

## NATIONAL ADVISORY COMMITTEE FOR NEUROLOGICAL CONDITIONS (NACNC)

### MINUTES

30<sup>th</sup> August 2018, St Andrew's House, Edinburgh

#### Present

Dr Richard Davenport (Chair)	NHS Lothian
Stephanie Fraser (Deputy Co-chair)	Bobath Scotland
Susan Walker (Deputy Co-chair)	NHS Greater Glasgow and Clyde
Colin Urquhart	Scottish Government
Gerard Gahagan	Neurological Alliance of Scotland
Alison Love	Representative of Service Users
Dr Jenny Preston	NHS Ayrshire and Arran / IJBs
Gregory Hill O'Conner	The Health and Social Care Alliance
Dr Ed Newman	Scottish Association of Neurological Sciences (SANS)/NHS Glasgow & Clyde
Jane-Marie Stobie	NHS Lanarkshire
Dr Jonathan O'Riordan	NHS Tayside
Dr Callum Duncan	NHS Grampian
Dr Sophie Ilson	Scottish Government, Intern
Kirsty Forsyth	Scottish Government, NACNC Project Coordinator
Anita Stewart	Scottish Government

#### Attending by Telephone Conference

Sandra Larkin	NHS Tayside
Annie Macleod	Parkinson's UK

#### Apologies

Dr Craig Heath	Scottish Association of Neurological Sciences (SANS)/NHS Glasgow & Clyde
Prof. Siddharthan Chandran	University of Edinburgh
Prof John Paul Leach	University of Glasgow/NHS Greater Glasgow & Clyde
Irene Oldfather	The Health and Social Care Alliance

No.	ITEM	ACTION
1.	<b>Welcome, Introductions and Apologies</b> Dr Richard Davenport welcomed everyone to the meeting. Apologies were noted, as above.	
2.	<b>Minutes of Previous Meeting</b> The committee discussed the minutes of the previous meeting. The secretariat was asked to make an amendment, and subject to this the minutes were approved for publication. There were no matters arising.	

<p><b>3.</b></p>	<p><b>Mapping Neurological Services in Scotland</b> (NACNC 30082018 – 3)</p> <p>The committee discussed the report. Ms Stobie asked whether information had been received on Brain Injury Services in Lanarkshire. The secretariat agreed to check the submissions. <i>Addendum: The response from NHS Lanarkshire does not appear to have included this service.</i></p> <p>Dr Newman noted gaps in data regarding on-call services in NHS Ayrshire and Arran. The secretariat advised that no information had been received on these in the NHS A&amp;A response.</p> <p>It was suggested that the questions regarding ward reviews and on-call may have been open to interpretation, resulting in unexpected responses. In response, Dr O’Riordan noted that Ninewells has a 7 day a week service. Clinicians advised that all 4 Neurology centres provide a 24/7 consultant led neurology service.</p> <p>Dr Davenport proposed that the Mapping Report would form an Appendix to the National Action Plan on Neurological Conditions (NAP).</p>	
<p><b>4.</b></p>	<p><b>Reports from Literature Review</b> NACNC 30082018 – 4a NACNC 30082018 – 4b</p> <p>Dr Sophie Ilson gave a short presentation, attached Annex 1, and concluded by discussing opportunities to pilot changes. Dr Davenport agreed that NACNC needs to be positive in the National Action Plan and pilot / explore new opportunities.</p> <p>Dr Davenport acknowledged Dr Ilson’s concerns about the scope of the literature search, and observed that her document was detailed and had captured a considerable amount of evidence available. Despite this, NACNC recognised that there were many areas where evidence was lacking, and that in such scenarios, one must consider pragmatic /or innovative approaches.</p> <p>Dr Duncan, referring to quality improvement methodology, commented that this does not need the same level of gold standard evidence, if this is unavailable. Gerard Gahagan noted that there may be condition specific evidence emerging / still to emerge.</p> <p>Dr Ilson was thanked for her contribution.</p>	

