

South London Neurosurgery Network Annual Report 2023/24



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CONTENTS

Summary _____	3
Network Board _____	4
Network Development _____	5
Key Achievements _____	7
Cauda Equiana Syndrome (CES) patient information leaflet _____	7
The Enhanced Recovery after Surgery (ERAS) _____	7
Survive and Thrive _____	7
The Neuro Extended Care unit (NECU) _____	7
Repatriation dashboard - _____	8
Improved theatre utilization _____	9
Outpatient Improvement _____	9
South London and south east Neurovascular Regional Multi Disciplinary Team Agreement _____	12
LOOKING AHEAD _____	13
Issues _____	13
Actions/Mitigations _____	13
Conclusion _____	14
Recommendation _____	15
NEtwork's Finance _____	16
Network Funding _____	16

SUMMARY

Neurosurgery Clinical Networks were created to support the delivery of five key areas of improvement in the quality and equity of care and outcomes of their population, present and future:

- reducing inappropriate referrals and therefore reduce demand and increasing capacity
- improving flow across the pathway and system
- improving theatre efficiency
- improving emergency pathways and communication with referring centres
- improving safety, outcomes, and experience for patients

2023/24 was a challenging year for dealing with the impact of the industrial action the ongoing impact of the pandemic recovery, and the implementation of Epic at King's and Guy's and St Thomas'. A new model for the network was also introduced with south east and south west London sharing the neurosurgery funding and operating on separate programs with an overarching project meeting. This aligns to a more relevant clinical pathways for both trusts. The neurosurgery network improvement projects are complex and some are dependent on operational teams. There is a significant programme crossover between the South East London and Kent Spinal Network. This can bring benefits for patients but can also risk challenges to continue to separate the two.

The King's College NHS Foundation Trust project team implemented the trust back pain pathway Cauda Equina Pathway Syndrome pathway and MRI pathway for ED to optimise the pathway at the King's Princess Royal University site. A new CES patient information leaflet was developed and posted on the trust site. The Enhanced Recovery after Surgery (ERAS) protocol, a nurse led service which optimizes the patients' health before surgery. The protocol resulted in reduced bed days, and reductions in post-surgery complications. The King's Neuro Patient advisory group conceptualised a motivational peer support group for stroke patients named Survive and Thrive. The Neuro Extended Care unit was rolled out at George's, which had improved flow and reduce the use of ITU. At King's neurosurgery a repatriations dashboards has been developed this has provided an improved way to measure, identify trends and support discussions towards solutions to reduce repatriation delays. King's and St George's reduce elective cancellations and improved theatre utilisation.

NETWORK BOARD

The South London Neurosurgery Network board during 2023/ 24 included;

Hospital Trusts

Christos Toliias, Consultant Neurosurgeon, King's College Hospital NHS Foundation

Cecilia Clarke, Neurosurgery Network Manager, hosted at King's College Hospital NHS Foundation

Julia Crawshaw, General Manager Neurosciences

Simon Stapelton, Consultant Neurosurgeon, St George's University Hospitals NHS Foundation Trust

Quaina Scipio, Deputy General Manager, Neurosurgery and Pain and South London Neurosurgery Network Manager

Matt Fitzpatrick, General Manager Neurosciences, St George's University Hospitals NHS Foundation Trust

Specialised Services

Alice Ward, Associate Director Networks and Integration South London Office of Specialised Services, hosted at Guys and St Thomas' NHS Foundation Trust

NHS England London

Victoria Osborne Smith NHS England London

Kathy Brennan NHS England London

NETWORK DEVELOPMENT

Work plan deliverables 2023/24

The table below details the 2023 to 2024 work plan deliverables, the achievement status, the metrics used to measure the deliverable and what action will be taken to mitigate unachieved or partially achieved deliverables.

