out by primary care.

- **Level 2**
  - Patients with developing occlusion requiring fixed appliances.
  - Removable appliances in patients without skeletal discrepancies.
  - Non-complex fixed appliance alignment in patients without skeletal discrepancies or significant anchorage demands.
  - Work to be referred to Specialist services.
  - Patient modifying factors may result in referral to 3a or 3b.

- **Level 3**
  - Patients requiring Orthodontic treatment for the management of skeletal discrepancies (removable, functional and fixed appliances).
  - Patients with restorative problems, which do not require complex multi-disciplinary care with secondary care input.
  - Patients with impacted teeth where oral surgery/Orthodontics liaison can be managed from specialist practice.
  - Advice to those providing Level 1 or 2 care.

- **Level 3b**
  - Patients with clefts of the lip and/or palate or craniofacial syndromes.
  - Patients with significant skeletal discrepancies requiring combined Orthodontics and Orthognathic surgery.
  - Patients who require Orthodontics and complex Oral Surgery input (e.g. multiple impacted teeth).
  - Patients with complex restorative problems requiring secondary care input in a multi-disciplinary environment.
  - Patients with complex medical issues, including psychological concerns, which require close liaison with medical personnel locally.
  - Patients with medical, developmental or social problems who would not be considered suitable for treatment in specialist practice.
  - Complex Orthodontic cases not considered suitable for management in specialist practice.
  - Referrals where advice or a second opinion is required from a secondary care Consultant (i.e. to those providing Level 1, 2, 3a care).

IS IT REALLY THAT EASY?
How is the service provided currently?

• Primary, Secondary, Community care settings

• Range of
  – Malocclusions
  – Patients
  – Demand
  – Dental health
  – Circumstances
  – Geography
  – Availability of expertise

• Current Networks in place
  – ‘MCN’s
  – Facilitate communication
What do MCNs do?

• Confusion

• Systems already exist
  – Local Orthodontic Committees (LOCs)
  – Managed Orthodontic Network Committees (MOCNs)
  – Local Dental Networks (LDNs)
If it isn’t broke, don’t fix it

Is this the slogan of the complacent, the arrogant or the scared? Could be seen as an excuse for inaction, a call to non-arms
Network Development

- National Guidance
  - Terms of Reference / Chairs Job Description
- Different Areas different stages:
  - Ahead of the game / waiting too see
Network Development

• There must be evidence that networks allow professionals to come together to explore the potential to generate better value for money, service improvement and more interesting career opportunities for clinicians

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How can we work together?

• Clinical priorities
• Local needs and knowledge
  – Geography
  – Service provision
  – Existing arrangements
• Balance of service
  – Primary/Secondary/Community
• Unconstrained by existing professional and organisational boundaries
How could they fall down?

- Leadership
- Lack of support and/or engagement
- Maintaining the ‘status quo’
- Communication
- Resources
MCNs verses Sustainability and Transformation Plans (STPs)?

• STPs
  – To show/plan how local services will evolve and become sustainable
  – To deliver a 5 Year vision of better health, better patient care and improved efficiency
  – Bring together health and care organisations within geographic footprints
  – To transform patient experience and health outcomes of the longer-term

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Managed Clinical Network (MCN)

• Ideally defined:
  ... a group governed by NHS England that provides a link to all specialists and clinicians with a contract to provide an orthodontic service on referral in the locality the network covers


• ... a group governed by NHS England that provides a link to all specialists and clinicians providing orthodontic treatment in the region

  MCN ToR, X region , May 2016
Managed Clinical Networks

What do you/we want from them?

• Drive high quality patient-centred commissioning
• Assist collaborative and co-ordinated working
• Facilitate a fair, equitable & safe service
• Foster trust and transparency
• Be professional, responsive and innovative
• Accountability of clinicians/commissioners
Managed Clinical Networks

What should *patients* expect from them?

• To be listened to

• Facilitate
  – Patient-centred approach
  – Service which is fair, equitable and safe

• Drive excellence
Managed Clinical Networks

Can they benefit patients?
Are they the way forward?
Should clinician support them?

Yes
Thank you for listening