Scottish Muscle Network
ANNUAL REPORT 2017/18

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SMN Annual Report 2017/18

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Executive summary

The Network has been successful in achieving many of its objectives in this reporting period. This report gives an overview of the key achievements of the Scottish Muscle Network, a nationally designated managed clinical network, in the financial year 2017/18. It also sets out the main work priorities for the network for 2018/19.

In 2017/18 the Scottish Muscle Network has:

1. Contributed to a review of the Network undertaken as part of the national commissioning process. A joint expert review group provided oversight to both the Scottish Muscle Network review and the Children & Young People’s Allergy Network Scotland (CYANS)

2. Built capacity and capability in Scottish neuromuscular services by delivering a comprehensive programme of professional education in neuromuscular disorders, including an annual conference, a study day for anaesthetists and two Muscle Interest Group meetings;

3. Expanded the recording of neuromuscular patients on the Clinical Audit System to include additional neuromuscular conditions with a view to enabling the network to better utilise data to inform its work and evidence the impact on services and patient outcomes;

4. Built and designed a new website and helped raise awareness of both the website and the network. Produced additional patient information resources on the network website to support effective self management;

5. Supported the development of increased capacity in Scotland for neuromuscular research, by developing expertise and infrastructure for research and by creating effective links with neuromuscular research centres elsewhere in the UK, most notably Newcastle and London;

6. With the support of the Scottish Muscle Network, Glasgow has secured funding from the Newcastle Hub. The Hub is a charity set up to pump prime posts throughout the UK to enable centres to participate in commercial research trials for Duchenne Muscular Dystrophy (DMD). The Glasgow paediatric site at Royal Hospital for Children has been awarded funds for a Band 6 research physiotherapist, Band 5 admin staff and 0.5 WTE research fellow. DMD patients from all over Scotland can be enrolled in research and these posts will be used to enable those outwith the West of Scotland to engage and participate in research trials.

7. Fostered a common approach in Scotland to new drug treatments such as Translarna in Duchenne Muscular Dystrophy (DMD) and Nusinersen for Spinal Muscular Atrophy, to promote equity of access between Health Board Regions. Funding to support patient access to Translarna has subsequently been announced by the Scottish Government following advice from the Scottish Medicines Consortium. The network has formed a new sub group; Drugs and Therapeutics Intervention group (DATIG) to provide a forum to discuss the evolving number of new drugs emerging onto the market for the treatment of various neuromuscular disorders.

8. Completed a Quality Improvement (QI) project using the Plan, Do, Study Act (PDSA) project methodology on hydrocortisone injections to Duchenne Muscular Dystrophy (DMD) patients. This aim was to provide evidence to support improvement in self management through education. The rationale was to ensure parents/carers of children with DMD who
are on steroids, have sufficient knowledge and skills to know what to do in the event of an adrenal crisis during significant illness or trauma. This is required due to the fact patients on prolonged steroid therapy may have an impaired adrenal response to trauma or illness.

9. Patient/carer engagement, including: a myotonic dystrophy family event, a bone symposium in collaboration with MD UK and a joint patient/carer event in collaboration with SMA Support UK

10. A proposal has been submitted to National Services Division (NSD) for the development of a mobile phone app to promote exercise for patients with Myotonic Dystrophy

The main work priorities for 2018/19 will be focussed on:

Developing a 3-5 year strategic workplan based on the recommendations from the network review and outcome of strategic planning session and implementing year 1 priorities, including:

1. Development and implementation of communication and education strategies

2. Delivering a professional education programme including: Annual Network Conference, Muscle Interest Group meetings and an Allied Health Professionals study day.

3. Auditing against the Myotonic Dystrophy standards in Scotland with the aim of improving the quality of patient care for patients with this condition.

4. Auditing clinical outcomes for DMD patients with the aim of improving patient outcomes for DMD patients.

5. A systematic review of three guidelines and one care pathway

6. Reviewing and updating six patient information leaflets

7. Revising the patient/carer experience questionnaires to identify priorities for improvement and distribute them to families.

8. Building on work to date to record additional neuromuscular patients on the Clinical Audit System by adding more conditions e.g. Becker Muscular Dystrophy

9. Production of a mobile phone app to promote exercise for patients with Myotonic Dystrophy

10. Exploring ways to quantify the number of patients with neuromuscular conditions in the North of Scotland who are unknown to services.
1. Introduction
The Scottish Muscle Network (SMN) was first established in 1999 and originally funded by the Muscular Dystrophy Campaign now known as Muscular Dystrophy UK. In 2004 it was designated as a national managed clinical network (NMCN), commissioned by NHS National Services Scotland on behalf of NHS Boards and Scottish Government Health and Social Care directorates (SGHSCD) Since its inception the network has been effective at progressing evidence based, patient centred care for children and adults with neuromuscular conditions, through the development and implementation of clinical guidelines, patient pathways, clinical standards and information resources.

It is estimated that there are more than 6,000 children and adults in Scotland affected by inherited and acquired neuromuscular disorders. Examples include muscular dystrophies, myopathies, mitochondrial diseases, peripheral neuropathies and disorders of the neuromuscular junction such as myasthenia gravis. Although much progress has been made in the diagnosis and management of these diseases, neuromuscular conditions are largely progressive, debilitating and can frequently be life shortening. Patients commonly require complex and long term management.

Services for those affected by neuromuscular conditions are delivered across Scotland through a collaborative networked approach. Care is routinely delivered as locally as possible but travel may be necessary for diagnosis and to access specialist expertise or specialist facilities.

2. Aim/ Purpose/ Mission Statement of network
The network’s objectives are:

1. Design and ongoing development of an effective Network structure that is organised, resourced and governed to meet requirements in relation to SGHSCD Guidance on MCNs (currently CEL (2012) 29 ) (Annex ) and national commissioning performance management and reporting arrangements;

2. Support the design and delivery of services that are evidence based and aligned with current strategic and local and regional NHS planning and service priorities.

3. Effective Stakeholder Communication and Engagement through design and delivery of a written strategy that ensures stakeholders from Health, Social Care, Education, the Third Sector and Service User are involved in the Network and explicitly in the design and delivery of service models and improvements.

