



**Strategic Clinical Networks:
Briefing for local staff and people affected by neurological conditions**

In July 2012 it was announced that a Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions (SCN for MHDNC) would be set up from April 2013, hosted and funded by *NHS England*. This briefing outlines what a SCN is and what it might achieve for people with neurological conditions. It also provides information about how the SCN for MHDNC will operate, as well as how people affected by neurological conditions and neurological charities can contribute locally.

All words and phrases in *italics* are included in a glossary at the end of this briefing.

What is the Strategic Clinical Network for Mental Health, Dementia and Neurology?

The SCN is primarily an advisory group to NHS England. Led by clinicians, and with patients and public sitting alongside the network, the SCN will use its knowledge to influence and support *commissioners*. The advice of the SCN will help *commissioners* to improve the planning and delivery of services. The overall role of the SCN is to reduce variation in services and increase equity of access.

The purpose of a SCN is to tackle health challenges, such as neurology; where people's experiences of services and support can be very poor.

A SCN brings together a range of people with expertise and interest in this area of health; this includes GPs, neurologists, nurses, patients, social workers and representatives from the voluntary sector. As many professional groups and organisations are involved in the development and delivery of neurological care, working together strategically as part of a network will help to identify where improvements to services are needed for people with neurological conditions.

How will it operate?

The focus of the new health service reforms is to make services much more accountable to communities of patients. The SCN for MHDNC is being set up, alongside three other SCNs (for cancer, cardiovascular, and women and children) in 12 areas of England (see Appendix 1 for the map). The 12 areas are broadly based around specialist centres. The SCN in each geographical area will be lead by a part time Clinical Director. The Clinical Director will be supported by a small team, hosted by the *Local Area Team*. The number and size of the team in each network will be locally determined (see Appendix 2A for the SCN structure). The SCN will be established for five years.

Critical to the success of SCNs will be their ability to develop partnerships, particularly with *commissioners*. Also important will be the relationships with providers and other networks within the commissioning structure such as *Clinical Senates* and *Academic Health Science Networks*.

The SCN for MHDNC covers three clinical areas - mental health, dementia and neurology - but can operate independently or together when relevant.

What do we hope the SCN for MHDNC will achieve?

Whilst we hope the SCN for MHDNC will create a stronger sense of community amongst the neurological healthcare professionals, patients and the voluntary sector regionally, we also hope it will lead to improvements in services for people with neurological conditions. For the first time there will be a dedicated team in each of the 12 regions that brings together expertise in neurology.

Rather than focussing on specific diagnoses or conditions, the SCN is far broader – focussing across mental health, dementia and neurology. **It is therefore important that people with neurological conditions and respective neurological charities are able to talk on a wider platform than one condition.** Below are some of the main messages and key issues in relation to neurology.

Neurology numbers

- There are 10 million people in the UK with a neurological condition – some are more common such as migraine and epilepsy; others are very rare such as Huntington's Disease and Guillain Barré syndrome.
- Neurological conditions are the most common cause of physical disability. Around 1 million people with a neurological condition are likely to be out of full time employment, with around 350,000 people requiring support for most daily activities.
- Neurological conditions are the third most common reason for attending Accident and Emergency.
- Spend on neurological services increased by 174% between 2003/4 and 2011/12. This increase is not sustainable and highlights the need for urgent improvement in the coordination of services to bring down spending.

Main priorities for action within the SCNs

1. Raising the profile of neurology – neurology is poorly represented in the accountability and incentive frameworks in the NHS (for example the *Clinical Commissioning Group Outcomes Indicator Set*.) In addition, neurological conditions are poorly understood often because they are rare and complex. As such, neurological conditions are a low priority for commissioners and GP engagement in neurology is weak.
2. Tackling variation in neurology services across England - there are gaps and variation across the country for neurology services, starting with diagnosis but particularly for rehabilitation and ongoing care. The complexity of neurology

means that it requires a national strategic focus to drive improvements and ensure the same high quality services are available across England.

