

National Neurosciences Advisory Group

Terms of Reference

1. Purpose

1.1 The National Neuro Advisory Group (NNAG) exists to seek alignment between programmes in NHS England, the Department of Health's Arm's Length Bodies and system partners, such as charities relevant to people with neurological conditions, and to guide the strategic development of work to improve outcomes for people living with neurological conditions.

1.2 The group aims to bring together all the different professionals that need to work together to achieve improvement in neurology services including clinicians, patients, commissioners and academics.

1.3 NNAG is not a decision-making body but will make formal recommendations to NHS England about the commissioning of services, this will be done through the NHS England Clinical Policy Unit and NHS England Long Term Conditions team.

2. Accountability

2.1 The NNAG is directly accountable to the National Medical Director at NHS England.

2.2 The NNAG will work closely with, and advise when required, the Neurosciences Clinical Reference Group, although will not be restricted to the remit of specialised commissioning.

2.3 The NNAG will work closely with the NHS England Long Term Conditions Team and Clinical Policy Unit.

3. Duties

3.1 Provide a forum to bring together those working on improving outcomes across the system, to allow sharing of information on different work-streams, identify any gaps and interdependencies, and influence the direction of distinct work streams and the overall Neurosciences agenda.

3.2 Offer expert advice and recommendations to NHS England on the development of Commissioning specifications for both specialised neurosciences and CCG commissioned neurology in order to provide a joined-up approach to understanding commissioning responsibilities.

3.3 Coordinate and develop an emerging strategic approach to improve outcomes for people with neurological conditions.

3.4 Provide a forum to suggest initiation of programmes and projects where gaps exist and identify appropriate groups and/or organisations to take this forward.

3.5 Ensure that internal and external stakeholders are engaged and linked appropriately across the programme and that there is a coherent approach to communications.

3.6 Ensure that mechanisms are in place to understand the impact of relevant work programmes undertaken by external system partners.

3.7 Provide oversight of different work streams in order to maximise organisational capacity and reduce duplications.

4. Membership of the NNAG

4.1 Members are appointed based on holding a senior role in their organisation and having a high level of influence across Neurosciences.

4.2 Members are selected for their expertise even when they may be affiliated to specific stakeholder groups. As such, they are appointed as individuals to fulfil their role on the committee and it is expected that in their role as a member they will act in the public interest.

4.3 Proposed members should apply detailing relevant skills and experience to the Chair of the group, membership approval will then be voted on at the following NNAG meeting. The only exception to this is are the Patient and Public Voice representatives who are elected by the Patient group.

4.4 The Patient and Public Voice representatives are elected by the Patient group to ensure that the patient voice and voluntary and community sector perspective is expressed, and to promote co-production in respect of the NNAG work programmes. This position rotates between patient organisations with each serving a term of 2 years.

4.4 The group has the authority to secure the attendance of non-members with relevant experience and expertise if it considers necessary.

4.5 NNAG members will

- Attend all scheduled Advisory Group meetings, and if necessary, nominate a proxy.
- Where members identify interdependencies to the programme, they are responsible for, act as the conduit to raise these.
- Identify potential strategic and directional issues between projects and work to resolve these.
- Communicate outcomes of the meeting with their respective organisations and networks.

Member organisation/post	Current position holder	Nature of appointment to NNAG
Chair of NHS England Neurosciences Clinical Reference Group (Chair)	Professor Adrian Williams	For duration of period as CRG Chair
Chief Executive of the Neurological Alliance (Co-chair)	Sarah Vibert	For duration of period as Neurological Alliance chief executive
NHS England Clinical Policy Unit	Sarah Marsh	Senior NHS England policy representative nominated by Medical Director NHS England
President of The Association of British Neurologists	Professor Mary Reilly	For duration of period as ABN President
Chair of Association of British Neurologists Services Committee	Dr Cath Mummery	For duration of period as Chair
President of The Society of British Neurological Surgeons	Neil Kitchen	For duration of period as SBNS President
President of The British Society for Clinical Neurophysiology	Dr Adrian Fowle	For duration of period as BSCN President
Patient voice representatives (3)	Steve Ford, Chief Executive Parkinson's UK Ava Easton, Chief Executive Encephalitis Society Matthew Norton, Director of Policy and Strategy, Alzheimer's Research UK Michelle Mitchell, Chief Executive MS Society	All to serve a term of 2 years and be elected by Patient Group
Research and Academic Leads (2)	Peter Hutchinson Professor Nicholas Wood	Appointed annually in September by NNAG Chair
Joint Neurosciences Council	Professor Phil Smith	For duration of period as JNC President
Programme Lead, National Mental Health, Dementia and Neurology Intelligence Network, Public Health England	Cam Lugton	National neurosciences project
NHS Right Care	Bruce Pollington	National neurosciences project
Lead Getting It Right First Time	Nick Phillips Gerraint Fuller	National neurosciences project
President of the British Society of Neuroradiologists	TBC	For duration of period as BSNR President
CCG Commissioner	TBC	Appointed annually in September by NNAG Chair

5. Role of the Chair and Co-Chair

5.1 The Chair has responsibility for providing effective leadership to the group and summarising key decisions and actions to be taken at the end of the meeting.

In addition, the chair is responsible for ensuring that the minutes of meetings, produced by the Secretariat, and any reports to the National Medical Director, accurately record decisions taken, and, where appropriate, the views of individual members have been accounted for. Once agreed by the Chair the minutes will be published on the NNAG webpage.

5.2 Meeting agendas will be developed and agreed by the Chair, with support from the Co-Chair. Members are asked to ensure potential items are forwarded to the Chair or Co-Chair at least 10 days in advance of the meeting date to aid agenda setting and the preparation of meeting papers. Agenda items may also include issues raised directly by stakeholders.

6. Frequency of Meetings

6.1 Meetings will be held quarterly.