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Learning from Networks:

A CASE STUDY

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North West Coast Strategic Clinical Network: Diabetes

Dr Paul Mackenzie

Delivering both quality improvements and quality assurance in diabetes via a strategic clinical network

Background

As part of a series profiling networks across the country, this Source4Networks case study describes the journey of the North West Coast Strategic Clinical Network (NWCSN): Diabetes and the learning that network leaders can take from its experiences.

The case study is presented in the form of an interview with Dr Paul Mackenzie, NWCSN's Senior Network Manager.

These case studies are being developed by NHS England's Sustainable Improvement team based on the experiences of a rich mix of system leaders from a wide range of sectors, all committed to and involved in providing health and care services.

How did your network come about?

Strategic clinical networks were originally established in 2002 and since then have survived a number of restructures to the NHS. In 2016, our strategic clinical network became the North West Coast Clinical Network, as part of NHS England.

"Our ability to make both quality improvements and quality assurance work together is unique."



The NWCSN
Diabetes team

Dr Paul Mackenzie

The aim of the network was to act as a catalyst for change, identifying variation in patient care and services in the North West Coast (NWC) and acting as an honest broker with stakeholders to improve patient pathways, guidance and services.

The network is currently focussing on contributing to delivering the NHS Five Year Forward View and has a number of national programmes of work, including diabetes. The main focus has shifted from mainly quality improvement to include quality assurance too.

Who is currently involved with the network?

We have involvement from a large number of organisations and individuals. We have representatives from patient groups, local authority and public health, STP senior responsible officers, third sector, diabetes endocrinologists and diabetologists, vascular surgeons, podiatrists, diabetes nurse specialists, GPs, GPs with a special interest, service managers, commissioners, providers, research, screening, AHSNs, and higher education institutions. We have three lead clinicians for the network.

We are currently developing our patient engagement work to include online access to patient voices, whereby patients and those affected by diabetes can register interest and commitment and can be involved - from just receiving and commenting on information to physically attending projects and boards.

How do your members connect with one another?

“We are often seen as the organisation that ‘makes things happen’ and knits stakeholders together across boundaries and disciplines.”

Dr Paul Mackenzie

Our members connect through a variety of forums, but also through agreed governance routes. For example, our diabetes network has its own programme board in the Cheshire and Merseyside STP, serviced by treatment and care and prevention steering groups. We have a population health board, which Lancashire and Cumbria feed into via our diabetes steering group.

In the past year what has been the most significant thing your network has learnt about the role and value that networks can play in supporting quality improvement?

“Without the network, quality assurance would have remained tokenistic”.

Dr Paul Mackenzie

In 2017/18 our network was tasked with taking on quality assurance as an additional role. This had the potential to create a tension between the improvements required and the support to achieve those improvements.

Our philosophy centres around a supportive approach, always seeking to prevent issues occurring through early alerting and risk assessment, quick response and supportive actions. We have an open and transparent escalation procedure, but our stakeholders know that we will do everything to prevent them from having to go through an escalation route where possible - and they trust us. We have learned that we are able to ensure delivery of over £3.4 million of treatment and care projects and a national prevention programme across the NWC whilst maintaining quality improvement innovation and improved patient outcomes.

Without our network's interventions, many of the bids for treatment and care would not have been submitted and as a consequence improvements to patient services would not have been realised. Without it, for example, it is highly unlikely that a prospectus for the national diabetes prevention programme for Cheshire and Merseyside would have been completed.

Our network brought harmony to sceptical and disengaged stakeholders and brought them together to synergise a way forward. Without the network, quality assurance would have remained tokenistic.

What action has your network taken based on this learning?

We embedded ourselves within the infrastructure of both emerging STPs in the NWC, whilst remaining our own network with some of our own unique strands of work outside of STP priorities, but which are an essential part of diabetes care and improvement.

We are now viewed as both an STP delivery project management office (PMO) and an assurance team. We act as a buffer between CCGs and regional and national teams. We work on a continual cycle of improvement, trying to improve the standard of care through stakeholder involvement and the review of data and intelligence.

We are fully connected to STP senior infrastructure and we created the diabetes pathway that feeds into established and emerging governance structures locally. We are well connected to the regional diabetes teams and the national diabetes team and are highly regarded.

What tools and resources did you use to help you take your improvement forward?

We have developed an in-house, bespoke and integrated PMO and assurance framework that enables us to see all projects and programmes, and that of CCGs who have received funding for treatment and are projects as well as the National Diabetes Prevention Programme (NDPP). We can see risks, data, milestones and financial cost plans all in one system.

We evaluated our network contribution and impact and are repeating this in December 2018 using a health score card and maturity matrix from [Source4Networks](#). We had excellent feedback from stakeholders with guidance on areas to improve.

What improvement came about as a result of the action that your network took?

The improvements we have made include, but are not limited to:

NDPP - In prevention, we implemented two large programmes across the NWC for any patient who has blood glucose levels within the risk parameters, and they are now offered lifestyle interventions.

Footcare pathway - We developed a full footcare blueprint across the NWC, engaging footcare teams and stakeholders and agreed a NICE-compliant and best practice pathway, which is integrated between organisations.

Treatment and care - We are supporting the delivery of multiple projects across the patch, including £3.4 million for Multidisciplinary Footcare Teams (MDFT), a Diabetes Inpatients Nurse Specialist (DISN), Structured Education (SE) and Treatment Targets (TT).

Guidelines - We have agreed multiple evidence-based NWC guidelines for diabetes care and prevention.

What are your three key messages about your network?

- 1. We have an excellent relationship with stakeholders.** We have a friendly, helpful, can-do attitude with a supportive but challenging approach.
- 2. Our ability to make both quality improvements and quality assurance work together is unique.**

3. We have a **great team dynamic, mixed skills, mixed personalities types and backgrounds, highly supportive leadership and a happy and dynamic team** that have flexibility to test and fail and test and succeed.

Contact and support

If you would like more information on the network specifically, please contact Paul Mackenzie at:
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For more information on this series of impact stories, please contact enquiries@source4networks.org.uk

Source4Networks – www.source4networks.org.uk – provides a platform for network leaders and those leading, or aspiring to lead, networks to connect with each other and benefit from each other's experience in order to strengthen the effectiveness and impact of their networks, and to spread innovation and good practice.