

# Neurological Health Services

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## NHSScotland Local Reports

May 2012

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## Background

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### About the Neurological Health Services Implementation and Improvement Programme

Our vision is to deliver excellence in improving the quality of the care and experience of every person in Scotland every time they access healthcare. Our purpose is to support healthcare providers in Scotland to deliver high quality, evidence-based, safe, effective and person-centred care; and to scrutinise those services to provide public assurance about the quality and safety of that care.

We launched the Neurology Implementation and Improvement Support Programme in January 2010. The programme aims to drive and support continuous improvements in care for people in Scotland with a neurological condition.

Our approach to improve neurological services was ambitious, challenging and innovative.

- **Ambitious** as it set out to apply evidence, improvement and scrutiny to neurological health services across Scotland.
- **Challenging** as NHS boards face many competing priorities to secure dedicated time and resources to focus on improvement activities.
- **Innovative** as this was the first time we provided a focused improvement programme to support the implementation of standards.

### Evaluation process

As part of the programme, we carried out a peer review evaluation to assess the NHS boards' progress implementing the standards. Rather than review NHS board performance against all the criteria in the standards, we identified 17 criteria which represented key indicators of quality improvement for neurological health services.

We held review panels January–February 2012 to assess performance against the neurological health services standards. These panels were multidisciplinary and included public representatives and healthcare professionals. The Healthcare Improvement Scotland clinical advisor and the chair of the Neurological Alliance led the review panels. They were responsible for guiding the panel in its work and making sure that panel members agreed on each NHS board's performance assessment. Appendix 1 gives details of the membership of the review panels.

The review panels used the NHS boards' completed self-evaluation tools and supporting data in reaching their conclusions. During the review, the review panel assessed each NHS board's performance using the categories 'met' or 'not met'.

- **'Met'** applies where the evidence demonstrates the NHS board is achieving the criterion.
- **'Not met'** applies where the evidence demonstrates the NHS board is not achieving the criterion.

**Please note that Criterion 2.3b has not been assessed using the above categories. Since the standards were published, the Scottish Government’s target for urgent referrals with suspicion of cancer is to be seen within 10 working days. The target for other urgent cases is to be seen within 6 weeks. The NHS boards’ performance against Criterion 2.3b is described in the detailed findings sections.**

This report presents the findings of the neurological health services standards review panels. The results provide baseline information about the quality of neurological health services in NHSScotland and identify specific areas for improvement.

## NHS Ayrshire & Arran

### Summary of findings

A summary of the findings from the review, including strengths and recommendations, is shown in this section.

The shaded area in the table below indicates the NHS board's current position against each standard criterion.

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 1: General neurological health services provision</b>		
1.2		
1.4		
<b>Standard 2: Access to neurological health services</b>		
2.2		
2.3a		
2.4		
<b>Standard 3: Patient encounters in neurological health services</b>		
3.2d		
3.8		
<b>Standard 4: Management processes in neurological health services</b>		
4.1		
4.4a		
<b>Standard 5: Access to specialist epilepsy services</b>		
5.2		
<b>Standard 8: Access to specialist headache services</b>		
8.1		
8.2a		
<b>Standard 11: Access to specialist motor neurone disease services</b>		
11.3		
<b>Standard 14: Access to specialist multiple sclerosis services</b>		
14.1b		

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 17: Access to specialist Parkinson's disease services</b>		
17.2		
<b>Standard 19: Ongoing management of Parkinson's disease</b>		
19.1a		

### Strengths

The NHS board has:

- a comprehensive neurological rehabilitation service which offers excellent care for patients with motor neurone disease, multiple sclerosis and Parkinson's disease.

### Recommendations

The NHS board to:

- identify a local lead for its neurology service to help ensure a seamless journey for all of its neurological patients and drive local service improvements, and
- ensure that succession and sustainability plans are in place for the neurology rehabilitation service.

## Detailed findings against the standards

### Standard 1: General neurological health services provision

#### Standard statement 1

**An effective and comprehensive neurological health service is available and offered across all NHS boards.**

1.2 The NHS board has a minimum 3-year plan for the provision of neurological health services to its population. This plan is published and subject to annual review.

#### **STATUS: Not met**

NHS Ayrshire & Arran's plans for providing neurological health services to its population are set out in a number of documents. The NHS board undertook a neurology services needs assessment in 2007 in response to concerns about under-provision of neurology services in the region. The needs assessment described services for patients with neurological conditions at that time. It also outlined prevalence and incidence rates for neurological conditions over the next 15 years and identified gaps in service provision.

The NHS Ayrshire & Arran neurological services strategy 2012–2017 sets out the NHS board's strategic approach to neurological services provision. However, the review panel noted that this strategy is still in draft format and is not published. The strategy also lacked timescales and ownership against its actions. The NHS board reported that there are plans to publish the strategy on the neurology section of its website once this is developed.

Once the strategy is published, the NHS board reported that it plans to review it every 6 months. The neurological services improvement group will undertake the reviews, and reports will be tabled at the health and performance governance group.

A proportion of services for neurology patients within Ayrshire & Arran are provided through a service level agreement with NHS Greater Glasgow and Clyde. The arrangements for this service level agreement are presented in the terms and conditions for the provision of health care services, not specifically for neurology.

1.4 The NHS board provides accurate and current information to patients and their carers about their condition.

#### **STATUS: Met**

The NHS board provided examples of information for patients covering the most common neurological conditions. The review panel was particularly impressed with the information provided by the neurological rehabilitation services. Where available, the NHS board makes use of information created by the voluntary sector to avoid duplication of effort.

The consultant at the neurology clinic at the Southern General Hospital, Glasgow, or the visiting neurologists at outpatient clinics within the NHS board area provide patient information for other neurological conditions.



The review panel recommended stronger local ownership of systems to provide information to patients and their carers. There is also no neurological information on the NHS board internet site. However, NHS Ayrshire & Arran reported that it has plans to address this.

## **Standard 2: Access to neurological health services**

### **Standard statement 2**

**Patients with suspected neurological conditions are assessed by clinicians who specialise in neurological conditions. Patients are assessed within timescales dictated by their clinical needs.**

2.2 Outpatients are referred and triaged electronically. They are allocated to the appropriate waiting list within 5 working days of receipt of the referral at the centre in at least 95% of cases.

#### **STATUS: Not met**

The NHS board reported that the majority of referrals from primary care are made through the Scottish Care Information (SCI) Gateway, an electronic referral system. A consultant neurologist triages referrals daily and allocates them to the appropriate waiting list at point of triage.

A proportion of referrals to the service come from secondary care referrers not using electronic systems. The patient management system within NHS Ayrshire & Arran has the capability to enable electronic referral and triage for secondary care referrals. However, at the time of the review panel, the NHS board had not fully implemented this system in the NHS board area.

2.3a The NHS board ensures that the neurology service has a communication process for discussion of urgent cases with a neurologist at all times.

#### **STATUS: Met**

The neurological service within NHS Ayrshire & Arran has direct links to the 24-hour on-call emergency neurology service for the west of Scotland. A consultant is on-site for discussion of urgent cases up to 3 days each week at Crosshouse Hospital, Kilmarnock, and one day a week at Ayr Hospital (excluding leave). Cross-site referral is available if required. At all other times, there is direct access to advice from a neurology registrar or consultant from the west of Scotland service.

2.3b Where the neurologist identifies an outpatient referral as urgent, the patient is seen within 10 working days of triage in at least 90% of referrals.

The NHS board does not have data to demonstrate that urgent outpatient referrals are seen within 10 working days of triage. The NHS board reported that urgent referrals are usually seen within 2 weeks of receipt of referral. NHS Ayrshire & Arran further reported that 92% of urgent referrals are seen within 6 weeks.

2.4 Initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours.

**STATUS: Met**

A 24-hour emergency on-call neurology rota is in place with the west of Scotland neurology service. This system ensures that initial advice following urgent requests for a neurological opinion for inpatients in non-neurological settings is available at all times.

**Standard 3: Patient encounters in neurological health services**

**Standard statement 3**

**Neurological health services provide a high quality of care that meets the needs of patients, referrers and providers.**

3.2d The NHS board acts on the patient, referrer, and staff feedback it collects.

**STATUS: Not met**

The NHS board uses a number of methods to collect feedback from patients. These include a general patient experience survey and some disease specific patient surveys developed by the neurological services steering group. The NHS board is also involved in the pilot of the Neurological Voices project. This is a short course, delivered by the Neurological Alliance of Scotland, which involves patients and carers in the planning and improvement of local health services.

Plans and funding are in place to establish a GP lead post within NHS Ayrshire & Arran. The NHS board anticipates that this post will help improve communication between primary care referrers and the neurology service. Once this post is established, it will be the main mechanism to gather feedback from referrers to help drive service improvements.

The NHS board also reported that it uses its neurological service improvement network to engage with staff, and gather feedback and suggestions to develop and improve its neurological services.

It is evident that the NHS board does have mechanisms in place to gather feedback. However, it was unable to demonstrate how it has used this feedback to improve services for neurological patients.

3.8 A minimum of 90% of outpatient letters are electronically dispatched within 5 working days of the consultation.

**STATUS: Not met**

NHS Ayrshire & Arran does not currently have a system in place to electronically dispatch outpatient letters. The NHS board access policy includes guidelines for timescales for correspondence between secondary and primary care. The NHS board is planning to include this in its performance management system in the future.

The NHS board is also introducing a digital dictation project to help address this issue. Once this system is fully implemented, the NHS board anticipates that all outpatient letters will be electronically dispatched.

## Standard 4: Management processes in neurological health services

### Standard statement 4

**Neurological health services have an effective patient management process from the point of first referral.**

4.1 At every consultation, all patients are offered a copy of the GP's letter or a management plan. Any changes to medication are provided in writing immediately to the patient.

#### **STATUS: Not met**

It is not part of routine practice within NHS Ayrshire & Arran to provide patients with a copy of the GP letter or management plan. Whether patients are offered a copy is currently a decision for individual clinicians and not something the NHS board has required that all clinicians do.

The NHS board does not have a system in place to ensure that any changes to medication are routinely provided in writing immediately to the patient. NHS Ayrshire & Arran reported that any urgent medication changes are provided in a handwritten note to the patient at the time of the consultation.

The NHS board reported that it plans to carry out audits of its performance against this criterion. This will give the NHS board a baseline against which to consider improvements to its systems.

4.4a The neurology service has access to an integrated neuropsychology and neuropsychiatry service providing a diagnostic and treatment service for patients with neurological symptoms unexplained by disease, and patients with defined neurological disease that have co-morbid psychiatric disorders.

#### **STATUS: Not met**

NHS Ayrshire & Arran has a neuropsychological assessment and treatment service which treats patients with neurological symptoms unexplained by disease. This service also treats patients with medically unexplained symptoms from other clinical specialties. As such the demand for this service is high.

Given the high number of patients with symptoms unexplained by disease and the resources available, access to the neuropsychological service is limited. The service cannot currently meet the needs of this patient group.

An integrated pathway development group is in the process of developing pathways for patients with neurological unexplained symptoms. However, it was noted that there are limited resources to support this work.

The review panel recognised that a significant investment in the neuropsychological assessment and treatment service would be required in order to meet the needs of patients within NHS Ayrshire & Arran with neurological symptoms unexplained by disease.

## Standard 5: Access to specialist epilepsy services

### Standard statement 5

**The NHS board provides a comprehensive epilepsy service with access to appropriately trained specialist staff.**

- 5.2 Healthcare professionals who carry out primary care annual reviews for patients with epilepsy have attended an epilepsy training course in the past 5 years, or can demonstrate equivalent experience from continuing professional development.

#### STATUS: Met

The NHS board reported that practice nurses carry out the majority of primary care annual reviews for patients with epilepsy. NHS Ayrshire & Arran further reported that a nurse from the majority of practices within the NHS board area has attended a 4-day epilepsy training course at the Southern General Hospital. The review panel commended this attendance rate.

NHS Ayrshire & Arran also provides annual epilepsy awareness updates in primary care for both medical and nursing staff who undertake epilepsy annual reviews. The NHS board further demonstrated its commitment to training and education in epilepsy by offering epilepsy training to GPs through the annual protected learning time programme.

## Standard 8: Access to specialist headache services

### Standard statement 8

**Patients receive co-ordinated care from healthcare professionals with expertise in the diagnosis and management of patients with headache.**

- 8.1 The NHS board provides access to a co-ordinated non-acute headache service led by a doctor who specialises in headache, and has defined links with the general neurology service.

#### STATUS: Met

NHS Ayrshire & Arran provides a weekly headache clinic which is led by a GP with a specialist interest in headache. This GP has completed extensive headache specific training and education and is in regular contact with colleagues who specialise in the management and treatment of headache. The NHS board also has comprehensive referral guidance for patients with headache and a detailed headache care pathway. Arrangements for open access to CT scanning for GPs are also in place in the NHS board area.

- 8.2a The NHS board provides an educational programme on acute and non-acute headache for primary care colleagues within the NHS board.

#### STATUS: Met

NHS Ayrshire & Arran provides access to the west of Scotland partnership primary care education programme for all primary care staff. This programme is provided in collaboration with NHS Education for Scotland. The programme includes regular education sessions on the management and treatment of headache.

## **Standard 11: Access to specialist motor neurone disease services**

### **Standard statement 11**

**An effective and comprehensive motor neurone disease service is available and offered across all NHS boards.**

11.3 The NHS board provides rapid access to demonstrably effective care pathways covering all aspects of the illness, including links to specialist palliative care and respiratory medicine, gastrostomy services and social services.

#### **STATUS: Met**

NHS Ayrshire & Arran provides a comprehensive service for patients with motor neurone disease. A detailed motor neurone disease patient pathway is in place within the region. This covers all aspects of the illness including links to specialist palliative care and respiratory medicine, gastrostomy services and social services.

The review panel noted the high quality multidisciplinary care provided to patients with motor neurone disease within the NHS board area. The NHS board has a clear commitment to continuing development of the service and ensuring that the needs of patients with motor neurone disease and their families are met.

## **Standard 14: Access to specialist multiple sclerosis services**

### **Standard statement 14**

**An effective and comprehensive specialist multiple sclerosis service is available across all NHS boards.**

14.1b The multiple sclerosis multidisciplinary team consists of, as a minimum, a consultant who specialises in the diagnosis and management of multiple sclerosis, a multiple sclerosis clinical nurse, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, neurorehabilitation services, pharmacy services, and mental health services.

#### **STATUS: Met**

NHS Ayrshire & Arran provides a comprehensive service for patients with multiple sclerosis. A multiple sclerosis managed clinical network is in place and is made up of key multidisciplinary team members, with a specialist interest in multiple sclerosis, to provide a comprehensive service to patients. A multiple sclerosis care pathway is also in place to guide the care of patients at all stages of their condition.

The review panel noted the high quality care provided to patients with multiple sclerosis. The NHS board has a clear commitment to continuing development of the service and ensuring that the needs of patients with multiple sclerosis and their families are met.

## Standard 17: Access to specialist Parkinson's disease services

### Standard statement 17

**An effective and comprehensive Parkinson's disease service is available and offered across all NHS boards.**

17.2 The Parkinson's disease multidisciplinary team consists of, as a minimum, a doctor who specialises in Parkinson's disease, a Parkinson's disease nurse specialist, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, pharmacy services, and mental health services.

#### STATUS: Met

NHS Ayrshire & Arran provides a comprehensive service for patients with Parkinson's disease. The multidisciplinary team includes two consultant physicians with a specialist interest and two specialist nurses. Patients also have access to a consultant occupational therapist, physiotherapy, speech and language therapy, dietetics, pharmacy and mental health services.

A detailed care pathway is in place for patients with Parkinson's disease. It is apparent that the NHS board recognises the complex care needs of this patient group, particularly in relation to the importance of drug therapies in the maintenance and management of symptoms.

The NHS board provided a range of additional evidence to demonstrate its comprehensive approach to the care of patients including:

- the programme for its in-service Parkinson's disease education programme
- Parkinson's disease care plan
- patient information on Parkinson's disease, and
- guidelines for the treatment of Parkinson's disease.

## Standard 19: Ongoing management of Parkinson's disease

### Standard statement 19

**Patients with Parkinson's disease and their carers have ongoing access to specialist Parkinson's disease services and are encouraged and supported to be involved in decision-making about treatment or therapy at all stages of their condition.**

19.1a The timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital.

#### STATUS: Met

NHS Ayrshire & Arran has systems and processes in place to ensure that the timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital.

An electronic prescribing system has been in place for several years in some of the hospitals in NHS Ayrshire & Arran. The NHS board also plans to implement this system in Crosshouse Hospital. Implementation will be complete by July 2012. The electronic prescribing system accommodates unscheduled drug administration times and the pharmacists undertake medicine reconciliation to ensure that medicines are correctly prescribed. The electronic system also provides a daily report to the nurse specialists alerting them when patients are admitted to hospital. The inpatient sheet in the care plan detailing medications particularly impressed the review team.

The NHS board provided a range of evidence to demonstrate that it recognises the importance of drug therapies in the management and maintenance of Parkinson's disease symptoms. The NHS board has undertaken audit of its systems and taken action to further improve arrangements as a result.

## NHS Borders

### Summary of findings

A summary of the findings from the review, including strengths and recommendations, is shown in this section.

The shaded area in the table below indicates the NHS board's current position against each standard criterion.

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 1: General neurological health services provision</b>		
1.2		
1.4		
<b>Standard 2: Access to neurological health services</b>		
2.2		
2.3a		
2.4		
<b>Standard 3: Patient encounters in neurological health services</b>		
3.2d		
3.8		
<b>Standard 4: Management processes in neurological health services</b>		
4.1		
4.4a		
<b>Standard 5: Access to specialist epilepsy services</b>		
5.2		
<b>Standard 8: Access to specialist headache services</b>		
8.1		
8.2a		
<b>Standard 11: Access to specialist motor neurone disease services</b>		
11.3		
<b>Standard 14: Access to specialist multiple sclerosis services</b>		
14.1b		



Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 17: Access to specialist Parkinson's disease services</b>		
17.2		
<b>Standard 19: Ongoing management of Parkinson's disease</b>		
19.1a		

### Strengths

The NHS board has:

- made significant progress with developing neurological services since the appointment of its consultant neurologist and two clinical nurse specialists, and
- good links with liaison psychiatry.

### Recommendations

The NHS board to:

- ensure the engagement and commitment of senior management in the future development of its neurology service
- conduct audits to obtain robust data to monitor performance against standards
- ensure that patients with long term neurological conditions, in particular epilepsy, have access to a specialist service which meets their needs, and
- provide neurology-specific training and education to other healthcare professionals who are providing services to patients with neurological conditions.

## Detailed findings against the standards

### Standard 1: General neurological health services provision

#### Standard statement 1

**An effective and comprehensive neurological health service is available and offered across all NHS boards.**

1.2 The NHS board has a minimum 3-year plan for the provision of neurological health services to its population. This plan is published and subject to annual review.

#### **STATUS: Not met**

The NHS board's 3-year plan for neurology sets out the current arrangements for neurological service provision and outlines the plan for developing the service. NHS Borders reported that the plan is available on the intranet, but has not yet been published. It will be published on the NHS Borders neurology website once this is launched.

The review panel acknowledged the significant progress that has already been made with the establishment of a dedicated neurology service within the region. In particular, the appointment of a full-time neurologist and two part-time condition-specific neurology specialist nurses.

The 3-year plan sets out the ambitions for the service and how it can be developed to ensure that all patients with neurological conditions within the region have access to care to meet their needs. The review panel noted a lack of timescales and ownership of the actions set out in the 3-year plan. The NHS board reported that it is currently working towards addressing this.

The 3-year plan will be monitored by the neurological services multidisciplinary core group. The NHS board hopes that this group will form the basis for a managed clinical network for neurological services. The review panel recommended that NHS Borders ensures there is senior management and leadership engagement in the development of the service. The review panel also encouraged the NHS board to focus on further developing its neurological services and managed clinical network by involving all key stakeholders.

1.4 The NHS board provides accurate and current information to patients and their carers about their condition.

#### **STATUS: Met**

NHS Borders uses a number of mechanisms to ensure that it provides accurate and current information to patients and carers about their condition. A range of condition-specific information leaflets are available to patients and carers. These can be accessed from a number of sources within the NHS board.

The NHS board reported that information is provided at outpatient clinics for the majority of patients by the neurologist, specialist nurse or clinic staff. A range of information leaflets are also available in the clinic areas.

A patient information kiosk is also in place within Borders General Hospital, Melrose, where patients and carers have direct access to a large range of information. Here they can also access the 'Borders information support services for you' internet-based information service. The review panel was encouraged by the availability of this service within the Borders.

The review panel was pleased to note the plans to develop a specific neurological services area on the NHS Borders website. This would be a further positive step towards effective information provision for neurology patients in the region.

## **Standard 2: Access to neurological health services**

### **Standard statement 2**

**Patients with suspected neurological conditions are assessed by clinicians who specialise in neurological conditions. Patients are assessed within timescales dictated by their clinical needs.**

2.2 Outpatients are referred and triaged electronically. They are allocated to the appropriate waiting list within 5 working days of receipt of the referral at the centre in at least 95% of cases.

#### **STATUS: Not met**

The NHS board reported that the majority of referrals to its neurology service from primary care are received via the Scottish Care Information (SCI) gateway, an electronic referral system. These referrals are triaged electronically. NHS Borders was unable to provide robust audit data to demonstrate the percentage of referrals which are allocated to the appropriate waiting list within 5 working days of receipt.

The NHS board also reported that a small proportion of referrals to the neurology service are from other consultants. At the time of the review panel, there was no mechanism for these referrals to be made electronically.

2.3a The NHS board ensures that the neurology service has a communication process for discussion of urgent cases with a neurologist at all times.

#### **STATUS: Met**

A system is in place within NHS Borders to ensure that the discussion of urgent cases with a neurologist can take place at all times. During working hours, the consultant neurologist can discuss urgent cases. The neurology service also has an agreement with NHS Lothian to access the on-call neurology registrar at the Western General Hospital, Edinburgh. This enables NHS Borders to get expert neurology advice outwith normal working hours. The consultant neurologist communicated these arrangements to GPs on coming into post.

2.3b Where the neurologist identifies an outpatient referral as urgent, the patient is seen within 10 working days of triage in at least 90% of referrals.

The NHS board reported that a number of 'un-booked' neurology outpatient clinic appointments are scheduled every 2 weeks to accommodate any urgent referrals. NHS Borders reported that this system allows the majority of urgent referrals to be seen within 10 working days. However, the NHS board was unable to provide data to support this.

2.4 Initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours.

**STATUS: Met**

A system is in place within NHS Borders to ensure that initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours. During working hours the consultant neurologist provides this initial advice. Outwith normal working hours or when the neurologist is absent, arrangements are in place for clinicians to seek advice from the NHS Lothian neurology service.

**Standard 3: Patient encounters in neurological health services**

**Standard statement 3**

**Neurological health services provide a high quality of care that meets the needs of patients, referrers and providers.**

3.2d The NHS board acts on the patient, referrer, and staff feedback it collects.

**STATUS: Not met**

The NHS board does not yet have a systematic approach to gathering feedback from patients, referrers and staff, and using this feedback to help develop its neurological health services. The review panel noted the use of patient complaints to identify problems with certain aspects of its service and inviting patients to be involved in making service improvements. NHS Borders reported that the neurology specialist nurses also regularly collect patient feedback to help improve services.

The review panel noted that the NHS board is not yet at the stage of including patient and voluntary organisation representatives on its neurological service development groups. The NHS board did acknowledge the value of including patient and voluntary organisation representatives on these groups in future.

3.8 A minimum of 90% of outpatient letters are electronically dispatched within 5 working days of the consultation.

**STATUS: Not met**

NHS Borders does not have a system in place to electronically dispatch outpatient letters. The NHS Borders ehealth strategy includes plans to enable electronic dispatch of discharge letters in the future.

A voice recognition system is in place and is in use by the neurology consultant and partially in use by one specialist nurse. The NHS board reported that this system enables outpatient letters to be typed and dispatched within 5 working days of consultation. However, NHS Borders was unable to provide data to support this.

## Standard 4: Management processes in neurological health services

### Standard statement 4

**Neurological health services have an effective patient management process from the point of first referral.**

- 4.1 At every consultation, all patients are offered a copy of the GP's letter or a management plan. Any changes to medication are provided in writing immediately to the patient.

#### **STATUS: Not met**

Within NHS Borders, it is not routine practice to offer patients a copy of the GP's letter or management plan. The neurologist consultant reported that patients are offered a copy of the GP letter where appropriate. The NHS board reported that this was not an effective means of communication for all patients, and where appropriate, a patient-centred version of the GP letter can be provided.

The NHS board further reported that details of any changes to medication are provided to the patient immediately in writing if they receive a prescription provided by the hospital pharmacy. Other changes to medication are not routinely provided to the patient in writing immediately. These are sent by letter after the consultation.

- 4.4a The neurology service has access to an integrated neuropsychology and neuropsychiatry service providing a diagnostic and treatment service for patients with neurological symptoms unexplained by disease, and patients with defined neurological disease that have co-morbid psychiatric disorders.

#### **STATUS: Not met**

There is good access to liaison psychiatry services within NHS Borders. The liaison psychiatrist provides a diagnostic and treatment service for patients with neurological symptoms unexplained by disease, and patients with defined neurological disease that have co-morbid psychiatric disorders. However, there is very limited access to any neuropsychology services.

Access to services for treatment of patients with neurological symptoms unexplained by disease is restricted due to the high demand and limited supply of these services. The NHS board reported that patients presenting with neurological symptoms unexplained by disease are managed using the recommended stepped care approach. More complex cases are referred to specialist services within NHS Lothian.

## Standard 5: Access to specialist epilepsy services

### Standard statement 5

**The NHS board provides a comprehensive epilepsy service with access to appropriately trained specialist staff.**

- 5.2 Healthcare professionals who carry out primary care annual reviews for patients with epilepsy have attended an epilepsy training course in the past 5 years, or can demonstrate equivalent experience from continuing professional development.

#### **STATUS: Not met**

There is no specific training provided within NHS Borders in epilepsy for healthcare professionals who carry out annual reviews for patients with epilepsy.

The review panel noted that there is no specialist epilepsy nurse within NHS Borders and that this significantly impacts on the service provision for patients with epilepsy within the region. The lack of a specialist epilepsy nursing service within NHS Borders is highlighted in the NHS board's 3-year plan for neurology.

## Standard 8: Access to specialist headache services

### Standard statement 8

**Patients receive co-ordinated care from healthcare professionals with expertise in the diagnosis and management of patients with headache.**

- 8.1 The NHS board provides access to a co-ordinated non-acute headache service led by a doctor who specialises in headache, and has defined links with the general neurology service.

#### **STATUS: Met**

The consultant neurologist leads the headache service. The NHS board reported that the consultant neurologist sees all patients within NHS Borders who are referred to secondary care with headache. Arrangements for open access to CT scanning are also in place for GPs in the NHS board area.

Borders RefHelp, a website for primary care which will offer referral guidance and access to local and national protocols, will be launched soon. This website will include headache referral pathways.

- 8.2a The NHS board provides an educational programme on acute and non-acute headache for primary care colleagues within the NHS board.

#### **STATUS: Not met**

There is no training or education programme on acute and non-acute headache for primary care colleagues provided within NHS Borders.

Borders RefHelp, a website for primary care which will offer referral guidance and access to local and national protocols will be launched soon. This website will include national guidelines on the management of headache.

## Standard 11: Access to specialist motor neurone disease services

### Standard statement 11

**An effective and comprehensive motor neurone disease service is available and offered across all NHS boards.**

11.3 The NHS board provides rapid access to demonstrably effective care pathways covering all aspects of the illness, including links to specialist palliative care and respiratory medicine, gastrostomy services and social services.

#### STATUS: Not met

The service for patients with motor neurone disease service within NHS Borders is part of the South East Scotland motor neurone disease service. The NHS board reported that the South East Scotland care pathways are in use for patients with motor neurone disease. These pathways cover patients who are newly diagnosed with motor neurone disease, nutritional support including gastrostomy, non-invasive ventilatory support and end of life care.

The South East Scotland motor neurone disease specialist nurse from NHS Lothian provides specialist support for patients with motor neurone disease within NHS Borders, alongside the consultant neurologist. NHS Borders also reported that there is input from other healthcare professionals. However, the NHS board did not provide evidence to demonstrate that the pathways are effective and that there are links to ensure access to local services.

The review panel noted the challenges of providing a specialist motor neurone disease service given the relatively small number of motor neurone disease cases in the NHS board area.

## Standard 14: Access to specialist multiple sclerosis services

### Standard statement 14

**An effective and comprehensive specialist multiple sclerosis service is available across all NHS boards.**

14.1b The multiple sclerosis multidisciplinary team consists of, as a minimum, a consultant who specialises in the diagnosis and management of multiple sclerosis, a multiple sclerosis clinical nurse, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, neurorehabilitation services, pharmacy services, and mental health services.

#### STATUS: Not met

The consultant neurologist and the multiple sclerosis specialist nurse provide services for patients with multiple sclerosis within NHS Borders. The review panel was pleased to note that there are monthly multiple sclerosis clinics held by the consultant and nurse. A multiple sclerosis specialist physiotherapist, employed by a local charity, is also in post. However, the review panel noted that this service is not available to all multiple sclerosis patients across NHS Borders.

The NHS board was unable to demonstrate that patients with multiple sclerosis have access to the full range of healthcare professionals, with specific experience and training in neurological conditions, to meet their complex needs at all stages of their condition.

In 2007, the NHS board undertook a review of the service provision for multiple sclerosis patients within NHS Borders. A number of service improvements have been made in response to this review. However, a number of the recommendations in the review are yet to be implemented by the NHS board.

The review panel recognised the challenges of providing specialist care to this patient group given the relatively small number of multiple sclerosis cases in the NHS board area. The NHS board is encouraged to further explore the potential of training existing healthcare staff, as outlined in the review document, in order to meet the complex needs of this patient group.

### **Standard 17: Access to specialist Parkinson's disease services**

#### **Standard statement 17**

**An effective and comprehensive Parkinson's disease service is available and offered across all NHS boards.**

17.2 The Parkinson's disease multidisciplinary team consists of, as a minimum, a doctor who specialises in Parkinson's disease, a Parkinson's disease nurse specialist, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, pharmacy services, and mental health services.

#### **STATUS: Not met**

The consultant neurologist, a consultant physician with a specialist interest in Parkinson's disease and the Parkinson's disease specialist nurse provide the Parkinson's disease service in NHS Borders. The review panel was pleased to note that there is a combined Parkinson's disease clinic attended by these clinical staff with input from physiotherapy as well.

However, the NHS board was unable to demonstrate that patients with Parkinson's disease have access to additional input from other healthcare professionals, with specific experience and training in neurological conditions, to meet their complex needs at all stages of their condition.



## Standard 19: Ongoing management of Parkinson's disease

### Standard statement 19

**Patients with Parkinson's disease and their carers have ongoing access to specialist Parkinson's disease services and are encouraged and supported to be involved in decision-making about treatment or therapy at all stages of their condition.**

19.1a The timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital.

#### **STATUS: Not met**

There is no system in place within NHS Borders to ensure that the timing and dosage of medication for patients with Parkinson's disease is specified and adhered to when the patient is in hospital.

A 'Get it on time' leaflet is in place to help emphasise the importance that patients with Parkinson's disease receive their medication on time. However, the review panel noted that this system is highly reliant on the patient and carer remembering to alert hospital staff and carrying the leaflet with them. The NHS board does not have a reliable system in place to alert hospital staff when a patient with Parkinson's disease is admitted to hospital.

The NHS board also has a self-administration of medicines programme that can be used for patients with Parkinson's disease who are capable of self-medicating when in hospital.

