The Strategy Unit.

Review of Ophthalmic Managed Clinical Networks (MCNs) in Staffordshire and Shropshire

NHS England- Midlands

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1. Summary

1.1 Background

During 2021 two Ophthalmic Managed Clinical Networks (MCNs) were developed in the West Midlands by neighbouring Local Eye Health Networks; Shropshire, Telford and Wrekin and Staffordshire and Stoke on Trent. Although it was a new concept for optometry, they were loosely based on a model which has been used in dentistry for some time and were organised at ophthalmology sub-speciality level. The first, a Medical Retina MCN in Shropshire, Telford and Wrekin was launched in March 2021 and the second, a Glaucoma MCN in Staffordshire and Stoke on Trent was launched in October 2021.

Their purpose to date has been to bring together optometrists and ophthalmologists who are geographically aligned across systems, to build relationships, share learning and support system-wide improvements in patient care at a sub-speciality level.

This report has been commissioned by NHS England to understand how the MCNs have progressed to date, consider the approach taken, benefits gained and the factors which have aided their progress. This report also considers how MCNs could develop further to make a greater impact and what is needed to make this happen. The work on MCN development was initiated by Claire Roberts MBA BSc (Hons) MCOptom, Local Eye Health Network Chair and Clinical Adviser (Optometry) for NHS England Midlands.

1.2 Context

The motivation for this work was to explore the impact of a networked approach to collaboration and structured learning across professional and geographical areas at sub-speciality level in eye care in the wider context of integrated care and transformation. Specifically, considering how the MCN could be used as a vehicle to create space to think and work collaboratively to improve care across a set of similar professionals at a local level.

The MCNs were established around two different ophthalmology sub-specialities, taking into account the dynamics of local areas, existing patient flow and a variety of community settings. The sub-specialities of medical retina and glaucoma were chosen because these contain high volumes of patients with scope for service improvement and transformation in primary care optometry. The initiative was purposefully established to operate across organisations and with representation drawn from a range of professional practice.

1.3 Methodology

This review was conducted by The Strategy Unit between April and December 2022 and comprised six research interviews conducted via MS Teams (this included MCN Optometrist Leads and Ophthalmologist Leads and Local Optical Committee Chairs), attendance at the Staffordshire MCN meeting (July), a targeted survey to MCN memberships (in both Staffordshire and Shropshire), a document review, a framing interview with the Local Eye Health Network Chair and survey follow up discussions directly with MCN members.

The review was structured along the following key themes:

- Motivations for working across geography and organisations
- Focus and purpose- The aims and objectives of the MCNs
- Membership, size, and reach- Growing the model
- Service integration across structures and management
- Emerging implications for Integrated Care Systems (ICS)
- Continuing Professional Development (CPD) and Support

The report describes those factors that have generated the need or enabled the networks locally, as well as any barriers to their development.

The focus of what follows is, therefore, on how the learning from a 'bottom up' perspective can be applicable to wider disciplines and to consider new networking approaches against more established structured learning environments.

2. Managed Clinical Networks (MCNs)

2.1 Theoretical Base: What is an MCN?

Managed clinical networks are self-supporting groups of professionals working together to ensure cross-speciality sharing of patients and expertise. They are a strong mechanism for ensuring that patients receive the care they need in a timely fashion from the most suitable professional in the network area. (Skipper, 2010)[1]

The idea behind an MCN is to shift emphasis away from buildings and organisations and on to patients and services. While there exists guidance as to the nature of MCNs there is currently no prescribed way of implementing these changes. The implementation of MCNs has been highly individualized and they continue to change and evolve over time[2].

MCNs are often defined by:

- clear structural and management arrangements
- a supportive, documented evidence base
- education and training activity
- multidisciplinary and multi-professional working
- accountability and quality assurance[3]

However, there is not one set approach and traditional models have given rise to a range of more fluid variants.

The Health Foundation usefully identify the following core features of effective networks[4]:

- A common purpose which fosters engagement and wider commitment
- An independent cooperative structure that allows individuals and organisations to collaborate safely and in a non-hierarchical manner
- Brings together the voice, resources and influence of members (develops critical mass).
- Collective intelligence through the pooling of data, information and ideas from members.
- Builds cooperation and trust across the professional community.