4. Improved capability and capacity in neuromuscular disorder care through design and delivery of a written education strategy that reflects and meets stakeholder needs.

5. Effective systems and processes to facilitate and provide evidence of continuous improvement in the quality of care (CQI).

6. Generate better value for money in how services are delivered.
3. Report against Workplan

A detailed report on progress with the agreed network workplan for 2017/18 is available on page 16 of this report.

The main work priorities for 2017/18 included:

3.1. Build Capacity and Capability in Neuromuscular Services through Education for Healthcare Professionals

1. An annual multidisciplinary educational conference was held on 1st September 2017 in Edinburgh. 68 delegates attended the event and 58 participants completed the event evaluation. Participants rated the education provided as being of high quality, relevant to their work and effective for their continued professional development.

![Figure 1: SMN Annual Conference Evaluation](image)

In addition to measuring delegates’ intention to put learning into practice through evaluation on the day of the event, the network has started following up after six months to capture feedback on the actual impact the learning had on their clinical practice. This is underway for delegates to the 2017 conference.

2. Following the success of previous events, the network held “Muscle Interest Group” meetings on 12th May 2017 (Perth) and 17th November 2017 (Glasgow). The aim is to provide a forum for discussion of challenging neuromuscular cases, professional peer support, and dissemination of medical knowledge. The two meetings were attended by 22 and 19 delegates, respectively.
Figures 2a and 2b below summarise the evaluation responses received by delegates of both Muscle Interest Group meetings in relation to the perceived relevance, quality and effectiveness of the meeting, as well as the importance delegates attach to the meeting for supporting their clinical practice.

**Figure 2a**: Muscle Interest Group Delegate Evaluation Feedback (12th May)

**Figure 2b**: Muscle Interest Group Delegate Evaluation Feedback (17th November)
3. Unprecedented, SMN hosted an education event for anaesthesia colleagues in November 2017, Glasgow entitled: “Practical approach to anaesthetics in neuromuscular patients”. In addition to anaesthetics, colleagues from the fields of genetics, neurology and nursing staff also attended. The event provided presentations centred on new research, cardiology, debates and the treatment and management of neuromuscular conditions. Professor Heinz Jungbluth, Consultant in Child Neurology and Senior Lecturer from Evelina London Children’s Hospital was the invited guest speaker. Attendance was excellent with 102 delegates from across Scotland. Delegates rated the event very positively. Following on from this event, delegates were contacted with the aim of identifying a link anaesthetist for neuromuscular services in each region; so far links have been established in the North, East and West.

4. Network members participated in a Bone Symposium on 15th June in the Teaching & Learning Centre, Queen Elizabeth University Hospital, Glasgow. Dr. Jarod Wong organised this in association with the Office for Rare Diseases and the Scottish Muscle Network.

3.2. Support Self Management through Patient Education and Information

1. Videos:
Self management is an essential part of the ongoing management of neuromuscular conditions. To enable patients to self manage effectively, the Network has developed two additional videos. One video demonstrates an intramuscular hydrocortisone injection and this was fundamentally recorded to support parent/carers following the Quality Improvement (QI) project mentioned in the Executive Summary and detailed below. The second, Personal Independence Payments (PIP) was produced to help guide patients/families through the application process and provide them with a better understanding of the terminology they may encounter within a social work proforma. These resources are all available via the network website: www.smn.scot.nhs.uk. To date the hydrocortisone video has had 215 views whilst the PIP one has had 794 views.
QI Project – Hydrocortisone Injections

The network facilitated the introduction of an education programme for parents/carers and gathered evidence that their knowledge and skills on this procedure improved as a result of this process. The project is illustrated in the driver diagram below:
Methodology:

a. The project was undertaken using the Plan, Do, Study Act (PDSA) methodology.
b. The aim of the project was to increase the percentage of parents of boys with DMD who are on steroids who know what to do and feel confident taking action during acute illness.
c. The improvement target was from 30% to 80% or above.
d. The background was based on a study of retrospective admissions in December 2016 in Glasgow of boys with DMD on steroids which highlighted inadequate management of steroids during acute illness - this was evidenced from the fact that when specialist nurses in Glasgow interviewed 10 parents by telephone, only 30% felt confident and knew what to do - this was established as the baseline. Feedback also established that the parents wanted to be educated in clinic setting.
e. Cycle 1 - education delivered in clinic based on feedback, again with 10 parents - results showed that 100% retained knowledge immediately after training and again after 6 months - observation by nurses was that clinic setting had too many distractions.
f. Cycle 2 - education delivered at home with 10 parents, based on feedback from cycle 1 - results showed again that 100% retained knowledge immediately after training and again after 6 months - feedback showed that they felt it would be helpful to have a video to watch as a reminder of the training.
g. Video developed and placed on SMN website as a result of feedback from cycle 2.
h. Initial results have shown that 4 patients have had an occasion where they have needed to administer the hydrocortisone injection, 3 of whom previously did not know what to do.

2. DM1 Mobile Phone App:
The Myotonic Dystrophy sub group wish to design a tailor-made app for adults with Myotonic Dystrophy to promote exercise available to them from either an Apple and/or Android mobile phone that they can use at home. On completion of specific exercises the user would earn “rewards” that equate to progress towards climbing a Munro, with the goal to climb as many Munros as they are able to within a year. Exploratory work continues on this project and an update will be provided in 2018/19.

3.3. Build Capacity for Utilising Data to Inform Service Delivery and Planning

1. Throughout 2017/18 the network has continued to develop the neuromuscular patient register using the Clinical Audit System (CAS). This now includes a robust patient demographic and diagnostic registry for all Duchenne Muscular Dystrophy (DMD) and Spinal Muscular Atrophy (SMA) patients with ongoing efforts to replicate this for the following patient cohorts: Becker Muscular Dystrophy, Charcot-Marie Tooth Disorder, Myotonic Dystrophy (DM1) and Fascio-scapulo-humeral Dystrophy. The process of consenting patients for CAS has changed in line with new General Data Protection Regulation. This new legislation means that by May 2019, all patients registered on CAS must have actively consented to their information being held on this system.

