

# NATIONAL NEUROLOGICAL ADVISORY GROUP

**N N A G**

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Improving Neurological Health Services in Scotland

ANNUAL REPORT 2013

# Chairman's Review

**In these difficult times, for the NHS Boards, public services and third sector organisations, it is a significant tribute to the patients and our NHS and voluntary sector colleagues involved in the [National Neurological Advisory Group \(NNAG\)](#) that we are able to report significant successes in its first year. I am deeply indebted to all who have given time and energy to begin to shape a new and dynamic infrastructure for change in Neurological Services in Scotland.**

Thanks are also due to the [Neurological Alliance of Scotland](#) (the umbrella organisation for all charities in Scotland representing Neurological Conditions) for their foresight in lobbying for a continued focus on neurological conditions before the work of [NHS Healthcare Improvement Scotland \(HIS\)](#) came to an end.

During our first year, the Scottish Government has fully funded our development and resultant work. We are also indebted to staff from the Health and Social Care Directorate for their advice, support and additional funding to develop specific pieces of work.

For the first time, we are able to track, Scotland wide, progress and improvement over time - thanks to the embryonic and crucial work of NHS HIS which set a baseline for measurement using the 'top 16' criteria from the Clinical Standards for Neurological Health Services (October 2009).<sup>1</sup>

From the inaugural meeting of the NNAG in September 2012, the group has grappled with the development of a new strategic direction, grounded in person centred healthcare, placing the patient firmly at the centre of service improvement and redesign. The creation of the [Operational Management Group \(OMG\)](#) has enabled co-ordinated work across all NHS Boards, creating a forum for Neurology Improvement Leads from every area to meet and translate strategy into action. We were privileged to secure the leadership of Susan Walker, General Manager - Regional Services, NHS Greater Glasgow and Clyde, as Chair of the OMG and we thank her for her enthusiasm and personal commitment to the task.

In year one, my expectation was to focus on structures and processes for the groups, roles and remits for their various workstreams, and to plan future developments. Never, could I have anticipated the passion and commitment of all involved, to really make a difference for patients, their families and carers.

We have made concerted efforts to ensure we have well balanced representation across all sectors, at all levels, in our new structures. This new national group claims broad representation which includes national policy makers at



Scottish Government; a NHS Board Chief Executive; NHS Clinicians; NHS Planning and Service Managers; Neurological Alliance of Scotland representation and, pivotal throughout, patients and carers from the Neurological Voices programme.

This rich diversity at strategic and operational levels has focussed our attention and ensured lively and healthy debate across all of our workstreams.

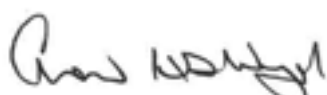
It is this diversity, I believe, that offers real and significant potential for change in how we deliver services for patients. From the outset, the NNAG kept a watching brief on the health and social care agenda that culminated in representatives from the [Convention of Scottish Local Authorities \(COSLA\)](#) and [Joint Improvement Team \(JIT\)](#) joining the group. I have every confidence they will help us to translate the theory of joined up working across services into reality for patients.

One of the significant challenges in this first annual report is to express, to a wide readership, the real improvements made and our plans for continued development and improvement.

We have made a concerted effort to limit the report to the main areas of development and success. It bears little resemblance to the massive amount of detailed work undertaken over the past year by all of our sub groups and condition specific teams.

I would encourage those who would like more detailed information to visit the NNAG website at [www.knowledge.scot.nhs.uk/nnagcommunity.aspx](http://www.knowledge.scot.nhs.uk/nnagcommunity.aspx).

Finally, I want to record a huge debt of gratitude to our Project Co-ordinator, Paula Aldin-Scott, for her boundless energy, endless patience, and scrupulous attention to detail in shaping and supporting the work of the group.

A handwritten signature in black ink, which appears to read 'Andrew H D Wynd'.

**Chairman Andrew H D Wynd**  
National Neurological Advisory Group

<sup>1</sup> NHS QIS Clinical Standards for Neurological Health Services, October 2009 – [www.healthcareimprovementscotland.org/our\\_work/long\\_term\\_conditions/neurological\\_health\\_services/neurological\\_standards\\_2009.aspx](http://www.healthcareimprovementscotland.org/our_work/long_term_conditions/neurological_health_services/neurological_standards_2009.aspx)

# Setting the Scene

In any new environment it is important to spend a little time to encapsulate what we want to achieve and over what timescale. In the early days of any new change programme it is no bad thing to Aim Big and Start Small.

A word of caution however, significant improvement doesn't happen overnight. Small steps of change can be quick and effective with a significant impact for patients at a local level, where ultimately we would want to see improvements taking place. At a strategic level, strong leadership and commitment to long term improvement is essential.

The [National Neurological Advisory Group \(NNAG\)](#) have set a clear vision of what they want to achieve, how they will create the conditions within which real progress will be seen and ultimately how they will make improvements in neurological services, the detail of which you will find in the body of this report.

It is crucial in any change programme to understand the context in which we work. We do not want to fall foul of the often well founded criticism, that we too often tend to work in glorious isolation from one another, without cognizance of the wider picture, the interrelationships and interdependence necessary to offer truly person-centred quality healthcare.

It is our intent to place improvement within neurological health services firmly within the priorities described within the Scottish Government's Route Map to the 2020 Vision for Health and Social Care Services, May 2013<sup>2</sup> as it relates to neurological services to support patients with long term conditions.

Our methodology is closely aligned to the 3-Step Improvement Framework 2013<sup>3</sup>, which sets out a clear direction of travel for the transformational change sought within the NHS in Scotland, to which we all aspire.

**The Minister for Public Health Michael Matheson MSP said:**

“ The National Neurological Advisory Group (NNAG) is a fantastic example of collaboration between NHS Scotland, the third sector, the Scottish Government, patients and carers with the shared intent of making a real difference for people living with a neurological condition by implementing the neurological standards.

I would like to congratulate the NNAG for raising the profile of neurological conditions. The Group is now in a position to influence and drive the local changes that we all want to see in our health and social care systems.

I'll continue to take a keen interest in the NNAGs achievements in the coming year. ”

Pivotal to the development of the various structures within the NNAG and its varied workstreams, sub teams and task teams is the vision that we really want to strive to make a real difference in outcomes for patients, their families and unpaid carers.

Throughout this first report you will see evidence of small steps of change which contribute to the much wider agenda as contained in the Route Map to the 2020 Vision for Health and Social Care Services, mentioned above.

Throughout our work you will see consistent reference to the 3 Step Improvement Frameworks' PDSA (Plan, Do, Study and Act) Cycle and how within the NNAG and substructure we adhere, almost unconsciously now, to this model of improvement. In simple terms this PDSA cycle is a tool by which we turn ideas into action and connect action to learning so that the right changes can be developed and spread to maximise improvement for patients.

**It is a mechanism which helps us focus on the following key questions:**

- > What are we planning to accomplish?
- > How will we know that a change is an improvement?
- > What change can we make that will result in improvement?

By its very nature, this new methodology forces us to make predictions, test the hypotheses, gather the evidence and importantly modify our processes on the basis of the continuous feedback we secure from our engagement at all levels. It focusses our attention on what really matters – to improve the health and wellbeing of all patients with Neurological conditions or symptoms and their carers in Scotland.

<sup>2</sup> The Route Map to the 2020 Vision for Health and Social Care Services, May 2013

<sup>3</sup> The 3-Step Improvement Framework for Scotland's Public Services, 2013

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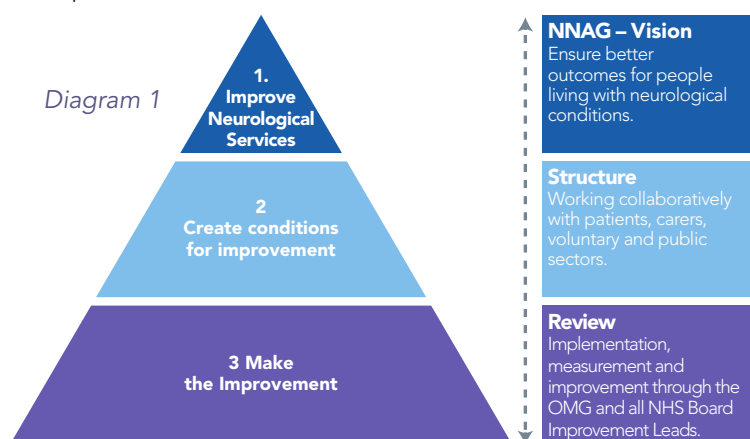
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# 1. Introduction

**The National Neurological Advisory Group (NNAG) was announced in March 2012 at the end of Healthcare Improvement Scotland’s (NHS HIS) two-year Neurological Services Implementation and Improvement Programme<sup>4</sup>.**

The NNAG is a collaborative group working with stakeholders to ensure better outcomes for people living with neurological conditions through-out Scotland. The Scottish Government provided funding, through the Neurological Alliance of Scotland (NAofS), and invited Andy Wynd, then Chair of the Improvement and Support Advisory Group to Chair the NNAG. The first meeting of the NNAG was held in September 2012, at which time it was agreed to form an Operational Management Group (OMG), chaired by Susan Walker, Improvement Lead from NHS Greater Glasgow & Clyde.

The NNAG structure has been developed over the last year to ensure that at each level it is working within the 3-Step Improvement Framework.



The membership of the NNAG is made up of key stakeholders in Scottish Government, NHS Scotland, Third Sector, Professional Umbrella Groups across Health and Social Care, Patients and Carers (through the Neurological Voices Programme<sup>5</sup>). For more detail on the membership please see [Appendix i](#) an illustration of the stakeholder group that makes up the NNAG membership. To see the individual members of the NNAG, the OMG, Conveners of workstreams and Team Leads of the sub teams go to [Appendix ii](#).

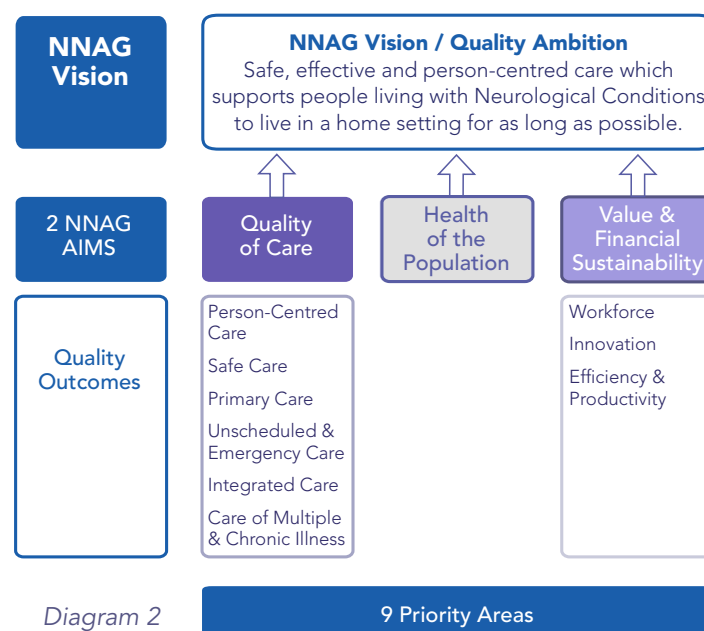
At the first NNAG meeting members agreed the National Neurological Advisory Group – Project Initiation Document (PID) 2012<sup>6</sup>. The PID laid out the direction of travel for the NNAG in its first year and provided a background to the strategic context surrounding it. A number of reports,

programmes and frameworks were utilised to develop the quality outcomes of the NNAG. For example the initial work carried out by NHS HIS (previously known as Quality Improvement Scotland) has been used as a baseline for the NNAG and its Sub-Groups. The NNAG has consistently referred to NHS QIS Clinical Standards – Neurological Health Services and has used the results from the HIS Neurological Health Services in Scotland, Final Report July 2012<sup>7</sup> to support NHS Boards to deliver marked improvements across neurological services in NHS Scotland.

To develop the PID and Quality Outcomes the NNAG used a similar model to that of NHS Scotland’s - Route Map to the 2020 Vision for Health and Social Care. In aligning itself with the vision outlined in the ‘Route Map’ the NNAG adapted the Quality Ambition Diagram to illustrate its vision, which is detailed in the diagram below.

The NNAG’s Quality Ambition Diagram (*Diagram 2* below) outlines nine priority areas for the group. In working to improve neurological services in Scotland, it has been important to emphasise the continued need to focus on:

- > quality of care
- > equal access to care and
- > the sustainability of quality services for people living with neurological conditions (patients, their families and unpaid carers).



