National Managed Clinical Network in paediatric renal medicine and urology

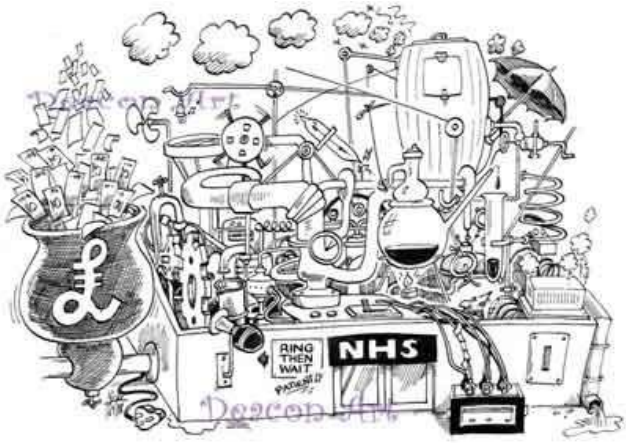
Craig Oxley and Linda Watson
Clinical Lead and Co-ordinator
Scottish Paediatric Renal and Urology Network

Scottish Paediatric Renal Urology Network

NHS SCOTLAND

- Context
  - The NHS in Scotland
- Managed Clinical Networks (MCN)
- Delivering a national paediatric renal and urology managed clinical network
  - Past to present

The Scottish NHS Devolution



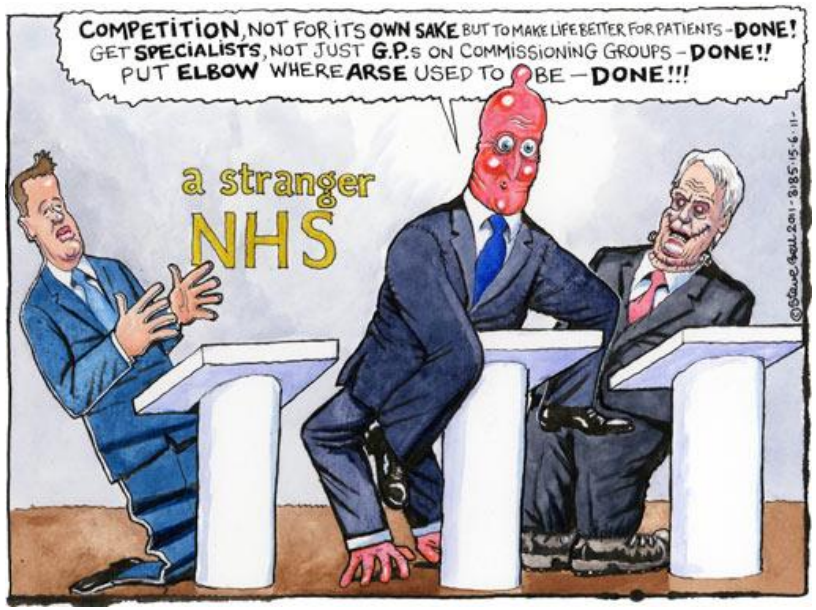
- politics that values professionalism and professionals
- abolition of the division between purchaser and provider
- integration of the entire system into 14 geographical health boards
- reliance on professionals in the background

Greer, S.L BMJ 2008;337

Scottish Referendum

NHS Scotland Organisation

NHS in Scotland



NHS England Commissioning

NHS Scotland stagnation

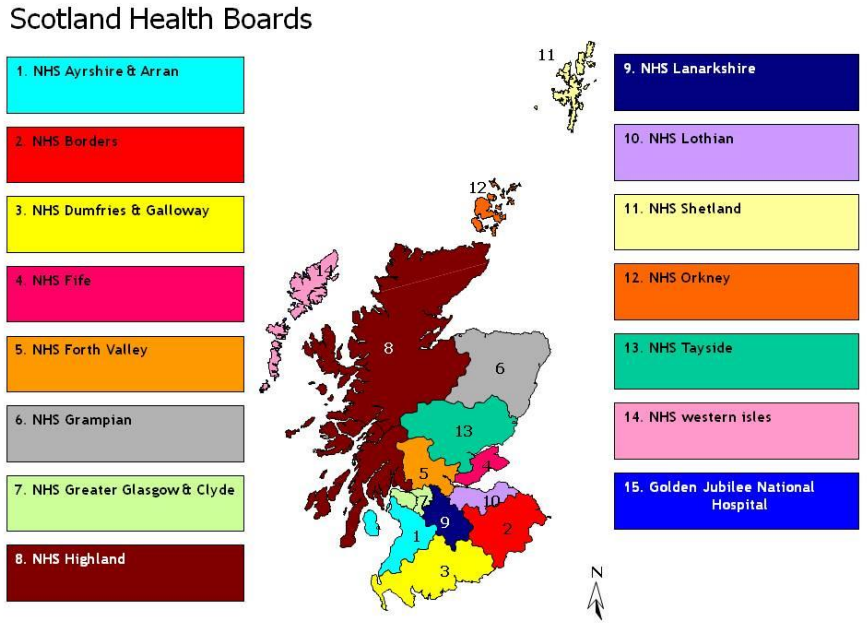
NHS structures in Scotland

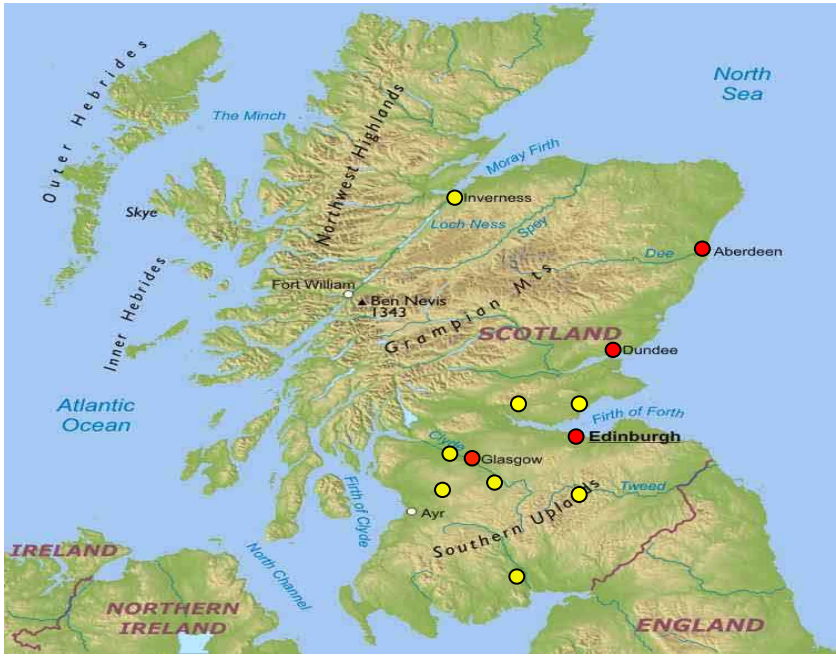
- 14 Health Boards
  - –a single local health care system
  - –report directly to Scottish Government.
- 3 Regional Planning Groups
  - West, South and East, North .
- National Services Scotland
  - National Services Division
    - National planning and contracting
    - Commission networks
  - Health Facilities Scotland
  - Health Protection Scotland
  - Information Services Division
  - Scottish National Blood Transfusion Service

- Greater Glasgow & Clyde
- Lanarkshire
- Ayrshire & Arran
- Dumfries and Galloway
- Forth Valley
- Lothian
- Borders
- Fife
- Tayside
- Grampian
- Highland
- Orkney
- Shetland
- Western Isles

The challenge of Scottish geography / politics

Distance (mls) from RHSC(G)		Child (<15) pop'n
GG&Clyde	4	195,465
Lanarkshire	20	98,528
A&A	23	58,780
D&G	76	22,526
Forth Valley	24	50,427
Lothian	51	134,011
Borders	76	18,395
Fife	53	60,788
Tayside	75	63,998
Grampian	145	90,531
Highland	169	49,312
Orkney	319	3,126
Shetland	443	3,973
W. Isles	-	4,031
NHS Board areas (All)		**853,891**





