



James Palmer  
National Clinical Director for Specialised Services  
NHS Commissioning Board  
Quarry House  
Quarry Hill  
Leeds, LS2 7UE

25 January 2013

Dear Mr Palmer,

I write as Chief Executive of the Neurological Alliance to set out our response to the NHS Commissioning Board (NHS CB) consultation on specialised service specifications. As you know, the Neurological Alliance is the only collective voice for more than 70 national and regional brain and spine organisations working together to make life better for 8 million children, young people and adults in England with a neurological condition.

We welcome the opportunity to respond to this consultation, though we are concerned and disappointed that the Board conducted it over just six weeks including Christmas and New Year. For many of the organisations within our membership, responding to the consultation in this timescale has placed considerable strain on their resources whilst for others it has rendered engagement impossible. We would strongly urge the NHS CB to conduct consultations on a 12 week basis to ensure that the Board's work is underpinned by genuine and representative patient and public engagement.

As many of our member organisations have responded to the condition specific service specifications and clinical policies, our response relates only to service specification D4c (Neurosciences: neurology). The three-tiered generic service model in the specification describes a hub and spoke model of delivery, which would encompass all neurology inpatient and outpatient activity, including care provided in the community by all members of a multidisciplinary team, irrespective of whether they are specialists. Given the persistent issues associated with the provision of comprehensive, equitable access to neurological services, as documented by the recent National Audit Office<sup>1</sup> and the Public Accounts Committee<sup>2</sup> on this issue, and the complexity of all conditions on the neurological spectrum, we would fully support the Board's decision to commission all neurology at a national level.

However, the definition of a specialised neurology service contained within the manual for prescribed specialised services is contradictory, describing an arrangement whereby all neurology inpatient and outpatient services at Adult Neurology and Neurosciences Centres are to be commissioned nationally while those neurology services provided at local hospitals or in the community are the commissioning responsibility of clinical commissioning groups (CCGs).

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<sup>1</sup> *Services for people with neurological conditions* - National Audit Office, December 2011

<sup>2</sup> *Services for people with neurological conditions* - Public Accounts Committee, March 2012

Given the disparity between the information in the neurology service specification and manual, it may not be the Board's intention to directly commission all neurology services. It is a matter of the utmost urgency that the NHS CB clarifies where the division between specialist and general neurology services lies; in its absence, CCGs cannot identify where the Board's commissioning responsibilities end and their begin and so may not fully factor neurology into their planning. The implications of this for people affected by a neurological condition are alarming. We therefore echo the Association of British Neurologists (ABN) call to convene a meeting at the earliest opportunity between the Neurosciences Clinical Reference Group and relevant representatives from the NHS CB, other professional bodies and patient representative organisations to resolve this issue.

In the event that the Board divides neurology services in accordance with the definition provided in the manual, we support the ABN's proposed division between 'general' and 'specialist' (see Appendix 1). In placing the majority of neurology commissioning responsibility with CCGs, it is vital that the NHS CB has a keen awareness of CCGs need for support to enable them to meet these responsibilities. Unlike other highly prevalent and high cost condition areas, such as cardio vascular disease, neurology is given very little profile under the accountability, improvement, quality and incentive mechanisms that will drive the commissioning activities of CCGs.

It is particularly concerning that the CCG Outcomes Indicator Set only includes neurology under the umbrella of long term conditions, with the exception of three individual neurological conditions<sup>3</sup>, and that only 35% of Joint Strategic Needs Assessments for 2012/13 include a section on neurology<sup>4</sup>. Both of these instruments will be fundamental in shaping the commissioning priorities of CCGs and given the lack of direction CCGs have in relation to size and needs of people with a neurological condition in their patient populations, there is a significant risk that the needs of these individuals will be underserved.

Collectively the NHS CB Domain 2 lead, Dr Martin McShane, the new National Clinical Director (NCD) for Chronic Disability and Neurological Conditions and the strategic clinical network (SCN) for mental health, dementia and neurological conditions have a crucial role to play in ensuring this does not happen. In developing a suite of commissioning tools and neurological outcome indicators as a first priority, the NCD, together with the other relevant NCD within the Board, can enable CCGs to commission the neurological services for which they are responsible to a high standard and, through the development of outcome indicators, give CCGs direction on key areas for improvement. With appropriate resources and proper professional, patient and public involvement, the SCN can support the delivery of seamless and coordinated care for individuals interacting with both nationally and locally commissioned services.

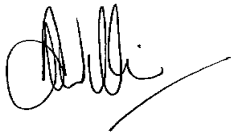
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<sup>3</sup> Epilepsy in under 19s, stroke and dementia

<sup>4</sup> *A Critical Time for Epilepsy in England* - Epilepsy Action, January 2013

It is vital that the NHS CB quickly addresses the confusion around which neurology services are commissioned at a national level and develops a service specification for neurology outpatient services that provides a clear definition of these services. If the Board determines that the majority of neurological services should be commissioned locally it is essential that it appreciated that under the quality and improvement architecture of the reformed NHS, this model will only work if supported by an empowered and resourced NCD and with effective clinical oversight of the system provided by an effective SCN. We look forward to working with the NHS CB, the Neurosciences Clinical Reference Group and the ABN to further develop the neurology service specification to ensure that the NHS delivers the highest quality care and best outcomes for all people with a neurological condition.

Yours sincerely,



Arlene Wilkie  
Chief Executive, Neurological Alliance

## **Appendix 1**

### **ABN's proposed division between 'general' and 'specialist' neurology services**

A 'general' neurology service is one that involves GP and other referrals to general clinics and is delivered at Regional Neurosciences Centres (RNC) and Neurology Centres (NC), District General Hospitals and other community settings. This would form the majority of the outpatient work done by most neurologists. This is the responsibility of CCGs.

A 'specialist' neurology service would predominantly, but not exclusively, be delivered in RNCs and NCs for more complex cases such as acute neurology admissions and patients who require to be seen within a disease specific service (epilepsy for example). This is the responsibility of the NHS CB. In some cases it would be appropriate for GPs and other health professionals to refer directly to this service where, for example, a patient with multiple sclerosis who has been stable suddenly deteriorates.