3. Seamless care – people with neurological conditions often access services from across health and social care and the professionals involved might include GPs, community nurses, therapists, consultants and social workers as well as other advisors and benefits outside of health and social care. This means that different professionals and services are not always talking to each other. Co-ordination of care and support between services and professionals within those services is really important to achieving seamless care.

What are the outcomes we want to achieve for people with neurological conditions?

- Quick and accurate diagnosis
- Prompt access to appropriate specialist treatment, specialised rehabilitation, assistive equipment and high quality information
- Support for people to self-manage the condition where possible
- Help for people to recover and maintain their independence and functional ability
- Reduction in emergency admissions and length of stay
- Access to good quality end of life care

What is the role of local staff and patients in the SCN for MHDNC?

The Neurological Alliance and its members want to ensure we take advantage of the opportunity presented by the new SCN for MHDNC.

The Associate Directors for the SCN in each geographical area have been appointed and the Neurological Alliance has contacted each Associate Director to offer support to the new SCN for MHDNC. An SCN briefing document has set out the ways in which the Neurological Alliance can help the SCN for MHDNC team. These include: links to patients with neurological conditions, local knowledge of services, links to clinical experts, and expertise in service redesign and patient population mapping.

In most areas, events are being planned to begin to establish the SCN's initial priorities. We want to achieve good representation from local clinicians, patients and patient groups/charities across different neurological conditions. An important immediate task for local branches of national charities, local neurology groups and regional staff will be to provide contact details for local stakeholders – including health care professionals and patients. Information on local stakeholders should be sent to one of the contacts listed at the end of this document. Information about local stakeholders will be used initially to form the invite lists for the local events.

This summer, the Neurological Alliance will continue work on defining the priorities for the neurological conditions SCN. An early task for the SCN for MHDNC will be to determine how it will measure success and what data is needed in order to evidence improvement. The Neurological Alliance will hold a summit in the summer to develop messaging into paper setting out a blueprint for the SCNs. A further briefing outlining next steps will be provided following this summit.

Recommended reading

We recommend the below, all of which can be downloaded at www.neural.org.uk:

Intelligent outcomes: Applying the health and social care reforms to improve outcomes for people with neurological conditions

MHP Health Mandate and The Neurological Alliance - August 2012

Thinking Ahead: making the case for a SCN for neurology

The Neurological Alliance, Neurological Commissioning Support and JMC Partners - June 2012

Services for people with neurological conditions

House of Commons Committee of Public Accounts: Seventy-second Report of Session 2010-12 - March 2012

Services for neurological conditions

National Audit Office - December 2011

Glossary

Academic Health Science Networks bring together NHS professionals, academics and healthcare industry representatives to work collaboratively to spread innovation and best practice. Historically the configuration of the health system has not enabled new, innovative approaches to improving health outcomes to be rapidly translated into clinical practice. This means that there is little incentive for industry to invest in research and development. Academic Health Science Networks were first proposed in 2011 to support and encourage innovation.

Care pathways are often used to describe a patient's overall journey in relation to the health and social care services they receive, rather than focussing on the contribution of each speciality. The term integrated care pathway refers to services being coordinated or patient-centred.

Clinical Senates are similar to SCNs in that they bring together a range of clinicians and professionals from health care, public health and social care, alongside patients and the public. Clinical Senates differ from SCNs in that rather than focussing on a particular disease or patient group, they offer strategic advice to commissioners by bringing together a range of specialisms to offer a broad perspective on issues facing local areas, such as service reorganisation. Like SCNs, Clinical Senates will operate across 12 geographical patches.

Commissioners are responsible for ensuring care services are provided effectively and meet the needs of the population they oversee. In the new health system, community and hospital based health services are commissioned by GPs who come together in an area to form a clinical commissioning group (CCG). Local authorities are responsible for commissioning social care and support services. NHS England is responsible for commissioning specialised and primary care services.

