TOGETHER FOR HEALTH – NEUROLOGICAL CONDITIONS DELIVERY PLAN

Welsh Government

Response from BMA Cymru Wales

31 January 2014

INTRODUCTION

BMA Cymru Wales is pleased to give consideration to the Welsh Government’s consultation on Together for Health – Neurological Conditions Delivery Plan.

The British Medical Association represents doctors from all branches of medicine all over the UK; and has a total membership of over 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, which speaks for doctors at home and abroad. It is also an independent trade union.

BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

General comments:

BMA Cymru Wales fully supports the development of neurological services in Wales. We would note, however, that Wales has lagged behind other parts of the UK in the provision of such services for many years, with a lower number of neurologists per head of population. In our view, this has made the development of anything other than a patchy service provision difficult. As such, we would welcome any emphasis on expanding these services.

Without such an expansion of neurological expertise, we believe that many of the delivery objectives outlined within the draft plan will not be achievable. For instance, we would particularly note the proposed commitment to providing specialist neurology advice within 24 hours of acute admission to hospital. Under existing staffing resources, we would consider that to be completely unachievable other than in Morriston Hospital or the University Hospital of Wales.

Taking the Royal Glamorgan Hospital as an example, four neurology sessions are currently provided there per week for a population of around 230,000. A recommendation from the Association of British Neurologists (ABN)\(^1\) dating back to 1996 suggests that one whole-time-equivalent consultant for every 100,000 people would be required to provide a reasonable out-patient department service with some in-patient referral work. Considering that the consultant contract in Wales states that a consultant should typically be undertaking seven clinical sessions a week, it can therefore be seen that current provision in the Royal Glamorgan Hospital falls considerable short of this ABN recommendation, which would require around 16 neurology sessions a week to be provided.

\(^1\) [http://www.theabn.org/abn/userfiles/file/neurology_numbers.pdf](http://www.theabn.org/abn/userfiles/file/neurology_numbers.pdf)

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To provide an acute in-patient liaison service, the ABN suggests the provision of 1 neurologist for every 63,000 people whilst, for a fully comprehensive onsite service, they would recommend 1 neurologist for every 43,000 people.

Current provision across south-east Wales (the area covered by Cardiff & Vale University Health Board, Cym Taf Health Board and Aneurin Bevan Health Board) is around 10 whole-time-equivalent neurologists for a population of around 1.3 million people. In south-west Wales (the area covered by Abertawe Bro Morgannwg University Health Board and Hywel Dda Health Board) there are around eight whole-time equivalent neurologists for a population of around 0.9 million. In north Wales (the area covered by Betsi Cadwaladr Health Board) there is around a 0.5 whole-time equivalent neurologist for a population of around 0.7 million, whilst in mid Wales (the area covered by Powys Teaching Health Board) there are no neurologists at all.

As such, we would wish to point out that whilst the proposed delivery plan contains numerous valid aspirations that we would support, we do not believe they will be achieved without a greater level of investment in regional neurology centres and neurology departments in district general hospitals. We would further express concern that the proposed plan lacks sufficient detail regarding how it will be implemented.

**Specific comments:**

We offer the following views in relation to specific sections within the consultation document:

**Delivery theme 1: Raising awareness of neurological conditions**

BMA Cymru Wales would support the proposals put forward in this section, but notes that to achieve them will require appropriate investment in education delivered by neurologists and others, such as specialist nurses, to generate awareness amongst other staff working in primary and secondary care.

We are supportive of the proposal for a national awareness campaign. The ‘brain attack’ campaign for raising awareness of stroke was, in our view, very successful and could therefore be replicated.

**Delivery Theme 2: Timely diagnosis of neurological conditions**

We consider this to be crucial and would note that many neurological conditions require prompt treatment.

The proposal to improve GP access to diagnostic tests is one that we would support in general terms. However, it is important to ensure that the use of such tools is appropriate. For instance, we would note that there is currently a 35-week wait for MRI within the only neuroscience centre in Wales. This situation could be exacerbated by more open access to the technology, and it would therefore be important to guard against inappropriate referral. We believe that consideration may need to be given in the first instance to ensuring that those patients under the care of a neurologist can have more timely access to MRI investigation.

With regards to the proposal for providing GPs with specialist neurology advice by email, we note that Cardiff and the Vale University Health Board has plans to pilot such an approach. This will involve neurologists having protected time for dealing with queries from GPs that might otherwise lead to unnecessary referrals to secondary care.

BMA Cymru Wales would express support for the proposal to reorganise delivery of services to assist in the provision of timely diagnosis of those admitted acutely to hospital, as well as for the proposal for better referral pathways.

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We note the reference to the Welsh Health Specialised Services Committee (WHSSC) which, in our view, require clarification of the intent proposed given that the WHSSC has previously been specifically excluded from the commissioning of neurological services. We would therefore ask if it is now being proposed to bring neurology back into WHSSC commissioning.

**Delivery Theme 3: Fast and effective care**

The word ‘condition’ appears to have been omitted from the opening sentence of the second paragraph.

We would support all the proposals in this section. With regard to the specific priority for patients admitted with a neurological condition to be assessed by a neurologist or neurosurgeon within 24 hours, we would agree that this is crucial. We would, however, note that for it to be achieved, neurologists will require much more ‘emergency’ or ‘unpredictable on call’ time within their direct clinical care job plans. There will also need to be an expansion in the availability of neurologists in all hospitals in Wales.

We would note, however, that there will be circumstances when a prompt neurology review may not be appropriate – such as when an end stage motor neurone disease patient is admitted to a community hospital for terminal care or planned respite.

In other circumstance, even an assessment 24 hours after admission could be too late – for example a patient with an acute bleed who may require to be taken immediately to an operating theatre. It might therefore be sensible for the wording to be amended to refer to ‘an assessment being undertaken in a timescale that achieves optimal patient outcomes, based on the evidence available and tailored to the specific condition involved’, rather than simply within 24 hours.

**Delivery Theme 4: Living with a neurological condition**

We agree with the proposals put forward.

We would, however, highlight some caution with regard to the reference to the role of the third sector in the provision of rehabilitation services. For instance, we understand that the Motor Neurone Disease Society will fund lightwriters for motor neurone disease patients, but there is no secure and accessible source of funding for suitable alternative communications equipment for patients who may not be able to use a lightwriter.

**Delivery Theme 5: Improving information**

BMA Cymru Wales would express full support for the proposals in this section, especially in relation to improved IT links. Neurologists amongst our membership report that current IT provision can be frustratingly slow to levels they would consider unacceptable. They have cited the ‘WCP system’ used in Cwm Taf Health Board as an example of this, and are deeply concerned that it is currently proposed this system is to be rolled out across Wales.

**Delivery Theme 6: Targeting research**

We would support the proposals within this section. We note, however, that in some respects the recruitment of patients into clinical trials is effectively discouraged by the refusal of some Welsh health boards to recognise this as research, or allow it to be included in job plans. This is despite the fact that it could generate substantial income for health boards.

Whilst we support the proposed priority of supporting and encouraging protected teaching time for clinically active staff, we are not sure that its inclusion is relevant within this particular section.
7. Working together

We would support the proposal for an ‘All Wales Neurological Condition Implementation Group’ but would be concerned that this must be established with sufficient input and leadership from clinicians.

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