High Impact Action	Deliverables	Achievement status	Metrics/ Mitigation action
1. Optimal pathways NHSEI Core Theme: Patient Experience/ Transformation	Cauda Equina Syndrome (SE) GiRFT Influence trusts to implement changes to pathway to meet recommendations with CES pathway by 2024	Partially achieved: Carry over to 24/25	CES feedback questionnaire March 2024 - responses from three out of five trusts. All respondents find the CES pathway help. Two trusts state that they will audit the impact of the CES pathway on patient diagnoses. Mitigation: Contribute to CES NHSE London led workshop. The workshop will include key decision makers. Ask for completed CES pathway audits.
	Neuro Patient Advisory Group (SE) Identify and improve issues in neurosurgery from a patient perspective. Survive and Thrive - stroke patients peer support group.	Partially achieved: Carry over to 24/25	Metrics to be confirmed. Developing evaluation with King's Health Partnerships
2. Flow Improvements NHSEI Core Theme: Planning, operational and Recovery	Minimise Repatriation Delays (SE) Reduce Length of stay. Presentation at national learning event	On going	Monthly repatriation dashboard. Enhanced Recovery after Surgery (ERAS) reports Mitigation: Monthly regional repatriation meetings between neurosciences centre and regional hospitals

<p>3. Quality Improvements NHSEI Core Theme: Shared decision making</p>	<p>Promote shared decision making across Neurosurgery. Consent a Patient Neurovascular out of hours</p>	<p>On going</p>	<p>Consent a Patient Software dashboard. Patient Reported Outcomes PROMS</p> <p>SWL and SEL MDT mutual aid agreement for Inpatient emergency Neurovascular Patients and Surgical Cover during annual leave and staff sickness.</p> <p>King's experienced a negative impact on service as only had one bi-plenar. Funding identified implementations will start in 2025</p>
<p>4. Theatre Productivity NHSEI Core Theme: Planning, Operational and Recovery</p>	<p>Share information around Neurosurgery theatre demand and capacity</p>	<p>On going</p>	<p>Model Hospital data and local audits (see page 8)</p>
<p>5. Outpatient Improvement NHSEI Core Theme: Planning, Operational and Recovery</p>	<ul style="list-style-type: none"> • Introduce PIFU • Increase use of virtual clinics • Reduce DNA rates for neurosurgery patients 	<p>Partially achieved: Carry over to 24/25 SE</p>	<p>King's outpatient dashboard (PIFU metric)</p> <p>NHSE Transformation pack metrics</p> <p>Total monthly number of DNAs (see page 8)</p>

KEY ACHIEVEMENTS

Cauda Equiana Syndrome (CES) patient information leaflet

Provides information about what the condition is, how it can affect you, the warning signs to look out for, and what to do if you develop these signs. This was shared with trusts in south east London and **Kent the trust were encouraged to post on their organisation's website.**

The Enhanced Recovery after Surgery (ERAS)

This is a nurse led service that optimise patients' health before surgery. The protocol has resulted in reduced bed days, and reductions in post-surgery complications.

Survive and Thrive

The King's Neuro Patient Advisory group conceptualised a motivational peer support group for stroke and brain hemorrhage patients. Lisa Beaumont is a survivor of brain hemorrhage and stroke, her future looked very different to the one she had imagined.

As a member of the south east London patient advisory group she conceived the idea to develop inspiring stories from patients (survivors), **who are willing share** their recovery story. The network is currently working with the King's Health Partnership to

develop an evaluation tool. The team have carried out a rapid review of the literature on motivational interventions in stroke rehabilitation to understand the current evidence and potential impact/improvement on patient outcomes. This is to identify successful motivational interventions and synthesise existing evidence to inform intervention development for the Survive and Thrive programme.



Lisa Beaumont, King's Neuro Patient Advisory and stroke survivor

The Neuro Extended Care unit (NECU)

This unit was rolled out at St George's, this is to deliver enhanced post-operative ward care for elective surgical patients. This unit has higher staffing ratios to deliver more intensive

monitoring of patients and improve flow. The NECU has improved Neurosurgical elective flow and reduced on the day cancellations due to no ITU beds.

