GIRFT national report aims to improve access to both inpatient and outpatient neurology services

The new national report for neurology from the Getting It Right First Time (GIRFT) programme focuses on improving access to care for patients with neurological disorders across England and ensuring services are available close to patients' homes where feasible.

Authored by Dr Geraint Fuller, a consultant neurologist at Gloucestershire Hospitals NHS Foundation Trust, the report is the first systematic national analysis of neurological services in England and examines the marked variation across the country in the range of services available to patients with neurological disorders. It highlights differences in how services are delivered and offers an unprecedented opportunity to share successful initiatives between trusts to improve patient services nationally.

Dr Fuller said: "During our meetings we found strong desire by neurology teams and trust management to improve neurology services and deliver better care for patients with neurological disorders. We hope that the recommendations within this report will help in achieving these aspirations."

The in-depth report follows a review of services based on data collected prior to the COVID-19 pandemic. While there have been significant changes in the neurology services during the pandemic – including increased electronic triage, remote consultations and temporary reallocation of staff – most of the structural constraints identified in the data remain.

The review found that the experience of patients with neurological disorders can vary significantly depending on where they live, with some patients admitted to sites with a full range of services seven days a week and others to sites with access to neurology services only a few days a week. Some patients receive treatment at home or at their local hospital, while others will have to travel.

There are an estimated 14.7 million cases of neurological disorder in the UK, which equates to one in six people in England having a neurological condition. Neurological disorders are common and varied; some are life-threatening and many severely affect quality of life. Conditions treated include sudden on-set conditions like encephalitis and meningitis, intermittent and unpredictable conditions like epilepsy, migraine and the early stages of multiple sclerosis, progressive conditions include motor neurone disease and Parkinson's disease, and stable conditions with changing needs like adult cerebral palsy and spina bifida.

Recommendations in the GIRFT national report for neurology aim to improve care for all groups of patients, and focus on:

Access to care: the review found significant variation in the range of neurological services provided between sites and the way they are delivered, reflecting the way neurology service have evolved across the country. The GIRFT report recommends that neurology services should be available at all sites admitting patients with acute neurological disorders, either on site or through links with another site. Where services are not available, pre-hospital triage should divert patients to other sites. Embedding neurology liaison services in trusts seven days a week will allow timely access to neurologists at all sites, helping to improve diagnosis and management of patients, avoiding unnecessary admissions. Most patients with neurological disorders are admitted to sites without inpatient neurology beds including to

some very large hospitals. However, a range of hospitals have developed inpatient services demonstrating that neurology inpatients can be managed under neurology outside neuroscience centres.

Outpatient clinics: Most neurology patients are seen in outpatients, with more than 1.3 million appointments a year. There is significant variation in outpatient activity and capacity across the country. Limitations in coding of outpatients limits analysis and needs to be improved to better understand outpatient services. The report also recommends that all trusts implement advice and guidance and a triaging system of outpatient referrals to ensure patients are seen in the most appropriate clinic or are offered prompt management advice.

Care pathways: The GIRFT review found variation in care for patients with seizures or suspected seizures, multiple sclerosis, Parkinson's, migraine and other chronic neurological conditions. There was marked variation in access to specialist nurses between sites. For some patients regular treatments, such as disease modifying treatments for MS or botulinum toxin for dystonia, were available at their local hospital while in other areas these were only available at centres necessitating significant travel. In some areas clinics for common disorders such as epilepsy, MS and Parkinson's disease were available at local hospitals, in others only at neuroscience centres. Reviewing treatment pathways should allow treatment to be delivered closer to patients' homes, especially for conditions that require regular attendance. The report recommends a mechanism is established to better understand outpatient activity, which will support service planning to deliver this.

The report also recommends the workforce is developed to improve the distribution of neurologists and allied health professionals, which would result in better services for patients. The ambition is to establish services where the patients need them, and to train advanced practitioners to support this and to perform appropriate procedures in an outpatient setting.

Some of the historical mechanisms for funding and resourcing neurology services have contributed to these imbalances in neurology services. The Integrated Care Systems (ICSs) provide an opportunity to realign the neurology services to match the needs of their populations.

The report has identified a financial opportunity of between £16.77m and £31.42m per annum if all of the GIRFT recommendations can be implemented. Additional potential savings on litigation are also outlined.

Report recommendations

1. Ensure that all patients with acute neurological disorders can promptly access neurology services, including through acute neurology clinics.
2. Embed neurology liaison services to allow timely access to neurologist advice at all sites.
3. Expand inpatient services to allow more non-elective admissions to be managed under neurology.
4. Implement advice and guidance and a triaging system of outpatient referrals to ensure effective management of referrals, offer earlier management advice, improve clinic waiting times and reduce DNAs.
5. Establish mechanisms to better understand outpatient activity to support service planning and enable benchmarking between trusts.

6. Use remote consultations where clinically appropriate, in line with NHS Long Term Plan and Outpatient Transformation Programme ambitions.
7. Explore opportunities to train advanced practitioners, including specialist nurses or physician associates, to perform lumbar punctures and other appropriate procedures in an outpatient setting.
8. Review and modernise follow-up strategies within the department to best meet patient needs.
9. Establish specialist clinics for the most common neurological disorders locally at all sites, with network links to regional or national services.
10. Ensure that patients with chronic neurological disorders have access to specialist nurses or other advanced practitioners working as part of an integrated multidisciplinary team, with appropriate administrative support.
11. Develop pathways for management of patients with seizures and suspected seizures (including non-epileptic attack disorder) within A&E/acute medical units to link into epilepsy services.
12. Support the Department of Health and Social Care coordinated response to implementation of the Independent Medicines and Medical Devices Safety Review relating to safe use of sodium valproate in women of child-bearing potential.
13. Ensure understanding of efficacy of MS disease-modifying treatments.
14. Develop clinically led subspecialty regional networks, starting with epilepsy and MS, with links to local MDTs.
15. Optimise services provided by neurologists and geriatricians in the management of Parkinson's disease, and avoid duplication of services.
16. Ensure regular review of readmission rates for headaches to understand and address variation, to ensure the pathway for these patients is optimised.
17. Ensure appropriate provision of whole-life management for patients with MND.
18. Review and improve local provision of treatments for chronic neurological conditions to ensure patients can access care as close to home as feasible.
19. Use neuroscience centre links into subspecialty regional networks as a key interface for accessing and developing research.
20. Review the organisation and roles of neurologists and neurology trainees to better meet patient needs and maximise training quality.
21. Establish inpatient neurology services to mirror the sites of acute stroke services and ensure that neurology trainees play a key role in stroke care.
22. Improve integration of neurology and neurophysiology services, in turn improving prompt patient access to neurophysiology and new technologies.
23. Improve access and links into neuroradiology services, including through the use of digital solutions.

24. Remodel commissioning arrangements for neurology by narrowing the definition of specialised services, ensuring additional neurology centres are developed to provide leadership and advice, and contracts are designed to support more accessible local neurology services.
25. Consider options for creation of a neurology dashboard, building on routinely collected data, to enable monitoring of key metrics to support continual quality improvement.
26. Reduce litigation costs through application of the GIRFT programme's five-point plan.