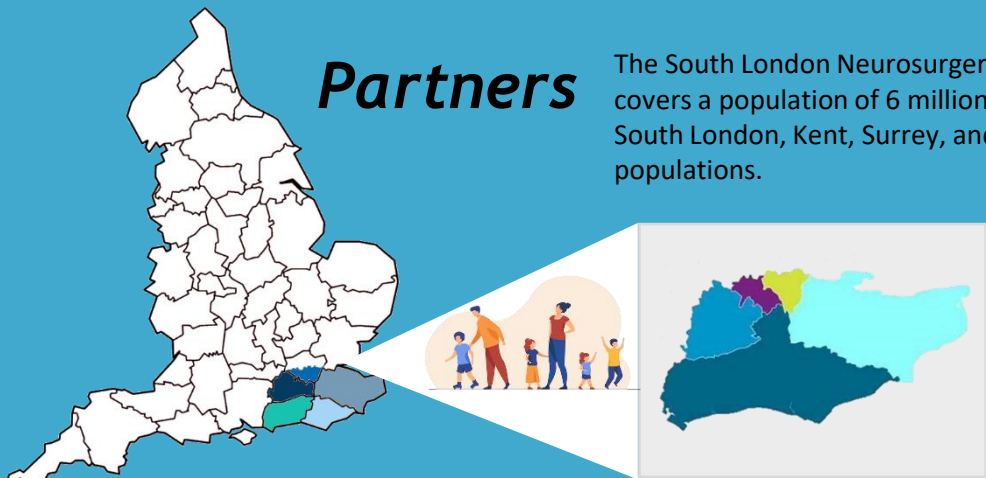# About the South London Neurosurgery Network

Partners

The South London Neurosurgery Network covers a population of 6 million, serving the South London, Kent, Surrey, and Sussex populations.

2 regions
- London
- South East

4 ICSs
- Kent and Medway ICS
- Our Healthier South East London
- South West London Health and Care Partnership
- Surrey Heartlands Health and Care Partnership ICS

2 tertiary providers
- King's College Hospital NHS Foundation Trust
- St George's University Hospitals NHS Foundation Trust

18 secondary care sites
- Croydon University Hospital
- Darent Valley Hospital
- East Surrey Hospital
- Epsom General Hospital
- Kent and Canterbury Hospital
- Kingston Hospital
- Maidstone Hospital
- Medway Maritime Hospital
- Princess Royal University Hospital
- Queen Elizabeth Hospital (Woolwich)
- Queen Elizabeth The Queen Mother Hospital
- Royal Marsden Hospital
- Royal Surrey County Hospital
- St Helier Hospital
- St Peter's Hospital
- Tunbridge Wells Hospital
- University Hospital Lewisham
- William Harvey Hospital

Work areas

Five **high impact themes** have been identified through the national neurosciences programme. Driving these forward are 8 regional, mandated neurosurgery networks across England.

High impact themes
Improving

Pathways	Efficiencies and flow	Quality and safety	Theatre and productivity	Outpatients

Finances and staffing

The South London Neurosurgery Network maximises clinical leadership across the network's tertiary and linked sites.

2 clinical lead neurosurgeons

1 network manager

1 data analyst support
through NHS England (planned)

+ project based staff support (Eg, physician associates)

+ project management resource (via tertiary providers)

Funding has been confirmed through 2022/23 as part of the recovery programme.