## NHS Dumfries & Galloway

### Summary of findings

A summary of the findings from the review, including strengths and recommendations, is shown in this section.

The shaded area in the table below indicates the NHS board's current position against each standard criterion.

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 1: General neurological health services provision</b>		
1.2		
1.4		
<b>Standard 2: Access to neurological health services</b>		
2.2		
2.3a		
2.4		
<b>Standard 3: Patient encounters in neurological health services</b>		
3.2d		
3.8		
<b>Standard 4: Management processes in neurological health services</b>		
4.1		
4.4a		
<b>Standard 5: Access to specialist epilepsy services</b>		
5.2		
<b>Standard 8: Access to specialist headache services</b>		
8.1		
8.2a		
<b>Standard 11: Access to specialist motor neurone disease services</b>		
11.3		
<b>Standard 14: Access to specialist multiple sclerosis services</b>		
14.1b		

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 17: Access to specialist Parkinson's disease services</b>		
17.2		
<b>Standard 19: Ongoing management of Parkinson's disease</b>		
19.1a		

### Strengths

The NHS board has:

- demonstrated highly effective and innovative use of resources to address challenges associated with being a remote and rural NHS board area
- strong support and commitment from across all disciplines to provide condition-specific services
- a comprehensive neurological services website, and
- strong links with primary care and voluntary and charitable organisations.

### Recommendations

The NHS board to:

- continue to seek support for securing an epilepsy specialist nurse
- establish whether it requires a second consultant neurologist, and
- continue to develop plans to ensure the sustainability of services.

## Detailed findings against the standards

### Standard 1: General neurological health services provision

#### Standard statement 1

**An effective and comprehensive neurological health service is available and offered across all NHS boards.**

1.2 The NHS board has a minimum 3-year plan for the provision of neurological health services to its population. This plan is published and subject to annual review.

#### **STATUS: Met**

NHS Dumfries & Galloway has a 3-year plan for the provision of neurological health services to its population. The plan was developed in partnership with neurological staff in the NHS board and is accessible to neurological services staff and members of the neurological services group.

The plan is published on the neurological services section of the NHS board's website which is accessible to patients and carers. Information about the website is given to patients when attending appointments as well as within patient information leaflets.

The NHS board has systems in place to ensure that its 3-year plan is subject to ongoing monitoring and review. The local neurological services group is responsible for co-ordinating the implementation and monitoring the progress of delivering the activity within the plan. The NHS board's business management group and healthcare governance committee receive regular progress reports.

The review panel was impressed by what has been achieved by the NHS board in the absence of a permanent consultant neurologist. Following the departure of the single-handed consultant in early 2011, locum consultants have been in post. However, the NHS board appointed a replacement consultant neurologist in February 2012. NHS Dumfries & Galloway is aware of the challenges faced by a single-handed consultant neurologist service with respect to its population requirements. When the consultant neurologist is in post, the NHS board plans to monitor workload and investigate whether it requires a second consultant neurologist.

The review panel noted with interest that the NHS board intends to explore using teleclinics. It is also exploring improving primary care and secondary care links to provide more care closer to home in rural areas.

1.4 The NHS board provides accurate and current information to patients and their carers about their condition.

#### **STATUS: Met**

Patients, their family and carers are offered, and have access to, a range of information about their condition. Information is available in a variety of formats including leaflets, DVDs, internet websites, and by attendance at information sessions run in partnership with voluntary organisations. Information can be provided in other languages or translated if requested.

NHS Inform is widely promoted to patients, their family and carers as a valuable source of information about their condition and where to obtain support with managing their condition. Similarly, information on how to access the neurological services section on the NHS board's website is given. This website provides links to other organisations which specialise in providing information and support for neurological conditions.

The NHS board has a patient information policy which requires all written information to be reviewed every year or updated as and when there is a change to information. The footer in each document clearly shows the date on which it was written and the date it will next be reviewed.

The review panel congratulated the NHS board's extensive range of information available on multiple sclerosis and Parkinson's disease. In particular, the 'My multiple sclerosis book' developed by the specialist nurse and the Multiple Sclerosis Society and the 'Personal Health Record' for Parkinson's disease. The review panel noted the strong links the service had with several non-profit organisations and commended the NHS board on this joined-up approach towards developing information. However, the review panel encourages the NHS board to focus on providing a similar range of information on epilepsy and headache.

The review panel was also impressed with the neurological services section on the NHS board's website. The panel described it as being very user friendly and commented on the quality and amount of information provided.

## **Standard 2: Access to neurological health services**

### **Standard statement 2**

**Patients with suspected neurological conditions are assessed by clinicians who specialise in neurological conditions. Patients are assessed within timescales dictated by their clinical needs.**

2.2 Outpatients are referred and triaged electronically. They are allocated to the appropriate waiting list within 5 working days of receipt of the referral at the centre in at least 95% of cases.

### **STATUS: Not met**

NHS Dumfries & Galloway reported that all GP outpatient referrals are electronically referred and triaged. Outpatient referrals are received from the Scottish Care Information (SCI) Gateway, an electronic referral system. At the time of the review panel, the NHS board reported that approximately 30% of outpatient referrals come from consultants in other specialties within the NHS board. These referrals are not electronic. The NHS board is currently developing a fully electronic system for secondary care referrals.

Audit data were provided to show that more than 90% of SCI Gateway referrals are allocated to the appropriate waiting list within 5 working days of receipt of the referral.

**2.3a The NHS board ensures that the neurology service has a communication process for discussion of urgent cases with a neurologist at all times.**

**STATUS: Met**

NHS Dumfries & Galloway has a communication process to ensure that the neurology service can discuss and seek advice on urgent cases with a neurologist at all times. GPs and other non-neurology hospital clinicians can telephone the neurology department and arrange a time to discuss an urgent case with the consultation neurologist during working hours, Mondays to Fridays. Although common practice among GPs and clinicians, this will be promoted at the GP sub-committee and the division of medicine consultants meetings as part of the service provided by the new consultant neurologist.

For cases requiring urgent discussion with a neurologist outwith working hours and at the weekend, the NHS board has open access arrangements to a consultant neurologist from NHS Lothian.

Given that the NHS board does not currently have a full-time consultant neurologist in post, the review panel was impressed with the NHS board's arrangements.

**2.3b Where the neurologist identifies an outpatient referral as urgent, the patient is seen within 10 working days of triage in at least 90% of referrals.**

NHS Dumfries & Galloway ensures that one or two patient appointments are kept available in each of the neurologist's clinic sessions so that urgent referrals can be seen at short notice. If the number of urgent referrals increases then additional appointment slots will be kept available.

A local snapshot audit carried out by the service showed that between one and seven urgent referrals were seen each week. During this timeframe, 92% of urgent referrals were seen within 10 working days.

**2.4 Initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours.**

**STATUS: Met**

The majority of requests for advice from referring clinicians are made by telephone. From Monday to Friday, the neurologist is able to provide advice to these requests within 24 hours. If the neurologist is in a clinic, advice will be given within a few hours. When the neurologist is absent, arrangements are in place with NHS Lothian for clinicians to seek advice from the neurology service.

The review panel commended the handbook provided for NHS board staff which contains contact details and arrangements for accessing advice for all specialities.

The NHS board does not routinely record and monitor the number of requests for advice at the present time. However, it intends to introduce a formal review process to monitor the response time to requests for advice.

### Standard 3: Patient encounters in neurological health services

#### Standard statement 3

**Neurological health services provide a high quality of care that meets the needs of patients, referrers and providers.**

3.2d The NHS board acts on the patient, referrer, and staff feedback it collects.

#### STATUS: Met

NHS Dumfries & Galloway has processes in place to seek and respond to feedback received from patients, referring practitioners and from staff. However, the review panel felt that this was not widespread across all neurological conditions and that a more structured approach should be considered.

Several of the subgroups for specific neurological conditions supporting the neurological services group, have at least one representative from a relevant non-profit organisation as well as a patient representative. The NHS board is working closely with the Neurological Alliance of Scotland to encourage and support volunteers participate in neurological services development. There is also a facility on the neurological services section of the NHS Dumfries & Galloway website for patients to offer comments and provide suggestions for improving services.

The NHS board has also sought feedback from patients on specific neurological developments such as the use of self-medication containers for inpatients with Parkinson's disease and throughout the development of the 'My MS book' and the 'My Parkinson's disease book'. Feedback has been sought using questionnaires on the physiotherapy service for people with multiple sclerosis during 2009. An evaluation of the Parkinson's disease nurse specialist service was carried out in 2010. Plans to repeat these patient surveys are under way.

Two GPs sit on the neurological services group to bring the referring clinician perspective to the group and ensure that information is cascaded to all GPs. This is mainly achieved through the GP sub-committee. Given the relatively small numbers of GPs within the NHS board, participation in any dialogue about service provision is common. The panel was pleased to note that the NHS board planned to carry out a survey of GPs following the appointment of a permanent consultant neurologist. In addition, the NHS board recognises the importance of seeking feedback from the appointed consultant to ensure that they are fully supported and plans to do this during the first year of appointment.

The neurological services group is the main forum through which staff can influence the planning and development of services. All members of the neurological staff team are members of this group. Non-neurological staff treating people with neurological conditions can provide feedback through their service representative.

Specific surveys have also been conducted with staff and patients which have led to the provision of specialist physiotherapy support in Galloway Community Hospital. Feedback from surveys has improved and monitored the development of multidisciplinary clinics for people with Parkinson's disease in Annan and Dumfries. In addition, feedback from staff on the way care between therapists is co-ordinated led to the redesign of the motor

neurone disease pathway. The ongoing development work on the self-administration of medicines whilst in hospital has been greatly influenced by patient and carer feedback.

**3.8 A minimum of 90% of outpatient letters are electronically dispatched within 5 working days of the consultation.**

**STATUS: Met**

The NHS board monitoring system indicated that more than 90% of outpatient letters are electronically dispatched within 5 working days of the consultation. A manual audit of letters sent out following two clinics chosen at random showed that, for both of the clinics, the outpatient letters were sent out within 2–5 working days of the clinic date. The review panel commended the NHS board on this excellent service.

A proposal to modify the hospital monitoring system so that it can measure the date of the patient's appointment to the time of letter dispatch is being considered. This modification will allow letters that have not been dictated within the specified timeframe to be identified.

**Standard 4: Management processes in neurological health services**

**Standard statement 4**

**Neurological health services have an effective patient management process from the point of first referral.**

**4.1 At every consultation, all patients are offered a copy of the GP's letter or a management plan. Any changes to medication are provided in writing immediately to the patient.**

**STATUS: Not met**

NHS Dumfries & Galloway has a policy in place to prompt the consultant to offer the patient a copy of the GP's letter or management plan. A checklist is attached to the front of the patient notes to remind the consultant of certain actions.

Any change to the patient's medication is documented in the personal health record for patients with Parkinson's disease and the 'My MS book'. The checklist also prompts the consultant to write any medication changes for all patients attending for consultations.

The review panel commended this policy as good practice. However, patient feedback audit data from the neurology outpatient clinic indicated that patients were not routinely being offered a copy of the GP's letter. The review panel noted that the NHS board is planning to implement ongoing random sampling to measure compliance with the policy.

**4.4a The neurology service has access to an integrated neuropsychology and neuropsychiatry service providing a diagnostic and treatment service for patients with neurological symptoms unexplained by disease, and patients with defined neurological disease that have co-morbid psychiatric disorders.**

**STATUS: Not met**

NHS Dumfries & Galloway does not currently provide an integrated neuropsychology and neuropsychiatry service. This has been discussed with the consultant psychiatrists, but it is



not thought to be feasible at the present time. Until an integrated service is available, the neurologist and GPs can refer patients to either service.

In 2012, a manual guided self-help service for people with neurological symptoms unexplained by disease is to be established. This service will initially be available to patients for 1 year and will be delivered by a psychology assistant under the supervision of a clinical neuropsychologist. The service will be evaluated using both qualitative and quantitative data. It will measure practical changes in the patient's condition and quality of life as well as service details, for example, number of consultations for each patient. If the evaluation can demonstrate that the service has been successful then a case will be made for funding to continue the service.

Patients with defined neurological disease who have co-morbid psychiatric disorders are referred directly to the neuropsychologist or neuropsychiatrist. The neuropsychologist is also a member of the neurological services group meaning communication between clinicians is frequent.

A movement disorder/psychiatric clinic is held in Dumfries every month for patients with Parkinson's disease. These patients are seen jointly by the psychiatrist, psychiatric liaison nurse and Parkinson's disease nurse specialist. Close communication is maintained with the consultant and the associate specialist for movement disorders.

## **Standard 5: Access to specialist epilepsy services**

### **Standard statement 5**

**The NHS board provides a comprehensive epilepsy service with access to appropriately trained specialist staff.**

5.2 Healthcare professionals who carry out primary care annual reviews for patients with epilepsy have attended an epilepsy training course in the past 5 years, or can demonstrate equivalent experience from continuing professional development.

### **STATUS: Met**

An introduction to epilepsy training course was held during 2011 for all practice nurses and GPs. The course was delivered by the epilepsy nurse specialist from NHS Tayside. The review panel was impressed by the high attendance at the course and noted that this included at least one representative from the majority of the 34 GP practices in the region. The NHS board plans to include an article on epilepsy in a forthcoming primary care newsletter.

The review panel encouraged the NHS board to continue to explore options to encourage the uptake of training and improving clinician knowledge and training on epilepsy.

NHS Dumfries & Galloway hopes to work with Epilepsy Scotland through the secondment of their specialist nurse. This secondment will be used to improve the skills and knowledge of existing staff and improve existing pathways as well as develop self-management information for patients. The review panel encouraged the NHS board to continue its efforts to secure funding for this post.

## Standard 8: Access to specialist headache services

### Standard statement 8

**Patients receive co-ordinated care from healthcare professionals with expertise in the diagnosis and management of patients with headache.**

8.1 The NHS board provides access to a co-ordinated non-acute headache service led by a doctor who specialises in headache, and has defined links with the general neurology service.

#### STATUS: Met

The consultant neurologist leads the headache service. The GP representative on the headache subgroup, in partnership with colleagues, has developed local guidelines for the management and referral of headache in primary care. The GP sub-committee has approved these guidelines, which aim to support GPs when caring for people with headache. The guidelines, used by primary care and non-neurology staff, provide clear management pathways and referral protocols to the consultant neurologist.

GPs have open access to CT scanning for those patients who meet the specified criteria and can discuss options of CT scanning for patients who are outwith the criteria. All patients are seen by the neurologist. If appropriate, the neurologist can refer the patient on to the specialist centre in NHS Lothian.

8.2a The NHS board provides an educational programme on acute and non-acute headache for primary care colleagues within the NHS board.

#### STATUS: Met

NHS Dumfries & Galloway has delivered several headache education meetings during the past 3 years. The local headache pathways and associated development discussions also contain an educational element.

Following the current monitoring of the headache pathway, and in response to feedback from patients, future activity will be identified and planned. When the new consultant neurologist is in post, they will review and revise the headache pathways if required. A further education meeting is also planned to provide an update on the guidelines.

## Standard 11: Access to specialist motor neurone disease services

### Standard statement 11

**An effective and comprehensive motor neurone disease service is available and offered across all NHS boards.**

11.3 The NHS board provides rapid access to demonstrably effective care pathways covering all aspects of the illness, including links to specialist palliative care and respiratory medicine, gastrostomy services and social services.

#### STATUS: Met

The care pathway for patients with motor neurone disease was revised following feedback from staff and patients in July 2011. The members of the motor neurone disease subgroup developed the pathway. This group includes representation from specialist palliative care,

respiratory medicine, gastrostomy services and social services. This facilitates close working and strong links between the relevant services. The review panel also noted dedicated GP input to pathway development. The pathway is available in the local palliative care guidelines and the medical handbook, and will also be published on the neurological services section of the NHS board's website. The review panel was pleased to note that the pathway was dated and also had a date for review. The local Macmillan nurse co-ordinates the care of a patient following initial diagnosis to ensure that effective communication is maintained between all team members.

## **Standard 14: Access to specialist multiple sclerosis services**

### **Standard statement 14**

**An effective and comprehensive specialist multiple sclerosis service is available across all NHS boards.**

14.1b The multiple sclerosis multidisciplinary team consists of, as a minimum, a consultant who specialises in the diagnosis and management of multiple sclerosis, a multiple sclerosis clinical nurse, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, neurorehabilitation services, pharmacy services, and mental health services.

### **STATUS: Met**

The multiple sclerosis multidisciplinary team consists of a consultant neurologist, a specialist nurse and a range of other allied healthcare professionals including physiotherapy, occupational therapy, and speech and language therapy.

Given that the neurology team and the number of other clinicians who work with these patients is small, communication across specialties and joint working occurs almost on a daily basis. To help this process, patients are encouraged to bring their 'My MS Book' to all appointments to record any changes or modification to their treatment or medication.

The locum neurologist is currently seeing all newly diagnosed patients together with the specialist nurse. Patients within Dumfries and lower Nithsdale are seen by the physical disability team every month and patients residing in Annandale are seen in a similar clinic every 2 months. The specialist nurse also holds a clinic every 6 weeks in Stranraer. Patients are also encouraged to participate in self-management education, which is provided by the Multiple Sclerosis Society in conjunction with local clinicians.

The review panel noted that the NHS board is aware that not all patients currently have equal access to all services and is working towards improving this. Gaps in the availability and accessibility of services to patients are being identified. The NHS board is also considering the possibility of telehealth clinics and using teleconferencing to enable people to attend self-management training or support sessions without having to travel long distances. For example, a 'drop in' session is planned to begin in January 2012 to support people with multiple sclerosis to access information on applying for grants or applying for social care support.

## Standard 17: Access to specialist Parkinson's disease services

### Standard statement 17

**An effective and comprehensive Parkinson's disease service is available and offered across all NHS boards.**

17.2 The Parkinson's disease multidisciplinary team consists of, as a minimum, a doctor who specialises in Parkinson's disease, a Parkinson's disease nurse specialist, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, pharmacy services, and mental health services.

#### **STATUS: Met**

The consultant physician in elderly medicine who has a special interest in movement disorders and the specialist nurse make up the core Parkinson's disease multidisciplinary team. Other clinicians and allied health professionals, for example, physiotherapist, occupational therapist and speech and language therapist, become involved in the care of a patient at the appropriate times.

A Parkinson's disease subgroup was established in 2009 and is made up of key clinicians and representatives from non profit organisations, patients and carers. The subgroup is the main forum through which service issues raised by clinicians, patients and carers are discussed and cascaded throughout the wider service.

Joint consultant and specialist nurse clinics are held at sites across the region. Multidisciplinary assessments followed by discussion (attended by the consultant, specialist nurse, physiotherapists and occupational therapists) are held in Dumfries and Annan.

The review panel was impressed with the GP referral protocol recently introduced to enhance referral communication between primary and secondary care.

The panel was also impressed with the way the NHS board is encouraging partnership working by giving newly diagnosed patients a personal health record folder so that they can record, for example, contact details, appointments and changes in medication.

The review panel highly commended the joined-up approach and innovative systems NHS Dumfries & Galloway is adopting to deliver its Parkinson's disease service.

## Standard 19: Ongoing management of Parkinson's disease

### Standard statement 19

**Patients with Parkinson's disease and their carers have ongoing access to specialist Parkinson's disease services and are encouraged and supported to be involved in decision-making about treatment or therapy at all stages of their condition.**

19.1a The timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital.

#### STATUS: Met

NHS Dumfries & Galloway has robust arrangements in place to ensure that the timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital.

The NHS board has introduced an electronic system to alert the nurse specialist when a patient with Parkinson's disease is admitted to hospital. This enables the nurse specialist to visit the patient and link in with ward staff. The patient can access the nurse directly through ward staff or by telephone.

All patients are asked to bring all their routine medication (whether prescribed or not) with them when they are admitted to hospital so that clinicians can determine the medication and dosage prescribed as well as agreed administration time. The Parkinson's disease specialist nurse has developed strong links with ward staff at both Dumfries & Galloway Royal Infirmary and the community hospital in Stranraer, as well as the link nurses in the region's cottage hospitals. The link nurses have all attended an education session to increase their understanding of the importance of the timely administration of medication. The session also supports link nurses to take a patient-centred approach to medication.

The Parkinson's disease nurse specialist carries out a second medication review once the patient has been admitted to ensure that the correct medication is prescribed, is available and is dispensed at the correct times. Patients are also encouraged to be actively involved in their care while in hospital and it is common practice for patients to remind ward nurses when their medication is due. Ward staff can also access pill time alarms if they feel these would be beneficial.

The review panel was impressed that the NHS board intends to introduce a system that allows able patients to self administer their medication and would encourage the NHS board to monitor the effectiveness of this initiative on an ongoing basis. The consultant physician and the associate specialist in Parkinson's disease are both based on the care of the elderly ward and are both actively involved in the medication for patients with Parkinson's disease. The ward pharmacist is part of the Parkinson's' disease team and is responsible for ensuring medication is available at all times. Nursing staff note the medication prescribed and administered during the night that is outwith the scheduled medication rounds on the record of medicines. This is kept at the nurses' station so that other staff have easy access to it.

The review panel commended the NHS board on the range of measures it has introduced to ensure that this criterion is met. It is an example of how an exceptional service can be delivered despite the challenge associated with being a remote and rural NHS board.

## NHS Fife

### Summary of findings

A summary of the findings from the review, including strengths and recommendations, is shown in this section.

The shaded area in the table below indicates the NHS board's current position against each standard criterion.

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 1: General neurological health services provision</b>		
1.2		
1.4		
<b>Standard 2: Access to neurological health services</b>		
2.2		
2.3a		
2.4		
<b>Standard 3: Patient encounters in neurological health services</b>		
3.2d		
3.8		
<b>Standard 4: Management processes in neurological health services</b>		
4.1		
4.4a		
<b>Standard 5: Access to specialist epilepsy services</b>		
5.2		
<b>Standard 8: Access to specialist headache services</b>		
8.1		
8.2a		
<b>Standard 11: Access to specialist motor neurone disease services</b>		
11.3		
<b>Standard 14: Access to specialist multiple sclerosis services</b>		
14.1b		

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 17: Access to specialist Parkinson's disease services</b>		
17.2		
<b>Standard 19: Ongoing management of Parkinson's disease</b>		
19.1a		

### Strengths

The NHS board has:

- positive patient feedback demonstrating the high quality of the patient experience
- examples of good practice across the NHS board, particularly in relation to Parkinson's disease services, and
- committed clinical leadership.

### Recommendations

The NHS board to:

- further develop engagement of senior management of operational services
- develop team-working arrangements and support from colleagues, and
- ensure accurate, up-to-date service level agreements are in place.



## Detailed findings against the standards

### Standard 1: General neurological health services provision

#### Standard statement 1

**An effective and comprehensive neurological health service is available and offered across all NHS boards.**

1.2 The NHS board has a minimum 3-year plan for the provision of neurological health services to its population. This plan is published and subject to annual review.

#### **STATUS: Met**

NHS Fife has a 3-year plan for the provision of neurological health services. This plan has been finalised and is published on the NHS Fife website and intranet site. The neurology service transformation group reviews the plan every year. The group measures current service provision against the plan.

NHS Fife has service level agreements in place with NHS Lothian and NHS Tayside to provide acute inpatient services and specialist diagnostic services. However, at the time of the review panel, the NHS board was unable to provide the service level agreements. South-east Scotland consultant neurologists and neurophysiologists meet on every month to discuss local and regional services.

1.4 The NHS board provides accurate and current information to patients and their carers about their condition.

#### **STATUS: Met**

The neurology service widely promotes the use of NHS Inform. This is a website for patients, their family and carers to obtain information about their condition and a place to obtain support with managing their condition. Patients receive written information on this service at their appointments so they can access information online or by telephone. Posters, cards and leaflets telling people about NHS Inform are available in outpatient areas. The NHS board reported that one consultant hands business cards, with NHS Inform stickers attached, to patients at their appointment.

The NHS board reported that it is in the process of establishing a project with NHS Inform to provide touch screen kiosks in outpatient departments. This will help patients access and print out accurate and up-to-date information on their condition. NHS Inform will maintain, centrally update and audit these kiosks. The review panel highlighted this as a potential area of good practice and encouraged the NHS board to rollout this pilot throughout the NHS board area.

Patient information leaflets, produced by voluntary sector organisations, are also available in clinics. These are subject to the relevant organisation's own processes to make sure the contents are accurate and up to date. The review panel recommended that NHS Fife undertakes an audit of paper-based materials to ensure that materials are up to date and that all colleagues provide consistent information. The NHS board reported that it has a process for making sure it discards previous versions appropriately.

## Standard 2: Access to neurological health services

### Standard statement 2

**Patients with suspected neurological conditions are assessed by clinicians who specialise in neurological conditions. Patients are assessed within timescales dictated by their clinical needs.**

2.2 Outpatients are referred and triaged electronically. They are allocated to the appropriate waiting list within 5 working days of receipt of the referral at the centre in at least 95% of cases.

#### STATUS: Not met

The NHS board reported that the majority of referrals are received through the Scottish Care Information (SCI) Gateway, an electronic referral system. These referrals are triaged electronically and allocated to the appropriate waiting list within 5 working days of receipt of referral.

However, secondary care referrals are not received electronically. The NHS board reported that there are plans to use an electronic referral management system to input these referrals into SCI Gateway. This would ensure that all referrals are treated in the same manner.

2.3a The NHS board ensures that the neurology service has a communication process for discussion of urgent cases with a neurologist at all times.

#### STATUS: Met

NHS Fife has a communication process in place for the discussion of urgent cases with a neurologist at all times. Within normal working hours, NHS Fife neurology consultants are available to discuss urgent patients. Outwith these hours, agreements are in place with NHS Lothian to discuss urgent cases with its on-call neurologist.

The neurology service within NHS Lothian operates a 24 hour on-call neurology rota. This allows for discussion of urgent cases with a consultant neurologist at all times.

2.3b Where the neurologist identifies an outpatient referral as urgent, the patient is seen within 10 working days of triage in at least 90% of referrals.

Urgent referrals are managed through the referral management system and, on average, these patients are seen within 4 weeks of referral. The NHS board reported that the neurology service is trying to free up capacity to allow urgent patients to be seen more quickly. This includes increasing urgent appointment slots, optimising the use of specialist nurses and examining referrals. The review panel encouraged NHS Fife to examine blockages in the system to help make the system more efficient.

2.4 Initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours.

#### STATUS: Met

At the time of the review panel, the NHS board reported that all patients receive initial advice within 24 hours of an urgent request for a neurological opinion. Within normal working hours, NHS Fife neurology consultants are available to discuss urgent patients.

Outwith these hours, agreements are in place with NHS Lothian to discuss urgent cases with its on-call neurologist.

The NHS board also reported that an on-call rota will be implemented in NHS Fife following a move to new premises.

### **Standard 3: Patient encounters in neurological health services**

#### **Standard statement 3**

**Neurological health services provide a high quality of care that meets the needs of patients, referrers and providers.**

3.2d The NHS board acts on the patient, referrer, and staff feedback it collects.

#### **STATUS: Not met**

The review panel commended the NHS board on the survey of patient experience for patients with neurological conditions undertaken between May–September 2011. Analysis of results demonstrated that the quality of the patient experience is high within NHS Fife. There are plans to repeat this survey and to continue to develop, review and amend the questionnaire to incorporate the views of patients and staff on an ongoing basis.

Evidence submitted showed that a neurology referrer feedback form has also been developed to gather feedback from referring clinicians on the provision of neurological services. However, at the time of the review panel, this had not yet been rolled out across the NHS board area. The review panel recommended that this is taken forward as planned.

Staff are able to feedback on the delivery of the neurological service, through the neurology service transformation group. However, membership of this group is limited and the review panel recommended that the service engages with staff so that it can gather regular feedback.

3.8 A minimum of 90% of outpatient letters are electronically dispatched within 5 working days of the consultation.

#### **STATUS: Not met**

At the time of the review panel, there were no systems in place to electronically dispatch outpatient letters. The NHS board reported that there are plans for digital dictation and electronic letters to be passed to SCI Gateway and transferred directly to GP systems. An eHealth project for this is in the process of being rolled out across the NHS board.

## Standard 4: Management processes in neurological health services

### Standard statement 4

**Neurological health services have an effective patient management process from the point of first referral.**

- 4.1 At every consultation, all patients are offered a copy of the GP's letter or a management plan. Any changes to medication are provided in writing immediately to the patient.

#### **STATUS: Not met**

NHS Fife reported that the consultant discusses a management plan with each patient at every consultation to ensure the patient has a clear understanding of the next steps in the management of their condition. However, there are no audit data to verify that this happens. At the time of the review panel, the NHS board reported that it was not standard practice to offer patients a copy of the GP letter or a copy of the management plan. The review panel recommended that consultants offer all patients a copy of the GP letter or management plan to take away so they can refer back to it at a later date.

NHS Fife reported that changes to medication are discussed with patients during their consultation. However, it is not standard practice for all patients to receive changes in medication in writing at the time of the consultation. The NHS board highlighted that practice varies between consultants and on a case-by-case basis.

- 4.4a The neurology service has access to an integrated neuropsychology and neuropsychiatry service providing a diagnostic and treatment service for patients with neurological symptoms unexplained by disease, and patients with defined neurological disease that have co-morbid psychiatric disorders.

#### **STATUS: Not met**

NHS Fife does not provide neuropsychiatry services for its population. NHS Lothian has consultant neuropsychiatrists who provide a liaison service for the regional clinical neurosciences department. The consultant neurologist, or other general physician in NHS Fife, refers patients for diagnosis and assessment. At the time of the panel, the NHS board reported that access to this service was limited and highlighted plans to develop a medical liaison psychiatry service at the new Victoria Hospital, Kirkcaldy. The review panel encouraged the NHS board to develop this service.

The NHS board further reported that the provision of neuropsychology services is also limited. Assessment services are undertaken within the neurology service clinics and GPs would then be responsible for treatment. The review panel noted that the neurology service would like to develop an integrated service for patients with neurological symptoms unexplained by disease and encouraged the NHS board to develop appropriate service provision.

## Standard 5: Access to specialist epilepsy services

### Standard statement 5

**The NHS board provides a comprehensive epilepsy service with access to appropriately trained specialist staff.**

- 5.2 Healthcare professionals who carry out primary care annual reviews for patients with epilepsy have attended an epilepsy training course in the past 5 years, or can demonstrate equivalent experience from continuing professional development.

#### **STATUS: Not met**

NHS Fife did not submit any evidence to demonstrate that healthcare professionals who carry out primary care annual reviews had undertaken epilepsy training in the last 5 years. The NHS board reported that there are plans to undertake gap analysis and develop a formal annual education programme to address this. The gap analysis work is scheduled for completion in March 2012. It is anticipated that the rolling education programme will commence in June 2012.

Informally, the NHS board acknowledged that the specialist epilepsy nurses share information with colleagues from other NHS boards. The review panel encouraged the NHS board to explore possibilities of holding training days with other NHS boards.

## Standard 8: Access to specialist headache services

### Standard statement 8

**Patients receive co-ordinated care from healthcare professionals with expertise in the diagnosis and management of patients with headache.**

- 8.1 The NHS board provides access to a co-ordinated non-acute headache service led by a doctor who specialises in headache, and has defined links with the general neurology service.

#### **STATUS: Not met**

NHS Fife reported that all headache referrals are seen within the general neurology outpatient service by consultant neurologists. The NHS board also reported that pathways for the management of patients with headache have been developed and dates are being identified to communicate these to GPs.

At the time of the panel, arrangements for GPs to have open access to CT scanning were not in place in NHS Fife. The NHS board reported that a business case is being developed to obtain the additional resources to embed and sustain this.

