Neurology context - Case for change



Current challenges

Future model

 Neurological conditions are individually rare for GPs, access to advice is critical and there are issues in accessing timely support Need access to ambulatory acute neurology pathways to avoid hospital admissions 	Primary Care Improved access to support	 Single points of access into standardised pathways Routine co-management with specialty and community teams Improved access to specialist advice and early support for deteriorating patients Routine advance care planning for complex patients PCNs to support chronic neurological patients in the community
 Variation in commissioning and service provision Workforce challenges – single borough teams unable to resource expertise at scale (e.g. psychology) Issues accessing specialist advise Inappropriate referrals & screening contributing to long waiting lists and delays in social care 	Community Care Workforce development	 Standardised specification, outcomes monitoring across system Direct co-working with specialist teams Better MDT working, rotational schemes and upskilling improves recruitment and retention Joint posts across multiple teams creates efficient cross-borough working.
 Lack of local subspecialty expertise due to recruitment and retention issues Demand and capacity issues – high level of ward referrals and long outpatient waits for new patients Issues accessing timely super-specialist investigations and treatments 	District General Hospitals Managing complex and urgent patients	 Address professional isolation and development of expertise through joint working, dual posts and more professional CPD networks Support local delivery of specialist care through MDT working Establish standardised pathways that facilitate escalation of urgent patients needing super specialist input
 Delays in care for tertiary patients Suboptimal local workup Challenges delivering care at a single centre for a large, geographically distributed population 	Neurosciences Centre Better supporting local care delivery	 Improved referral systems, with adequate work-up pre-referral and early identification of patients needing specialist input Working with DGH, community and primary care to improve local support of complex patients releasing capacity for new patient assessments