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[1] SKIPPER, M. 2010. Managed clinical networks. *British Dental Journal,* 209**,** 241-242.

[2] NORRIS, E., ALEXANDER, H., LIVINGSTON, M., WOODS, K., FISCHBACHER, M. & MACDONALD, E. 2005. Multidisciplinary perspectives on core networking skills. A study of skills: and associated training needs, for professionals working in managed clinical networks. Journal of Interprofessional Care, 19, 156-63.

[3] Adapted from WALL, D. & BOGGUST, M. 2003. Developing managed clinical networks. *Clinical Governance Bulletin,* 3**,** 2-4.

[4] https://www.health.org.uk/publications/effective-networks-for-improvement

Learning or developmental networks are often focused on specific issues[5] and less formalised. This report considers these definitions and features in consideration of the Medical Retina and Glaucoma MCNs in Shropshire, Telford and Wrekin and Staffordshire.

2.2 Aims and purpose.

> *'It was just a positive space to learn about more about the topic… having that culture of openness and the non-judgmental approach I think was key'.*
>
> ***-Iain Milne, Founding MCN Optometry Lead, Shropshire***

The two MCNs aimed to bring together primary care optometrists with local ophthalmologists within a geographical area, and by patient flow, to provide a collaborative and supportive environment within which to learn and share best practice.

The MCNs were set up through the Local Eye Health Networks (LEHNs) in two neighbouring areas, Shropshire, Telford and Wrekin and Staffordshire and Stoke on Trent. Both LEHNs were chaired by the same person, Claire Roberts and both MCNs were set up through extensive collaboration with each of the LOC Chairs, Paul Cottrell (Shropshire) and Irfan Razvi (Staffordshire)

The approach sought to grow relationships around key elements of learning and idea sharing, through structured, informal, discussions. These MCNs primarily wanted to build individual links at a grassroots level to allow for an organic development of longer-term improvements. This was a very practical approach applied across both place and organisation. Targeted education sessions were key in enabling structured learning together and a genuine two-way dialogue which allowed optometrists to learn from consultant ophthalmology leads and vice versa.

> *'It's been reassuring and educational to be part of the MCN and a real learning curve. The initiative has provided a view of the variety of patient cases experienced within the community. Access to consultants has been invaluable as a source of information and advice. Being able to get a further view and opinion on a one-to-one basis has been very reassuring. The work has also greatly supported current community service models. I have found it a positive space through which colleagues are building confidence in their own abilities and to forge new relationships with wider professions.*
>
> ***-Staffordshire MCN Member***

[5] https://www.health.org.uk/publications/leading-networks-in-healthcare

2.3 Objectives

'A safe platform to discuss concerns and areas of uncertainty around clinical decisions. The three key objectives are workforce development, improving links between primary and secondary care professionals and providing education … we expect to expand the scope further by running clinical audit projects and providing clinical placements as well…'

-Richard Webb, MCN Optometry Lead, Staffordshire

The MCNs in Shropshire and in Staffordshire outlined the following objectives to their activity:

- Improving patient care- through learning, engagement, and discussion.
- Improving clinical leadership- through better insight at a community level and an open dialogue between optometrists at a grass-roots level and ophthalmologists within a hospital setting.
- Respecting the challenges of individuals working within a given context and developing a better understanding of their constraints and frustrations.
- Bringing people together in a meaningful way that enables improvement and change.
- Addressing a disconnect between primary and secondary care to improve the frequency and quality of feedback from ophthalmic referrals.
- To better understand colleagues across professional levels and within sub-specialisms.
- Develop greater insight into care pathway and better awareness of its practical application.
- Establish an exchange of ideas through case-based, evidence led, discussions.
- Further develop relationships between primary and secondary care.
- Further develop skills within primary care optometry and local clinical champions.
- Offer education opportunities to the whole local optometric profession.
- Support formal education (College of Optometrists Higher Qualifications)

'… from the beginning in the meetings people don't need to worry about if they think they will wrongly diagnose, it was very much a safe space. They can say what they like in there and it stays in there.

*- **Lakshika Perera, Consultant Ophthalmologist, Shrewsbury and Telford NHS Trust***

2.4 Ophthalmic MCNs in the Midlands

Medical Retina (in Shropshire) and Glaucoma (in Staffordshire) were chosen as they are two very high volume subspecialities which experience large numbers of referrals flowing from optometry to ophthalmology.

