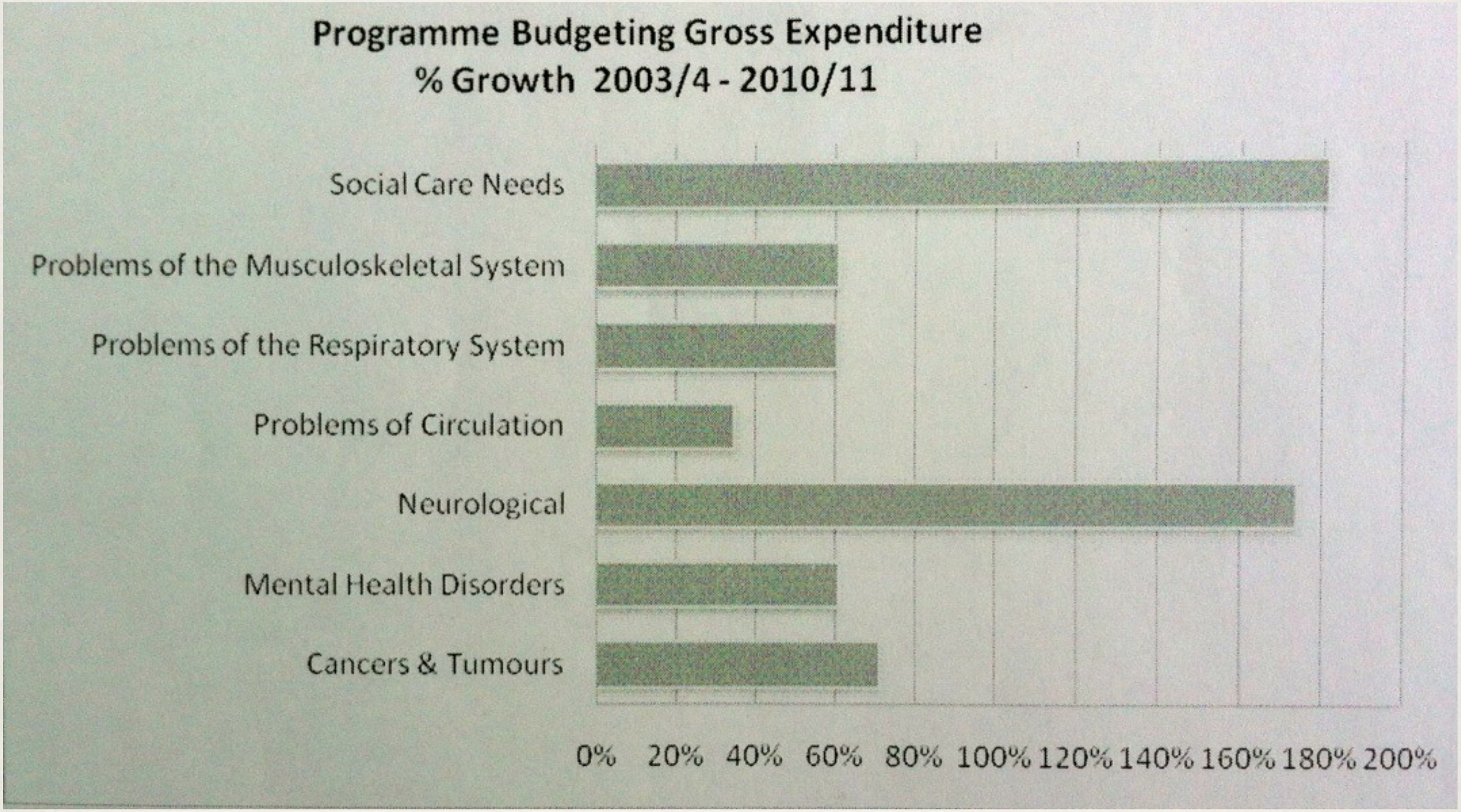
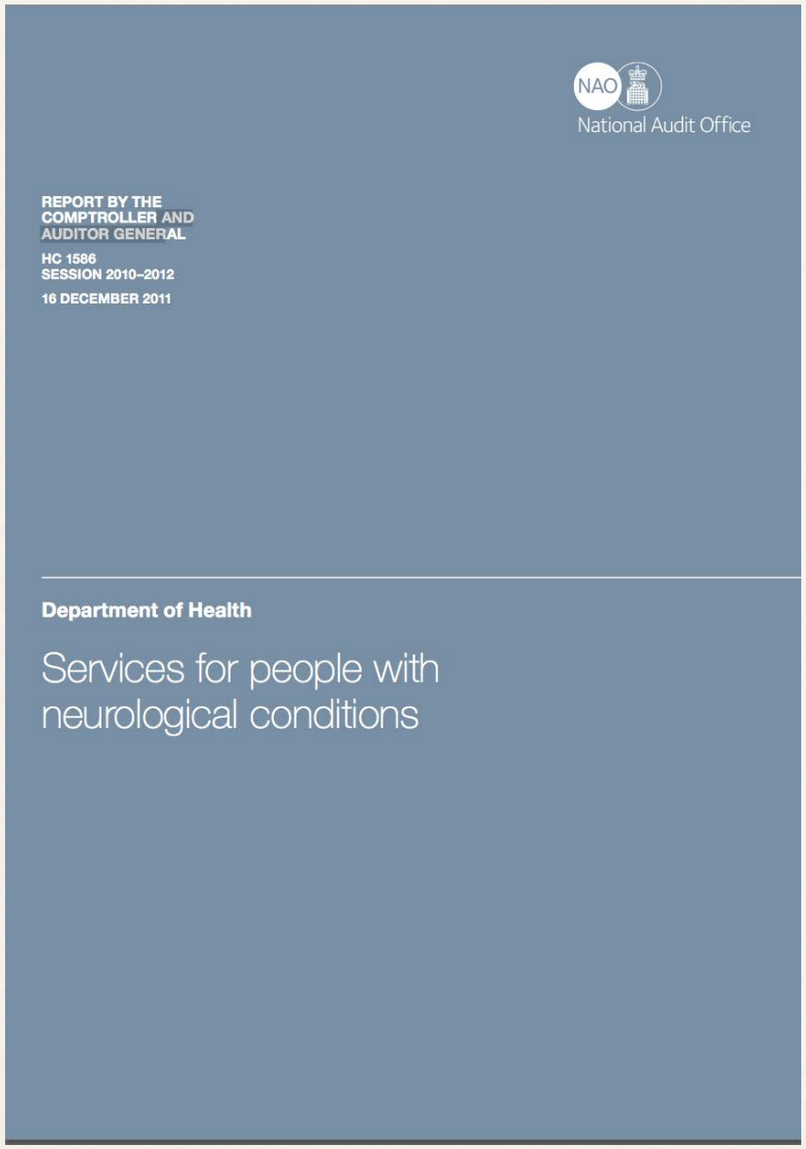