<sup>4</sup> NHS HIS Neurological Health Services Implementation & Improvement Programme, 2010-12 – [http://www.healthcareimprovementscotland.org/our\\_work/long\\_term\\_conditions/neurological\\_health\\_services.aspx](http://www.healthcareimprovementscotland.org/our_work/long_term_conditions/neurological_health_services.aspx)

<sup>5</sup> Neurological Voices Programme - <http://www.scottishneurological.org.uk/content/voices-home>

<sup>6</sup> National Neurological Advisory Group – Project Initiation Document (PID) 2012 - [http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4044255/NNAG\\_PID\\_2012.pdf](http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4044255/NNAG_PID_2012.pdf)

<sup>7</sup> NHS HIS Neurological Health Services in Scotland, Final Report, July 2012 - [http://www.healthcareimprovementscotland.org/our\\_work/long\\_term\\_conditions/neurological\\_health\\_services.aspx](http://www.healthcareimprovementscotland.org/our_work/long_term_conditions/neurological_health_services.aspx)



The NNAGs Schematic Diagram ([see Appendix iii.](#)) outlines the work areas and teams required to focus and help support stakeholders to meet the quality outcomes.

The outcomes agreed in the NNAG PID were drawn from the appropriate Scottish Government National Outcomes and linked to a subset of the Clinical Standards and criteria reviewed in the NHS HIS National Neurological Services Final Report. The NNAG had 17 deliverables set to the nine priorities for 2013, please see Table 1 below for NNAG Quality Outcomes in 2013.

Sections 2 and 3 of the annual report did consider for 2013 the NNAGs two quality outcomes:

- > Quality of Care
- > Value and Financial Stability

These sections will also show how the outcomes were met through the set priorities. The fourth section will consider the priority activities for the NNAG in 2014.

Table 1

NNAG Quality Outcomes	Quality Ambitions	Priority Areas	Deliverables 2013	Standards/Quality Indicators			
Quality of Care	Person-centered	Person-centered	1. Improved quality of life for people living with a neurological condition.	11.iii.			
			2. Patients have access to quality up-to-date information to help them self-manage their condition.	1.i. / 1.iv. / 4.i. / 5.ii. / 8.ii.a.			
			3. Neurology services are person centred.	3.ii.d. / 4.i. / 19.i.a.			
			4. Patients with neurological conditions feel more confident about their condition.	1.iv. / 4.i. / 11.iii			
	Effective	Safe	Safe Care	5. Healthcare is safe for every person, every time.	2.iii.a. / 2.v. / 3.ii.d. / 5.ii. / 8.ii.a. / 19.i.a.		
				Primary Care	6. People with neurological conditions receive the right support at the right time right time to enable them to live well at home or in the community.	1.iv. / 2.ii. / 3.ii.a.c.d. / 3.viii. / 4.i. / 5.ii. / 8.i. / 8.ii.a. / 11.iii.	
					Unscheduled & Emergency Care	7. NHS Boards have an effective communication process for all urgent cases.	1.ii. / 1.iv. / 2.iii.a. / 2.iv. / 19.i.a.
				Integrated Care		8. Health and Social Care services work together locally to improve support for people living with neurological conditions.	1.ii. / 1.iv. / 2.iii.a. / 4.i. / 4.iva. / 5.ii. / 8.ii.a. / 11.iii. / 14.i.b. / 17.ii.
					Care for Multiple & Chronic Illnesses	9. Everyone with a neurological condition has a positive experience of healthcare.	1.ii. / 1.iv. / 3.ii.a.b.c.d. / 4.i. / 11.iii.
				Workforce		10. All patients with neurological conditions will have equitable access to services.	1.iv. / 2.iii.a. / 3.ii.a.b.c.d. / 4.iva. / 4.v. / 8.i. / 11.iii.
					Innovation	11. Everyone with a neurological condition is able to live as well as possible for as long as possible.	1.iv. / 2.iii.a. / 3.ii.a.b.c.d. / 4.i. / 5.ii. / 8.ii.a. / 11.iii. / 14.i.b. / 17.ii. / 19.i.a.
				Efficiency & Productivity		Workforce	12. Staff feel supported and engaged.
					13. Staff receive feedback on their Participation and are motivated to participate further.		3.ii.c.d.
					14. Staff can access the training and support they need to care for people with neurological conditions.		5.ii. / 8.ii.a. / 14.i.b. / 17.ii.
Value & Financial Stability Outcome	Efficiency & Productivity	Innovation	15. Collaborative structure with active participation of patients & carers.	3.ii.a.b.c.d. / NNAG Structure			
			Efficiency & Productivity	16. Better services locally for people living with neurological conditions.	1.ii. / 3.ii.a.b.c.d. / 4.iva. / 5.ii. / 8.ii.a. / 11.iii. / 14.i.b. / 17.ii.		
				17. Staff are encouraged to participate in planning for service improvement.	1.ii. / 1.iv. / 3.ii.c.d. / 8.i. / 11.iii. / 14.i.b. / 17.ii.		

**Note:** Explanation of the Standards / Quality Indicators can be found in [Appendix iv.](#)

# 2. Quality of Care

**Improvement in the quality of care for all those living with neurological conditions and symptoms are at the heart of the NNAG’s vision. This section will consider the work that has been started and improvements that have been made.**

## a) Person Centred Workstream

Person Centred Care is one of the key drivers in the Scottish Government’s Healthcare Quality Strategy, May 2010<sup>8</sup> and was therefore identified as a fundamental priority for local NHS Boards Improvement Groups or Managed Clinical Networks (MCN). The NNAG has established a specific workstream on Person Centred Care within its strategic remit. In its first year, this workstream has identified priority areas from NHS HIS’ recommendations.

### i) Pathways –

*‘Develop and Share understanding of patient pathways.’* (NHS HIS Recommendation from the Final Report 2012).

An audit of pathways was carried out in the Mid-Year Review July 2013 and a range of pathways have been received from 12 NHS Boards.

An initial analysis of the pathways submitted highlights that the content, format and interpretation of what constitutes a pathway varies greatly. The group agreed to develop a standard definition and guidance for NHS Boards on elements that should be included in a pathway to render it a useful and effective document for those providing care for neurological patients and look towards appropriate strategies to be implemented both regionally and at local NHS Board levels.

### ii) Patient, Referrer and Staff Feedback Systems –

**1) NHS Boards - Standard 3** *‘Neurological health services provide a high quality of care that meets the needs of patients, referrers and providers’.*

*‘The NHS board implements systems to collect (patient, referrer and staff) feedback to improve the neurological health services on an ongoing basis.’* (Criteria ii.a.b.c.)

And *‘The NHS board acts on the patient, referrer and staff feedback it collects.’* (Criteria ii.d. one of the top 16 Criteria).

On collation of the 2013 data, relating to feedback within the top 16 criteria it became clear that further information would have to be gathered to show clarity of improvement across all three areas (patient, referrer and staff feedback). This is a very good example of the PDSA cycle in action as it highlighted that additional questions need to be asked using further criteria in Clinical Standard 3, these will be incorporated within the 2014 review.

### 2) Neurological Alliance of Scotland – ‘Develop patient experience survey.’

An essential component of patient centred care is that patient experience data should drive improvements in services. This year saw the publication of the 1st Patient Experience Survey Report<sup>9</sup> by The Neurological Alliance of Scotland (NAoS). Whilst the data collected was extremely useful, areas of improvement were identified and will inform work being carried forward in 2014.

It is planned to focus on a wider representation of patient experience and to this end a sub team of the Person Centred Workstream will carry this forward.

## Improvement Model – NNAG: Pathways

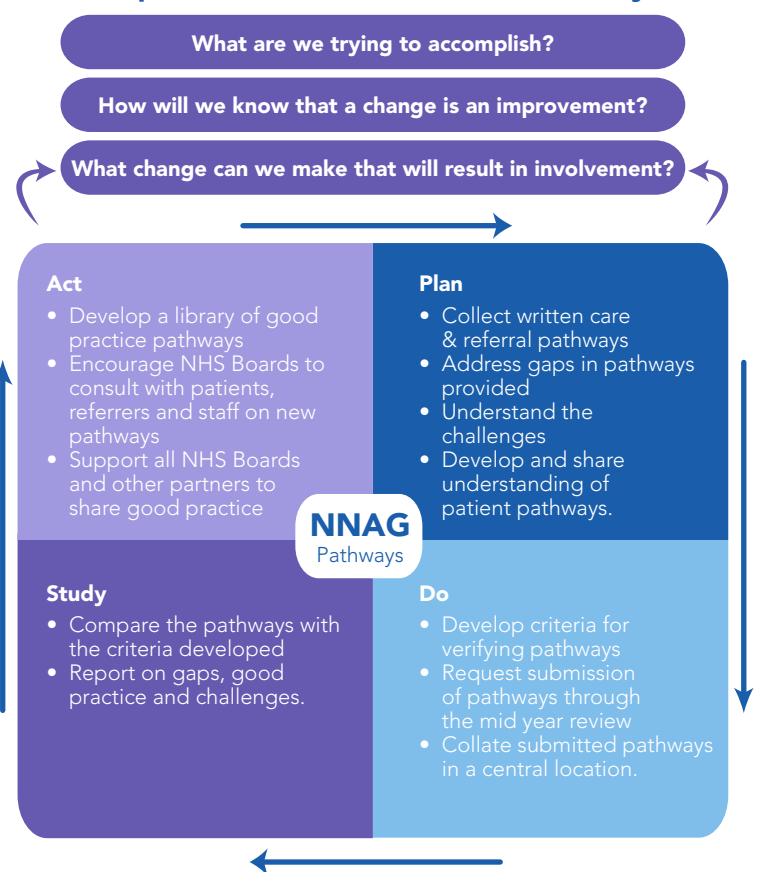


Diagram 3

<sup>8</sup> Scottish Government, May 2010 The Healthcare Quality Strategy for NHS Scotland - <http://www.scotland.gov.uk/Resource/Doc/311667/0098354.pdf>

<sup>9</sup> 1st Patient Experience Survey Report, June 2013 -

<http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4035185/NAS%20Health%20Experience%20Survey%20Report.pdf>

**b) Conditions Specific Workstream**

The Condition Specific Workstream has been developed to take forward:

- > the recommendations drawn from NHS HIS Final Report July 2012
- > any other neurological conditions which are raised by stakeholders and prioritised by the NNAG.

The NNAG agreed in 2013 to convene two short life working teams on Multiple Sclerosis (MS) and Parkinson’s Disease (PD) with Epilepsy and Headache convening in 2014. All teams will be phased in and time limited over a 2 year period.

**i) Multiple Sclerosis (MS)** – *‘Determine progress on equitable access to services across NHS Board areas for patients with MS.’*

In the July 2013 Mid-Year Review, NHS Boards were asked by the Condition Specific MS Team to respond to all of the criteria within the MS Standards, *Graph 1* below gives a snap shot of the responses. Responding to the 88 criteria was optional but the majority of NHS Boards provided this additional information and this will enable the MS team to focus on aspects that will improve services for MS patients in 2014. Improvement in this area may have broader application within neurological services across Scotland.

**ii) Parkinson’s Disease (PD)** – *‘Timing and dosage of medication for Parkinson’s disease is specified and adhered to when the patient is in hospital.’ 19.i.a*

In the July 2013 Mid-Year Review, feedback was requested on the systems that NHS Boards were using to enable them to meet Criteria 19.i.a. above. NHS boards were asked to consider some additional issues in their

response, based on questions asked in a recent audit undertaken by the National Guidelines and Audit Implementation Network (GAIN) in Northern Ireland<sup>10</sup>.

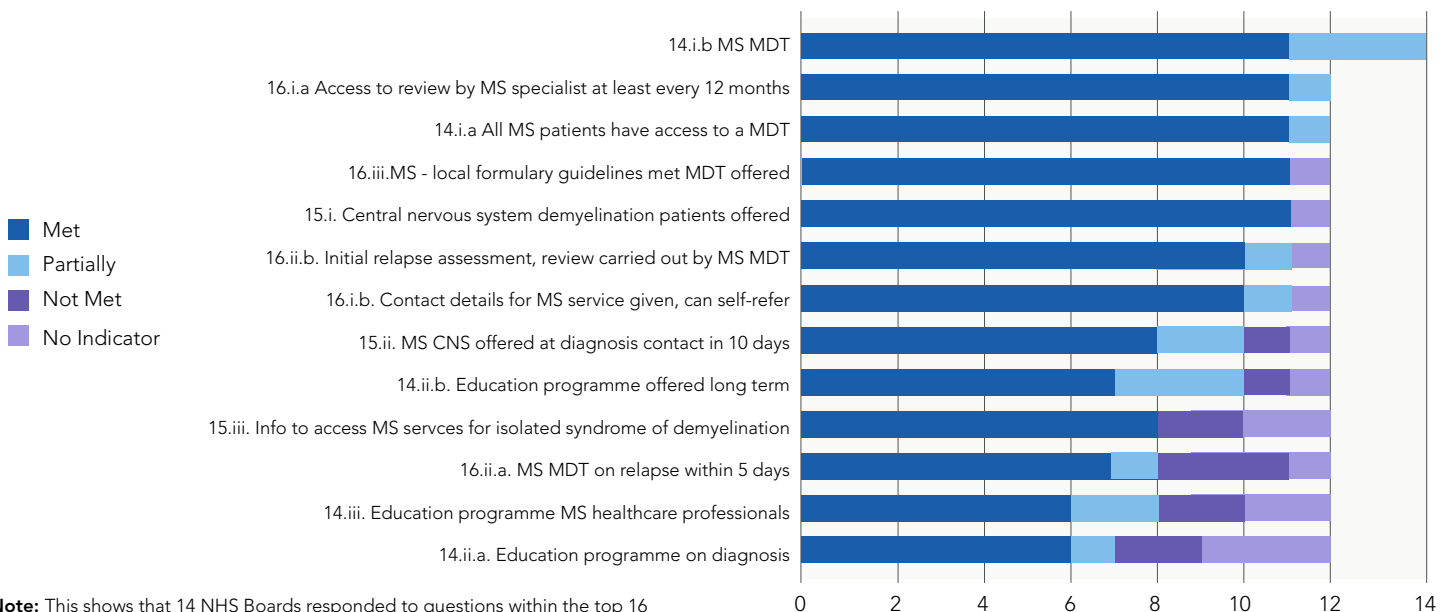
NHS Board responses indicated that three met the standard, six partially met it, and for six it was not possible to determine from information submitted whether the standard was partially or not met. See Graph 2 across.

