



NHS Management Executive  
St. Andrew's House  
Edinburgh EH1 3DG

25th June 1999

Dear Colleague,

**MANAGED CLINICAL NETWORKS:  
DEMONSTRATION PROJECTS**

**Summary**

1. This MEL invites expressions of interest in two demonstration projects piloting the development of Managed Clinical Networks, one in vascular services, the other in neurology with particular reference to stroke.

**Action**

2. Expressions of interest, which should be submitted to the Management Executive through Health Boards within 6 weeks of the date of this Letter, must contain evidence of Health Board support, and that the project can meet the core principles set out in MEL(1999)10.

3. Health Boards are requested to circulate this MEL to GPs in their area.

4. This MEL, MEL(1999)10 and the report of the Acute Services Review are all available on The Scottish Office web site: <http://www.show.nhs.uk/dtc>

Yours sincerely

**SIR DAVID CARTER**  
Chief Medical Officer

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Director of Strategy and  
Performance Management

**Addressees**

**For action:**

General Managers, Health Boards

Chief Executives, NHS Trusts

Chief Executive, Scottish Ambulance  
Service Board

General Manager, CSA

**For information:**

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## MANAGED CLINICAL NETWORK DEMONSTRATION PROJECTS

1. MEL(1999)10 set out the core principles which should govern the introduction of Managed Clinical Networks (MCNs) in the NHS in Scotland. Paragraph 10 of that MEL announced that the Management Executive intended to establish demonstration projects in respect of vascular and neurological disease, and promised further information on them. This is given below, based on advice from the Acute Services Group, which has responsibility for advising the Management Executive on policy relating to all aspects of MCN development.
2. The demonstration projects, which are expected to last 3 years, will be used amongst other things to test the core principles set out in paragraph 8 of the earlier MEL, and will also help to inform the way in which concurrent developments of other Networks should be guided. The projects will be subject to evaluation by the Chief Scientist Office. A particular focus of the evaluation will be the extent to which the operation of the Network is understood by patients and is delivering the expected clinical and service benefits set out in accordance with paragraph 8.3 of the earlier MEL. As Managed Clinical Networks have the potential to secure better value for money, it is not expected that the establishment of the pilot Networks themselves should involve significant costs. Funding is however available to assist with the evaluation process.
3. The Management Executive welcomes the enthusiasm which has been generated by the MCN concept, and wishes to encourage Service initiatives based on the core principles set out in the earlier MEL. It is emphasised, therefore, that the arrangements for the demonstration projects are not intended to inhibit any other MCN development, whether in relation to the disease areas to which the pilots relate or otherwise.

### Vascular Project

4. The vascular project should be geared to taking forward the thinking on the Integrated Regional Vascular Service (IRVS) model set out in paragraphs 50 – 52 and Figure 3.2 of the report of the Acute Services Review. Expressions of interest should therefore relate to an area of at least regional size. 'Regional' in this context should be taken to mean an area larger than that of an individual Health Board. The examples in Figure 3.2 of the report give an idea of the types of area which are intended. The report of the Review identifies a minimum population base for an IRVS as 500,000, and applicants will wish to keep this figure in mind. Particular emphasis is placed on the need for the proposed Network to cover the various sectors of the service, and to have a clear statement of the way in which services to patients would be improved. For that reason, expressions of interest should be able to indicate patient involvement, by including either patient groups or other voluntary sector organisations.

### Neurology Project

5. The Acute Services Group has re-affirmed that the demonstration project concerned with neurological disease should have a specific emphasis on stroke. This reflects the status of stroke as one of the clinical priorities of the NHS in Scotland, and also takes account of the fact that, while other specialties are involved in the treatment of stroke, the most complex cases are referred to neurology. The disease-specific nature of the project will also help to promote the ME's general aim of tackling atherothrombotic disease, as the projects might also provide an opportunity to study the interfaces between the vascular MCN and the stroke

MCN. The size of the area and population to be covered by the proposed stroke Network is left to the discretion of applicants. As with the vascular project, particular emphasis is placed on the need for the proposed Network to cover the various sectors of the service, and to have a clear statement of the way in which services to patients would be improved. Expressions of interest should take account of patient involvement, either through patient groups or other voluntary sector organisations.

#### Procedure

6. Applications will be handled in 2 stages. An outline proposal should be submitted to the address shown on the cover of the MEL within 6 weeks of the date of this MEL. These will then be considered by the Acute Services Group, drawing on advice from the Chief Scientist Office as appropriate. The authors of the proposals selected by the Group will then be invited to work them up more fully, and final approval of the project will be based on those full cases.