- 8.2a The NHS board provides an educational programme on acute and non-acute headache for primary care colleagues within the NHS board.

#### **STATUS: Not met**

At the time of the review panel, NHS Fife did not have an acute and non-acute headache educational programme for primary care staff. The NHS board reported that an education

package has been developed and discussions are under way to identify protected learning times to roll this out to GPs in March 2012.

### **Standard 11: Access to specialist motor neurone disease services**

#### **Standard statement 11**

**An effective and comprehensive motor neurone disease service is available and offered across all NHS boards.**

11.3 The NHS board provides rapid access to demonstrably effective care pathways covering all aspects of the illness, including links to specialist palliative care and respiratory medicine, gastrostomy services and social services.

#### **STATUS: Not met**

At the time of the review panel, there were no formal pathways in place for the management of patients with motor neurone disease. The consultant neurologist diagnoses patients within the general neurology service. The patient is then referred to the clinical nurse specialist in NHS Lothian. The clinical nurse specialist liaises with services within the patient's geographical area to ensure that the appropriate care is available.

NHS Fife reported that the NHS Lothian clinical nurse specialist is in the process of reviewing formal pathways. These will be modified and rolled out within NHS Fife by mid 2012.

### **Standard 14: Access to specialist multiple sclerosis services**

#### **Standard statement 14**

**An effective and comprehensive specialist multiple sclerosis service is available across all NHS boards.**

14.1b The multiple sclerosis multidisciplinary team consists of, as a minimum, a consultant who specialises in the diagnosis and management of multiple sclerosis, a multiple sclerosis clinical nurse, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, neurorehabilitation services, pharmacy services, and mental health services.

#### **STATUS: Met**

The Fife rehabilitation service provides assessment and advice for people with multiple sclerosis within the NHS board. This service comprises of the following multidisciplinary team:

- a consultant in rehabilitation medicine
- an associate specialist in rehabilitation medicine
- nursing staff, including a multiple sclerosis nurse specialist and a multiple sclerosis nurse specialising in disease modifying therapy
- clinical psychologists
- occupational therapists

- physiotherapists
- speech and language therapists, and
- a dietitian.

Links have also been established with other services required at various stages of the patients journey including: continence services; community staff; orthotics; Southeast Mobility and Rehabilitation Technology Centre; voluntary agencies; pharmacy; social work; and Fife-wide community rehabilitation teams.

The Fife rehabilitation service is also a rehabilitation facility for other neurological conditions and as such does not provide specific clinics for multiple sclerosis. Initial diagnosis is made within the general neurology clinic and the patient is then referred to the Fife rehabilitation service. The review panel noted that although there is a comprehensive service, there is limited integration between the neurology-led multiple sclerosis clinic and the Fife rehabilitation service. The panel recommended that the specialist multiple sclerosis nurses based in the rehabilitation service also attend the neurology multiple sclerosis clinic.

### **Standard 17: Access to specialist Parkinson's disease services**

#### **Standard statement 17**

**An effective and comprehensive Parkinson's disease service is available and offered across all NHS boards.**

17.2 The Parkinson's disease multidisciplinary team consists of, as a minimum, a doctor who specialises in Parkinson's disease, a Parkinson's disease nurse specialist, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, pharmacy services, and mental health services.

#### **STATUS: Met**

Multidisciplinary Parkinson's disease clinics are in place across NHS Fife in Victoria Hospital; Queen Margaret Hospital, Dunfermline; St Andrew's Community Hospital; and Glenrothes Hospital. These clinics draw from a pool of two nurse specialists, four consultant geriatricians and four neurologists. Each clinic also has a physiotherapist, a speech and language therapist and an occupational therapist with a special interest in Parkinson's disease. The clinics also seek input from dietitians with experience of managing patients with the condition. If patients require mental health services, the consultant or nurse specialist will refer them to the appropriate psychiatric team.

Each clinic has an allied health professional team linked to it. The teams meet with the consultant and the nurse specialist for a multidisciplinary meeting after the clinic to discuss cases, take referrals and provide feedback on patients. The NHS Fife Parkinson's disease allied health professional network also meet two times a year to share good practice and develop services.

The NHS board reported that the Parkinson's disease referral pathway will also be included in the referral management system. This system will improve GP referrals to ensure the most appropriate person sees the patient in the most appropriate place.

## Standard 19: Ongoing management of Parkinson's disease

### Standard statement 19

**Patients with Parkinson's disease and their carers have ongoing access to specialist Parkinson's disease services and are encouraged and supported to be involved in decision-making about treatment or therapy at all stages of their condition.**

19.1a The timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital.

#### STATUS: Met

The NHS board has a robust system in place to ensure that the timings and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital. The review panel was impressed by the activities the nurse specialist undertakes to highlight the importance of Parkinson's disease medication within inpatient wards.

Acute management of Parkinson's disease guidelines have been developed and a range of education work has been undertaken with staff on the ward, medical and pharmacy staff. Guidelines on the management of pre and post operative Parkinson's disease patients have also been developed.

A wide range of aids have been developed on the ward to highlight Parkinson's disease medication:

- pill timers are available to help with the timely administration of medication on the wards
- alert stickers are available for case notes and kardexes to highlight medication needs
- further alert stickers have been developed to highlight the medications which are contraindicated in Parkinson's disease, and
- medication timings are included in ward safety briefings.

A link nurse programme has also been developed to highlight the needs of patients with the condition. These nurses are also invited to attend the Alliance of Scottish Parkinson's Nurse Specialists annual conference.

The NHS board reported that pharmacists on acute hospital sites have also developed an interest in the condition. They provide advice to medical, nursing and other pharmacy staff on Parkinson's disease medication issues.



## NHS Forth Valley

### Summary of findings

A summary of the findings from the review, including strengths and recommendations, is shown in this section.

The shaded area in the table below indicates the NHS board's current position against each standard criterion.

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 1: General neurological health services provision</b>		
1.2		
1.4		
<b>Standard 2: Access to neurological health services</b>		
2.2		
2.3a		
2.4		
<b>Standard 3: Patient encounters in neurological health services</b>		
3.2d		
3.8		
<b>Standard 4: Management processes in neurological health services</b>		
4.1		
4.4a		
<b>Standard 5: Access to specialist epilepsy services</b>		
5.2		
<b>Standard 8: Access to specialist headache services</b>		
8.1		
8.2a		
<b>Standard 11: Access to specialist motor neurone disease services</b>		
11.3		
<b>Standard 14: Access to specialist multiple sclerosis services</b>		
14.1b		

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 17: Access to specialist Parkinson's disease services</b>		
17.2		
<b>Standard 19: Ongoing management of Parkinson's disease</b>		
19.1a		

### Strengths

The NHS board has:

- a managed care network for patients with neurological impairments
- a dedicated email address for urgent neurology referrals from primary and secondary care
- a nominated neurology 'consultant of the day' to manage and vet inpatient and outpatient referrals, and attend the acute medical admissions unit
- NHS-funded specialist nursing posts within the neurology structure, and
- involvement with the Neurological Voices project, which involves patients and carers in the planning and improvement of local health services.

### Recommendations

The NHS board to:

- implement an electronic referral and triage system for outpatients, and
- introduce an electronic alert system on the wards for patients taking medication for Parkinson's disease.

## Detailed findings against the standards

### Standard 1: General neurological health services provision

#### Standard statement 1

**An effective and comprehensive neurological health service is available and offered across all NHS boards.**

1.2 The NHS board has a minimum 3-year plan for the provision of neurological health services to its population. This plan is published and subject to annual review.

#### **STATUS: Not met**

At the time of the review panel, NHS Forth Valley had a draft 3-year plan for the provision of neurological health services in the NHS board area.

NHS Forth Valley plans to revise the draft plan following feedback from this review programme, and to include timescales and actions. The NHS board expects to have the plan approved by May 2012. Once approved, the plan will be published on the NHS Forth Valley website.

The neurological management executive group intends to monitor performance against the plan's objectives and key performance indicators. The group will report its findings to the medicine, emergency care and rehabilitation governance group every year.

When NHS Forth Valley publishes its plan, it will have met this criterion.

1.4 The NHS board provides accurate and current information to patients and their carers about their condition.

#### **STATUS: Met**

NHS Forth Valley has a range of patient information leaflets covering neurological conditions. The NHS board provides support information to neurology patients and carers through its website. The neurology service also directs patients and carers to NHS Inform or to specific neurology condition websites. The review panel encourages NHS Forth Valley to reference links to these websites. This could be achieved by routinely including relevant website addresses on patient correspondence.

NHS Forth Valley has a formal policy for reviewing information materials to ensure they are up to date and relevant for patients. The NHS board reported that it monitors leaflets provided by other agencies and contacts them if the review date has expired. The review panel commended NHS Forth Valley for this good practice.

## Standard 2: Access to neurological health services

### Standard statement 2

**Patients with suspected neurological conditions are assessed by clinicians who specialise in neurological conditions. Patients are assessed within timescales dictated by their clinical needs.**

2.2 Outpatients are referred and triaged electronically. They are allocated to the appropriate waiting list within 5 working days of receipt of the referral at the centre in at least 95% of cases.

#### **STATUS: Not met**

In 2010, NHS Forth Valley undertook an audit of neurology referrals from primary care. The audit revealed that 91% of GP referrals came through the Scottish Care Information (SCI) Gateway, an electronic referral system. The remaining 9% of GP referrals were paper-based. All other neurology referrals from within NHS Forth Valley or from other NHS boards are paper-based. NHS Forth Valley intends, as part of its e-health strategy, that all referrals should come through the SCI Gateway.

In 2011, an audit revealed that 34% of patients referred through SCI Gateway, were placed on an appropriate waiting list within 5 working days of referral.

At the time of the review panel, there was no electronic triage of referrals. NHS Forth Valley plans to introduce an electronic referral management system for neurology. The new system will help address delays in the vetting and triage process. It will also help the neurology service to audit the performance of individuals who undertake vetting.

The review panel recognised the challenge of using paper-based systems and the delays that this can introduce. The panel recommended that NHS Forth Valley introduces the electronic referral management system to improve its referral and triage process.

2.3a The NHS board ensures that the neurology service has a communication process for discussion of urgent cases with a neurologist at all times.

#### **STATUS: Met**

The NHS Forth Valley website provides information on how to access expert neurology advice. The neurology service also corresponds regularly with colleagues in primary and secondary care.

The service has a dedicated neurology referral email address for urgent referrals from primary and secondary care. The emails are forwarded to a nominated neurology 'consultant of the day'. The nominated consultant undertakes a daily ward round in the acute admission unit to provide expert advice. The neurology service has an agreement with NHS Lothian to contact the on-call registrar at the Western General Hospital, Edinburgh. This enables NHS Forth Valley to get expert neurology advice outwith normal working hours, and on Thursdays when its neurologists attend continuing professional development sessions in Edinburgh.

The review panel commended NHS Forth Valley for its dedicated email address for urgent referrals and its nominated neurology consultant of the day. These initiatives have clearly improved the communication process.

**2.3b Where the neurologist identifies an outpatient referral as urgent, the patient is seen within 10 working days of triage in at least 90% of referrals.**

Urgent referrals at NHS Forth Valley can be made by telephone, through SCI Gateway or by using the dedicated email address for urgent referrals. In autumn 2011, an audit of urgent appointments revealed an estimated average waiting time of 16 working days from triage to appointment date.

The introduction of the new referral management system will help NHS Forth Valley regularly monitor delays to triage and appointment. In the meantime, the NHS board has introduced additional slots within the neurology clinics for urgent patients.

**2.4 Initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours.**

**STATUS: Met**

In autumn 2011, an audit revealed that 100% of inpatients in non-neurological settings received neurology advice within 24 hours of referral. Sixty percent of these patients were seen within 4 hours of the referral being made.

The review panel commended NHS Forth Valley for its impressive timescales and for seeing patients so quickly after they have been referred.

For acute admissions, staff use coloured stars to identify patients who need to be looked at by the neurology service. These patients are then located together on the ward. The review panel considers this good practice.

**Standard 3: Patient encounters in neurological health services**

**Standard statement 3**

**Neurological health services provide a high quality of care that meets the needs of patients, referrers and providers.**

**3.2d The NHS board acts on the patient, referrer, and staff feedback it collects.**

**STATUS: Met**

In 2009, NHS Forth Valley established a managed care network for patients with neurological impairments. The network includes neurology professionals, representatives from relevant charity organisations, and patient representatives. The network provides a forum for involving patients and carers in the future development of the service. The review panel commended NHS Forth Valley for its managed care network, which is a significant strength for the service.

All clinical staff are invited to attend and contribute to the work of the managed care network. NHS Forth Valley also holds organisational development afternoons to help staff input into the future shape of the neurology service. One of the neurology consultants is a

member of the area medical committee which brings together GPs and secondary care representatives. A sub-committee of GPs is currently exploring the most effective use of the neurology specialist nurse role.

The managed care network has been specifically involved with the promotion of the Neurological Voices project. This is a short course, delivered by the Neurological Alliance of Scotland, which involves patients and carers in the planning and improvement of local health services. Patient representatives from the Neurological Voices project are also members of the managed care network.

NHS Forth Valley supports a patient and public panel which reviews patient and carer information leaflets before publication. The NHS board reported that this programme has been highly successful.

In the past, NHS Forth Valley undertook patient surveys to collate feedback on the neurology service. The NHS board recently introduced an alternative pilot scheme which uses the consultation and relational empathy tool to assess patients' experience. The benefit of the tool is that it is validated against what the patient views is important to them. An audit of neurology outpatient appointments using the tool revealed positive results.

NHS Forth Valley provided evidence of improvements made to the neurology service in response to feedback from referrers, patients and staff. The review panel commended NHS Forth Valley for its involvement with the Neurological Voices programme and for actively seeking feedback from patients.

**3.8 A minimum of 90% of outpatient letters are electronically dispatched within 5 working days of the consultation.**

**STATUS: Not met**

An annual audit of one consultant team revealed that 14% of letters were manually dispatched to patients within 5 working days of consultation. NHS Forth Valley does not currently have a system to dispatch patient letters electronically.

The review panel noted that NHS Forth Valley has been exploring solutions to reduce delays in typing and dispatching letters to patients.

**Standard 4: Management processes in neurological health services**

**Standard statement 4**

**Neurological health services have an effective patient management process from the point of first referral.**

**4.1 At every consultation, all patients are offered a copy of the GP's letter or a management plan. Any changes to medication are provided in writing immediately to the patient.**

**STATUS: Not met**

The neurology service routinely sends a copy of the GP letter to the patient. The review panel considered this to be good practice.

Where there is a change to medication that must be made immediately, the patient is given a copy of the revised prescription. When the GP is to implement a medication change, the service writes a letter to the GP which is copied to the patient. This letter is generally written within 24 hours. NHS Forth Valley considered giving patients handwritten instructions on changes to medication at the time of the appointment. However, the NHS board decided against this to avoid problems understanding handwriting or the note being lost.

**4.4a** The neurology service has access to an integrated neuropsychology and neuropsychiatry service providing a diagnostic and treatment service for patients with neurological symptoms unexplained by disease, and patients with defined neurological disease that have co-morbid psychiatric disorders.

**STATUS: Not met**

NHS Forth Valley estimates that about 30% of patients presenting to neurology clinics have symptoms either not explained or only partially explained by disease. The neurology service diagnoses these patients. The NHS board reported that the majority of these patients do not require onward referral. Where onward referral is appropriate, patients are referred to either the liaison psychiatry team or the neuropsychology team.

The neuropsychology team is largely based at the rehabilitation and assessment in the community and at home service. The service takes a holistic approach to patient rehabilitation. It has a multidisciplinary team including physiotherapy, occupational therapy, speech and language therapy, and clinical psychology staff.

NHS Forth Valley has appropriate skilled staff to manage neurology patients with symptoms unexplained by disease or with co-morbid psychiatric disorders. However, there needs to be evidence of people working in an integrated manner to diagnose and treat these patients. The review panel advised NHS Forth Valley to formally consider the integration of the neurology service with neuropsychology and neuropsychiatry services.

**Standard 5: Access to specialist epilepsy services**

**Standard statement 5**

**The NHS board provides a comprehensive epilepsy service with access to appropriately trained specialist staff.**

**5.2** Healthcare professionals who carry out primary care annual reviews for patients with epilepsy have attended an epilepsy training course in the past 5 years, or can demonstrate equivalent experience from continuing professional development.

**STATUS: Not met**

NHS Forth Valley provided evidence of the Clackmannanshire resource for education audit and training primary care education session, delivered to GPs and practice nurses in June 2010. The session involved a series of workshops focused on particular neurological conditions, for example, an epilepsy specialist nurse delivered a workshop on epilepsy. NHS Forth Valley reported that the specialist nurse also provides a programme of training to the learning disabilities nurses within the NHS board.

The NHS board was unable to provide any information on the numbers of primary care staff attending the session in June 2010. To meet this criterion, NHS Forth Valley needs to document evidence that practice nurses and GPs who undertake annual reviews have attended epilepsy training in the last 5 years. The neurology service should also have a mechanism in place to promote and encourage practice nurses and GPs to attend epilepsy training.

The review panel recommended that NHS Forth Valley engages with GPs to collate information on staff attending epilepsy training. The panel also encouraged the NHS board to demonstrate ongoing commitment to delivering epilepsy training.

### **Standard 8: Access to specialist headache services**

#### **Standard statement 8**

**Patients receive co-ordinated care from healthcare professionals with expertise in the diagnosis and management of patients with headache.**

8.1 The NHS board provides access to a co-ordinated non-acute headache service led by a doctor who specialises in headache, and has defined links with the general neurology service.

#### **STATUS: Met**

GPs and secondary care staff refer patients with headache to the general neurology clinic. Patients are usually seen within 12 weeks of referral. NHS Forth Valley provides advice to referrers through its service information directory website. Three consultant neurologists provide the non-acute headache service.

Arrangements for open access to computerised tomography (CT) scanning for GPs are also in place in the NHS board area. Where appropriate, consultants may engage the assistance of imaging, neurosurgical, psychological intervention and tertiary referral colleagues to help diagnose and manage patients. The review panel commended the neurology service for its links with other specialties.

8.2a The NHS board provides an educational programme on acute and non-acute headache for primary care colleagues within the NHS board.

#### **STATUS: Not met**

NHS Forth Valley reported that the primary education sessions regularly include discussion on the diagnosis, management and referral of patients with headache. However, to meet this criterion, the NHS board needs to provide evidence of ongoing formal education on headache, including training dates and agendas or programmes.



## Standard 11: Access to specialist motor neurone disease services

### Standard statement 11

**An effective and comprehensive motor neurone disease service is available and offered across all NHS boards.**

11.3 The NHS board provides rapid access to demonstrably effective care pathways covering all aspects of the illness, including links to specialist palliative care and respiratory medicine, gastrostomy services and social services.

#### STATUS: Met

NHS Forth Valley has a comprehensive care pathway covering all aspects of motor neurone disease. The review panel encourages the service to include prioritised timelines on the pathway, and also a document date and planned review date.

The care pathway was developed within the multidisciplinary motor neurone disease clinic, which runs every 8 weeks. The clinic has active input from medical and nursing staff, representatives from the community rehabilitation team, dietitians, home ventilation and palliative care. Patients referred to the clinic are reviewed by each discipline. Occasionally, a patient may prefer not to be seen at the clinic. In such cases, the specialist nurse refers the patient to other disciplines, taking advantage of the close working relationships developed through the clinic.

In 2011, NHS Forth Valley conducted a survey to seek feedback from patients on their experience of the clinic. The motor neurone disease service plans to review the care pathway in response to the survey results. The review panel commended the service for undertaking a patient survey.

To speed up patient access to a motor neurone disease regional care specialist, NHS Forth Valley is exploring the introduction of a dedicated email address for referrals.

## Standard 14: Access to specialist multiple sclerosis services

### Standard statement 14

**An effective and comprehensive specialist multiple sclerosis service is available across all NHS boards.**

14.1b The multiple sclerosis multidisciplinary team consists of, as a minimum, a consultant who specialises in the diagnosis and management of multiple sclerosis, a multiple sclerosis clinical nurse, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, neurorehabilitation services, pharmacy services, and mental health services.

#### STATUS: Met

NHS Forth Valley has a multidisciplinary multiple sclerosis team which includes a consultant neurologist, a specialist nurse and support nurse. The team is supported by the community rehabilitation team. This includes physiotherapy, occupational therapy, speech and language therapy, psychology, and a rehabilitation specialist nurse.

Patients and carers have direct telephone access to the NHS Forth Valley multiple sclerosis service. The service has care pathways for people with multiple sclerosis, and offers all patients a minimum of a yearly review at the multidisciplinary clinic.

The service refers patients to relevant services including dietetics, pharmacy, primary care, podiatry, tissue viability, orthotics, palliative care, complex services and mental health services. The service works within the managed care network for neurology. It also works in partnership with other agencies such as social work, relevant voluntary organisations and welfare benefit agencies. Team working is supported through use of SCI Gateway, the community rehabilitation team referral process, and a single shared assessment screening process with council agencies.

The review panel commended NHS Forth Valley for:

- providing patients with direct access to the multiple sclerosis service
- offering yearly reviews to patients
- having very good patient pathways for multiple sclerosis
- clear signposting of relevant services, and
- working within the managed care network for neurology.

### **Standard 17: Access to specialist Parkinson's disease services**

#### **Standard statement 17**

**An effective and comprehensive Parkinson's disease service is available and offered across all NHS boards.**

17.2 The Parkinson's disease multidisciplinary team consists of, as a minimum, a doctor who specialises in Parkinson's disease, a Parkinson's disease nurse specialist, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, pharmacy services, and mental health services.

#### **STATUS: Met**

NHS Forth Valley has a multidisciplinary Parkinson's disease team based in acute care. The team includes staff working within community rehabilitation. The team has close links with psycho-geriatric services. There is also input from consultant neurologists, geriatricians and a Parkinson's disease nurse specialist. The review panel encourages NHS Forth Valley to formalise the structure of the multidisciplinary team.

The service has individual care pathways such as care of the elderly and movement disorder pathways. Patients diagnosed with Parkinson's disease are provided with a contact number for the Parkinson's disease nurse specialist, should difficulties arise. The nurse specialist holds a weekly clinic for patients at two sites and encourages patients to self refer between appointments for Parkinson's related symptoms. NHS Forth Valley recently appointed a consultant with an interest in neurodegenerative disease for patients with Parkinson's disease.

NHS Forth Valley has recently improved equality of access for patients by standardising the referral and triage processes for the care of the elderly and neurology services. This is being piloted as an overarching pathway of care for 6 months. It will then be evaluated and a formal pathway drawn up and made available to GPs on the NHS Forth Valley website.

The review panel noted NHS Forth Valley's intention to undertake more care mapping and process development to further improve the efficiency of the service.

### **Standard 19: Ongoing management of Parkinson's disease**

#### **Standard statement 19**

**Patients with Parkinson's disease and their carers have ongoing access to specialist Parkinson's disease services and are encouraged and supported to be involved in decision-making about treatment or therapy at all stages of their condition.**

19.1a The timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital.

#### **STATUS: Not met**

On admission, the NHS board gives patients a Parkinson's UK information leaflet: Going into Hospital. Patients are encouraged to complete a self-care toolkit and Parkinson's disease medication booklet.

The service has a dedicated email address which can be used to alert relevant staff when a patient with Parkinson's disease is admitted to hospital. However, at present there is no system to make sure that this happens when a patient is admitted to hospital. The specialist nurse visits relevant wards to educate staff on the importance of providing medication to patients at the prescribed time. The nurse also distributes the Parkinson's UK leaflet: Information for ward staff.

Where considered safe, patients are encouraged to self-medicate while in hospital. The review panel recommended that NHS Forth Valley develops formal, board-wide policies to cover self-administration or the use of patients' own drugs. The panel also encourages the NHS board to have formal input from pharmacy to safeguard patients and staff.

The NHS board has considered introducing a medication alert system, using its existing e-Ward patient management system. This would identify patients with Parkinson's disease when admitted to secondary care, and highlight their medication requirements. However, the system is currently unable to support the addition of a Parkinson's disease highlighter. The review panel noted that NHS Forth Valley recognised the benefits of introducing an electronic alert system, and that the NHS board is working to develop a solution to the problem.

# NHS Grampian

## Summary of findings

A summary of the findings from the review, including strengths and recommendations, is shown in this section.

The shaded area in the table below indicates the NHS board's current position against each standard criterion.

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 1: General neurological health services provision</b>		
1.2		
1.4		
<b>Standard 2: Access to neurological health services</b>		
2.2		
2.3a		
2.4		
<b>Standard 3: Patient encounters in neurological health services</b>		
3.2d		
3.8		
<b>Standard 4: Management processes in neurological health services</b>		
4.1		
4.4a		
<b>Standard 5: Access to specialist epilepsy services</b>		
5.2		
<b>Standard 8: Access to specialist headache services</b>		
8.1		
8.2a		
<b>Standard 11: Access to specialist motor neurone disease services</b>		
11.3		
<b>Standard 14: Access to specialist multiple sclerosis services</b>		
14.1b		

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 17: Access to specialist Parkinson's disease services</b>		
17.2		
<b>Standard 19: Ongoing management of Parkinson's disease</b>		
19.1a		

### Strengths

The NHS board has:

- a commitment to sustaining improvement activities as demonstrated within its comprehensive 3-year improvement plan
- effective stakeholder engagement, and
- strong multidisciplinary team working in each of the condition-specific criteria.

### Recommendations

The NHS board to:

- ensure effective monitoring of performance through continued use of audit, and
- continue developing the neurosciences website to improve information availability for patients, carers and referrers.

## Detailed findings against the standards

### Standard 1: General neurological health services provision

#### Standard statement 1

**An effective and comprehensive neurological health service is available and offered across all NHS boards.**

1.2 The NHS board has a minimum 3-year plan for the provision of neurological health services to its population. This plan is published and subject to annual review.

#### **STATUS: Met**

NHS Grampian has a comprehensive 3-year plan for providing neurological health services in the NHS board area. The plan includes a 3-year improvement action plan that has been approved by the neurological services improvement network and the senior management team of the NHS board. The NHS board developed the plan following a stakeholder event where consultation on neurological services and future improvement plans took place. The review panel commended NHS Grampian for the level of stakeholder involvement in shaping the plan and the future of the service. A total of 87 people attended the event including: patients, carers, primary care representatives, voluntary sector representatives, and partners from NHS Orkney, NHS Shetland and NHS Highland.

NHS Grampian has service level agreements in place with NHS Orkney and NHS Shetland to provide neurological health services to these NHS board areas. NHS Grampian has fully incorporated these island NHS boards into the improvement plan to ensure effective service provision and continued team working between the NHS boards.

The NHS board has published the plan and it is available on the NHS Grampian website. The neurosciences website that the NHS board is currently developing will also include the plan.

1.4 The NHS board provides accurate and current information to patients and their carers about their condition.

#### **STATUS: Met**

A range of patient information leaflets for specialist neurological conditions is available throughout NHS Grampian. Where available, the NHS board makes use of information provided by voluntary organisations, which is adapted to meet local needs. The NHS board is formalising links with NHS Inform to ensure patients and carers are directed, and have access, to other sources of national information. NHS Inform is a website for patients, their family and carers to obtain information about their condition and a place to obtain support with managing their condition.

NHS Grampian is developing a neurosciences website for patients, their families and carers. It will provide information on local neurological service provision for people in the NHS board area and within the wider network (NHS Orkney and NHS Shetland). It will also have resources on a wide range of neurological conditions and signpost to voluntary organisations where people will be able to access additional support and advice. At the time of the review panel, the website was in development. The review panel looked forward to

continued progress with this. The panel also encouraged the NHS board to make sure there is sufficient range of information available, in a variety of formats, to support people with general neurological queries as well as condition-specific information.

NHS Grampian has a clear process to quality assure the information it provides. The author reviews any information in the public domain at least every two years. This is detailed within the NHS board's information strategy. The quality development manager maintains a year's supply of externally produced information; this ensures that leaflets remain current and accurate.

## **Standard 2: Access to neurological health services**

### **Standard statement 2**

**Patients with suspected neurological conditions are assessed by clinicians who specialise in neurological conditions. Patients are assessed within timescales dictated by their clinical needs.**

2.2 Outpatients are referred and triaged electronically. They are allocated to the appropriate waiting list within 5 working days of receipt of the referral at the centre in at least 95% of cases.

#### **STATUS: Not met**

Audit data from June 2010 to December 2010 showed that 77% of neurology referrals came from primary care through the Scottish Care Information (SCI) Gateway, an electronic referral system. The remaining 23% of referrals were paper-based and came from other specialties within the NHS board, or from other NHS boards that NHS Grampian provides services for. There is currently no system in place to receive these types of referrals electronically. The review panel encouraged the NHS board to consider opportunities to address this.

The NHS board reported that there is currently a paper-based triaging system in use for all referrals received and no plans to change this at this point. NHS Grampian reported that clinicians find the current paper system effective and flexible. The review panel encouraged the NHS board to explore the potential of electronic triage systems.

Evidence submitted showed that referrals received through SCI Gateway are allocated to a waiting list within 5 working days. Paper-based referrals are triaged regularly and allocated to a waiting list. The review panel encouraged the NHS board to make sure that, while paper-based referrals are in use, it records the date of receipt of referral. This would ensure that there is an effective audit trail available for measurement of performance.

2.3a The NHS board ensures that the neurology service has a communication process for discussion of urgent cases with a neurologist at all times.

#### **STATUS: Met**

The neurology service within NHS Grampian operates a 24-hour on-call neurology rota. This allows for discussion of urgent cases with a consultant neurologist at all times. This is promoted to referrers through the hospital switchboard and the NHS Grampian intranet.

**2.3b Where the neurologist identifies an outpatient referral as urgent, the patient is seen within 10 working days of triage in at least 90% of referrals.**

The NHS board has not audited performance in this area. NHS Grampian stated that referrals made to the neurology service by telephone are likely to be seen the same day or within the next few days. At the time of the panel, the waiting time for referrals received through SCI Gateway was 10 working days.

The review panel was pleased to note the restructure of the clinic slots to ensure there was appropriate availability of urgent appointments. However, the panel encouraged the NHS board to conduct a formal audit of performance against this criterion, for all methods of referral, to make sure the restructure of clinics is proving effective.

**2.4 Initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours.**

**STATUS: Met**

The on-call neurologist provides initial advice following an urgent request for a neurological opinion within 24 hours. In most cases, initial advice is given by telephone with appropriate arrangements made for further assessment.

The NHS board reported that it is considering establishing a liaison consultant service for the acute medical assessment unit. NHS Grampian anticipated this would reduce delays between initial advice and a face-to-face consultation, where this is necessary, and speed up patient discharge.

**Standard 3: Patient encounters in neurological health services**

**Standard statement 3**

**Neurological health services provide a high quality of care that meets the needs of patients, referrers and providers.**

**3.2d The NHS board acts on the patient, referrer, and staff feedback it collects.**

**STATUS: Not met**

NHS Grampian collects a range of feedback from patients. It carried out a detailed survey of neurology outpatient satisfaction in 2009 and 115 patients and carers responded. This led to the creation of an action plan to address the areas identified for improvement. In addition, the NHS board also carried out an inpatient satisfaction survey in 2011 for patients admitted to the neurovascular unit within Aberdeen Royal Infirmary. There is also evidence that NHS Grampian collects and responds to patient stories on a regular basis.

The NHS board held a stakeholder event in May 2011 to consider performance against the neurology standards, inform the development of the 3-year plan and identify themes for improvement. Neurology staff, patients, carers, the voluntary sector and primary care attended this event. It provided an opportunity to feedback on existing services and shape the development of the future service.