The MCNs were developed incrementally, initially by the LEHN chair working collaboratively with the respective LOC chairs to recruit Optometry Leads and Consultant Ophthalmology leads for each MCN.

2.4.1 Shropshire, Telford and Wrekin (Medical Retina)

> *'It's gone from being quite interesting to really, really useful'.*
>
> ***- Paul Cottrell, Local Optical Committee (LOC) Chair, Shropshire***

The first MCN scheme was established in Shropshire. Geographically, Shropshire has one LOC and one Acute Trust.

Ophthalmology services for patients in Staffordshire and Stoke on Trent are mainly provided by three Acute Trusts; University Hospitals of North Midlands NHS Trust (UHNM), University Hospitals of Derby and Burton Foundation Trust (UHDB) and Royal Wolverhampton NHS Trust (RWT).

There is one Local Optical Committee (Staffordshire LOC) so the MCN aimed to become a link for Glaucoma consultants across the three Trusts with optometrists across the whole of Staffordshire and Stoke on Trent to encourage a more coherent, countywide approach to providing care.

Having three Acute Trusts and different commissioning arrangements across Staffordshire has often meant different ways of working and created variation across eye care pathways. The MCN has provided a vehicle to bring together ophthalmologists across each of the Trusts and optometrists from across the county.

The scale of the geography generated an ambition to create 'glaucoma champions' with a higher level of knowledge and skills (often working towards higher qualifications) who could support and mentor new MCN members across the professional community.

> *'I think we've got a long history of working with most of the stakeholders regarding delivering care at the right place by the right people…we've always had that collaborative working together and trying to risk stratify patient groups and allow each professional group to manage these patients'*
>
> ***-Lynval Jones, Consultant Glaucoma and Cataract Specialist, University Hospital of North Midlands NHS Trust (NHS)***

The initial MCN model was developed in Shropshire by the LEHN Chair and LOC Chair. Funding to run the network was provided by NHS England through the LEHN. The model comprised recruiting an Optometry lead to co-ordinate the network and an Ophthalmology Lead. These roles were resourced via backfill funding and sessional time out of practice. The LOC communication networks were used to advertise to the optometry profession and seek expressions of interest for MCN members. This model was further adapted for the second MCN which launched six months later in Staffordshire. The Staffordshire model used three glaucoma ophthalmology leads, one from each Trust and one Optometry lead. Similar expressions of interest were cascaded through the LOC networks. The MCNs report into each of the LEHNs, and the LEHN Chair provides support to the Optometry MCN Leads. Funding is provided via the LEHN.

2.5 Meetings

'The personal gains have included increasing confidence, affirming existing knowledge and being able to learn something completely new within an environment in which I know I am safe'.

-Staffordshire MCN Member

Both MCNs considered the following factors in establishing and developing their activity:

- A mix of practical and social- Although hampered by the social distancing requirements of the Covid-19 pandemic meetings sought to balance a focus on technical & educational case discussion with opportunities for relationship building and getting to know wider colleagues.
- Larger geographical areas benefited from a virtual approach as it allowed meetings to be more manageable and removed the challenges of identifying a consensus venue. However, hybrid solutions and face-to-face meetings are planned following membership feedback that online meetings become less engaging over time.
- Build relationships through meetings to help identify where hospital information/experience sessions could be provided.

'From a clinical perspective I think it's important that the network does what it does right now in that we have an element of didactic teaching and an element of case-based discussion between the optometrists and the ophthalmologists.

-Shashidhar Murthy, Consultant Ophthalmologist, The Royal Wolverhampton NHS Trust

- Focused learning events for the optometric community provide focus for staff, exposure to wider, practical issues across the profession and the exploration of (anonymised) cases in real-time. Ophthalmologists can more readily identify the interests, skills, and competences of optometry colleagues through mutual, structured case-based, learning via clinical scenarios and images.
- Meetings adopt 'Chatham House' [6]rules to ensure members feel they have safe, protected space in which there is no judgment, and they are comfortable to ask questions openly. This allows for a positive learning space and arguably made the meeting more accessible.
- MCNs have broadly adopted an agenda split of 50% educational and 50% themed discussion focus across the annual programme of meetings.