NHS Boards were also asked to report back on their progress towards the NHS HIS recommendation to:

*‘develop an automated system to alert the neurology service when a Parkinson’s disease patient is admitted to hospital, and initiate systems to specifically identify and regulate Parkinson’s disease medication administration.’*

Progress towards introducing an alert system was mixed. Not all Boards use the same IT systems. For example, only four NHS Boards reported using TRAK and of these, two were implementing an alert system. Five of the non-TRAK NHS Boards reported they have introduced or are developing alert systems. Some NHS Boards requested feedback on how alerts have been introduced in other areas and this will be facilitated by the National Coordinator.

Data has been collated from across all of the PD specific Standards in the 2013 Mid-Year Review, to which a majority of NHS Boards responded. Like other condition specific work this information will enable the PD team to focus on supporting effective change and improvement in neurological services across Scotland for PD patients, their families and unpaid carers.

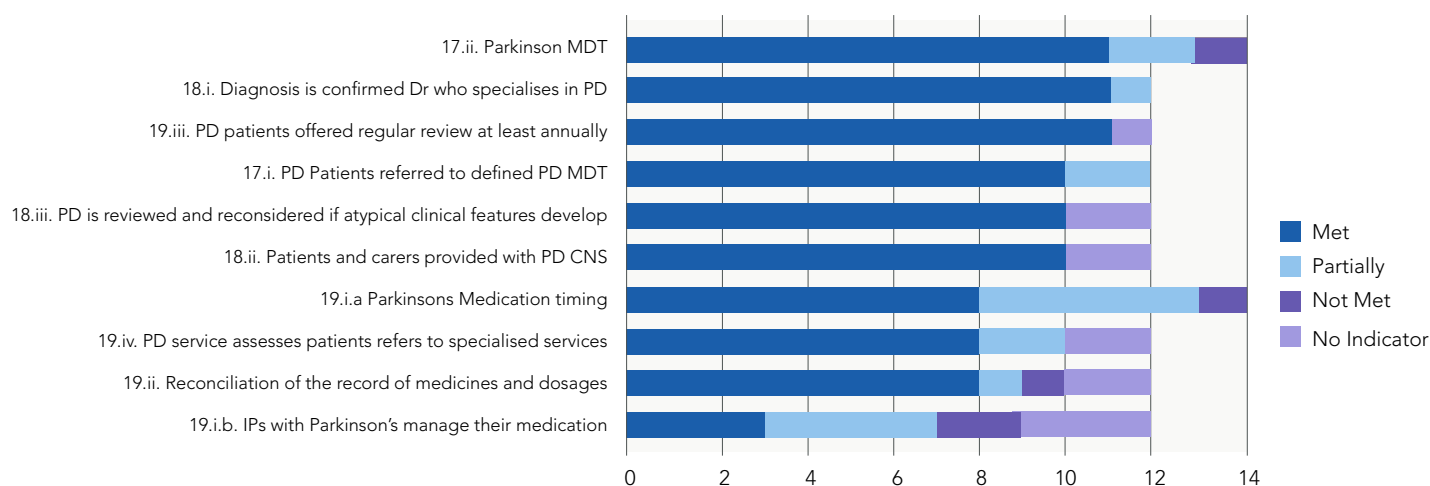


**Note:** This shows that 14 NHS Boards responded to questions within the top 16 Criteria (14.i.b.) and 12 out of 14 NHS Boards responded to MS specific criteria contained in the remaining 88 criteria within the Clinical Standards.

Graph 1

<sup>10</sup> The National Guidelines and Audit Implementation Network (GAIN) in Northern Ireland, Get It on Time Report 2013 - [http://gain-ni.org/images/Uploads/Audit/GAIN\\_-\\_FINAL\\_GIOT\\_REPORT\\_-\\_19\\_April\\_2013.pdf](http://gain-ni.org/images/Uploads/Audit/GAIN_-_FINAL_GIOT_REPORT_-_19_April_2013.pdf)





Graph 2

**Note:** Graph 2 shows that 14 NHS Boards responded to questions within the top 16 Criteria (17.ii. & 19.i.a.) and 12 out of 14 NHS Boards responded to the PD specific criteria contained in the remaining 88 criteria within the Clinical Standards.

### c) OMG – NHS Boards’ Reviews

As mentioned above NHS Boards in July 2013 were asked to complete a Mid-Year Review on Improvements. The review covered: Progress on the ‘top 16’ Criteria from the 19 Clinical Standards highlighted by NHS HIS (see Graph 3 below); Progress on all 88 remaining Criteria from the 19 Clinical Standards (this was optional with 12 out of 14 NHS Boards responding); Progress with reference to their Improvement Plans (gathered by proforma).

#### 1) 19 Standards with 104 Criteria

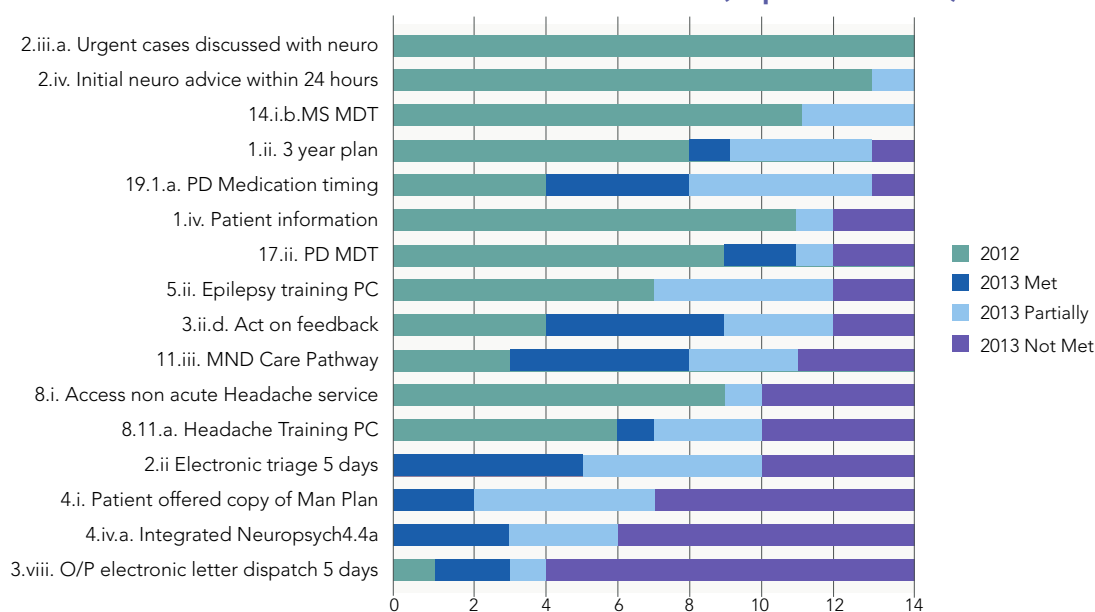
From Graph 3 below, some of the significant improvements/ finds were as follows:

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

Eight NHS Boards reported improvement. Lessons learnt will be considered by the Condition Specific Workstream’s PD Team (see Page 14 Point .a.vi.2) to help support improvement in other NHS Boards.

- > Criteria 1.ii. ‘The NHS board has a minimum three year plan for the provisions of neurological health services to its population. This plan is published and subject to annual review.’
- > Criteria 3.ii.d. ‘The NHS board acts on the patient, referrer and staff feedback it collects.’

### Improvements in Neurological Services in Scotland - (top 16 Criteria)



Graph 3

A significant improvement was noted, with a rise from four to nine NHS Boards reporting they meet this Standard. However, data received for all criteria under Standard 3.ii. suggests conflicting information as addressed on [Page 6 Point 2.a.ii.1. under the Person Centred Workstream.](#)

Criteria 11.iii. *'The NHS Board provides rapid access to demonstrate effective care pathways covering all aspects of the illness, including links to specialist palliative care and respiratory medicine, gastrostomy services and social servicest.'*

With the self-assessment, a significant increase from three to eight NHS Boards report they now meet this. Further work on pathways will be undertaken by the Person Centred Workstream ([see Page 13 Point 4.a.i.1.](#)) and good practice will be shared across NHS Boards.

## 2) Proforma - Local and National Priorities

In addition to providing an update on progress against standards NHS Boards were asked to identify both local and national priorities for improvement work.

These included:

- > Development of Pathways
- > Workforce issues including medical staff (Consultant and trainee numbers), specialist nurses
- > Development of Neurological Voices (patient and carers)
- > Central funding for service redesign & service improvement through the NNAG Workstreams
- > Training and education
- > Capacity pressures due to increasing demand and shortfall in resource
- > Neuropsychology/psychiatry.

NNAG and OMG have agreed workstreams for each of the priority areas and work will continue or begin on these during 2014 ([see Point 4 - Priorities 2014, Page 12](#)).

### d) Learning & Sharing

Learning and Sharing to support improvement is a key function of the NNAG, OMG and their subgroups.

During 2013 a number of presentations took place:

- > [Integrated Pathway for Integrated Pathway for Functional Symptoms / Medically Unexplained Symptoms \(MUS\)](#)
- > [Report on the 1st NAofS Patient Experience Survey](#)
- > [Neurological Voices involvement in Neurological Improvement Groups and Neurological Voices Update from across Scotland](#)
- > [People at the Centre of Health Care, Person Centred Health and Care Collaborative.](#)

As a result of these presentations a number of developments to help improve support and care emerged.

### i) [OMG - Functional Symptoms](#)

During the NHS HIS Implementation Programme it was noted that no NHS Board met Standard 4.iv.a. and this became an early priority for the NNAG. In the Mid-Year Review July 2013, three NHS Boards reported that they met the standard. But in discussions with the Heads of Neuropsychology Services (HONS) it was very clear that this could not be measured accurately as the Standard dealt with two distinctly different groups, Functional Symptoms and Co-morbid Psychiatric Disorders.

Utilising data gathered from the NHS Improvement Plan Reviews the Functional Symptoms Team has been able to begin a conversation on how, in partnership, it can:

- > Recommend the review of the wording of Generic Clinical Standard 4 Criteria iv.a. and v.
- > Support workforce issues and pathways in neuropsychology.

### ii) [Neurological Voices Role in Improvement Groups](#)

The Neurological Voices involvement in Neurological Improvement Groups presentation given to the NNAG in September 2013 led to an invite to deliver a workshop, at the Third Learning Session of the National Person Centred Care Collaborative in November 2013. The workshop was delivered jointly by an Improvement Lead and two Neurological Voices representatives.

### iii) [Neurological Voices Development within the NNAG](#)

Follow up from the Neurological Voices Update led to the first joint Neurological Voices Programme and NNAG Learning and Sharing Event. The event was a successful meeting that brought together 13 Neurological Voices from across Scotland (eg, Western Isles, Ayrshire & Arran and Grampian) to learn about the NNAG/OMG. The report 'NNAG Learning and Sharing Event for Neurological Voices' together with its recommendations can be found on the NNAG Knowledge Management Community at [http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4043119/NNAG\\_OMG\\_NAofS\\_NeuroVoices\\_Learning\\_Sharing\\_Event\\_11\\_Nov\\_13-final.pdf](http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4043119/NNAG_OMG_NAofS_NeuroVoices_Learning_Sharing_Event_11_Nov_13-final.pdf).

# 3. Value and Financial Sustainability

**It is in everyone’s interest that best value and financial sustainability is incorporated into all neurological services in Scotland. The NNAG are committed to this strategy and its progress to date as highlighted below.**

## a) OMG – Workforce

NHS Boards identified Workforce Planning as both a local and national priority. The NNAG approved the OMG recommendation to roll the **Medical Risk Assessment Tool (MRAT), developed by South East and Tayside (SEAT) Workforce Planning Group**, out nationally across all NHS Boards. The tool has been reviewed to assess its relevance to the workforce concerns expressed by neurology services and will be used to provide an objective assessment of the relative priority of a range of medical and non-medical workforce issues. The tool will be rolled out in all NHS Boards during 2014 providing a Scotland wide picture of key medical workforce risks affecting Neurology Services. The improvement model (*Diagram 4 below*) shows the PDSA that was followed for this work to be started.

It is recognised that further work is required on other staff groups and this will be progressed via the OMG during 2014.