Repatriation dashboard -

King’s has developed a dashboard to improve the collection of data to support discussions that aim to find solutions to reduce repatriation delays. Work developed in the last year include a revised repatriation infection prevention policy and improved engagement with appropriate clinical teams. The method has also been shared at national NHSE meetings.

Example of King’s Repatriation Dashboard

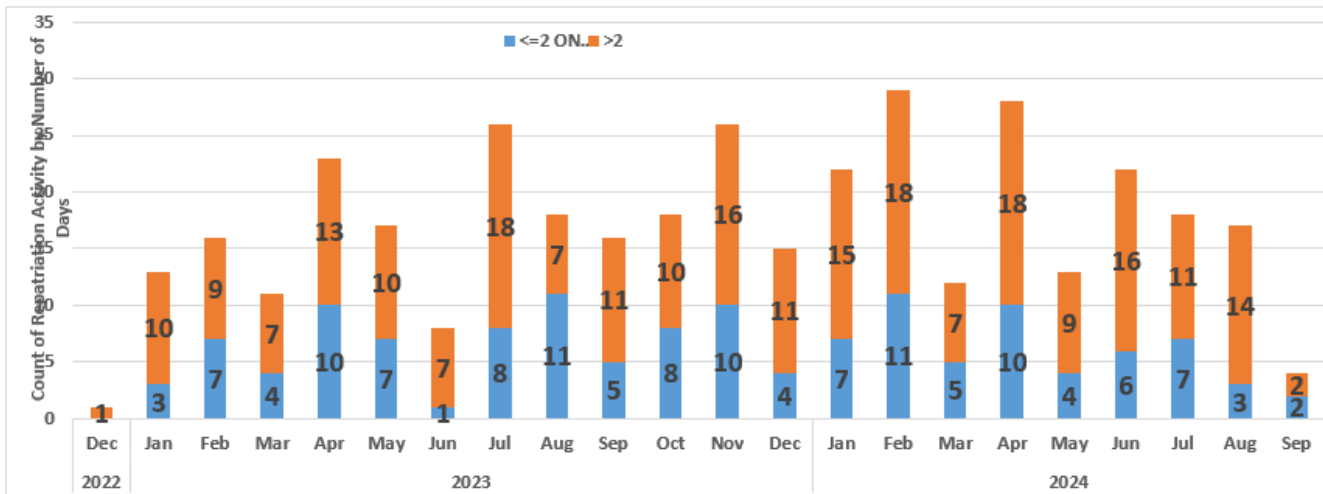
Clinical Speciality

Cardiac	Liver	Medicine
Neurology	Neurosurgery	Renal
Surgery	Trauma	Vascular

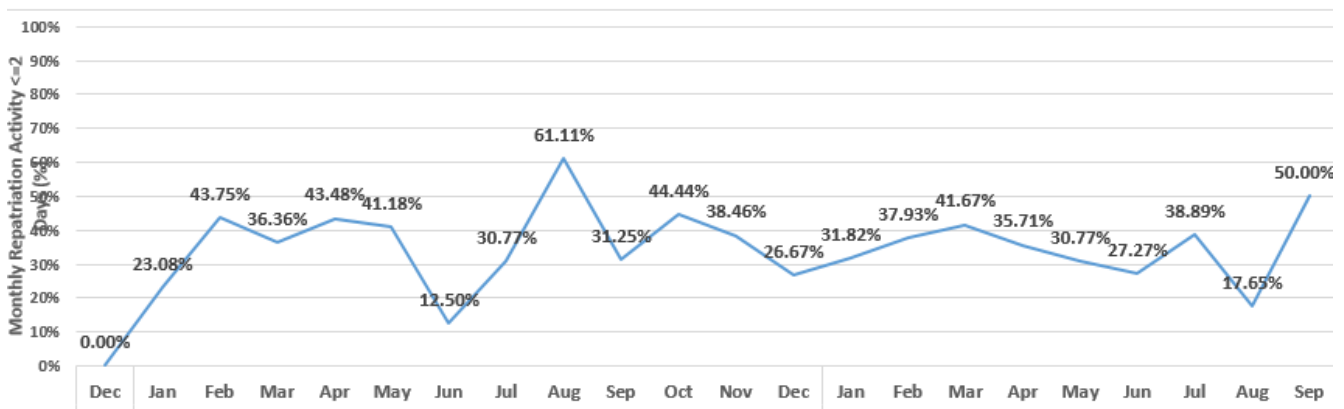
Accepting Hospital

Queen Elizabeth H...	Queens Hospital ...	Royal Berks
Royal London	Royal Surrey Hospi...	Royal Sussex County
Sligo Hospital	Southampton Gen...	Southend Hospital
Southmead Hospi...	St George's Hospital	St Helier Hospital
St Peter's Hospital	St Richards	Tunbridge Wells H...
UHL Wales	Watford General	West Middlesex U...

Count of repatriation closed activity that met the national target of 2 days



