



Neurological Services Strategy and Plan

Volume 1

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This strategy and plan is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245

1. Executive summary

This is a strategy and plan intended for use in Neurological Health Services in Grampian from 2011 to 2014. It is intended as a reference for health service staff and for patients, carers and members of the public. Key drivers for this document include NHS QIS Clinical Standards of Neurological Health Services 2009, NHS Quality Strategy (2010), Long Term Conditions action plan (2009), Shifting the Balance of Care (2008). The vision for the strategy is identified, some background information relating to the Health Board is provided, including a summary of current facilities. The strategy and plan concludes with the development of a three year improvement plan for Neurological Health Services in Grampian.

2. Introduction

2.1. NHS QIS published Clinical Standards for Neurological Health Services in October 2009. Following the launch of these standards NHS QIS set out an improvement plan with local Health Boards requiring them to undertake a baseline evaluation. In the first instance the first four generic standards and later on, the remaining condition specific standards. From this baseline NHS QIS gave guidance as to priority areas for attention and NHS Grampian identified local priorities for improvement. An Improvement Network group has been established to oversee this work and links have been made to key stakeholders and other local programmes of improvement where natural links exist. This document sets out the strategy for Grampian and the 3 year plan for delivery of improvements.

3. Vision for Strategy

3.1 Every patient in Scotland with a disorder of the nervous system should experience a quality of care that gives confidence to the patient, clinician and carer. This requires that the person:

- is assessed by the right person at the right time
- has timely access to investigations required
- receives the treatment appropriate to their problem
- is encouraged to participate in decision making on a partnership basis,
and
- has easy access to information and services that enhances the long term management of their condition.

(Neurological Health Services Clinical Standards Oct 2009)

3.2 Neurological Health Services are aligned in their direction of travel and aspirations with NHS Grampians vision of health care, known as Health fit 2010-2013. This vision is to deliver the best possible services for a healthier Grampian. The aim is to have a particular focus on:-

- Helping people to maintain good health and to protect against and prevent ill-health.
- Providing care in people's homes and in community settings, away from large specialist hospitals when it is appropriate to do so.
- Delivering more care using trained and experienced staff from across a range of professions.

3.3 The aim is to ensure that care for the people of Grampian is high quality which means safe, with good clinical health outcomes and improved experience for people who have to access services. This is summed up by using a person centred approach to care which puts people in the driving seat of their health care. (www.nhsgrampian.org/healthfit)

3.4 NHSG Neurological Health Services will take cognisance of National and Local strategies with efficient use of resources, equality of access to specialist care, streamline care at each stage of the patient experience minimising duplication and limiting waste.

4. Strategic context

4.1 Within NHS Grampian efforts will be concentrated on five key areas of work. These strategic objectives are:-

- Improving health and reducing health inequalities
- Involving patients, public, staff and partners in the planning of services
- Delivering safe, effective and timely care in the right place
- Developing the workforce and empowering staff

