

Managed Clinical Networks (MCNs) update and Information sheet

At the end of November Eric Rooney the Deputy Chief Dental Officer for England wrote to Area Team Dental Leads, Chairs of Local Dental Networks and Directors of Commissioning giving them details of agreed model Terms of Reference (ToR) for Managed Clinical Networks (MCNs) and a model Job Description (JD) for MCN Chairs. These have been developed by the Dental Commissioning Guide Implementation Working Group and have been signed off by NHS England's Primary Care Delivery Oversight Group (PCDOG). The ToR and JD have been developed so that they can be used for a MCN for any of the dental specialty, not just Oral Surgery. As models, they are intended to be a framework that will allow reasonable local variation and modification when considered appropriate by the Local Dental Network (LDN).

The Deputy CDO went on in his letter to acknowledge that many areas of England already have MCNs and Chairs in place and that LDNs and MCNs will have to consider how their current ToR, functions and Chair JD align with the models. He stressed that particular attention should be paid to the clinical governance arrangements set out in the model JD. There appears to be no wish to destabilise existing successful arrangements, but where major differences exist, it is expected that evolution, not revolution will allow existing arrangements to gradually align with the frameworks, recognising reasonable local variation.

It is intended that the MCN will be an NHS England managed clinically-led and managed advisory and assurance group. MCNs 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 and dictated by the LDN. The purpose of the MCN is to facilitate patient-centred 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 primary, salaried secondary and tertiary care across the clinical care pathway can come together and focus on patient services. It is hoped that MCNs will improve efficiency and efficacy of local clinical networks by improve communication between clinicians, referrers and patients

Its role will be to encourage and improve the performance of the clinicians within a specialties local network. Individual clinicians will be expected to contribute to and support implementation of audit/outcome assessment programmes in order to benchmark their practice.

MCNs will receive service performance data, Patient Reported Outcome Measure (PROMs) and Patient Reported Experience Measure (PREMs) data and use audit to help inform the practice of clinicians within the network area. This will help identify and support commissioners in addressing sub-standard performance as well as recognising excellence. It should be stressed that as such MCNs will not be directly involved in the individual performance management of clinicians which will remain the responsibility of Trust Medical/Clinical Directors or NHS Commissioners.

One of the key effects of the involvement of BAOS representation at the consultation stage is that it has been ensured by making it an essential criteria of the JD that any MCN Chair has to be on the GDC register and listed as a specialist on the GDC register. In this way oral surgeons will steer the helm of oral surgery on their local patch.

If the appointed 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.

It envisaged that an MCN will be attended by every "provider" of oral surgery within their locale and meet regularly throughout the year with a centre core group of individuals who must be representative in its constitution of the overall MCN which may have to meet more regularly.

To date, participation in the MCNs , where they exist, has been purely voluntary and has relied on the goodwill of the profession. The expectation is that the commissioning process will include recognition of the time commitment of the Chair, Core Group members and the MCN and that the MCN Chair will be supported by administrative personnel agreed with the LDN Chair.

The aim of this guidance is highly aspirational and it is not certain how quickly it will be implemented. There will be a cost element for local area teams to consider and with no "new money", it will inevitably be top sliced from resources currently allocated to oral surgery by NHS England. Additionally, there are certainly areas we are aware of in the country where there are no MCN s for any speciality; some areas where there are some MCNs, but not covering all specialities and for instance in my own patch, Thames Valley, where they exist for all! If you were to ask NHS England to list what exists and where they cannot supply information; and what information they do hold is in many instances inaccurate!

I would therefore encourage you all to get involved, lobby your local area team to set an MCN up if it doesn't exist and when the adverts start appearing for the chairs, put yourself forward, you might just be the right man or woman for the job.