



the
neurological
alliance

2017 Meeting

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NHS
England



ASSOCIATION
OF BRITISH
NEUROLOGISTS



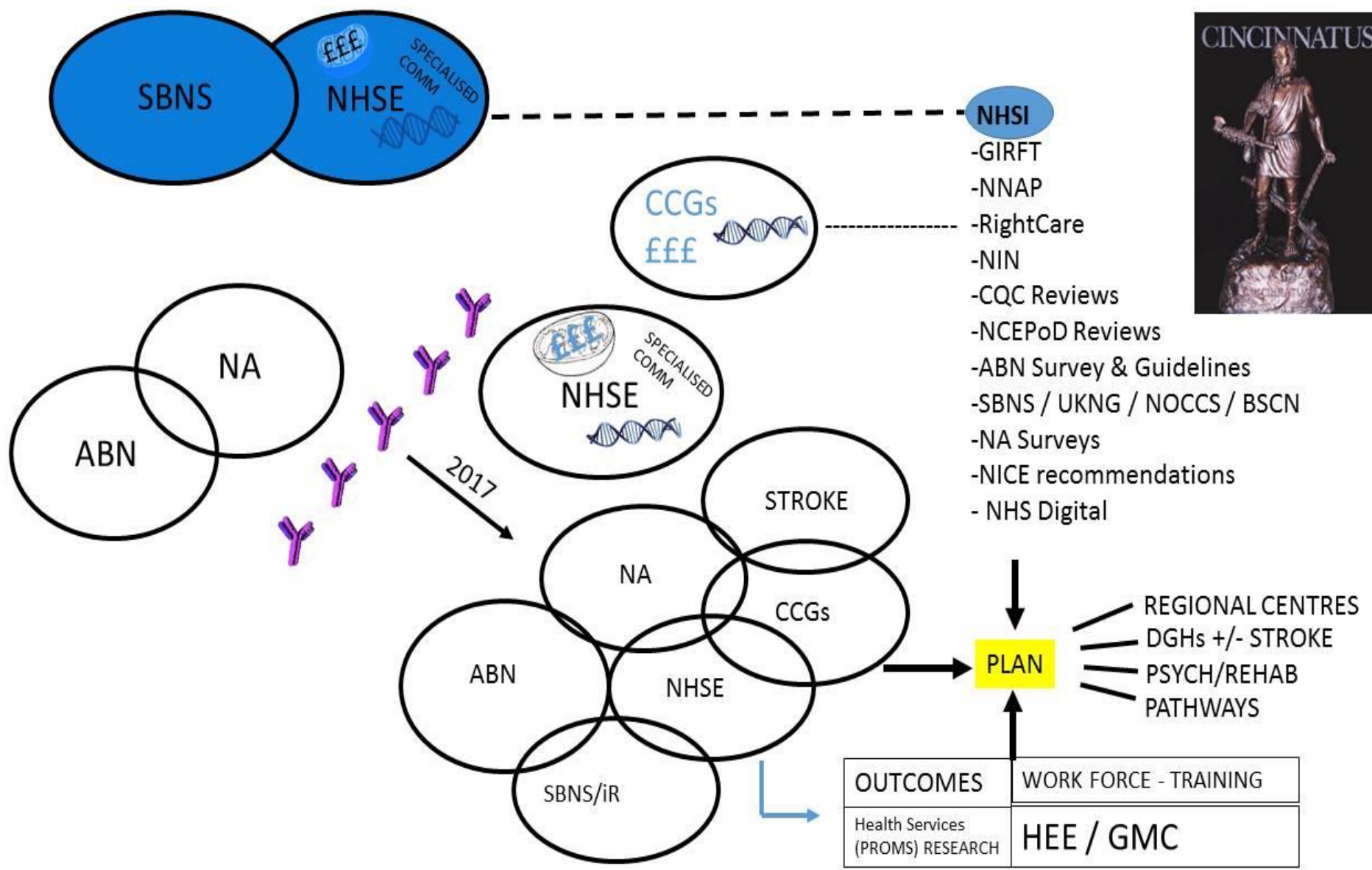
BSCN

Founded as
the EEG Society
in 1942



UKNG

UK Neurointerventional Group



NHSI

- GIRFT
- NNAP
- RightCare
- NIN
- CQC Reviews
- NCEPoD Reviews
- ABN Survey & Guidelines
- SBNS / UKNG / NOCCS / BSCN
- NA Surveys
- NICE recommendations
- NHS Digital