### Improvement Model – MRAT 2013-14

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

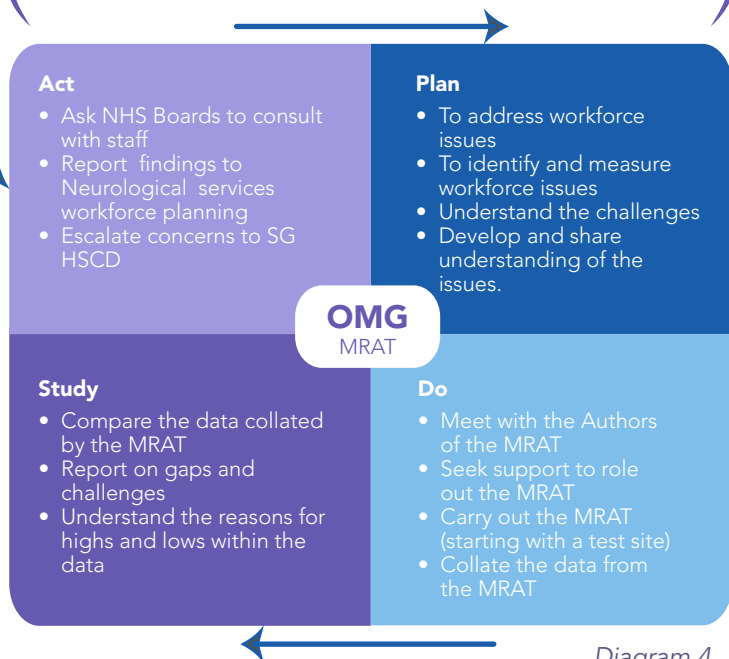


Diagram 4

## b) Innovation

The development of the NNAG, its structure and membership could in itself be described as innovative, as for the first time patients and carers, through Neurological Voices, are being truly represented at all levels along with other key stakeholders.

### i) Infrastructure

Creating a strategic and operational framework to provide a focus on continuous improvement of neurological services throughout Scotland was a priority and this was achieved through the establishment of the NNAG and OMG.

### ii) Context

Both groups are committed to working across traditional boundaries to improve services for patients and their carers. Links have been made, from the outset, with relevant groups, organisations and individuals that have an interest in progressing improvements for neurological services within the health and social care agenda.

### iii) Collaboration

All stakeholders involved in the work of the NNAG and OMG (Patients and Carers, Voluntary Sector, NHS Boards, NHS Healthcare Improvement Scotland, Scottish Government, COSLA) have committed to working collaboratively and to ensuring the patient is at the centre of service redesign. At the April 2013 meeting of the NNAG the group approved the NNAG Engagement Strategy for Members 2013<sup>11</sup>.

### iv) Membership

At strategic level (NNAG group) there has been consistent engagement throughout the year from all stakeholders and an agreement to (as mentioned above) extend the membership to include COSLA and JIT. Membership from these organisations can be taken as an indicator of the importance of the NNAG within the current Scottish Government policy landscape.

All NHS Boards are represented on the OMG (Operational Management Group) through their Neurology Improvement Leads, patients and carers through the Neurological Voices Programme and the voluntary sector through the Neurological Alliance of Scotland.

### v) Recognition Award

The Neurological Voices Group in partnership with the Neurological Improvement Team for NHS Greater Glasgow & Clyde (GGC) were honoured in the Directorates annual awards. The Group won the "Facing the Future Together" category.

<sup>11</sup> NNAG Engagement Strategy for Members 2013 -

[http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4033708/Engagement\\_Strategy\\_NNAG\\_19\\_Sept\\_2013.pdf](http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4033708/Engagement_Strategy_NNAG_19_Sept_2013.pdf)

**c) Efficiency and Productivity**

During the NHS HIS Improvement and Implementation Programme it was identified that there was no agreed common data set within neurology. This often acted as a barrier to potential improvement. It was agreed that a Scottish wide approach should be taken, firstly with a task to determine an agreed core data set and secondly to examine the potential for utilising existing data in a more “intelligent” way. Data linkage would give a more robust analysis of the patient journey rather than the traditional quantitative data analysis.

**i) OMG - Data & Audit**

The Data and Audit Group took the opportunity to link in with other valuable connections across the stakeholder group. The improvement model below describes the process adopted.

The partners are [Information Systems Division \(ISD\)](#), [Analytical Services Division \(ASD\)](#), [MS Register](#) and the [MND Register](#), who all collect robust and appropriate data to support improvement. This partnership will allow the use of existing data and funding will be more efficiently used. Initial funding to support this project has been received from Scottish Government.

The Pilot Project<sup>12</sup> will gather data through patient CHI numbers across various NHS Sites, within OutPatient (OP) and Inpatient (IP) services. It will use the CHI numbers to track patient journeys, it will identify patients with multiple co-morbidities and give information on patients who are accessing unscheduled care.

**ii) OMG – Demand, Capacity, Activity & Queue (DCAQ)**

In the January 2013 Mid-Year Reviews, the majority of NHS Boards reported significant concern about increasing demand on neurology services, current capacity and their ability to meet access targets.

In the most recent review only four NHS Boards indicated they meet Standard 2.i:

*‘The NHS board demonstrates that a minimum of 90% of outpatient demand for all neurological health services met by substantive resources without resorting to waiting times initiatives, reliance on temporary staffing or other.’*

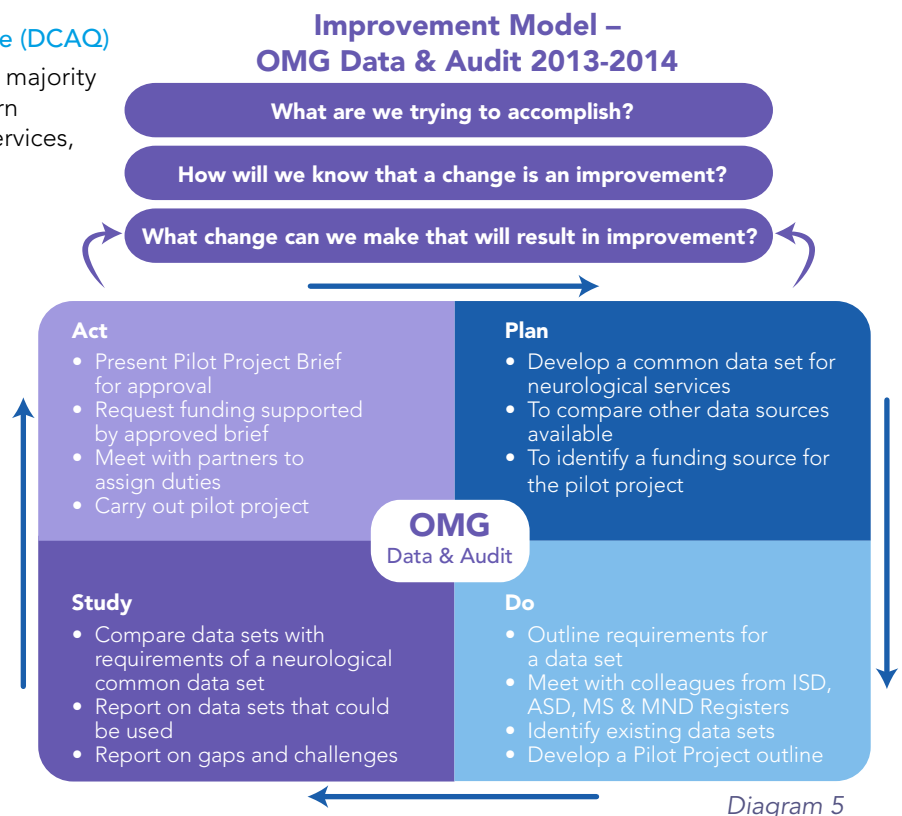
This demonstrates a shortfall in neurology capacity in the majority of NHS Boards in Scotland.

Many Boards have used the DCAQ tool which identifies the shortfall in capacity required to meet demand and agreed waiting time. This cannot be used at a national level but the OMG will collate additional information from all NHS Boards to provide the NNAG with accurate current information on capacity pressures in neurology services across Scotland.

**iii) Feedback Systems**

Central to any improvement methodology is the requirement to have feedback systems in place. In the context of the Clinical Standards it specifically means looking at obtaining feedback from patients, carers, referrers and NHS staff. Obtaining the feedback, however, is only part of the process, as systems need to be in place to ensure that the feedback is analysed and acted upon.

As highlighted in [Point 2.a.ii. \(page 6\)](#) further work needs to be carried out to ensure a clear understanding of the different Feedback Systems in use across Scotland. Knowing what type of feedback systems are in use and sharing the respective strengths and weaknesses of these varying models will help to improve neurological services across health and social care.



<sup>12</sup> Data & Audit Pilot Project Proposal, September 2013 – [http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4035189/Data\\_Audit\\_Pilot\\_Proposal\\_Item\\_10.1.ii.pdf](http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4035189/Data_Audit_Pilot_Proposal_Item_10.1.ii.pdf)

# 4. Priorities 2014

Over the last year the NNAG, OMG and their teams have worked hard to understand the context of the job at hand. At times stakeholders suggested that the group was spreading its resources too thin and there was concern that this could not continue positively.

A year on, in what seems to be a continually changing political environment, the NNAG has gleaned from all of the work of the first year what its' priorities will be for 2014. Below you will see Table 2 which illustrates the NNAGs Aims in delivering its 2020 Vision Route Map for neurological services and there in supporting better outcomes for patients, their families and unpaid carers.

The section then goes on to give a little more detail into how the work will achieve this.

NNAG Aims	Quality of Care						Health of the Population	Value & Sustainability		
	Person-centered Care	Safe Care	Primary Care	Unscheduled & Emergency Care	Integrated Care	Care for Multiple & Chronic Illnesses		Person-centered Care	Safe Care	Primary Care
Delivering the 2020 vision route map										
Quality Ambitions & Priorities -										
Person-centred:										
1. Patients are equal partners in care.	✓		✓		✓	✓			✓	✓
2. Staff feel valued contributors in service redesign.	✓				✓			✓		✓
Safe:										
3. Patients with neurological conditions experience safe care.	✓	✓			✓					
Effective:										
4. Scotland wide analysis of workforce issues within neurological services.	✓		✓		✓			✓		

Table 2



## a) Quality of Care

### i) Person Centredness

During 2014, Person Centredness will remain a central strand of neurological services improvement. This workstream will aim to complement and feed into work being developed within each of the local NHS Boards, specifically in the areas of Pathways and Feedback Systems.

#### 1) Pathways

Having an effective care pathway, accessible to all involved, is one of the key ways that quality of care can be enhanced. When followed, it can provide clear guidance and ensure that patients receive appropriate, relevant and timely care.

Work on analysing the pathways submitted is ongoing. There will be a library of best practice models made available to all on the NNAG website under Pathways in the summer of 2014.

#### 2) Feedback Systems

Having an effective care pathway, accessible to all involved, is one of the key ways that quality of care can be enhanced. When followed, it can provide clear guidance and ensure that patients receive appropriate, relevant and timely care.

Central to any improvement methodology is the requirement to have feedback systems in place. In our context this specifically means looking at obtaining feedback from patients, carers, referrers and staff. Obtaining the feedback, however, is only part of the process, as systems need to be in place to ensure that the feedback is analysed and acted upon.

- > **2nd Patient Experience Survey** – Spring 2014. By building on the work that has been carried out in 2013, the Person Centred group will assist in the development and administration of the 2nd Patient Experience Survey.
- > Understanding Feedback through collating specific information on Standard 3 Criteria ii.a.b.c. and d.

As an initial starting point for this, and in order to ensure that NHS Boards are not inundated with questionnaires, appropriate questions will be designed and included within the 2014 Mid-Year Review.

### ii) Condition Specific

#### 1) Multiple Sclerosis (MS)

The MS team will carry on with their workplan from 2013. The key priority will be to ensure that NHS Boards continue to strive to meet the MS specific standards. The team will also explore issues raised in the self-assessment, particularly around; access to multidisciplinary teams, relapse prevention and hospital admission prevention and reduction. The team will also look to review this self-reported evaluation against relevant patient experience evidence.

#### 2) Parkinson's Disease (PD)

The Parkinson's team will continue to support NHS Boards' progress towards meeting the Clinical Standards on Parkinson's medication management and ongoing access to multi-disciplinary support in 2014. The team will consider the detailed issues highlighted by recent self-assessments and other data to make recommendations for future action.

#### 3) Headache

Work for the Headache Team will focus on the review(s) of NHS Boards' reports on meeting standards. It will focus on whether any extra essential criteria are needed and whether any existing criteria can be modified. It will also ensure the important involvement and input of patients and primary care to the review process.

#### 4) Epilepsy

The Epilepsy Team will commence in March 2014.

- > The Team will examine the lessons learned from the implementation and review(s) of the clinical standards relating to epilepsy. From this initial review the Team will identify priorities and actions to inform its workplan for 2014.
- > The Team will also consider short life working groups over the year, the first of which is the 'People's Experience of Epilepsy Alarms Survey'<sup>13</sup>, final report will be ready for distribution in the early autumn of 2014.