South London Neurosurgery Network

High impact actions

Optimising pathways	Efficiencies and flow	Quality and safety	Theatre and productivity	Outpatients
Population health approach with reduced health inequalities	*Streamlining services to optimise planning, operations, and recovery*	*Service transformation and organisational development*	*Leveraging data to service transformation*	*Workforce transformation for better care and experience*

Optimising pathways
- Regional out of hours
- Early diagnostics
- Triage
- MDT review
- MRI
- Pathway development
  - Sub-arachnoid haemorrhage
  - Pituitary
  - Cauda equina

Efficiencies and flow
- Repatriation
  - Common infection controls
  - Transfer of patient information
  - Increase executive engagement across the region
- Enhanced recovery after surgery (ERAS)
  - Patient education
  - Pre hab
  - Post op pathways

Quality and safety
- Shared decision making and consent (spinal neurosurgery)
  - Education and training
  - Patient measures of consent
  - CQUIN
- Low volume procedures with dedicated surgeons
  - Audit pathways (skull base, acoustic neuroma, neurovascular)
- Network collaboration (neurology, neuro rehab, diagnostics)

Theatre and productivity
- Operational improvements
  - Waiting times
  - Theatre activity
- South London dashboard (referrals, activity, repatriation)

Outpatients
- Referral triage
- Admin screening
- Neuro oncology MDT clinics
- Virtual clinics
- Maximisation of non medical staff (CNSs, PAs)
- Enhanced roles for consent and follow up

Impact (Optimising pathways)
- Better use of tertiary resources
- Faster intervention
- Better outcomes
- Reduced litigation

Impact (Efficiencies and flow)
- Reduced repatriation delays
- Reduced length of stay (neuro and spine patients)
- Better patient experience
- Resource optimisation

Impact (Quality and safety)
- Better patient experience
- CQUIN funding
- Operational recovery
- National recommendation compliance
- Strengthened relationships and learning

Impact (Theatre and productivity)
- Increased theatre productivity
- Covid recovery

Impact (Outpatients)
- Reduced travel for patients
- Service efficiencies
- Reduced time wasted on inappropriate / incomplete referrals
- Free up consultant time
- Upskilled staff
- CQUIN funding

Neurosurgery became a national priority at the beginning of the Covid pandemic to ensure that life saving surgeries were sustained.

SLNN 22/23 work plan - Implications

Implication needs noting
Positive implication

	Theme / project	Financial	Workforce	Estates	Notes
Pathways	Pathways SAH, Pituitary, and Cauda equine pathways • Issues around local diagnostics (MRIs & LPs) • Data and communication			✓	System view to promote early diagnostics and reduce costly transfers to tertiary centres - Hold all hospitals to account - Support to access to PACS across organisations
	Patient engagement • Health equity audit • Review in Neuro Advisory Groups				
Efficiencies and flow	• Whole system approach to maximise use of specialist neurosurgical centre. • Enhanced recovery after surgery (ERAS) processes to reduce length of stay	✓			• ICSs would be asked to oversee financial accountability of patient flows, incentivising local trusts to rapidly repatriate patients • Support to drive local executive buy-in – to prioritise repatriation alongside local ED and elective lists • May need funds for ERAS staff if project proves successful in reducing LoS
	Patient engagement • Co-design repatriation leaflet				
Quality and safety	• Work around shared decision making, (CQUIN) • Theatre productivity improvements • Developing broader neurosciences networks		✓	✓	• Included in this work is mapping / scoping non medical staff work (eg CNSs, PAs), which aims to upskill this cohort, whilst freeing consultant time. • Recognise the interrelatedness of neurosciences (eg neurosurgery with neurology, rehab, diagnostics and psychology/psychiatry) • Key regular contact / links within ICSs
	Patient engagement • Patient experience survey of SDM				
Theatre productivity	• Mainly maximising theatre capacity through each organisation – enhanced theatre lists, scheduling and outsourcing	✓	✓	✓	• Potential funding for continued outsourcing of neurosurgery may be required • Awareness / information cascade as needed
Outpatients	• Improving quality of referrals • Review of outpatient clinics, including virtual clinics, letters and information		✓		• Oversight of outpatient improvements • If proof of concept is demonstrated, there may be future business cases outlining required support to extend this work (such as IT resourcing or physician associates to support consent process and follow up clinics)
	Patient engagement • Joint project to improve clinics / communications				