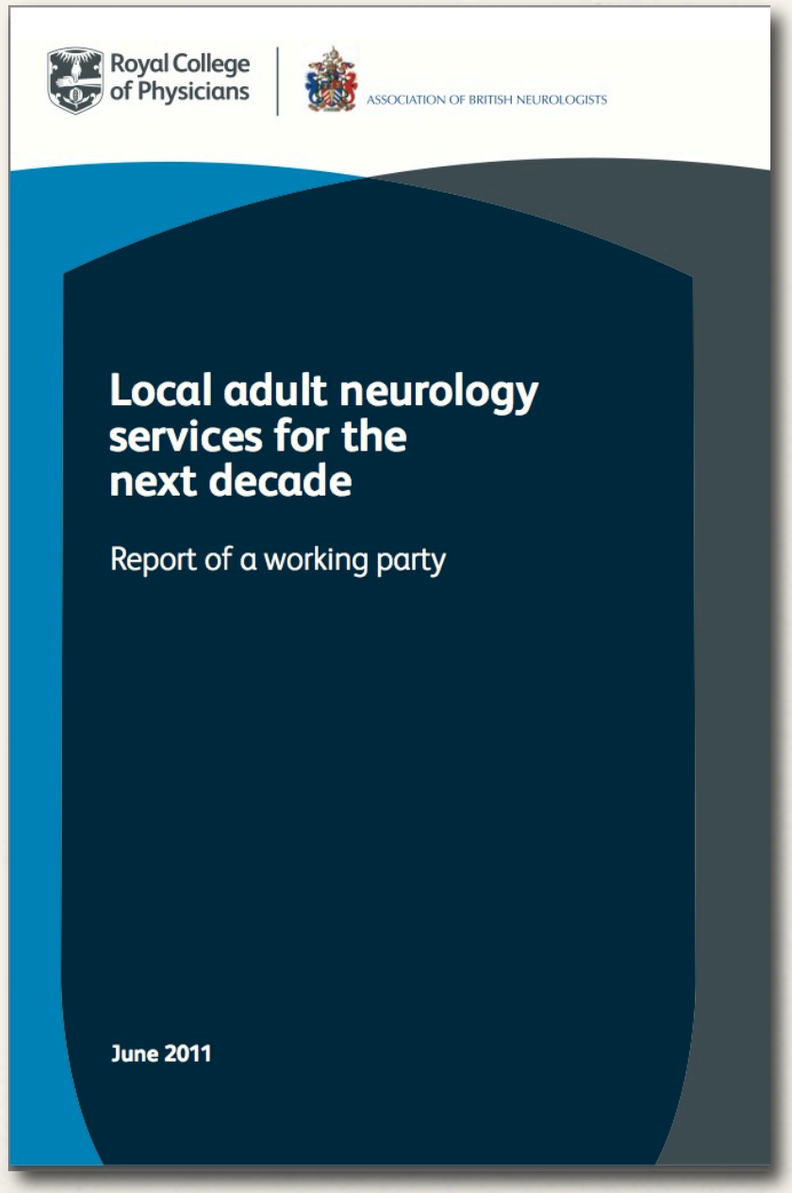
What are neurological conditions?