2. As previously reported in the 2016/17 annual report, the network had taken the decision to develop a specification for changes to the CAS to allow clinical assessment outcomes to be recorded for patients with DMD. Early indications were that the proposed changes would be costly and with progress very slow, the Steering Group made an informed decision to cancel the pending request. However, further discussion with the Information Management Service
(IMS) has identified that the current instance of CAS may have the capability of capturing useful information on DMD patients. This will now be taken forward in the 2018/19 workplan. The network will also continue to explore how it can access data from the North Star database. This is a UK wide database set up in 2006. Its overall aim is to optimise the care of young patients with DMD by achieving and practicing consensus on best clinical management, with agreed assessment and treatment protocols, no matter which clinical centre is attended. Data is sent from collaborating centres throughout the UK, including West of Scotland. The East and North of Scotland are currently in the process of applying for Caldicott approval so that they can also input their data to the database. The network eventually plans to access relevant information to assess clinical outcomes during 2018/19. This will support data analysis that is planned to be captured from CAS.

3. CAS has a total of 673 live patients registered as of 31 March 2018. An increase of 248 patients since 2016/17. The map below shows the number of neuromuscular patients on the register by Health Board of residence.

![Figure 4: Neuromuscular Patient Register Mapped By Health Board of Residence](image)

Figure 5 below illustrates how the patient population on the register is spread across the various neuromuscular conditions recorded on the database.

It is important to note, that patients are recorded on the CAS as part of an ongoing process to build up capacity within the network for collecting and utilising data to inform the network’s programme of work. To date, progress has been steady but incremental with an additional 232 live patients being added in 2017/18 bringing the total to 677. Figure 5 breaks this number
down by condition; however, there is as yet not a comprehensive register of the Scottish neuromuscular population which may explain why there are no recorded patients for NHS Borders and Orkney. Recording for some conditions, such as DMD, is more complete than others. It is also important to note that not all people with neuromuscular conditions in Scotland are known to specialist services, in particular in the adult population, which in turn impacts on the completeness of the neuromuscular patient register.

![Figure 5: Neuromuscular Register by Condition](image)

4. The Myotonic Dystrophy (DM1) subgroup of the network updated its service standards and audited four standards across a cycle from August 2016 to August 2017. IT issues in Glasgow meant that only one standard: Standard 2 - assessing timely annual audit review was completely audited across Scotland. The aim against this standard is for 90% compliance and results showed a huge improvement in the average number of patients seen annually; 75% compared to 15-45% in 2010, and this has been rising over the years. The main reason for the improvement was a steep rise in the West of Scotland to 93% (25-60% since 2010) in
the number of annual reviews recorded, thought likely due to peripheral clinic redesign. The audit of the other three standards showed the following results:

- Standard 1 – 3 out of 4 centres were above the 95% essential criteria
- Standard 3 – 3 out of 4 centres were above the 90% for ECG and Epworth Sleepiness Score and 2 out of 4 centres were above 90% for endocrine testing
- Standard 4 – 3 out of 4 centres were above the 75% standard for return patients having an alert device

The DM1 sub-group also completed an audit of liver function test (LFT) results for patients with DM1. With regard to the liver functions test (LFT) audit transaminitis (abnormal LFT) was found in 41% of 228 cases of DM1 patients from which the sub-group concluded that LFT abnormalities are common in the DM1 population. The sub-group have met with Consultant Hepatologists from Tayside and Glasgow who have signposted them to local pathways for investigation of patients with transaminitis, and are also in the process of identifying a hepatologist in each health board area to act as a link point for myotonic dystrophy patients. Previous audits of transaminitis cases by the sub-group have identified low numbers being referred to local pathways. The sub-group plan to re-audit referrals to local pathways for DM1 patients given their raised awareness of the long term impact this may have on patients with Myotonic Dystrophy. These audits will be published on the SMN website.

5. There was a plan to audit inpatient admissions, length of stay and readmissions for the neuromuscular population. This was to provide an evidence base for perceived challenges around prolonged length of stay and delayed discharge due to lack of support in the community or at home. After careful consideration the network took the decision not to progress this exercise as anticipated benefits could not justify the resource required to obtain the information

3.4. Support Service Planning and Development

1. A new sub group has been formed-the Drugs and Therapeutic Intervention Group (DATIG). The aim of this group is to provide a forum for members to discuss and draw consensus towards new drugs and therapies and to review current literature. It was clarified that the group would not be a decision making group nor make recommendations for each drug or therapy. Terms of Reference will be developed for the group to formally clarify the group's remit.

2. Network members worked collaboratively to ensure a consistent approach was followed when considering patient access to new and unlicensed treatments, such as Translarna for use in boys with DMD who are still sufficiently mobile. This has subsequently been superseded by the Scottish Government’s decision to fund universal access to Translarna to this patient group. The network is continuing to monitor patient outcomes for this treatment to contribute towards building up the evidence base underpinning its effective use.

3. For some conditions such as DMD the typical disease progression is well understood. The network continues to monitor the number of children with DMD by Health Board of residence who will be aged between 10 and 17 over the next five years. It was initially envisaged that this information may be used by health board services to anticipate local demand for specific interventions and additional support associated with key milestones in the patient pathway, e.g. referral to adult cardiology and referral to community
physical disability teams from age 15 onwards for those who require ongoing intervention, as part of the SMN transition pathway. The network plans to develop a document of forthcoming needs for this group with numbers but not exact specification of what they will be. There are now new European standards of care (published in the Lancet in February 2018) and although they are small numbers they require complex care which is the challenge.

4. The North of Scotland has taken a different approach to the provision of advice and support to patients which is provided through the Neuromuscular Care Advisor (NCA) in the West and East. Given the more rural geography in the North, it is felt that a proportion of this support is best provided by community staff and more specialist advice provided to children through an additional component to the specialist neuromuscular physiotherapist role and to adults through the Single Gene Nurse Specialist. The Single Gene Nurse Specialist has now left, and has not been replaced. To date, there has been no evidence of an ‘unmet need’ for this cohort of patients. However, there is a possibility that there are a number of patients with neuromuscular conditions who do not access services. During 2018/19, the network will explore whether local genetics databases can provide information that helps inform this.

This issue is linked with the exercise to investigate the number of patients who disengage during transition to adult services across Scotland. This number has now been identified in each region and reasons why will be explored during 2018/19.