NHS Grampian has also collected feedback from its staff through use of an ‘emoticons’ survey, which asked staff to use an icon to outline how they felt the service was performing in a particular area.

At the time of the review panel, the NHS board did not have a systematic approach to collecting and acting upon feedback from referrers to the neurological service. The review panel noted that referrers contributed to the stakeholder event described above. NHS Grampian plans to distribute a formal questionnaire to obtain referrer feedback from the emergency department and the acute medical receiving unit. The review panel encouraged the NHS board to consider widening the participants of this survey to include all referrers.

**3.8 A minimum of 90% of outpatient letters are electronically dispatched within 5 working days of the consultation.**

**STATUS: Not met**

NHS Grampian has an electronic dispatch system in place. Currently the majority of letters are dispatched within 7 days of dictation. The NHS board reported that dictation of letters takes place on the same day as the consultation. While the NHS board is commended for having an electronic dispatch system, the review panel encouraged NHS Grampian to make sure that there is an audit trail from the time of consultation to the time of electronic dispatch. This will allow for more effective monitoring of performance against this criterion.

#### **Standard 4: Management processes in neurological health services**

##### **Standard statement 4**

**Neurological health services have an effective patient management process from the point of first referral.**

**4.1 At every consultation, all patients are offered a copy of the GP’s letter or a management plan. Any changes to medication are provided in writing immediately to the patient.**

**STATUS: Not met**

A management plan is discussed with every patient at each consultation so that the patient is clear on the next steps required to manage their condition. In the recent outpatient satisfaction survey, 98% of respondents said that they were clear on the next steps of their treatment plan.

Patients are not currently offered a copy of the GP letter at every consultation. This is provided upon request or at the discretion of the clinician. The NHS board reported that clinicians usually give patients handwritten notes of changes to medication at the time of the consultation, particularly if this is a complex change. This letter is also copied to the GP.

4.4a The neurology service has access to an integrated neuropsychology and neuropsychiatry service providing a diagnostic and treatment service for patients with neurological symptoms unexplained by disease, and patients with defined neurological disease that have co-morbid psychiatric disorders.

**STATUS: Not met**

At present, NHS Grampian does not have an integrated neuropsychology and neuropsychiatry service. Neuropsychology patients are seen for diagnostic purposes with limited access to treatment due to resource constraints. There is no specific neuropsychiatry service within NHS Grampian. However, patients can be referred to liaison psychiatry for assessment.

While these services are not fully integrated, there is effective team working between liaison psychiatry and neuropsychology with cross-department referrals. There is also involvement of liaison psychiatry in weekly multidisciplinary team meetings and neurology service planning meetings.

NHS Grampian currently has an appropriate range of skilled individuals available to provide services in this area. The review panel encouraged the NHS board to consider opportunities for further integration of services and the introduction of treatment for the patient groups outlined within this criterion, where possible.

**Standard 5: Access to specialist epilepsy services**

**Standard statement 5**

**The NHS board provides a comprehensive epilepsy service with access to appropriately trained specialist staff.**

5.2 Healthcare professionals who carry out primary care annual reviews for patients with epilepsy have attended an epilepsy training course in the past 5 years, or can demonstrate equivalent experience from continuing professional development.

**STATUS: Met**

Practice nurses and GPs undertake primary care annual reviews for patients with epilepsy within NHS Grampian. There is a GP with a specialist interest in epilepsy and an epilepsy specialist nurse who deliver training to the 82 practices within the NHS board area, as well as NHS Orkney and NHS Shetland. The NHS board stated that most GP practices have at least one GP and one practice nurse trained within the last 5 years.

The NHS board provided examples of attendance records demonstrating primary care staff attendance at training. However, the review panel recommended that NHS Grampian keeps a comprehensive audit trail of training offered and delivered to ensure standards of care are maintained.

The review panel was pleased to note the rolling programme of epilepsy awareness and training that NHS Grampian nurses deliver to carers across the NHS board area.

## Standard 8: Access to specialist headache services

### Standard statement 8

**Patients receive co-ordinated care from healthcare professionals with expertise in the diagnosis and management of patients with headache.**

8.1 The NHS board provides access to a co-ordinated non-acute headache service led by a doctor who specialises in headache, and has defined links with the general neurology service.

#### **STATUS: Met**

NHS Grampian has a comprehensive headache service led by clinical staff with extensive training in headache. A neurology consultant with a sub-specialist interest in headache and a GP with a specialist interest in headache hold a weekly clinic. In addition to the weekly clinic, the GP with a specialist interest holds two additional clinics every month.

The service is closely aligned with the neurology service and the headache specialist provides advice on request. There is a range of information on the NHS Grampian intranet for referring clinicians including referral guidelines, guidance on diagnosis and management of headaches, and a number of patient information leaflets.

Patients can be referred from GPs, consultant neurologists and other health specialties. Arrangements for open access to CT scanning for GPs are also in place in the NHS board area. Where possible, people are seen in the designated headache clinics. However, as demand often exceeds the availability of the clinics, patients can also be seen within the general neurology clinics.

The review panel commended the NHS board for the well-established and robust headache service it provides.

8.2a The NHS board provides an educational programme on acute and non-acute headache for primary care colleagues within the NHS board.

#### **STATUS: Met**

NHS Grampian has carried out a series of sessions to provide training updates on headache. The NHS board and the Royal College of General Practitioners held a one-day headache symposium in April 2009. Representatives from most GP surgeries within NHS Grampian attended this meeting. The NHS Grampian headache team has also been invited to speak at national meetings on this subject. In 2010, NHS Grampian introduced open access to CT scanning and hosted clinical meetings to promote this.

In addition, the GP with specialist interest in headache has arranged a number of GP talks to surgeries that request this and continues to offer these on a regular basis.

## Standard 11: Access to specialist motor neurone disease services

### Standard statement 11

**An effective and comprehensive motor neurone disease service is available and offered across all NHS boards.**

11.3 The NHS board provides rapid access to demonstrably effective care pathways covering all aspects of the illness, including links to specialist palliative care and respiratory medicine, gastrostomy services and social services.

#### STATUS: Not met

At the time of the review panel, the NHS board had well-established and clear arrangements for referral and management of patients with motor neurone disease. However, NHS Grampian had not yet clearly documented these arrangements in agreed pathways. The review panel noted that there is currently a draft pathway to refer people with this condition to the specialist motor neurone disease clinic following initial diagnosis. The panel also noted that this pathway did not include links to respiratory medicine, gastrostomy services, social services and specialist palliative care.

However, it is clear that access to these services is in place across the NHS board area and there is strong evidence of multidisciplinary team working. When a patient attends a motor neurone disease clinic for a full review, there is input from neurology, clinical specialist, physiotherapy, occupational therapy, dietetics, palliative care medicine, and social work service, as required. Further referral to other specialist services is also arranged at this time if necessary. The NHS board reported that the same named physicians in respiratory services and gastrostomy services have been involved for a number of years.

The review panel encouraged the NHS board to develop and finalise its care pathways to reflect the comprehensive service it provides to this patient group. The review panel recognised that NHS Grampian's 3-year plan highlights the need for the development of care pathways and the panel looked forward to continued progress in this area.

## Standard 14: Access to specialist multiple sclerosis services

### Standard statement 14

**An effective and comprehensive specialist multiple sclerosis service is available across all NHS boards.**

14.1b The multiple sclerosis multidisciplinary team consists of, as a minimum, a consultant who specialises in the diagnosis and management of multiple sclerosis, a multiple sclerosis clinical nurse, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, neurorehabilitation services, pharmacy services, and mental health services.

#### STATUS: Met

The NHS Grampian multiple sclerosis multidisciplinary team includes:

- a consultant neurologist clinical lead with a specialist interest

- a rehabilitation consultant with a specialist interest, and
- two specialist nurses.

This team is further supported by the integrated therapy team of allied health professionals. One of the specialist nurses is based in Moray providing local specialist access to the remote and rural population. The review panel commended NHS Grampian for using technology to improve the standards of care it can deliver to its population. There are regular telemedicine clinics for people with multiple sclerosis based in Moray. The consultant based in Aberdeen video conferences to the clinic in Moray where the patient is based and is supported by the specialist nurse. This also ensures that the specialist nurse is well supported by colleagues in Aberdeen.

There are regular joint relapse clinics run by the specialist nurse with occupational therapists, physiotherapists, and speech and language therapists. There are also regular meetings and communication between members of the multidisciplinary team to ensure smooth transition between services for people with this condition.

There is ongoing work to streamline patient pathways and allow for closer integration between acute neurological services and neurorehabilitation services.

### **Standard 17: Access to specialist Parkinson's disease services**

#### **Standard statement 17**

**An effective and comprehensive Parkinson's disease service is available and offered across all NHS boards.**

17.2 The Parkinson's disease multidisciplinary team consists of, as a minimum, a doctor who specialises in Parkinson's disease, a Parkinson's disease nurse specialist, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, pharmacy services, and mental health services.

#### **STATUS: Met**

NHS Grampian has an experienced and committed multidisciplinary team which provides services for patients with Parkinson's disease. This team includes a number of consultant neurologists (one with a sub-specialty interest in movement disorders), several consultant geriatricians (one with a sub-specialty interest in Parkinson's disease), two nurse specialists and a number of allied health professionals.

People with the condition, who are less than 65 years of age, have access to physiotherapy, occupational therapy, and speech and language therapy at a specialised outpatient neurorehabilitation unit in Aberdeen. Those over 65 years of age access these services at the day hospital in Aberdeen. There are close links with other services including dietetics, mental health services and community pharmacy. The review panel was pleased to note the delivery of training to community pharmacists.

## Standard 19: Ongoing management of Parkinson's disease

### Standard statement 19

**Patients with Parkinson's disease and their carers have ongoing access to specialist Parkinson's disease services and are encouraged and supported to be involved in decision-making about treatment or therapy at all stages of their condition.**

19.1a The timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital.

#### **STATUS: Not met**

The NHS board does not currently have a system in place in all hospital wards to ensure that the timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital. NHS Grampian reported that there is a system to ensure this if the patient is admitted to the neurology unit.

The NHS board reported that if there is a failure of the prescribing systems in other hospital wards, patients and their carers have been educated to contact the Parkinson's disease nurse specialist and to inform those looking after them of the need to get their medication on time.

The NHS board reported that there is an action plan to address shortcomings. As a result of a recent audit, which highlighted poor performance in non-neurological wards, the NHS board intends to establish a protocol and guidelines for ward staff treating people with Parkinson's disease. NHS Grampian also reported that it is investing in a patient alert system. The nurse specialists will check this system daily to see if any patients with this condition have been admitted to hospital. The nurse specialists will then ensure that the patient is given the appropriate medication at the correct time. It will also allow for targeted education of ward staff treating people with Parkinson's disease.

The review panel was encouraged by the improvement activities identified by the NHS board and welcomed the continued progress in this area.

# NHS Greater Glasgow and Clyde

## Summary of findings

A summary of the findings from the review, including strengths and recommendations, is shown in this section.

The shaded area in the table below indicates the NHS board's current position against each standard criterion.

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 1: General neurological health services provision</b>		
1.2		
1.4		
<b>Standard 2: Access to neurological health services</b>		
2.2		
2.3a		
2.4		
<b>Standard 3: Patient encounters in neurological health services</b>		
3.2d		
3.8		
<b>Standard 4: Management processes in neurological health services</b>		
4.1		
4.4a		
<b>Standard 5: Access to specialist epilepsy services</b>		
5.2		
<b>Standard 8: Access to specialist headache services</b>		
8.1		
8.2a		
<b>Standard 11: Access to specialist motor neurone disease services</b>		
11.3		
<b>Standard 14: Access to specialist multiple sclerosis services</b>		
14.1b		

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 17: Access to specialist Parkinson's disease services</b>		
17.2		
<b>Standard 19: Ongoing management of Parkinson's disease</b>		
19.1a		

### Strengths

The NHS board has:

- clear engagement and leadership from senior management
- demonstrated highly effective use of resources
- undertaken a range of feedback and audit of processes, and
- impressive multidisciplinary specialist services, in particular for patients with headache, multiple sclerosis and Parkinson's disease.

### Recommendations

The NHS board to:

- continue to develop electronic systems and work with other west of Scotland NHS boards, and
- confirm plans to ensure the sustainability of improvement work.



## Detailed findings against the standards

### Standard 1: General neurological health services provision

#### Standard statement 1

**An effective and comprehensive neurological health service is available and offered across all NHS boards.**

1.2 The NHS board has a minimum 3-year plan for the provision of neurological health services to its population. This plan is published and subject to annual review.

#### **STATUS: Met**

NHS Greater Glasgow and Clyde has a 3-year plan for the provision of neurological health services. The plan was developed following a regional event in March 2011 and is scheduled for annual review. It includes an improvement plan, approved by the neurology improvement group and the director of regional services.

Service level agreements are in place with NHS Ayrshire & Arran and NHS Lanarkshire to co-ordinate the provision of neurological health services across the west of Scotland. The west of Scotland neurosciences group meets every 3 months to discuss this provision and NHS boards also meet on an ad hoc basis to discuss particular issues.

The 3-year plan is available through the west of Scotland group. It has also been published on the neurology website for NHS Greater Glasgow and Clyde. The NHS board also reported that it plans to promote the website on patient correspondence.

1.4 The NHS board provides accurate and current information to patients and their carers about their condition.

#### **STATUS: Met**

A wide range of patient information leaflets are available for specialist neurological conditions throughout NHS Greater Glasgow and Clyde. The NHS board and relevant voluntary organisations produce these leaflets.

NHS Greater Glasgow and Clyde has an accessible information policy in place to ensure that all patient and carer information is clear, understandable and subject to review. These leaflets are available at neurology clinics and distributed to patients, where relevant, during appointments. The neurology service has also held meetings with NHS Inform to ensure patients and carers have access to the NHS Inform website.

The review panel commended the NHS board on the development of their new neurology website for NHS Greater Glasgow and Clyde. This resource gives patients, their families and carers information about the wide range of neurological conditions and acts as a signpost to voluntary organisations for support and more information. The review panel recommended that this website links to the main NHS Greater Glasgow and Clyde website.

Each neurological condition has a separate space within the website, which will be subject to annual review. The NHS board reported that multidisciplinary condition-specific patient

events also take place to ensure that those patients without internet access are kept informed about their conditions.

## **Standard 2: Access to neurological health services**

### **Standard statement 2**

**Patients with suspected neurological conditions are assessed by clinicians who specialise in neurological conditions. Patients are assessed within timescales dictated by their clinical needs.**

2.2 Outpatients are referred and triaged electronically. They are allocated to the appropriate waiting list within 5 working days of receipt of the referral at the centre in at least 95% of cases.

#### **STATUS: Not met**

Audit data collected between October 2010 and March 2011 demonstrate that 61% of neurology referrals came from GPs through the Scottish Care Information (SCI) Gateway, an electronic referral system. The other 39% of referrals are paper-based and come from consultants in other specialties within the NHS board or from other NHS boards. At the time of the review panel, there was no system in place to integrate all referrals into one electronic system.

The review panel noted NHS Greater Glasgow and Clyde and NHS Lanarkshire have recently piloted an eReferral project to co-ordinate electronic referrals and subsequent triage. This pilot is scheduled for review in February 2012.

Evidence submitted demonstrates that all SCI gateway referrals are triaged electronically. These are then allocated to the appropriate clinic waiting list within 5 working days of receipt of the referral.

2.3a The NHS board ensures that the neurology service has a communication process for discussion of urgent cases with a neurologist at all times.

#### **STATUS: Met**

NHS Greater Glasgow and Clyde has a communication process in place for the discussion of urgent cases with a neurologist at all times. There is always an on-call registrar for neurology, based at the Southern General Hospital, Glasgow. This registrar can give telephone advice, see inpatients and appoint patients to the semi-urgent clinic. The on-call registrar also has access to an on-call consultant at all times. Access for urgent cases is provided 24 hours a day, 7 days a week.

This provision is publicised on the NHS Greater Glasgow and Clyde neurology website. This will also be communicated directly to GPs with the results of referrer surveys. The review panel was pleased to note that feedback has been obtained from GPs on the communication process.

**2.3b Where the neurologist identifies an outpatient referral as urgent, the patient is seen within 10 working days of triage in at least 90% of referrals.**

Since the standards were published, the Scottish Government's target is now 10 working days for urgent referrals with suspicion of cancer. The target for other urgent cases is to be seen within 6 weeks. NHS Greater Glasgow and Clyde is working towards Scottish Government targets in place of those detailed within this criterion.

Recent audit data from July and August 2011 demonstrate that 92% of urgent referrals were seen in an urgent outpatient appointment within 6 weeks of triage. There were no patients with a suspicion of cancer seen within the timeframe of the audit. The NHS board reported that there are plans in place to repeat this audit every 6 months to ensure that the Scottish Government target continues to be met. No data were provided on the number of urgent referrals without suspicion of cancer seen within 10 working days.

**2.4 Initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours.**

**STATUS: Met**

Recent audit of the neurology log book demonstrates that initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours. For the 5-day period of the audit, 100% of cases were given advice within this timeframe. The NHS board reported that there are plans to repeat this audit every 6 months to ensure that the service continues to give urgent advice within 24 hours.

**Standard 3: Patient encounters in neurological health services**

**Standard statement 3**

**Neurological health services provide a high quality of care that meets the needs of patients, referrers and providers.**

**3.2d The NHS board acts on the patient, referrer, and staff feedback it collects.**

**STATUS: Met**

The NHS Greater Glasgow and Clyde neurology service conducted a pilot outpatient questionnaire in early 2011. Results from this pilot were compiled and shared with the outpatient department and improvement group to help improve services. The evidence submitted demonstrated that positive changes have been made to improve services as a result of this pilot.

A follow-up expanded questionnaire was developed and conducted in November 2011. There are plans to develop an action plan in response to this feedback and to repeat the survey every year.

There are also plans to invite patient representatives to sit on improvement groups and to roll out the Neurological Voices project across the NHS board area. Neurological Voices is a short course, delivered by the Neurological Alliance of Scotland, which involves patients and carers in the planning and improving of local health services.

A neurology GP referrer questionnaire was developed and sent to all NHS Greater Glasgow and Clyde GPs in November 2011. The review panel commended the NHS board on seeking feedback from referrers and noted that plans are in place to discuss this feedback and form an action plan in response. In addition, condition-specific events for GPs have been held to discuss the Quality Outcomes Framework for headache. The NHS board reported that it also plans to obtain feedback from consultant referrers.

The NHS board also seeks feedback from staff on the provision of neurological services within the NHS board. This is primarily through regular formal improvement meetings and weekly catch up meetings. Staff are also able to contribute views at ad hoc condition-specific meetings and Scottish Patient Safety Programme walkrounds. The NHS board gave an example of a redesign project for its headache service which was developed in response to staff feedback.

**3.8** A minimum of 90% of outpatient letters are electronically dispatched within 5 working days of the consultation.

**STATUS: Not met**

At the time of the review panel, there were no systems in place to electronically dispatch outpatient letters. There are plans to implement the new Trak Care hospital information system throughout NHS Greater Glasgow and Clyde by the end of 2012. When fully implemented, this system will dispatch outpatient letters electronically.

**Standard 4: Management processes in neurological health services**

**Standard statement 4**

**Neurological health services have an effective patient management process from the point of first referral.**

**4.1** At every consultation, all patients are offered a copy of the GP's letter or a management plan. Any changes to medication are provided in writing immediately to the patient.

**STATUS: Not met**

A management plan is discussed with each patient at every consultation to ensure the patient has a clear understanding of the next steps in the management of their condition. This is documented in the patient notes and clinic letters. The recent pilot patient survey highlighted that 94% of respondents had a clear understanding and were satisfied with their management plan before leaving the hospital. The review panel recommended that all patients are offered a copy of the management plan to take away or a copy of the GP's letter so they can refer back to it at a later date.

The NHS board reported that changes to medication are discussed with patients during their consultation. Urgent changes to medication are provided in writing immediately to the patient at their outpatient appointment. However, if the change is not urgent, this is communicated to the GP in the clinic letter and a copy is not provided for the patient.

4.4a The neurology service has access to an integrated neuropsychology and neuropsychiatry service providing a diagnostic and treatment service for patients with neurological symptoms unexplained by disease, and patients with defined neurological disease that have co-morbid psychiatric disorders.

**STATUS: Not met**

NHS Greater Glasgow and Clyde provides neuropsychology and neuropsychiatry services for its population. The service assesses and treats neurology patients with medically unexplained symptoms and co-morbid psychiatric disorders. The review panel particularly commended the neuropsychology treatment service.

However, at the time of the review panel, there was no integrated neuropsychology and neuropsychiatry service. The NHS board reported that the services are separate, with cross-referral and liaison between the two disciplines. Although not integrated, the NHS board provided evidence of good team working between these services.

The review panel was pleased to note that the NHS board is planning to integrate the services. Monthly neurology, neuropsychology and neuropsychiatry meetings started in January 2012. The multidisciplinary medically unexplained symptoms team will pilot the co-ordination of the integrated service in early 2012. All neurologists will refer to the medically unexplained symptoms team, who will identify and deal with urgent referrals on a daily basis and discuss routine referrals at the monthly meeting. Clinical care will then be arranged as appropriate. A database has been developed to support this service.

The review panel commended the work undertaken in this area and noted the good practice of having neuropsychology and neuropsychiatry representatives on the improvement group.

**Standard 5: Access to specialist epilepsy services**

**Standard statement 5**

**The NHS board provides a comprehensive epilepsy service with access to appropriately trained specialist staff.**

5.2 Healthcare professionals who carry out primary care annual reviews for patients with epilepsy have attended an epilepsy training course in the past 5 years, or can demonstrate equivalent experience from continuing professional development.

**STATUS: Met**

Practice nurses undertake annual primary care reviews for patients with epilepsy within NHS Greater Glasgow and Clyde. Evidence submitted demonstrates that all practice nurses have been offered epilepsy training within the last 3 years. During 2008–2010, 52% (290) of all practice nurses attended epilepsy training.

Training was developed as part of the commissioning of a local enhanced service for epilepsy and is now delivered by members of the epilepsy team in NHS Greater Glasgow and Clyde. However, the NHS board reported that the local enhanced service was not taken forward. Epilepsy nurse training days and managed clinical network epilepsy study

days continue to be planned and delivered every year. This is in addition to NHS Education for Scotland and Epilepsy Scotland training days.

Practice nurses also have annual appraisals and personal development plans to make sure all competencies are up to date. The review panel noted further plans to liaise with primary care colleagues on the uptake of epilepsy training days and to improve monitoring of future attendance. The panel recommended that the NHS board continues to encourage and monitor uptake of training and other continuing professional development by all primary care staff undertaking annual reviews.

## **Standard 8: Access to specialist headache services**

### **Standard statement 8**

**Patients receive co-ordinated care from healthcare professionals with expertise in the diagnosis and management of patients with headache.**

8.1 The NHS board provides access to a co-ordinated non-acute headache service led by a doctor who specialises in headache, and has defined links with the general neurology service.

#### **STATUS: Met**

The headache service in NHS Greater Glasgow and Clyde provides inpatient and outpatient treatment for headache patients across the west of Scotland region. It is made up of three consultant neurologists with an interest in headache, one GP with a specialist interest and one clinical nurse specialist.

Referrals can be made directly to the headache service through SCI Gateway. A consultant will vet these referrals to determine their clinical care or whether to transfer the patient to a general neurology clinic. The nurse specialist runs nurse-led outpatient clinics, a telephone clinic and other specialist clinics in the neurology department. The review panel commended the headache service at NHS Greater Glasgow and Clyde. The review panel was also pleased to note that the NHS board has undertaken improvement activities through capacity planning and redesign projects.

8.2a The NHS board provides an educational programme on acute and non-acute headache for primary care colleagues within the NHS board.

#### **STATUS: Met**

An educational training programme has been developed within the NHS Greater Glasgow and Clyde service with NHS Education for Scotland. This is delivered every 6 months to GPs and through specific educational days at Royal Colleges, available to NHS colleagues outwith the NHS board area.

In addition, the headache service at NHS Greater Glasgow and Clyde organises a Scotland-wide symposium every two years. This is aimed at all medical staff and specialist nurses with an interest in headache. The headache training element of the Quality Outcomes Framework is also being introduced.

## Standard 11: Access to specialist motor neurone disease services

### Standard statement 11

**An effective and comprehensive motor neurone disease service is available and offered across all NHS boards.**

11.3 The NHS board provides rapid access to demonstrably effective care pathways covering all aspects of the illness, including links to specialist palliative care and respiratory medicine, gastrostomy services and social services.

#### STATUS: Not met

Meetings take place every 6 months to support the development of a multidisciplinary team of experts to deliver quality care for patients. This group includes members from MND Scotland, neurology, palliative care, gastrostomy, respiratory care and radiology. Representatives are medical, nursing, allied health professionals, community services and management staff. The main remit of this group is to develop and agree care pathways. The NHS board reported that these are due for completion by the end of 2012.

The motor neurone disease service at NHS Greater Glasgow and Clyde has nutrition pathways in place for patients. However, the review panel noted that care pathways focusing on the palliative and respiratory aspects of care were still in the development stages.

The NHS board demonstrated a multidisciplinary approach to formalising existing pathways and links with other services involved in the care of patients with motor neurone disease. In addition, MND Scotland and the service are working together to plan a local event that will include all key stakeholders.

## Standard 14: Access to specialist multiple sclerosis services

### Standard statement 14

**An effective and comprehensive specialist multiple sclerosis service is available across all NHS boards.**

14.1b The multiple sclerosis multidisciplinary team consists of, as a minimum, a consultant who specialises in the diagnosis and management of multiple sclerosis, a multiple sclerosis clinical nurse, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, neurorehabilitation services, pharmacy services, and mental health services.

#### STATUS: Met

The multiple sclerosis multidisciplinary team at NHS Greater Glasgow and Clyde is made up of:

- five neurology consultants who specialise in the diagnosis and management of multiple sclerosis
- two clinical nurse specialists, and
- two specialist physiotherapists.

Evidence submitted demonstrated that the service has also established links and input from other NHS Greater Glasgow and Clyde healthcare professionals with experience and training in neurological conditions. The multidisciplinary team meets every month to discuss issues and developments affecting the service. Individual cases are discussed on a daily basis where necessary.

The service has both nurse-led and consultant-led clinics running at the same time. In addition, there is a monthly clinic for patients with spasticity, led by a consultant neurologist and physiotherapist to ensure patients benefit from a joint approach by both professionals. The review panel commended the service within NHS Greater Glasgow and Clyde and particularly noted the quality of the physiotherapy service offered to patients.

### **Standard 17: Access to specialist Parkinson's disease services**

#### **Standard statement 17**

**An effective and comprehensive Parkinson's disease service is available and offered across all NHS boards.**

17.2 The Parkinson's disease multidisciplinary team consists of, as a minimum, a doctor who specialises in Parkinson's disease, a Parkinson's disease nurse specialist, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, pharmacy services, and mental health services.

#### **STATUS: Met**

Parkinson's disease multidisciplinary teams at NHS Greater Glasgow and Clyde are made up of:

- a consultant
- a nurse specialist
- a physiotherapist
- an occupational therapist, and
- a speech and language therapist.

There are specialist multidisciplinary teams based at various locations throughout the NHS board area. At the time of the review panel, there were seven nurse specialists within NHS Greater Glasgow and Clyde. These nurse specialists are aligned to the specialist multidisciplinary team in their area and hold nurse-led clinics every week at the same time as joint nurse and consultant-led clinics. Each multidisciplinary team meets regularly to discuss individual patients, the local patient pathway and to develop protocols and local audit. Each team also holds support groups for patients and their carers.

The service also has additional input from other NHS Greater Glasgow and Clyde healthcare professionals with experience and training in neurological conditions, where appropriate. Allied health professionals within multidisciplinary teams have a specialist interest in Parkinson's disease and have undertaken additional training on the condition. For example, speech and language therapists have undertaken Voice training in Parkinson's disease.



The review panel was pleased to note good practice throughout this service in NHS Greater Glasgow and Clyde. In particular, the development of a movement disorder group, which meets 2–3 times a year to help improve services for people with Parkinson’s disease and other movement disorders. The group provides support and educational events, participates in local audit activities and reviews referral pathways. The service also participates in the Charter Mark Award, a Government recognised award for excellence in healthcare delivery.

## **Standard 19: Ongoing management of Parkinson’s disease**

### **Standard statement 19**

**Patients with Parkinson’s disease and their carers have ongoing access to specialist Parkinson’s disease services and are encouraged and supported to be involved in decision-making about treatment or therapy at all stages of their condition.**

19.1a The timing and dosage of medication for Parkinson’s disease is specified and adhered to when the patient is in hospital.

#### **STATUS: Not met**

The NHS board does not currently have a robust system in place to make sure that the timings and dosage of medication for Parkinson’s disease is specified and adhered to when the patient is in hospital. Medication history is taken for each patient on admission to hospital, with clear documentation of the drug name, strength, dose, frequency and treatment plan. This is detailed on the acute inpatient prescription chart along with details for medicine administration outwith normal round times. There is also a multidisciplinary medicines reconciliation guidance document. At the time of the review panel, this was being rolled out across NHS Greater Glasgow and Clyde.

Self-administration systems are in place in some wards, which the review panel highlighted as an area of good practice. The NHS board reported that it is currently in the process of redesigning the medicines management process to ensure equitable access to self-administration systems across the NHS board areas.

The review panel congratulated the service on undertaking audit to assess the current prescribing and administration of Parkinson’s disease medication in various hospitals across the NHS board. At the time of the review panel, NHS Greater Glasgow and Clyde was developing an action plan to address highlighted issues with agreed timescales for completion.

The NHS board also reported that a missed dose algorithm, which highlights key medications that cannot be missed or delayed, is currently in development.

The review panel acknowledged that there are areas of good practice across the NHS board. However, the panel recognised that work to address the particular needs of patients with Parkinson’s disease is currently ongoing.

## NHS Highland

### Summary of findings

A summary of the findings from the review, including strengths and recommendations, is shown in this section.

The shaded area in the table below indicates the NHS board's current position against each standard criterion.

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 1: General neurological health services provision</b>		
1.2		
1.4		
<b>Standard 2: Access to neurological health services</b>		
2.2		
2.3a		
2.4		
<b>Standard 3: Patient encounters in neurological health services</b>		
3.2d		
3.8		
<b>Standard 4: Management processes in neurological health services</b>		
4.1		
4.4a		
<b>Standard 5: Access to specialist epilepsy services</b>		
5.2		
<b>Standard 8: Access to specialist headache services</b>		
8.1		
8.2a		
<b>Standard 11: Access to specialist motor neurone disease services</b>		
11.3		
<b>Standard 14: Access to specialist multiple sclerosis services</b>		
14.1b		

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 17: Access to specialist Parkinson's disease services</b>		
17.2		
<b>Standard 19: Ongoing management of Parkinson's disease</b>		
19.1a		

### Strengths

The NHS board has:

- undertaken extensive scoping work on its neurological services provision
- a positive focus on patient outcomes, and
- clear investment in the neurology service.

### Recommendations

The NHS board to:

- ensure clinical staff have time to participate in neurology services steering group meetings and provide clinical leadership
- develop comprehensive patient care pathways for neurological conditions
- ensure equitable access to services
- ensure appropriate service level agreements are in place and monitored, and
- review specialist nurse provision and engage with voluntary organisations to explore options and suitable models for local delivery of services.

## Detailed findings against the standards

### Standard 1: General neurological health services provision

#### Standard statement 1

**An effective and comprehensive neurological health service is available and offered across all NHS boards.**

1.2 The NHS board has a minimum 3-year plan for the provision of neurological health services to its population. This plan is published and subject to annual review.