Regional Planning Groups

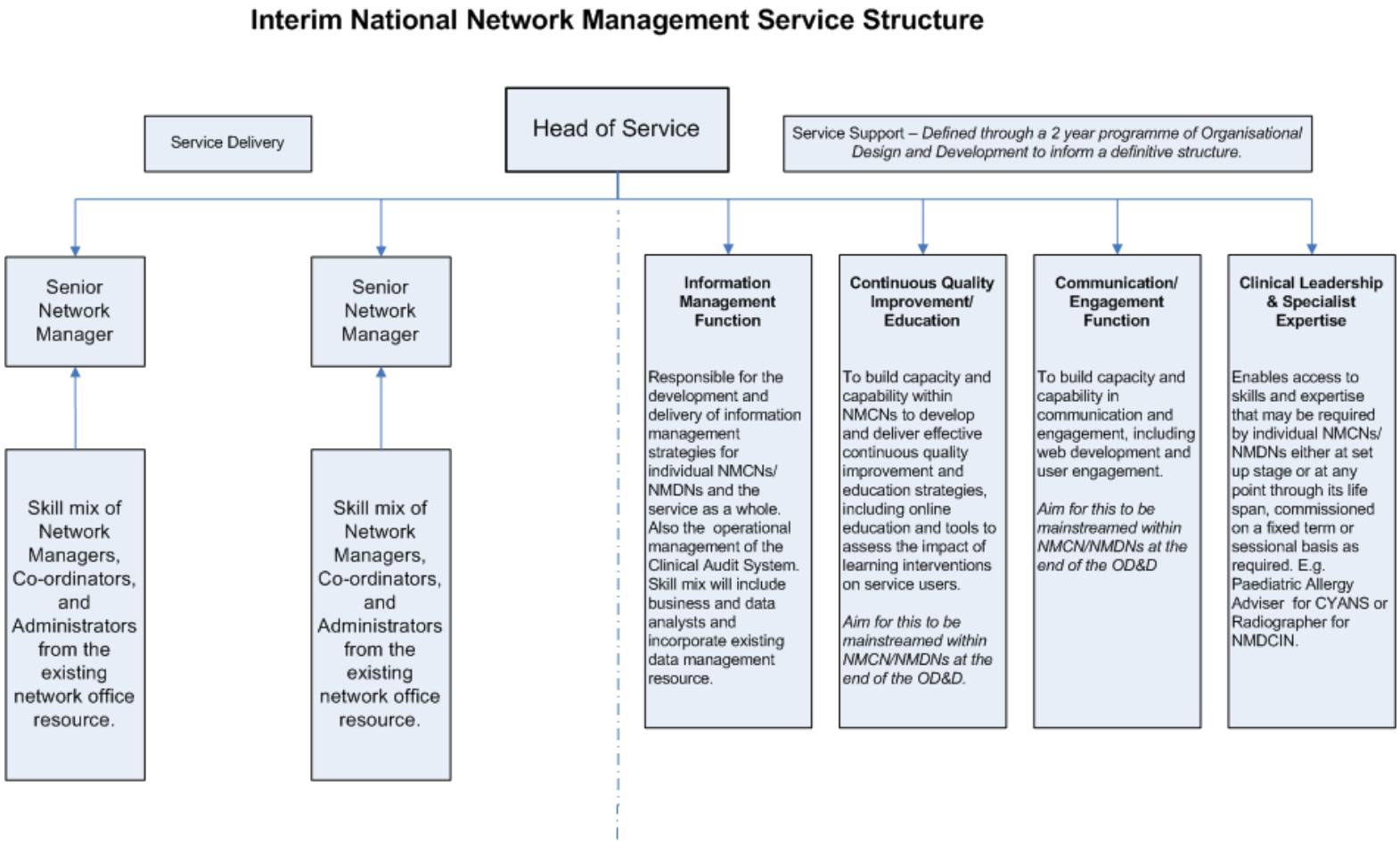
North:
Grampian
Highlands & Islands
Tayside

Island HBs = Orkney, Shetland and Western Isles

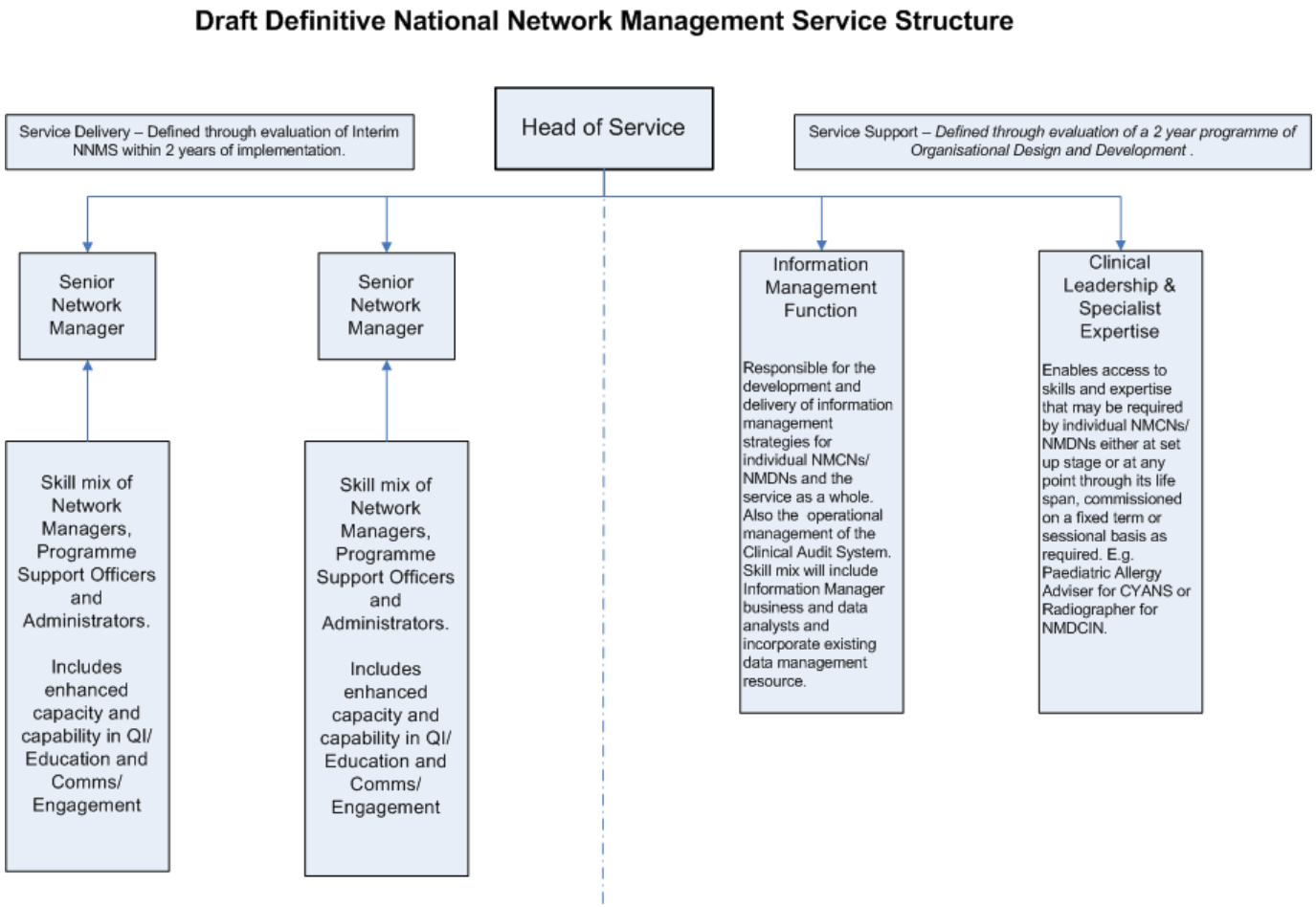
West:
Ayrshire & Arran
Dumfries & Galloway
Glasgow & Clyde
Lanarkshire

South & East:
Borders
Fife
Forth Valley
Lothian

Structure of NSS



Structure of NSS



Summary of Co-ordinator's Role

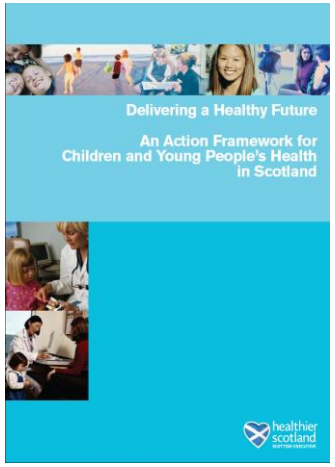
- Co-ordination of all appropriate meetings related to SPRUN including setting dates, arranging venues, video conferencing opportunities, catering, agenda setting, chairing and facilitation, presenting, minute taking, chasing actions and assisting with completion of work.
- Completion of mid year, annual reports and work plans.
- Updating websites and relevant documents.

Summary of Co-ordinator's Role

- Conducting patient experience audit across Scotland.
- Compiling evaluation, survey reports, analysing the results, noting next steps, making and overseeing recommendations including completion of necessary actions as and when appropriate.
- Supporting local colleagues and specialists with service issues that arise.