3.5. Network Review

National Managed Clinical Networks (NMCNs) are designated through national commissioning policy by National Services Division (NSD), as Commissioners on behalf of the Scottish Government and NHS Boards. Through NSD, NMCNs are held accountable for their performance. This includes an annual cycle of performance management and reporting to NSD and the Scottish Government. Performance management also includes a rolling, 3-5 year programme of independent reviews undertaken using standard NSD review methodology. An expert review group considered evidence from the network and its stakeholders to ascertain the extent to which the network is achieving its objectives in neuromuscular care, adds value to healthcare in Scotland and meets its stakeholder needs. The review was recently concluded highlighting the Network added value to healthcare and has an ongoing role in improving access to and quality of neuromuscular care in Scotland. The review also identified key recommendations that the network should prioritise to take it forward. These were:

1. improve communication and engagement systems and processes with all stakeholder groups, setting this out in a formal communication and engagement strategy which should focus on:
   a. Broadening the network’s membership by engaging with both other health professionals including dietetics, cardiology and psychology as well as non-NHS bodies such as social work and education. The group recognised that both these services are outwith the authority and control of the NHS; however they advised that networks still had a role of raising awareness of their work and entering into partnerships with both these services.
   b. Looking at ways to raise the profile and visibility of the website to stakeholders to allow them to access resources available from the website
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c. Targeting different patient groups with the appropriate communication and engagement methodology and exploring the utilisation of social media as a means of supporting this aim.

2. In the absence of recognised national guidelines for neuromuscular conditions, explore the use of benchmarking with UK services to measure performance of neuromuscular services in Scotland. This would also help to demonstrate value for money as would measuring the cost of SMN resources used against the benefits that have been achieved.

The network will take these recommendations forward through the development of a 3-5 year strategic plan in 2018/2019.

3.6. Stakeholder Engagement

Patient / Carer Engagement

1. The network had originally developed brief survey tools to find out from parents/carers and children with neuromuscular conditions their views and experiences of attending clinics and what changes they would like to see. The questionnaires are currently being reviewed to make them more relevant in capturing what is important and what are the priorities for improvement.

2. Following successful patient and carer events in collaboration with Muscular Dystrophy UK (MDUK), held in both January 2017 and 2018, the network continually endeavours to liaise with other third sector partners to hold further patient and carer events, and SMN is delighted to report the following:
   a. A joint event with SMA Support UK for people affected by Spinal Muscular Atrophy was held on 30th September 2017 in the Riverside Museum, Glasgow. Attendance was good with 41 delegates and 20 evaluations were received. 100% reported that the event was helpful. 100% confirmed they would attend a similar event in the future.
   b. A DMD event for children with DMD and their families, in conjunction with MDUK and the Developmental Endocrinology Research Group Glasgow, was held on 17 June 2017 in Riverside Museum, Glasgow. Attendance was 31 delegates. Results from 10 evaluations showed that 100% found the event helpful whilst 90% reported they would attend a similar event in the future.
   c. On 18th November, 2017 a joint event with MDUK was held for people affected by Myotonic Dystrophy and their families in Forth Valley Sensory Centre, Falkirk. It was extremely well attended with 61 delegates and evaluation results were received from 31 participants. 100% of respondents found the event helpful and 90% confirmed they would attend a similar event in the future.
   d. On 24th March 2018 The SMN in association with Action Duchenne held a research update meeting in the QEUH, Glasgow. Presentations from Endocrinology, Physiotherapy and an update on research from Dr. Diana Ribeiro, Chief Executive of Action Duchenne, were well received. Families had the opportunity to share their experiences from the parent, grandparent and sibling perspective.

Common themes from all three events:
   • Meeting other families in similar situations is beneficial
All the information provided by the presenters was very helpful
Learned new information

Additional feedback included:
- SMA Event – a small number of families highlighted the importance of receiving information on current research trials, including access to the trials and possible side effects.
- DM1 event - some of the patients had anxieties around chronic reflux, gagging and choking. There was a presentation delivered at the event by a Speech & Language Therapist who provided differing options on coping mechanisms. However, feedback indicated that the coping mechanisms did not work equally well for all patients. This will be explored further by the DM1 sub-group.

Stakeholders

1. The Advocacy and Information Officer, a post funded by Muscular Dystrophy UK, has been receiving referrals from all over Scotland for the past 15 months dealing with such issues as housing, benefits and other ‘social work’ issues.

2. In order to further maximise engagement with stakeholders in disciplines previously under represented within the network, a Clinical Psychologist from NHS Ayrshire & Arran has been recruited and is now a key member of the Steering Group.

Since the implementation of the new website in June, periodic snapshots of the usage of the website has been analysed with evidence suggesting numbers accessing the website has plateaued. As ways to improve and increase an overall awareness of the website, the website address has been added to clinical letters at Queen Elizabeth University Hospital, Glasgow in the first instance. Subsequent analysis of traffic to the website will be monitored in the coming months and if an increase is recorded, this will be rolled out in other areas. Analysis on the usage of the website will be ongoing and reported in 2018/19.

3.7. Support the Development of Scottish Research Capacity

Collaboration is becoming increasingly important between a range of bodies including the NHS, charities, the pharmaceutical industry and research organisations to share clinical development and improvement to implement, monitor and sustain the future of evidence based care. Through the Scottish Muscle Network, Scottish clinical services are very much a part of this process.

Collecting comparable data that can be analysed with the larger UK population is important for Scottish services, as is participating in large drug trials as well as local research and audit.