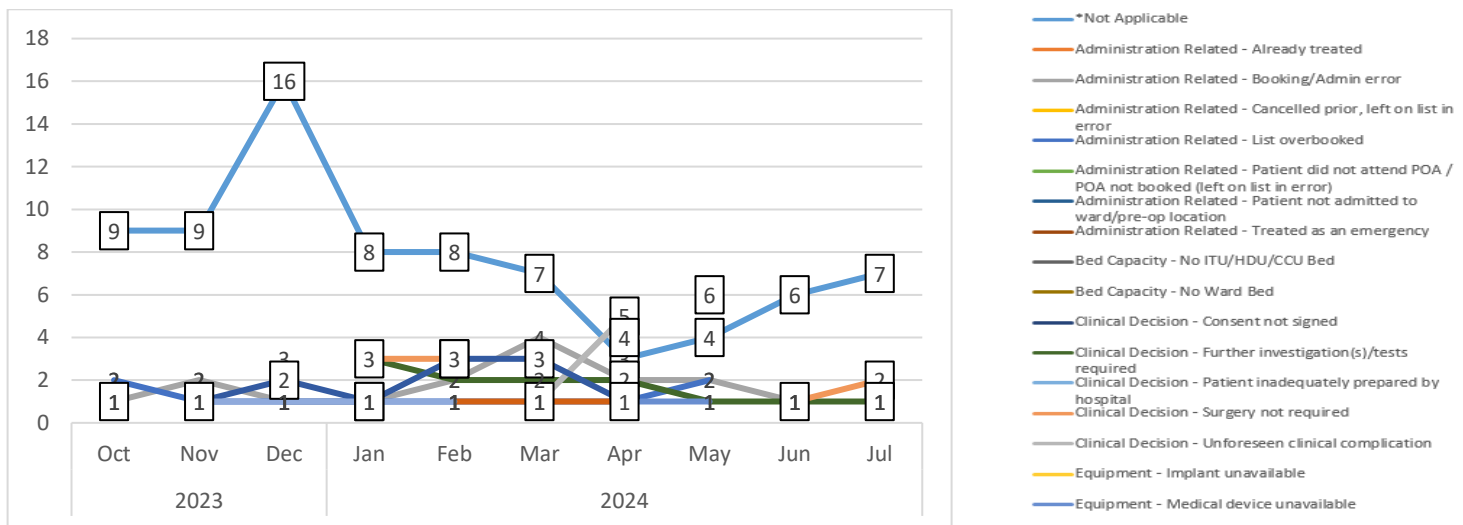
Percentage of monthly repatriation activity that met the national target of 2 days



Improved theatre utilization

During this year St Georges has enhanced its elective neurosurgery theatre utilisation. In St Georges utilization has increased from 75% to 84% by minimizing same-day cancellations, optimizing the pre-operative assessment pathway, and ensuring suitable case mixes. At King's there has been a reduction in elective cancellations (see graph below). There is ongoing work to meet the target of 85% across the region. This will be achieved by collaborating with all stakeholders involved to ensure maximum booking and scheduling to keep the theatre occupied during the planned sessions, streamlining operations, and ensuring appropriate case mix is booked. King's has developed a semi-elective spinal pathway for patients with acute spinal issues. The teams identify dedicated theatre lists booked up to two weeks in advance, identify beds for these planned admissions and a discharge plan prior to admission.