#### **STATUS: Met**

NHS Highland undertook a review of neurological service provision across the NHS board in 2007. The review identified gaps in service provision and highlighted areas for focus, including increased resources and recruitment for key posts. In 2009, a neurological service group was set up to ensure delivery of the neurological health services standards.

NHS Highland's neurological services plan outlines the strategic context and demographic need for neurological services. The plan covers the period 2011–2014 and includes an action plan on the key pieces of work to be undertaken by 2014. The plan is available on the NHS Highland intranet and website. The neurological services steering group will review the plan every year.

NHS Highland neurological services are provided across two areas; North Highland and Argyll & Bute Community Healthcare Partnerships. Service level agreements are in place with NHS Grampian to co-ordinate neurological health services across North Highland, and NHS Greater Glasgow and Clyde to provide neurological services to the population of Argyll and Bute. The review panel recognised that the NHS board has undertaken a significant amount of work to improve services, particularly within Argyll and Bute. However, the provision of services in this area remains complex with services delivered by NHS Greater Glasgow and Clyde and monitored by NHS Highland.

The review panel noted concerns over the clinical capacity of neurology consultants and how this impacted on attendance of steering group meetings, clinical leadership, service delivery and improvement activities. As part of its review of neurological service provision, NHS Highland identified a need for two full-time neurology consultants. However, it has only been able to recruit one full-time consultant and one part-time (0.6) consultant. The shortfall in consultant capacity is made up through the use of locum and agency cover. The NHS board reported that it is in the process of undertaking a capacity and demand review to enable it to identify ways to improve capacity.

1.4 The NHS board provides accurate and current information to patients and their carers about their condition.

#### **STATUS: Not met**

The NHS board reported that nurse specialists distribute voluntary sector information leaflets on neurological conditions during patient consultations. Neurological services staff also promote the use of national voluntary patient information websites. However, the review panel noted that there was no information for patients on local services. The NHS

board reported that additional information is available to patients through one-to-one meetings, support groups and by telephone.

The review panel noted the links on the NHS Highland website to NHS Inform. This is a website for patients, their family and carers to obtain information about their condition and a place to obtain support with managing their condition. The review panel encouraged the NHS board to further promote and signpost this resource to the local population. However, the review panel also noted that not all patients have access to the internet. The panel recommended that the NHS board also considers how to meet the information needs of these patients as part of its improvement activities.

The review panel noted that there was no system in place to ensure that patients receive consistent and up-to-date information across the NHS board. The panel recommended that the NHS board develops formal processes to ensure that condition-specific information is easily accessible to all patients. At the time of the review panel, the NHS board noted that this was an area that required improvement and reported that it is in the process of undertaking an audit of patient information.

## **Standard 2: Access to neurological health services**

### **Standard statement 2**

**Patients with suspected neurological conditions are assessed by clinicians who specialise in neurological conditions. Patients are assessed within timescales dictated by their clinical needs.**

2.2 Outpatients are referred and triaged electronically. They are allocated to the appropriate waiting list within 5 working days of receipt of the referral at the centre in at least 95% of cases.

### **STATUS: Not met**

An audit of epilepsy patients in 2010 demonstrated that 93% of patients were referred through the Scottish Care Information (SCI) Gateway, an electronic referral system. At the time of the review panel, electronic referrals are then printed off and triaged by the neurology consultant. The NHS board reported that it is considering the suitability of electronic triage and integration of systems. NHS Highland reported that approximately 10% of all referrals are from other consultants. Consultants receive these referrals by letter and follow the same triage process.

The audit of epilepsy patients also demonstrated that 98% of referrals were allocated to the appropriate waiting lists within 5 working days of receipt of referral. The NHS board reported that these data are representative of all patients within the neurology service. However, no audit data or other evidence were provided to demonstrate this at the time of the review panel.

NHS Greater Glasgow and Clyde receives all referrals from Argyll and Bute and triages in accordance with its local systems.

**2.3a The NHS board ensures that the neurology service has a communication process for discussion of urgent cases with a neurologist at all times.**

**STATUS: Met**

The neurology service in North Highland has communication processes in place for the discussion of urgent cases with a neurologist at all times. Within normal working hours, neurology consultants are available to discuss urgent patients. Outwith these hours, agreements are in place with NHS Grampian to discuss urgent cases with their on-call neurologist.

Agreements are also in place with NHS Greater Glasgow and Clyde for patients in the Argyll and Bute area. There is an on-call registrar for neurology at the Southern General Hospital, Glasgow, who can provide urgent telephone advice. The NHS board reported that NHS Greater Glasgow and Clyde has agreed to share pathway information to ensure that all GPs in the area are aware of this process.

**2.3b Where the neurologist identifies an outpatient referral as urgent, the patient is seen within 10 working days of triage in at least 90% of referrals.**

The neurology service receives urgent referrals through SCI Gateway or by GP letter. The neurology consultant triages each referral and assigns patients to the appropriate waiting list. Referrals confirmed as urgent by the consultant neurologist are seen as a matter of priority and assigned to the first available appointment.

Audit of referrals November 2010–November 2011 demonstrates that 19% of urgent referrals were seen within 10 working days, with the remainder seen within 12 weeks of referral. The review panel noted that this figure includes all those listed as urgent in the referral letter and acknowledged that the neurology consultants undertake further assessment to prioritise patients. The NHS board has a shortfall in consultant capacity which is made up through the use of locum and agency cover. The NHS board reported that it is in the process of undertaking a capacity and demand review to enable them to identify ways to improve capacity.

**2.4 Initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours.**

**STATUS: Met**

Communication processes are in place for all inpatients to receive initial advice within 24 hours of an urgent request for a neurological opinion in NHS Highland.

Within normal working hours, neurology consultants in North Highland are available to discuss urgent patients. Outwith these hours, agreements are in place with NHS Grampian to discuss urgent cases with its on-call neurologist. Agreements are also in place with NHS Greater Glasgow and Clyde for patients in the Argyll and Bute area.

### Standard 3: Patient encounters in neurological health services

#### Standard statement 3

**Neurological health services provide a high quality of care that meets the needs of patients, referrers and providers.**

3.2d The NHS board acts on the patient, referrer, and staff feedback it collects.

#### STATUS: Not met

The review panel commended the NHS board on the work undertaken to collect patient feedback and use this in the development of neurological services across the NHS board. Patients and carers were involved in the 2007 neurological services review through a series of workshops and meetings. There was also patient representation on the neurological steering group at this time, which went on to define the strategic direction and development of services.

'How did we do' patient feedback questionnaires have been developed across all NHS Highland services. NHS Highland has also recently joined Patient Opinion, a website where people can share experiences of local health services, as a pilot site under the Better Together national patient experience programme. The NHS board also designed a neurology-specific patient feedback questionnaire. This was issued to patients attending clinics at Raigmore Hospital, Inverness. Data collected from this survey between 23 January–20 February 2012 showed positive patient experiences.

The review panel also commended the workshops and questionnaires which were conducted with patients in Argyll and Bute to help inform and improve service delivery.

NHS Highland has also employed a research assistant for one year to look at the psychosocial needs of people with neurological conditions across the NHS board. This involves interviewing patients and collecting feedback regarding the services they use and services required in local communities. The review panel highlighted this as an area of good practice.

However, the review panel noted that there were no formal mechanisms in place to collect feedback from referrers. The NHS board reported that individual GPs can contact the neurology department with specific feedback or complaints on the service. The nursing director, who chairs the neurology services steering group, also attends GP subgroup meetings when neurology service issues are discussed.

The neurology service invited GP representatives to be part of the neurological services steering group. However, at the time of the review panel, there had been no uptake from referrers. The review panel noted that NHS Greater Glasgow and Clyde has sought feedback from referrers in the Argyll and Bute area through GP questionnaires.

The majority of staff feedback is through representation at the neurological services steering group. However, no specific attempts have been made to seek the views of staff not attending this group, with the exception of Argyll and Bute. A scoping questionnaire has been sent to all staff in this area and workshops have been undertaken to allow staff to feedback on service provision.

The review panel recommended that the service further engages with staff and referrers to enable feedback to be gathered on a regular basis.

**3.8 A minimum of 90% of outpatient letters are electronically dispatched within 5 working days of the consultation.**

**STATUS: Not met**

The NHS board reported that it electronically dispatches the majority of outpatient letters. However, 15% of all outpatient appointments take place in additional waiting list clinics. Letters from these clinics are not dispatched electronically. The NHS board reported that it has not collected any formal audit data to demonstrate whether letters are dispatched within 5 working days of the consultation. However, informal feedback suggests they are dispatched on average between 5–7 working days of the consultation.

**Standard 4: Management processes in neurological health services**

**Standard statement 4**

**Neurological health services have an effective patient management process from the point of first referral.**

**4.1 At every consultation, all patients are offered a copy of the GP's letter or a management plan. Any changes to medication are provided in writing immediately to the patient.**

**STATUS: Not met**

Consultants do not routinely offer patients a copy of the GP letter or management plan at every consultation in NHS Highland. Where there are changes to medication or the consultant arranges a complex diagnostic programme, patients receive a copy of the GP letter. The consultant neurologists only communicate immediate changes to their medication to patients in writing in the clinic.

The NHS board reported that discussions are under way to address this issue. A subgroup of the neurology steering group has been formed to develop a process to ensure all patients receive a copy of the GP letter or management plan.

**4.4a The neurology service has access to an integrated neuropsychology and neuropsychiatry service providing a diagnostic and treatment service for patients with neurological symptoms unexplained by disease, and patients with defined neurological disease that have co-morbid psychiatric disorders.**

**STATUS: Not met**

At the time of the review panel, NHS Highland did not have an integrated neuropsychology and neuropsychiatry service for its population. The NHS board reported that there is a 0.15 whole-time equivalent neuropsychologist in post. This service undertakes neuropsychology assessments for North Highland, but does not provide psychological interventions. NHS Highland does not have a neuropsychiatrist, but there is access to general psychiatrists with a special interest in neurology. Referrals can also be made to NHS Lothian from North Highland.



The NHS board reported that there are plans to recruit a clinical psychologist for Argyll and Bute, which will cover both neuropsychology and old age psychology. There is no specialist neuropsychiatry provision within Argyll and Bute. Referrals are initially made to the general psychiatry service and more complex cases referred to NHS Greater Glasgow and Clyde.

The NHS board acknowledged that further work is required for neuropsychology and neuropsychiatry provision. NHS Highland has employed a research assistant to examine the psychosocial needs of neurology patients in the NHS board area. This research will identify the need for services and methods to meet patient need.

### **Standard 5: Access to specialist epilepsy services**

#### **Standard statement 5**

**The NHS board provides a comprehensive epilepsy service with access to appropriately trained specialist staff.**

- 5.2 Healthcare professionals who carry out primary care annual reviews for patients with epilepsy have attended an epilepsy training course in the past 5 years, or can demonstrate equivalent experience from continuing professional development.

#### **STATUS: Not met**

NHS Highland does not currently provide epilepsy training courses for GPs and practice nurses. The service was unable to demonstrate how many GP practices had undergone or requested training. The NHS board reported that epilepsy nurse practitioners are keen to provide this training.

NHS Highland has recently completed an education and training scoping exercise to identify appropriate training courses for a range of neurological conditions, including epilepsy. The results of this exercise will be taken to the neurological services steering group to agree how to promote access to this training. NHS Highland is likely to begin by targeting staff in areas where there are high population clusters of patients with neurological conditions. The NHS board acknowledged the need to have a system for monitoring uptake and access to epilepsy training.

### **Standard 8: Access to specialist headache services**

#### **Standard statement 8**

**Patients receive co-ordinated care from healthcare professionals with expertise in the diagnosis and management of patients with headache.**

- 8.1 The NHS board provides access to a co-ordinated non-acute headache service led by a doctor who specialises in headache, and has defined links with the general neurology service.

#### **STATUS: Not met**

The NHS board reported that the consultant neurologist at the general outpatient neurology clinic in Inverness sees all patients presenting to secondary care with headache in North Highland. Currently, GPs do not have open access to CT scanning in North

Highland as part of a co-ordinated non-acute headache service. Services in Argyll and Bute follow the headache referral pathway for NHS Greater Glasgow and Clyde. GPs in Argyll and Bute have access to CT scanning from some of the hospitals within NHS Greater Glasgow and Clyde.

There are no headache patient care pathways available in the NHS board. However, this has been acknowledged by NHS Highland and there are plans to develop this as part of the neurology patient pathway work programme.

**8.2a** The NHS board provides an educational programme on acute and non-acute headache for primary care colleagues within the NHS board.

**STATUS: Not met**

At the time of the review panel, there were no educational programmes on acute and non-acute headache for primary care staff and there were no plans to introduce this training.

The review panel recommended that the NHS board:

- includes headache in the training scoping exercise mentioned in criterion 5.2
- carries out a training needs assessment for primary care staff, and
- promotes education and training opportunities to all staff.

**Standard 11: Access to specialist motor neurone disease services**

**Standard statement 11**

**An effective and comprehensive motor neurone disease service is available and offered across all NHS boards.**

**11.3** The NHS board provides rapid access to demonstrably effective care pathways covering all aspects of the illness, including links to specialist palliative care and respiratory medicine, gastrostomy services and social services.

**STATUS: Not met**

At the time of the review panel, there were no formal pathways in place for the management of patients with motor neurone disease. However, this has been acknowledged by NHS Highland and there are plans to develop this as part of the neurology patient pathway work programme.

There is no specialist motor neurone disease clinic in NHS Highland. Referral and diagnosis is through the general neurology clinic in North Highland. The rehabilitation consultant provides neurorehabilitation services through general rehabilitation clinics, with an outreach service available for patients who are unable to travel. Palliative care services can be accessed as required and are available on an outreach basis throughout the NHS board.

The Southern General Hospital diagnoses patients in the Argyll and Bute area and refers them on to the NHS Greater Glasgow and Clyde clinical nurse specialist, where appropriate. The clinical nurse specialist undertakes full assessment of the patient and develops a care plan with local services.

The NHS board reported that there are no plans to develop a motor neurone disease nurse specialist role in the North Highland area. Where necessary, the North of Scotland nurse specialist, based in NHS Grampian, sees patients. The NHS board reported that it is considering a generic neurology nurse specialist role to support a range of conditions in remote areas.

#### **Standard 14: Access to specialist multiple sclerosis services**

##### **Standard statement 14**

**An effective and comprehensive specialist multiple sclerosis service is available across all NHS boards.**

14.1b The multiple sclerosis multidisciplinary team consists of, as a minimum, a consultant who specialises in the diagnosis and management of multiple sclerosis, a multiple sclerosis clinical nurse, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, neurorehabilitation services, pharmacy services, and mental health services.

##### **STATUS: Not met**

The multiple sclerosis multidisciplinary team in North Highland consists of a specialist physiotherapist, occupational therapist, a rehabilitation consultant or specialty doctor in rehabilitation medicine, a consultant neurologist and two specialist nurses.

The specialist physiotherapist works with the specialist nurses, consultant neurologists, occupational therapy and social work staff to provide a co-ordinated approach across North Highland. Local community rehabilitation teams also provide care to those patients outwith the area of the specialist physiotherapist. The NHS board reported that the specialist physiotherapist offers multiple sclerosis training and education to staff within North Highland and has promoted this within relevant staff groups.

The NHS board has established links with other services required at various stages of the patient journey. This includes physiotherapy, occupational therapy, neurorehabilitation services and mental health services. The multiple sclerosis clinic also provides a range of services, including a spasticity management service. There is also an outreach service for patients who are unable to travel.

However, the review panel noted concerns with the multiple sclerosis service in the Argyll and Bute area. At the time of the review panel, there were two community nurses with an interest in multiple sclerosis covering some parts of Argyll and Bute, with access to the specialist team at the Southern General Hospital. The review panel noted that other parts of Argyll and Bute have no access to nurses with a specialist interest. Links to the wider multidisciplinary team for patients living in these areas are, therefore, inadequate. The action plan for Argyll and Bute will address this. The NHS board reported that it is considering a generic neurology nurse specialist role to support a range of conditions in remote areas.

## Standard 17: Access to specialist Parkinson's disease services

### Standard statement 17

**An effective and comprehensive Parkinson's disease service is available and offered across all NHS boards.**

17.2 The Parkinson's disease multidisciplinary team consists of, as a minimum, a doctor who specialises in Parkinson's disease, a Parkinson's disease nurse specialist, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, pharmacy services, and mental health services.

#### **STATUS: Not met**

Multidisciplinary Parkinson's disease teams are in place across North Highland at the Northern Royal Infirmary, Inverness, Invergordon County Community and Nairn Day Hospitals. The multidisciplinary team consists of two consultant neurologists, two care of the elderly consultants, one care of the elderly associate specialist and a nurse specialist.

The Northern Royal Infirmary and Invergordon County Community Hospital have Parkinson's disease assessment days where patients have access to physiotherapy, occupational therapy, speech and language therapy and dietetic services. Referrals to mental health services are also available when required. The review panel was pleased to note the joint memory clinic for under-65s with neurology, psychiatry and psychology input.

However, the review panel noted concerns with the Parkinson's disease service in the Argyll and Bute area. At the time of the review panel, there was one medicine for the elderly consultant with a specialist interest in Parkinson's disease based in Oban and no nurse specialists for Argyll and Bute. The NHS board reported that a medicine for the elderly or neurology consultant in NHS Greater Glasgow and Clyde sees all other patients in this area and that a Parkinson's UK information and support worker is available when required. The NHS board also reported that local allied health professionals are also available across the region. These have varying expertise in Parkinson's disease.

The review panel noted that the NHS board is considering a generic neurology nurse specialist role to support a range of conditions in remote areas. NHS Highland expects that this post will work closely with other condition-specific nurse specialists in NHS Greater Glasgow and Clyde, where appropriate.

## Standard 19: Ongoing management of Parkinson's disease

### Standard statement 19

**Patients with Parkinson's disease and their carers have ongoing access to specialist Parkinson's disease services and are encouraged and supported to be involved in decision-making about treatment or therapy at all stages of their condition.**

19.1a The timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital.

#### **STATUS: Not met**

NHS Highland does not have a system in place to ensure that the timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital. The NHS board reported that ward staff are encouraged to notify the local Parkinson's disease team by telephone when Parkinson's disease patients are admitted to hospital. This will help to ensure appropriate management of medication.

The guidelines in the NHS Highland formulary advise that Parkinson's disease patients should administer their own medication where possible. However, the NHS board acknowledged that, at the time of the review panel, self-medication was not yet standardised across NHS Highland.

The NHS board reported that the nurse specialists undertake education with ward staff on the importance of the timing and dosage of medication. There is also planned development of a Parkinson's disease information page on the staff intranet to provide links, guidance and contact information of the relevant Parkinson's disease teams.

## NHS Lanarkshire

### Summary of findings

A summary of the findings from the review, including strengths and recommendations, is shown in this section.

The shaded area in the table below indicates the NHS board's current position against each standard criterion.

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 1: General neurological health services provision</b>		
1.2		
1.4		
<b>Standard 2: Access to neurological health services</b>		
2.2		
2.3a		
2.4		
<b>Standard 3: Patient encounters in neurological health services</b>		
3.2d		
3.8		
<b>Standard 4: Management processes in neurological health services</b>		
4.1		
4.4a		
<b>Standard 5: Access to specialist epilepsy services</b>		
5.2		
<b>Standard 8: Access to specialist headache services</b>		
8.1		
8.2a		
<b>Standard 11: Access to specialist motor neurone disease services</b>		
11.3		
<b>Standard 14: Access to specialist multiple sclerosis services</b>		
14.1b		

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 17: Access to specialist Parkinson's disease services</b>		
17.2		
<b>Standard 19: Ongoing management of Parkinson's disease</b>		
19.1a		

### Strengths

The NHS board has:

- started to invest in developing specialist nurses for key neurological conditions, and
- local pathways to refer people with headache to specialist services.

### Recommendations

The NHS board to:

- ensure it provides a comprehensive local service to meet its population needs
- continue to develop its relationship with NHS Greater Glasgow and Clyde to monitor joint provision of services, and
- make sure that there is effective neurology clinical leadership for NHS Lanarkshire.

## Detailed findings against the standards

### Standard 1: General neurological health services provision

#### Standard statement 1

**An effective and comprehensive neurological health service is available and offered across all NHS boards.**

- 1.2 The NHS board has a minimum 3-year plan for the provision of neurological health services to its population. This plan is published and subject to annual review.

#### STATUS: Not met

NHS Lanarkshire has a draft 3-year plan for the provision of neurological services in the region. This plan outlines the NHS board's intention to improve local provision of services by creating an outpatient 'hub' on a single site at Hairmyres Hospital, East Kilbride. Visiting consultants from NHS Greater Glasgow and Clyde currently provide clinics across the three hospitals in Lanarkshire. The NHS board anticipates that having one central base for neurological health services will increase multidisciplinary team working and streamline access to services for patients. Patients and carers were consulted throughout the design of the plan. They indicated support for the central site if this is also supplemented by local clinics for ongoing treatment and review. The review panel encouraged NHS Lanarkshire to progress with the development of its 3-year plan.

Currently NHS Lanarkshire relies heavily on NHS Greater Glasgow and Clyde to provide the majority of neurology services in the region. GPs can refer to this service through the NHS Lanarkshire referral management system. Patients will then be seen in a local clinic where referral to other professionals will be organised if appropriate. NHS Lanarkshire reported that there is a service level agreement in place between the two NHS boards. However, the review panel was concerned that this did not have sufficient depth of detail to ensure NHS Greater Glasgow and Clyde provides a robust service to NHS Lanarkshire. The NHS board reported that it has recently begun a review of consultant and specialist nurse services delivered to NHS Lanarkshire patients. This forms part of a joint service improvement programme involving clinicians from both NHS boards.

The review panel looked forward to the progress of this programme and encouraged the service to ensure clinical involvement in this process. NHS Lanarkshire would benefit from increased clinical leadership across the service to ensure local clinical needs are at the forefront of any re-design of services. The review panel also recommended that the NHS board considers developing neurology champion roles.

- 1.4 The NHS board provides accurate and current information to patients and their carers about their condition.

#### STATUS: Not met

NHS Lanarkshire does not have a mechanism to monitor the information provided to patients. It was reported that information produced by voluntary organisation is offered to patients at various stages throughout their assessment and treatment. The NHS board is



encouraged to review the information it provides and promotes to ensure adequate provision to meet its population needs.

A survey conducted by Haven, a local voluntary organisation for people with multiple sclerosis, identified that many people reported being given little or no information about their condition or local support services. As a result of this, Haven developed an information pack with NHS Lanarkshire, which will be available across the NHS board area. The review panel recommended that similar exercises are undertaken for the other neurological conditions. The panel also encouraged the NHS board to consider how the NHS Lanarkshire website could be further developed to include information on local services, neurological conditions, and links to sources of national information such as NHS Inform. This is a website for patients, their family and carers to obtain information about their condition and a place to obtain support with managing their condition.

## Standard 2: Access to neurological health services

### Standard statement 2

**Patients with suspected neurological conditions are assessed by clinicians who specialise in neurological conditions. Patients are assessed within timescales dictated by their clinical needs.**

2.2 Outpatients are referred and triaged electronically. They are allocated to the appropriate waiting list within 5 working days of receipt of the referral at the centre in at least 95% of cases.

#### STATUS: Not met

NHS Lanarkshire receives all GP referrals electronically through the Scottish Care Information (SCI) Gateway, an electronic referral system. Referrals from other consultants, specialties, hospital departments and allied health professionals are not yet received electronically. The NHS board estimated that this accounts for between 15–20% of referrals. NHS Lanarkshire reported that it is exploring ways to address this including establishing an email template for referrals which can be attached to the referral management system. The review panel looked forward to the ongoing progress with this.

Outpatients within NHS Lanarkshire are triaged electronically. An audit covering the period 1 April–30 November 2011 showed that 68% of patients were triaged and allocated to a waiting list within 3 days and 93% within 7 days. NHS Lanarkshire has invested in allowing remote access to the referral management system which has resulted in significant improvement in this area. This ensures that consultant neurologists can access and triage referrals at any clinic whether they are based in Glasgow or Lanarkshire. The NHS board reported that if a patient is not triaged within 3 days the consultant is sent a reminder.

2.3a The NHS board ensures that the neurology service has a communication process for discussion of urgent cases with a neurologist at all times.

#### STATUS: Met

This service is provided for NHS Lanarkshire through NHS Greater Glasgow and Clyde. NHS Greater Glasgow and Clyde has a 24-hour, 7-day a week on-call rota for discussion of

urgent cases. This ensures telephone access to an on-call registrar based at the Southern General Hospital, Glasgow. The registrar has access to an on-call consultant at all times.

This service is widely promoted to GPs and referring clinicians across NHS Lanarkshire.

**2.3b** Where the neurologist identifies an outpatient referral as urgent, the patient is seen within 10 working days of triage in at least 90% of referrals.

NHS Lanarkshire recognises the complexity of meeting this criterion when providing services across three hospital sites. It has not yet audited performance in this area. The NHS board anticipates performance in this area will improve with the establishment of the single site hub.

Currently, following triage if a referral is urgent, it is included in the next urgent appointment slot. NHS Lanarkshire reported that the patient is not seen routinely within 10 days. Patients who require immediate appointments are referred to the Southern General Hospital, and seen there as soon as possible.

**2.4** Initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours.

**STATUS: Met**

Initial advice following an urgent request for a neurological opinion is provided by the on-call registrar at NHS Greater Glasgow and Clyde. The NHS board reported that a face-to-face consultation can be more complex to arrange due to the number of hospitals where inpatients may be based. As described above, a 24-hour, 7-day a week rota is in operation for clinicians in NHS Lanarkshire to access to neurological opinion.

**Standard 3: Patient encounters in neurological health services**

**Standard statement 3**

**Neurological health services provide a high quality of care that meets the needs of patients, referrers and providers.**

**3.2d** The NHS board acts on the patient, referrer, and staff feedback it collects.

**STATUS: Not met**

NHS Lanarkshire does not have formal mechanisms in place to collect feedback from patients, referrers or staff. The NHS board held a consultation event for patients, carers and voluntary organisations about moving to a single hub site at Hairmyres Hospital. This gave an opportunity for group discussion and highlighted several areas of concern. The NHS board reported that a number of these issues have been used to develop the hub plans.

NHS Greater Glasgow and Clyde has undertaken an outpatient survey, which may include some NHS Lanarkshire patients. However, this is not sufficiently targeted at Lanarkshire patients to provide opportunities to act on feedback. The review panel recommended that NHS Lanarkshire undertakes a similar patient survey at its outpatient clinics to gain a local perspective.

Feedback has not been specifically collected from referrers. GPs can raise issues on neurology services through the local GP sub-committees. Similarly, the neurology service can seek feedback from GPs through these committees. The review panel recommended that the service explores more widespread opportunities to obtain feedback from referrers as it continues with plans to develop the service.

There are only a few neurology specific staff directly employed by NHS Lanarkshire. Nursing and allied health professionals are represented on the neurology improvement group where issues on service provision can be discussed. The service is expanding the number of specialist nurses it employs for specific neurological conditions. It is ensuring that these nurses have one central base to ensure team working, effective communication and opportunities to gather and act upon feedback. The review panel encouraged the NHS board to continue to consider ways to demonstrate it regularly captures and acts upon staff feedback.

**3.8 A minimum of 90% of outpatient letters are electronically dispatched within 5 working days of the consultation.**

**STATUS: Not met**

NHS Lanarkshire has not audited performance in this area. The NHS board stated that only a small percentage of letters are dispatched within the required 5 days. Letters can be dispatched electronically. The review panel encouraged the NHS board to take steps to address this, including auditing current performance.

**Standard 4: Management processes in neurological health services**

**Standard statement 4**

**Neurological health services have an effective patient management process from the point of first referral.**

**4.1 At every consultation, all patients are offered a copy of the GP's letter or a management plan. Any changes to medication are provided in writing immediately to the patient.**

**STATUS: Not met**

The NHS board does not have a policy to ensure patients are offered a copy of the GP's letter or management plan. This is at the discretion of individual clinicians. A management plan is discussed at the time of consultation with patients, as are medication changes.

The NHS board reported that there are regular delays in dispatching letters to GPs and patients. The review panel encouraged the NHS board to consider ways to address this.

4.4a The neurology service has access to an integrated neuropsychology and neuropsychiatry service providing a diagnostic and treatment service for patients with neurological symptoms unexplained by disease, and patients with defined neurological disease that have co-morbid psychiatric disorders.

**STATUS: Not met**

Neuropsychology and neuropsychiatry services are provided by NHS Greater Glasgow and Clyde for people living in Lanarkshire. There is currently no availability to provide a liaison psychiatry service within NHS Lanarkshire and no plans to address this at the present time.

There are no specific monitoring arrangements in place regarding access to NHS Greater Glasgow and Clyde neuropsychology or neuropsychiatry services for patients in Lanarkshire. The existing service level agreement is not sufficiently detailed to cover the provision of this service. The review panel recommended that NHS Lanarkshire considers the development of services locally whilst ensuring adequate monitoring arrangements exist for patients referred to NHS Greater Glasgow and Clyde.

**Standard 5: Access to specialist epilepsy services**

**Standard statement 5**

**The NHS board provides a comprehensive epilepsy service with access to appropriately trained specialist staff.**

5.2 Healthcare professionals who carry out primary care annual reviews for patients with epilepsy have attended an epilepsy training course in the past 5 years, or can demonstrate equivalent experience from continuing professional development.

**STATUS: Not met**

NHS Lanarkshire does not currently provide epilepsy training courses for GPs and practice nurses. The NHS board provides a protected learning time scheme for GPs that they may use to access epilepsy training, but this is not currently monitored.

At the time of the review panel, the NHS board reported that it was in discussions with NHS Greater Glasgow and Clyde to obtain sessions with an epilepsy specialist nurse. NHS Lanarkshire anticipated that education sessions would be included in this job role should it be taken forward. The review panel encouraged progress with this.

## Standard 8: Access to specialist headache services

### Standard statement 8

**Patients receive co-ordinated care from healthcare professionals with expertise in the diagnosis and management of patients with headache.**

- 8.1 The NHS board provides access to a co-ordinated non-acute headache service led by a doctor who specialises in headache, and has defined links with the general neurology service.

#### STATUS: Met

NHS Lanarkshire has developed local headache referral pathways from pathways developed at a national level. People with headache are referred to the general neurology outpatient clinic and assessed by a consultant neurologist. Arrangements for open access to CT scanning are also in place for GPs in the NHS board area.

NHS Lanarkshire has developed a proposal to establish a dedicated headache clinic delivered by GPs. GPs have been asked to express an interest in developing this service and will undergo a 6-month training programme to ensure they obtain the necessary skills. Discussions are ongoing with NHS Greater Glasgow and Clyde to provide support to this service if the clinic goes ahead. The review panel was pleased to note the NHS board's plans in this area and encouraged continued progress.

- 8.2a The NHS board provides an educational programme on acute and non-acute headache for primary care colleagues within the NHS board.

#### STATUS: Not met

NHS Lanarkshire does not have an educational programme on headache for primary care colleagues. As described in criterion 5.2, there is a protected learning time scheme for GPs. A session on headache was recently included in one of these sessions. The review panel encouraged the NHS board to explore ways to provide ongoing opportunities for continued education, particularly if the GP-led headache service is developed.

## Standard 11: Access to specialist motor neurone disease services

### Standard statement 11

**An effective and comprehensive motor neurone disease service is available and offered across all NHS boards.**

- 11.3 The NHS board provides rapid access to demonstrably effective care pathways covering all aspects of the illness, including links to specialist palliative care and respiratory medicine, gastrostomy services and social services.