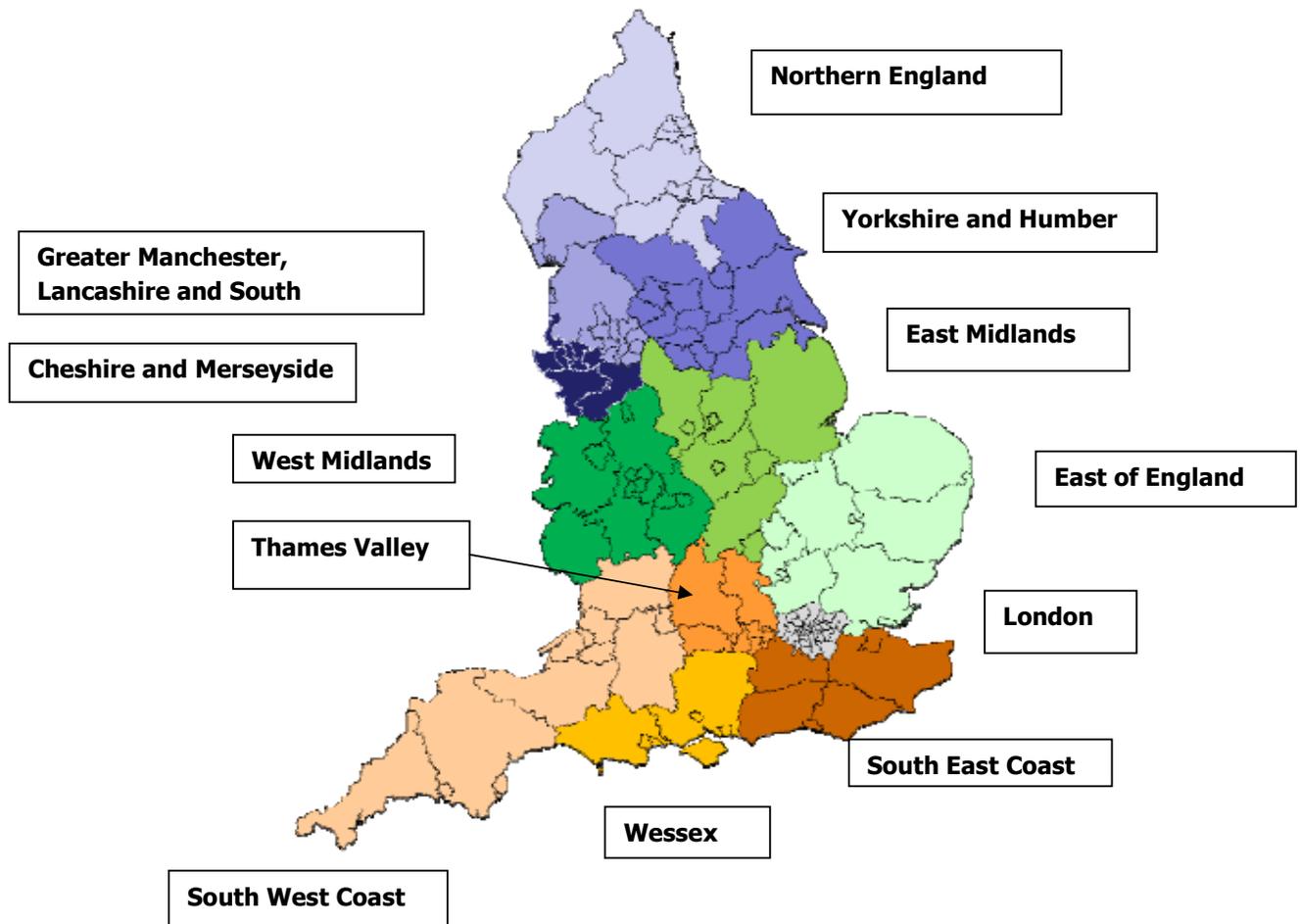
The Clinical Commissioning Group Outcome Indicator Set, also known as CCG OIS, sets out the information that CCGs must collect and measure in relation to the outcomes of the services they commission. The aim is to provide comparative information for patients and the public about the quality of services commissioned by CCGs and to allow NHS England to hold CCGs to account for their performance.

Local Area Teams (LATs) are the 27 local offices of NHS England. Each LAT has the same core functions including CCG assurance, emergency planning, partnership working and system oversight. In some areas LATs will have additional direct commissioning responsibilities such as specialised commissioning, military and prison health. In 12 areas, the LAT will host the SCN staff team.