The network has built up relationships with UK centres of neuromuscular research, namely Newcastle and London, and has been supporting services in Scotland to build up their capacity for neuromuscular research. A number of relevant studies are now being carried out in Scotland including, for example, the DM1-Neuro study of brain changes, cognitive deficits and sleep disorders in myotonic dystrophy and a range of studies in DMD, such as the ScOT-DMD study into bone health in DMD and FOR-DMD, finding the optimum steroid regimen for boys with DMD. Glasgow is now integrated into a UK-wide network of research centres for interventional studies in DMD, facilitating the sharing of best practice and access to UK wide trials for Scottish patients.
4. Plans for the year ahead
The network’s key priorities for 2018/19 will be focussed on:

Developing a 3-5 year strategic workplan based on the recommendations from the network review and outcome of strategic planning session and implementing year 1 priorities, including:

1. Development and implementation of communication and education strategies
2. Delivering a professional education programme including: Annual Network Conference, Muscle Interest Group meetings and an Allied Health Professionals study day.
3. Auditing against the Myotonic Dystrophy standards in Scotland with the aim of improving the quality of patient care for patients with this condition.
4. Auditing clinical outcomes for DMD patients with the aim of improving patient outcomes for DMD patients.
5. A systematic review of three guidelines and one care pathway
6. Reviewing and updating six patient information leaflets
7. Revising the patient/carer experience questionnaires to identify priorities for improvement and distribute them to families.
8. Building on work to date to record additional neuromuscular patients on the Clinical Audit System by adding more conditions e.g. Becker Muscular Dystrophy
9. Production of a mobile phone app to promote exercise for patients with Myotonic Dystrophy
10. Exploring ways to quantify the number of patients with neuromuscular conditions in the North of Scotland who are unknown to services.

5. Network Governance
The Network operates as a National Managed Clinical Network (NMCN) in accordance with the Scottish Government’s core principles of an MCN. The Network is overseen by a multidisciplinary, multiagency Steering Group.

The Network Lead Clinician is Marina Di Marco, Principal Neuromuscular Physiotherapist, and NHS Greater Glasgow & Clyde. The network is supported by Hugh Kennedy Programme Manager, Laura Craig, Programme Support Officer and Mike Gunn, Data Analyst, Information Management Service.

In the reporting period the Network had the following subgroups:

1. Adult subgroup
2. Paediatric subgroup
3. Myotonic Dystrophy subgroup
4. Education and Audit group  
5. Neuromuscular Physiotherapy group  
6. Drugs and Therapeutics Interventions subgroup

All the above groups have an agreed remit and terms of reference.

An information governance framework has been agreed and implemented for the network.

See CEL (2012) 29 for the most recent statement of these principles:  
## 6. Detailed Description of Progress over Reporting Period

### Work Plan for 2017/18

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Smart Objective</th>
<th>Linked Dimensions of Quality</th>
<th>Planned start/end dates</th>
<th>Detailed Plan Available / Owner</th>
<th>Description of progress towards meeting objective</th>
<th>Anticipated outcomes</th>
<th>RAGB status</th>
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</thead>
<tbody>
<tr>
<td>2015-17</td>
<td>Develop CAS: record clinical outcomes for DMD patients on new drug treatments</td>
<td>2, 3, 4, 5</td>
<td>January 2017</td>
<td>Laura Craig</td>
<td>• NISG indicated that the proposed changes would be costly and timescale lengthy. The Steering Group made an informed decision to cancel the pending request. The network will now explore what can be captured form the North Star database with an excel spreadsheet developed by the Information Management Service to support.</td>
<td>Ability to audit care provided / effectiveness of new treatments</td>
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<td>2016-01 (a)</td>
<td>Roll out patient/carer experience questionnaires across all paediatric clinics</td>
<td>1, 2, 3, 4, 5, 6</td>
<td>June 2017</td>
<td>Steering Group</td>
<td>• Original questionnaire that was developed currently being reviewed to make it clear understanding of patient/family priorities for service improvement/</td>
<td>Clear understanding of patient/family priorities for service improvement/</td>
<td>A</td>
</tr>
<tr>
<td>Objective Number</td>
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<td>2016-01 (b)</td>
<td>Deliver joint patient engagement event with SMA Support UK</td>
<td>1, 2, 3, 4, 5, 6</td>
<td>Dec 2017</td>
<td>Steering Group</td>
<td>Successful event held Sept 2017 at Riverside Museum Glasgow-a small number of families highlighted the importance of receiving information on current research trials. They focused on issues such as access to the trials and possible side effects from the trials-will feedback to clinicians.</td>
<td>Clear understanding of patient/family priorities for service improvement/ development</td>
<td>B</td>
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<td>2016-03</td>
<td>Investigate number of patients who stopped engaging with specialist services during transition to adult services</td>
<td>1, 2, 3, 4, 5, 6</td>
<td>March 2017</td>
<td>Karen Naismith</td>
<td>Total number of patients identified, awaiting clinical review of patient list to ascertain disengagement from service. To be carried forward to 2018/19.</td>
<td>Better understanding of scale of patient disengagement</td>
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<td>March 2017</td>
<td>Education and</td>
<td>Successful event held</td>
<td>Increased healthcare professional knowledge</td>
<td>B</td>
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</table>
### Objective Number 2017-01

#### (a) education:
- Hold annual educational meeting for Scottish healthcare professionals

**Linked Dimensions of Quality:**
- Training sub group

**Planned start/end dates:**
- Sept 2017 in Edinburgh

**Description of progress towards meeting objective:**
- to either confirm existing good practice or leading to improvements in clinical practice.

**Anticipated outcomes:**
- Increased healthcare professional knowledge to either confirm existing good practice or leading to improvements in clinical practice.

**RAGB status:**
- B

#### (b) Healthcare professional education:
- Hold two bi-annual Muscle Interest Group meetings to provide a forum for discussing challenging cases and for peer support

**Linked Dimensions of Quality:**
- 4,5

**Planned start/end dates:**
- March 2018

**Detailed Plan Available / Owner:**
- Maria Farrugia; Laura Craig

**Description of progress towards meeting objective:**
- Muscle Interest Group" meetings on 12th May 2017 (Perth) and 17th November 2017 (Glasgow). The aim is to provide a forum for discussion of challenging neuromuscular cases, professional peer support, and dissemination of medical knowledge

**Anticipated outcomes:**
- Increased healthcare professional knowledge to either confirm existing good practice or leading to improvements in clinical practice.

**RAGB status:**
- B

#### (c) Healthcare professional education:
- Hold neuromuscular study day for anaesthetists

**Linked Dimensions of Quality:**
- 4,5

**Planned start/end dates:**
- November 2017

**Detailed Plan Available / Owner:**
- Cheryl Longman; Laura Craig

**Description of progress towards meeting objective:**
- Very successful event held in Glasgow, Nov 2017. 102 delegates attended. As well as anaesthetists, delegates from neurology and genetics attended. In the process of establishing anaesthetics links in all

**Anticipated outcomes:**
- Increased healthcare professional knowledge to either confirm existing good practice or leading to improvements in clinical practice.