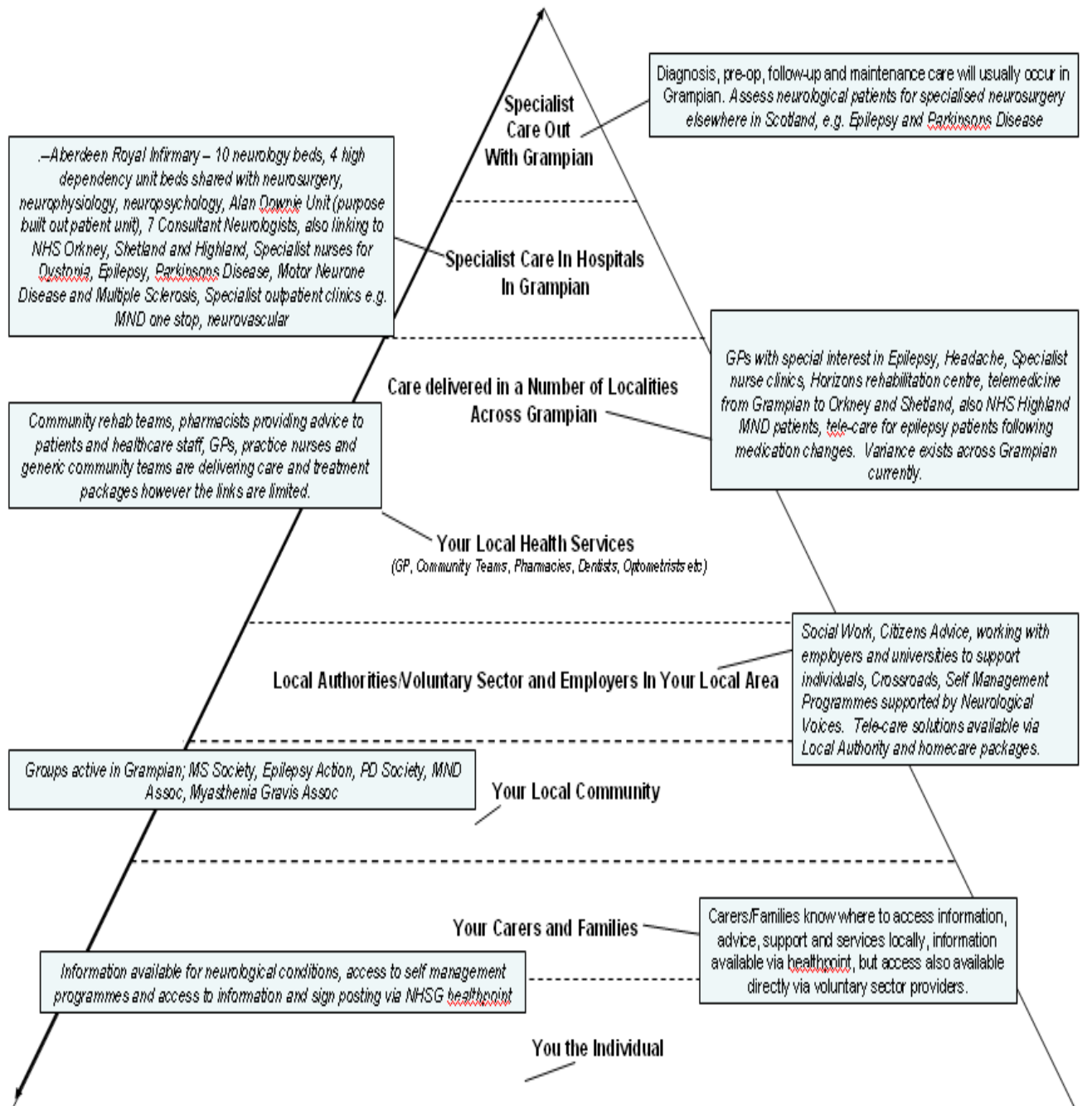
- Improving efficiency, productivity and sustainability – getting the best from our resources
- 4.2 A Health and Care Framework is currently being developed to support the delivery of our Healthfit vision. This has a particular focus on the whole pathway of care from self care/self management through to complex care and treatment packages.
- 4.3 Neurological Health Services will build upon the foundations of “Action On”, a service redesign project in 2005 – 2006 which improved access and quality of neurological out patient services in Grampian.
- 4.4 Although no national strategy for neurological disorders exists, a number of clinical guidelines and standards provide direction for quality and efficient care, these include:
- Quality Improvement Scotland – Clinical Standards – October 2009, Neurological Health Services
 - SIGN 70: Diagnosis and Management of Epilepsy in Adults
 - SIGN 81: Diagnosis of epilepsies in children and young people
 - NICE 20: The Epilepsies - The diagnosis and management of the epilepsies in adults and children in primary and secondary care
 - Joint Epilepsy Council: A Guideline on the training standards for the administration of Buccal Midazolam
 - Joint Epilepsy Council: A guideline on training standards for the administration of Rectal Diazepam
 - NHS Quality Strategy (June 2010)
 - Shifting the Balance of Care (2008)
 - Long Term Conditions action plan (2009)
 - United Kingdom Multiple Sclerosis Specialist Nurses Association (UKMSSNA) Management of MS Guidelines
 - SIGN 79: Management of Urinary Incontinence in Primary Care
 - UK Consensus on the management of bladder symptoms
 - Association of British Neurologist Guidelines for prescribing Disease Modifying Therapy
 - SIGN 107: Diagnosis and management of headache in adults

