



HEADLINES

BRITISH ASSOCIATION
OF NEUROSCIENCE
NURSES

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REVIEW OF NEUROSURGICAL SERVICES IN SCOTLAND Elizabeth Preston Reports

The Neurosciences Action Team is one of the Action Teams established by the National Advisory Group on the National Framework for Service Change in the NHS in Scotland. This Group was appointed by the Minister for Health and Community Care to set out a framework for health services in Scotland for the future and will report in Spring 2005. The Team was established to consider the future shape of neurosciences services in Scotland; its remit is set out in the Commissioning Document "Highly Specialised Care." Highly Specialised Care was one of the work streams identified by the Advisory Group as an area which would benefit from consideration as part of its work, recognising that a number of issues apply to a range of specialities which are low in volume of activity and rely on scarce expertise and skills.

The Neurosciences Action Team's remit included paediatric neurosurgery, which required liaison with the work of the Specialised Paediatric Services Action Team and this was achieved through sharing the same project lead, regular meetings

between the chairs of the Action Teams, project lead and the expert advisors to the chairs of the Action Teams, and members of the Specialised Paediatric Services Action Team attending a meeting of the Team. Additionally members of the Unscheduled Care Action Team attended a meeting of the Team, to discuss that specific element of neurosciences care.

The Team's work quickly became focussed on neurosurgery. These services in Scotland have been subject to two previous reviews however on a national basis were continuing to experience significant difficulties in defining the shape of the service for the future and addressing the particular pressures of sub-specialisation in a relatively low volume speciality and of workforce disposition to provide 24 hour cover.

The Team met on seven occasions between August 2004 and February 2005 under the chairmanship of James Kennedy, a member of the National Advisory Group and Director of the RCN in Scotland. Its membership was drawn from across the Scottish Neurosciences centres and included

representatives of patient groups. To support an inclusive approach, an extended membership was agreed to take individual responsibility for communication with colleagues and other networks. The Action Team has brought together representatives from each of the units with patient representatives, the wider clinical neurosciences and others from NHS Scotland to discuss the issues. The good working relations and contacts which have been generated by this need to be sustained through implementation of the recommendations of the Team and one way of doing this would be through working with the Joint Neurosciences Council for Scotland which is being developed currently.

The themes explored were:

- The need to change
- Current range and organisation of services
- Current activity
- Future needs of neurosurgery
- Standards
- Clinical and data information needs
- The service model
- Configuration of

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In Memory

We were saddened to learn of the sudden death of Joyce Haskell on Friday 11 March 2005. Joyce was a Neurosurgical Theatre Sister at the Western General Hospital Edinburgh for many years and a founder member and committee member of the Association. Her funeral takes place at Warriston Crematorium on Monday 21 March 2005.



Strategic Review of Neurosciences Services in South Wales Kate McArdle & Judy Withers

Kate McArdle and Judy Withers attended two workshops to prepare criteria and weighting to consider the future provision of neuroscience services in South Wales. Terms of reference included:

- Undertaking an independent professional review across whole patient care pathways
- Examining emerging and long term trends in neuro that will have implications for service provision
- Examining shortfalls in the current services and developing possible solutions
- Developing and appraising options for a service configuration that will provide equity of access and care for the population
- Prioritising short, medium and long term objectives necessary to implement the recommendations of the review

9th November 2004

There was group work to develop benefit criteria and service objectives to include views of all stakeholders. There were around 40 atten-

dees. We had a presentation on option appraisal which was then discussed in detail and its characteristics to re-configure neurosciences. Constraints were identified.

24th November 2004

There was again group work to clarify benefit criteria further and to weight them. These will then be used initially to shortlist then to identify the final choice. This was done by focusing on neurosurgery initially but will be used for other neuro components later. Key constraints were identified to determine what some of them mean in practice, for example:

- Critical mass of work
- Sufficient capacity to respond
- An adequate "constellation" of specialist services to support neurosurgery (e.g. ITU, neuroradiology, neuro-pathology)
- Meeting national medical training requirements
- European Working Time Directive and other legal requirements

- Recruiting and retaining sufficient staff
- Politics and political acceptability
- Resistance to change
- Time to achieve
- Availability of suitable locations and/or accommodation

Options suggested for Neurosurgery provision

1. Status quo
2. Single service on existing sites at Cardiff and Swansea
3. Centralise all neurosurgery to Cardiff
4. Centralise all neurosurgery to Swansea
5. Centralise all elective neurosurgery to Cardiff
6. Centralise all elective neurosurgery to Swansea
7. Centralise all neurosurgery to Cardiff, retain emergency and spinal surgery at Swansea
8. Centralise all neurosurgery to Swansea, retain emergency and spinal surgery at Cardiff

9. Centralise all neurosurgery to (new build) another site
10. ? Separate emergency from elective – options for neurophysiology provision

This was a very interesting experience for us both as we were able to offer nursing input on both days. This was helpful to the leading team as the review had many neurosurgeons and neurologists present but no other nurses.

