

Neurology Intelligence Collaborative (NIC)

Data sub-group of the National Neurology Advisory Group (NNAG)

Terms of Reference

Summary

1. The purpose of the National Neurology Advisory Group (NNAG) is to seek alignment between programmes in NHS England, Arm's Length Bodies and system partners relevant to people with neurological conditions, and to guide the strategic development of work to improve outcomes for people living with neurological conditions.
2. The purpose of the Neurology Intelligence Collaborative (NIC) is to fulfil the aims of the NNAG in relation to data and intelligence. It will bring together partners to identify priorities, align work plans, avoid duplication and ensure best use of resources across the various bodies and organisations.
3. This NIC is a reformation of a previously existing group; the Public Health England led Neurology Intelligence Network Leadership Group. Whilst the remit and membership of the NIC is wider than the NINLG, the NIC will retain the oversight and governance responsibilities of the previous group, details in section 6.

Remit

4. The NIC will receive strategic direction and guidance from the NNAG to ensure work in the area of data and intelligence is aligned with the wider strategic aims of neurology across the health system.
5. The NIC will report directly to the NNAG.
6. The NIC will provide cross organizational advisory oversight of the National Neurology Intelligence Network (NIN) work programme seeking to ensure it fits within whole system priorities and is complimentary to other neurology intelligence based work. Whilst overall governance of the NIN lies within the PHE business planning processes (as the funding body), the NIC is recognised by PHE as an expert reference group. PHE therefore requires that any business plan that the NIN develops are supported and approved by the NIC.
7. Membership of the group should consist of the broad range of stakeholders involved in the design and delivery of data and intelligence work programmes which focus on the area of neurology, or an aspect of it. To support and guide the data and intelligence work, clinical and subject matter experts must also be represented. Group membership is detailed in Appendix 1.
8. Whilst the secretariat of the NIC is provided by PHE, it operates as a collaborative network of organisations and aims to serve the interests of these partners and the overarching NNAG.

Responsibilities

9. The NIC will:
 - a. Provide the focal point for coordinating the key partners and stakeholder organisations with an interest in developing neurological data, information and intelligence.
 - b. Develop, agree and support the creation and maintenance of a neurology intelligence plan.
 - c. Consider and advise on the resource requirements that are needed to deliver the identified short, medium and long term data ambitions identified in the neurology intelligence plan (as identified in 9b)
 - d. The NIC will actively support and respond to advice and direction received from the National Neurology Advisory Group as the recognised source of national leadership in neurology.
 - e. Provide expert advice in areas of neurology metric and dataset development. (E.g. RightCare neurology metrics and Neurological Alliance Patient survey)

Membership

10. The proposed membership is provided at appendix 1.

Chair

11. The meeting will be co-chaired by Cam Lugton (Programme Lead, MHDNIN) and Adrian Williams (Chair, NNAG).
12. Chairing arrangements will be reviewed on an annual basis

Quorum

13. Representation from the following group is required for decision making (one individual can represent more than one group);
 - a. PHE
 - b. NHS England
 - c. Co-chair
 - d. Neurologist

Ways of working

14. Meetings – The NIC will meet on a quarterly basis. Ideally this will take place at the midpoint between NNAG meetings to enable effective communication between the groups.
15. Meetings will be 2 hours long and face to face where possible.
16. As required the group will link with relevant experts in specific topic areas via ABN special interest groups and Neurological Alliance condition specific representatives.
17. In fulfilling its duties the group will direct the establishment and utilisation of expert reference groups, task and finish groups and others ways of working as appropriate.
18. Secretariat - To be provided by The Neurological Alliance who will be responsible for providing the agenda, papers and meeting notes and actions.

Appendix 1 – NIC Group Membership

Role	Title/Organisation	Contact details
Co-chair	Cam Lugton, MHDNIN Programme Lead, PHE	[REDACTED]
Co-chair	Adrian Williams, Chair, National Neurology Advisory Group	[REDACTED]
PHE NIN Network	Michael Jackson, NIN&DIN Head of Intelligence, PHE	[REDACTED]
Neurological Alliance (Secretariat)	Sarah Vibert, Chief Executive, Neurological Alliance	[REDACTED]
ABN	Cath Mummery Chris Kipps (Chair of audit committee)	[REDACTED] [REDACTED]
NHS RightCare	Philip Wilcock Claire Bradshaw	[REDACTED] [REDACTED]
GIRFT	Geraint Fuller Nick Phillips	[REDACTED] [REDACTED]
NHS Digital	To be identified	
NHS England	Sarah Marsh, Programme Manager, LTCs, NHS England	[REDACTED]
Department of Health	Stephen Atkinson, Long Term Conditions (Primary Care) Department of Health	[REDACTED]
Clinical Advisors	Paul Morrish, Consultant Neurologist, North Bristol NHS Trust Hedley Emsley Professor of Clinical Neuroscience, Lancaster Medical School Tony Marson, Lancaster Medical School Jon Dickson Senior Clinical Lecturer and GP, University of Sheffield	[REDACTED] [REDACTED] [REDACTED]
Charity/NGO Partners	Phillip Anderson, Head of Policy, MS Society	[REDACTED]

Appendix 2 - NIC Governance Structure