**RAGB status:**
- B
<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Smart Objective</th>
<th>Linked Dimensions of Quality</th>
<th>Planned start/end dates</th>
<th>Detailed Plan Available / Owner</th>
<th>Description of progress towards meeting objective</th>
<th>Anticipated outcomes</th>
<th>RAGB status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-02</td>
<td>Support the NSD review of the network / develop strategic plans for the development of the network in the future</td>
<td>1, 2, 3, 4, 5, 6</td>
<td>October 2017</td>
<td>Hugh Kennedy; Laura Craig</td>
<td>Network Review completed, March 2018-supported continuation of the network in current form. Strategic Plan will be developed from recommendations from the review.</td>
<td>Ascertain network performance and refresh network strategic aims and objectives</td>
<td>B</td>
</tr>
<tr>
<td>2017-03</td>
<td>Develop further video content for the SMN web site.</td>
<td>1,3,4,5</td>
<td>December 2017</td>
<td>Marina Di Marco</td>
<td>Two additional videos added to the website – demonstrating intramuscular hydrocortisone injection- evidence of an improvement (30%-100%) for families retaining confidence and knowledge in administering injections to their child as a result of implementing QI methodology • Personal Independence Payments</td>
<td>Improved patient support and self management</td>
<td>B</td>
</tr>
<tr>
<td>Objective Number</td>
<td>Smart Objective</td>
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</tr>
<tr>
<td>2017-04</td>
<td>Quantify unmet need in North of Scotland for care advisor support</td>
<td>1,3,4,5</td>
<td>October 2017</td>
<td>Marina Di Marco; Hugh Kennedy; Ken Mitchell</td>
<td>Particularly challenging due to the fact that we do not have complete data on the number of patients in this region with a neuromuscular condition as it is understood many do not access services - network is monitoring this situation and liaising with local services with a view to finding a solution that provides access to NCA support for adult patients in the region. Two routes have been suggested – scoping/searching genetics databases and also SPIRE, the Primary Care database.</td>
<td>Evidence need for service change / investment and identify potential solutions</td>
<td>A</td>
</tr>
<tr>
<td>2017-05</td>
<td>Audit inpatient admissions, length of stay and readmissions for the neuromuscular population</td>
<td>1,3,4,5</td>
<td>October 2017</td>
<td>Hugh Kennedy; Laura Craig; IMS</td>
<td>Project discontinued – see main body of report</td>
<td>Evidence base for perceived challenges around prolonged length of stay and delayed discharge due to lack of appropriate</td>
<td>B</td>
</tr>
<tr>
<td>Objective Number</td>
<td>Smart Objective</td>
<td>Linked Dimensions of Quality</td>
<td>Planned start/ end dates</td>
<td>Detailed Plan Available / Owner</td>
<td>Description of progress towards meeting objective</td>
<td>Anticipated outcomes</td>
<td>RAGB status</td>
</tr>
<tr>
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</tr>
<tr>
<td>2017-06</td>
<td>Audit service provision against myotonic dystrophy standards</td>
<td>2, 3, 4, 5, 6</td>
<td>March 2018</td>
<td>Myotonic Dystrophy Group</td>
<td>2016/17 cycle, partly completed August 2017. Liver Function Test (LFT) audit also completed</td>
<td>Improvements in care provided against agreed standards</td>
<td>A</td>
</tr>
<tr>
<td>2017-07</td>
<td>Hold myotonic dystrophy patient/carer engagement event</td>
<td>1</td>
<td>November 2017</td>
<td>Cheryl Longman; Laura Craig</td>
<td>Successful event held in Falkirk, November 2017</td>
<td>Increased engagement with patients and carers and better understanding of their priorities to address in future</td>
<td>B</td>
</tr>
<tr>
<td>2017-08</td>
<td>Propose to develop an app to promote exercise for myotonic dystrophy patients</td>
<td>1,3,4 and 5</td>
<td>March 2018</td>
<td>Cheryl Longman; Laura Craig</td>
<td>Discussions have taken place to scope the project</td>
<td>Improved patient support and self-management</td>
<td>G</td>
</tr>
</tbody>
</table>
### 7. Draft Work Plan for 2018/19

