Respiratory MCN

www.nhsgggc.org.uk/respmcn
What is a Managed Clinical Network (MCN)?

- Allied Health Professionals
- Doctors
- Patient & Carers
- Voluntary Services
- Managers & Others
- Nurses
- MCN
Background to Respiratory MCN

- MCN start up funding for 2 years (LTC unit Scot Gov Oct 2009)
- Conversion of GGC Respiratory planning group to MCN
- Appointment of (2 year Term):
  - MCN Chairman Dr Duncan MacIntyre, Consultant Physician
  - Co-chair Dr Graeme Marshall, Principle GP
  - Administrative and managerial support, Ms Isobel Baxter
  - MCN Project manager, Ms Linda McCarron
- Over the last year:
  - Reviewing MCN function/remit (Terms of Reference)
  - Membership/representation of the MCN Executive & Steering Groups
  - Establishing work plan priorities
  - Identifying /establishing long & short term work groups to take forward specific initiatives & priorities
  - Establishing reporting mechanisms within MCN
  - Establishing Communication Strategy
What Do MCN’s Do?

- Act as advisory body on disease specific issues
- Promotes best practice
- Forms focus on whole patient pathway (Primary/Secondary Care)
- Helps develop solutions, achieve targets, improve standards of care
- Helps to structure & coordinate quality & equity of services across Health Board area
- Ability to bring primary & secondary care together
- Helps look at the best way to use resources
MCN Key Objective

“To support development and implementation of appropriate strategies and guidelines for adult non malignant Respiratory disease, which reflect national guidelines and take into consideration all aspects of the patient pathway from prevention, diagnosis and acute management, to longer term care and palliation.”
2 Main MCN Groups

**Executive Group**
- 12 members
  - Clinical lead
  - GP
  - MCN manager
  - Key Clinical Staff
  - Key NHS managers
  - Patient / carer

**Steering Group**
- approx 40 members
  - Executive members +
  - Clinical staff hospital/Community
  - Other NHS managers
  - Additional patient/carers
  - Voluntary services

- Meet Quarterly
- Develop strategies
- Identify priorities
- Monitor quality of care

- Small functional
- Meet Monthly
- Supports the business of MCN
- Supports proposal/initiatives from Steering/work groups
MCN Working Groups

- Deliver Respiratory Strategies
- Area specific
- Remit will be determined annually inline with the MCN work plan priorities.
- Meet 2-3 monthly
- Some long & short term groups
- Members are drawn widely not just from executive/steering group
Chair’s for Working Groups

- Clinical Governance Dr S Banham, Respiratory Specialist Advisor
  Stephen.Banham@ggc.scot.nhs.uk
- IT Development Dr C Morrison, Consultant Public Health Medicine
  Caroline.Morrison@ggc.scot.nhs.uk
- Pulmonary Rehabilitation Ms M McKenzie, Clinical Services Manager, ECMS, West
  mary.mackenzie@ggc.scot.nhs.uk
- COPD Early Supported Discharge Services Dr J Gravil, Consultant Respiratory
  PhysicianJane.Gravil@renver-pct.scot.nhs.uk
- Sleep / Ventilation Services Ms C McFarlane, General Manager, ECMS, Acute
  Division Cath.McFarlane@ggc.scot.nhs.uk
- Patient Focus & Public Involvement Ms Pauline Fletcher, Health Improvement Team
  Pauline.Fletcher@ggc.scot.nhs.uk
- Self Management Dr C Bucknall, Consultant Respiratory Physician
  Christine.Bucknall@ggc.scot.nhs.uk
- Respiratory Physiology Dr R Carter, Consultant Respiratory Physiologist
  Roger.Carter@ggc.scot.nhs.uk
- Respiratory Communications Dr D MacIntyre, MCN Clinical Lead
  Duncan.MacIntyre@ggc.scot.nhs.uk
- Respiratory Primary Care Dr G Marshall, Principle GP, South East CHCP
  graeme.marshall@nhs.net
- Non Malignant Palliative Care Dr S Davidson, Consultant Respiratory Physician
  Scott.Davidson@ggc.scot.nhs.uk
Communication Working Group

- Development of MCN web site [www.nhsggc.org.uk/respmcn](http://www.nhsggc.org.uk/respmcn)
- Development of MCN newsletter / key messages
- Development of access database-**MCN LOG**
- Development of reporting strategy
- “Where are we at?” event (May 2011)
Working groups

- Improving GP/Hospital referral rates
- Improving Patient completion rates
- Review effectiveness of ESD model
- Recommend model of care GGC
- Model Options for reduction of LOS, readmissions for COPD patients
- Sleep Service RTT
- Model Sleep & Ventilation Service
Working groups

- Identify a model of self mgt for COPD patients
- Develop GGC Asthma self mgt plan

- Smoking cessation pilot
- Options of direct access spirometry across Clyde
- Evaluation of effectiveness of COPD case finding

- Implementation COPD LES
- Review CHCP initiative/pilots
Working groups

• Development of clinical indicators/assessment tools
• Pilot of ACP /pt hand held record

• Development of EPR
• ESD/PR Database
• SCI gateway referral system
• Integration of PFT into clinical portal
Other

Clinical Governance:-
• BTS O2 guidelines
• Chest Drain policy/procedure
• Pharmacy Issues

PFPI:-
• To establish a network & facilitate recruitment/ involvement of patient/carers representation
• Provide guidance & support to the MCN
• Identify areas of work requiring PFPI
• How to engage with service users
• Identify & facilitate PFPI training opportunities
• Establish Patient Forum & incorporate into GGC model
NHS GGC RESPIRATORY MCN

NHSGGC Board

CORPORATE MANAGEMENT TEAM

ACUTE OPERATING DIVISION

RESPIRATORY MCN EXECUTIVE GROUP

RESPIRATORY MCN STEERING GROUP

WORKING GROUPS

RESPIRATORY CLINICAL GOVERNANCE

NATIONAL RESPIRATORY MCN

PFPI GROUP

Respiratory Patient Forum
Further information:-

• HDL (2007) 21 “Strengthening the role of MCN’s”
• Respiratory MCN terms of reference
• What is a MCN? (CHSS leaflet)
• What is an MCN (GGC leaflet)