Governmental support for Managed Clinical Networks

- Introduction of Managed Clinical Networks within the NHS in Scotland
  - NHS MEL(1999)10
    - Defined 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 Health Board boundaries, to ensure equitable provision of high quality clinically effective services throughout Scotland."



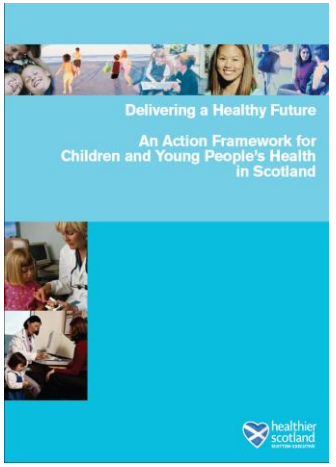
What is a Managed Clinical Network?

NHS MEL(1999)10

- A team
  - Multidisciplinary
  - Primary, Secondary and Tertiary care
  - All centres – dispersed
- Formally recognised and sanctioned
  - Government or Commissioners
- Supported
  - Clinical professionals – Steering Group
  - Administrative professionals – network manager team
- Working across traditional boundaries
  - Professional
  - Health Board or Trusts
- Delivering coordinated specialist health care
- National Services Division commission a number of National Managed Clinical Networks on behalf of NHS Scotland

Governmental support for Managed Clinical Networks

- Introduction of Managed Clinical Networks within the NHS in Scotland
  - NHS MEL(1999)10
    - Defined 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 Health Board boundaries, to ensure equitable provision of high quality clinically effective services throughout Scotland."



- Building a Health Service fit for the Future
  - Kerr Report (2005)

- Delivering a Healthy Future - An Action Framework for Children and Young People's Heath in Scotland
  - Scottish Executive, 2006

Core Principles of a Managed Clinical Network

Strengthening the role of Managed Clinical Networks
NHS HDL (2007)21

- Define Management structure
  - Manager / coordinator / lead clinician / Steering group
- Defined structure setting out service delivery
  - Sets out points of service delivery and the connections between them (stakeholders)
  - Service mapping
- Multidisciplinary
  - Defining roles
- Annual work plan
- Quality Assurance programme
  - NHS Improvement Scotland

Core Principles of a Managed Clinical Network

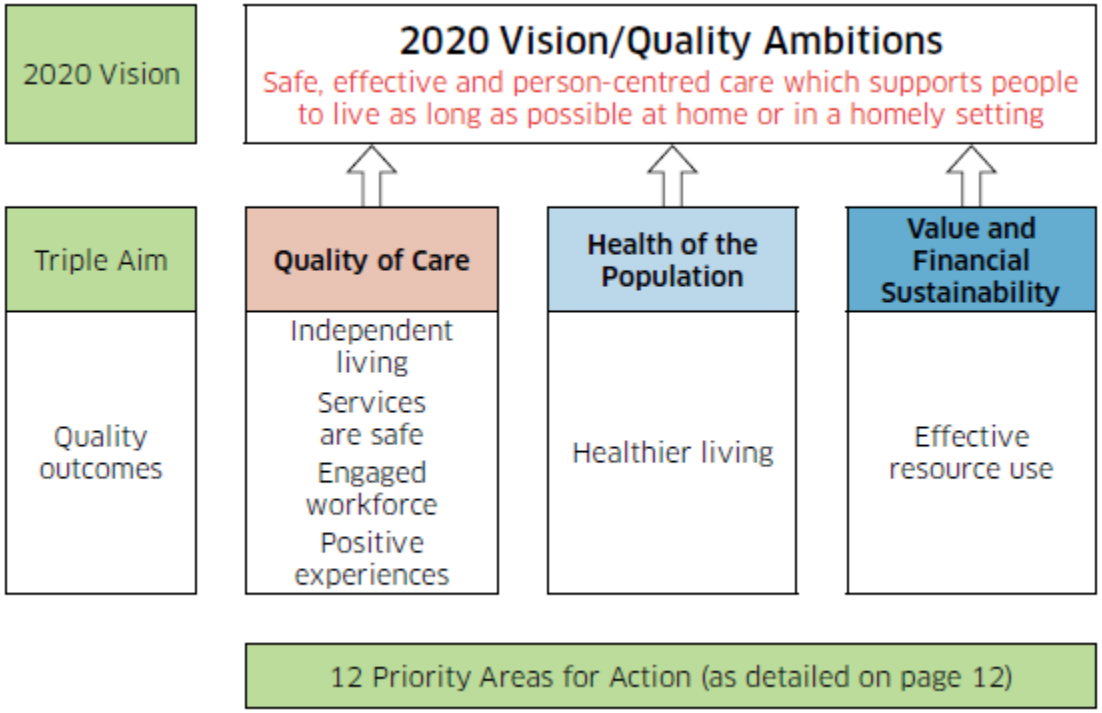
Strengthening the role of Managed Clinical Networks
NHS HDL (2007)21

- Evidence base
    - all professionals working in the network must practice in accordance with the evidence base and principles of the network
        - Guidelines
        - Standards of care
        - Audits of practice
- Education and training of all professionals
- Inclusion of service users
    - Patients and Voluntary sector (Charities)
- Value for money

Managed Clinical Networks

- Better Health, Better Health Care
  - Scottish Executive, August 2007
    - "Help people to sustain and improve their health, especially in disadvantaged communities ensuring better, local and faster access to health care”
- Better Health, Better Health Care – National Delivery Plan for Children and Young People’s Specialist Services in Scotland
  - Scottish Government, January 2009
    - Networks must demonstrate their effectiveness by clearly evidencing improvements in the quality of healthcare, and developing and reporting on clinical audit indicators.
- With the support of funding from the Scottish Government National Delivery Plan for Specialist Children's Services, National Services Division and National Information Systems Group have worked to develop a **Clinical Audit System** for Managed Clinical Networks.
- Care Quality Indicators project
  - care quality indicators for paediatric Managed Clinical Networks. These indicators are designed to support specialist children and young people's services to evidence improvements in the quality of care

2020 vision
"Everyone Matters"



Scottish Paediatric Renal and Urology Network (SPRUN)

- Background
  - significant inequities for access to service and clinical outcomes
  - many children managed with no specialist input
  - limited data but many children with poor outcomes
  - poor multidisciplinary support outside children's hospitals in Glasgow, Edinburgh and Aberdeen
  - geographical challenges

Established national paediatric renal and urology services

- RHSC, Glasgow
  - Renal transplantation
  - Haemodialysis
  - Peritoneal dialysis in-patient
  - Renal biopsy
- RHSC, Edinburgh
  - Lithotripsy