King's cancellations on the day 2023-24

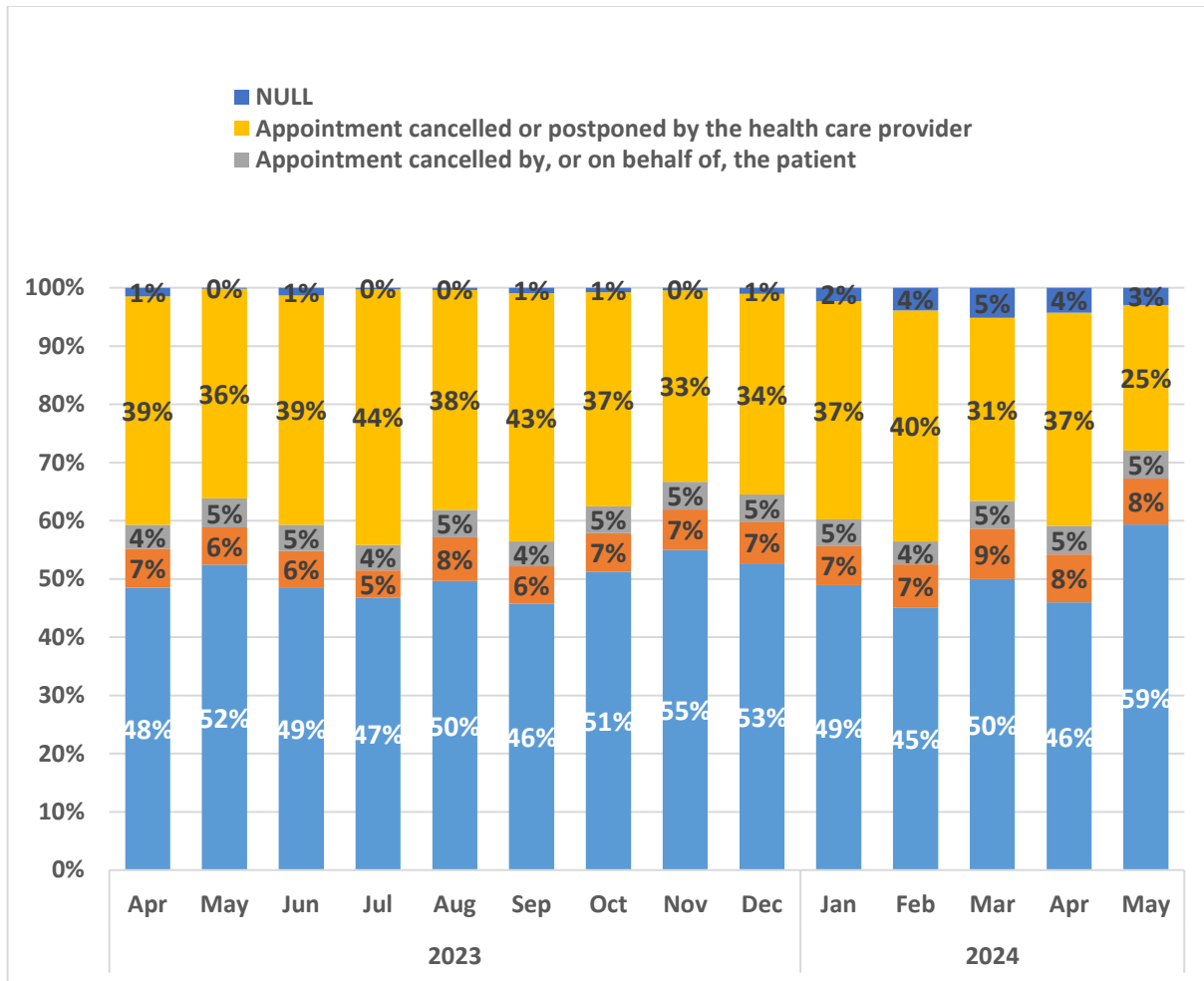


Outpatient Improvement

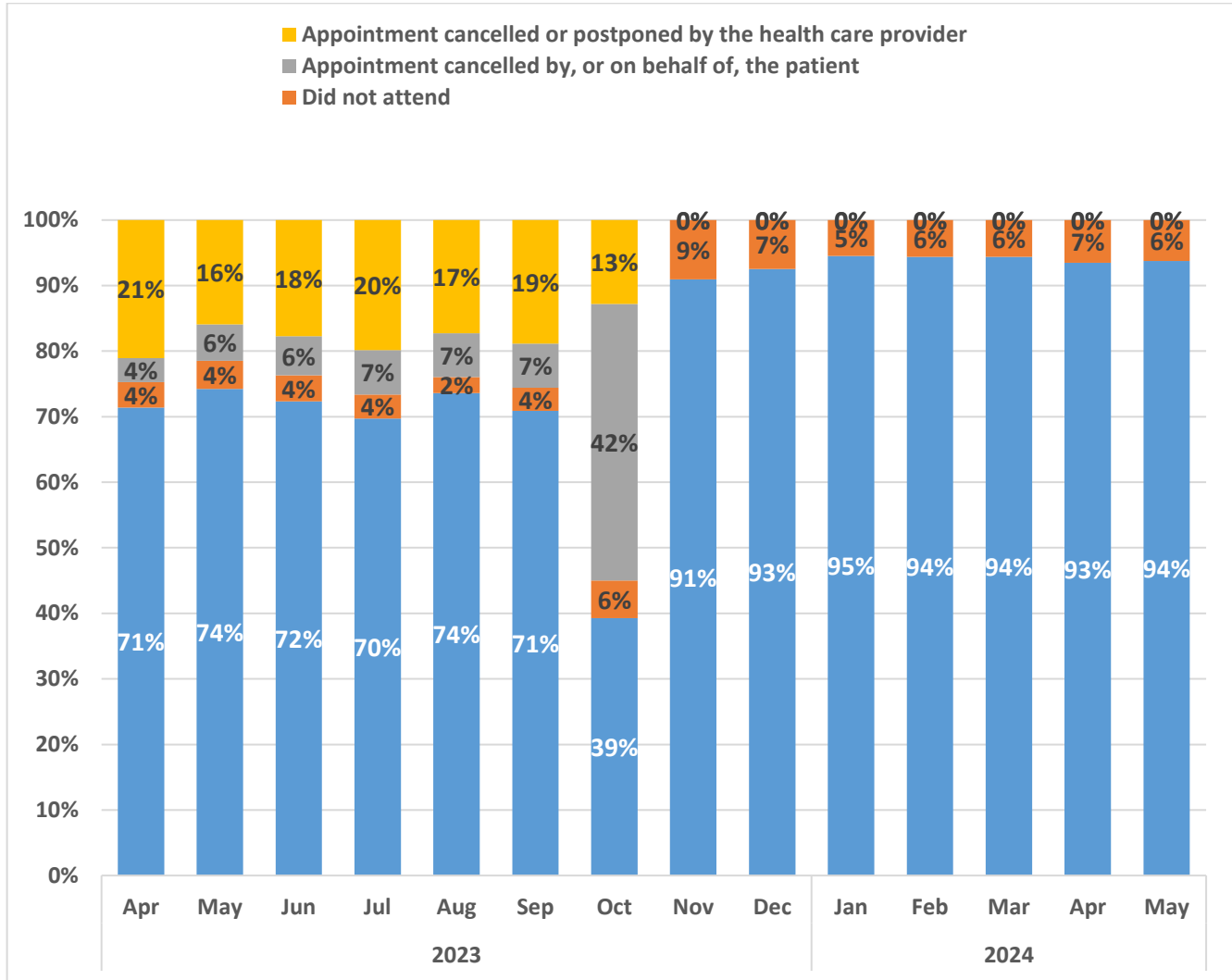
Improving the Did Not Attend (DNA) rate is an ongoing project for St Georges, that has already reduced DNAs from 16.5% to 10% this year. St Georges are currently using DRDR to send reminders to all patients via text messaging services. DRDR enables patients to view their appointments online and access specific clinical and location information about their visit. The operational teams are continuing to improve the existing booking processes, contact access and cancellation/rebooking processes and implementing access policy when a patient does not attend and cannot be contacted, to decide on next steps. It is important that this