5. About your Health Board (word Region deleted)

5.1. Please refer to volume 2 for this information.

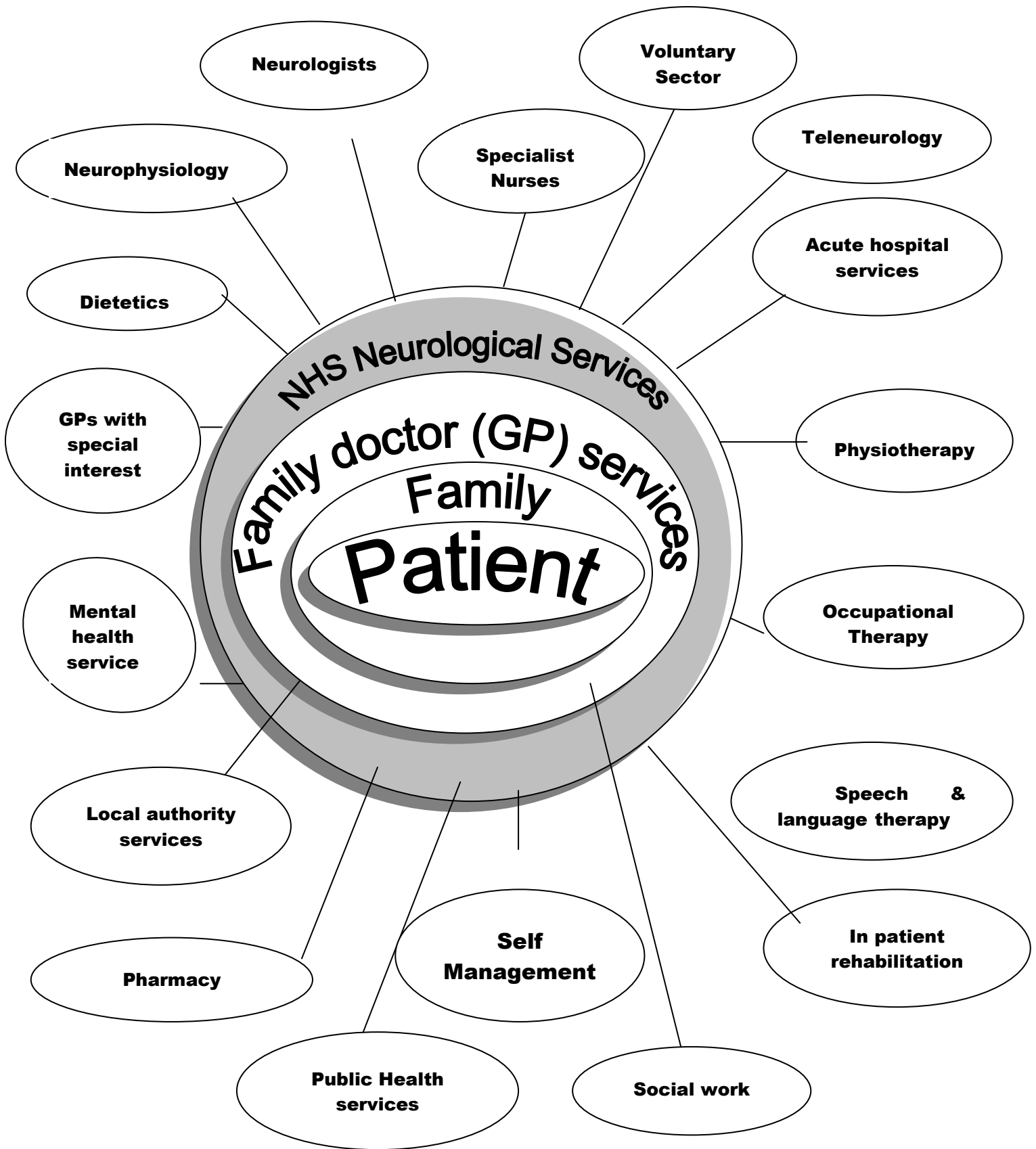
6. Current Facilities¹

6:1 Current Delivery of Neurological Services in Grampian



¹ Details outlined in volume 2

6.1 The map below gives a general outline of the support network available to Patients in Grampian



7. Pathways for Neurological Services

- 7.1 Although care is delivered in a planned and systematic way across Grampian, formal pathways are limited and a clear area for improvement within our 3 year plan.
- 7.2 Care plan for the treatment of prolonged seizures in adults (developed in Grampian and used in Grampian Orkney Shetland and Highland)
NHSG, Care pathway Management and diagnosis of patients with epilepsy
NHSG, Care Pathway for patients with 1st seizures

8. NHS Your Health Board Neurological Services outcome model

- 8.1. A high level outcomes model was developed to make the link between the actions and priorities of this plan and the national and local priorities and outcomes. It also enables the development of an effective performance management process.
- 8.2. The completed outcomes model is outlined on the following page.