#### STATUS: Not met

NHS Lanarkshire does not have pathways in place for people with motor neurone disease. NHS Greater Glasgow and Clyde provides services for people with this condition. The Lanarkshire neurology service was unable to evidence that people with this condition were being referred by Glasgow clinicians to local services appropriate to their needs. No

evidence was presented of multidisciplinary team working between the two NHS boards and there are no NHS Lanarkshire motor neurone disease specialist nurses.

The NHS board is encouraged to consider ways to develop services locally for people with motor neurone disease. It should ensure access to all necessary services is available in a streamlined and joined-up manner. The review panel noted the work of the long term condition nurse and recommended the neurology service builds stronger links with NHS Greater Glasgow and Clyde specialist nurses covering the NHS board area.

#### **Standard 14: Access to specialist multiple sclerosis services**

##### **Standard statement 14**

**An effective and comprehensive specialist multiple sclerosis service is available across all NHS boards.**

14.1b The multiple sclerosis multidisciplinary team consists of, as a minimum, a consultant who specialises in the diagnosis and management of multiple sclerosis, a multiple sclerosis clinical nurse, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, neurorehabilitation services, pharmacy services, and mental health services.

##### **STATUS: Not met**

NHS Lanarkshire has made some progress in this area. There are now two specialist multiple sclerosis nurses in post who work in conjunction with the consultant neurologists from NHS Greater Glasgow and Clyde. The review team commended the progress made by the expansion of the specialist nursing role. However, the NHS board was unable to evidence that additional input is available from the other healthcare professionals listed within this criterion where necessary. There was also no evidence that the other healthcare professionals within NHS Lanarkshire had experience and training in neurological conditions.

The NHS board does have strong links with Haven, a local voluntary organisation. This organisation provides a comprehensive service for people living with multiple sclerosis in the North Lanarkshire area, including access to a wider multidisciplinary team. The review panel recommended the NHS board considers ways in which this service can be expanded or replicated in other areas of Lanarkshire to ensure equity of access.

**Standard 17: Access to specialist Parkinson's disease services****Standard statement 17**

**An effective and comprehensive Parkinson's disease service is available and offered across all NHS boards.**

17.2 The Parkinson's disease multidisciplinary team consists of, as a minimum, a doctor who specialises in Parkinson's disease, a Parkinson's disease nurse specialist, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, pharmacy services, and mental health services.

**STATUS: Not met**

NHS Lanarkshire has three movement disorder specialty clinics in each of its three hospital sites. Consultant physicians in geriatric medicine with a specialist interest in Parkinson's disease lead these clinics. There are also 3-monthly clinics provided by a consultant neurologist with a specialist interest in Parkinson's disease. A Parkinson's disease nurse specialist and a neurologist specialist nurse support clinics. There are also nurse-led clinics at all three sites. The review panel commended these arrangements.

The NHS board also reported that it is streamlining the referral process from primary care to its Parkinson's disease service. Referrals will go to a single point to determine whether a consultant physician in geriatric medicine or the consultant neurologist should see the patient.

However, the NHS board was unable to evidence that additional input is available from the other healthcare professionals listed within this criterion where necessary. NHS Lanarkshire also reported that other healthcare professionals within NHS Lanarkshire involved in providing services for Parkinson's disease did not always have experience and training in neurological conditions.

**Standard 19: Ongoing management of Parkinson's disease****Standard statement 19**

**Patients with Parkinson's disease and their carers have ongoing access to specialist Parkinson's disease services and are encouraged and supported to be involved in decision-making about treatment or therapy at all stages of their condition.**

19.1a The timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital.

**STATUS: Not met**

NHS Lanarkshire does not have a system in place to ensure that the timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital. The Parkinson's disease nurse specialists are working with the senior charge nurse forum to raise awareness of the importance of medication timing for people with Parkinson's disease. People with the condition, and their carers, are also made aware that they should alert ward staff to their medication needs upon admission.

The review panel encouraged the NHS board to consider ways in which an alert system could be implemented on its patient management system. This could alert the Parkinson's disease nurse specialist of admission to hospital of one of their patients, allowing the specialist nurse to ensure timely and targeted education of ward staff on medication administration.



# NHS Lothian

## Summary of findings

A summary of the findings from the review, including strengths and recommendations, is shown in this section.

The shaded area in the table below indicates the NHS board's current position against each standard criterion.

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 1: General neurological health services provision</b>		
1.2		
1.4		
<b>Standard 2: Access to neurological health services</b>		
2.2		
2.3a		
2.4		
<b>Standard 3: Patient encounters in neurological health services</b>		
3.2d		
3.8		
<b>Standard 4: Management processes in neurological health services</b>		
4.1		
4.4a		
<b>Standard 5: Access to specialist epilepsy services</b>		
5.2		
<b>Standard 8: Access to specialist headache services</b>		
8.1		
8.2a		
<b>Standard 11: Access to specialist motor neurone disease services</b>		
11.3		
<b>Standard 14: Access to specialist multiple sclerosis services</b>		
14.1b		

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 17: Access to specialist Parkinson's disease services</b>		
17.2		
<b>Standard 19: Ongoing management of Parkinson's disease</b>		
19.1a		

### Strengths

The NHS board has:

- examples of good practice across the NHS board, particularly in relation to the multiple sclerosis service and the Parkinson's disease nurse specialist services, and
- robust information available for referring clinicians on the RefHelp website.

### Recommendations

The NHS board to:

- continue with development of its 3-year vision into a measureable plan involving all relevant stakeholders in the process
- strengthen engagement and team working between clinical and managerial staff, and
- address training requirements in epilepsy identified by primary care colleagues.

## Detailed findings against the standards

### Standard 1: General neurological health services provision

#### Standard statement 1

**An effective and comprehensive neurological health service is available and offered across all NHS boards.**

1.2 The NHS board has a minimum 3-year plan for the provision of neurological health services to its population. This plan is published and subject to annual review.

#### STATUS: Not met

The neurology consultants working within NHS Lothian's department of clinical neurosciences have established a 3-year vision for the service. At the time of the review panel, there had been limited engagement with the wider multidisciplinary team, management, referring clinicians, patients and carers in the development of this vision. The NHS board also reported that recent changes in clinical leadership had resulted in substantial changes to the future direction which has not yet been reflected in the vision. The review panel recognised that there is an ongoing project for the redesign of the division of clinical neurosciences, supported by a detailed project plan. This plan has been subject to consultation with stakeholders and is available to the public. The review panel recommended that the NHS board progresses with refining and developing the 3-year vision into a 3-year plan for neurology services, in partnership with all relevant stakeholders, as a priority.

The review panel was pleased to note that NHS Lothian is establishing a regional reference group with representatives from the other NHS boards that refer to the service. This group will facilitate joint working to further streamline and improve neurological services across south east Scotland. To date there has been one meeting of this group. The review panel encouraged NHS Lothian to continue with the establishment of this group as a way of ensuring continued development and improvement across the NHS board area.

1.4 The NHS board provides accurate and current information to patients and their carers about their condition.

#### STATUS: Met

A range of patient information leaflets for specialist neurological conditions is available throughout NHS Lothian. Where available, the NHS board makes use of information provided by voluntary organisations, which is adapted to meet local needs. At the time of the panel, the service reported that it is working to establish a database of the resources it currently provides to patients to ensure that these are consistent, accurate and up to date.

The NHS board stated that it currently signposts patients to a number of external websites for further information where appropriate. It was reported that detailed information on neurological conditions is available on the NHS Lothian intranet site for staff and referrers to access. The review panel encouraged the NHS board to include this information on the NHS Lothian website to ensure public access to information. The review panel also encouraged the NHS board to include links with NHS Inform. NHS Inform is a website

for patients, their family and carers to obtain information about their condition and a place to obtain support with managing their condition.

NHS Lothian has a process to quality assure the information it provides. The NHS board's procedure for producing, reviewing, and managing clinical information states that the information in the public domain is reviewed within 2 years of publication.

## **Standard 2: Access to neurological health services**

### **Standard statement 2**

**Patients with suspected neurological conditions are assessed by clinicians who specialise in neurological conditions. Patients are assessed within timescales dictated by their clinical needs.**

2.2 Outpatients are referred and triaged electronically. They are allocated to the appropriate waiting list within 5 working days of receipt of the referral at the centre in at least 95% of cases.

#### **STATUS: Not met**

Audit data provided at the time of the panel demonstrated that 99% of referrals from primary care are received through the Scottish Care Information (SCI) Gateway, an electronic referral system. This does not include consultant to consultant referrals from other hospital departments or from other NHS boards. There is currently no system in place to receive these types of referrals electronically. NHS Lothian estimated that this accounts for approximately one third of the total neurology referrals. The system for receiving these referrals is currently paper-based. The review panel encouraged the NHS board to consider opportunities to obtain these referrals electronically.

Currently the neurology service uses a paper-based system for triaging patients and allocating them to a waiting list. A recent audit covering the period July–September 2011 demonstrated that 99% of SCI Gateway referrals and 89% of all referrals were allocated to an appropriate waiting list within 5 days of receipt of referral. The on-call consultant neurologist triages all referrals daily, which has allowed for the high level of performance in this area.

NHS Lothian has a project in place to introduce e-triage across all departments within the NHS board, which includes the neurology service. At the time of the review panel, the service anticipated implementing the system in autumn 2012.

2.3a The NHS board ensures that the neurology service has a communication process for discussion of urgent cases with a neurologist at all times.

#### **STATUS: Met**

The neurology service within NHS Lothian operates a 24-hour on-call neurology rota. This allows for discussion of urgent cases with a specialist registrar at all times.

NHS Lothian has a comprehensive range of information available for referrers to complement the on-call rota and support decision-making. RefHelp is an online resource that has been developed with primary care staff and includes referral pathways and advice for common conditions. RefHelp is also used to promote the on-call specialist neurology

registrar phone number. The NHS board recognised that it has more to do to increase awareness of the services provided by the neurology team. This is being addressed with the NHS Lothian primary care forward group.

**2.3b** Where the neurologist identifies an outpatient referral as urgent, the patient is seen within 10 working days of triage in at least 90% of referrals.

The service carried out an audit from July–September 2011 that showed 95% of the urgent referrals received in that period were seen within 10 working days. Also, the service saw 92% of cases triaged as urgent within 2 days. The NHS board reported that there is provision for the on-call registrar to see urgent referrals at the division of clinical neurosciences 5 mornings a week. The review panel commended the NHS board on its processes to see urgent referrals rapidly.

**2.4** Initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours.

**STATUS: Met**

The on-call specialist registrar provides initial advice following an urgent request for a neurological opinion within 24 hours. In most cases, initial advice is given by telephone with appropriate arrangements made for further assessment as necessary.

NHS Lothian conducted an audit between 21–25 November 2011 which showed that the service responded to 96% of urgent requests for advice within 24 hours.

**Standard 3: Patient encounters in neurological health services**

**Standard statement 3**

**Neurological health services provide a high quality of care that meets the needs of patients, referrers and providers.**

**3.2d** The NHS board acts on the patient, referrer, and staff feedback it collects.

**STATUS: Not met**

The NHS board conducted a patient satisfaction survey of neurology outpatients in December 2011. The results of this survey have been analysed and fed into an action plan, approved by the clinical management team. NHS Lothian also gathered feedback on the patient experience from inpatients using patient stories. Firstly, the ‘Dog and Rose’ story whereby inpatients were asked to highlight good and bad things about their experience. Secondly, using ‘touch points’, which was part of the Compassionate Care project, whereby patients were interviewed by the facilitator or nurse trained in using this technique. These stories were fed back to individual clinical teams and changes made as appropriate.

NHS Lothian has begun to engage with primary care referrers to collect and share feedback. The associate director of operations for the department of clinical neurosciences and the lead neurology consultant attended the primary care forward group in October 2011. This meeting identified headache referrals as a priority area. As a result of this meeting, the referrals management group is considering the headache protocol. Consultants are providing detailed responses to referring clinicians to explain the rationale behind decisions made. The review panel encouraged the NHS board to continue to explore ways

in which it can regularly collect feedback and engage with referrers. It should also ensure that there is a mechanism to demonstrate that action has been taken as a result of the feedback.

The NHS board has collected limited feedback from staff within the neurology service. As part of the Compassionate Care project, NHS Lothian held one-to-one interviews with staff to collect feedback. This included the department of clinical neurosciences. As a result of this, a senior nurse forum has been established which allows senior charge nurses to meet with clinical nurse managers on a monthly basis to discuss any issues of concern. The review panel recommended that the NHS board considers ways in which to regularly gather feedback from staff to improve neurological health services and demonstrate action taken as a result.

**3.8 A minimum of 90% of outpatient letters are electronically dispatched within 5 working days of the consultation.**

**STATUS: Not met**

NHS Lothian has an electronic dispatch system in place. The NHS board reported that 80% of letters are dispatched electronically through this system. It is not currently possible to dispatch letters electronically to more than one person, for example to a GP and another referring clinician. This accounts for the other 20% of letters.

The NHS board has a rolling audit of the time taken from dictation to dispatch. For the period August 2010–October 2011, 30% of letters were dispatched within 5 days of dictation, while 67% were dispatched within 10 days of dictation. This audit does not record the method of dispatch, either electronic or manual. The department of clinical neurosciences has limited ability to improve the time taken to dispatch letters as this largely relies upon secretarial staff availability and resources. The review panel commended the NHS board for implementing an electronic dispatch system and maintaining an audit trail. However, the review panel recommended that the audit include times to electronic dispatch from the date of the consultation, not the date of dictation.

**Standard 4: Management processes in neurological health services**

**Standard statement 4**

**Neurological health services have an effective patient management process from the point of first referral.**

**4.1 At every consultation, all patients are offered a copy of the GP's letter or a management plan. Any changes to medication are provided in writing immediately to the patient.**

**STATUS: Not met**

NHS Lothian does not routinely offer a copy of the GP's letter or management plan to all patients, nor does it provide written medication changes immediately. This is left to individual clinicians to decide if this would be appropriate.

An audit from 31 October –4 November 2011 showed that 30% of clinic letters dispatched in this period were copied to the patient. This audit recommended that an agreement plan

should be put in place to ensure that patients are included in the letter sent to the GP. At the time of the review panel, discussions were ongoing with regards to this.

The review panel was pleased to note that 94% of people said that they were clear on the next steps of managing their condition after their appointment in the recent outpatient satisfaction survey.

**4.4a** The neurology service has access to an integrated neuropsychology and neuropsychiatry service providing a diagnostic and treatment service for patients with neurological symptoms unexplained by disease, and patients with defined neurological disease that have co-morbid psychiatric disorders.

**STATUS: Not met**

Currently, there is no integrated neuropsychology and neuropsychiatry service within NHS Lothian. There are two consultant neuropsychiatrists providing a diagnostic liaison service to the neurology service. In addition to these posts, there is a consultant neurologist with a subspecialist interest providing one clinic a week for patients with a complex diagnosis. There is also a liaison psychiatrist based at St John's Hospital, Livingston, providing access to patients in West Lothian. Treatment is provided where possible, normally in the form of cognitive behaviour therapy. However, access to treatment is restricted due to constraints of clinical availability and space.

There is limited provision of neuropsychology services. There is one neuropsychologist who is mainly involved in assessment and diagnosis. Treatment is not routinely available within this service. Referrals can be made to the pain management programme in some instances where pain is a factor in the person's condition.

The review panel commended NHS Lothian for the team working and close integration of neuropsychiatry and neurology services. It is clear that there is a commitment to continually improving this service for the benefit of patients. The review panel encouraged the NHS board to continue to consider opportunities for further integration and expansion of the neuropsychology service to ensure diagnosis and treatment is available for all patient groups outlined within this criterion.

**Standard 5: Access to specialist epilepsy services**

**Standard statement 5**

**The NHS board provides a comprehensive epilepsy service with access to appropriately trained specialist staff.**

**5.2** Healthcare professionals who carry out primary care annual reviews for patients with epilepsy have attended an epilepsy training course in the past 5 years, or can demonstrate equivalent experience from continuing professional development.

**STATUS: Not met**

NHS Lothian last provided training for primary care providers carrying out annual reviews for patients with epilepsy in 2004.

The clinical nurse manager for practice nursing carried out a survey of practice nurses' education needs in June 2011. The results of this survey showed that epilepsy was one of the most requested topics for training. As a result, the neurology service has developed a comprehensive training day programme for delivery to practice nurses. At the time of the review panel, the NHS board anticipated that these sessions would be delivered in summer 2012. The review panel encouraged progress with this as a priority.

## **Standard 8: Access to specialist headache services**

### **Standard statement 8**

**Patients receive co-ordinated care from healthcare professionals with expertise in the diagnosis and management of patients with headache.**

8.1 The NHS board provides access to a co-ordinated non-acute headache service led by a doctor who specialises in headache, and has defined links with the general neurology service.

#### **STATUS: Met**

NHS Lothian has a comprehensive headache service integrated into the general neurology service. All neurologists assess and treat patients with headaches as part of their case workload.

GPs, consultants and other health specialties, both within and outwith Lothian, refer patients to consultant neurologists. Arrangements for GPs to have open access to CT scanning are also in place in the NHS board area. Headache pathway and referral guidance is available for referrers on Refhelp, a website supported by NHS Lothian and accessed by GPs and other primary care staff. Refhelp includes a link to the website, [www.neurodiagnosis.org](http://www.neurodiagnosis.org), which provides additional information and is also available to the public. The neurology service in NHS Lothian has carried out significant work to refine the information available on this website to ensure that it is accurate and useful for users.

The neurology service is working with primary care to strengthen engagement and implement the headache pathway. This work includes providing detailed feedback to GPs about inappropriate referrals or when being seen by a neurologist is not considered necessary. This feedback will provide a more appropriate pathway for patients with this condition. This is also helping to facilitate conversations between GPs and patients, and reduce the demand for onwards referral to specialist services. As described in criterion 3.2d, there is ongoing work between the neurology service and the primary care forward group to improve the headache service for patients.

8.2a The NHS board provides an educational programme on acute and non-acute headache for primary care colleagues within the NHS board.

#### **STATUS: Not met**

Neurologists from NHS Lothian are involved in organising an annual neurology conference at the Royal College of Physicians, Edinburgh. This usually contains a session on headache, and GPs can attend.



The review panel did not consider this to be sufficient evidence of an educational programme, although ongoing communication between the service and referrers was evident. The review panel encouraged the NHS board to explore opportunities to expand its programme of training on headache for primary care colleagues.

### **Standard 11: Access to specialist motor neurone disease services**

#### **Standard statement 11**

**An effective and comprehensive motor neurone disease service is available and offered across all NHS boards.**

11.3 The NHS board provides rapid access to demonstrably effective care pathways covering all aspects of the illness, including links to specialist palliative care and respiratory medicine, gastrostomy services and social services.

#### **STATUS: Not met**

NHS Lothian has pathways for people with motor neurone disease covering all aspects of the illness. This includes referral to the other services listed within this criterion. However, the NHS board did not provide evidence to demonstrate that the pathways are effective. The review panel was also unable to establish if there were any multidisciplinary meetings to discuss progress and development of the service.

There are two part-time clinical nurse specialists that provide services for four NHS board areas, including NHS Lothian, NHS Borders, NHS Fife and NHS Forth Valley. They have responsibility for discussing the management plans with the patient following diagnosis and organising referrals to other services. The NHS board stated that providing this service to a large geographical area can sometimes lead to delays in access for patients outwith the Lothian region. To address this, the NHS board is introducing e-referrals through SCI Gateway to ensure swift communication and referral to the clinical nurse specialist following diagnosis for people in Forth Valley, the Borders and Fife NHS board areas.

The review panel encouraged the NHS board to consider auditing access to the motor neurone disease service and compliance with the pathways to ensure that these are efficient, effective and free from unnecessary delays.

## Standard 14: Access to specialist multiple sclerosis services

### Standard statement 14

**An effective and comprehensive specialist multiple sclerosis service is available across all NHS boards.**

14.1b The multiple sclerosis multidisciplinary team consists of, as a minimum, a consultant who specialises in the diagnosis and management of multiple sclerosis, a multiple sclerosis clinical nurse, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, neurorehabilitation services, pharmacy services, and mental health services.

### STATUS: Met

NHS Lothian has a comprehensive multiple sclerosis service. The multidisciplinary team includes:

- a consultant neurologist
- two clinical nurse specialists
- a dietitian with a specialist interest in multiple sclerosis
- a speech and language therapist
- hospital occupational therapy team
- the orthotics department, and
- urology specialists.

Rehabilitation services at the Lanfine Unit, Liberton Hospital, Edinburgh, also support this team and provide access to all services listed within the criterion. Rehabilitation services are also available at the Astley Ainslie Hospital, Edinburgh, and the West Lothian Community Rehabilitation & Brain Injury Service. At the time of the review panel, the NHS board had also appointed a clinical psychologist with a specialist interest in multiple sclerosis.

There are regular joint clinics and meetings with members of the multidisciplinary team. There is also a dedicated multiple sclerosis intranet site with a number of useful documents for staff and referrers, which supports the information available on RefHelp.

## Standard 17: Access to specialist Parkinson's disease services

### Standard statement 17

**An effective and comprehensive Parkinson's disease service is available and offered across all NHS boards.**

17.2 The Parkinson's disease multidisciplinary team consists of, as a minimum, a doctor who specialises in Parkinson's disease, a Parkinson's disease nurse specialist, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, pharmacy services, and mental health services.

#### **STATUS: Met**

NHS Lothian's multidisciplinary team for people with Parkinson's disease sits within the neurology and medicine for the elderly directorates of the NHS board. A number of allied health professionals and nurse specialists support consultants with a specialist interest in Parkinson's disease.

The Lothian Parkinson's service advisory group was established in 2007 to co-ordinate and develop services for people with Parkinson's disease. The membership includes representatives from neurology, medicine for the elderly, nursing, allied health professionals, GPs, psychiatry, psychology and Parkinson's UK. The aims of this group include developing a co-ordinated service pathway, ensuring equity of access, disseminating information about the service, and educating and training health professionals.

NHS Lothian also benefits from a robust Parkinson's disease nurse specialist service. Currently consultants refer patients to this service by letter, fax or telephone call following a diagnosis. A nurse specialist will then contact the patient to organise an appointment to discuss their diagnosis and management options available to them. There are fortnightly new diagnosis clinics which offer a one hour consultation with a nurse specialist who aims to see patients within 2-4 weeks of diagnosis. At this point, referrals to other health professionals and services are organised as required. The NHS board reported that the nurse specialist service reviews patients with Parkinson's disease every year.

The Parkinson's disease nurse specialist team produces regular newsletters to promote their service and increase awareness and education on the condition to other health professionals. The review panel commended the NHS board for the detailed annual report that the nurse specialists provide. The review panel also encouraged NHS Lothian to incorporate the issues highlighted within this report into the ongoing plans for neurology provision across NHS Lothian.

## Standard 19: Ongoing management of Parkinson's disease

### Standard statement 19

**Patients with Parkinson's disease and their carers have ongoing access to specialist Parkinson's disease services and are encouraged and supported to be involved in decision-making about treatment or therapy at all stages of their condition.**

19.1a The timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital.

#### **STATUS: Not met**

The NHS board does not currently have a system in place to ensure that the timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital. The NHS board stated that it currently relies on patients and their carers to inform those looking after them of the need to get their medication on time, and educating ward staff to raise awareness.

The review panel recognised and commended the work of the Parkinson's disease nurse specialist team to address the issue of timely administering of medication within a hospital setting. Patients and carers are advised to notify the Parkinson's disease service when they are admitted to hospital to ensure that the specialist nurse service can contact ward staff to provide advice, including the importance of administration of medication at the right times. The specialist nurse team designed and launched an electronic learning module which any member of staff can access through the NHS Lothian intranet site. This explains the condition, medications in use, the importance of administering medicine on time and promotes the role of the Parkinson's disease nurse specialists. The service also undertook a road show in 2010 during Parkinson's awareness week. The service visited 57 wards across NHS Lothian to share information about the e-module and promote the benefits of early recognition of a person at risk.

At the time of the review panel, the NHS board reported that discussions were ongoing with the eHealth department to explore the feasibility of an alert notification on the electronic record of every person with Parkinson's disease. This would alert ward staff to contact the nurse specialist service on the patient's admission to hospital. The review panel encouraged progress with this.

## NHS Orkney

### Summary of findings

A summary of the findings from the review, including strengths and recommendations, is shown in this section.

The shaded area in the table below indicates the NHS board's current position against each standard criterion.

Neurological health services standards criteria	Assessment category	
	Met	Not met
1.2		
1.4		
2.2		*
2.3a		
2.4		
<b>Standard 3: Patient encounters in neurological health services</b>		
3.2d		
3.8		*
<b>Standard 4: Management processes in neurological health services</b>		
4.1		*
4.4a		*

\* NHS Grampian provides these services for NHS Orkney. The shaded area in the table indicates NHS Grampian's position against these standard criteria.

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 5: Access to specialist epilepsy services</b>		
5.2		
<b>Standard 8: Access to specialist headache services</b>		
8.1		
8.2a		

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 11: Access to specialist motor neurone disease services</b>		
11.3		
<b>Standard 14: Access to specialist multiple sclerosis services</b>		
14.1b		
<b>Standard 17: Access to specialist Parkinson's disease services</b>		
17.2		
<b>Standard 19: Ongoing management of Parkinson's disease</b>		
19.1a		

## Strengths

The NHS board has:

- a strong commitment to improvement, and clear engagement and leadership from executive management
- been pragmatic, innovative and creative in addressing challenges faced by remote and rural NHS boards, for example, telemedicine provision
- a comprehensive neurological services website
- patient involvement in service improvement and delivery, and
- good links and joint working between local services and specialist services provided by NHS Grampian.

## Recommendations

The NHS board to:

- consider developing local care pathways and ensure NHS Grampian's pathways link back into NHS Orkney, and
- revise its service level agreement with NHS Grampian to incorporate more detail to address areas of weakness and obtain robust data to monitor performance against standards.

## Detailed findings against the standards

### Standard 1: General neurological health services provision

#### Standard statement 1

**An effective and comprehensive neurological health service is available and offered across all NHS boards.**

1.2 The NHS board has a minimum 3-year plan for the provision of neurological health services to its population. This plan is published and subject to annual review.

#### STATUS: Met

NHS Orkney has a 3-year plan for the provision of neurological health services. The NHS board developed the plan following a scoping exercise to identify how well NHS Orkney was performing against the standards. The findings from the scoping exercise were then fed into the plan. The plan addresses and prioritises the gaps in the service delivery, and provides guidance for measuring the improvement of services. Currently, NHS Orkney is reviewing the service level agreement between the NHS board and NHS Grampian. NHS Orkney reported that the revised service level agreement will contain elements that refer specifically to neurological service provision.

The plan is published on the neurological services section of the NHS board's website which is accessible to patients, their family and carers. NHS Orkney informs patients, family and carers about the website at appointments, within information leaflets and by advertising on the local radio station and paper.

The NHS board has systems in place to monitor and review its 3-year plan. The local neurological services subgroup meets six times a year and review of the plan is a standing agenda item. This group has a comprehensive multidisciplinary membership which includes patient and carer representatives for epilepsy, headache, motor neurone disease, multiple sclerosis and Parkinson's disease. The review panel commended the level of patient and carer involvement in this group. However, it encouraged the NHS board to consider including a neurologist from NHS Grampian in its membership. There are also five condition-specific focus groups that meet every 6 months. In addition, the long term conditions managed clinical network meets every 3 months. This network is the main forum to discuss and escalate issues about individual plans.

The review panel commended NHS Orkney on the impressive work undertaken to develop and keep its robust 3-year plan under review.

1.4 The NHS board provides accurate and current information to patients and their carers about their condition.

#### STATUS: Met

Patients, their family and carers are offered, and have access to, a range of information about their condition. Information is available in a variety of formats and provided in other languages or translated if requested.

NHS Orkney promotes NHS Inform to patients, their family and carers. This is a website for patients, their family and carers to obtain information about their condition and a place to obtain support with managing their condition. Similarly, the NHS board gives patients information on how to access the neurological services section on its website. This provides links to other organisations that specialise in providing information and support for specific neurological conditions. The review panel congratulated NHS Orkney on the excellent neurological services section within the NHS board's website. The panel considered it to be very user friendly and noted that it contained information on both local services and NHS Grampian contacts.

The NHS board has a policy to make sure that it reviews all written patient information regularly. The neurology subgroup reviews the neurology section of NHS Orkney's website every 6 months.

## **Standard 2: Access to neurological health services**

### **Standard statement 2**

**Patients with suspected neurological conditions are assessed by clinicians who specialise in neurological conditions. Patients are assessed within timescales dictated by their clinical needs.**

2.2 Outpatients are referred and triaged electronically. They are allocated to the appropriate waiting list within 5 working days of receipt of the referral at the centre in at least 95% of cases.

### **STATUS: Not met (NHS Grampian provides this service)**

NHS Grampian receives and triages neurology referrals from NHS Orkney. GP referrals use the Scottish Care Information (SCI) Gateway, an electronic referral system. Audit data from the 12-month period October 2010 to September 2011 demonstrated that 97.5% of outpatients were referred through SCI Gateway. NHS Orkney reported that some referrals will come from other physicians. However, the NHS board does not currently know what proportion of all referrals this makes up. As NHS Grampian does not have an electronic triage system in place, none of these patients were triaged electronically.

The NHS board reported that the revised service level agreement will focus on clinical governance and improving the information sharing systems between NHS Grampian and NHS Orkney. From 2013, NHS Orkney will be using the same IT systems as NHS Grampian. The NHS board hopes that this will improve the data collection systems to allow NHS Orkney to produce its own performance reports. The review panel encouraged NHS Orkney to continue progressing revision of the service level agreement. The panel also commended the clear commitment from executive leads for this process.

2.3a The NHS board ensures that the neurology service has a communication process for discussion of urgent cases with a neurologist at all times.

### **STATUS: Met**

NHS Orkney has a communication process with NHS Grampian for discussing urgent cases with a neurologist at all time. All doctors have 24-hour telephone access to an NHS Grampian consultant neurologist to obtain expert advice.



The acute medical team provides an induction for all new GPs and GP specialty trainees. At present, the NHS board gives information verbally about how to access expert advice to referrers. However, the lead GP is in discussion with the neurology subgroup to provide written information about how to access advice.

**2.3b Where the neurologist identifies an outpatient referral as urgent, the patient is seen within 10 working days of triage in at least 90% of referrals.**

All urgent outpatient referrals are referred to and seen by a consultant neurologist in NHS Grampian. NHS Grampian reported that the current waiting time for urgent referrals received through SCI Gateway is 10 working days. However, NHS Grampian has not audited performance in this area.

**2.4 Initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours.**

**STATUS: Met**

All patients, including those with a neurological condition, are admitted to NHS Orkney's Balfour General Hospital, Kirkwall, and are cared for in a non-neurological setting. Audit data demonstrated that in all cases, initial advice following an urgent request for a neurological opinion for inpatients, is obtained within 24 hours from a consultant neurologist in NHS Grampian. Telemedicine is also widely available across NHS Orkney and an inpatient neurology consultation can also be carried out using this technology, if required.

The review panel was impressed by the use of telemedicine both in primary and secondary care. The panel also noted that the NHS board is planning to purchase a CT scanner which will inform the decision whether a patient would require transfer to NHS Grampian.

**Standard 3: Patient encounters in neurological health services**

**Standard statement 3**

**Neurological health services provide a high quality of care that meets the needs of patients, referrers and providers.**

**3.2d The NHS board acts on the patient, referrer, and staff feedback it collects.**

**STATUS: Met**

NHS Orkney has invited patients and carers to sit on the neurological subgroup at which feedback and suggestions for service improvement are encouraged. Five condition-specific focus groups have also been established with patient and carer representation. Patients and carers link in with support groups to ensure that other service users have the opportunity to inform decisions around neurological services.

