

Neurosciences Implementation Group and Managed Clinical Network

Newsletter

September 2007

Implementation Group Membership

Chair: Mr John Glennie
Chief Executive
NHS Borders
Newstead
Melrose
TD6 9DB
email: john.glennie@borders.scot.nhs.uk

Mr David Allan, Director, QENSIU, Glasgow
Dr Peter Andrews, Consultant Anaesthetist, Edinburgh
Sister Carolyn Annand, Senior Nurse, Aberdeen Royal Infirmary
Miss Jennifer Brown, Consultant Paediatric Neurosurgeon, Glasgow
Ms Beverly Bryan, Lead Physiotherapist, WGH, Edinburgh
Dr Susan Copstick, Consultant Clinical Neuropsychologist, Glasgow
Professor Martin Dennis, Consultant in Stroke Medicine, National Advisory Committee on Stroke (Chair)
Dr Roelf Dijkhuisen, Medical Director, NHS Grampian
Mrs Myra Duncan, Director of Regional Planning, South East and Tayside Regional Planning Group
Ms Fiona Farmer, Amicus, Glasgow, rep. Scottish Partnership Forum
Dr Alan Foster, Consultant Neurophysiologist, Aberdeen Royal Infirmary
Mr Douglas Gentleman, Honorary Consultant Neurosurgeon and Chair, Scottish Head Injury Forum
Professor Donald Hadley, Consultant Neuroradiologist, SGH, Glasgow
Mr Mark Hazelwood, Chief Executive of MS Society Scotland and Chair, Scottish Neurological Alliance
Ms Laorag Hunter, Speech and Language Therapist, Dundee
Dr Harpreet Kohli, Medical Director, NHS Quality Improvement Scotland
Mr Adrian Lucas, Chief Executive, Scottish Ambulance Service
Dr Robert McWilliam, Consultant Paediatric Neurologist, Glasgow
Dr Richard Metcalfe, Consultant Neurologist and Chief Medical Office Specialty Advisor in Neurology
Dr Colin Mumford, Consultant Neurologist, Edinburgh
Ms Alison Rae, Occupational Therapist, Glasgow Royal Infirmary
Professor Roy Rampling, Consultant Neuro-oncologist, Glasgow
Dr Richard Roberts, representing academic neuroscience, Dundee
Dr Colin Smith, Consultant Neuropathologist, Edinburgh
Dr David Watson, GP, representing Primary Care Neurology Society, Scotland
Professor Ian Whittle, Consultant Neurosurgeon and Chief Medical Office Specialty Advisor in Neurosurgery
Mr Andy Wynd, Chief Executive, Scottish Spina Bifida Association

This newsletter, which we aim to produce every two months, is to update all staff involved in the provision of neurosurgical and neurological care to patients across Scotland on the progress of the Neurosciences Implementation Group and its various areas of work.

It also provides a progress report on the work of the national network groups, their aims and objectives, and progress to date.

Background

The Implementation Group was set up to take forward the recommendations of the Neurosciences Action Team and 'Delivering for Health'. A number of explicit recommendations were made, one of which was that the service should be 'integrated across specialist, secondary and primary care using the managed clinical network model, and will be provided as locally as possible, with explicit standards of care across the integrated care pathway'.

This approach involves developing a model of working which involves clinicians and patients in service design and promotes interdisciplinary working at all levels and with other agencies, such as voluntary organisations.

Current position

In the context of discussion on service redesign, it is important to ensure that any new model of service will have at its core clear, effective and sustainable pathways for all patients requiring neurosurgery and its associated specialities. Patients should receive appropriate and timely care which is delivered close to home wherever possible while providing clear and practical systems for onward referral for specialist surgery where appropriate.

Equally, patients should have equitable access to whatever rehabilitation facilities they require post-surgery, which again should be delivered as close to home as possible.

The three tier model, in which surgical intervention is performed on a prime site, supported by level two and three facilities on a more local level, forms the basis for planning for the future delivery of neurosurgical services in Scotland.