2.6 Recruiting members

'The network sold itself on its focus on case studies and access to consultant knowledge and discussion'.

-Shropshire MCN Member

Members were predominately recruited through promoted expressions of interest (bulletins & email). Optometrists were invited to come forward and join network meetings, voluntarily, in their own time. This required the MCN to communicate a strong offer focused on key benefits.

The MCNs determined that a flexible approach to how and when members are recruited proved more workable than a fixed, compulsory attendance model. Incremental recruitment also allowed for development over time and an evolution of memberships. Furthermore, this flexibility over time allowed for a demonstration of longer-term commitment and arguably made it easier to navigate a range of competing initiatives within the wider NHS.

2.7 Structure

Each MCN has an optometry clinical lead and ophthalmology lead(s) and members who attend meetings.

6 https://uk.practicallaw.thomsonreuters.com/7-201-2615?transitionType=Default&contextData=(sc.Default)&firstPage=true

An MCN Optometry Lead was selected in accordance with the following criteria:

- A registered optometrist with a special interest in the related field
- Holds the relevant College of Optometrists Professional Certificate, Higher Certificate or Diploma

And with the following requirements & expectations for MCN members:

- To be currently studying or undertake to study at the next opportunity a College of Optometrists higher qualification or demonstrates a professional interest in the sub-speciality area
- To play an active role in the MCN by attending all meetings unless prevented by exceptional circumstances
- To maintain regular communication with hospital eye service colleagues
- To maintain regular communication with local optometry colleagues
- To support the MCN Optometry Lead at education events
- To support clinical audits undertaken by the MCN

MCN leads performed the following role:

- administer the MCN
- arrange video conferencing facilities and informing members
- facilitate communication regarding MCN activities
- receiving all interesting cases submitted, selecting an appropriate case for discussion
- manage the MCN with administrative support from LOC
- attend LOC meetings to report activities and progress
- play a lead role in developing training events for the wider optometric community

An MCN Ophthalmology Lead was nominated in relation to the specialism and the corresponding NHS trust(s) within the locality.

Additional funding was made available to provide out of practice funding for MCN members to attend hospital observational sessions. Further funding was made available to support additional educational events for the wider optometric community and referral audits.

2.8 Benefits, incentives, and support

'Facilitation of one-to-one conversations between ophthalmologists and optometrists through this network has been something that both sides reflect on as being really special. It has helped to promote a wider understanding, share experiences, and create a strong platform for coming together. It has helped explore challenges regarding referrals and embed communication. It is has become a future platform from which to help design and shape community-based services'.

-Shropshire MCN Member

The following list outlines established benefits highlighted by members within the two Ophthalmic Managed Clinical Networks:

- **Supported hospital observation sessions.** Within the current climate placements can be difficult to secure (with funded time out). The MCNs presented an opportunity for members to sit in a clinic through collectively organised hospital observation sessions that would have been difficult for individual members to attain themselves. Funding was provided for MCN members to fund time out of practice to attend hospital sessions.

  Hospital sessions are ultimately determined by departments within Trusts, the MCNs are playing a key brokerage role in shaping, planning, and achieving them for MCN members in the relevant sub-specialities. These have only taken place in Shropshire at the current time. Staffordshire MCN is exploring how something similar could be offered. Such activity often competes with a need to address the daily volume of patient appointments, coordinate available staff, as well as continue to deliver clinical care.

- **Strengthened communication and advice** The provision of an advice and guidance email, that all can access, is beginning to show some episodes where colleagues are told not to refer cases. This is potentially an illustration of the trust relationships that are starting to embed through the network and rests on a mutual understanding of both skills levels and competences. It is also underpinned by a better understanding of how sub-categories and specialisms work at a very practical level. Local practitioners receive regular newsletters, bulletins, and attend virtual events to underpin this.

- **Developing a fluid structure** that allows the membership to adapt attendance in accordance with work and other life pressures. This has allowed members to build expertise and to make space for the next cohort of membership who are coming through the professions.

‘We’re working with optometrists in a very timely, collaborative, and professional manner. I think the MCN is bringing together various people with different levels of engagement and history. Currently, the meetings are theme based and there's a consultant who would deliver a talk and we're trying to encourage the optometrist to take ownership and to bring their own cases because initially they tend to be quite didactic where they assume a student position and come to take notes as opposed to be a professional and function at a similar level’.

