

Using Appreciative Inquiry (AI) to Initiate a Managed Clinical Network in the UK

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Reorganisation of the NHS provided an opportunity to explore new approaches to co-ordinating care of children's liver disease in the three UK centres using the Managed Clinical Network model.

Managed Clinical Networks (MCNs) are one way of ensuring that organisations work together to improve access to services, the quality of service, and seamless care between GPs, District General Hospitals and Teaching Hospitals. Three sessions were conducted aiming to address the special problems around the tension between need for centralisation of skills in such a technically intensive speciality, and the practical and personal advantages of decentralisation of care.

A chance arose to begin to develop UK paediatric liver MCNs at the 2004 BSPGHAN meeting in Crieff, Scotland. Catherine Arkley, impressed by the process, offered to support another meeting in Birmingham. This led to a third meeting in London in 2004 where patients attended for the first time. CLDF, patients and their families, healthcare professionals, representatives of drug companies, and administrators have worked together in the process.

At each meeting the format 'Tell a story — Share successes by themes — Create a mind-map of the future' was concluded with a chance to give feedback on the process. As participants entered the room they were asked to find someone they did not know and to ask 'Tell me about a time that was a highlight in liver care for you.' Alastair Baker then introduced the concept of Managed Clinical Networks.

Participants were then asked to join a group of their choice to discuss one of:

- When did interactions between parents, patients and professionals create the very best experience?
- How did protocols and standards make healthcare work at its best?
- When did share-care work at its best?
- When did education and training work at their best?
- When did you experience referral/access to services at their best?

Groups were asked what their MCN would look like, sound like and feel like three years in the future (i.e. in 2007), and what would be happening as a result of its work. Finally, they spent time considering the ideal patient pathway.

Feedback was given after the sessions by forms asking what participants had found most useful. Families' messages were remarkably consistent about what they wanted from services, and their requirements overlapped with the ideals of the professionals:

- No unnecessary delays and not to wait in ignorance of what is going on.
- Care as close to home as possible and reasonable. Professionals also want to contribute to help parents and patients having to travel unnecessarily.
- Personal relationships with professionals they trust.
- Open and inclusive communication sharing

information among all professionals at the right time. Mechanisms including videoconferencing were proposed.

- Equality with professionals in discussions about best possible treatments and care.
- No surprises. Seamless interaction across boundaries and barriers to produce clear care pathways that are agreed and adhered to.
- Young people want personalised services acknowledging their individuality.

Families recognised the complexity of the system that treats their children. They generated an outline of a remarkably sophisticated patient pathway and their description remained true to the principles of quality, patient-centredness, efficiency, effectiveness, safety, equity and timeliness. But perhaps most striking was the input of young people themselves (four younger than 16 years old) at the London meeting. Their presence provided very different and valuable views. Service providers heard these views first-hand for the first time, and were particularly struck by them.

This work was the beginning of a developmental process. The progress of the MCN was presented as a paper at the BSPGHAN meeting in January 2005, and has led to a meeting at the Newcastle BSPGHAN conference in January in 2006 with a National MCN meeting planned for Cardiff in Summer 2007. Paediatric GI and Liver MCNs are now active in Wales, Scotland, London, the North East and the South West of England.