Scottish Paediatric Renal and Urology Network

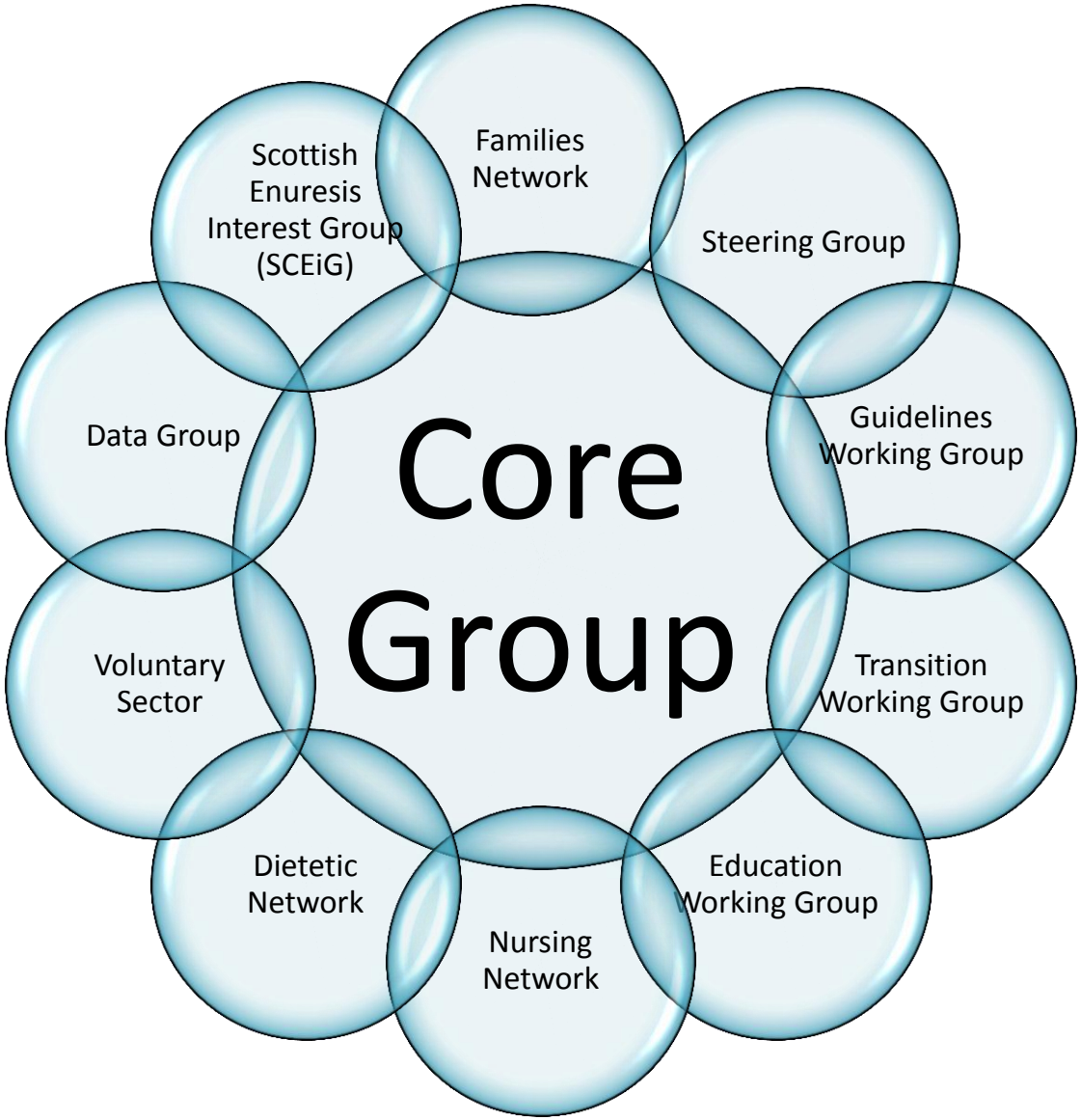
- The beginnings:
  - limited network of ‘outreach’ clinics
  - interested clinicians - keen to progress network
  - extend informal network OR develop MCN?

- The opportunity:
  - Scottish Government interest and support for the development of specialist paediatric MCNs
  - opportunity for additional funding
    - the National Delivery Plan for Children and Young People’s Specialist Services in Scotland

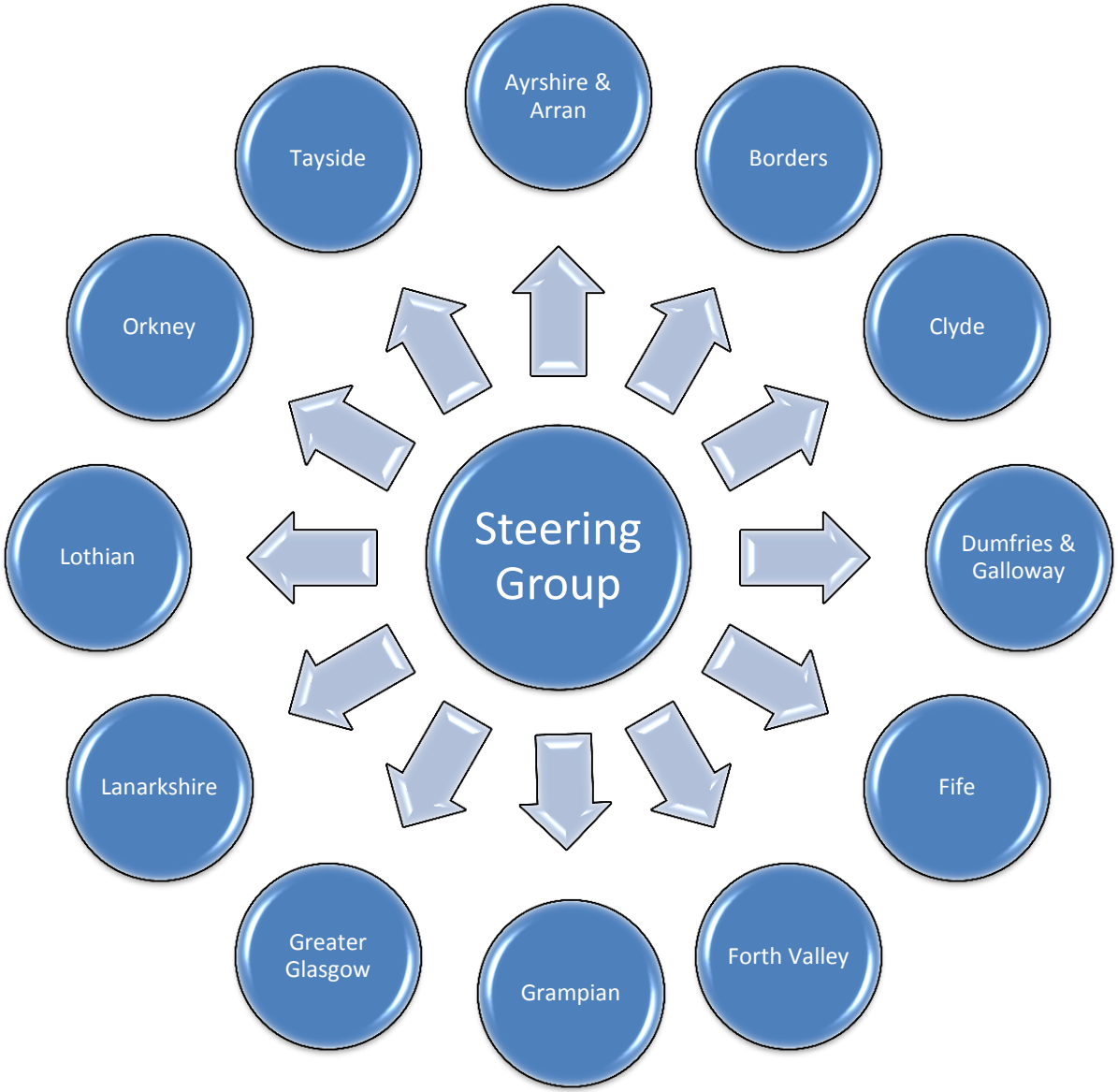
Scottish Paediatric Renal and Urology Network

- Established 2004 – Dr A Murphy, Lead Clinician
- National Services Division
    - Government body commissioning network but NOT services
- Structure
  - Lead Clinician
  - Network Manager
  - Network Administrator
  - Steering group
    - Multidisciplinary
    - Across health boards (trusts)
    - Patient group and parent representatives

Structure of SPRUN



Health Board Representation



Defining the network boundaries – initial clinical parameters

- Complex nephrology and urology
  - End stage renal failure – CKD 5
  - Chronic renal failure – CKD 2 – 4
  - Acute renal failure
  - Complicated Nephrotic syndrome
  - Glomerulonephritis
    - Renal biopsy service
  - Hypertension
  - Metabolic and Tubular disease
  - Complex nephro-urology interface
  - Congenital/antenatal obstructive uropathy
  - High grade VUR ± dysplasia/scarring
  - Neuropathic bladder
  - Nephrolithiasis – paediatric lithotripsy service
- Referral Flow chart in progress

Defining key network objectives

- Delivery of clinical service
  - Local
  - Equitable
  - Safe and effective
  - Sustainable
- Facilitate work at service interfaces
  - multidisciplinary and interagency working
- Support user involvement in service planning
- Provide governance framework for clinical practice
- Facilitate education and professional development – multidisciplinary
- Benchmark
  - Scottish services against national services
  - local services across Scotland against each other
- Work plans for continuing development

Service Development and Guidelines

- Initial mapping of services
  - identifying gaps where no or inadequate service provision
  - identify nurse and AHPs – dietician, pharmacist, psychologist - in each area

- Aim for each hospital to have a local MDT working within the MCN
  - develop guidelines for a local network service to ensure delivery of specialty defined standards of care

Resourcing the network clinical model
National Delivery Plan

- Planned
- Sustainable
- Collaborative
- Accessible and equitable
- Focussed on quality and patient safety
- Adequately resourced
- £32m over 3 years

Local MDT Representation

Medical

- Consultant Paediatricians
- Paediatric Nephrologists
- Paediatric Urologists/Surgeons
- Associate Specialists

Allied Health Professionals (AHPs)