Our vision

Our vision is that every patient in Scotland referred with a disorder of the nervous system experiences a quality of care that gives confidence to patient, referrer and provider.

National outcomes

Individuals will be:-

- Assessed by the right person at the right time
- Have timely access to investigations that promote care
- Is encouraged to participate in decision-making on a partnership basis when desired and
- Has easy access to information and services that enhance the long term management of their condition

Long-term outcomes

- Care, including self care, is delivered based on individual need and in partnership with the person with a neurological condition, their carers and family
- Care is effective, safe and evidence based
- Care delivery is equitable regardless of home location and personal circumstances of patient
- Care is delivered efficiently with a seamless delivery pathway by a trained workforce

Intermediate outcomes

- Commence pathway review and development for Parkinsons Disease and Epilepsy
- For NHSG social marketing campaigns to encompass neurological conditions
- That self management programmes are available through integrated working between the voluntary and public sector across Grampian
- Welfare and benefits advice available across Grampian for Neurological Conditions
- For tele-healthcare solutions to be available as a key intervention to support independence and self management
- Mechanisms exist to support self management plans and anticipatory care planning across Grampian for Neurological conditions
- For pharmacy to be supporting people with Neurological Conditions as part of their core business
- Active stakeholder service feedback mechanisms in place and working, the information obtained used to support continuous improvement
- Effective electronic communication systems are in place and operational
- Well informed, skilled and capable workforce around neurological conditions

Short-term outcomes

- To commence current state capacity and demand analysis of key services
- Completion of pathway for Motor Neurone Disease
- Commence pathway review and development for Multiple Sclerosis
- For NHSG healthpoint and NHS Inform to have quality assured information and guidance on where to go for people with Neurological conditions
- Neurological conditions are cited within NHSG plans in ehealth for the develop of electronic communications and patient tracking systems
- Robust telemedicine system in use between specialists based across Grampian to support Island and remote and rural communities

9. Future priorities

9.1. From the evidence available including information outlined in volume 2 of this strategy and from stakeholder feedback a list of priority areas were identified. These are:

▪ Expand self management support options	▪ Pathway development
▪ Increase awareness of self management	▪ Partnership working across voluntary sector, local authority and other health departments including island boards.
▪ Use of technology to improve pathway	▪ Enhanced medicines management by use of technology
▪ Improved communication via improved technology	▪ Improved remote and rural communication mechanisms including island links
▪ Robust feedback mechanisms both staff, partner agencies, patients and families	▪ Enhanced training and education of workforce
▪ Capacity and demand of current services	▪

9.2. A high level action plan has been developed to address these priorities, acknowledging and identifying that the lead for delivering on these may be solely or in partnership with another agency or service or be the direct responsibility of neurology services. The action plan is detailed in the appendix to this volume. (appendix 1)

10. Public involvement / engagement plan

10.1. Harnessing the experiences and views of patients and voluntary organisations will be central to the success of the programme.

10.2. A stakeholder event which included patient and carer involvement via NHS Grampians Public Focus Patient Involvement department. This event was attended by 86 people on the 17th May 2011 where consultation on Neurological Services and future strategy and improvement plans were discussed fully and the 3 year plan informed.

10.3. A local patient experience initiative has been taken forward within Neurological services in Grampian and the report from this work will start to establish the links into this type of feedback mechanism for service improvement.

11. What did stakeholders say?

- 11.1. Feedback to date has confirmed the improvement areas as noted in section 9 of this report.
- 11.2. Work to further involve stakeholders will continue.

12. Performance Management Framework

- 12.1. Partners to this strategy and plan view its implementation as part of the broader range of policies and programmes intended to modernise health service provision with an aim of making these services more equitable, safe effective and efficient. It is in particular intrinsically linked to the national NHS Scotland Efficiency and Productivity Programme a rigorous system of outcome monitoring and evaluation is therefore required.
- 12.2. This strategy and plan will be monitored and performance managed through existing mechanisms within NHS Grampian. The document has already been presented to the Senior Management Team of NHS Grampian and received their support. These reporting and performance management arrangements will continue on an ongoing basis.
- 12.3 Individual actions will be project managed through implementation.