There was a third day scheduled for January when the final choice should have been made but the whole review has been put on hold.





Announcement from Iceland

Icelandic Nurses with a special interest in neurological nursing have been organizing and structuring internal professional work.

For the last few years, we have had a special professional group of nurses (Professional section) which works in a neurology and rehabilitation departments and which has a special and common interest in neurological nursing and the development of nursing for patients with similar neurological disorders.

We have emphasized to introduce our profession as a multi professional, includes nursing in neurology, neuro-rehab, neuro-surgery, neuro-education, neuro-research, nursing in neuro-pediatric, etc. This vision is new in Iceland.

We have now established a formal association. The Icelandic Association of Neuroscience Nurses was established Nov. 18th 2004

The name of the association is: The Icelandic Association of Neuroscience Nurses

President of The Icelandic Association of Neuroscience Nurses:

Sigurlaug B. Arngrimsdóttir,

Assistant Nursing Unit Manager at the Dept. of Neurology at Landspítali University Hospital in Reykjavik.
E-mail: sigurlar@landspitli.is

Members of the board:

Hafdis Gunnbjörnsdóttir, secretary
Thuridur Sigurðardóttir, treasurer
Dröfn Ágústsdóttir
Ingibjörg Sig. Kolbeins

The organizing committee for 8th Quadrennial Congress of Neuroscience Nurses, EANN in Iceland 2007:

President of the organizing committee:

Ingibjörg Sig. Kolbeins, Nursing Unit Manager.
Dept. of Neurol. & Rehabilitation, Grensás, Landspítali University Hospital
E-mail: ingibjok@landspitali.is

Gudlaug Rakeļ Gudjónsdóttir, Director of Nursing. Medical Division.
Landspítali University Hospital Reykjavik.
E-mail: gud rakel@landspitali.is

Thordis Ingólfssdóttir, Director of Nursing.

Rehabilitation Division.
Landspítali University Hospital, Reykjavik.
E-mail: thoring@landspitali.is

Jonina H. Haflidadóttir, Nursing Unit Manager.
Dept. of Neurology, Landspítali University Hospital, Reykjavik.
E-mail: joninaha@landspitali.is

Gudrun Sigurjonsdóttir, Team Manager at Dept. of Rehabilitation, Grensás, Landspítali University Hospital
E-mail: gudsigr@landspitali.is

Scientific Committee:

The representative of the scientific committee on behalf of Iceland for the 8th Quadrennial Congress of Neuroscience Nurses EANN in Iceland 2007 is:

Thora B. Hafsteinsdóttir PhD in Nursing and Clinical Nursing Researcher.
E-mail: thora.vigfus@wxs.nl

Division of Neuroscience, Rudolf Magnus Institution (RMI) of Neuroscience, University Medical Centre, Utrecht, Netherlands
Dept. of Neurology, Landspítali University Hospital, Reykjavik, Iceland





REPORT FROM THE EANN MAY 2004

Following my nomination, October 2003, as EANN representative for the BANN, I attended my first EANN meeting in Rimini, Italy. All of the representatives from across Europe were very grateful to our hosts Fabio (Vice President of EANN) and Raffaella (Italian Representative for EANN) for organising such an excellent programme for the week-end. The schedule provided an opportunity to share ideas from across the European community and eat vast amounts of pasta!

The EANN comprises of membership from 14 countries including Austria, Belgium, Denmark, Finland, France, Germany, Iceland, Israel, Italy, Spain, Sweden, Switzerland, the Netherlands and the United Kingdom. Our new EANN President Paul Van Keeken from the Netherlands discussed the possibility of Norway joining the EANN. It was concluded that Norway is still working at forming a National Association so they are not yet ready to join a European Association. Support will be offered, from the EANN, to help our Norwegian colleagues develop their National Association.

The EANN holds annual Board Meetings and a Quadrennial Congress. In May 2003, Paul Van Keeken was elected as the new EANN President. Other executive officers are Winnie Depaepe, Treasurer (Belgium), Fabio Barigo, Vice President (Italy) and Ansley McGibbon, Secretary (UK). Ansley will step down from office in 2005 so we actively encourage members of BANN to get involved with the EANN as a great opportunity to share ideas with our European colleagues and meet interesting people.