remains a clinical decision. A decrease the DNA rate as it will result in releasing capacity, which can be used to clear current backlogs and reduce waiting times.

St Georges DNA rates



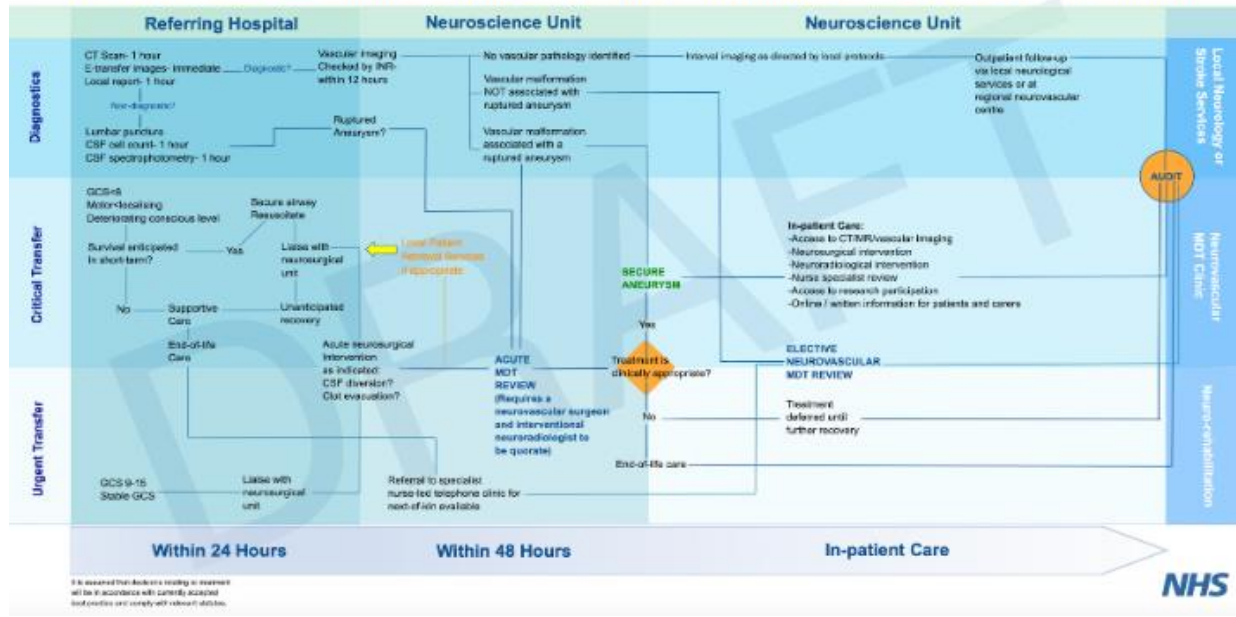
King's DNA rates in October switched to a new patient record software which is reflected in data.