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Smart Objective</th>
<th>Linked Dimension(s) of Quality</th>
<th>Planned start/ end dates</th>
<th>Detailed Plan Available / Owner</th>
<th>Description of progress towards meeting objective</th>
<th>Anticipated outcomes</th>
<th>RAGB status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-01</td>
<td>Develop methodology to record clinical outcomes for DMD patients on new drug treatments</td>
<td>2, 3, 4, 5</td>
<td>January 2019</td>
<td>Laura Craig</td>
<td>Network will look at collecting meaningful data on CAS—a short life working group will be set up to take forward Network will also explore accessing/requesting data from North Star database to source relevant information.—this will require Caldicott approval from East and North Scotland which is WIP</td>
<td>Ability to audit care provided / effectiveness of new treatments</td>
<td></td>
</tr>
<tr>
<td>2018-02</td>
<td>Support families/patients with neuromuscular conditions through:— Delivery of joint patient engagement events with:— a) SMA Support UK and Muscular Dystrophy UK b) DMD Pathfinders/Prince &amp;</td>
<td>1, 2, 3, 4, 5, 6</td>
<td>Sep 2018</td>
<td>Steering Group</td>
<td>Proposed date of 1st September, 2018. Proposed date of 24th/25th October</td>
<td>Clear understanding of patient/family priorities for service improvement/development</td>
<td></td>
</tr>
</tbody>
</table>
### Objective Number | Smart Objective | Linked Dimension of Quality | Planned start/ end dates | Detailed Plan Available / Owner | Description of progress towards meeting objective | Anticipated outcomes | RAGB status
--- | --- | --- | --- | --- | --- | --- | ---
2018-03 | Princess of Wales Trust |  |  |  |  |  |  |
|  | c) Revision of patient/carer experience questionnaire and distribute to all paediatric clinics |  |  |  |  |  |  |
|  | Aug 2018 | Wilma Stewart/Laura Craig | 2018. | Carried forward from 2017/18 – original questionnaire being updated to make more relevant to families |  |  |  |
2018-04 | Hold healthcare professional education: | 4,5 | 4, 5, 6 | 1 | Karen Naismith | Total number of patients identified, awaiting clinical review of patient list to ascertain disengagement from service. | Better understanding of scale of patient disengagement |  |
<p>|  | a) Annual Conference | Sep 2018 | Education and Training sub group | a) September, 2018 in The Studio, Glasgow | Increased healthcare professional knowledge to either confirm existing good practice or leading to improvements in clinical practice. |  |  |
|  | b) two bi-annual Muscle Interest Group meetings | March 2019 | b). First meeting held on 18th May, 2018 in Aberdeen |  |  |  |  |
|  | c) AHP Education Meeting | March 2019 | c) still to be decided |  |  |  |  |
|  | Investigate number of neuromuscular patients who do not engage with neuromuscular services across Scotland through either: a) disengagement during transition to adult |  |  |  |  |  |  |</p>
<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Smart Objective</th>
<th>Linked Dimension of Quality</th>
<th>Planned start/ end dates</th>
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<th>Description of progress towards meeting objective</th>
<th>Anticipated outcomes</th>
<th>RAGB status</th>
</tr>
</thead>
<tbody>
<tr>
<td>services</td>
<td>b)are unknown to services in North of Scotland-</td>
<td>Steering Group</td>
<td>Plan to explore local genetics databases</td>
<td>Better understanding of whether there is an 'unmet need ' for a Neuromuscular Care Advisor (NCA) in North of Scotland</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018-05</td>
<td>Support the delivery of equitable evidence based care for neuromuscular patients by:</td>
<td>1,2,3,4,5,6</td>
<td>March 2019</td>
<td>Myotonic Dystrophy sub group-</td>
<td>Signed off by steering group-June 2018</td>
<td>A suite of evidence based guidelines will ensure high quality neuromuscular care throughout Scotland.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Developing a Mitochondrial Management and Counselling Guideline</td>
<td></td>
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<tr>
<td></td>
<td>Developing a Malignant Hyperthermia (MH) Pathway</td>
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<tr>
<td></td>
<td>Reviewing and updating where required 2 existing network guidelines:-</td>
<td></td>
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<tr>
<td></td>
<td>• Anaesthetics guideline for Muscular Dystrophy</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Anaesthetics</td>
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<td>Objective Number</td>
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<tr>
<td></td>
<td>Guidelines Summary</td>
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<td></td>
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<tr>
<td></td>
<td>• DMD Paediatric Guidance</td>
<td></td>
<td></td>
<td></td>
<td>Paediatric subgroup –</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• DMD Multidisciplinary Pathway</td>
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<tr>
<td>2018-06</td>
<td>Update 6 patient information leaflets in line with review timetable; - 2x Transition 2x Palliative Care 2x Physiotherapy</td>
<td>1,2,3,4,5,6 March 2019</td>
<td>Marina Di Marco</td>
<td>Patients and their families/carers have access to good quality, up to date information to support them in living with their condition.</td>
<td></td>
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</tr>
<tr>
<td>2018-07</td>
<td>Develop tools to support neuromuscular patients; - an alert card specifically for MH - a generic neuromuscular care card</td>
<td>1,3,4 and 5 March 2019</td>
<td>Myotonic Dystrophy subgroup Adult subgroup Cheryl</td>
<td>Discussions have Improved patient support and self-management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective Number</td>
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<tr>
<td>2018-08</td>
<td>Audit service provision against myotonic dystrophy standards</td>
<td>2, 3, 4, 5, 6</td>
<td>March 2019</td>
<td>Myotonic Dystrophy Group</td>
<td>Explore options for DM1 data collection. Identify a hepatologist in each health board area to act as a link for DM1 patients. Re-audit transaminitis in DM1 patients now that there is raised awareness of local pathways</td>
<td>Improvements in care provided against agreed standards</td>
<td></td>
</tr>
</tbody>
</table>
| 2018-09          | Development of Clinical Audit System (CAS); build on the register of neuromuscular patients by recording two additional conditions on CAS:-  
- Limb Girdle MD  
- Becker MD | 2,3,4,5 | March 2019 | Laura Craig | Ongoing | Ability to audit care provided / effectiveness of new treatments |           |
<p>| 2018-10          | Using Quality Improvement (QI) methodology- plan to increase the awareness of | 1,2,3,4,5,6 | March 2019 | Laura Craig-Monitor access of leaflets on | Raising awareness of network +Increased healthcare |           |           |</p>
<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Smart Objective</th>
<th>Linked Dimension of Quality</th>
<th>Planned start/ end dates</th>
<th>Detailed Plan Available / Owner</th>
<th>Description of progress towards meeting objective</th>
<th>Anticipated outcomes</th>
<th>RAGB status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>information sheets for GPs</td>
<td></td>
<td></td>
<td>SMN website- establish baseline, advertise leaflets then monitor over time to evidence increase in awareness</td>
<td>professional knowledge to either confirm existing good practice or leading to improvements in clinical practice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018-11</td>
<td>Identify/quantify resource impact on primary care for DMD patients reaching adulthood over next 5 years</td>
<td>1,2,3,4,5,6</td>
<td>March 2019</td>
<td>Developing a document of forthcoming needs for DMD patients entering transition over next 5 years based on Lancet standards.</td>
<td>Assess needs of this small group of patients with complex needs to aid planning for long-term care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018-12</td>
<td>Ensure the Network’s infrastructure is functioning effectively to deliver the 3-5 year workplan through the development of: a) communication strategy</td>
<td>1,2,3,4,5,6</td>
<td>Aug 2018</td>
<td>Steering Group</td>
<td>Ascertain network performance and refresh network strategic aims and objectives</td>
<td></td>
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</tr>
</tbody>
</table>
Please develop and update the table above to include the network’s designation objectives and related agreed annual objectives. When planning for the year ahead, please consider the standard statements in the guidance section to inform the development of annual network objectives.