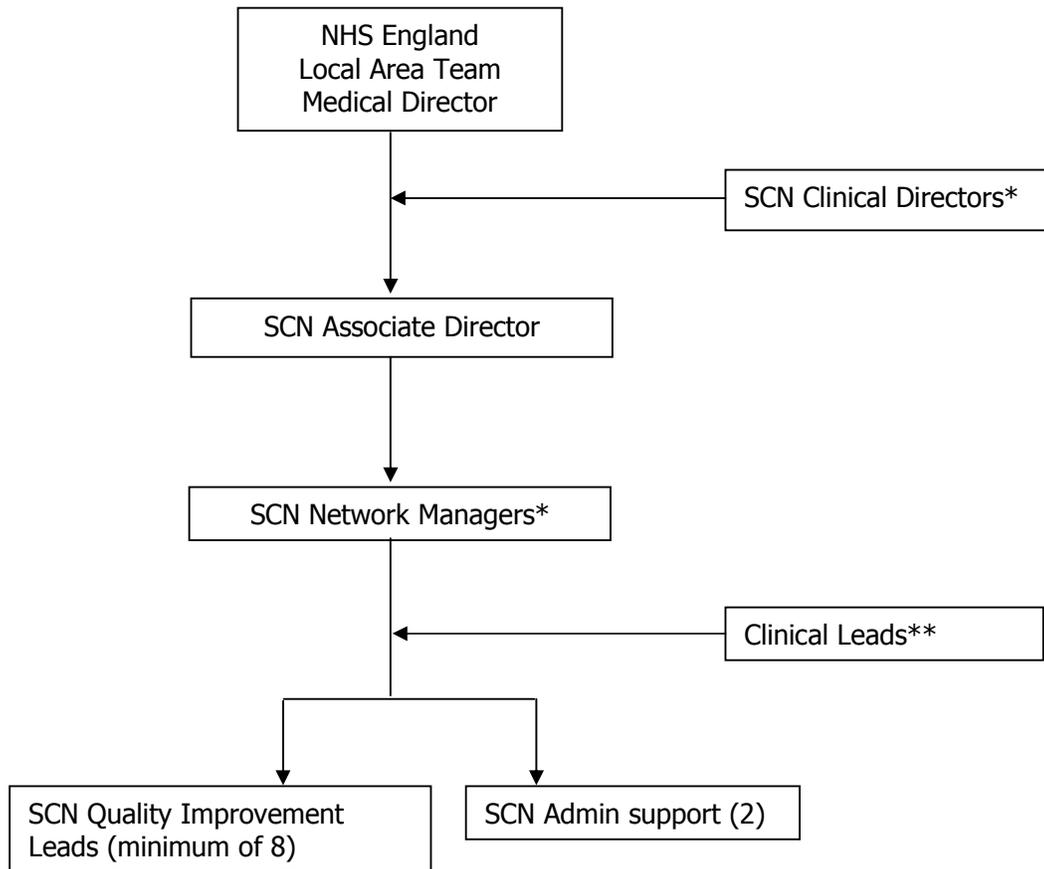
NHS England, known prior to April 2013 as the NHS Commissioning Board, has a mandate from the Government to improve health outcomes through the £80 billion health commissioning budget. It has oversight of the commissioning system holding CCGs to account through outcome and accountability frameworks. NHS England also has direct commissioning responsibility primary care commissioning and specialised commissioning. It hosts key commissioning and advisory bodies such as SCNs and Clinical Senates.

The Neurological Alliance is a national charity that brings together and represents more than 70 brain and spine organisations in England. The mission of the Neurological Alliance is to raise awareness and understanding of neurological conditions to ensure that every person diagnosed with a neurological condition has access to high quality, joined up services and information from their first symptoms, throughout their life. The Neurological Alliance campaigned for the establishment of a Strategic Clinical Network for neurology.

Appendix 1 – 12 geographical regions for Strategic Clinical Networks



Appendix 2 – Strategic Clinical Network structure



* normally one for each network (cancer, cardiovascular, MHDNC, maternity and children)

** the number of these will vary between the different areas