<p><b>5.</b></p>	<p><b>NAP CONSULTATION AND TIMELINE</b> NACNC 30082018 -5</p> <p>Colin Urquhart introduced the draft timeline for consultation and publication of the NAP, noting that the timeline for publication had been developed to show the time required for internal consultation and Ministerial approval. Dr Davenport noted the timeline was tight, and that feedback from NACNC members needed to be quick.</p> <p>Colin Urquhart reported that the NAP had been included in the programme for Government. The committee thanked Mr Urquhart for supporting this.</p> <p>Dr Duncan asked that the NAP make specific mention of the recruitment issues and insufficient numbers of specialist registrars. Dr Davenport noted that the Shape of Training Report described a U.K. wide approach to trainee numbers, and that this may not be within the scope of the NAP to change, however the NAP could highlight issues.</p> <p>Dr Duncan asked that the NAP highlighted the need for a review of the workforce.</p> <p>Some members of NACNC will be attending the joint cross-party group for Epilepsy and Multiple Sclerosis with the Minister for public Health and Sport.</p>	<p><i>All</i></p>
<p><b>6.</b></p>	<p><b>Draft National Action Plan on Neurological Conditions (NAP)</b> NACNC 30082018 – 6</p> <p>Dr Davenport gave a presentation, and took committee members through the development and content of the draft NAP. During the presentation he referred to 2 documents that would be of interest to the committee. These will be circulated to NACNC members:</p> <ul style="list-style-type: none"> <li>• Strategic Framework for Action on Palliative and End of Life Care 2016-20121</li> <li>• Scottish Access Collaborative Cardiology Final Report</li> </ul> <p>Committee members commented on the NAP, as follows:</p> <ol style="list-style-type: none"> <li>1. The vision is good, however needs to emphasise service improvement rather than service structure (GH-O'C)</li> <li>2. Certain terms mean different things to different people, and we need to get this right (SF)</li> </ol>	<p><i>Secretariat</i></p>

	<ol style="list-style-type: none"> <li>3. Living well can be more than health, it includes housing and employment (AM)</li> <li>4. Access can refer to route into services, as well as waiting times (SI/SF)</li> <li>5. HIS are using access to mean waiting times, and using the term joined up, rather than integrated. (SW)</li> <li>6. Are the aims ones we can be held accountable to? (EN)</li> <li>7. The ordering of the aims needs changed (JO'R)</li> <li>8. Health Care is Health and Social Care (JP)</li> <li>9. Wording of Aims</li> <li>10. Workforce aims; these need to be shared with Scottish Government workforce colleagues (CU)</li> <li>11. Review of legislative statute and whether this for housing, transport and employment.</li> <li>12. How best to decide what to pilot / spread and sustainability of initiatives (EN)</li> <li>13. The need for a feedback loop (JO'R)</li> </ol> <p>Suggestions were also made to include:</p> <ol style="list-style-type: none"> <li>1. Comment on referral guidelines and variability in GP referral patterns</li> <li>2. Staff need training particularly in the management of functional disorders</li> <li>3. Policies from other areas</li> <li>4. Building capacity / knowledge in the generalist workforce</li> <li>5. Clear definitions</li> <li>6. Process for measurement / evaluation / implementation</li> <li>7. More detail in the Accountability section of the NAP</li> </ol> <p>Dr Davenport thanked everyone for their comments, and asked them to submit their comments within the next week.</p> <p>Colin Urquhart noted that there will be a formal consultation process of 10-12 weeks.</p>	ALL
<p><b>7.</b></p> <p><b>7.a.</b></p>	<p><b>AOCB</b></p> <p><b>Getting it Right First Time</b></p> <p>Susan Walker asked about progress of this work. Dr Davenport had expected to be contacted by Dr Geraint Fuller, and will follow this up.</p>	Chair

<b>7.b.</b>	<p><b>Future role of NACNC</b> Colin Urquhart proposed that the next committee meeting should consider the role of NACNC in relation to the implementation of the NAP.</p>	<i>ALL</i>
<b>DONM</b>	29 Nov 2018 St Andrew's House, Edinburgh 14:00 – 16:00	<i>All to note.</i>