**RAG status key**

<table>
<thead>
<tr>
<th>RAG status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>RED (R)</td>
<td>The network is unlikely to achieve the objective/standard within the agreed timescale</td>
</tr>
<tr>
<td>AMBER (A)</td>
<td>There is a risk that the network will not achieve the objective/standard within the agreed timescale, however progress has been made</td>
</tr>
<tr>
<td>GREEN (G)</td>
<td>The network is on track to achieve the objective/standard within the agreed timescale</td>
</tr>
<tr>
<td>BLUE (B)</td>
<td>The network has been successful in achieving the network objective/standard to plan</td>
</tr>
</tbody>
</table>

The Institute of Medicine’s six dimensions of quality are central to NHS Scotland’s approach to systems-based healthcare quality improvement; therefore objectives should be linked to these dimensions:
1. **Person-centred**: providing care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions;

2. **Safe**: avoiding injuries to patients from healthcare that is intended to help them;

3. **Effective**: providing services based on scientific knowledge;

4. **Efficient**: avoiding waste, including waste of equipment, supplies, ideas, and energy;

5. **Equitable**: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status; and

6. **Timely**: reducing waits and sometimes harmful delays for both those who receive care and those who give care
## Appendix 1: Network Steering Group Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Health Board Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Steve Banham</td>
<td>Consultant Cardiologist (Chair)</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Dr Anthony Bateman</td>
<td>Consultant in Respiratory Medicine</td>
<td>NHS Lothian</td>
</tr>
<tr>
<td>Dr Alex Baxter</td>
<td>Consultant Paediatrician</td>
<td>NHS Lothian</td>
</tr>
<tr>
<td>Dr Katie Brennan</td>
<td>Consultant Neurologist</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Julie Burslem</td>
<td>Paediatric Physiotherapist</td>
<td>NHS Highland</td>
</tr>
<tr>
<td>Dr Scott Davidson</td>
<td>Consultant in Respiratory Medicine</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Dr Phil Davies</td>
<td>Consultant Paediatric Respiratory Physician</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Marina Di Marco</td>
<td>Lead Clinician / Principal Neuromuscular Physiotherapist</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Jen Dunne</td>
<td>Neuromuscular Clinical Nurse Specialist</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Clare Eadie</td>
<td>Paediatric Physiotherapist</td>
<td>NHS Lothian</td>
</tr>
<tr>
<td>Dr Maria Farrugia</td>
<td>Consultant Neurologist</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Dr Helen Gregory</td>
<td>GP</td>
<td>NHS Grampian</td>
</tr>
<tr>
<td>Dr Iain Horrocks</td>
<td>Consultant Paediatric Neurologist</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Dr Shuko Joseph</td>
<td>Clinical Research Fellow</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Dr Cheryl Longman</td>
<td>Consultant Clinical Geneticist</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Dr Catherine McWilliam</td>
<td>Consultant Clinical Geneticist</td>
<td>NHS Tayside</td>
</tr>
<tr>
<td>Dr Kenneth McWilliam</td>
<td>Consultant Paediatric Neurologist</td>
<td>NHS Lothian</td>
</tr>
<tr>
<td>Gill Mitchell</td>
<td>Neuromuscular Liaison Nurse</td>
<td>NHS Lothian</td>
</tr>
<tr>
<td>Fiona Monaghan</td>
<td>Orthotist</td>
<td>NHS Borders</td>
</tr>
<tr>
<td>Jackie Munro</td>
<td>Advocacy &amp; Information Officer</td>
<td>MDUK</td>
</tr>
<tr>
<td>Dr Karen Naismith</td>
<td>Consultant Paediatrician</td>
<td>NHS Tayside</td>
</tr>
<tr>
<td>Denise Oxnard</td>
<td>Genetic Counsellor</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Yvonne Robb</td>
<td>Genetic Neuromuscular Nurse</td>
<td>NHS Lothian</td>
</tr>
<tr>
<td>Dr Nicola Scott</td>
<td>Clinical Psychologist</td>
<td>NHS Ayrshire &amp; Arran</td>
</tr>
<tr>
<td>Tracey Sharp</td>
<td>Project Manager</td>
<td>NHS Forth Valley</td>
</tr>
<tr>
<td>Lesley Snadden</td>
<td>Genetic Counsellor</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Wilma Stewart</td>
<td>Neuromuscular Care Advisor</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Robbie Warner</td>
<td>Parent representative/Muscular Dystrophy UK rep</td>
<td>n/a</td>
</tr>
</tbody>
</table>
### Appendix 2: Finance

The annual budget for SMN expenditure (not including staffing costs) is £5,000. Spending against this budget for 2017/18 was £4,996.54, covering costs for network meetings and education events.

#### SCOTTISH MUSCLE NETWORK Financial Information

<table>
<thead>
<tr>
<th>Job Description</th>
<th>Account Description</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCOTTISH MUSCLE NETWORK</td>
<td>HIRE OF ROOMS FOR MEETINGS</td>
<td>£409.00</td>
</tr>
<tr>
<td></td>
<td>INTERNAL CATERING RECHRG NPAY</td>
<td>£43.05</td>
</tr>
<tr>
<td></td>
<td>LECTURE FEES SPECIALISTS</td>
<td>£1,278.41</td>
</tr>
<tr>
<td></td>
<td>OTHER PRINTING STATIONERY</td>
<td>£20.88</td>
</tr>
<tr>
<td></td>
<td>OTHER PROVISIONS</td>
<td>£2,674.05</td>
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<tr>
<td></td>
<td>PATIENTS TRAVEL EXPENSES</td>
<td>£515.25</td>
</tr>
<tr>
<td></td>
<td>PUBLIC TRANSPORT</td>
<td>£25.90</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td></td>
<td><strong>£4,966.54</strong></td>
</tr>
</tbody>
</table>

The distribution of expenses for 2017/18 is as follows:

- **PUBLIC TRANSPORT**: £2,674 (54%)
- **INTERNAL CATERING RECHRG NPAY**: £43 (8%)
- **LECTURE FEES SPECIALISTS**: £1,278 (26%)
- **HIRE OF ROOMS FOR MEETINGS**: £409 (8%)
- **OTHER PROVISIONS**: £2,674 (54%)
- **OTHER PRINTING STATIONERY**: £20 (4%)
- **PATIENTS TRAVEL EXPENSES**: £515 (10%)
- **GRAND TOTAL**: £4,966.54