- Nurses
- Dietitians
- Pharmacist
- Psychologist

Consultants/Surgeons	**Nurses**
Consultants Dr Craig Oxley (Link) - 1 PA NDP funded Dr Jim Beattie (Visiting Nephrologist) Dr Deepa Athavale (Visiting Nephrologist) **Surgeons** Mr Chris Driver Mr Adnan Salloum	Lynne Riach (Paediatric Renal CNS) - 1 wte of which 0.4 NDP funded Marion Hird (Urology Specialist Nurse - 0.7wte of which 0.5 is NDP funded)
Pharmacy/Psychology	**AHP**
Pharmacy Jenny Mosley (0.1wte NDP funded) **Psychology** Dr Corrie Darbyshire (link - no dedicated time)	**Dietetics** Hazel Edward - 0.2 NDP funded post **Social Work** No designated Renal/Urology Social Worker

Clinics	Attended	Mon	Tue	Wed	Thur	Fri
Urology/General	Mr Chris Driver/ Mr Adnan Salloum	☺				
Urology/General	Mr Chris Driver		☺			
Urology/General	Mr Adnan Salloum			☺		
UTI Nurse Led	Marion Hird/ Lynne Riach				☺	
Nephrology/2nd week	Dr Oxley	☺				
Nephrology/weekly (apart from 3rd week in month)	Dr Oxley		☺			
Nephrology/ 3rd week in month	Dr Oxley/Dr Athavale/ Dr Beattie		☺			
Nephrology/ 2nd week in month (RACH)	Dr Oxley/Dr Athavale/ Dr Beattie		☺			
Nephrology Nurse Led/ 4th week in month (RACH)	Lynne Riach		☺			
Nephrology Nurse Led/ 1st week in month (Peterhead)	Lynne Riach	☺				

Service Mapping

Aberdeen example

Other support

- Administration
- IM&T support
- Psychology for chronic illness
- Social work
- Services
    - Lab services
        - Paediatric phlebotomy service
        - Handling and reporting of paediatric samples
    - Radiology services
        - National PACS link and paediatric radiology lead on regional video teleconference meetings
        - Skills in paediatric imaging

National Delivery Plan

- Service benchmarking, funding application, money delivery and service provision
- Example - Medical provision

SPRUN Benchmarking

Health Board	Consultants	PAs / WTEs Nephrology PRE NDP PAs in job plan	Bid/additional resource requested	WTEs / PAs Contributed by NDP	Current Situation 2013 (red - not protected in job plans) PAs/WTEs
Ayrshire & Arran	Bridget Oates	0	1	1 ?	1
Borders	Andy Duncan	0	0.5	0	0.3 Approx.
Dumfries & Galloway	Raj Shyam	0	0.5		0.3 Approx.
Fife	Evelyn Menzies	0	1		0.25
Forth Valley	Willem Van Ijperen	0	1		0.6 Approx
Grampian	Craig Oxley	3	1	1	4
Greater Glasgow	David Hughes	66 - 95 'fixed DCCPA estimated need for proposed network joint clinics pan Scotland (5WTE)			Current 5.5 WTE, net gain of 5PAs. 5PAs lost to health board
	Jim Beattie				
	Heather Maxwell				
	Ian Ramage				
	Ihab Shaheen		10	10	
	Deepa Athavale				
Clyde	Amita Sharma	0	1	0	0.2 Approx.
Highland	Alan Webb	0	0.5	1	0.58
Lanarkshire	Thin Thin Saing	0	1	1	1
Lothian	Rozi Ardill	5	0	0	4
Tayside	Catriona Morrison	2.5	2	1	4
Total Consultants		**10.5 + 5 WTE**	**19.5**	**15**	**21.23 + 5 WTE**

Information Technology

- Administrative support
  - Local and Strategic
- Generic National MCN database
  - Strathclyde Electronic Renal Patient Record
    - Multi-centre Electronic Health Record (VitalData)
    - Roll out across Scotland / remote monitoring facility
    - Clinic Audit System (NSS – generic system)
- Picture Archiving and Communications (PACS)
  - Radiology
- Tele-medicine facilities
  - Weekly meetings
  - Steering Group meetings
  - Nephro-urology X-ray meeting – regional
  - Joint clinic review MDT meetings

Scottish Executive - Kerr Report, 2005

Generic National MCN database

- Across Health boards / Trusts
- Clinical
  - Letters
  - results (laboratory and radiological)
  - MDT encounters
- Audit
  - Quality indicators
  - Standards of care

Quality Indicators

- Delivering care in the local Setting
- Renal Medicine Information Booklet
- Patient View (previous RPV)
- Transition

Joint Clinics

- Guideline of structure
- Before, during and after

Delivering care in the local Setting

	2011			2012			2013			2014 (Jan - June)			TOTALS		
Health Board	Clinics	Pats	Enc	Clinics	Pats	Enc	Clinics	Pats	Enc	Clinics	Pats	Enc	Clinics	Pats	Enc
A&AHB	4	47	65	6	50	80	6	42	66	3	30	35	19	169	246
Borders	3	14	24	3	17	22	3	16	22	2	8	9	11	55	77
D&GHB	3	23	34	4	18	33	4	27	41	2	24	25	13	92	133
	7	24	50	10	37	77	11	39	84	6	35	52	34	135	263
FVHB	4	18	31	4	15	30	4	18	30	2	8	11	14	59	102
GRAHB	12	60	155	12	53	141	12	58	163	6	45	86	42	216	545
HB	4	32	43	4	36	50	4	28	38	2	14	18	14	110	149
HIHB	3	18	27	3	20	27	3	26	39	2	24	26	11	88	119
LAHB	10	53	92	12	62	110	12	80	136	6	48	59	40	243	397
LOHB	45	145	381	38	127	362	38	158	453	19	120	240	140	550	1436
TAYHB	12	64	167	11	56	120	12	56	115	6	37	57	41	213	459
TOTAL	107	498	1069	107	491	1052	109	548	1187	56	393	618	379	1930	3926

RHSCG Out of Area Patient Episodes – West of Scotland

(excluding 2008 Clyde OAP episodes)

	2008	2011/12	% change
Total Patient episodes	1244	1433	+15%
Out of Area Patient episodes	436	341	-22%
OAP episodes as % of total	35%	24%	-31%

Patient Episodes at Joint Clinics – an evolving process

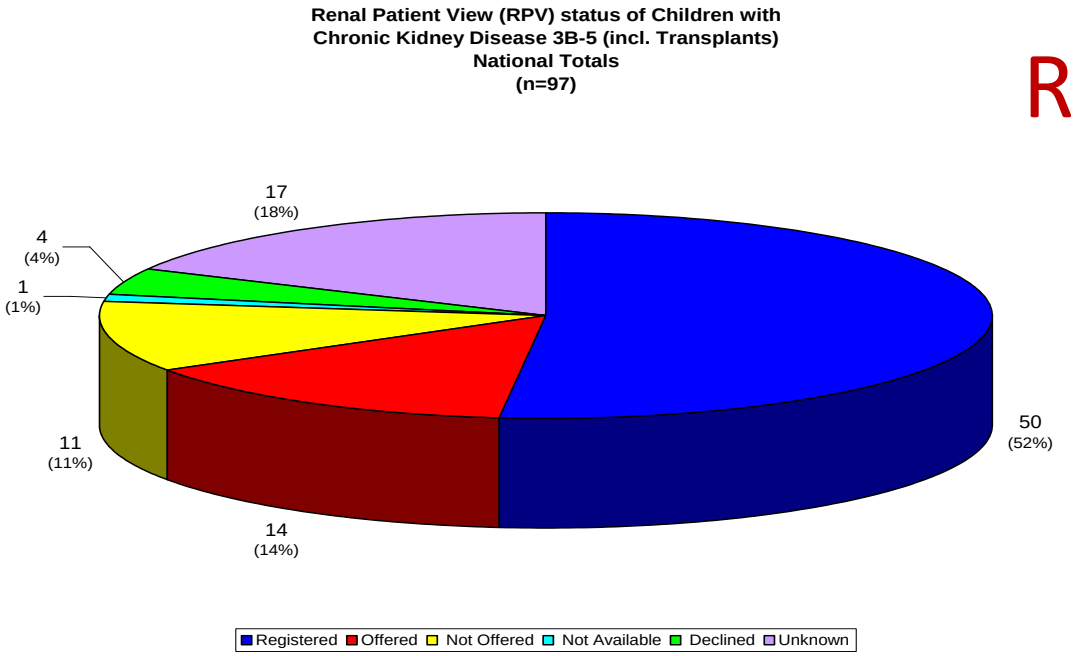
	2011			2012			2013		
	Clinics	Pats	Enc	Clinics	Pats	Enc	Clinics	Pats	Enc
TOTAL	107	498	1069	107	491	1052	109	548	1187

- Percentage increase 2011 to 2013
  - Pats and Enc – 11%
- Increasing use of Joint Clinics
  - Shift from centre?
  - Increased local demand?
  - Unmet local need?
  - Lowered threshold for referral locally?

