



## **SBNS Care Quality Statement**

### **NHS Trusts with a Neurosurgical Unit need to provide appropriate facilities for emergency, urgent and elective Neurosurgical conditions.**

It remains the responsibility of every Trust with a Neurosurgical Unit in the United Kingdom to provide where possible a comprehensive emergency/urgent service and appropriate elective services to its local population. Where gaps exist in this provision, there must be robust alternatives agreed between units so that the care of patients is not jeopardised

Whilst the SBNS is supportive of timely treatment for all Accident and Emergency patients and for elective out-patient referrals, the introduction of specific targets for waiting times must not be allowed to over-ride clinical priority for assessment or treatment.

### **Admission to a regional neurosurgical unit for life-saving, emergency surgery should never be delayed.**

Neurosurgical units should not refuse admission for patients requiring emergency surgery referred from their catchment population. The lack of critical care beds must not be a reason for refusing admission for patients requiring urgent surgery. Surgery remains the priority and the appropriate post-operative critical care resources must be identified subsequent to the surgery, either in the lead neurosurgical unit or in another unit.

If appropriate facilities are not available for patients referred for emergency admission, but not immediate surgery, it remains the responsibility of the local neurosurgical unit, not the referring general hospital, to ensure mechanisms are in place to offer an alternative Unit to provide an opinion and admission if appropriate.

Primary Neurosurgical Consultant to Alternative Neurosurgical Consultant referral should take place, and responsible Trust Managers of sufficient seniority should discuss with their counterpart manager at the alternative unit, the reasons for failure of admission prior to transfer (unless this will harm the patient).

### **Appropriate and timely management of acute neurosurgical disorders should always take priority over less urgent elective cases.**

All patients should be treated according to clinical priority without compromise due to pressures of planned care workload or targets. Whilst cancellation of elective surgery is regrettable, any procedure of greater clinical urgency must take priority over those of lower clinical priority, and prioritisation remains the responsibility of the clinical Neurosurgery staff.

Clinical staff must not be placed under pressure to distort clinical priorities to satisfy targets.

### **Referring local hospitals should investigate patients thoroughly prior to referral to tertiary Neurosurgical care**

The SBNS recommends that all patients should be appropriately investigated in a timely manner by secondary care prior to referral, and this applies to both the Neurosurgical Unit's own hospital, and those Trusts referring to that Unit. It is not appropriate that Neurosurgical staffs are called upon to act as a scanning service and a diagnosis should be reached prior to referral.

Neurosurgeons are not trained in Radiology and should not be asked to provide reports for scans and any radiology opinion should come from a Radiologist. If a specialist Neuroradiological opinion is required, this should be obtained by the referring team or local radiologist.

Out of hours MRI scanning for emergency or urgent clinical problems should be considered to be routine practice prior to referral in order to prevent the needless and potentially harmful transport of patients for diagnostic imaging.

The SBNS recommends that Trust Medical Directors and Finance Directors should engage with referring hospitals to ensure that appropriate investigations are provided locally, both in and out of hours.

#### **Decision to refer to Neurosurgery**

All decisions to refer to Regional Neurosurgery services should only occur after discussion with staff of sufficient seniority (Registrar, Consultant or G.P.).

#### **Imaging Availability**

Trusts must make remote access to imaging instantly available to Consultant Neurosurgeons and Neuroradiologists.

#### **Neurosurgical planned care should be properly resourced in order that national access targets are met without compromising emergency or urgent care.**

Units should agree with their hospital management and commissioners adequate resources and work practices to meet their contracted planned workload. Units should identify those planned services which they are unable to provide and alert commissioners to the shortfall in provision.

#### **Timely repatriation to the referring hospital should occur when the surgical and acute neurorehabilitation is complete.**

Timely repatriation of patients to their referring hospital must be promptly negotiated by designated bed managers or Nursing staff to ensure the use of the neurosurgical resources is not compromised and to allow patients to receive appropriate care and rehabilitation closer to their homes.

The SBNS recommends that Trust Medical Directors and Commissioners should be involved in inter-Trust negotiations to assist in this process, particularly where referring hospitals persistently fail to repatriate patients in a timely manner, jeopardising the patient's rehabilitation and ultimate outcome.

The SBNS recommends that patients are repatriated to local hospitals or rehabilitation facilities within 48 hours of the Neurosurgical decision to discharge, and that mechanism are in place to alert Medical Directors of both the Neurosurgical Unit Trust and the local hospital of the failure of transfer.