Priorities – Neurological Conditions Strategic Clinical Network

Dr Nick Fletcher, Consultant Neurologist & Clinical Lead
Michelle Timoney & Tracie Keats, Quality Improvement Leads

SUMMARY

- Neurological conditions strategic clinical networks formed in April 2013.
- During 2013/14, Cheshire & Merseyside neurological conditions network focused on improving the seizures pathway. Two national reports (National Audit of Seizure Management in Hospitals) showed large variability in care. Our work tackled these issues, seeking to improve outcomes for people affected by seizures. We are now checking that the work carried out so far has been embedded and we are assessing the impact.
- This poster highlights priorities for the neurological conditions clinical network for 2014/15 and 2015/16.
- We suggest focus on delivery of ONE OR TWO priority areas for the 2015/16 plan.

Our current priority - Chronic headaches

Why?

- Chronic headaches account for up to one third of new specialist neurology referrals in the UK.
- Headache is a common presentation in primary care.
- Neurology referrals are growing significantly year on year and there is financial pressure on budgets. Clinical Commissioning groups will become much more involved in commissioning neurology services in future, with responsibility for managing growth in demand and the associated financial pressures.
- 44% of referrals for headache were discharged after their first attendance at a Walton Centre clinic (based on analysis of one year’s data).
- Developing headache pathways will improve primary care confidence in managing headaches, improve the experience for patients, and can free up capacity to allow neurologists to see other patients.

What are we doing?

- We have a draft clinical headache pathway currently out to consultation with GPs, CCGs and clinical colleagues. We are collaborating with other strategic clinical networks who have an interest in headaches to learn from their work.
- We seek primary care views on the pathway, and are discussing the service models required to deliver it; discussions include primary care access to scanning; clinical assessment services; and refractory headache services.
- Specialised commissioners are interested in the outcomes of this work, and have prioritised it for QIPP (Quality, Innovation, Productivity and Prevention).

Future priorities – for discussion

We suggest the following issues are discussed and one or two areas prioritised for delivery in 2015/16:

- Acute headaches – in response to NCEPOD ‘Managing the flow’ (2013) – there are delays in primary, secondary care; and time to treatment in the UK is longer than in most other developed countries. Delays are particularly evident at weekends.
- Functional neurology (psychogenic/ non-organic somatoform disorders) – these account for 20% of neurology referrals; management is often unsatisfactory and ineffective. Cognitive behavioural therapy is shown to be the most effective intervention.
- Long term conditions management services (especially Parkinsons, Multiple sclerosis, epilepsy) – management can be increasingly community based, and multi disciplinary, to improve access and prevent emergency attendances.
- Developing solutions to help people with Parkinsons, when inpatients, get their medication on time – this has a significant, and detrimental, impact on patients.
- Acute neurology - Neurological disorders are very common and account for 10% of emergency medical admissions (excluding stroke). Explore 24/7 specialist access to neurology; including telemedicine, and acute neurology. This links directly to stroke and trauma service developments.
- Explore priorities emerging from other networks to seek alignment and opportunities for collaboration.

Suggestions for CCG commissioners

In 2014/15

- Work with the network on chronic headache pathways, and associated service models. Headaches are a significant issue for primary care clinicians, and will be a significant issue when CCGs start to commission neurology services (planned from 2015).
- Consider flagging commissioning intentions for neurology in the 2015/16 contract round. Generic neurology nurses (working in the community, in-reaching into hospitals) make a proven, positive impact on admission avoidance, reduce length of stay and reduce demand for outpatient appointments. Most of the financial benefits of investment accrue to CCGs.
- Review your data to understand the significant impact of neurological conditions on primary care, your commissioned activity and your services. Work with the network, the Neurology Intelligence Network and the Neurological Alliance/ patient groups to do this.

In 2014/15 and 2015/16 we intend to:

- Further develop collaboration with people, patients and organisations with an interest in neurological conditions.
- Develop our website and approach to communications.
- Increase engagement with primary care clinicians and clinical commissioning groups.

Calling all primary care clinicians - we need your help!
If you would like to comment on draft chronic headache clinical pathways (out for consultation) and service models, please contact tracie.keats1@nhs.net or michelle.timoney@nhs.net

CONTACT

Michelle Timoney/ Tracie Keats
Cheshire and Merseyside Strategic Clinical Networks
Michelle.timoney@nhs.net
Tracie.keats1@nhs.net
Improving the Management of Seizures in Cheshire & Merseyside...

The reason:
The National Audit of Seizure Management (2011 and 2013) demonstrates unacceptable variability in care following Emergency Department attendance. Appropriate follow up offers an opportunity to reduce emergency attendance and improve quality of care.

The evidence:
- A large proportion of patients with active epilepsy are not under follow-up in an epilepsy service.
- Assessments during acute admissions are often inadequate.
- Patients are not gaining access to services after Emergency Department attendance. (NASH1 2011 & NASH2 2013)

The Solution:
Prioritise the management of seizures and develop a pathway to be negotiated with trusts.

Our trusts:
Cheshire & Merseyside cover seven local hospitals; Aintree, Arrowe Park, Warrington, Whiston, Southport & Ormskirk, Countess of Chester, & the Royal Liverpool.

OUTCOMES

⇒ All trusts have agreed to adopt the pathway
⇒ Links between emergency medicine, acute medicine and visiting neurologists have been improved
⇒ It is anticipated that:
  - the pathway will increase the number of people referred to first seizure clinics
  - Improve the co-ordination of services for people with diagnosed epilepsy who have a seizure
  - Have a positive impact on admissions and length of stay
⇒ There is an emerging approach to;
  - Data
  - Training & development

What did we do?
Partnership working included development of the pathway with active neurology, emergency medicine, gastroenterology and primary care input.

Collaborative working with the CLAHRC (Collaboration for Leadership in Applied Research & Care) and research leads for NASH.

Co-Production working with patient charities and the Neurological Alliance to confirm the pathway and agreed patient information sheet.

Cheshire and Merseyside Strategic Clinical Networks

National Institute for Health Research CLAHRC

NHS