13. Financial framework

NHS Grampian received non recurring money to support the implementation of QIS standards. To date the money has been used to employ a band 7 nurse on secondment to project lead the implementation and a band 4 administrator, both posts are part time. Travelling costs to attend learning events have also been included. A recent consultation event to shape Neurological Health Services involving patients, carers, and voluntary sector, health sector employees within NHS Grampian and Orkney and Shetland has been funded with monies provided by QIS.

Currently NHS Grampian funds the provision of services which goes some way to support the implementation of these clinical standards. These include multi-professional specialist clinical teams, rehabilitation services, Long-term Conditions programme and Better Care without Delay.

Following on from a mapping process, self evaluation against standards and the consultation event key improvement themes have emerged. Whilst overall costs are not expected to increase investment in any improvement will be met through rigorous reprioritisation of existing resources. Sustainability within existing resources will be a challenge. NHS QIS, now HIS (Healthcare Improvement Scotland) have indicated that further monies will be available on a non recurring basis to assist with the standards implementation. NHS Grampian will seek to support ongoing project management and

improvement facilitation, alongside the development of tele-health solutions and innovative ways of linking to and informing the public. Funding available will be used to support this activity.

14. Equality and Diversity framework

- 14.1 The service in demonstrating the standard, will provide a population needs assessment and identify any inequity in relation to access, quality, outcomes and use of services. This information will inform the Improvement Networks strategic approach and underpin plans to ensure quality care across the pathway is, sustainable, affordable and equitable.
- 14.2 NHS Grampian carries out regular involvement and consultation events with our local ethnic and disability communities.
- 14.3 NHS Grampian has in place comprehensive communication arrangements for patients with a communication disability. These include Speech and Language Therapists who specialise in aphasia, the production of accessible material, Portable Induction loops for hearing aid users and BSL signers for deaf patients. Grampian is one of the most attractive areas in Scotland for inward migration, mostly from Eastern Europe. Research has shown that over 90% of migrant workers and their families are non-English speaking when they first arrive in Grampian. Working with Local Authority partners and the Grampian Racial Equality Council, NHS Grampian has increased the number of “face to face” interpreters from 35 in 2005 to 140 in 2012. In addition, NHS Grampian had the “Language Line” telephone interpretation service live in over 700 locations, each location is fully equipped and has staff trained in its use.

Appendix 1 - Action plans

The details of what is addressed in the schedules below are as follows;

Action	These are the key high level actions to be taken.
Outcomes	These are what would be the result or consequence of the implementation of the action. For the purposes of this plan, these will be defined as one of the short and intermediate outcomes outlined in the outcomes model above.
Performance indicators	These should be both specific and measurable and directly link to the outcome.
Timescales	These outline the period by which targets should be achieved and initial outcomes can begin to be measured.

NHS Grampian 3 year Improvement Action Plan

Action	Outcomes	Performance indicators	Timescale
1. Complete a piece of work that establishes the capacity and demand of current service and identifies alongside the revised care pathways what is required for the future to provide a safe, effective and efficient service	To fully understand the current state capacity and demand of service; to use information to shape the future development of service considering the impact, throughout this 3 year plan.	Ability to demonstrate capacity and demand information and link this information to national benchmarks. Ability to demonstrate clear care pathways which show the predicted demand for services and the resources expected to be in place to ensure optimal model is delivered	Year 1
2. To work with key stakeholders including patients and their families/carers to develop pathways of care through short life working groups which will focus on <ul style="list-style-type: none"> • Motor Neurone Disease • Multiple Sclerosis • Parkinsons Disease • Epilepsy • Generic hospital pathway – AMAU Admission • Pathways for Obligate 	Pathways of care exist that are clearly defined and take account of generic and condition specific standards, geographical location, multi-agencies resources available and relevant interdependencies from self management through to complex care. Pathways will deliver accessible, equitable, safe and effective care which are person centre, individuals driving their care	Patient Experience Case Note audits against pathways Inpatient data Stakeholder experience	Year 1 Year 1 & 2 Year 2 & 3 Year 2 & 3 Year 2 Year 2