During this years Board Meeting there were many challenging issues discussed such as education for neuroscience nurses across Europe, future

congress, developing a European Neuroscience Nurses' Profile and EANN marketing. Although there is a great deal of work ahead for the association and it's representatives, it is evident that there is commitment and enthusiasm towards supporting our neuroscience peers across Europe ultimately improving standards of neuroscience patient care.

A key decision made at the meeting was agreement to host the next Quadrennial European Congress in Rejkavik, Iceland in 2007, on the premise that they keep the costs within the limits set by our Treasurer. Therefore, we can look forward to an interesting cultural experience from such a diverse and unusual country as Iceland.

Paul Van Keeken promoted debate among representatives linked to developing a Neuroscience Nurses' Profile and neuroscience nursing education across Europe.

There is a possibility of EU funds for neuroscience nursing education and professional training in the future. Interestingly, European countries offer a variety of courses and specialist training for nurses. Therefore, I shall be leading a project establishing what form education takes in each country through the use of a questionnaire. The results will be presented at the next Board Meeting and will inevitably assist with the development of a future strategy for Neuroscience Nurses' Education across Europe that can only support future applications for funding from the EU.

The need to improve communications between European representatives and market the EANN was identified by Fabio (Vice President) as essential to ensure the future support of the EANN by National Associations and their members.

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EANN REPORT CONTINUED

Therefore, in the future national journals, articles, newsletters and conferences will be placed on the EANN website and information will be given to Fabio from National Associations. There is currently no marketing strategy for EANN, therefore 3 members, myself as UK Representative, Winnie Depaepe (Belgium) and Geert

Teerly (Netherlands) have formed a marketing team to develop our future marketing strategy. We plan to meet in Belgium October 2004 to take this work forward so will keep you updated re: future developments. In the meantime visit the EANN website at www.eann.net to find out more about us.

The next Board of Directors meeting will be in Barcelona, Spain 7th & 8th May 2005

The next Quadrennial Congress will be held in Rejkavik, Iceland 2007

Carol Kirrane
EANN Representative
for UK

The next World Federation of Neuroscience Nurses Congress is in Barcelona on 9th—13th May 2005

Lecturer practitioner in epilepsy—Fiona MacKinnon

I have recently started a new post working as a lecturer practitioner in epilepsy. This is an exciting development allowing me to maintain my competence as an epilepsy specialist nurse whilst developing new skills and utilising my specialist knowledge of epilepsy.

This post is funded through Epilepsy Action's Sapphire scheme in association with Leeds Metropolitan University and Neuroeducation. I work 50% of my time with Leeds Metropolitan University. The funding has allowed the hospital to employ a part time replacement to release me for this post. I am grateful to my manager (Elizabeth Preston) and Lothian Universi-

ties Hospitals division for their support which enabled me to take this post.

The Centre for Community Neurological studies at Leeds Metropolitan Universities offer a range of distance learning courses. They have professional diploma courses in epilepsy care, MS care, stroke care, Parkinsons disease care, headache and migraine and neurological care. As many nurses now qualify with a first degree there is demand for post registration courses at Masters level. Subject to approval Leeds Metropolitan University are developing Masters level modules in epilepsy and MS. These courses will lead to a post-graduate certificate, di-

ploma or MSc qualification.

As part of the course development team my role is to assist in the development of the specialist epilepsy modules. Once the modules are developed my role will be to teach and support students on the course.

I am working 50% of my time as an epilepsy specialist nurse and the other 50% working from home. I have to travel to Leeds every month. Because the course is distance learning I can be working anywhere in the UK so being based in Scotland has not been a disadvantage. Working from home is a new experience but one I am enjoying. It allows you to focus with-

I am learning many new skills and making good use of my post graduate certificate in education.

The MS society has funded an equivalent post in Multiple Sclerosis. It is planned that the courses will start at the end of 2005.

Fiona MacKinnon
Sapphire Lecturer/
Practitioner in epilepsy
Department of Clinical
Neurosciences
Western General Hospital
Lothian Universities Hos-
pital Division
Edinburgh
fiona.mackinnon@luht.scot.nhs.uk

B.A.N.N

RCN EVENTS**2nd Neuroscience Nurses
Forum conference and
exhibition**

MONDAY 20 June 2005

Royal College of Physicians
Regents Park
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contact Pat Anslow on 029
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NEUROSCIENCE NURSES CONGRESS**9TH—12TH May 2005
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Barcelona
Tel: +34 93 875 30 62
Fax: 34 93 875 30 63**REVIEW OF NEUROSURGICAL SERVICES IN
SCOTLAND**

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The issues surrounding neurosurgery are not unique to Scotland, and previous work led by Sir David Carter recognised that the workforce, low volume nature of neurosurgery and sub-specialisation issues were challenging health services in many countries to re-think how neurosurgery was delivered. Work in England led by the Modernisation Agency has supported specific service review and production of guidelines to support service delivery in the light of some of the issues, eg Neuroscience Critical Care Report, NHS Modernisation Agency 2004. The combination of the changes in demographic, workforce, quality and clinical

governance factors and the nature of neurosurgery sets a context for change in the way in which the service should be delivered in the future. It points to a different way of planning and providing this service, recognising the catchment population required to give the volume and diversity of activity to sustain a fully comprehensive neurosurgical service for Scotland.

