NHS Greater Glasgow and Clyde
Hepatitis C Managed Care Network

Terms of Reference
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**Definition**

The concept of Managed Clinical Networks was first set out in the report of the Acute Services Review (June 1998). It was followed in February 1999 by Management Executive Letter (MEL)(1999)10, which defined MCNs 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.’

The HCV Action Plan for Scotland (Scottish Executive, 2006) identifies that the concept should be widened to include “not only NHS clinical services, but also social work and voluntary sector services” (p.13) in a Managed Care Network. These are seen to be “the way forward in providing better, more integrated treatment and care services.” (ibid.)

**Aims**

The NHS Greater Glasgow & Clyde Hepatitis C Managed Care Network (GGC HCV MCN) aims to:

- involve patients and their carers;
- set and demonstrate evidence-based standards of service;
- ensure that patients are managed in the right setting at the right time;
- ensure that appropriate management is available to sort out difficulties arising in the care of individuals and the network as a whole;
- underpin the network with an information infrastructure that informs service planning and redesign; and
- regularly report on the network performance to the public.

**Values and Principles**

The GGC HCV MCN adheres to the following values and principles:

Care for people living with Hepatitis C (HCV) should be patient-centred and based on the principle of equity:

- **Patient-centred**: People living with HCV infection should be treated as individuals and given reasonable choice in the provision of their health and social care. People with HCV must be at the centre of their care and must be enabled to have their views, needs and experiences recognised by their service providers.

- **Equity**: All people with HCV should equally receive the best standards of care and access to care, irrespective of who they are, where they live, where they access services, and what complications they may have.

Within the context of these two Principles the following are held as fundamental requirements for the GGC HCV MCN:

- **Information and Education**: All people with HCV and all members of the multi-disciplinary team who care for them should be provided with up-to-date, consistent and ongoing information and education appropriate to their personal and/or professional needs.
• **Access**: All people with HCV in Greater Glasgow & Clyde should have access to integrated HCV services that meet their individual needs.

• **Standards and Quality Assurance**: All people with HCV should have access to a uniformly high standard of patient-centred care, assured through regular audit and performance management.

• **Communication and Co-ordination**: Systems should be in place which ensure a high level of communication and co-ordination of HCV care between professionals across statutory and non-statutory health and social care services, to ensure seamless movement between different parts of the system for all patients.

• **Resources**: Services for people living with HCV should be coordinated to ensure the most effective use of resources involved in provision of their care.

The GGC HCV MCN aims to deliver high quality, integrated and equitable HCV care. Through the framework of a Managed Clinical Network it seeks to promote effective collaboration across traditional professional and organisational boundaries and to facilitate health professionals to work in partnership with patients to ensure the best use of resources, facilities, knowledge and experience. The MCN will operate in line with the core principles set out by the Scottish Executive in relevant HDLs.

**MCN Steering Group**

**Membership**
The Steering Group will consist of key stakeholders representing statutory and voluntary sector service providers, and people living with HCV infection. The steering group will bring together colleagues from a range of professional groupings and will reflect the geographic spread of GGC services and populations.

<table>
<thead>
<tr>
<th>Grouping:</th>
<th>Representation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals with Gastroenterology / Infectious Disease departments</td>
<td>Consultant</td>
</tr>
<tr>
<td>Hospitals providing HCV treatment services</td>
<td>Consultant, Specialist Liver / BBV Nurse, Service Manager, BBV Specialist Pharmacist</td>
</tr>
<tr>
<td>GGC Board</td>
<td>Public Health Consultant, BBV R&amp;D Officer, Pharmacy Adviser, BBV Training &amp; Education</td>
</tr>
<tr>
<td>HCV Voluntary Sector Support Services</td>
<td>Service Provider</td>
</tr>
<tr>
<td>Primary Care</td>
<td>CHCP HCV Lead, Greater Glasgow G.P., Clyde G.P.</td>
</tr>
<tr>
<td>People Living with HCV</td>
<td>Service User Representative</td>
</tr>
</tbody>
</table>

Each service will be asked to nominate one representative to attend the MCN Steering Group, and each member will be required to attend a minimum of 3 quarterly meetings each year. If the nominated representative is unable to attend a Steering Group meeting, they should identify a colleague from their service to deputise.
Each representative will be responsible for liaising between their service and the MCN Steering Group.

In addition, one Consultant from each hospital Gastro Enterology / Infectious Disease unit in the West of Scotland, but outwith GGC, will be invited to attend alternate meetings as observers. The MCN will seek to ensure effective information sharing and collaborative working with West of Scotland colleagues.

**Meetings**

Steering Group meetings will be held quarterly, with dates to be set in advance at the start of each year. The MCN manager will circulate an agenda and supporting papers for each meeting at least two weeks in advance. Minutes from each meeting will be distributed at least two weeks following each meeting.

Additional meetings, including those of working- and sub-groups, will be arranged as required.

**Communications**

The MCN has a responsibility to:

- Oversee a coordinated programme of effective communication (planned, proactive, accurate, consistent, considered, targeted and timely).
- Engage with patient groups and carers regarding decisions about their care.
- Engage with all staff involved in the care of people with Hepatitis C.

**Effective Communication**

The GGC HCV MCN has a clear commitment to disseminate information to patients, staff and the wider public. This will be achieved as follows:

- The Steering Group will be used to disseminate information to members and constituent services;
- Best practice guidelines will be developed and shared;
- A web site will be developed and will be proactively managed and promoted;
- An annual report will be written and will be made widely available;
- MCN manager will undertake a regular commitment to attend workshops and meetings and give presentations to interested groups; and
- A quarterly newsletter will be produced which will be distributed to all stakeholders, libraries, GP practices and hospitals.

**Engage with Patients and Carers**

The MCN has a clear commitment to communicate with patients regarding the planning and delivery of services.

“Understanding the wants and needs of patients … will lead to more effective and high quality healthcare, and must be a core activity of the health service. It means developing a genuinely responsive health service by seeking input and feedback from patients as a key part of developing services and improving quality.”

Partnerships for Care, p17
In particular, the MCN will seek to develop the participation of, and partnership with, patients and carers:

- **participation** will mean that patient’s views are actively sought, listened to and acted on; and treated with the same priority as clinical standards and financial performance;
- **partnership** between clinicians, professionals, patients and carers to develop understanding of a person's condition and the making of informed decisions about the right treatment and care. PfC p18

The MCN will engage with patients and carers using a range of methods including the Steering Group Patient Representative, voluntary sector support services (e.g. C-Level), statutory services (including Addictions, primary care practices, and via Gastro-Enterology / Infectious Disease clinics) and via the newsletter and website.

**Engage with Staff**

The MCN has a commitment to engage with staff on various levels, both internally through the MCN Steering Group, and externally through the newsletter, website and general MCN membership.

The MCN will ensure that colleagues who work with people living with, and at risk of, HCV infection will be fully informed regarding the work of the MCN, best practice standards, audit outcomes and service developments. This includes colleagues working in primary care, community-based drug & alcohol services and voluntary sector blood-borne virus support services.

**Review of Governing Documents**

In order to ensure that the MCN is best configured to meet the changing needs of people living with HCV and their service providers, these Terms of Reference and other governing documents, e.g. MCN priorities and workplan, will be reviewed by the Steering Group on an annual basis.