

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.