The final report will be presented to the Health Minister with recommendations for the future shape of neurosurgical services in Scotland. A full report on those recommendations will be included in the next edition.

Elizabeth Preston

**BANN
ANNUAL CONFERENCE
28th -30th October 2005**

MacDonald Holyrood Hotel

Edinburgh

Hosted by

The Department of Clinical
Neurosciences

Western General Hospital

Contact Shanne McNamara 0131

537 2656

shanne.mcnamara@luht.scot.nhs.uk



STROKE CARE AND TRAINING

Training for those who work with people who have stroke and aphasia

connect is a national charity promoting effective service provision to people with stroke and aphasia, through direct therapy, training, publications and research. connect training supports you to work more positively by offering a range of dynamic, practical, relevant courses. Our training focuses on the practicalities of implementing initiatives such as National Service Frameworks relevant to stroke care. Our courses are based on proven person-centred techniques, approaches and research. Experts with aphasia contribute directly to much of our training. We have enclosed a wall chart that gives you information about all our training for this year. Some of the courses that nurses have so far enjoyed include:

Develop your communication skills and make a difference

The good goal setting guide Families as a resource: Enhance your service by including relatives and friends

Groups Work: How to design, implement and evaluate group therapy

Social model practice: what it is and how to do it

Including people with aphasia in stroke research

Meeting the challenges of severe aphasia

Details of all these courses can be found in the wall chart which is being sent to all BANN members, or by visiting the education and training section at <http://www.ukconnect.org/index.html>. We hope you like

An information resource for those working with people with stroke and aphasia

The Stroke and Aphasia Handbook has been designed to be an information resource and as a practical tool to support everyone's communication skills, to promote the asking of questions and the sharing of information and decisions. The handbook gives people a wide range of information about life with stroke and aphasia. Topics include health, social care, welfare, benefits, employment, education and disability rights. We believe the handbook helps people with stroke and aphasia gain access to: services, support, communication and information. The handbook is written in a clear and straightforward way. As well as being purchased by individuals who have had a stroke, connect has received orders from stroke units and hospital wards some of whom have put a copy of the handbook by every bed. For information about the handbook visit <http://www.ukconnect.org/index.html> or phone Carole Cross on 020 7367 0846

New Book from Oxford University Press

Stroke Care: A practical manual, by Rowan Harwood, Farhad Huwez and Dawn Good

A practical handbook that covers the pathway of care of a stroke patient from initial diagnosis, through acute care, patient management, long term care and rehabilitation, to outcomes and secondary prevention. It is written in a clear how-to-do-it style, with many bullet points and guidelines, and is produced in a handy, portable pocket format so it can always be close at hand. The authors have all worked in stroke care units and base their guidelines on the best available evidence and extensive experience. Subjects covered include the essential neurological aspects of stroke care, decision making and terminal care, psychological and rehabilitation issues and more. It should appeal to all those involved in the care of the stroke patient from clinicians, nurses to therapist and rehabilitation specialists.

Available in paperback at £19.95





CONTRIBUTIONS TO HEADLINES

Authors will be paid £25 for an article that is published in Headlines.

The Editor would like to encourage you to use Headlines to communicate with you neuroscience nursing colleagues via a letters page. The best letter will be awarded a £10 book voucher.

All contributions should be sent to:
Shanne McNamara (Editor)
Edinburgh Centre for Neuro-Oncology
Western General Hospital
Crewe Road
Edinburgh
EH4 2XU
Phone: 0131 537 2656
Fax: 0131 537 2659
Email: shanne.mcnamara@luht.scot.nhs.uk

CONFIDENTIALITY

Please be advised that all membership records are held on computer. This computer does not link with any other network and so confidentiality is preserved. Names and addresses will not be disclosed to firms, companies, publishers, etc without the consent of individuals.

Information with regard to seeking assistance with nursing research projects or to patient support groups is facilitated through your unit link member at his or her hospital address.

BANN Executive Board

22nd November 1999

Updated April 2004

USEFUL ADDRESSES AND CONTACT

For full list see www.bann.org.uk



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