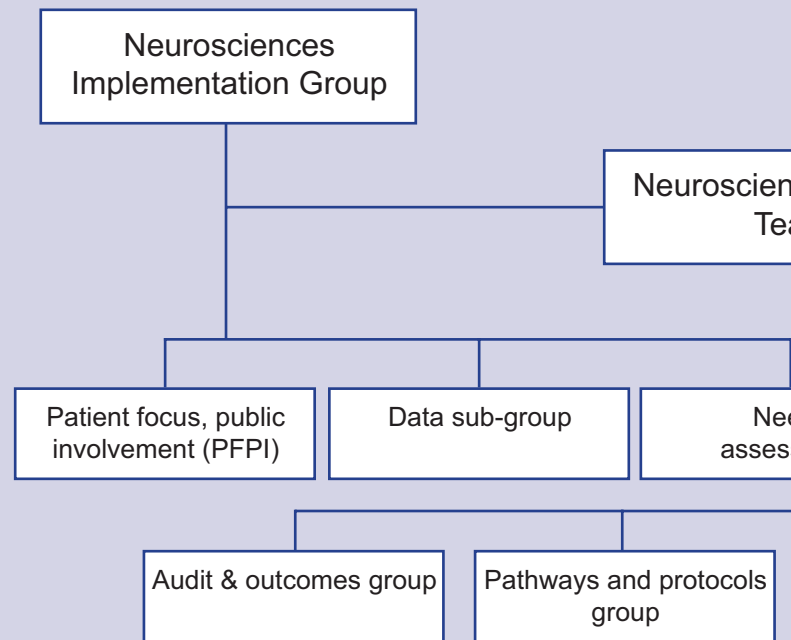
Project structure

The multidisciplinary implementation group meets approximately every six weeks. It is supported by project direction, management and secretariat services from The Scottish Government.

In designing services for the future, the needs of the population for accessible, safe, quality services are at the heart of decision making.

Other issues, such as workforce planning, patient transport, costs and resources must also be thoroughly understood. Consequently, there are a number of groups looking at specific areas within the service, which will provide reports to the implementation group to inform its recommendation to Ministers.

The diagram opposite shows the relationships between the groups.



Group progress

PFPI

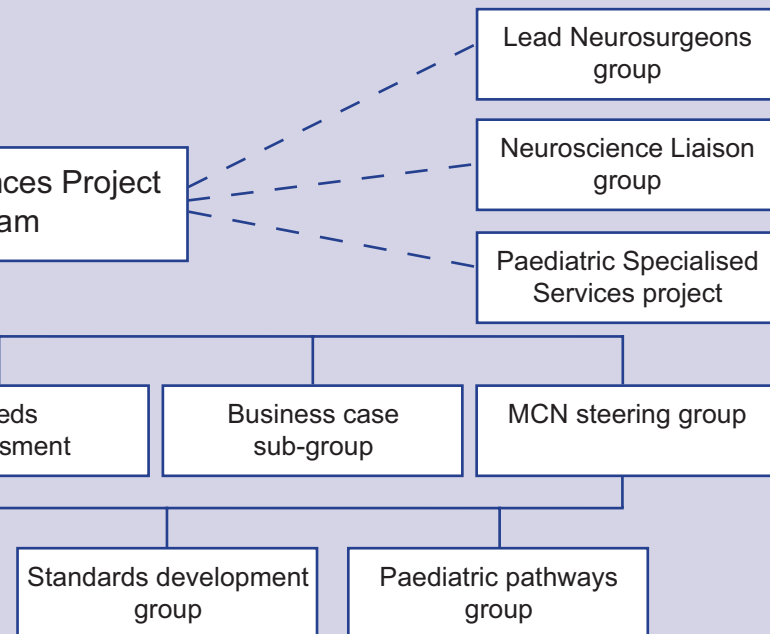
A draft stakeholder document has been produced and a sub-group established, whose immediate tasks are to refine and finalise the stakeholder document and to plan 'open space' events. It is expected that the document will be available for circulation by the end of October, and that the public events will be held in October.

The overall aim of this group is to provide a clear communication and engagement strategy for the group, enabling patients and the public to contribute to the project.

Needs assessment

Dr Graham Foster and members of the Public Health Forum are now nearing completion of the needs assessment for neurosciences in Scotland. A final report is expected to be presented to the implementation group in November.

The aim of the needs assessment is to provide information on



Contacts:

Will Scott, Project Director

Mark Brady, Project Manager
 mark.brady@scotland.gsi.gov.uk
 tef: 0131 244 2343
 mobile: 07824 625025

Fiona Warner, Secretariat
 fiona.warner@scotland.gsi.gov.uk
 tel: 0131 244 2573

Fiona Maxwell
 National Clinical Network Manager
 fiona.maxwell@scotland.gsi.gov.uk
 tel: 0131 244 4095
 mobile: 07824 625026

What next?

Business case

The work of this group focuses on the selection of options for the future model of neurosurgery in Scotland, the development of appropriate criteria for appraising these identified options and the method to be applied to the options appraisal. This group will also aim to quantify the impact of any change in terms of activity, patient travel, costs, etc.

The Health Economics Research Unit (HERU) has been appointed to create a high level business case for the project, taking into account the considerations above. It will be advised by consultant neurosurgeons and directors of planning and finance from the four Boards which provide neurosurgical services.

Recommendations

The implementation group is expected to produce its report to Ministers at the end of December. This report is to include a clear recommendation on the location of the prime neurosurgical site and to detail which surgical interventions should be carried out on this prime site and which other surgical and/or supporting neurosurgical activities should be done outwith the specialised centre. The report will also make a recommendation on the location of the future single site for paediatric neurosurgery.

These recommendations will be reached only after extensive work, as outlined here, which is informed by expert opinion and experience.

For further information on the membership or work of any of these groups, or any other issues, please contact me, Mark Brady (details above). The views of those involved in the provision of care in this area are always welcome.

I hope you have found this update useful.