Delivering health care through managed clinical networks (MCNs): lessons from the North

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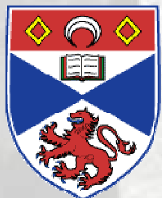

Social Dimensions *of* Health Institute

Research team and collaborators

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Background: the Scottish MCN Context

- From 1999, Managed Clinical Networks encouraged based on the model of the Tayside diabetes network
  - Voluntary collaboration between primary and secondary care clinicians to create a regional register
  - Enclave network relying on collegiate authority (no budget, no commissioning, no line management)
  - Strong focus on IT (tangible products include regional web-based record, but transactional benefit at least as important)
  - Delivered quality improvement across many measures (but…)
- Dumfries and Galloway cardiac network created in 2000
- No other volunteers, so SEHD mandates cardiac and diabetes MCNs in 2003

Project Aim

- “The overall aim of this project is to generate deeper understandings about the origins, processes and impacts of network delivered care with a view to better enable policy design and implementation.”

Research Questions

- Do voluntary and mandated networks differ in nature, processes, development and impact? What is the role of context in this?
- Do MCNs alter professional roles and achieve seamless, integrated care? What is their impact on clinical outcomes?
- How do MCNs relate to the wider NHS (as they cut across traditional boundaries) - how are tensions managed? How are professional relationships managed?
- How are patients involved in the MCNs – what are patient experiences & views?

Sampling Strategy

CHRONIC DISEASE	HEALTH BOARD	
	Tayside	**Dumfries and Galloway**
Diabetes MCN	Voluntary (date)	Mandated (date)
Coronary Heart Disease MCN	Mandated (date)	Voluntary (date)

5 Phases of Empirical Work

1) ***Scoping Study***

Where should we focus?

What do key stakeholders believe about MCNs?

2) ***In-depth Case studies***

What is the nature; process, history and service provided by the 4 MCNs?

How are these changing through time?

3) ***Quantitative Analysis: routine collected healthcare datasets***

Do the 4 MCNs achieve different clinical outcomes? Why & how?

4) ***Patient Tracker study***

What do patients think of the care they receive, are things changing through time?

5) ***Testing the Findings***

2 National surveys; Delphi Technique

Scoping study

- 20 key informants
- Network managers and lead clinicians, policy officials and patient representatives

What makes for an effective MCN?

Scoping study findings I

MCNs are concerned with improving the quality and consistency of patient care

Dual role for MCNs:

1. Co-ordination, communication and collaboration

2. Strategic influence

Scoping study findings II

What makes for an effective network?

- Be inclusive
- Engage respected & influential network leaders
- Manage networks via facilitation & negotiation
- Maintain effective cross-network communication
- Link with the wider organisational context
- Aim for early success & ongoing achievements
- Provide resource for network coordination
- Have clear and agreed vision and goals
- Good data, strong evidence and supportive IT
- Getting the right structures can help

Case studies

- **In-depth interviews**
  - *network core teams*
  - *key network stakeholders*
  - *wider network members*
- **Document analysis**
  - *internal network documents*
  - *local and national policy documents*

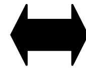
Analysis

1. Rich, 'thick' description of each network
2. Cross-case comparisons

Analytic framework

Thematic Analysis

- Network management
- Network priorities and goals
- Stakeholder inclusion
- Strategies for network cohesion
- Role of the MCN mandate
- Network leadership
- Links with the organisational environment



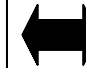
Narrative analysis

Stories told by network stakeholders and in network documents

– interpretations of network events and experiences

– causal links made between network origins, processes and outcomes

– key issues and critical events for understanding the network



Outcome analysis

Range of impacts claimed…

- Tangible network outputs (e.g. guidelines, patient information)
- Changes in roles, relationships and working practices
- Changes in the organisation and delivery of services
- Cultural changes

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