PLAN

OUTCOMES	WORK FORCE - TRAINING
Health Services (PROMS) RESEARCH	HEE / GMC

- REGIONAL CENTRES
- DGHs +/- STROKE
- PSYCH/REHAB
- PATHWAYS

Neuro
Not a NHSE priority?

Neuro often
Leads Research but
not always service
delivery

N-
Oncology

Neurology

iRadiology

N-
Rehabilitation

NeuroSurgery
+ Spinal

Dementia
PD

Neurology
With
Co-morbidities
GM takes

N-
Ophthalmology

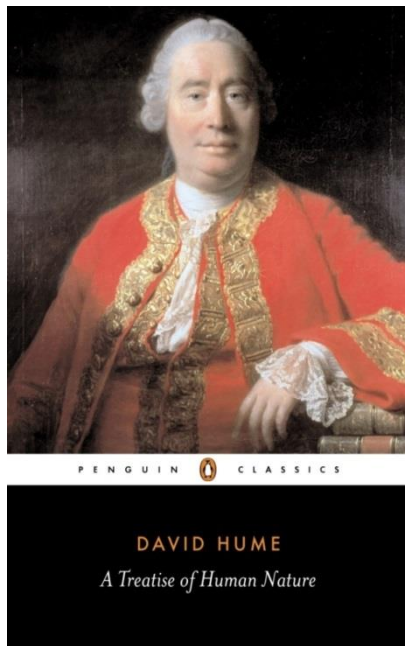
Stroke
MT

N-Psyche
Function
al

N-
Trauma

Brain Diseases Are

"Men who pull the oars of a boat do it by agreement, **not** promises"

