

Paper 10

Recommendation <input checked="" type="checkbox"/> DECISION <input checked="" type="checkbox"/> NOTE	<div style="border: 1px solid black; padding: 5px;">The Trust Board</div> <p>is asked to note and approve the contents of this report.</p>
Reporting to:	Trust Board
Date	Thursday, 30 th November 2017
Paper Title	Neurology Service Position Statement and Next Steps Summary
Brief Description	This paper provides a position statement on neurology services, an overview of actions taken to date and seeks approval on next steps for service delivery.
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Recommended / escalated by	N/A written for Board
Previously considered by	N/A written for Board
Link to strategic objectives	Patient and Family Safest and Kindest Innovative and Inspirational Leadership Values into Practice
Link to Board Assurance Framework	RR668 RR859
Outline of public/patient involvement	Not relevant at this stage – will be addressed in due course
Equality Impact Assessment	<input checked="" type="radio"/> Stage 1 only (no negative impacts identified) <input type="radio"/> Stage 2 recommended (negative impacts identified) * EIA must be attached for Board Approval <input type="radio"/> negative impacts have been mitigated <input type="radio"/> negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	<input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA

Neurology Service Position Statement and Next Steps Summary

1.0 Purpose of Report

1.1 The purpose of this report is to:

- Provide an update on the position of the Neurology service
- To seek agreement from the Board to re-open the service on 2 January 2018
- To seek approval from the Board to sub-contract an element of service delivery to ensure capacity can match demand, for the local population

2.0 Background

2.1 The Neurology Service at SaTH has for many years been challenged in terms of delivery due primarily to workforce limitations. These limitations led to patients waiting on average 30 weeks for a first out-patient appointment at the start of 2017. Referrals to the service were suspended from 28 March 2017 for a period of six months. During this time, commissioners agreed to work jointly with SaTH to identify and implement a sustainable model for the future delivery of neurology services.

3.0 Current Workforce

3.1 There are 2 substantive general neurology consultants in post. This is against a budgeted position of 3.80wte, leaving a shortfall of 1.8wte. The national average position is 1 neurologist per 80,000 people which would equate to 6wte for SaTH's population. Despite numerous efforts to secure additional consultant staff this has not proved successful. The service is supported by a locum consultant, above capped rates, who is due to leave the service at the end of December 2017.

3.2 The Trust has one Specialist Nurse for the Multiple Sclerosis (MS) service with a further nurse recently recruited. It is anticipated that the second nurse will be in post in 15 January 2018 with a six month training schedule before she can fully support the service. Work is underway with commissioners to identify the capacity required from a specialist nursing service for those patients with MS and other long term neurological conditions.

4.0 Summary of key risks

4.1 The following points are the key risk areas:

- Securing substantive consultants given the national shortage;
- Securing a locum consultant within capped rates to support any shortfall in substantive capacity;
- Managing the levels of demand once the service reopens the front door to new referrals;
- Securing and retaining sufficient Clinical Nurse Specialist provision to manage demand;
- Patient safety risk for those patients waiting excessively to be seen and/or reviewed.

5.0 Current Position

5.1 The service's Referral to Treatment is reported as 100% (end of October 2017). At the 17 November 2017, the service has:

- A list size of 1 English patient, compared to 183 at the end of May 2017, this is an urgent internal referral where risk of harm was possible if the referral was delayed. At the end of May 2017 the service had 132 referrals waiting over 18 weeks, 12 of those waiting over 30 weeks;
- 264 patient referrals are overdue a follow up appointment by an average of 20 weeks. This number was at 478 at end of May 2017. It is anticipated that all patients waiting to access "general" neurology services will be seen by the end of November 2017.

5.2 Since the service's closure in March 2017, the backlog of new referrals has been fully addressed. Furthermore all Consultant-delivered PMWs will have been eradicated by the end December 2017.

6.0 Actions taken

6.1 To mitigate the clinical risk associated with the delays, suspension of receipt of all new Neurology referrals commenced on 27th March 2017 for six months. A Task and Finish Group was established to identify options for the development of a sustainable neurology service for the local population. Despite numerous discussions with neighbouring Trusts and the identification of preferred options, none of these have proved viable.

6.2 As a sustainable model could not be secured during the six months a further extension to the suspension of referrals was agreed for 3-6 months in September 2017.

6.3 Communication has been distributed to patients, the public and GPs to inform them of the current service status and the extended closure.

6.4 Discussions with commissioners and neighbouring Trusts have recently gathered pace. Two viable options are now under serious consideration. The first option would be for SaTH to sub-contract activity from another Trust, the second is for commissioners to procure a Hub and Spoke service model. As the discussions relating to the sub-contracting support are progressing well, commissioners have indicated that they will work up the option for the Hub and Spoke service in the background. The priority action therefore is to implement the sub-contract option.

6.5 The proposed timescale for implementation of the sub-contract would be from April 2018. This timescale includes the recruitment and appointment of additional staff to support the contract.

6.6 The interim proposal that has been put forward to commissioners is for the Trust to open the service to new referrals from 2 January 2018 with capped activity. Demand and capacity profiling demonstrates that the Trust would have consultant capacity to accept 15 new referrals per week and still deliver RTT. This leaves a shortfall of 26 referrals for our local population that commissioners would need to procure from elsewhere. A response to this proposal is awaited.

7.0 Next steps

7.1 Subject to agreement from commissioners to re-open the service with capped activity from 2 January 2018.

7.2 Discussions will continue with external providers to secure the additional capacity required via a sub-contract model.

7.3 Commissioners have advised they will prepare to undertake a procurement process to secure a Hub and Spoke model if required.

7.4 The existing locum supporting the service is one of the most expensive locum contracts in the country. As the backlog of general neurology patients waiting to be seen will be cleared by the end of the year, the clinical risk previously highlighted will be eradicated. Therefore, this additional locum support is no longer required and will be ceased at 30 December 2017.

7.5 In addition to the above, there is further work being undertaken with commissioners to develop alternative clinical pathways and address the capacity issues with the Specialist Nursing services within Neurology.

8.0 Conclusion

8.1 As outlined above, since the closure to new referrals in March 2017, the backlog of new referrals has been fully addressed, alongside all consultant-delivered PMWs being fully eradicated by the end of December 2017. It is therefore recommended that the service re-opens to new referrals from 2 January 2018, albeit with capped activity levels to match capacity available until the sub-contracted service is in place from 1 April 2018.

9.0 Recommendations

9.1 The Executive Board are asked to:

- Note the contents of this report;
- Agree to re-open the service on 2 January 2018 to the capacity available and support the proposal to develop and implement the sub-contract option.