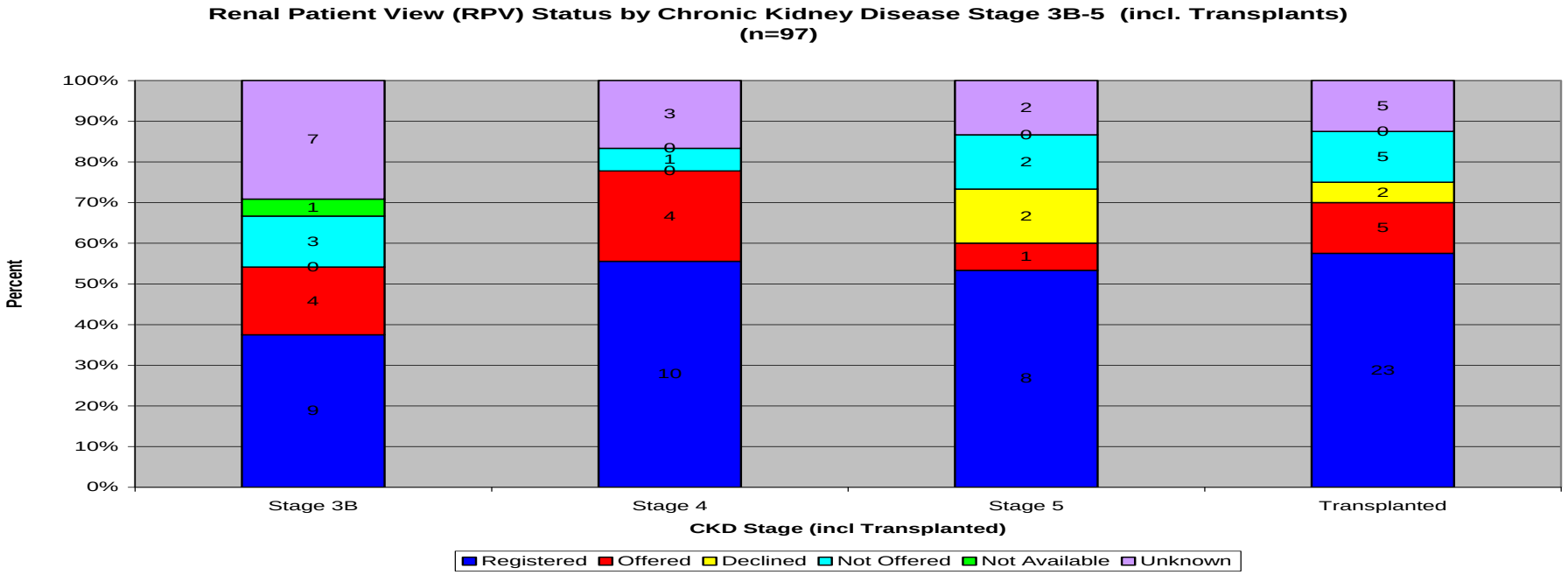
Problems QI

- Which patients to screen?
  - Most frequent users of service
  - Reflect all services
  - Health professional involvement
- Chronic Kidney Disease
  - Stage 3-5 and transplant

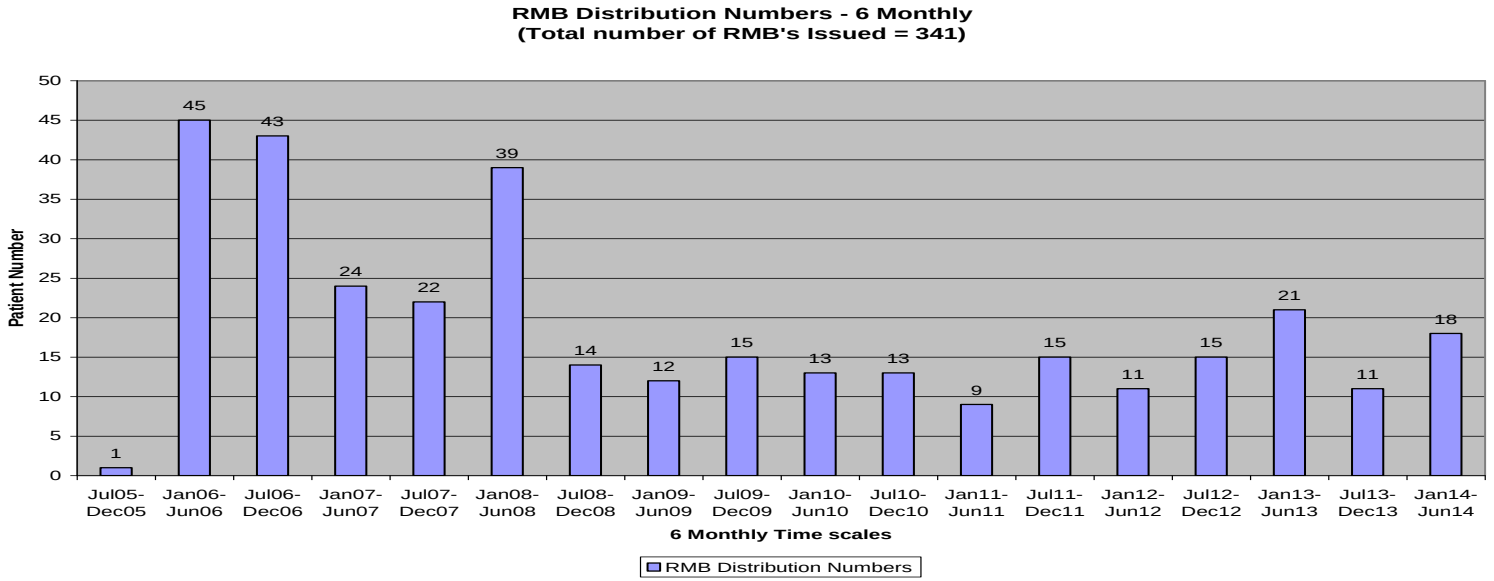
Renal Patient View

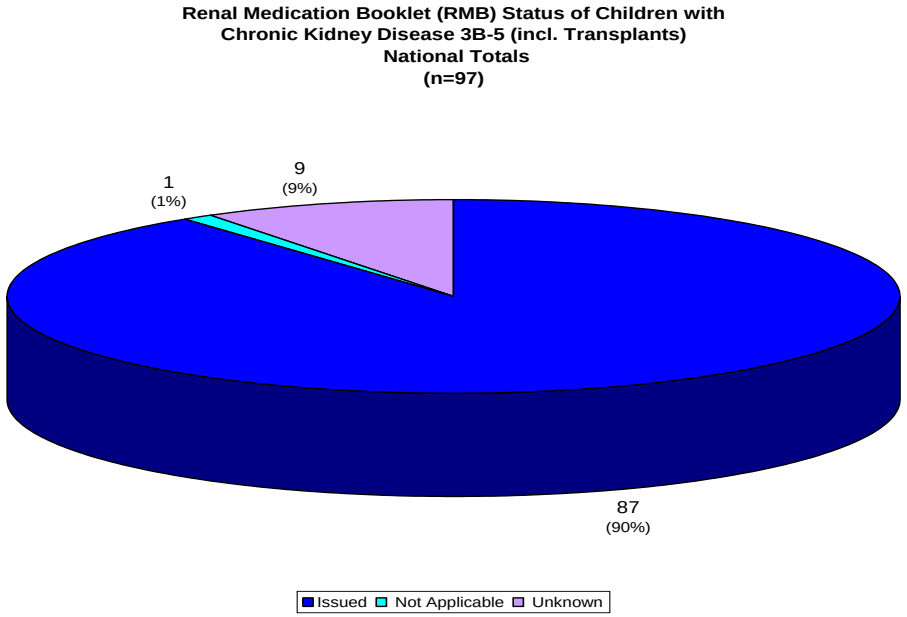


- 222 patients registered on PV
- Need denominator to measure change
- CKD chosen as representative population



Renal Medicine Information Booklet





Transition

- 4 stages in the transition process of children into the adult services
  - Early Stage Transition (12-13 yr olds)
  - Middle Stage Transition (14-16 yr olds)
  - Late Stage Transition (> 16 yr olds)
  - Transferred to adult services.
- No standardised process
- SERPR (Strathclyde Electronic Renal Patient Record) can now record stages

Scottish Paediatric Renal Urology Network

NHS SCOTLAND

Chronic Kidney Disease Stage 2 – 5 and Renal Transplant Quality Indicators

Patient Label

Joint clinic location:

Clinician:

Today's date:

New Patient (referred to renal service within the last year)	Yes	No	(please circle)

Renal Diagnosis (not CKD stage)

Primary Diagnosis	
Additional diagnosis	
Additional diagnosis	

Patient Medication

How many medications is this patient on?	