<sup>13</sup> 'People's Experience of Epilepsy Alarms Survey' 2014 - <http://www.knowledge.scot.nhs.uk/nnagcommunity/what-we-do/condition-specific/epilepsy/epilepsy-alarms.aspx>

### iii) Functional Symptoms

The Functional Symptoms Worktask Team has prioritised a few tasks that, with the support of others, they will work to achieve during 2014.

- > Develop their membership to include people working with, or with an interest in, Functional Symptoms from across Health and Social Care.
- > Develop a flow chart for consultants to consider.
- > Hold a Learning and Sharing Meeting.
- > Develop a research project to consider the level of Neuropsychology and Neuropsychiatry input in the treatment of Functional Symptoms Patients.

### iv) Health & Social Care Integration

In February 2014 there will be a presentation to the NNAG by COSLA and JIT on how they see Health and Social Care Integration (HSCI) being addressed. Once the NNAG has considered the presentation it will make recommendations on how this work can be carried forward under the HSCI Workstream for 2014.

### v) Learning & Sharing Activities – 2014

Together with partners we will showcase good practice, promote the development of ideas for improvement and support areas that are challenged through a programme of Learning and Sharing Activity.

- > A national Learning and Sharing Conference 20<sup>th</sup> March 2014.
- > Planning for National Conference 2015.
- > Learning and Sharing Meeting(s) for example Functional Symptoms.
- > Learning and sharing activities throughout 2014.

### vi) NHS Mid-Year Review – June 2014

Reviewing progress on the Clinical Standards and the workplans of NHS Neurological Services in Scotland is key to the work of the NNAG and this exercise will take place annually. A small working group will take this work forward and will consider lessons learnt from the last two reviews on format, delivery and support.

Requests for completion of the Review 2014 will be circulated in June 2014.

Key areas for consideration in the review will be:

- > **Progress on Clinical Standards**
- > **Updates on:**
  - > Board improvement plans
  - > Person Centred: Pathways; Feedback Systems
  - > Condition Specific: MS; PD; Headache; Epilepsy
  - > Functional Symptoms.

## b) Value and Financial Sustainability

### i) Data & Audit

To develop a minimum data set a detailed description of the methodological approach to be used in the pilot phase will be in place by April 2014. The pilot will be conducted in the succeeding months, with the aim of a report on that pilot, and recommendations for further activity, by October 2014. If the pilot suggests that the approach is useful the first full Scotland wide audit should be conducted early in 2015.

### ii) Workforce – MRAT Roll Out from February 2014

To assist with an objective assessment of medical workforce numbers and pressures in Neurology services at both Consultant and trainee level the risk assessment tool already adopted in some NHS Boards will be rolled out in 2014 to all relevant NHS Boards (this will exclude NHS Boards who access services from other Boards).

Feedback from this exercise will be presented to NNAG and will be utilised at national level for workforce planning for Consultant and trainee numbers.

### iii) DCAQ

Continuing work on demand and capacity, described above, will be reviewed in conjunction with workforce issues throughout 2014.

**"NNAG has successfully managed to raise the profile of neurological conditions. In doing this, they have helped drive improvements in the standards of care, the awareness of treatment options and help empower patients to self-manage where appropriate."**

NHS Chief Executive Forum Representative on the NNAG,  
Calum Campbell, Chief Executive of NHS Borders

**"I think the NNAG helps to keep the boards focused on the good work that they have already done with respect to the standards and helps maintain the momentum for continuous improvement."**

Royal College of General Practitioners (RCGP)  
Representative on the NNAG, Dr David PB Watson

**"As a lay representative I have been treated very considerately and have always been encouraged to contribute to the proceedings.**

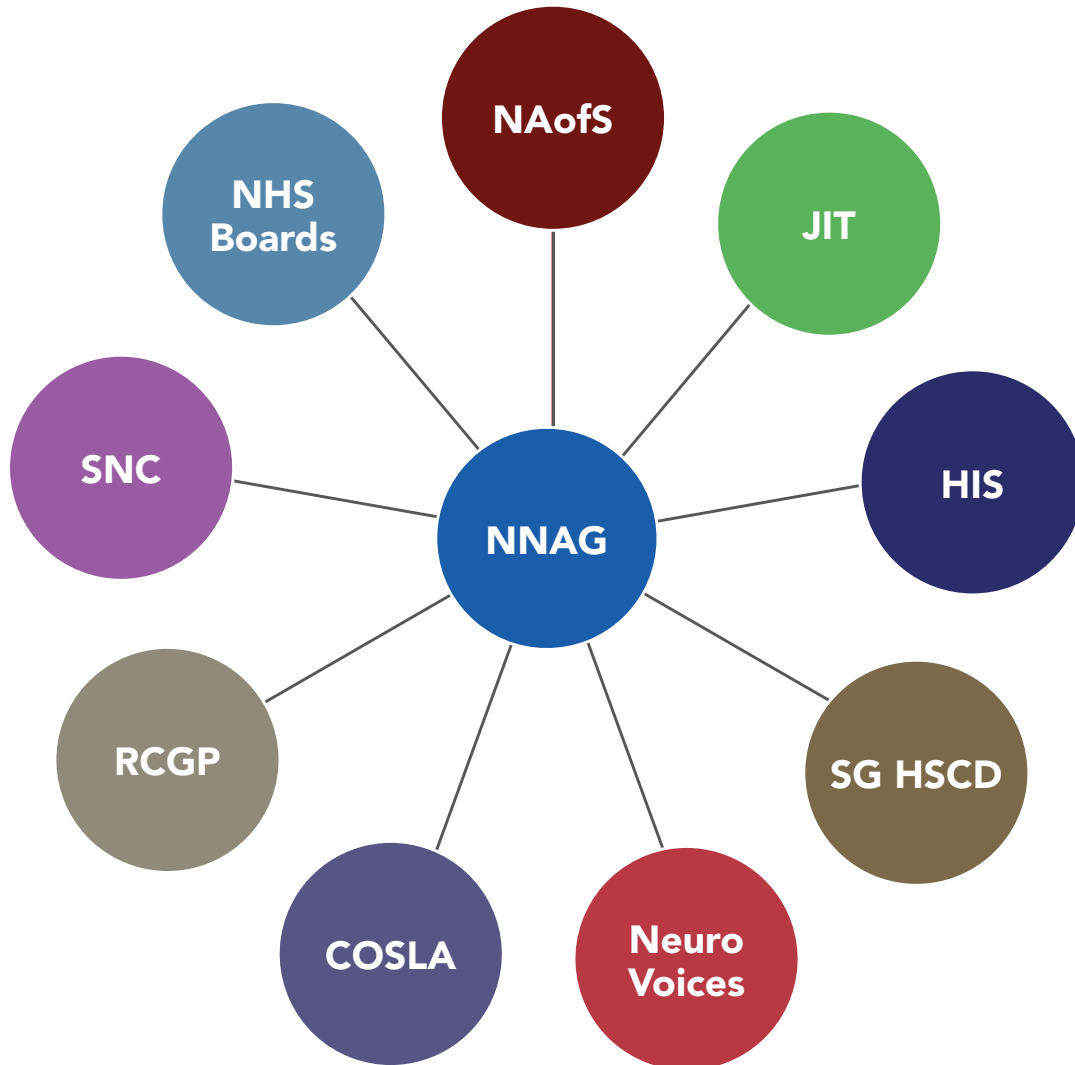
**"The group seems to have settled down well together and have a common purpose.**

**"I hope that the group will continue to move incrementally towards the objective of achieving recognised best practice standards of service for neurology across the NHS Boards in Scotland, but it could be a long job."**

Neurological Voice

# 5. Appendices - Appendix 1

## National Neurological Advisory Group and its Stakeholders



- > Neurological Voices - patient and carer volunteers representing patients, carers and families living with neurological conditions
- > Neurological Alliance of Scotland (NAofS) – representing the wider Third Sector
- > NHS Boards -
- > Royal College of General Practitioners (RCGP)
- > Scottish Government, Health and Social Care Directorate (SG HSCD)
- > Convention of Scottish Local Authorities (COSLA)
- > Scottish Neuroscience Council (SNC)
- > Joint Improvement Team (JIT – Scottish Government)
- > NHS Staff (Clinician/Consultant/Workforce Planning Manager/Regional Services Manager)
- > NHS Healthcare Improvement Scotland (HIS).

# Appendices - Appendix 2

## NNAG Members – 2013

First Name	Surname	Position	Resigned	Appointed
Andy	Wynd	NNAG Chair		
Susan	Walker	NNAG-OMG Chair		
Craig	Stockton	NAofS Chair		
Tanith	Muller	NAofS Vice Chair		
Paula	Aldin-Scott	NNAG & OMG Project Co-ordinator		Feb '13
Caroline	Sincock	Neurological Voices Rep NHS GGC		
Gill	Bedwell	Neurological Voices Rep NHS FV		
Carolyn	Annand	SNC Nursing Rep NHS Grampian	Apr '13	
Calum	Campbell	Chief Executive Forum Rep, NHS Borders		
Linda	Gerrie	Consultant Neurologist, NHS Grampian		
June	Wylie	Healthcare Improvement Scotland		
John-Paul	Leach	Specialist Advisor Neurology SG		
Dr David	Watson	Royal College of General & Practitioners Rep		
Ron	Culley	COSLA – Health & social Care		Sep '13
Christina	Naismith	Joint Improvement Team (JIT)		Sep '13
Majorie	Johns	Planning Manager – Regional Services NHS GGC		
Rachel	Dunk	SG – Health Directorate	Sep '13	
David	Cline	SG – Health & Social Care Directorate		Oct '13
Sinéad	Power	SG – Health & Social Care Directorate		
Margaret	Syme	SG – Health & Social Care Directorate		
Adrienne	Burgess	SG – Health & Social Care Directorate		
Isla	Bisset	SG – Health & Social Care Integration		



# Appendices - Appendix 2 Continued

## OMG Members – 2013

First Name	Surname	Position	Resigned	Appointed
Susan	Walker	OMG Chair/Improvement Leader NHS GGC		
Andy	Wynd	NNAG Chair		
Charlie	Hood	Neurological Voices Rep		
Patrick	Mark	Neurological Voices Rep		
Gerard	Gahagan	NAofS Rep		
Christine	Carlin	NAofS Rep	Nov '13	
Rebecca	Duff	NAofS Rep		Dec '13
Stephen	Sheach	Improvement Lead NHS Ayrshire & Arran		
Hamish	McRitchie	Improvement Lead NHS Borders	Jun '13	
David	Simpson	Clinical Lead NHS Borders		Jul '13
Iain	Gorman	Improvement Lead NHS Dumfries & Galloway		Mar '13
Martin	Zeidler	Clinical Lead NHS Fife		
Prof Malcolm	Macleod	Clinical Lead NHS Forth Valley		
Phyllis	Wilkieson	NHS Forth Valley		
David	Munro	Planning Manager/Improvement Lead NHS Forth Valley		
Linda	Gerrie	Clinical Lead NHS Grampian		
Natasha	Burke	Improvement Lead NHS Grampian		Aug '13
Saif	Razvi	Clinical Lead Improvement Group NHS Greater Glasgow & Clyde		
Heidi	May	Executive Lead NHS Highlands		
Roy	Garscadden	NHS Lanarkshire	Mar '13	
Marion	Mark	Improvement Lead NHS Lanarkshire		Jun '13
Christopher	Mackintosh	GP NHS Lanarkshire		Nov '13
Dr Jane	Hopton	Strategic Planning NHS Lothian		
Prof. Siddharthan	Chandran	Clinical Lead NHS Lothian		
Marthinus	Roos	Improvement Lead NHS Orkney		
Marie	O'Sullivan	Improvement Lead NHS Orkney		
Jim	Unsworth	Clinical Lead NHS Shetland		
Kerry	Russell	Improvement Lead NHS Shetland		
Derek	Tasker	Improvement Lead NHS Tayside	May '13	
Sandra	Larkin	Improvement Lead NHS Tayside		Jun '13
James	Ward	Clinical Lead NHS Western Isles	Dec '13	
Elaine	Mackay	Improvement Lead Western Isles		
Paula	Aldin-Scott	NNAG & OMG Project Manager		Feb '13