-Lynval Jones, Consultant Glaucoma and Cataract Specialist, University Hospital of North Midlands NHS Trust (NHS)

The following list outlines developing benefits highlighted by members within the two Ophthalmic Managed Clinical Networks:

- **Planned audits within hospital clinics.** In Staffordshire, the launch of a Glaucoma Enhanced Case Finding service will provide an opportunity for members of the MCN to audit the pathway by looking at active patient flow to identify potential improvements. The MCN could serve as a mechanism to support members through the necessary time and funding to conduct such work.

Audits are not widely used in community optometry, but they are an important part of clinical practice. The MCN has a role in helping to build confidence across the membership and of those involved in audit projects (large and small scale). Audits are a method through which to assess professional practice and improve standards of care, good learning experience and an opportunity to bring new people into the network.

- **Continued funding for members to attain higher qualifications** alongside participation in the local MCN. This was suggested as a way to maintain structured and protected learning through a supportive, professional environment.

Whilst there is currently an assumption that members will be working towards higher professional qualifications, engaging with the network supports this development. There are encouraging signs that a number of people join because of a wider professional interest and not simply a pressing training need.

Note: *It was acknowledged that the covid-19 pandemic understandably slowed ambitions around clinical placements and the audit.*

2.9 Funding Model

'Post-COVID mindsets and habits have changed and we have to give more consideration to the appropriateness of meetings and how they fit'.

-Shropshire MCN Member

Engaging key actors through MCNs was identified as a way in which to strengthen the concept, secure support for future funding and to ensure that collective resources (knowledge, experience, feedback) were maximised in relation to improving patient care.

Members felt that taking time out of practice can be valuable for the profession overall and the next funding stage need to consider how this could be made a routine element of MCN related activity. It was noted that funding impacts can often be uneven, particularly for those optometrists who are running a practice. It can be expensive to take half a day out (losing either holiday time or direct income for self-improvement) without financial benefit or compensation. MCNs are committed to dealing with the realities of this funding situation and seeking to address such needs as they develop.

Being funded to undertake a hospital placement was described as 'alien' within optometry and have created welcomed surprise. This incentive has been a key enabler in convincing people to join in terms of growing the networks and within the context of their personal development. Importantly, however, MCN members were not funded to attend the MCN meeting itself.

'it's been a key enabler of time. Optometrists just aren't used to being funded for things like this...'

- Paul Cottrell, Local Optical Committee Chair, Shropshire

Funding for these two MCN initiatives has been made available through the Local Eye Health Network and has generated a platform for collaborative training, communication, and education across the profession.

3. Outcomes

'The MCN has been a brilliant initiative that will accelerate and move forward collaborative working between primary and secondary care.

The network has allowed both ophthalmologists and optometrists to understand what is going on their respective sides and to start to incorporate that joint learning into new pathways. Whereas previously this has always felt a little one sided it has moved us collectively forward to consider expanding the network to other clinical areas… This is a demonstration of the huge scope of this initiative and where it can go. The relationships building and trust elements of this project can't be underestimated'.

- Jagdeep Singh, Optometrist, Shrewsbury and Telford NHS Trust and MCN Optometry Lead (from Dec 2022)

"I am happy to be contributing to the MCN as a consultant Ophthalmologist lead. I thank the entire team especially Claire Roberts, Richard Webb, Irfan Razvi for helping making this work. I feel this potentially may serve as a pilot project for other regions to similarly develop.

-Rohit Sharma, Consultant Ophthalmic Surgeon, University Hospitals Derby and Burton

3.1 Identified outcomes

'The MCN is a fantastic learning opportunity and has been developed with enthusiasm to focus on real-life cases through discussion across eyecare clinicians and professionals. It has helped dispel the myth that all the answers lie within a hospital setting and become a great leveller with which to promote a better understanding of our respective work areas. This understanding is leading to the development of collaborative pathways for the future- on a genuine two-way basis.

The MCN is helping to develop solutions to managing patients in the community which is at the heart of the transformation agenda. The network always serves as a reminder of what can and what can't be done in terms of remit, pathways and formal processes and structures. It adds a useful dynamic of 'why aren't we doing it this way and what is stopping us?'