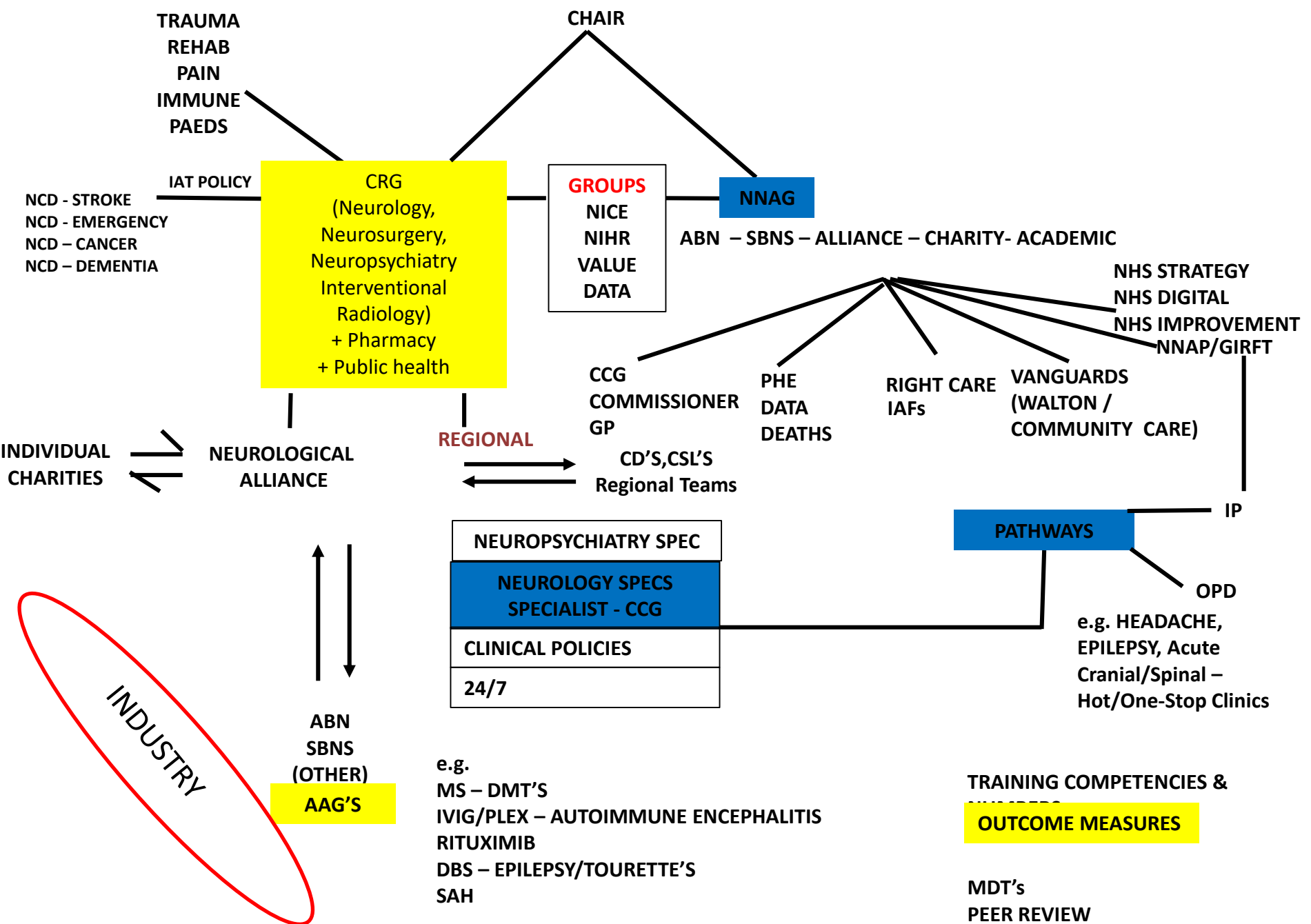


**We are all in the same
boat.....**

From Detached Concern to

**Empathy and Understanding each
others**

Predicament/Experience/Perspective



Neuro-epidemiology – NNAG Data Group



- Right-Care – (Community)
- GIRFT – (Hospital)
- NIN - PHE
- ABN – Survey
- NA – Survey
- NNAP – Neurosurgical National Audit
- SSNAP (Stroke)
- Registries (Shunts/DBS)