Renal Medication Booklet

For patients on 2 or more regular medicines, please circle which single option applies

Offered	Issued and using at clinic appointments	Issued but not using at clinic appointments	Declined	Not applicable	Unknown

Renal Patient View

Please circle which single option applies

Offered	Declined	Consented	Registered
Not available	Not offered	Unknown	Using

Transition Process

Applicable to all patients aged 12 years and older

What is the patient's current age?	(Years)
Has this patient started the transition process?	Yes / No
What is their stage of the transition?	Early/Middle/Late/Transferred/Not applicable
If transferred, what was the date?	DD / MM / YYYY

Please send the completed form to:

Susan Burns, Renal Data Manager, Ward 6A, RHSC, Yorkhill, Glasgow. G3 8SJ

Many thanks (08.08.14)

Proforma for CKD Quality Indicators

Standards of Care

- BAPN
- RCPCH
- KDIGO

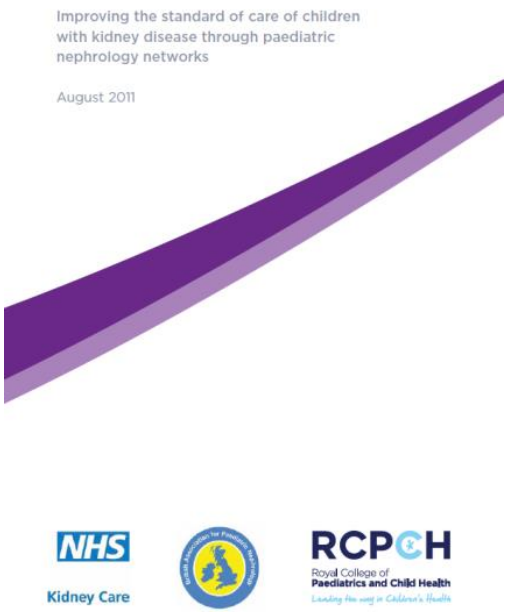


Table 1 Quality standards for chronic kidney disease (CKD)

Quality Standard Diagnosis	Quality standard Referral	Quality Standard Assessment and Management	Quality Indicators
All children with the following should be screened for CKD. ·Antenatal diagnosis of renal disease/ known structural renal disease ·Family history of renal disease ·Multi-system disease ·Hypertension (Blood pressure above 95th centile for age and sex on three separate measurements) ·Proteinuria and/or haematuria ·Recurrent urinary tract infections	All children with eGFR <90 should be referred to SPIN/paediatric nephrologist	All children with CKD and declining function, or stable patients with CKD 3B or less should be reviewed at least annually by a paediatric nephrologist All children with CKD and hypertension should have their blood pressure maintained at the 50th centile for age All children with CKD and significant proteinuria (first voided urine Up/ Uc > x3 upper limit of normal (ULN) or alb/creat > x3 ULN) should have a trial of ace inhibitors (ACEi) or angiotension 2 receptor blockers (ARB) singly or in combination to reduce proteinuria All children with CKD 3 or higher should be reviewed at least annually by a renal dietician All children with CKD 3B or higher should be reviewed by, or have access to, a psychologist annually All children with CKD 3B or higher, and their parents, should have access to high quality education to enable understanding and informed choices about present and future treatment options Systems should be in place to ensure that the network audits Renal Association [22] guidelines and responds to results.	All children with risk factors for CKD should have ·Proteinuria measured in the first urine sample of the day Blood pressure measurement ·eGFR calculated using the formula height (cms)/plasma creatinine (umols/L) x 40, normal >90 mls/min/1.73 m2 ·growth measured and plotted at least 6 monthly All children with CKD and significant proteinuria should have a trial of ACEi or ARB unless contraindicated eg hyperkalemia All children with CKD 3B or higher should be reviewed at least annually by a paediatric nephrologist and discussed with a renal dietician and a psychologist Evidence of education programme for families should be in place There should be evidence of annual audit against Renal Association guidelines, with response to and improvement of outcomes

Scottish Paediatric Renal Urology Network — NHS SCOTLAND

Chronic Kidney Disease Stage 2 – 5 and Renal Transplant

Additional Information

Patient Label

Clinic location:

Clinician:

Today's date:

CKD stage (Please circle)	2 3A 3B 4 5 Transplant
Most recent eGFR = 40 x height(cm)/serum creatinine)	mls/min/1.73m^2

Please circle **appropriate answer** and provide **data and date** for the questions

Most recent height	cm	Date:
Most recent weight	kg	Date:
Most recent Creatinine level	mmol/l	Date:
Proteinuria (protein:creatinine ratio > 20mg/mmol)	Yes / No	
Most recent PCR level	mg/mmol	Date:
Are there local facilities to measure ABPMs?	Yes / No	
Most recent 24hr MAP centile (<50th) (50th-74th) (75th-89th) (90th-94th) (≥95th)		Date:
Most recent casual / clinic blood pressure reading	/ mmHg	Date:
Systolic centile (<50th) (50th-89th) (90th-94th) (≥95th)		
Has ACE Inhibitor or ARB been prescribed?	Yes / No	

Please circle **appropriate answer**

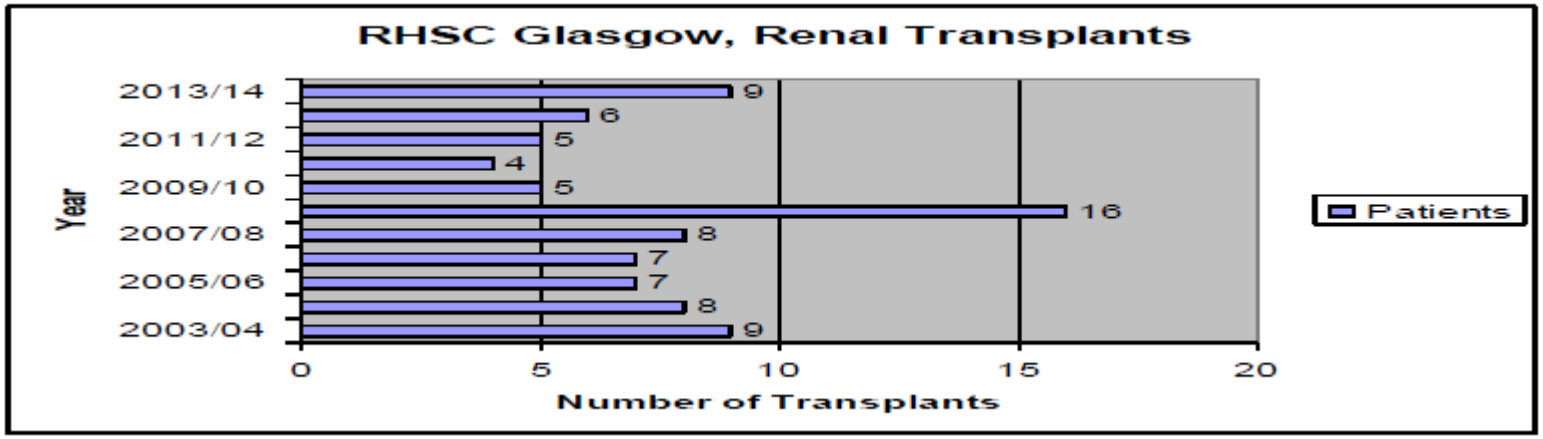
Is patient seen at local joint renal clinic?	Yes / No
Frequency of paediatric clinic follow up?	1 2 3 4 6 12 monthly
How often seen by a Paediatric nephrologist?	1 2 3 4 6 12 monthly / not seen
Has seen a dietitian in past 12 months?	Yes / No
If No:	Not yet referred / Not available / Not required
Has patient been given any dietetic resources e.g. patient information leaflet?	Yes / No
Has seen a Psychologist in past 12 months?	Yes / No
If No:	Not yet referred / Not available / Not required
Has seen a Pharmacist in past 12 months?	Yes / No
If No:	Not yet referred / Not available / Not required
Has seen Renal Nurse Specialist in past 12 months?	Yes / No
If No:	Not yet referred / Not available / Not required
How often seen by a Renal Nurse Specialist?	1 2 3 4 6 12 monthly / not seen
Has seen a social worker in past 12 months?	Yes / No
If No:	Not yet referred / Not available / Not required

Comments:

Please send the completed form to:
Susan Burns, Renal Data Manager, Ward 6A, RHSC, Yorkhill, Glasgow. G3 8SJ
Many thanks (08.08.14)

Proforma for CKD Standards of Care

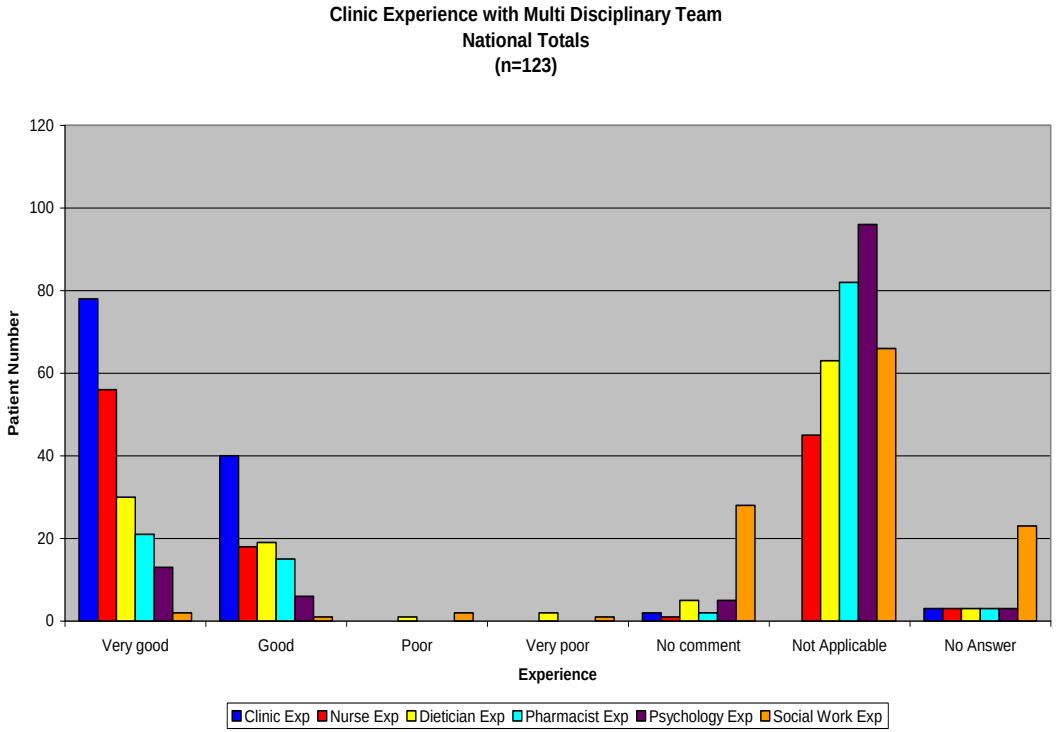
Transplants



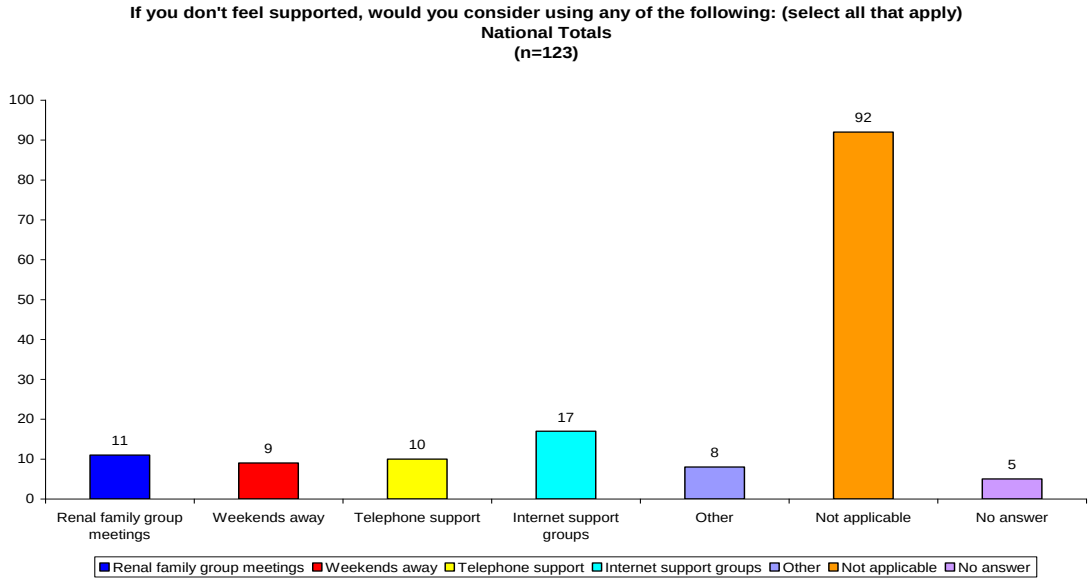
- Bi annual reports to NSD
- Transplant biopsy, rejection episodes, finance and workforce, Key performance indicators

Support user involvement in service planning

- Renal service audit
- Kidney Kids Scotland Family Weekend May 2014
- Parent and Kidney Kids representation at SPRUN meetings



Renal service Audit



Renal Service Audit

Health Board	Yes	No	No Answer	Total
Ayrshire & Arran	10	5	0	15
Grampian	13	2	1	16
Lanarkshire	9	4	0	13
Greater Glasgow & Clyde	16	3	2	21
	4	6	0	10
Dumfries & Galloway	2	6	0	8
Borders	3	6	2	11
Tayside	6	1	0	7
	3	5	0	8
Lothian	6	2	0	8
	3	3	0	6
TOTAL	**75**	**43**	**5**	**123**

Do you have a phone number to call the renal service during working hours?

Health Board	Yes	No	No Answer	Total
Ayrshire & Arran	8	7	0	15
Grampian	10	5	1	16
Lanarkshire	4	9	0	13
Greater Glasgow & Clyde	13	6	2	21
	3	7	0	10
Dumfries & Galloway	0	8	0	8
Borders	1	8	2	11
Tayside	4	3	0	7
	1	7	0	8
Lothian	4	4	0	8
	4	2	0	6
TOTAL	**52**	**66**	**5**	**123**

Do you have a telephone number to call for renal advice out of hours?

Annual Work plan
6 monthly reports

Work plan 2014/15

SCOTTISH PAEDIATRIC RENAL AND UROLOGY NETWORK (SPRUN)

MANAGED CLINICAL NETWORK WORK PLAN 2014-15

Network Aims

- **To ensure through collaboration and multi disciplinary working, there is significant improvement in the outcomes of children and young people with renal and urological conditions.**
- **To ensure that all patients with chronic renal illness receive a coordinated and integrated care plan, that takes into account the educational, psychological, emotional and social needs of the patient and their family as well as the treatment of their renal condition.**
- **To facilitate the care of children and young people with renal disease via local teams delivering care close to home with information and intervention being provided, as necessary, by the specialist unit.**

RAGB status key

RAGB status	Description
RED (R)	Little/no progress been made to date to achieving network objective/standard
AMBER (A)	Significant progress been made to date to achieving network objective/standard, however further work is required to fully achieve the network objective
GREEN (G)	The network has been successful in achieving the network objective/standard
BLUE (B)	The network has completed the network objective/standard.

•Value for money

SPRUN Future challenges

- Engaging with service users
  - Social networking
    - Twitter / Facebook / Blogs
- Home haemodialysis
- Education
  - Knowledge Network online resources
- Standards of care
- Prevalence of CKD / renal diseases
  - Mapping across Scotland
  - Relative to service provision

Specialist service challenges

- Openness to working differently
- Understanding the local context
- Exploring the possibilities of delivering more care locally
  - understanding the patient care pathway
  - helping the local service understand the level of care needed
  - understanding the local service needs to deliver the necessary multidisciplinary care
  - building confidence and trust along the path

Local service challenges

- Allegiance of staff to a clinical network delivering patient care
- Mobility of staff across traditional health care boundaries
    - professional
    - administrative
- Skilling/re-skilling the multidisciplinary team
- Enabling innovation and change
- Ensuring funding is implemented as agreed with commissioning body

Some last thoughts….

- what is important in a network?
  - partnership working - not a hierarchy
    - Joint clinics NOT ‘peripheral’ to the centre or ‘outreach’ from the centre
    - Local ownership by a local team
  - communication!
  - works at many different levels
  - all networks are different

..... and finally.

- why do you need a clinical network?
  - because networks are flavour of the month?
  - to deliver more equitable care?

- who wants it?
  - commissioning bodies
  - clinicians
  - families

- what sort of network will work in your area and for your service?

Questions?