-Irfan Razvi, Chair, Staffordshire Local Optical Committee

- **Education events** have become a useful tool for making people more aware of the MCN and act as a recruitment tool for the next few years.
- **Greater levels of knowledge and understanding** through active relationships with secondary care.
- **A higher skilled tier of the specialty workforce** through supported, formal qualifications. This has the potential to develop an additional tier for enhanced examinations.
- **Able to base activities on a large range of cases** that are available within the local areas.
- **Create opportunities for professionals** who are ostensibly based in a test room for most of their time.
- **Developing leadership.** The MCN has added further collective insight across primary and secondary care.
- **Workforce development.** Open and regular dialogue through the MCN has enabled consultants to gain a better understanding of the aims of the network and its ambitions for further workforce development within the community and educational support.
- **Feedback on commissioning**. Importantly, MCNs have provided clarity for colleagues in relation to commissioning. The MCN aims to take a collective opinion from consultants, optometry leads and members and to feedback to the commissioning process rather than become a vehicle for commissioning itself.
- **Inward referral pathways** Optometrists are beginning to take on enhanced work so that patients don't have to travel to a hospital in the first instance. As MCNs develop their members can be better placed to take up any cases which come forward based on a strong relationships and broader understanding.

3.2 Leadership & systems

'The MCN does rely on key individuals and there is a need to provide constant support to the leads and attendees. We need to encourage members to take on roles and responsibilities that meet the collective expectations of the network. There is a lot of thought, preparation and research that goes on behind the scenes of this network'.

-Staffordshire MCN Member

The **Local Eye Health Networks (LEHN)** were instrumental in enabling leadership for the project through the LEHN Chair and in ensuring that MCNs were able to effectively feed into its wider activities. In guiding the development of the MCNs, LEHNs provided important strategic leadership and practical support to the Chairs and their local memberships.

Reflections and observations from the round of research interviews:

- **LOC Chairs** have played a key role at the inception stage to help sense check ideas for development within local areas, mapping and identifying potential members across the system and to ensure continuing momentum for making those ideas happen.
- **Stretch.** MCNs have allowed members to stretch out of their comfort zone and to develop roles within a supportive, professional environment.
- **Coordinating optometry leads** have been key to collating and presenting cases studies to meetings and in looking after the network membership more widely.
- **Perspective.** LOC chairs and optometry leads have worked constructively with LEHN Chair to champion a fresh way of looking at the profession across their local area.
- **Developing Quiet Leaders.** People who don't necessarily want to be standing at the front. The MCNs have provided a positive platform for people to take part in a range of work behind the scenes within their professional community. This has allowed exposure to the various levels of clinical and professional leadership and provided different opportunities for the wider groups.
- **Collective leadership.** Creating a combined voice of MCN members and engaging with consultants from across the given area is a valuable resource for learning, collaboration and developing fresh ideas.

Feedback from research interviews was generally positive in relation to leadership and reflected growing trust across the development of MCNs, which in turn was helping to strengthen networking skills, confidence, and professional understanding.

3.3 Progress & Development

'The network is beginning to build confidence in a consideration of future pathways design, very much with a community focus.

Referrals have previously been based on letters and emails. These have been slow and unresponsive, but the MCN provides a very practical and real platform for addressing these issues and for giving confidence to manage them more effectively'.

-Staffordshire MCN Member

The following points were raised in relation to the potential next steps following the completion of phase one of the MCNs:

- An ambition to secure more 'in hospital' experience across multidisciplinary teams to help consolidate understanding, awareness, and trust. This would be mindful of ongoing pandemic demands and resulting service pressures, as well as necessary periods of realignment as teams begin to assess pre-Covid-19 operations.
- Ongoing educational events for optometry and ophthalmology across the professional eyecare community which expand in depth and complexity, as well as reintroduce face-to-face activity (as appropriate).
- Balance MCNs to ensure they become a peer discussion group for the wider optometric community through round table discussions focused on clinical scenarios and do not become 'lectures' though an over concentration of educational presentations.
- Actively address the need for the routine learning and information sharing between the two MCNs (Staffordshire and Shropshire).
- Explore how MCN events can be formally factored into as continuing professional development (CPD) time and as part of a compulsory level of CPD achieved over a three-year period.
- Opportunities for 'one day clinics' which would allow optometrists (engaged through the MCN) to benefit from speciality knowledge.
- Ensure that the positive relationship building achieved through MCNs translates into future service design within optometry. Clinical transformation could happen quickly but is reliant on a 'system' around it. Respondents felt that this still needs to mature further to facilitate further change.