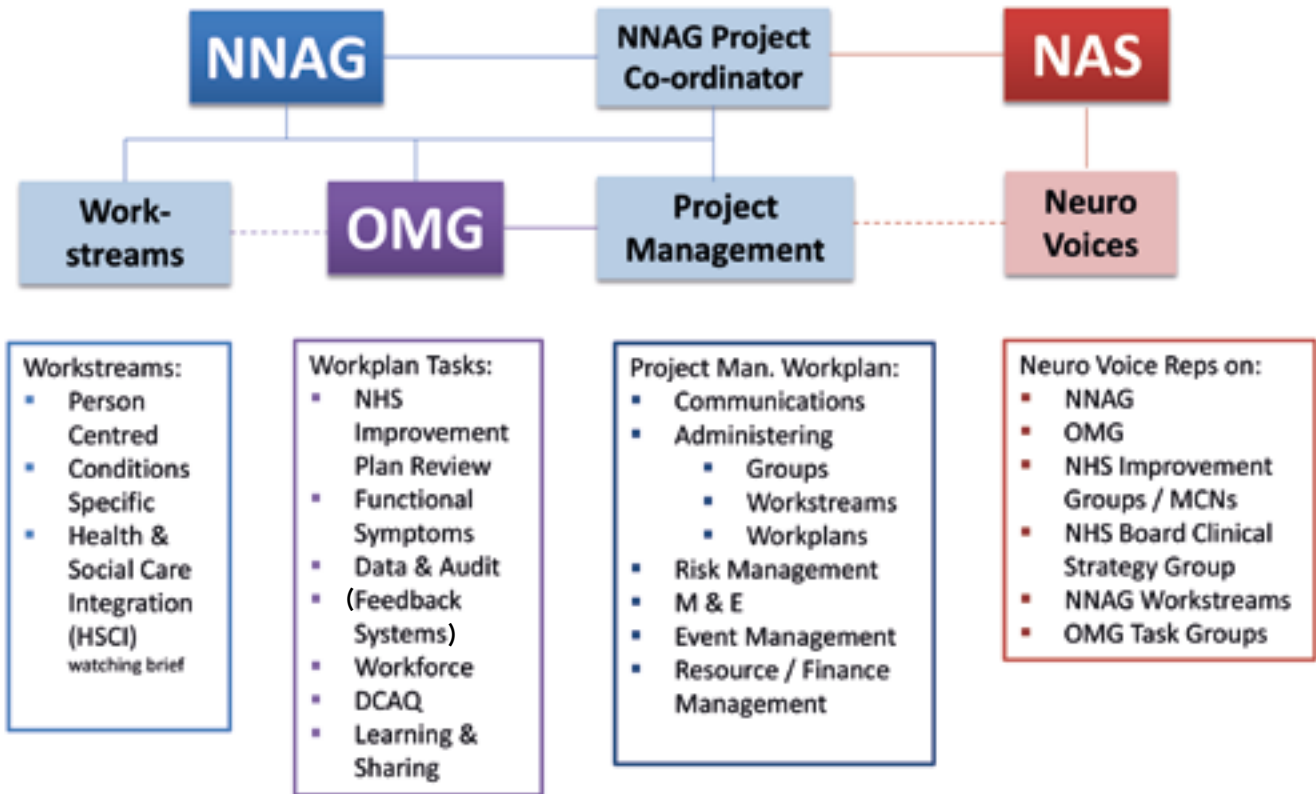
# Appendices - Appendix 2 Continued

## Chairs, Conveners & Team Leads for Groups within the NNAG

Group	First Name	Surname	Position	Appointed	Resigned
NNAG	Andy	Wynd	Chair	Sep '12	
Person Centred Workstream	Craig	Stockton	Convenor	Mar '13	
Person Centred – Feedback Systems (Patient Experience Survey)	Craig	Stockton	Team Lead	Jun '13	
Person Centred – Pathways	Craig	Stockton	Team Lead	Jun '13	
Condition Specific Workstream	Christine	Carlin	Joint Convener	Mar '13	Nov '13
Condition Specific Workstream	Tanith	Muller	Joint Convener	Mar '13	
Condition Specific – PD Team	Tanith	Muller	Team Lead	Jun '13	
Condition Specific – MS Team	Rebecca	Duff	Team Lead	Nov '13	
Condition Specific – Headache Team	Dr David	Watson	Team Lead	Dec '13	
Condition Specific – Epilepsy	Gerard	Gahagan	Team Lead	Dec '13	
OMG	Susan	Walker	Chair	Sep '12	
Data & Audit Team	Prof Malcolm	Macleod	Team Lead	Jun '13	
Function Symptoms/MUS Team	Dr Saif	Razvi	Team Lead	Jun '13	
Workforce Planning Team	Susan	Walker	Team Lead	Apr '13	
NHS Review Updates Team	Susan	Walker	Team Lead	Dec '12	
Learning & Sharing Team	Paula	Aldin-Scott	Lead	Feb '13	
DCAQ	Susan	Walker	Team Lead	Mar '13	

# Appendices - Appendix 3

National Neurological Advisory Group Schematic Diagram



# Appendices - Appendix 4

## Standards and Quality Indicators

<b>1. General Neuro Health Service Provision</b>	
	<b>Standard Statement 1</b> – An effective and comprehensive neurological health services is available and offered across all NHS
ii.	The NHS board has a minimum 3 year plan for the provisions of neurological health services to its population. This plan is published and subject to annual review.
iv.	The NHS board provides accurate and current information to patients and their carers about their condition.
<b>2. Access to Neuro Health Services</b>	
	<b>Standard Statement 2</b> – Patients with suspected neurological conditions are assessed by clinicians who specialise in
ii.	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.
iii.a	The NHS board ensures that the neurology service has a communication process for discussion of urgent cases with neurologist at all times.
iv.	Initial advice following an urgent request for a neurological opinion for inpatients in non-neurological settings occurs within 24 hours.
<b>3. Patient Encounters in Neuro Health Services</b>	
	<b>Standard Statement 3</b> – Neurological health services provide high quality of care that meets the needs of patients, referrers
ii.d	The NHS board acts on the patient, referrer and staff feedback it collects.
viii.	A minimum of 90% of outpatient letters are electronically dispatched within 5 working days of the consultation.
<b>4. Management of Processes in Neuro Health Services</b>	
	<b>Standard Statement 4</b> – Neurological services have an effective patient management process from the point of first referral.
i.	At every consultation, all patients are offered a copy of the GP letter or a management plan. Any changes to medication are provided in writing immediately to the patient.
iv.a	The neurological 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.
<b>5. Access to Specialist Epilepsy Services</b>	
	<b>Standard Statement 5</b> – The NHS Board provides a comprehensive epilepsy service with access to appropriately trained
ii.	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 (CPD).
<b>8. Access to Specialist Headache Services.</b>	
	<b>Standard Statement 8</b> – Patients receive co-ordinated care from healthcare professionals with expertise in the diagnosis.
i.	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.
ii.a	The NHS board provides an educational programme on acute and non-acute headache for primary care colleagues within the NHS board.

<b>11. Access to Specialist MIND Services</b>	
iii.	<b>Standard Statement 11</b> - An effective and comprehensive MND service is available and offered across all NHS Boards. The NHS board provides rapid access to demonstrataly effective care pathways covering all aspects of the illness, including links to specialist palliative care and respiratory medicine medicine, gastrostomy services and social services.
<b>14. Access to Specialist MS Services</b>	
i.b	<b>Standard Statement 14</b> - An effective and comprehensive specialist MS service is available across all NHS Boards. There is a multiple sclerosis multidisciplinary team. (Full text Page 18 HIS Performance Guidelines.)
<b>17. Access to Specialist PD Services</b>	
ii.	<b>Standard Statement 17</b> - An effective and comprehensive specialist PD service is available across all NHS Boards. There is a parkinsons disease multidisciplinary team. (Full text Page 18 HIS Performance Guidelines.)
<b>19. Ongoing Management of PD</b>	
i.a	<b>Standard Statement 19</b> - Patients with PD and their carers have ongoing access to specialist PD services and are encouraged The timing and dosage of medication for Parkinson's disease is specified and adherd to when the patient is in hospital.



# Glossary

Acronym/Term	Explanation
<b>Acute Headache</b>	<p>Onset of a new headache syndrome usually within the last few weeks, days, hours or even minutes, but can be months. Acute headache may be:</p> <ul style="list-style-type: none"> <li>&gt; sudden onset (for example subarachnoid haemorrhage)</li> <li>&gt; associated with fever and with or without focal features (for example meningitis/encephalitis), or</li> <li>&gt; daily and progressive from onset with or without focal features (for example giant cell arteritis, raised intracranial pressure, tumour, idiopathic intracranial hypertension, cerebral venous sinus thrombosis).</li> </ul> <p>Patients with acute headache require immediate or urgent assessment.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>
<b>Acute Medicine</b>	<p>The immediate and early specialist management of patients who present in hospital emergencies.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>
<b>AHP</b>	<p>Allied Health Professional – someone who works in any of a wide range of professions related to healthcare other than nursing and medicine, for example a physiotherapist, dietician or radiographer.</p> <p><a href="http://www.collinsdictionary.com/dictionary/english/allied-health-professional">http://www.collinsdictionary.com/dictionary/english/allied-health-professional</a></p>
<b>ASD</b>	<p>Analytical Services Division – is responsible for providing the following analytical services within the Scottish Government. The Division includes researchers, economists and statistics staff within three separate analytical units covering 'Employability, Skills and Lifelong Learning Analysis'; 'Learning Analysis' and 'Children &amp; Families Analysis'.</p> <p><a href="http://www.scotland.gov.uk/Topics/Research/by-topic/education-and-training/Contacts">http://www.scotland.gov.uk/Topics/Research/by-topic/education-and-training/Contacts</a></p>
<b>Atypical Clinical Features</b>	<p>Unusual or abnormal symptoms. The development of such symptoms may indicate the progression of a condition or may be a sign that the initial diagnosis of a condition may be incorrect.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>
<b>Central Nervous Demyelination</b>	<p>A loss of myelin in the white matter of the central nervous system (brain, spinal cord). Demyelination is the root cause of the symptoms of multiple sclerosis.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>
<b>Cerebral Palsy</b>	<p>Cerebral Palsy - Cerebral palsy is a general term covering a number of neurological conditions that affect a child's movement and coordination. Neurological conditions affect the brain and nervous system. Cerebral palsy is caused by damage to the brain, which normally occurs before, during or soon after birth. Known possible causes of cerebral palsy include:</p> <ul style="list-style-type: none"> <li>&gt; infection in early pregnancy</li> <li>&gt; a difficult or premature birth</li> <li>&gt; bleeding in the baby's brain</li> <li>&gt; abnormal brain development in the baby.</li> </ul> <p><a href="http://www.nhs.uk/conditions/cerebral-palsy/pages/introduction.aspx">http://www.nhs.uk/conditions/cerebral-palsy/pages/introduction.aspx</a></p>
<b>CHI</b>	<p>The Community Health Index (CHI) is a population register, which is used in Scotland for health care purposes. The CHI number uniquely identifies a person on the index.</p> <p><a href="http://www.datadictionaryadmin.scot.nhs.uk/Dictionary-A-Z/Definitions/index.asp?Search=C&amp;ID=128&amp;Title=CHI%20Number">http://www.datadictionaryadmin.scot.nhs.uk/Dictionary-A-Z/Definitions/index.asp?Search=C&amp;ID=128&amp;Title=CHI%20Number</a></p>
<b>Chronic Neurological Disease</b>	<p>A disorder of the nervous system which is characterised by a recurrence or a slow development over time that tends to last over a prolonged period.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>
<b>Community Health Partnerships (CHP's)</b>	<p>The Scottish Government has introduced community health partnerships across Scotland. A CHP is a network of local health professionals and local organisations working in a coordinated manner to manage a wide range of local health services that are delivered in health centres, clinics, schools and homes.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>

Acronym/Term	Explanation
<b>Co-Morbidity</b>	Two or more conditions that occur simultaneously within the same person. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>Co-Morbid Psychiatric Disorders</b>	Psychiatric disorders occurring in the presence of neurological disorder. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>Computerised Tomography (CT) Scanning</b>	A specialised X-ray examination that is often used to visualise the brain and spinal structures. A common test for neurological conditions. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>Consultant who Specialises in the Diagnosis and Management of Neurological Conditions</b>	A doctor who has specialised knowledge and competence in a particular area of medical practice, such as in epilepsy, multiple sclerosis, Parkinson's disease or motor neurone disease. The consultant may also sub-specialise in a specific condition or group of conditions such as epilepsy, dystonia or Huntington's disease. Neurological conditions or their chosen sub-specialty must be a significant part of their clinical workload. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>Continuing Professional Development (CPD)</b>	An ongoing commitment to learning in various forms, which maintains and enhances professional standards of work, and develops the ability to recognise good practice. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>COSLA</b>	Convention Of Scottish Local Authorities – purpose is to be the national voice for local government in Scotland and our high priority work areas reflect our commitment to promote the position of local government as the legitimate tier of governance closest to the people of Scotland. <a href="http://www.cosla.gov.uk/about/decision-making-cosla">http://www.cosla.gov.uk/about/decision-making-cosla</a>
<b>CT</b>	Computerised Tomography – A scan uses X-rays and a computer to create detailed images of the inside of the body. CT scans are also sometimes known as CAT scans, which stands for computerised axial tomography. <a href="http://www.nhs.uk/conditions/CT-scan/Pages/Introduction.aspx">http://www.nhs.uk/conditions/CT-scan/Pages/Introduction.aspx</a>
<b>DCAQ</b>	Demand Capacity Activity Queue – A tool used to establish evidence to challenge inefficiencies and to establish a planned process to meet the inefficiencies. <a href="http://www.scotland.gov.uk/Publications/2007/12/18095158/5">http://www.scotland.gov.uk/Publications/2007/12/18095158/5</a>
<b>DCN</b>	Division of Clinical Neurosciences – The Division of Clinical Neurosciences (DCN) of the University of Edinburgh is a department in the School of Molecular and Clinical Medicine, based at the Lothian University Hospitals Trust, Western General Hospital site. The Division was formed in 1988 by the amalgamation of the Departments of Surgical and Medical Neurology. In 1988 the unified department was brought together on the Western General Hospital site. <a href="http://www.dcn.ed.ac.uk/dcn/introduction/introduction.asp">http://www.dcn.ed.ac.uk/dcn/introduction/introduction.asp</a>
<b>Desirable Criteria</b>	Good practice that is being achieved in some parts of the service and demonstrates levels of quality to which other providers of a similar service should strive. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>DLA</b>	Disability Living Allowance – is tax-free benefit. The rate you get is made up of 2 components (parts). How much you get depends on how your disability or health condition affects you. <a href="https://www.gov.uk/dla-disability-living-allowance-benefit/what-youll-get">https://www.gov.uk/dla-disability-living-allowance-benefit/what-youll-get</a>
<b>DWP</b>	Department of Work & Pensions – Is responsible for welfare and pension policy and is a key player in tackling child poverty. It is the biggest public service delivery department in the UK and serves over 20 million customers. <a href="https://www.gov.uk/government/organisations/department-for-work-pensions">https://www.gov.uk/government/organisations/department-for-work-pensions</a>
<b>Dystoniat</b>	Dystonia – Is a movement disorder that causes the muscles to contract and spasm involuntarily. Opposing muscles often contract simultaneously as if they are 'competing' for control of a body part. The involuntary muscle contractions force the body into repetitive and often twisting movements as well as awkward, irregular postures. <a href="http://www.dystonia-foundation.org/pages/what_is_dystonia_/26.php">http://www.dystonia-foundation.org/pages/what_is_dystonia_/26.php</a>
<b>Essential Criteria</b>	A criterion that should be met wherever a service is provided. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>Functional Symptoms</b>	Functional Symptoms - Functional symptoms are physical complaints postulated to be associated with psychological distress, which are not primarily explained by pathophysiological or structural abnormalities. <a href="http://jnnp.bmj.com/content/76/3/307.fullStandards%20(S)%20-%20consultation%20paper.pdf">http://jnnp.bmj.com/content/76/3/307.fullStandards%20(S)%20-%20consultation%20paper.pdf</a>