The NHS board has developed a neurological service user questionnaire, drawing on the questions used within a national programme. The multiple sclerosis adviser and allied health professionals have trialled this questionnaire. The patient experience officer will collate the results and produce an audit report each year.

Patients can also provide feedback through the NHS Orkney website and, more recently, through the Patient Opinion pilot scheme. This is an independent patient feedback website

where patients leave their healthcare stories. The NHS board can respond to and action these, if required.

The neurology service sent out a questionnaire to referring clinicians to obtain feedback. Two points for action from this feedback exercise were that the service should acknowledge receipt of a referral and that it needed to improve how information is shared across specialties.

Staff from the neurological service can provide feedback on services through the neurology subgroup and focus group meetings. Staff were also invited to complete the questionnaire referred to above.

The review panel was impressed with the examples of change and improvement that the NHS board has introduced in response to patient, referrer and staff feedback. Some examples include:

- the introduction of medication advice packs for patients on Parkinson's disease medications to help ensure they receive their medication at the correct time while in hospital
- safety briefs in all ward areas now include a field for patients on time-specific medication to inform nurses every day, and
- the development of the neurological services section of the NHS Orkney website.

**3.8 A minimum of 90% of outpatient letters are electronically dispatched within 5 working days of the consultation.**

**STATUS: Not met (NHS Grampian provides this service)**

NHS Grampian provides the outpatient neurology service for NHS Orkney in Aberdeen or through telemedicine and has an electronic dispatch system in place for letters. Currently the majority of letters are dispatched within 7 days of dictation. NHS Grampian reported that dictation of letters takes place on the same day as the consultation.

NHS Orkney reported that the revised service level agreement will focus on clinical governance and improving the information sharing systems between NHS Grampian and NHS Orkney.

## Standard 4: Management processes in neurological health services

### Standard statement 4

**Neurological health services have an effective patient management process from the point of first referral.**

- 4.1 At every consultation, all patients are offered a copy of the GP's letter or a management plan. Any changes to medication are provided in writing immediately to the patient.

#### **STATUS: Not met (NHS Grampian provides this service)**

Neurology consultants from NHS Grampian see patients from NHS Orkney. Currently, it is not common practice in NHS Grampian to routinely offer patients a copy of the GP letter or management plan. NHS Grampian reported that patients are usually given handwritten notes of changes to medication at the time of the consultation, particularly if this is a complex change.

The multiple sclerosis adviser for NHS Orkney is currently trialling a shared management plan. This is developed and updated at regular intervals with the patient and the multiple sclerosis adviser offers it to the patient at the appropriate time.

NHS Orkney is continuing to liaise with NHS Grampian regarding the neurological health services standards. The revised service level agreement will include more detail on what is expected from NHS Grampian in terms of the neurology service provision to NHS Orkney.

- 4.4a The neurology service has access to an integrated neuropsychology and neuropsychiatry service providing a diagnostic and treatment service for patients with neurological symptoms unexplained by disease, and patients with defined neurological disease that have co-morbid psychiatric disorders.

#### **STATUS: Not met (NHS Grampian provides this service)**

NHS Grampian provides the specialist neuropsychology and psychiatry service for NHS Orkney.

The community mental health team sees patients with neurological symptoms unexplained by disease and patients with neurological condition with co-morbid psychiatric disorders. The team will carry out assessments and treatment as appropriate. One clinical psychologist and one psychiatrist from NHS Grampian make up the team. The psychiatrist holds clinics each week in NHS Orkney and has access to the specialist services in NHS Grampian. Video clinics can also be organised if required. The NHS board would purchase any sub-specialist service on a case-by-case basis from another NHS board.

## Standard 5: Access to specialist epilepsy services

### Standard statement 5

**The NHS board provides a comprehensive epilepsy service with access to appropriately trained specialist staff.**

- 5.2 Healthcare professionals who carry out primary care annual reviews for patients with epilepsy have attended an epilepsy training course in the past 5 years, or can demonstrate equivalent experience from continuing professional development.

#### STATUS: Met

NHS Orkney confirmed that GPs and practice nurses carry out primary care annual reviews for patients with epilepsy. The NHS board provided evidence demonstrating that at least one member of staff from the majority of GP practices attended an epilepsy course in the last 5 years.

The review panel was impressed with the needs assessment survey of staff training that resulted in the development of the learning and development programme. NHS Orkney launched the programme in May 2011 and will review the programme each year. An epilepsy specialist nurse, with other specialists, delivered training in 2011 and an evaluation of this training was undertaken. The NHS board plans to hold further training in the near future.

## Standard 8: Access to specialist headache services

### Standard statement 8

**Patients receive co-ordinated care from healthcare professionals with expertise in the diagnosis and management of patients with headache.**

- 8.1 The NHS board provides access to a co-ordinated non-acute headache service led by a doctor who specialises in headache, and has defined links with the general neurology service.

#### STATUS: Not met

Patients with non-acute headache should be referred on to NHS Grampian where a weekly headache clinic is run by the consultant neurologist who has a sub-specialist interest in headache. Patients are referred from GPs and hospital physicians from several NHS boards. If the clinic is full, a patient will be seen in the general neurology service where advice can be sought from the consultant neurologist.

However, at the time of the review panel, NHS Orkney could not ensure that it was referring all patients with non-acute headache to this service. The NHS board is currently developing a specific pathway for patients with non-acute headache to educate and increase awareness of staff. The neurology subgroup will approve this pathway once it is final. The review panel encouraged the NHS board to consider the use of telemedicine clinics with NHS Grampian for patients with headache.

8.2a The NHS board provides an educational programme on acute and non-acute headache for primary care colleagues within the NHS board.

**STATUS: Met**

NHS Orkney provides an educational programme on acute and non-acute headache for primary care colleagues. A talk on headache was delivered as part of the epilepsy training event in 2011. This talk was attended by GPs, practice nurses, allied health professionals, nurse practitioners, neurology service manager, clinical lead and social services. The NHS board is currently discussing plans to deliver further training. The review panel also noted that NHS Orkney has also used teleconference to provide education sessions and considered this to be an innovative example of good practice.

**Standard 11: Access to specialist motor neurone disease services**

**Standard statement 11**

**An effective and comprehensive motor neurone disease service is available and offered across all NHS boards.**

11.3 The NHS board provides rapid access to demonstrably effective care pathways covering all aspects of the illness, including links to specialist palliative care and respiratory medicine, gastrostomy services and social services.

**STATUS: Not met**

NHS Orkney reported there are very low numbers of patients diagnosed with motor neurone disease on the islands. NHS Grampian provides the specialist motor neurone disease services through the clinical care specialist and consultant neurologist. Assessment, guidance and advice can be delivered locally by visits, email, telemedicine, telephone or letter. NHS Grampian also provides the specialist respiratory medicine service.

A draft motor neurone disease pathway developed by the clinical care specialists in NHS Grampian is awaiting approval. This will be adapted by NHS Orkney to suit local needs. The pathway will be presented to the neurology subgroup and the motor neurone disease focus group to ensure that stakeholders are consulted before it is implemented. The local multidisciplinary team consists of GPs, allied health professionals, nurses and the palliative care team. Strong links are in place with social services who attend the neurology subgroup and focus group meetings. When a patient is diagnosed with motor neurone disease, the Motor Neurone Disease Society is immediately informed.

Patients are referred immediately to the palliative care team and social services, if required.

The review panel acknowledged that the small number of patients with motor neurone disease meant that providing a specialist service was not viable. The panel was impressed with the co-ordinated approach NHS Orkney has taken and the strong local communication links.

## Standard 14: Access to specialist multiple sclerosis services

### Standard statement 14

**An effective and comprehensive specialist multiple sclerosis service is available across all NHS boards.**

14.1b The multiple sclerosis multidisciplinary team consists of, as a minimum, a consultant who specialises in the diagnosis and management of multiple sclerosis, a multiple sclerosis clinical nurse, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, neurorehabilitation services, pharmacy services, and mental health services.

### STATUS: Met

The NHS Orkney multiple sclerosis multidisciplinary team consists of:

- a multiple sclerosis adviser who is a qualified nurse
- neuro-physiotherapist with experience of multiple sclerosis
- occupational therapist with a special interest and experience of multiple sclerosis
- speech and language therapist with experience of multiple sclerosis
- dietetics with experience of multiple sclerosis
- community nursing
- pharmacy services
- practice nurses, and
- GPs.

The local community mental health team and visiting consultant psychiatrist become involved with a patient's treatment and care at the appropriate times. NHS Grampian provides the consultant neurologist and neuro-rehabilitation services.

The review panel considered the wide use of telemedicine as an example of good practice for improving access to services for patients in remote and rural areas. The NHS board advised that the multiple sclerosis adviser accompanies the patient throughout the telemedicine consultation and that feedback from patients has been positive. This support has proved beneficial to patients with, for example, fatigue, cognitive and mobility issues.

The panel was impressed with the strong communication arrangements between the multiple sclerosis adviser, the NHS Grampian neurology team and the local multidisciplinary team.

## Standard 17: Access to specialist Parkinson's disease services

### Standard statement 17

**An effective and comprehensive Parkinson's disease service is available and offered across all NHS boards.**

17.2 The Parkinson's disease multidisciplinary team consists of, as a minimum, a doctor who specialises in Parkinson's disease, a Parkinson's disease nurse specialist, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, pharmacy services, and mental health services.

#### STATUS: Met

The Parkinson's disease multidisciplinary team consists of:

- neuro-physiotherapist with experience of Parkinson's disease
- occupational therapist with a special interest and experience of Parkinson's disease
- speech and language therapist with a special interest and experience in Parkinson's disease
- dietetics with experience of Parkinson's disease
- pharmacy services, and
- mental health services.

NHS Grampian provides the consultant neurologist and the Parkinson's disease specialist nurse. Work is under way to improve the links with these individuals. NHS Orkney and NHS Grampian have jointly developed referral and care pathways to ensure that patients have access to the appropriate specialist services when they are required. Once the neurology subgroup has approved the pathways, they will be tested and revised if necessary.

The review panel was impressed with the good communication systems in place to access specialist support. The review panel particularly noted the use of telemedicine and teleconferencing to deliver training and to see patients who are unable to travel.

## Standard 19: Ongoing management of Parkinson's disease

### Standard statement 19

**Patients with Parkinson's disease and their carers have ongoing access to specialist Parkinson's disease services and are encouraged and supported to be involved in decision-making about treatment or therapy at all stages of their condition.**

19.1a The timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital.

#### STATUS: Met

NHS Orkney has a one-stop dispensing policy which helps the administration (self or assisted) of Parkinson's disease medication at the appropriate time. Patients who are admitted to Balfour Hospital undergo assessment to determine if they are able to self-

medicate. Every patient admitted has their usual drugs noted on the drug reconciliation form and the format of the patient medication chart allows medication times to be charted outwith the regular drug round times. In addition, each patient is assigned a named nurse who is responsible for ensuring that medication is given at the correct time. Hospital wards hold patient safety briefings at the start of every shift which allows nursing staff to discuss specific medication-related issues. A patient safety briefing form, which has a section related to Parkinson's disease medication, guides these meetings. The form also acts as a prompt to the nurse to discuss the medication needs of patients with Parkinson's disease.

Parkinson's UK has provided a number of 'Get it on time' packs which have been given to patients with Parkinson's disease. These packs contain an information booklet called 'Stay in Control' which provides advice on managing their medication whilst in hospital. It also includes patient and carer feedback questionnaires.

The review panel was impressed by the robust systems in place within the hospital to ensure that this criterion is met.



## NHS Shetland

### Summary of findings

A summary of the findings from the review, including strengths and recommendations, is shown in this section.

The shaded area in the table below indicates the NHS board's current position against each standard criterion.

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 1: General neurological health services provision</b>		
1.2		
1.4		
<b>Standard 2: Access to neurological health services</b>		
2.2		
2.3a		
2.4		
<b>Standard 3: Patient encounters in neurological health services</b>		
3.2d		
3.8		
<b>Standard 4: Management processes in neurological health services</b>		
4.1		
4.4a		
<b>Standard 5: Access to specialist epilepsy services</b>		
5.2		
<b>Standard 8: Access to specialist headache services</b>		
8.1		
8.2a		
<b>Standard 11: Access to specialist motor neurone disease services</b>		
11.3		
<b>Standard 14: Access to specialist multiple sclerosis services</b>		
14.1b		

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 17: Access to specialist Parkinson's disease services</b>		
17.2		
<b>Standard 19: Ongoing management of Parkinson's disease</b>		
19.1a		

### Strengths

The NHS board has:

- demonstrated a strong focus on person-centred care
- rapid access to a consultant physician
- an excellent neurology exercise facilitation project, and
- strong links with social care, the Shetland Recreational Trust and the Shetland Islands Council.

### Recommendations

The NHS board to:

- finalise formal pathways for neurological conditions
- ensure a neurologist from NHS Grampian is involved with any neurology improvement programme on Shetland
- develop formalised processes to ensure that disease-specific information is easily accessible to all patients
- develop processes to gather formal feedback from patients, referrers and staff
- learn from, and share good practice with, other NHS boards, and
- continue to develop team working, especially with NHS Grampian.

## Detailed findings against the standards

### Standard 1: General neurological health services provision

#### Standard statement 1

**An effective and comprehensive neurological health service is available and offered across all NHS boards.**

1.2 The NHS board has a minimum 3-year plan for the provision of neurological health services to its population. This plan is published and subject to annual review.

#### **STATUS: Not met**

At the time of the review panel, NHS Shetland did not have a 3-year plan in place for the provision of neurological services. The NHS board has not undertaken any mapping exercise to assess the demographics of neurological conditions on the islands or how neurological services are provided. However, the disability strategy 2005–2006 provides approximate numbers of patients living with neurological conditions.

NHS Shetland co-ordinates the provision of neurological services with NHS Grampian. The neurology lead is one of three consultant physicians based on Shetland. These consultants deal with referrals for all specialties through general medical clinics. The neurology lead sees patients with multiple sclerosis, headache and complex neurological cases. When the neurology lead cannot make a clear diagnosis, patients are referred on to NHS Grampian for diagnosis and advice regarding onward management. A service level agreement is in place with NHS Grampian for the provision of this care.

The review panel noted that audit data are not available for neurology services. Therefore, for the purposes of this report, general medical data will be taken as representative of the neurology service.

The panel was pleased to note that a representative from NHS Shetland was consulted during the development of NHS Grampian's 3-year plan. In addition, the local NHS Shetland neurology service improvement group is due to develop a local action plan at its next meeting. The review panel noted that this group has not met since May 2011. At the time of the review panel, a date for the next meeting had not been agreed.

The review panel encouraged the NHS board to establish regular meetings of the neurology service improvement group and to develop a more formalised structure to services, including finalisation of all care pathways. This should include input from people living with neurological conditions, voluntary organisations and NHS Grampian.

1.4 The NHS board provides accurate and current information to patients and their carers about their condition.

#### **STATUS: Not met**

NHS Shetland has undertaken a local mapping project to identify sources for patient information on neurological conditions. The NHS board reported that consultants spend a lot of time with patients at the initial consultation talking through all aspects of their condition.

At the patient appointment, consultants give voluntary sector information leaflets on neurological conditions on a patient by patient basis. However, these are not publicly available and distribution is at the discretion of the consultant. NHS Shetland holds an electronic stock of locally produced information. This information is subject to the NHS board's patient and health information protocol to ensure it is up-to-date. The author of the document is responsible for review. This information is not readily accessible to the public and must be requested by staff before being released for printing.

NHS Shetland and Shetland Islands Council public library service have undertaken a joint 'Help Yourself to Health' project. A section of the public library is stocked with a selection of health-related books and leaflets and directs patients to the NHS Inform website. This is a website for patients, their family and carers to obtain information about their condition and a place to obtain support with managing their condition. NHS Shetland staff approve books by marking them with a stamp. The review panel encouraged NHS Shetland to direct patients to NHS Inform at consultation appointments.

The NHS board reported that the multiple sclerosis nurse specialist and the neurophysiotherapist provide tailored information for people with multiple sclerosis and Parkinson's disease. However, the review panel recommended that the NHS board develops formalised processes to ensure that disease-specific information is easily accessible to all patients.

## **Standard 2: Access to neurological health services**

### **Standard statement 2**

**Patients with suspected neurological conditions are assessed by clinicians who specialise in neurological conditions. Patients are assessed within timescales dictated by their clinical needs.**

2.2 Outpatients are referred and triaged electronically. They are allocated to the appropriate waiting list within 5 working days of receipt of the referral at the centre in at least 95% of cases.

#### **STATUS: Not met**

The NHS board reported that the majority of referrals are received electronically in NHS Shetland. These are printed and seen by the on-call consultant for triage within 24 hours. Referrals are prioritised and transferred to the appropriate clinic.

Although triage is not undertaken electronically, the NHS board reported that the system it uses is very efficient in a small NHS board. The medical secretary re-enters the information on the Scottish Care Information (SCI) Gateway, an electronic referral system, within 48 hours, for onward referral to the appropriate waiting list.

2.3a The NHS board ensures that the neurology service has a communication process for discussion of urgent cases with a neurologist at all times.

#### **STATUS: Met**

NHS Shetland has a communication process in place with NHS Grampian to discuss urgent cases with the on-call neurologist. The neurology service within NHS Grampian

operates a 24-hour on-call neurology rota. This allows for discussion of urgent cases with a consultant neurologist at all times.

**2.3b Where the neurologist identifies an outpatient referral as urgent, the patient is seen within 10 working days of triage in at least 90% of referrals.**

The NHS board has not audited performance in this area as it does not receive specific neurology referrals. However, audit has been undertaken on the number of urgent medical referrals. The review panel agreed that general medical data will be taken as representative of the neurology service.

Recent audit data between April and October 2011 demonstrates that 94% of urgent referrals were seen in the general medical clinic within 10 working days of triage.

**2.4 Initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours.**

**STATUS: Met**

All patients in NHS Shetland are seen in a non-neurological setting. A consultant physician sees patients admitted to Gilbert Bain Hospital, Lerwick, within 24 hours. Where specialist neurological opinion is needed, the consultant will obtain telephone advice from NHS Grampian. The on-call neurologist at NHS Grampian provides initial advice following an urgent request for a neurological opinion within 24 hours.

**Standard 3: Patient encounters in neurological health services**

**Standard statement 3**

**Neurological health services provide a high quality of care that meets the needs of patients, referrers and providers.**

**3.2d The NHS board acts on the patient, referrer, and staff feedback it collects.**

**STATUS: Not met**

NHS Shetland does not collect formal feedback from people living with a neurological condition or from referrers. However, the multiple sclerosis nurse, neuro-physiotherapist and the epilepsy support nurse collect individual informal patient feedback. The NHS board reported that patient feedback is also part of the neurology exercise project.

NHS Shetland has also participated in Better Together, Scotland's patient experience programme, for inpatients. This programme uses the public's experiences of NHSScotland to improve health services.

There is GP representation on the neurology service improvement group, but there have been no steps taken to collect specific feedback from referrers due to the small numbers of referrals.

The NHS board seeks feedback from staff on the provision of neurological services within the NHS board. This is primarily through the neurology service improvement group. Implementation of the 3-year plan will include a multidisciplinary review of neurology services.

- 3.8 A minimum of 90% of outpatient letters are electronically dispatched within 5 working days of the consultation.

**STATUS: Not met**

At the time of the review panel, there were no systems in place to electronically dispatch outpatient letters. The NHS board did note that increasing the speed and efficiency of dispatch of outpatient letters would benefit local patients. Improvement plans are in the early stages of development to address this.

The neurology lead reported that telephone consultations with the referring GP occurs in urgent cases.

**Standard 4: Management processes in neurological health services**

**Standard statement 4**

**Neurological health services have an effective patient management process from the point of first referral.**

- 4.1 At every consultation, all patients are offered a copy of the GP's letter or a management plan. Any changes to medication are provided in writing immediately to the patient.

**STATUS: Not met**

Consultants discuss a management plan with each patient at every consultation to ensure the patient has a clear understanding of the next steps in the management of their condition. However, there are no audit data to verify that this is undertaken. The review panel recommended that the NHS board offers all patients a copy of the GP letter or management plan to take away so they can refer back to it at a later date.

The NHS board reported that the consultant discusses changes to medication with patients during their consultation and, if deemed appropriate, a handwritten note can be provided. However, this is not standard practice for all patients. Usually, the consultant provides a 28-day prescription and a letter is sent to the GP.

- 4.4a The neurology service has access to an integrated neuropsychology and neuropsychiatry service providing a diagnostic and treatment service for patients with neurological symptoms unexplained by disease, and patients with defined neurological disease that have co-morbid psychiatric disorders.

**STATUS: Not met**

NHS Shetland reported that neuropsychology and liaison psychiatry are available through NHS Grampian. The local mental health team can then support follow-up of patients requiring these services. However, at the time of the review panel, there were no formal processes in place to monitor these arrangements.

NHS Grampian reported that, at the time of its review panel, it did not have an integrated neuropsychology and neuropsychiatry service. Neuropsychology patients are seen for diagnostic purposes with limited access to treatment. There is no specific neuropsychiatry service. However, patients can be referred to liaison psychiatry for assessment.

## Standard 5: Access to specialist epilepsy services

### Standard statement 5

**The NHS board provides a comprehensive epilepsy service with access to appropriately trained specialist staff.**

- 5.2 Healthcare professionals who carry out primary care annual reviews for patients with epilepsy have attended an epilepsy training course in the past 5 years, or can demonstrate equivalent experience from continuing professional development.

#### STATUS: Met

The review panel noted that the NHS Grampian epilepsy specialist nurse provides services in NHS Shetland. The epilepsy specialist nurse facilitated a training session for GPs and practice nurses on epilepsy and the administration of rescue medication in 2007. The NHS board reported that there are plans to repeat this training in 2012. The review panel encouraged the NHS board to improve the monitoring of practice nurses who have attended courses.

In addition, the review panel was pleased to note that NHS Shetland has secured the commission of clinical services from the epilepsy specialist nurse beginning in March 2012. The panel encouraged the NHS board to support this on a regular basis.

## Standard 8: Access to specialist headache services

### Standard statement 8

**Patients receive co-ordinated care from healthcare professionals with expertise in the diagnosis and management of patients with headache.**

- 8.1 The NHS board provides access to a co-ordinated non-acute headache service led by a doctor who specialises in headache, and has defined links with the general neurology service.

#### STATUS: Not met

NHS Shetland does not have a specialised headache service on the islands. However, there is a consultant physician with experience in headache diagnosis and management. The general medical service receives referrals and forwards them on to NHS Grampian for further treatment and investigation where necessary. At the time of the review panel, there were no formal pathways in place to ensure appropriate referral. However, the NHS board reported that these are due to be reviewed at the next meeting of the neurology services improvement group.

The NHS board further reported that it is in the process of providing open access to CT scanning for GPs.

8.2a The NHS board provides an educational programme on acute and non-acute headache for primary care colleagues within the NHS board.

**STATUS: Not met**

At the time of the review panel, there had been no educational programmes provided locally within NHS Shetland and NHS Grampian has not agreed to deliver any to the islands. The review panel recommended that the NHS board explores future training opportunities. The NHS board reported that the medical director will review this as part of an ongoing training needs assessment for GPs.

**Standard 11: Access to specialist motor neurone disease services**

**Standard statement 11**

**An effective and comprehensive motor neurone disease service is available and offered across all NHS boards.**

11.3 The NHS board provides rapid access to demonstrably effective care pathways covering all aspects of the illness, including links to specialist palliative care and respiratory medicine, gastrostomy services and social services.

**STATUS: Not met**

At the time of the review panel, there were no local formal pathways in place for the management of patients with motor neurone disease. The NHS board reported that the very small number of patients with this condition are managed through NHS Grampian.

The general medical service receives referrals and forwards them on to NHS Grampian for diagnosis and further treatment. Due to the small number of patients with the condition on the islands, very little data have been collected in this area.

The NHS board reported that patients on Shetland are supported with non-invasive ventilation, gastrostomy and enteral feeding. There are links between the NHS board and Shetland Islands Council for social services, demonstrated by the 'With You For You' process which supports adults within the community.



## Standard 14: Access to specialist multiple sclerosis services

### Standard statement 14

**An effective and comprehensive specialist multiple sclerosis service is available across all NHS boards.**

14.1b The multiple sclerosis multidisciplinary team consists of, as a minimum, a consultant who specialises in the diagnosis and management of multiple sclerosis, a multiple sclerosis clinical nurse, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, neurorehabilitation services, pharmacy services, and mental health services.

### STATUS: Met

The core multiple sclerosis multidisciplinary team in NHS Shetland consists of a local consultant physician, GPs, a multiple sclerosis nurse specialist, community nursing teams and a consultant neurologist based in NHS Grampian.

The nurse specialist sees patients in the general medical clinic. NHS Shetland has formal telemedicine clinic sessions with the consultant neurologist in NHS Grampian. These include four general neurology clinics and three dedicated multiple sclerosis neurology clinics each year. The multidisciplinary team has access to input from other healthcare professionals where appropriate.

The NHS board reported that the number of patients with multiple sclerosis on the islands is higher than the national average. The patient group has been very active and vocal, and this has led to the appointment of the nurse specialist post.

The review panel noted the excellent work undertaken with the Shetland Recreational Trust and the neurology exercise facilitation project.

## Standard 17: Access to specialist Parkinson's disease services

### Standard statement 17

**An effective and comprehensive Parkinson's disease service is available and offered across all NHS boards.**

17.2 The Parkinson's disease multidisciplinary team consists of, as a minimum, a doctor who specialises in Parkinson's disease, a Parkinson's disease nurse specialist, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, pharmacy services, and mental health services.

### STATUS: Not met

The core Parkinson's disease multidisciplinary team in NHS Shetland consists of a local consultant physician, GPs, community nursing teams and a consultant neurologist based in NHS Grampian. Additional input from other healthcare professionals is available where appropriate.

There is no nurse specialist on the islands and NHS Shetland reported that the NHS Grampian nurse specialist covers the NHS board area. However, the NHS board was unable to provide any activity data to demonstrate how many patients have contact with the nurse specialist. The review team recommended that NHS Shetland develops formal processes to monitor arrangements with NHS Grampian.

### **Standard 19: Ongoing management of Parkinson's disease**

#### **Standard statement 19**

**Patients with Parkinson's disease and their carers have ongoing access to specialist Parkinson's disease services and are encouraged and supported to be involved in decision-making about treatment or therapy at all stages of their condition.**

19.1a The timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital.

#### **STATUS: Not met**

NHS Shetland does not currently have a system in place to ensure that the timings and dosage of medication for Parkinson's disease are specified and adhered to when the patient is in hospital. A medicines administration policy was under review at the time of the review panel, detailing the preference for self-administration of medicines. However, the review panel noted that this was not used in acute, medical and surgical wards.

Daily safety briefings and multidisciplinary ward rounds take place in Gilbert Bain Hospital, Lerwick, which allow for the discussion of time-critical medications. The NHS board has also redesigned the inpatient record of medicines to facilitate the timing of medicine dosage, with an opportunity to specify non-standard timings.

However, the review panel noted that staff education programmes and work to specifically address the particular requirements of patients with Parkinson's disease are required. The NHS board reported that nursing staff are familiar with these patients. However, there are no specific processes in place to ensure the correct timing and dosage of Parkinson's disease medication. The review panel did note that there is a weekly multidisciplinary team meeting with the pharmacist to review patients and their medication.

# NHS Tayside

## Summary of findings

A summary of the findings from the review, including strengths and recommendations, is shown in this section.

The shaded area in the table below indicates the NHS board's current position against each standard criterion.

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 1: General neurological health services provision</b>		
1.2		
1.4		
<b>Standard 2: Access to neurological health services</b>		
2.2		
2.3a		
2.4		
<b>Standard 3: Patient encounters in neurological health services</b>		
3.2d		
3.8		
<b>Standard 4: Management processes in neurological health services</b>		
4.1		
4.4a		
<b>Standard 5: Access to specialist epilepsy services</b>		
5.2		
<b>Standard 8: Access to specialist headache services</b>		
8.1		
8.2a		
<b>Standard 11: Access to specialist motor neurone disease services</b>		
11.3		
<b>Standard 14: Access to specialist multiple sclerosis services</b>		
14.1b		

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 17: Access to specialist Parkinson's disease services</b>		
17.2		
<b>Standard 19: Ongoing management of Parkinson's disease</b>		
19.1a		

### Strengths

The NHS board has:

- shown a clear commitment to improving the quality of its neurological services
- good links with relevant voluntary organisations
- used patient feedback to inform service redesign, and
- comprehensive multidisciplinary specialist services for patients with headache, multiple sclerosis and Parkinson's disease.

### Recommendations

The NHS board to:

- further develop its 3-year plan to ensure that an action plan with associated ownership and timescales is in place, and
- implement electronic systems to demonstrate the achievement of the standards, in particular, the alert system for identifying patients with Parkinson's disease.

## Detailed findings against the standards

### Standard 1: General neurological health services provision

#### Standard statement 1

**An effective and comprehensive neurological health service is available and offered across all NHS boards.**

1.2 The NHS board has a minimum 3-year plan for the provision of neurological health services to its population. This plan is published and subject to annual review.

#### **STATUS: Met**

The NHS Tayside 3-year plan for the provision of neurological health services is detailed in the neurological services fact file and the associated tactical implementation plan. The 3-year plan is available for clinicians through the improvement network. The plan is also published on the NHS board's website.

The NHS board undertook a scoping exercise to inform the 3-year plan and highlight the improvement objectives for neurological services in NHS Tayside. The review panel noted that the improvement objectives were closely aligned to the neurological health services standards. However, the objectives lacked timescales and associated ownership. The NHS board did not submit as evidence clear documentation of the strategic plans for the ongoing development of the NHS board's neurological services.

The NHS board detailed further development plans for its neurological services and provided a range of examples to demonstrate the improvements achieved as a result of the improvement programme.

1.4 The NHS board provides accurate and current information to patients and their carers about their condition.

#### **STATUS: Met**

NHS Tayside has a range of sources to provide accurate and current information to patients and carers. The NHS board plans to develop a dedicated website for neurological services with Dundee University. This will include information on neurological service provision in NHS Tayside and neurological research studies. The website will also be linked to the existing NHS Tayside intranet and internet sites.

Patient information leaflets are also available covering a broad range of neurological conditions and are provided in a variety of formats. Where available, the NHS board makes use of information provided by voluntary organisations, which is adapted to meet local need. The review panel recommended that the NHS board also uses other national information sources such as NHS Inform where appropriate. NHS Inform is a website for patients, their family and carers to obtain information about their condition and a place to obtain support with managing their condition.

The review panel also noted the valuable role of the NHS Tayside patient information co-ordinator who is responsible for quality assuring patient information. NHS Tayside described how the NHS board had started to identify potential gaps in neurological

information provision. However, there did not appear to be a systematic approach to information gap analysis.

## Standard 2: Access to neurological health services

### Standard statement 2

**Patients with suspected neurological conditions are assessed by clinicians who specialise in neurological conditions. Patients are assessed within timescales dictated by their clinical needs.**

2.2 Outpatients are referred and triaged electronically. They are allocated to the appropriate waiting list within 5 working days of receipt of the referral at the centre in at least 95% of cases.

#### STATUS: Not met

The NHS board provided evidence to demonstrate that 99% of its referrals from GPs are received from the web-based electronic referral management system or the Scottish Care Information (SCI) Gateway, an electronic referral system. The on-call neurologist reviews all referrals and triages them to the appropriate waiting list. The review team was pleased to note NHS Tayside data which showed that the on-call neurologist allocates 99% of electronic referrals to a waiting list within 5 working days of receipt of the referral.