Action	Outcomes	Performance indicators	Timescale
networks (Orkney/Shetland)	Ensure seamless transition across health board boundaries		
<p>3. Work with healthpoint and NHS inform to agree provision of information and signposting to appropriate support</p> <p>Linking into social marketing campaigns and public messages to increase public and staff awareness of self management options</p> <p>To identify all available voluntary sector resources to support self management and establish links as part of pathway work to health services.</p> <p>Continue to work with Citizens Advice Bureau to enable people with long term neurological conditions to access benefits and welfare advice</p> <p>To further develop tele - health care solutions to</p>	<p>People with neurological conditions will be well informed and equipped to feel confident in managing their wellbeing and know how to get help, targeting appropriate support – right person, right place, right time</p> <p>To develop an information website for Neurological Services in Grampian</p>	<p>Ability to demonstrate the availability of information and guidance via NHSG health point and NHS Inform.</p> <p>Any self management campaigns or co-production activity takes account of neurological disorders</p> <p>Established a sustainable mechanism which maintains the information about what's available and up to date contacts (Clinical Guidance Intranet)</p> <p>Service established and access available</p> <p>No of people using telehealthcare solutions</p>	<p>Year 1</p> <p>Year 1-3</p> <p>Year 1-2</p> <p>Year 2</p> <p>Year 1 &2</p>

Action	Outcomes	Performance indicators	Timescale
<p>support self management</p> <p>To engage with existing work streams developing self management plans and anticipatory care plans for people with long terms conditions.</p> <p>To explore the role of community pharmacy in a system of self management options</p>		<p>as part of their care plan increasing – need to do a baseline measure</p> <p>No of people on caseloads who have a self management or anticipatory care plan in place.</p> <p>Through case note audit, impact on admission and length of stay through enacting of ACP.</p> <p>Agreement of pharmacies role within the pathways</p>	<p>Year 2</p> <p>Year 2</p>
<p>4. To establish a mechanism across services to gather appropriate information.</p> <p>To work with PFPI colleagues to support this work</p>	<p>To have sustainable mechanism to capture stakeholder feedback on service delivery eg. Patient, families, carers, referrers and providers.</p> <p>Information to be inform service improvement</p>	<p>Demonstrable mechanisms in place</p> <ul style="list-style-type: none"> • Experience surveys • Patient stories • Complaints 	<p>Years 1-3</p>
<p>4. Need to liaise with the Neurological service, ehealth department to agree the way forward in terms of improving electronic communication via existing NHSG systems</p>	<p>To optimise and expand upon existing electronic systems to support timely communication of clinical information</p>	<p>Ability to demonstrate effective use of existing systems, meeting all appropriate timescales set out in standards</p> <p>Audits of processes and pathways which demonstrate effective, efficient and seamless care and communication</p>	<p>Year 1 & 2</p>

Action	Outcomes	Performance indicators	Timescale
<p>Work with Orkney, Shetland and remote and rural areas across Grampian to increase the use of telemedicine</p> <p>Discuss and agree with ehealth department the opportunity via PMS to flag up and track admission of people who have a neurological condition and may require support with medicines management</p>	<p>Fully established and operational telemedicine clinics in place to improve patient care eg. Access, information, right person, time and patient experience</p> <p>Provide seamless care and reduce the risk of complications by ensure right information and treatment</p>	<p>Decrease in complaints pertaining to communication between professionals</p> <p>Patient and staff experience feedback</p> <p>Reduction in travel of professionals and patients, timely access to assessment and review</p> <p>Ability to demonstrate that system can track people and flag up need for intervention</p>	
<p>6. Work with key stakeholders including L&D, taking a partnership approach to identify what can be done in Grampian in collaboration with Orkney and Shetland to develop a knowledgeable, capable workforce caring for people with Neurological conditions.</p>	<p>Capability and confidence exists amongst staff to support self management</p> <p>Knowledge and skills in place across services to deliver appropriate care</p> <p>To know how and when to link into specialists</p>	<p>KSF profiles</p> <p>Training needs analysis</p> <p>Training available</p>	<p>Year 1- 3</p>

Appendix 2 - Members of Neurological Services Improvement Network

Lucy Sutherland, Unit Manager, Neurological Services

Dr Linda Gerrie, Lead Clinician, Neurological Services

Carolyn Annand, Project Manager, Neurological Services

Michael Couthard, Clinical Governance, NHSG

Aileen MacVinish, Programme Manager, BCWD

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