- Common disorders
  - headache & migraine -90% life time prevalence
- Life threatening
  - meningitis, encephalitis, SAH, GBS, status epilepticus
- Rare but difficult
  - MND,myasthenia, mitochondrial disease
- Long term conditions
  - Parkinson’s disease 1 :1000
  - Multiple sclerosis 1:800
  - Epilepsy 1:250

Programme Budgeting Gross Expenditure
% Growth 2003/4 - 2010/11




National Audit Office
REPORT BY THE COMPTROLLER AND AUDITOR GENERAL
HC 1586
SESSION 2010–2012
16 DECEMBER 2011
Department of Health
Services for people with neurological conditions


Royal College of Physicians
ASSOCIATION OF BRITISH NEUROLOGISTS
Local adult neurology services for the next decade
Report of a working party
June 2011

How do patients access services?

- Acute emergency care in ED in DGH
  - blackout/paralysis/headache
- Routine OP appointment
  - headaches, blackouts/tingling numbness etc
- Variable access to care for LTCs
  - Epilepsy/PD/MS & others etc

What are the concerns? standards of care:

- Acute emergency care
- Chronic long term care
- Access to OP diagnosis

What is commissioned?

- Neuroscience specialist commissioning e.g. rare neuromuscular disorders
- Tertiary rehabilitation in some areas NSC
- OP scheduled care CCG
- What about acute and long term neurology conditions?

What do patients want?

- Local service
- Quick & accurate diagnosis
- Rapid access to expert support & Rx
- Support to self manage their condition
- Reduced admissions & LOS

Acute neurology services

- 1 : 10 admissions - Neurological
  - 3rd most frequent speciality after cardiology & respiratory
- Current process : triage to general physician
  - inappropriate care due to unavailability of local neurologist
- Delay in referral & misdiagnosis
- Increased LOS
- Inappropriate use of investigations
- Great concern but no champion! (charity or GP)

NASH

- 41% DGH no policy for acute seizure care
- 35% DGH no policy for status epilepticus 10% mortality
- 48% DGH no policy of further referral
- 66% known epilepsy
- 3.5% admitted to a neurology ward
- % admitted greater than for COPD
- 52% access to epilepsy nurse

How can this be done better?

- Liaison neurology
- 75% seen within 24 hours
- Halves LOS
- 30% change in diagnosis
- Management change 80% Epilepsy patients
- Reduced costs saving 150K in typical DGH

Inequity

- Why should the standard of care be different to :
  - Acute stroke?
  - Gastroenterological emergencies etc.?
  - Epilepsy deaths and admissions static past 10 years

How?

- Modify neurology DGH job plans to include liaison work
- Appoint acute neurologists
- Emergency clinics to prevent admission
- Reduce scheduled care- see later !
- CCGs to commission and DGHs to provide acute care

from neurologists

Neurology OP clinics (scheduled care)

- ↑by 10 % per year
- 1 : 125 adult population see a neurologist in OP
- In some areas majority seen in the centre (40%)

Who is seen in the routine OPD? Is this good value?

- 20 % headache
  - 70% migraine & tension headache
- 30 % no neurological diagnosis
- Functional & psychological 16%
- Epilepsy 14%

How can this be improved?

- Intermediate H/A & Epilepsy clinics
  - more economical
  - better patient satisfaction
- GPwSI to filter referrals for a group of CCGs
- E mail triage of referrals
  - ↓ by 40% patients seen
- NeuroMail/telephone clinics
- Remove chronic neurology- see next!

What are long term neurological conditions?

- Life time prevalence Ep,MS,PD & others
  - 6 per 1000
- 3000 patients in 500K population
- 25 % never seen a PD nurse
- 60 % trusts have no epilepsy nurse
- PD nurses reduce consultant time by 40%
- Admission rates ↓ by 50 %
- Self funding !

Who should look after them & how?!

- Key worker NOT neurologist!
- Community neuro teams i.e. stroke care
- Led by GPwSI supported by local neurologist
  - epilepsy,MS,PD & other LTC
- Specialist nurses & AHPs

Recommendations
3 suggestions for SCN

- Develop local generic neurology networks for long term conditions alongside stroke
  - GPwSI, spec nurse, AHPS etc
- Improve access to neurology opinion in DGH for acute admissions
  - urgent clinics, liaison neurology sessions, ED protocols
- Modernise OP (scheduled) care
  - GPwSI headache, epilepsy, general, NeuroMail

Outcomes

- Domain 1 preventing acute illness & dying prematurely
- Domain 2 improving QUAL for LTC
- Domain 3 helping recovery
- Better outcomes & value

Identify neurology clinical leads

I am very keen to help support this & assist