However, a proportion of referrals to the service come from secondary care referrers. The NHS board reported that it is yet to establish an electronic referral system for secondary care referrals to neurology.

2.3a The NHS board ensures that the neurology service has a communication process for discussion of urgent cases with a neurologist at all times.

#### STATUS: Met

The neurology service within NHS Tayside operates a 24 hour on-call neurology rota which allows the discussion of urgent cases at all times. The NHS board further reported that a record of all urgent cases discussed is maintained by the on-call registrar.

2.3b Where the neurologist identifies an outpatient referral as urgent, the patient is seen within 10 working days of triage in at least 90% of referrals.

The NHS board reported that the on-call neurologist receives all urgent referrals either from the referral management system or through direct contact with the secondary care referrer. The neurologist then triages the referral according to the information provided by the referrer.

All patients who are categorised as very urgent by the neurologist are seen within 24 hours. Other high priority cases are seen in the neurology outpatient clinic within 4 weeks of referral. The NHS board reported that there are plans to introduce additional urgent neurology outpatient clinic appointments in order to meet the 10 working days target. The NHS board is confident that this will be achieved once these plans are implemented.

2.4 Initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours.

**STATUS: Met**

A 24 hour on-call neurology rota is in place within NHS Tayside. This system ensures that initial advice is provided following all urgent requests for a neurological opinion for inpatients in non-neurological settings within 24 hours.

**Standard 3: Patient encounters in neurological health services**

**Standard statement 3**

**Neurological health services provide a high quality of care that meets the needs of patients, referrers and providers.**

3.2d The NHS board acts on the patient, referrer, and staff feedback it collects.

**STATUS: Not met**

The NHS board provided a range of examples to demonstrate how it collects feedback from patients and staff. Some of this feedback has been used to improve services for neurological patients. In particular, the review team noted the improvements made for multiple sclerosis outpatients receiving intravenous infusion treatments in the ward area. This service has now been redesigned to address the patient concerns identified by the patient feedback that had been received.

The NHS board also described plans to introduce standardised and validated questionnaires as a method of collecting patient feedback. Other innovative methods of collecting feedback were also evident. This included the NHS Tayside staff vitality questionnaire and the Neurological Voices project. This is a short course, delivered by the Neurological Alliance of Scotland, which involves patients and carers in the planning and improvement of local health services.

The review panel was pleased to note the range of approaches in place to collect meaningful feedback from staff and patients. However, it did not consider that NHS Tayside has a systematic process for ensuring that this feedback is acted upon.

At the time of the review panel, the NHS board did not have any systematic approach to collecting feedback from referrers to the neurological service. The review panel noted the involvement of a cross-section of clinical staff as members of the improvement network and the four improvement streams. This includes GPs, medicine of the elderly consultants and a range of allied health professionals. The NHS board reported that this influence and partnership working has helped to develop a seamless neurological service for the benefit of patient groups.

3.8 A minimum of 90% of outpatient letters are electronically dispatched within 5 working days of the consultation.

**STATUS: Not met**

NHS Tayside has an electronic system which has the potential to electronically dispatch outpatient letters. At present, problems exist with this technology, which are due to be

resolved by March 2012. The NHS board hopes that using the recently introduced patient review clinic templates will reduce the amount of variation in letter style and content, and assist administrative and clinical staff to meet this 5-day timescale.

The NHS board reported that the average time to dispatch outpatient letters is 4 weeks. NHS Tayside recognises the issues that can arise due to delays in the dispatch of outpatient letters and will continue to explore potential solutions to this problem.

#### **Standard 4: Management processes in neurological health services**

##### **Standard statement 4**

**Neurological health services have an effective patient management process from the point of first referral.**

4.1 At every consultation, all patients are offered a copy of the GP's letter or a management plan. Any changes to medication are provided in writing immediately to the patient.

##### **STATUS: Not met**

NHS Tayside does not currently have a system in place to ensure that patients are offered a copy of the GP's letter or management plan at every consultation. The NHS board reported that it is routine practice for some neurologists to offer patients a copy of the GP's letter, but that there is limited uptake of this offer. There is no data system in place to record whether patients are offered a copy of the GP letter or if this offer is accepted.

The NHS board is implementing a clinical administration system, used by other clinical departments, into the neurology service. This clinical administration system can help make sure patients are offered, and record whether patients accept, a copy of their management plan or referral letter. NHS Tayside proposes that a copy of the patient's consultation note (management plan) is routinely offered to the patient. The NHS board informed the review panel that it plans to begin implementing the new clinical information system in April 2012.

4.4a The neurology service has access to an integrated neuropsychology and neuropsychiatry service providing a diagnostic and treatment service for patients with neurological symptoms unexplained by disease, and patients with defined neurological disease that have co-morbid psychiatric disorders.

##### **STATUS: Not met**

NHS Tayside has limited access to neuropsychology services. These services are mainly used for patient assessments. Due to the high demand for this service, there is limited resource available to deliver psychological therapies for patients with neurological symptoms unexplained by disease. Patients with neurological symptoms unexplained by disease are reviewed in an integrated assessment clinic with access to a neurological and a psychiatric opinion. The review panel was pleased to note the business case for the proposed stepped care model to manage patients with functional symptoms.

The review panel further noted that the NHS board has been successful in securing funding for cognitive behaviour therapy training for nurses and allied healthcare professionals. This will allow NHS Tayside to begin implementing some aspects of the proposed stepped care model. However, the NHS board recognised that additional



resources will be required in order to fully implement the proposed stepped care model and fully address the needs of patients with neurological symptoms unexplained by disease.

### **Standard 5: Access to specialist epilepsy services**

#### **Standard statement 5**

**The NHS board provides a comprehensive epilepsy service with access to appropriately trained specialist staff.**

5.2 Healthcare professionals who carry out primary care annual reviews for patients with epilepsy have attended an epilepsy training course in the past 5 years, or can demonstrate equivalent experience from continuing professional development.

#### **STATUS: Met**

The NHS Tayside epilepsy specialist nurse provides a rolling programme of epilepsy education to the 68 general practices within NHS Tayside. The NHS board reported that there is a good level of uptake for these courses. Over the past 12 months, 100 GPs and 42 practice nurses and medical students have attended training. The review panel commended the NHS board on the number of primary care staff attending training.

### **Standard 8: Access to specialist headache services**

#### **Standard statement 8**

**Patients receive co-ordinated care from healthcare professionals with expertise in the diagnosis and management of patients with headache.**

8.1 The NHS board provides access to a co-ordinated non-acute headache service led by a doctor who specialises in headache, and has defined links with the general neurology service.

#### **STATUS: Met**

NHS Tayside has a non-acute headache service led by a GP with a special interest in headache. The lead GP has participated in a large range of headache training and education, and is actively involved in a number of national and international headache specialist interest groups. The headache service lead is an integral member of the neurological services team within NHS Tayside.

Arrangements for open access to CT scanning for GPs are also in place in the NHS board area. The NHS board reported that it is currently developing a pathway for the management and treatment of patients with headache. This is one of the identified priorities within the 3-year neurology improvement plan.

8.2a The NHS board provides an educational programme on acute and non-acute headache for primary care colleagues within the NHS board.

#### **STATUS: Met**

NHS Tayside provides a programme of education on acute and non-acute headache for primary care colleagues. Headache training forms part of the compulsory education for trainee doctors in the NHS board area. The Tayside Centre for General Practice also

provides a half-day session on neurology which includes headache education. The NHS board acknowledged the challenge of poor uptake of headache education among GPs and is attempting to improve uptake levels by offering more flexible education sessions.

### **Standard 11: Access to specialist motor neurone disease services**

#### **Standard statement 11**

**An effective and comprehensive motor neurone disease service is available and offered across all NHS boards.**

11.3 The NHS board provides rapid access to demonstrably effective care pathways covering all aspects of the illness, including links to specialist palliative care and respiratory medicine, gastrostomy services and social services.

#### **STATUS: Not met**

NHS Tayside cannot currently demonstrate that arrangements are in place to provide rapid access to care pathways for patients with motor neurone disease. The NHS board is developing a neurological pathway for adults and this is one of NHS Tayside's priority areas in its 3-year improvement plan. The NHS board acknowledged that the pathway is in the early stage of development and that more work is required to ensure the patients have rapid access to the complex services that they require.

### **Standard 14: Access to specialist multiple sclerosis services**

#### **Standard statement 14**

**An effective and comprehensive specialist multiple sclerosis service is available across all NHS boards.**

14.1b The multiple sclerosis multidisciplinary team consists of, as a minimum, a consultant who specialises in the diagnosis and management of multiple sclerosis, a multiple sclerosis clinical nurse, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, neurorehabilitation services, pharmacy services, and mental health services.

#### **STATUS: Met**

The NHS Tayside multiple sclerosis multidisciplinary team includes a consultant who specialises in the diagnosis and management of multiple sclerosis and specialist nurses. The NHS board has two specialist nurses who are mainly responsible for the management and treatment of patients in the community setting and a nurse practitioner who is mainly involved in the treatment of patients in secondary care. One of the NHS board's consultant neurologists has a sub-specialist interest and all other neurologists have knowledge and experience in multiple sclerosis.

The NHS board also confirmed that it is able to access input from other healthcare professionals for patients including a specialist physiotherapist, a research co-ordinator, a specialist social worker, an occupational therapist with a special interest, a speech and language therapist, and a dietitian for neurology. NHS Tayside also demonstrated recent improvements in the links with neurorehabilitation services. Minutes of the

multidisciplinary team meetings indicate that these meetings are well attended and that patients in NHS Tayside are effectively managed. The review panel commended the integration of the health and social care agenda for patients with the involvement of the specialist social worker.

### **Standard 17: Access to specialist Parkinson's disease services**

#### **Standard statement 17**

**An effective and comprehensive Parkinson's disease service is available and offered across all NHS boards.**

17.2 The Parkinson's disease multidisciplinary team consists of, as a minimum, a doctor who specialises in Parkinson's disease, a Parkinson's disease nurse specialist, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, pharmacy services, and mental health services.

#### **STATUS: Met**

NHS Tayside has an experienced and committed team that provides services for patients with Parkinson's disease. The team includes a number of doctors who specialise in Parkinson's disease and three specialist nurses. The team also includes physiotherapists, occupational therapists, dietitians, pharmacists and psychiatrists with a specialist interest. The review panel was impressed with the locally based-multidisciplinary model for patients, which enables care to be delivered as close as possible to the patient's own home. The NHS board also provided specific examples of gathering patient feedback from its Parkinson's disease patients.

### **Standard 19: Ongoing management of Parkinson's disease**

#### **Standard statement 19**

**Patients with Parkinson's disease and their carers have ongoing access to specialist Parkinson's disease services and are encouraged and supported to be involved in decision-making about treatment or therapy at all stages of their condition.**

19.1a The timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital.

#### **STATUS: Not met**

The NHS board does not currently have a system in place to ensure that the timings and dosage of medication for Parkinson's disease are specified and adhered to when the patient is in hospital. NHS Tayside reported that it has attempted to introduce a medication alert system, using its existing patient management system. This would identify Parkinson's disease patients on admission to secondary care and highlight their medication needs. However, the NHS board reported that there are problems with implementing this system and it could not provide a timescale for resolution of these problems.

The NHS board does make every effort to ensure that patients are identified at an early stage on their admission to secondary care. This is done as part of the medicines

reconciliation policy and each clinical area's safety huddles. The Parkinson's disease nurse specialist provides a valuable support to patients and in raising awareness of the 'Getting it on time' initiative.

However, the NHS board recognised that the successful introduction of the medication alert system is key to ensuring that patients' medication needs are met.

## NHS Western Isles

### Summary of findings

A summary of the findings from the review, including strengths and recommendations, is shown in this section.

The shaded area in the table below indicates the NHS board's current position against each standard criterion.

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 1: General neurological health services provision</b>		
1.2		
1.4		
<b>Standard 2: Access to neurological health services</b>		
2.2		
2.3a		
2.4		
<b>Standard 3: Patient encounters in neurological health services</b>		
3.2d		
3.8		
<b>Standard 4: Management processes in neurological health services</b>		
4.1		
4.4a		
<b>Standard 5: Access to specialist epilepsy services</b>		
5.2		
<b>Standard 8: Access to specialist headache services</b>		
8.1		
8.2a		
<b>Standard 11: Access to specialist motor neurone disease services</b>		
11.3		
<b>Standard 14: Access to specialist multiple sclerosis services</b>		
14.1b		

Neurological health services standards criteria	Assessment category	
	Met	Not met
<b>Standard 17: Access to specialist Parkinson's disease services</b>		
17.2		
<b>Standard 19: Ongoing management of Parkinson's disease</b>		
19.1a		

### Strengths

The NHS board has:

- a comprehensive 3-year plan which identifies areas of weakness and gaps in its service, and has plans to address these, and
- good patient feedback to develop the 3-year plan.

### Recommendations

The NHS board to:

- progress with its neurology managed clinical network ensuring senior management and local clinical involvement, and leadership
- review the service level agreement with NHS Greater Glasgow and Clyde to ensure that national standards are met and to monitor the services received by patients, and
- develop clear clinical pathways and multidisciplinary working for neurological conditions.

## Detailed findings against the standards

### Standard 1: General neurological health services provision

#### Standard statement 1

**An effective and comprehensive neurological health service is available and offered across all NHS boards.**

1.2 The NHS board has a minimum 3-year plan for the provision of neurological health services to its population. This plan is published and subject to annual review.

#### **STATUS: Met**

NHS Western Isles has a 3-year plan for the provision of neurological health services to its population. The plan was approved by the corporate management team and is published on the NHS board's website and intranet.

The 3-year plan requires detailed business cases to be developed to support its implementation. These will be presented to the corporate management team for consideration and approval. The corporate management team is also required to receive regular progress reports on the implementation of the plan.

The corporate management team has given approval for the establishment of a neurology managed clinical network. One of the first tasks of the managed clinical network will be to prioritise service developments within the plan and identify leads and targets by which to achieve these developments.

Specialist neurological services for patients in the Western Isles are provided by NHS Greater Glasgow and Clyde through a service level agreement. The majority of patients are seen in a monthly general neurology telemedicine clinic held in the outpatient department at Western Isles Hospital, Stornaway. Patients may also be seen at the Southern General Hospital, Glasgow. The review panel noted that it would be useful for the NHS board to have greater clarity over the selection process used to determine whether patients are seen in a teleneurology clinic or at the Southern General Hospital.

The managed clinical network will look at integrating and increasing the level of collaboration between NHS Greater Glasgow and Clyde and NHS Western Isles. The development of clinical pathways and guidance for GPs has also been identified as a priority.

The review panel encouraged NHS Western Isles to ensure that the membership of its managed clinical network includes:

- a local clinical lead
- a consultant neurologist from NHS Greater Glasgow and Clyde, and
- appropriate patient, public and voluntary sector representation.

The panel also recommended that there is a managed clinical network manager or co-ordinator to ensure long term sustainability of the managed clinical network.

**1.4 The NHS board provides accurate and current information to patients and their carers about their condition.**

**STATUS: Met**

NHS Western Isles provides accurate and current information to patients and their carers through a variety of means. Currently, the main source of information is the NHS Western Isles Health Information Project. This is an electronic tool that provides accredited information on a range of neurological health conditions and support groups. Information contained within the tool is reviewed every 2 years.

The NHS Western Isles health information and resources service offers information in the form of leaflets, booklets, teaching aids and books which are available from the library, drop-in clinics, community centres and GP practices.

The health information and resources service also produces a monthly eSummary for health professionals to inform them of recent and future local and national developments relating to neurology services. There is also a health information and resources Facebook page.

NHS Inform is also accessible to patients and carers across NHS Western Isles. This is a website for patients, their family and carers to obtain information about their condition and a place to obtain support with managing their condition.

The review panel would encourage NHS Western Isles to rationalise their approach to providing patients and carers information and consider further promotion of NHS Inform as a regularly updated source of information.

**Standard 2: Access to neurological health services**

**Standard statement 2**

**Patients with suspected neurological conditions are assessed by clinicians who specialise in neurological conditions. Patients are assessed within timescales dictated by their clinical needs.**

**2.2 Outpatients are referred and triaged electronically. They are allocated to the appropriate waiting list within 5 working days of receipt of the referral at the centre in at least 95% of cases.**

**STATUS: Not met**

The current arrangements with NHS Greater Glasgow and Clyde do not support the electronic referral and triage of outpatients from NHS Western Isles.

All GP referrals are received via the Scottish Care Information (SCI) Gateway, an electronic referral system. On receipt, they are input into the NHS Western Isles referral management system. This system is currently not accessible by NHS Greater Glasgow and Clyde. Referrals are then emailed to the medical secretaries in Glasgow for triage by the consultant. This can take up to 4 weeks. The medical secretaries then email NHS Western Isles with details of which patients require to be booked into the next teleconference clinic.



The review panel encouraged the NHS board to continue to investigate whether NHS Greater Glasgow and Clyde could triage directly using SCI Gateway or through access to the NHS Western Isles referral management systems. This would improve the service provision to patients in NHS Western Isles.

**2.3a The NHS board ensures that the neurology service has a communication process for discussion of urgent cases with a neurologist at all times.**

**STATUS: Met**

NHS Western Isles has arrangements in place with NHS Greater Glasgow and Clyde to ensure that the neurology service has a communication process for discussing urgent cases with a neurologist at all times.

GPs and hospital physicians have 24-hour, 7-days a week access to the NHS Greater Glasgow and Clyde on-call service for neurology if they need to discuss an urgent case.

**2.3b Where the neurologist identifies an outpatient referral as urgent, the patient is seen within 10 working days of triage in at least 90% of referrals.**

All referrals are received via SCI Gateway which allows the referrer to flag a referral as urgent. All urgent referrals are seen by the consultant neurologist at the Southern General Hospital. The NHS board does not have audit data on the length of time it takes for these patients to be seen in Glasgow.

The review panel encouraged the NHS board to review its current process with the aim of reducing the time for appointments for urgent referrals.

**2.4 Initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours.**

**STATUS: Met**

NHS Western Isles has arrangements in place with NHS Greater Glasgow and Clyde to ensure that initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours.

GPs and hospital physicians have 24-hour, 7-days a week access to the NHS Greater Glasgow and Clyde on-call service for neurology if they need to discuss an urgent case.

The NHS board is considering using tele-links for inpatients in the Western Isles Hospital. NHS Western Isles recognises that it needs to develop and implement clear clinical pathways for the diagnosis, treatment and ongoing management of patients diagnosed with a neurological condition.

### Standard 3: Patient encounters in neurological health services

#### Standard statement 3

**Neurological health services provide a high quality of care that meets the needs of patients, referrers and providers.**

3.2d The NHS board acts on the patient, referrer, and staff feedback it collects.

**STATUS: Not met**

The NHS board does not yet have a systematic approach to gathering feedback from patients, referrers and staff and using this feedback to help develop its neurological services.

The NHS Western Isles neurological services planning group currently has two lay representatives on its membership. A service user questionnaire was issued through GP practices. Four follow-up focus groups were held in locations accessible to people in remote and rural locations. Interviews were also carried out for people unable to attend to a focus group.

Local referring clinicians and those from Glasgow are also members of the planning group and were involved in development of the NHS board's strategy to support the 3-year plan.

The NHS board reported that once the planning group has evolved into a full managed clinical network, it will have representation from the range of staff disciplines involved in caring for patients with a neurological condition.

The review panel would encourage NHS Western Isles to develop and implement formal mechanisms to obtain feedback from patients, referrers and staff. This would allow feedback to be reviewed and acted upon to inform learning and support the ongoing improvement of services

3.8 A minimum of 90% of outpatient letters are electronically dispatched within 5 working days of the consultation.

**STATUS: Not met**

At the current time, NHS Western Isles is not able to monitor the percentage of outpatient letters that are electronically dispatched within 5 working days of the consultation. Clinic letters are generated by NHS Greater Glasgow and Clyde. The review panel encourages NHS Western Isles to liaise with NHS Greater Glasgow and Clyde to obtain this information and monitor performance against this criterion.

## Standard 4: Management processes in neurological health services

### Standard statement 4

**Neurological health services have an effective patient management process from the point of first referral.**

4.1 At every consultation, all patients are offered a copy of the GP's letter or a management plan. Any changes to medication are provided in writing immediately to the patient.

#### **STATUS: Not met**

At the current time, NHS Western Isles does not have a policy requiring patients to be offered a copy of the GP's letter or management plan. Likewise, NHS Greater Glasgow and Clyde does not routinely offer patients a copy of these documents or routinely provide any changes in medication in writing immediately to the patient.

The review panel would encourage the NHS board to engage with Glasgow to ensure that their patients are receiving treatment in line with agreed national standards.

4.4a The neurology service has access to an integrated neuropsychology and neuropsychiatry service providing a diagnostic and treatment service for patients with neurological symptoms unexplained by disease, and patients with defined neurological disease that have co-morbid psychiatric disorders.

#### **STATUS: Not met**

NHS Western Isles does not have an integrated neuropsychology and neuropsychiatry service. Services are accessed from NHS Greater Glasgow and Clyde.

The current modernisation agenda within the NHS board is looking to build on and improve its community service, which includes access to neuropsychology and neuropsychiatry services. A telemedicine neuropsychology service has also been piloted with NHS Greater Glasgow and Clyde which has improved patients' access to psychological therapies.

The review panel encourages the new managed clinical network to consider mechanisms of access to neuropsychology and neuropsychiatry services.

## Standard 5: Access to specialist epilepsy services

### Standard statement 5

**The NHS board provides a comprehensive epilepsy service with access to appropriately trained specialist staff.**

- 5.2 Healthcare professionals who carry out primary care annual reviews for patients with epilepsy have attended an epilepsy training course in the past 5 years, or can demonstrate equivalent experience from continuing professional development.

#### STATUS: Not met

NHS Western Isles reported that it had delivered an epilepsy training session in 2010, but none of the attendees carried out annual reviews. It is generally the practice nurse who carries out annual reviews, but on occasions this is done by the GP.

Staff have visited a number of centres of excellence in order to benchmark the current services provided by NHS Western Isles and produced a number of recommendations. The managed clinical network has been tasked with taking these forward and developing epilepsy training.

The review panel encouraged the NHS board to develop and implement an epilepsy training and education provision to staff who carry out annual reviews. Mechanisms for monitoring the uptake of training should also be developed.

## Standard 8: Access to specialist headache services

### Standard statement 8

**Patients receive co-ordinated care from healthcare professionals with expertise in the diagnosis and management of patients with headache.**

- 8.1 The NHS board provides access to a co-ordinated non-acute headache service led by a doctor who specialises in headache, and has defined links with the general neurology service.

#### STATUS: Not met

NHS Western Isles does not have a specialised headache service on the islands. Clinicians will either refer a patient to a local physician or to the neurology service provided by NHS Greater Glasgow and Clyde. Patients who are treated locally are referred to the pain management clinic as well as medical or physiotherapy clinics.

NHS Western Isles has developed a local headache pathway. The review panel encouraged the NHS board to review this pathway and ensure that it is aligned with the national headache pathways.

8.2a The NHS board provides an educational programme on acute and non-acute headache for primary care colleagues within the NHS board.

**STATUS: Not met**

NHS Western Isles does not currently provide an educational programme on acute and non-acute headache for staff working in primary care. Developing such an education programme will be part of the remit of the managed clinical network. The review panel suggested that the NHS board might find web-based training modules useful given its remote location.

The review panel encouraged the NHS board to develop and implement training and education on acute and non-acute headache for primary care staff. This would support appropriate referral for patients with headache.

**Standard 11: Access to specialist motor neurone disease services**

**Standard statement 11**

**An effective and comprehensive motor neurone disease service is available and offered across all NHS boards.**

11.3 The NHS board provides rapid access to demonstrably effective care pathways covering all aspects of the illness, including links to specialist palliative care and respiratory medicine, gastrostomy services and social services.

**STATUS: Not met**

At the time of the review panel, there were no formal pathways in place for the management of patients with motor neurone disease. The development of care pathways is one of the tasks for the new managed clinical network.

The consultant neurologist with special interest in motor neurone disease, and the specialist nurse review patients through video conference with the Southern General Hospital. Currently, there is no local specialist input to support patients at this videoconference. In response to feedback from patients and carers, the NHS board is looking to develop a neurology nursing role to provide this type of support. Patients who do not meet the criteria to be seen through video conference are seen in Glasgow.

## Standard 14: Access to specialist multiple sclerosis services

### Standard statement 14

**An effective and comprehensive specialist multiple sclerosis service is available across all NHS boards.**

14.1b The multiple sclerosis multidisciplinary team consists of, as a minimum, a consultant who specialises in the diagnosis and management of multiple sclerosis, a multiple sclerosis clinical nurse, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, neurorehabilitation services, pharmacy services, and mental health services.

#### STATUS: Not met

NHS Western Isles does not have a multiple sclerosis multidisciplinary team and does not provide a specialist multiple sclerosis service for patients. However, the NHS board reported that a co-ordinated approach is taken to ensure that patients receive the required input from the relevant professionals. The development of multidisciplinary teams and care pathways is one of the tasks for the new managed clinical network.

The consultant neurologist and the specialist nurse review patients with multiple sclerosis through video conference with the Southern General Hospital. Currently, there is no local specialist input to support patients at this video conference. NHS Western Isles reported that they have secured funding from the MS Society and are in the process of recruiting a multiple sclerosis specialist nurse to provide this support.

Patients requiring rehabilitation receive this at the physically disabled rehabilitation unit in Glasgow or at Raigmore Hospital, Inverness. However, there is no formal pathway for patients to access these services.

Patients receive input and access to a range of allied health professionals with experience and training in neurological conditions, including stroke and neurology occupational therapy, physiotherapy, dietetics and speech and language therapy.

## Standard 17: Access to specialist Parkinson's disease services

### Standard statement 17

**An effective and comprehensive Parkinson's disease service is available and offered across all NHS boards.**

17.2 The Parkinson's disease multidisciplinary team consists of, as a minimum, a doctor who specialises in Parkinson's disease, a Parkinson's disease nurse specialist, the patient and carer. Additional input from other healthcare professionals with experience and training in neurological conditions is offered from the following services: physiotherapy, occupational therapy, speech and language therapy, dietetics, pharmacy services, and mental health services.

#### STATUS: Not met

NHS Western Isles does not have a Parkinson's disease multidisciplinary team. However, the NHS board reported that a co-ordinated approach is taken to ensure that patients

receive input at the required time from the relevant professionals. The development of multidisciplinary teams and care pathways is one of the tasks for the new managed clinical network.

NHS Western Isles does not have a Parkinson's disease nurse specialist. The NHS board is looking to develop a general neurology nursing role to provide support to a broad range of patients with neurological conditions. Patients receive input and access to a range of allied health professionals with experience and training in neurological conditions including stroke and neurology occupational therapy, physiotherapy, dietetics and speech and language therapy.

### **Standard 19: Ongoing management of Parkinson's disease**

#### **Standard statement 19**

**Patients with Parkinson's disease and their carers have ongoing access to specialist Parkinson's disease services and are encouraged and supported to be involved in decision-making about treatment or therapy at all stages of their condition.**

19.1a The timing and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital.

#### **STATUS: Not met**

NHS Western Isles does not have a system in place to ensure that the timings and dosage of medication for Parkinson's disease is specified and adhered to when the patient is in hospital. In the Western Isles Hospital, the record of medicines is amended to allow the prescribing of Parkinson's disease medication outwith the pre-printed times. The clinical pharmacist at this hospital routinely checks all prescribing regimens for patients admitted to the hospital. This does not happen at the two other hospitals in the Western Isles because there is no pharmacist available.

The review panel noted that a self-administration policy was drafted in 2010, but is still waiting to go out for consultation.

## Appendix 1: Membership of evaluation panels

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<b>Carolyn Annand</b>	Senior Charge Nurse, NHS Grampian
<b>Sheena Bevan</b>	Epilepsy Specialist Nurse, NHS Grampian
<b>Adam Burnel</b>	Consultant in Liaison Psychiatry, NHS Greater Glasgow and Clyde
<b>Lynne Campbell</b>	Redesign Facilitator, NHS Fife
<b>Alan Carson</b>	Consultant Neuropsychiatrist, NHS Lothian
<b>Siddharthan Chandran</b>	Professor of Neurology, NHS Lothian
<b>Anne Coker</b>	General Practitioner, NHS Tayside
<b>Shuna Colville</b>	Motor Neurone Disease Research Nurse
<b>Sue Copstick</b>	Neuropsychologist, NHS Greater Glasgow and Clyde
<b>Laura Cunningham</b>	Care Advisor for Motor Neurone Disease, NHS Greater Glasgow and Clyde
<b>Norma Duncan</b>	Public Partner
<b>Roderick Duncan</b>	Consultant Neurologist, NHS Greater Glasgow and Clyde
<b>John Eden</b>	Neurological Alliance representative
<b>Linda Gerrie</b>	Consultant Neurologist, NHS Grampian
<b>Donald Grosset</b>	Consultant Neurologist, NHS Greater Glasgow and Clyde
<b>John Haggart</b>	Senior Charge Nurse / Improvement Lead, NHS Lothian
<b>Jennifer Haynes</b>	Operational Support Manager, NHS Greater Glasgow and Clyde
<b>Andrew Johnston</b>	Service Development Manager, MS Society
<b>Joyce Kerr</b>	Clinical Effectiveness Manager, NHS Dumfries & Galloway
<b>Malcolm MacLeod</b>	Consultant Neurologist, NHS Forth Valley
<b>Conor Maguire</b>	Clinical Director-Medicine for the Elderly, NHS Lothian
<b>Paul Mattison</b>	Consultant in Neurological Rehabilitation NHS Ayrshire & Arran
<b>Debbie McCallion</b>	Multiple Sclerosis Clinical Nurse Specialist, NHS Fife
<b>Margaret Mooney</b>	Acting Leading Nurse, NHS Greater Glasgow and Clyde
<b>Tanith Muller</b>	Parliamentary and Campaign Officer, Parkinson's UK
<b>Judith Newton</b>	Motor Neurone Disease Nurse Specialist, NHS Lothian
<b>Angela Norman</b>	Epilepsy Specialist Nurse, NHS Tayside
<b>Stephen Sheach</b>	Planning Manager, NHS Ayrshire & Arran
<b>Carol Simpson</b>	Public Partner
<b>Eric Sinclair</b>	Public Partner and Neurological Alliance representative
<b>Craig Stockton</b>	Chief Executive, MND Scotland
<b>Jon Stone</b>	Consultant Neurologist, NHS Lothian
<b>Derek Tasker</b>	Clinical Governance Facilitator, NHS Tayside
<b>Elaine Thomson</b>	Parkinson's Disease Nurse Specialist, NHS Lanarkshire
<b>Alok Tyagi</b>	Consultant Neurologist, NHS Greater Glasgow and Clyde
<b>Anissa Tonberg</b>	Policy Officer, Epilepsy Scotland
<b>Susan Walker</b>	General Manager, NHS Greater Glasgow and Clyde
<b>Charles Warlow</b>	Clinical Advisor, Healthcare Improvement Scotland



<b>David Watson</b>	General Practitioner, NHS Grampian
<b>Belinda Weller</b>	Consultant Neurologist, NHS Lothian
<b>Andy Wynd</b>	Chair, Neurological Alliance
<b>Catherine Young</b>	Parkinson's Disease Specialist Nurse, NHS Tayside

**Healthcare Improvement Scotland team**

<b>Angela Balharrie</b>	Project Officer
<b>Nanisa Feilden</b>	Programme Manager
<b>Morag Kasmi</b>	Programme Manager
<b>Susan Lowes</b>	Project Officer
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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group and the Scottish Intercollegiate Guidelines Network (SIGN) are key components of our organisation.

