West Berkshire Neurological Alliance

Neuro Newsletter

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Intelligent Outcomes: A New Report

Poor care means that too many of the eight million patients in England with a neurological condition are admitted to hospital as emergencies, experience delays in having their condition diagnosed and receive too little information about what is wrong with them, according to the Neurological Alliance.

In a hard-hitting report: *Intelligent Outcomes: Applying the health and social care reforms to improve outcomes for people with neurological conditions*, the Alliance accuses the NHS of not taking patients with neurological conditions seriously enough, and warns that the coalition's health reforms will do nothing to help them. "Policy levers for improving care in the new NHS landscape are not being mobilised to support improvements to neurological services".

"Five of the six key policy levers, including national outcome strategies and the commissioning outcome framework, are not currently being used to improve services for people with neurological conditions," This is despite neurological services taking up more than 5% overall NHS spending. It makes them the eighth largest category of spending with one in six people being affected by a neurological condition.

The report urges the plethora of new NHS bodies being created next April by the Health and Social Care Act to tackle "the legacy of neglect which has resulted in unacceptable variations in outcomes and higher than necessary costs".

Inadequate and poorly coordinated care of neuro-patients by GPs and other community health and social care services result in undue numbers of emergency hospital admissions, the report says.

Research uncovered "a spending lottery" on neurological services by PCTs. Central Lancashire PCT spends £11.37M per 100,000 population whereas Haringey Teaching PCT in London spends just £4.31m for the same number of people.

Half of all PCTs spend more than a third of their total expenditure for neurological conditions on non-elective inpatient care and urgent/emergency care. In some PCTs, such as Wandsworth, Sunderland and Liverpool, more than 50% of the neurology budget is accounted for by emergency care.

Action is urgent because half a million people a year are diagnosed with a neurological condition and the number of patients affected by a neurological problem is set to skyrocket in the next decade. The Alliance wants the Department of Health and new NHS Commissioning Board to devise indicators for quality of care and patients' outcomes that will prompt the NHS to overhaul such services. An Alliance spokeswoman has said "We want NHS services to focus on what matters to people most. This will make sure that people with neurological conditions get integrated care and the support they need at the right time and in the right place,"
WBNA welcomes this report and will work with the Neurological Alliance to implement the recommendations in West Berkshire.

Neurology Clinical Network

Clinical networks are an NHS success story. Combining the experience of clinicians with

input from patients and NHS staff, they have improved the way care is delivered to patients. Stroke Networks have led to transformation of the way services are delivered leading to measurable improvements in both outcomes and patient experience. Cancer networks have raised standards and supported easier, faster access to services and encouraged the spread of best practice. Now four new Strategic Clinical Networks have been announced. Neurological conditions with dementia and mental health will be one of these clinical networks. The new NHS commissioning system is designed to give clinicians the best opportunities to plan and pay for the most appropriate and effective health services for local populations. The Strategic Clinical Networks should help commissioners reduce unwarranted variation in services and to encourage innovation. There is plenty of scope for improvement in the way neurological services are delivered and we await the development of the new Neurology Strategic Clinical Network with great anticipation.

Local Initiative on Epilepsy

In July, the Alliance supported a focus group attended by people with epilepsy, reviewing the priorities that surround the post of an epilepsy nurse specialist, a post the PCT is now contemplating. The strong view expressed by patients and carers was that this should be very much a community-based role as prevention opportunities are so compelling. Some additional research will be carried out with the help of Epilepsy Action before we produce a final report. Anyone interested, please contact John on 01635 33582.

Chairman retiring at 2012 AGM

David Roberts has been involved with the Alliance since the very start, holding the offices of Chairman or Vice Chairman throughout. His background, as a Director of an IT company and his personal experience of living with a neurological condition have provided the perfect mix of leadership and insight. His skill, at getting business through the agenda, and his focus on the direction of the Alliance have been key factors in driving WBNA to its current strong position. David has plans to relocate out of the region, so will be standing down at the AGM. We are most grateful for his leadership and counselling and are sure that all our readers will join us in thanking him for everything he has achieved. We wish David and Susie the very best for the future.

Dates for your diary

The 13th WBNA Annual General Meeting will be held on Thursday 13th September at 7.00pm for 7.30pm at the Holiday Inn, Padworth. The Guest Speaker will be Dr Deepak Ravindran, Consultant at the Pain Clinic at the Royal Berkshire Hospital. Refreshments will be provided and there will be an opportunity to meet and talk. New members for the committee are always welcome. RSVP using the accompanying form or email: secretary@wbna.org.uk.
Our last Open Meeting of the 2012 will be held on Thursday November 8th at St Joseph's Church Hall in Newbury at 1.45 for 2.00 pm. The speaker will be Dr Elizabeth Johnson of South Reading Clinical Commissioning Group.

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