**What convinces
CCGs/STPs?
What helps CSLs
write business
cases?**

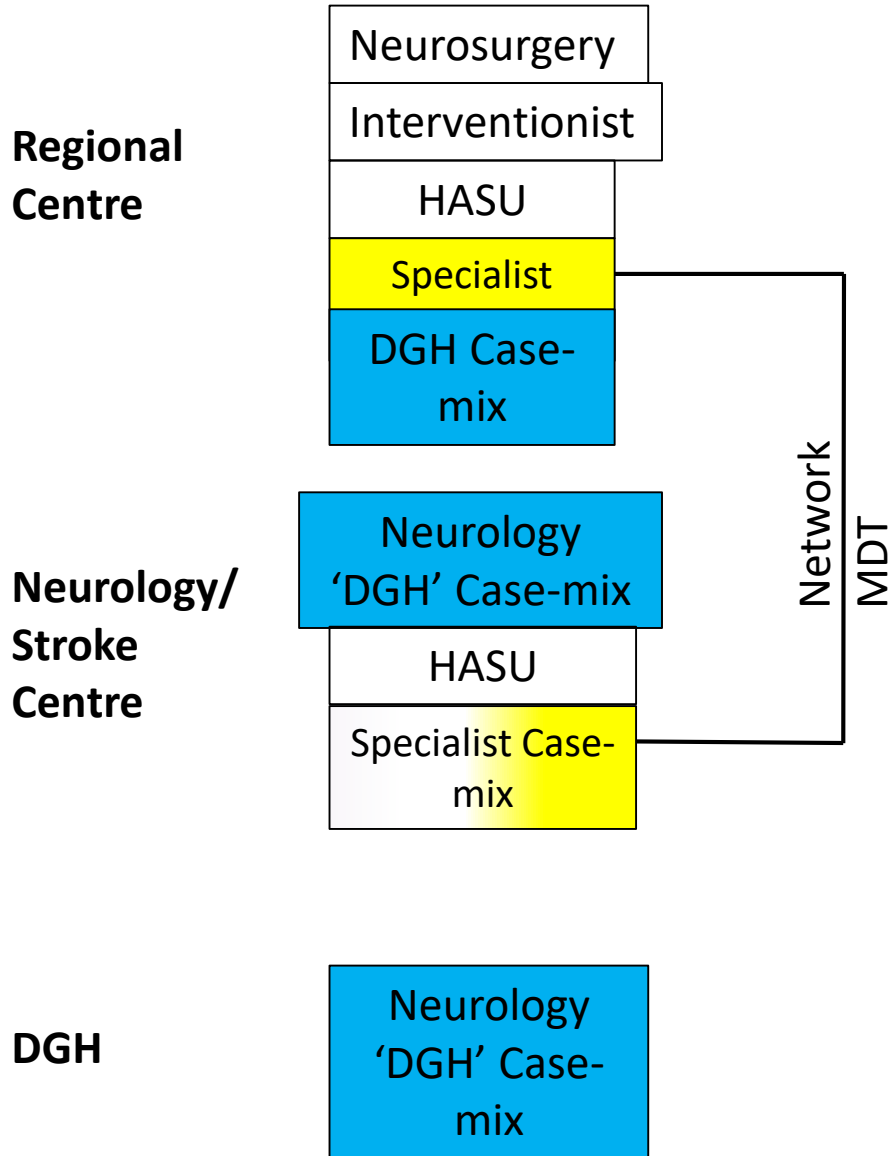
CURRENT - generic

- **NICE referral document**
- **Specs – specialist clinics/clinicians - MDTs**
- **Service Development – CRG/CCG**
- **Leader’s day(s) – Data & New Models to Action sharing Best Practice eg letters/care plans**
- **GIRFT/RightCare/NIN**
- **Data subgroup**
- **Outcomes subgroup**
- **Industry forum**

Current - specific

- **Neuro-muscular day**
- **PD-Dementia-Psych day**
- **Rehab day – transfer systems**
- **Community Neurology Care (avoiding admissions)**
- **Headache & Epilepsy frameworks**
- **Thrombectomy/Stroke**
- **Immunotherapy**

Specs to Service Development/Review



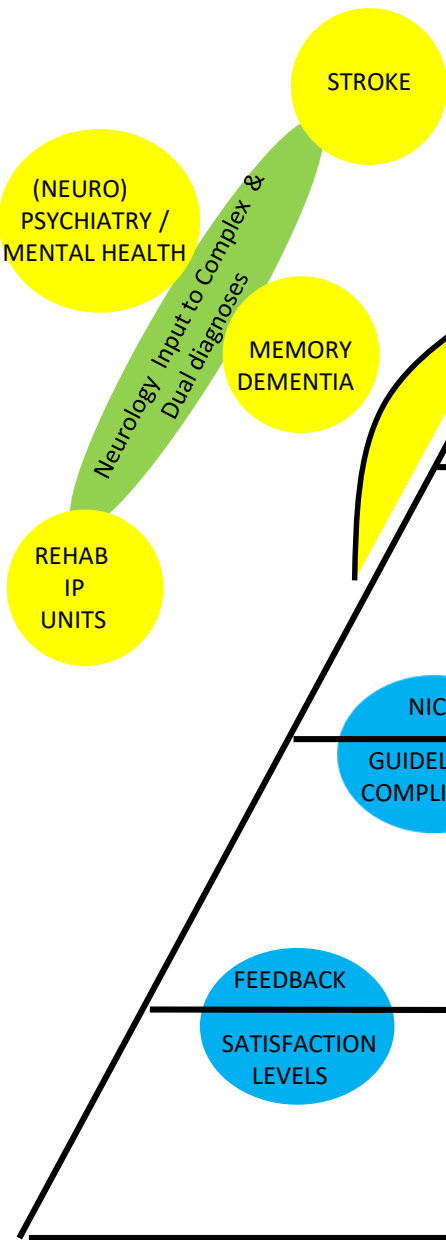
Break in to Regions?