Acronym/Term	Explanation
<b>GGC</b>	Greater Glasgow & Clyde – NHS Greater Glasgow and Clyde is the largest health board in the UK. We provide healthcare to over 1.2 million people and employ more than 40,000 staff. <a href="http://www.nhsggc.org.uk/content/default.asp?page=home_aboutus">http://www.nhsggc.org.uk/content/default.asp?page=home_aboutus</a>
<b>GP</b>	General Practitioner - a doctor based in the community who treats patients with minor or chronic illnesses and refers those with serious conditions to a hospital. <a href="http://www.oxforddictionaries.com/definition/english/general-practitioner">http://www.oxforddictionaries.com/definition/english/general-practitioner</a>
<b>GRO</b>	General Register Office – Are the National Records of Scotland (NRS), created on 1 April 2011 by the amalgamation of the National Archives of Scotland (NAS) and General Register Office for Scotland (GROS). <a href="http://www.gro-scotland.gov.uk/aboutgros/index.html">http://www.gro-scotland.gov.uk/aboutgros/index.html</a>
<b>Healthcare Professional</b>	Professionals trained in a particular area of healthcare delivery and directly involved in the delivery of clinical care to patients, i.e. physicians, nurses and occupational therapists. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>HIS</b>	Healthcare Improvement Scotland – Healthcare Improvement Scotland supports Scottish Government priorities, in particular those arising from the Healthcare Quality Strategy. <a href="http://www.healthcareimprovementscotland.org/about_us/what_we_do.aspx">http://www.healthcareimprovementscotland.org/about_us/what_we_do.aspx</a>
<b>HMUD</b>	Hospital Medicines Utilisation Database – Is one of the central work streams of The National Medicines Utilisation Unit (NMUU). The overall objective of HMUD is to provide access to staff in NHS Boards and other interested parties to good high level information to support the assessment and monitoring of cost and clinical effectiveness of medicines used in hospital. <a href="http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Hospital-Medicines-Utilisation/">http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Hospital-Medicines-Utilisation/</a>
<b>HONS</b>	Heads of Neuropsychology Services Scotland – HOPS commissioned HONS to discuss priority service and professional issues for Neuropsychology Services in those health Boards who have such a service. Governance, manpower, training, service development and clinical work are regularly discussed with the central aim of continuing to provide excellent services to a range of patients suffering from neurological symptoms and a range of neurological conditions. Current topics for consideration have involved delivery of high quality, effective services to neurosurgical patients in the four Neuroscience centres of Scotland, and also development of care pathways for patients across Scotland with medically unexplained neurological symptoms.
<b>HOPS</b>	Heads of Psychology Services Scotland – this is the most senior group of NHS Clinical Psychologists in Scotland. HOPS is made up of the Heads of Clinical Services for most Health Boards across Scotland. The meeting is chaired by Dr Ian Hancock of Dumfries and Galloway Health Board and the group meets several times a year to discuss and agree strategic and professional issues which affect service provision for many patient groups across Scotland.
<b>HSCI</b>	Health and Social Care Integration – services are jointly commissioned and/or funded, delivered by multi-disciplinary teams in which team members are employed by more than one organisation, or delivered by multi-disciplinary teams in which members are employed by the same organisation. <a href="http://www.rcn.org.uk/">http://www.rcn.org.uk/</a>
<b>Integrated Team</b>	This term is used for a team 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. The team consists of, as a minimum: a liaison psychiatrist with dedicated sessions in neurology and a neuropsychologist with dedicated sessions in the assessment and treatment of these conditions. It is desirable that the team also includes a neurologist with a special interest, access to physiotherapy services, speech therapy and occupational therapy with experience of these disorders and supervised therapists to deliver psychological interventions (who may have a psychology, medical or nursing background). <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>IRF</b>	The Integrated Resource Framework – is being developed jointly by the Scottish Government, NHS Scotland and COSLA to enable partners in NHS Scotland and Local Authorities to be clearer about the cost and quality implications of local decision-making about health and social care. The IRF helps partnerships to understand more clearly current resource use across health and social care, enabling better local understanding of costs, activity and variation across service planning and provision for different population groups. <a href="http://www.shiftingthebalance.scot.nhs.uk/initiatives/sbc-initiatives/integrated-resource-framework/">http://www.shiftingthebalance.scot.nhs.uk/initiatives/sbc-initiatives/integrated-resource-framework/</a>
<b>IRISS</b>	The Institute for Research and Innovation in Social Services - is a charitable company with a mission to: promote positive outcomes for the people who use Scotland's social services by enhancing the capacity and capability of the social services workforce to access and make use of knowledge and research for service innovation and improvement. <a href="http://www.iriss.org.uk/about">http://www.iriss.org.uk/about</a>

Acronym/Term	Explanation
<b>ISD</b>	Information Services Division – ISD works in partnership with a wide range of organisations – NHS Scotland, NHS Boards, hospitals, general practitioners, Community Health Partnerships, local authorities, voluntary organisations, and many other care and service providers to build the national database, using national datasets to support the collection and management of information. <a href="http://www.isdscotland.org/About-ISD/">http://www.isdscotland.org/About-ISD/</a>
<b>JIT</b>	Joint Improvement Team – Is a strategic improvement partnership between the Scottish Government, NHS Scotland, CoSLA, the Third Sector, the Independent Sector, and the Housing Sector, governed by the recently formed Joint Improvement Partnership Board. <a href="http://www.jitscotland.org.uk/">http://www.jitscotland.org.uk/</a>
<b>Key Worker</b>	A professional who is identified as being responsible for the patient’s assessment and care planning during the course of the illness. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>LFS</b>	Labour Force Survey – A survey of the employment circumstances of the UK population. It is the largest household survey in the UK and provides the official measures of employment and unemployment. <a href="http://www.ons.gov.uk/ons/about-ons/get-involved/taking-part-in-a-survey/information-for-households/a-to-z-of-household-and-individual-surveys/labour-force-survey/index.html">http://www.ons.gov.uk/ons/about-ons/get-involved/taking-part-in-a-survey/information-for-households/a-to-z-of-household-and-individual-surveys/labour-force-survey/index.html</a>
<b>MCN</b>	Management Clinical Networks – Are “linked groups of health professionals and organisations from primary, secondary and tertiary care, working in a co-ordinated manner, unconstrained by existing professional and Health Board boundaries, to ensure equitable provision of high quality clinically effective services throughout Scotland”. <a href="http://www.knowledge.scot.nhs.uk/child-services/resources/managed-clinical-networks.aspx">http://www.knowledge.scot.nhs.uk/child-services/resources/managed-clinical-networks.aspx</a>
<b>ME/CFS</b>	Myalgia Encephalomyelitis/Chronic Fatigue Syndrome – Myalgia means muscle pain and encephalomyelitis means inflammation of the brain and spinal cord. Chronic Fatigue Syndrome (Exhaustion) is a serious condition that can cause long-term illness and disability that affects everyday life but many people – particularly children and young people – improve over time. <a href="http://www.nhs.uk/conditions/Chronic-fatigue-syndrome/Pages/Introduction.aspx">http://www.nhs.uk/conditions/Chronic-fatigue-syndrome/Pages/Introduction.aspx</a>
<b>M&amp;E</b>	Monitoring and Evaluation – Refers to processes of monitoring a program and evaluating the impact it has on the target population in order to assess the success and gaps in program implementation. <a href="http://www.mhealthalliance.org./media_centre/glossary-terms">http://www.mhealthalliance.org./media_centre/glossary-terms</a>
<b>MND</b>	Motor Neuron Disease – Motor Neuron disease is the name for a rare condition where parts of the nervous system become damaged. This causes progressive weakness, usually with muscle wasting. <a href="http://www.nhs.uk/Conditions/Motor-neurone-disease/Pages/Introduction.aspx">http://www.nhs.uk/Conditions/Motor-neurone-disease/Pages/Introduction.aspx</a>
<b>Motor Neurone Disease Regional Care Specialist</b>	A motor neurone disease regional care specialist carries out the same role as a clinical nurse specialist within MND specialist services. However the role may be carried out by either a nurse or an allied health professional. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>MS</b>	Multiple Sclerosis – Multiple sclerosis (or MS) is a chronic, often disabling disease that attacks the central nervous system (CNS), which is made up of the brain, spinal cord, and optic nerves. <a href="http://www.nationalmssociety.org/about-multiple-sclerosis/what-we-know-about-ms/what-is-ms/index.aspx">http://www.nationalmssociety.org/about-multiple-sclerosis/what-we-know-about-ms/what-is-ms/index.aspx</a>
<b>MS Clinically Isolated Syndrome</b>	A first neurological event that is suggestive of demyelination. Individuals with this syndrome are at high risk of developing clinically definite MS. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>MSN</b>	Managed Service Network – Is the first of its type in Scotland and differs from the more common Managed Clinical Network in that it has responsibility for the delivery of a single national service on four separate sites, ensuring a safe and sustainable service is achieved by appropriately locating sub-specialty work in specific centres, and is also responsible for Consultant appointments. <a href="http://www.msn-neuro.scot.nhs.uk/About-Us">http://www.msn-neuro.scot.nhs.uk/About-Us</a>
<b>Multidisciplinary Team (MDT)</b>	A team composed of members from different healthcare professions with specialised skills and expertise who work together to address the whole range of issues affecting the patient during the course of their condition. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>