South London and south east Neurovascular Regional Multi Disciplinary Team Agreement

The network has developed a mutual aid agreement for inpatient emergency neurovascular patients and surgical cover during annual leave and staff sickness. The aim is to offer patients access to a dedicated neurovascular service on a 24/7 basis, across the region. The networked solution will ensure a robust surgical and endovascular provision.

Non-Traumatic Subarachnoid / Intracerebral Haemorrhage Clinical Working Group Pathway



LOOKING AHEAD

During 2024 to 2025 the network aims to build on the 2024-25. For further details see appendix one 2024-25 Neurosurgery project priorities.

Issues

There is significant crossover with optimal pathway deliverables i.e. CES, with the Spinal Network

Networks versus service responsibility for projects on theatre productivity and outpatient improvements.

Actions/Mitigations

SEL spinal network manager works across both neurosurgery and spinal network which a broad over view. SW recent appointed a spinal Network Manager which will support collaborative working across the networks

Set -up quarterly meetings between ops managers and network managers to update on progress and identify issues that can be feed back to NHSE and commissioners

CONCLUSION

During the year there has been large periods of industrial action, the focus of many trusts has been on operational delivery rather than strategic planning; therefore what the network has been able to achieve in these circumstances is positive, that said much of this work will continue into 2024/25 as the objectives are ambitious.

In order for the network to thrive and mature, there needs to be improved governance and commitment to stronger partnership working between both trusts rather than working in silos.

RECOMMENDATION

- Improved governance and development of the Network - identify sponsors within each trust. A commitment to bi/monthly meetings attended by trust service managers to review network performance metrics, potential mutual aid to reduce waiting list, share resources, expertise and progress updates.
- Investment in IT to support referrals/repatriations to provide an overview across the network
- Operational manager that also covers network duties has protected time for network tasks; ideally a dedicate neurosciences network manager.
- Revise the model of the current business model of South London Neurosurgery network, consider a portfolio approach; such as the spinal and neurosurgery networks being managed by an individual neuroscience network manager in SE and SW London and NHSE funding is allocated directly to each trust.

NETWORK'S FINANCE

Network Funding

NHS England allocated £188,862.00 for April 2023 to March 2024 to King's College NHS Trust. King's host the SE London network manager and St George's hosts the SW London network manager.

This funding covers the following roles:

- Neurosurgery Network Managers (2)
- Clinical leads (2)

End

APPENDIX 1

South London Neurosurgery Network Priorities 2024/25

Top Objectives for 24/25

High Impact Actions	Projects	Deliverable (within key area of work)	How will you measure the proposed benefit/impact
1. Optimal pathways	1.1 Neuro Vascular Pathway 1.2 Neurovascular out of hours	Establishing criteria for order imaging by GPs across the region SWL and SEL MDT agreement Improve	To be confirmed
2. Flow Improvements	2.1 Reduce use of CCU beds for elective Neurosurgery (SWL) 2.2 Reduce Neurosurgery repatriation delays (system)	Refer a patient to be confirmed at King's (deferred until 25/26)	NHSE Transformation pack and Model Hospital data -Mean delays (currently 7+) to below 4 days
3. Quality and safety improvements	3.1 Low volume high complexity	TBC with NHSE	
4. Theatre Productivity	4.1 Reduced elective cancellations 4.2 Improved theatre utilisation 4.3 Improved case mix and day case performance	Review annual audit of Neurosurgery Theatre activity and productivity across SGUH and KCH	Model Hospital data and local audits Staff surveys SGH, is there a specific one for theatres in KCH
5. Outpatient improvements	5.1 Greater Local long-term management of Neurosurgery patients/increased use of PIFU (SWL) 5.2 Reduce DNA rates for Neurosurgery outpatient appointments	Develop regional strategy for long-term management of Neurosurgery patients Undertake training needs assessment of local centres and co-create a supportive partnership (To be confirmed with service)	Provider Elective Recovery OP collection