'The MCN has served to consolidate understanding on both sides and has supported collective thinking within primary care'.

-Shropshire MCN Member

It is important to consider that optometrist time is calculated very differently to that of other health professionals such as GPs, particularly with regard to patient testing and diagnosis. Challenging business models can often put pressure on the available time or willingness to support learning initiatives such as the MCN.

The potential to develop and refine care pathways needs to be considered with caution to ensure that any future offer is firmly educational. The MCN operates separately from formal pathways through mainly educational activity. However, as the transformation of care continues there is greater potential to inform pathways through training and development with the existing workforce and the growing community focus of wider healthcare professionals. The MCN is well placed to help evolve the understanding and shape of new patient pathways through either formal links to formal vocational training qualifications or through a developed MCN offer.

Educational events could continue to focus on better understanding treatments and gaps in existing qualifications, such as interpreting new imaging techniques referral pathways in practice and response times.

There remains a challenge of building the confidence of MCN members and potential resistance to change within established, historic, networks based on professional hierarchies.

4. Conclusion

The MCNs in Staffordshire and Shropshire have done much to establish new networking approaches from a local base and have begun to consolidate learning environments in a way that is both structured and flexible for their memberships.

They have developed across organisations and achieved good representation from across the range of professional practice they intended. This has been a key success which has, in part, been achieved through the development of an open meetings culture focused on creating positive learning space as a safe platform for discussion. This has been true from the outset and maintained by growing relationships and trust around structured idea-sharing, educational activities and informal discussions.

Strong Optometry and Ophthalmology Leads and close collaboration with Local Optical Committees (LOCs) has allowed for a firm foundation from which to develop these networks. This has been complimented by a continuity of lead roles and consistent development support from the LEHN Chair.

MCN members have been provided with a variety of local patient cases with coordinating optometry leads asserting a key role in collation and presentation. They have done so in an open and progressive way which has provided benefits mutually across the professional groups.

A flexible approach to recruitment and attendance has had a clear impact on the practicalities of establishing these MCNs and proven more appropriate than fixed or mandatory attendance. This has further supported the development of an open culture of working.

MCNs have faced challenges across the dynamics of their geographies as well as those additional pressures brought by the COVID-19 pandemic and increased (or diverted) workloads that have resulted.

Ensuring the time and space to attend MCNs was a consistent theme in this review with members supportive of the need for protected time for activities. In parallel to this is a consideration of a flexible approach to supporting the practical needs of members whilst out of their practices.

As these MCNs grow they are well placed to manage the weight of expectation stemming from their success to date. Greater levels of knowledge and understanding have been matched by a genuine enthusiasm for collaboration.

5. Recommendations

This review makes the following recommendations for the successful scaling up of MCNs:

1. **Further develop membership** through a structured and visible recruitment process. Wider communications will help to further build on the successes of the MCNs and serve to sell the benefits more widely.
2. **Extend network leadership** to allow for multi-disciplinary leadership development to support future roles and a dispersal of coordinating efforts and resources.
3. **Continue with a variety of leadership models** which allow for greater flexibility in the chairing, agenda setting and coordination of future activity. This could be practically rotating Chairs, Joint Chairs or collective leaderships. This may help to identify and develop opportunities for all types of leaders.
4. **Continue to develop a positive learning culture within the MCN.** Share personal experiences to enable own and other members' development. The supportive culture created by the networks has real potential for the further development of professional roles within a trusted, supportive environment.
5. **Grow into other sub-specialities of ophthalmology:** This review identified the potential to successfully develop additional MCNs focused on new sub-specialities.
6. **Further develop links between MCNs in the region** to share learning and experience and consider expanding this model across the wider West Midlands ICB footprint.
7. **Ensure appropriate resourcing** to further develop the MCNs and ensure sustainability.

6. Appendix

6.1 Acknowledgements

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