Specialist defined as consultant-consultant referral
To a sub Specialist expert TRAINED/CME
Specialist clinic
Nurses/AHPs

NEUROLOGICAL DISEASE & DISABILITY IS COMMON – SOME ACUTE – MUCH TREATABLE – SOME PREVENTABLE: THE PYRAMIDAL CELL

ALL TIME ALL SETTING REHABILITATION & RE ENABLEMENT
PARALLEL PATIENT EDUCATION & ACTIVITY PROGRAMME

PREVENTION AND ANTICIPATION OF COMPLICATIONS & NEEDS



GOOD =

REGIONAL
NATIONAL
INTERNATIONAL
ACADEMIC
NEUROSCIENCE
(NIHR) TRIALS

REGIONAL
NEUROSCIENCES
Quality Dashboard
24/7 – ON Call

NORSE / HOT clinics

INTEGRATED
DGH
(ACUTE)NEUROLOGY + STROKE
TWINNED
CENTRE

ENHANCED
COMMUNITY
NEUROLOGY

ASSERTIVE EXPERT
COMMUNITY
REHABILITATION & SOCIAL SERVICES
CASE MANAGEMENT

NEUROLOGICAL SURGERY: TUMOURS. SAH. TRAUMA. SPINAL. PD- EPILEPSY. SKULL BASE/PITUITARY. PAIN. **RADIOSURGERY.**
INTERVENTIONAL & DIAGNOSTIC NEURO-RADIOLOGY -24/7.
NEUROPHYSIOLOGY/ V-TELEMETRY / SLEEP STUDIES. **MDTs open to DGHs.** **NEUROPATH/COMPLEX BLOODS.** **NEURO ITU.** **NEUROLOGY BEDS** eg .GBS/AI ENCEPHALITIS / MYASTHENIA.+ PATIENTS OFF MEDICAL TAKES & A/E.PLASMAPHORESIS / DAY UNITS eg. IVIG-LPS-DMTs. Specialist NURSES/PHYSIO/Sp THERAPY/OT. **PSYCHOLOGY.**
NeuroGERIATRICS. **NEUROLOGY SPECIALIST CLINICS:** EPILEPSY/PD(APO/DUODOPA)/DYSTONIA/MS/NMUSCULAR/MND/ HEADACHE(BOTOX)/SLEEP . REHAB. NEURO-GENETICS- OPTHALMOLOGY – ENT – PSYCHIATRY - RESPIRATORY/NIV/PEG. ONCOLOGY
TRAINING/CME/TEACHING/QUALITY AUDIT & GOVERNANCE .



BETTER TRANSFER
RETRANSFER SYSTEMS

3-5 NEUROLOGISTS – OP + IP / MEDICAL TAKE & A/E. INTEGRATION with STROKE . SOME SPECIALIST CLINICS / NURSES/PHYSIO/SPEECH THERAPY.
5-10 BEDS (not counting Stroke)with REHAB.MRI/CT (?24/7) & some Neurophysiology. MDTs eg. with GM &A/E/Audit/Teaching/Training. Patient tracking.

GP-CONS BI-DIRECTIONAL FEEDBACK
REFERRAL & TRIAGE SYSTEM. ADVICE & GUIDANCE. PROTOCOLS .
SPECIALIST COMMUNITY NURSES Epilepsy/MS/PD/Spinal Physio (REDUCING ADMISSIONS). **HOME VT/complex DRUG DELIVERY.** SPECIALIST GPs?

MULTIDISCIPLINARY & MULTIAGENCY TEAMS. DISTRICT NURSES. CONTINENCE ADVISORS. **PALLATIVE & 24/7 END OF LIFE CARE.** EQUIPMENT. COMPLEX TECHNOLOGY. **PSYCHOLOGICAL SUPPORT.**

A MULTIDISCIPLINARY “RIGHT CARE” AS LOCAL & AS RESPONSIVE AS POSSIBLE “STP” MODEL

3RD SECTOR: NEUROLOGICAL ALLIANCE / INDIVIDUAL CHARITIES