Acronym/Term	Explanation
<b>MUS</b>	<p>Medically Unexplained Symptoms – Many people suffer from persistent complaints, such as dizziness or pain, that do not appear to have an obvious cause.</p> <p>They are termed “medically unexplained symptoms” when doctors cannot find any disease or problem with the body that would otherwise account for the symptoms.</p> <p><a href="http://www.nhs.uk/conditions/medically-unexplained-symptoms/Pages/Somatisation.aspx">http://www.nhs.uk/conditions/medically-unexplained-symptoms/Pages/Somatisation.aspx</a></p>
<b>NAO</b>	<p>National Audit Office – The National Audit Office (NAO) scrutinises public spending on behalf of Parliament. Their audit of central government has two main aims. By reporting the results of their audits to Parliament, they hold government departments and bodies to account for the way they use public money, thereby safeguarding the interests of taxpayers.</p> <p><a href="http://www.nao.org.uk/about-us">http://www.nao.org.uk/about-us</a></p>
<b>NAS</b>	<p>Network Attached Storage – Allows homes and businesses to store and retrieve large amounts of data more affordably than ever before.</p> <p><a href="http://compnetworking.about.com/od/itinformationtechnology/l/aa070101a.htm">http://compnetworking.about.com/od/itinformationtechnology/l/aa070101a.htm</a></p>
<b>NAofS</b>	<p>Neurological Alliance of Scotland – The Neurological Alliance of Scotland is an umbrella body of organisations and groups representing people living with or affected by a neurological condition.</p> <p><a href="http://www.scottishneurological.org.uk">http://www.scottishneurological.org.uk</a></p>
<b>Neuro Imaging</b>	<p>The use of X-ray studies and magnetic resonance imaging (MRI) to detect abnormalities or trace pathways of nerve activity in the central nervous system.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>
<b>Neurological Conditions</b>	<p>A disturbance in structure or function of the central nervous system resulting from developmental abnormality, disease, injury or toxin.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>
<b>Neurological Health Services</b>	<p>The provision of any health services for patients with neurological conditions.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>
<b>Neurological Symptoms Unexplained by Disease</b>	<p>This term refers to patients presenting with attacks resembling epilepsy, blackouts, weakness, sensory symptoms, movement disorders, dizziness and cognitive symptoms that are not explained by the presence of neurological disease. These are also referred to as conversion symptoms, dissociative symptoms and functional symptoms.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>
<b>Neurologist</b>	<p>A doctor who specialises in conditions of the brain, spinal cord, peripheral nerves and muscles.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>
<b>Neurology Service</b>	<p>An individual service dedicated to providing specialist neurological services to patients.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>
<b>Neurophysiologist</b>	<p>A doctor who specialises in the testing of the function of the nervous system (electroencephalograms [EEGs] and tests on nerves and muscles), to determine if a patient is suffering from a neurological condition.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>
<b>Neurophysiology</b>	<p>The branch of medicine that deals with the functions and activities of the central nervous system in the diagnosis and treatment of neurological conditions.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>
<b>Neuropsychiatry</b>	<p>psychiatry relating mental or emotional disturbance to disordered brain function.</p> <p><a href="http://www.oxforddictionaries.com/definition/english/neuropsychiatry">http://www.oxforddictionaries.com/definition/english/neuropsychiatry</a></p>
<b>Neuropsychology</b>	<p>The study of the relationship between behaviour, emotion, and cognition on the one hand, and brain function on the other.</p> <p><a href="http://www.oxforddictionaries.com/definition/english/neuropsychology">http://www.oxforddictionaries.com/definition/english/neuropsychology</a></p>
<b>Neuroradiologist</b>	<p>A physician who specialises in the field of neuroradiology and imaging to determine if a patient is suffering from a neurological condition.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>

Acronym/Term	Explanation
<b>Neuroradiology</b>	The branch of medicine that deals with the use of radioactive substances in the diagnosis and treatment of neurological conditions. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>Neurosurgical Services</b>	Services providing surgery of the nervous system, including the nerves, the brain, and the spinal cord. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>NHS</b>	National Health Scotland – Are accountable to the Scottish Government, The NHS work at the very heart <a href="http://www.nhsns.org/pages/corporate/about_us.php">http://www.nhsns.org/pages/corporate/about_us.php</a>
<b>NHS Board's Drug Formulary</b>	A list of prescription drugs, including generic and brand name drugs, which are funded through the NHS. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>NHS QIS</b>	NHS Quality Improvement Scotland – Healthcare Improvement Scotland is one organisation, but we are made up of different parts, some of which have their own identities and are recognised internationally. <a href="http://www.healthcareimprovementscotland.org/about_us.aspx">http://www.healthcareimprovementscotland.org/about_us.aspx</a>
<b>NNAG</b>	National Neurological Advisory Group – The National Neurological Advisory Group (NNAG) was set up in 2012 to oversee and support NHS Boards as they implement improvements through their 3 year plans. In developing on the work initiated by Healthcare Improvement Scotland (HIS) to support the NHS Boards meet the criteria contained within the Clinical Standards for Neurological Health Services. <a href="http://www.knowledge.scot.nhs.uk/nnagcommunity/what-we-do.aspx">http://www.knowledge.scot.nhs.uk/nnagcommunity/what-we-do.aspx</a>
<b>Non-acute Headache</b>	Non-acute headache can be disabling but is not serious. Most non-acute headache is primary (e.g. migraine, tension type headache or cluster headache) but can be secondary (e.g. medication overuse headache, cervicogenic headache). <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>Nurse Specialist</b>	A healthcare professional who has specialised knowledge and competence in a particular area of neurology, such as in epilepsy, multiple sclerosis, Parkinson's disease or motor neurone disease. Also known as a clinical nurse specialist in some settings. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>Occupational Therapist (OT)</b>	A healthcare professional who specialises in using productive or creative activity to treat or rehabilitate patients <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>OMG</b>	Operational Management Group – A Sub Group of the NAofS – The OMG Sub Group is to agree a manageable work plan to help support the improvement of services and therein provide better outcomes for neurological patients and their unpaid carers. <a href="http://www.scottishneurological.org.uk/news/qis/national-neurological-advisory-group-update-">http://www.scottishneurological.org.uk/news/qis/national-neurological-advisory-group-update-</a>
<b>PAC</b>	Public Accounts Committee – Are appointed by the House of Commons to examine "the accounts showing the appropriation of the sums granted to Parliament to meet the public expenditure, and of such other accounts laid before Parliament as the Committee may think fit". <a href="http://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/role">http://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/role</a>
<b>Palliative Care</b>	The active total care of patients and their families by a multidisciplinary team when the patient's disease is no longer responsive to curative treatment. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>PD</b>	Parkinson's Disease – Is a progressive neurological condition caused by a lack of chemical called dopamine due to some nerve cells in brain having died. <a href="http://www.parkinsons.org.uk/content/what-parkinsons">http://www.parkinsons.org.uk/content/what-parkinsons</a>
<b>Parkinson's Disease and Related Conditions</b>	Conditions that are more rapidly progressive and less responsive to treatment than idiopathic PD and represent a more widespread degenerative process. The two main types are multiple system atrophy (MSA) and progressive supranuclear palsy (PSP). <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>



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<b>Patient Encounter</b>	The experience of a patient when in contact with any service provided by the NHS. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>Physiotherapist</b>	A healthcare professional specialising in the treatment of disorders with exercises and other physical treatments. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>PID</b>	Project Initiation document – Is effectively the “contract” for the project (between the project manager and the project board). <a href="http://www.dfpni.gov.uk/content_-_successful_delivery-project_initiation_document">http://www.dfpni.gov.uk/content_-_successful_delivery-project_initiation_document</a>
<b>Practice Nurse</b>	A registered NHS nurse working in a GP practice to provide a wide range of nursing services, including screening, advice and treatment to patients. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>Primary Care</b>	The conventional first point of contact between a patient and the NHS. This is the component of care delivered to patients outside hospitals and is typically, though by no means exclusively, delivered through general practices. Primary care services are the most frequently used of all services provided by the NHS. Primary care encompasses a range of family health services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic medical practitioners. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>PSP</b>	Progressive Supranuclear Palsy – Is a rare and progressive condition in which increasing numbers of brain cells become damaged over time. This is known as neurodegeneration. <a href="http://www.nhs.uk/conditions/progressive-supranuclear-palsy/Pages/Introduction.aspx">http://www.nhs.uk/conditions/progressive-supranuclear-palsy/Pages/Introduction.aspx</a>
<b>QOF</b>	Quality & Outcomes Framework Represents one of the main sources of potential income for general practices (GP surgeries) across the UK. <a href="http://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework">http://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework</a>
<b>Rationale</b>	The rationale of a standard provides the reasons why a standard is considered to be important. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>RCGP</b>	Royal College of General Practitioners – The RCGP is the professional membership body for family doctors in the UK and overseas. They are committed to improving patient care, clinical standards and GP training. <a href="http://www.rcgp.org.uk">http://www.rcgp.org.uk</a>
<b>Referral</b>	The process by which a patient is transferred from one professional to another, usually for specialist advice and/or treatment. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>Refractory Epilepsy</b>	People with epilepsy have seizures. During a seizure, the nerve cells in the brain don't communicate normally. The usual electrical activity in the brain becomes altered. These seizures may last a few seconds or a few minutes. About one-third of people with epilepsy will eventually develop refractory epilepsy. This means that medicines don't work well, or at all, to control the seizures. <a href="http://www.hopkinsmedicine.org/healthlibrary/conditions/nervous_system_disorders/refractory_epilepsy_135,5">http://www.hopkinsmedicine.org/healthlibrary/conditions/nervous_system_disorders/refractory_epilepsy_135,5</a>
<b>Regional Neurology Centre</b>	Centre that provides nursing and physician assessment to patients with neurological issues such as Parkinson's disease, multiple sclerosis, headaches and seizure disorders, on a regional basis. In Scotland there are four regional neurological centres serving the population. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>Rehabilitation Services</b>	Services provided to help patients to achieve the highest level of function, independence and quality of life possible, particularly after an illness or injury. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>Relapse</b>	The return of signs and symptoms of a disease after a period of absence. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>



Acronym/Term	Explanation
<b>RIDU</b>	Regional Infectious Diseases Unit – The Research Team in the Regional Infectious Diseases Unit has become one of the most active in the country with participation in over 100 clinical trials in the past 20 years. We are always recruiting to different research trials, which mean we can offer new and innovative treatment strategies to our patients as soon as they become available. The return of signs and symptoms of a disease after a period of absence. <a href="http://www.nhslothian.scot.nhs.uk/Services/A-Z/RIDU/Research/Pages/default.aspx">http://www.nhslothian.scot.nhs.uk/Services/A-Z/RIDU/Research/Pages/default.aspx</a>
<b>SAH</b>	Subarachnoid Haemorrhage – Is a type of stroke caused by bleeding in and around the brain. <a href="http://www.nhs.uk/conditions/Subarachnoid-haemorrhage/Pages/Introduction.aspx">http://www.nhs.uk/conditions/Subarachnoid-haemorrhage/Pages/Introduction.aspx</a>
<b>SEAT</b>	South East & Tayside is one of three planning groups to provide structures and mechanisms for taking forward the statutory duty. NHS Fife participates in the South East and Tayside (SEAT) Regional Planning Group, which comprises the following NHS Board areas:- NHS Borders; NHS Fife; NHS Forth Valley; NHS Lothian; and NHS Tayside. <a href="http://admin.1fife.org.uk/weborgs/nhs/uploadfiles/publications/c64_SectionHwithTC(Issue10-Oct2012).pdf">http://admin.1fife.org.uk/weborgs/nhs/uploadfiles/publications/c64_SectionHwithTC(Issue10-Oct2012).pdf</a>
<b>Secondary Care</b>	Hospital-based care services which are provided on an inpatient or outpatient basis. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>SGHD</b>	Scottish Government Health Directorates. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>SMR 00</b>	Summary of Rules - is generated for outpatients receiving care in the specialties listed when: <ul style="list-style-type: none"> <li>&gt; they attend a consultant or other medical outpatient clinic;</li> <li>&gt; they meet with a consultant or senior member of his/her team out with an outpatient clinic session (including the patient's home).</li> </ul> <a href="http://www.datadictionaryadmin.scot.nhs.uk/SMR-Datasets/SMR00-Outpatient-Attendance/SMR00-Summary-of-Rules">http://www.datadictionaryadmin.scot.nhs.uk/SMR-Datasets/SMR00-Outpatient-Attendance/SMR00-Summary-of-Rules</a>
<b>SNC</b>	Scottish Neurosciences Council – aims to promote Clinical Neuroscience within Scotland by fostering relationships between clinical specialties, providing advice on training, liaising with patient groups and representatives and facilitating the development of effective and efficient services. <a href="http://www.scottishneurological.org.uk/blogs/snc">http://www.scottishneurological.org.uk/blogs/snc</a>
<b>Spasticity</b>	A condition in which certain muscles are continuously contracted. This contraction causes stiffness or tightness of the muscles and may interfere with movement, speech and manner of walking. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>Specialist Palliative Care</b>	The active total care of patients with progressive, far-advanced conditions and limited prognosis, and their families, by a multidisciplinary team. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>SSBA</b>	Scottish Spina Bifida Association – The Scottish Spina Bifida Association is the only specialist charity in Scotland to provide a lifetime commitment of dedicated support services, training and projects for everyone affected by the conditions. <a href="http://www.ssba.org.uk/content/about_us">http://www.ssba.org.uk/content/about_us</a>
<b>Standard Statement</b>	An overall statement of desired performance. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>Subarachnoid Haemorrhage (SAH)</b>	A serious, potentially life-threatening condition where blood leaks out of blood vessels over the surface of the brain. A subarachnoid haemorrhage requires urgent emergency treatment. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>
<b>Telemedicine</b>	Real-time ward-based medicine carried out using audio-visual equipment available in a treatment or consulting area. The facilities enable healthcare professionals to examine patients with the guidance of a remotely located physician. <a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a>

Acronym/Term	Explanation
<b>Triage</b>	<p>The sorting out and classification of patients or casualties to determine priority of need and proper place of treatment.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>
<b>Voluntary Sector Organisation</b>	<p>Organisations that carry out social activities which are not for profit or funded by the government.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>
<b>Waiting Times Initiatives</b>	<p>Extra activities carried out by service providers to reduce the length of their waiting lists.</p> <p><a href="http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf">http://apps.bps.org.uk/_publicationfiles/consultation-responses/Draft%20Neurological%20Standards%20(S)%20-%20consultation%20paper.pdf</a></p>

# N N A G

[www.knowledge.scot.nhs.uk/  
nnagcommunity.aspx](http://www.knowledge.scot.nhs.uk/nnagcommunity.aspx)

