

Annual Report and Accounts

2023-2024



The North West Neurosurgery Specialised Services Clinical Network Annual Report and Accounts 2023/24.

Presented to NHS England, under Schedule 2F (Clinical Networks) provisions of the NHS Standard Contract 2024/25 The Particulars.

Following the delegation of specialised commissioning in April 2024, also presented to:

- **NHS Cheshire and Merseyside**
- **NHS Greater Manchester**
- **Lancashire & South Cumbria NHS Foundation Trust**

The North West Neurosurgery Specialised Services Clinical Network, funded by NHS England, is hosted by Northern Care Alliance NHS Foundation Trust with leadership from Lancashire Teaching Hospitals NHS Foundation Trust and The Walton Centre NHS Foundation Trust.

[Contact the Network](#)



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Foreword

Welcome to the first Annual Report from the new North West Neurosurgery Specialised Services Clinical Network.

This report covers the period from April 2023 to March 2024.

The report celebrates the Network's beginning and progress since a Network Manager was appointed and began in post in mid-January 2024. Although the opportunity for impact in this short time is limited, this report contextualises the Network in the region.

The included Impact Report and Financial Summary are essential to the Network's reporting requirements.

The Network looks forward to progressing and working with members and partners to develop its strategy and exciting plans over the next year.



About The Specialised Services Clinical Network

The North West Neurosurgery Specialised Services Clinical Network (SSCN) is a new collaboration model. Since mid-January 2024, it has started bringing together the three North West specialised neurosurgery providers. Previously known as Operational Delivery Networks, SSCN principles recognise the broader contribution collaborative approaches have on the NHS Triple Aim, the healthcare system, the economy, and population health.

The North West SSCN is one of eight Neurosurgery Networks funded by NHS England to

- Advance regional collaboration
- Release efficiencies
- Accelerate transformation

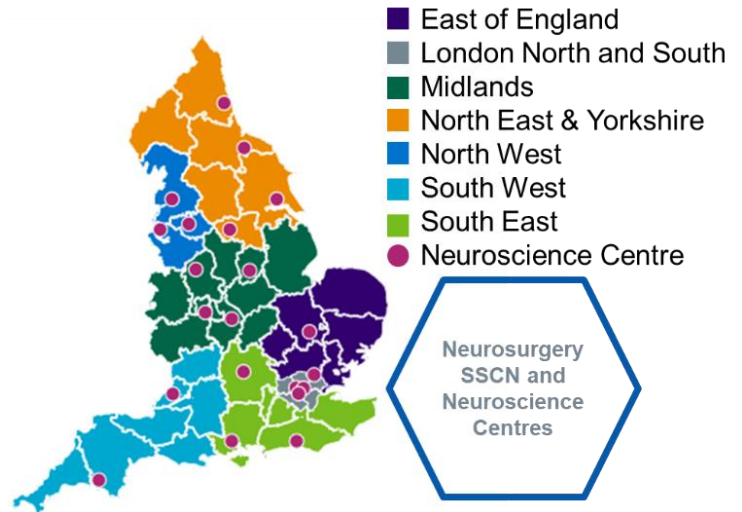


Figure 1

The SSCN has a catchment population of over nine million and coincides with three Integrated Care Boards. Table 1 lists the NHS Provider Members. From April 2024, the Network will be further embedded, as the North West will become part of the first phase of regions to delegate specialised services commissioning to Integrated Care Boards.

NHS Provider	Integrated Care Board	Catchment Population (Millions)
Lancashire Teaching Hospitals NHS Foundation Trust	Lancashire & South Cumbria NHS Foundation Trust	1.9M
Manchester Centre for Clinical Neurosciences (Northern Care Alliance NHS Foundation Trust) and SSCN Host	NHS Greater Manchester	3.3M
The Walton Centre NHS Foundation Trust	NHS Cheshire and Merseyside	4.3M

Table 1

The SSCN is building strategic relationships with the North West Regional Spine Network and Strategic Clinical Networks, such as the Greater Manchester Neurorehabilitation & Integrated Stroke Delivery Network. The SSCN has a long-term vision to build a collaborative, working with and beyond the health sector to expand its influence and impact.



Network Functions

The Network contributes to the healthcare system through seven functions, described in the National Service Specification¹.



Figure 2

¹ <https://www.england.nhs.uk/publication/specialised-services-clinical-network-specifications/#neuro>

North West Neurosurgery NHS Providers

The three North West neurosurgery NHS Providers are SSCN founding members. Together, they provide neurosurgery in three neuroscience centres and two satellite hospitals.

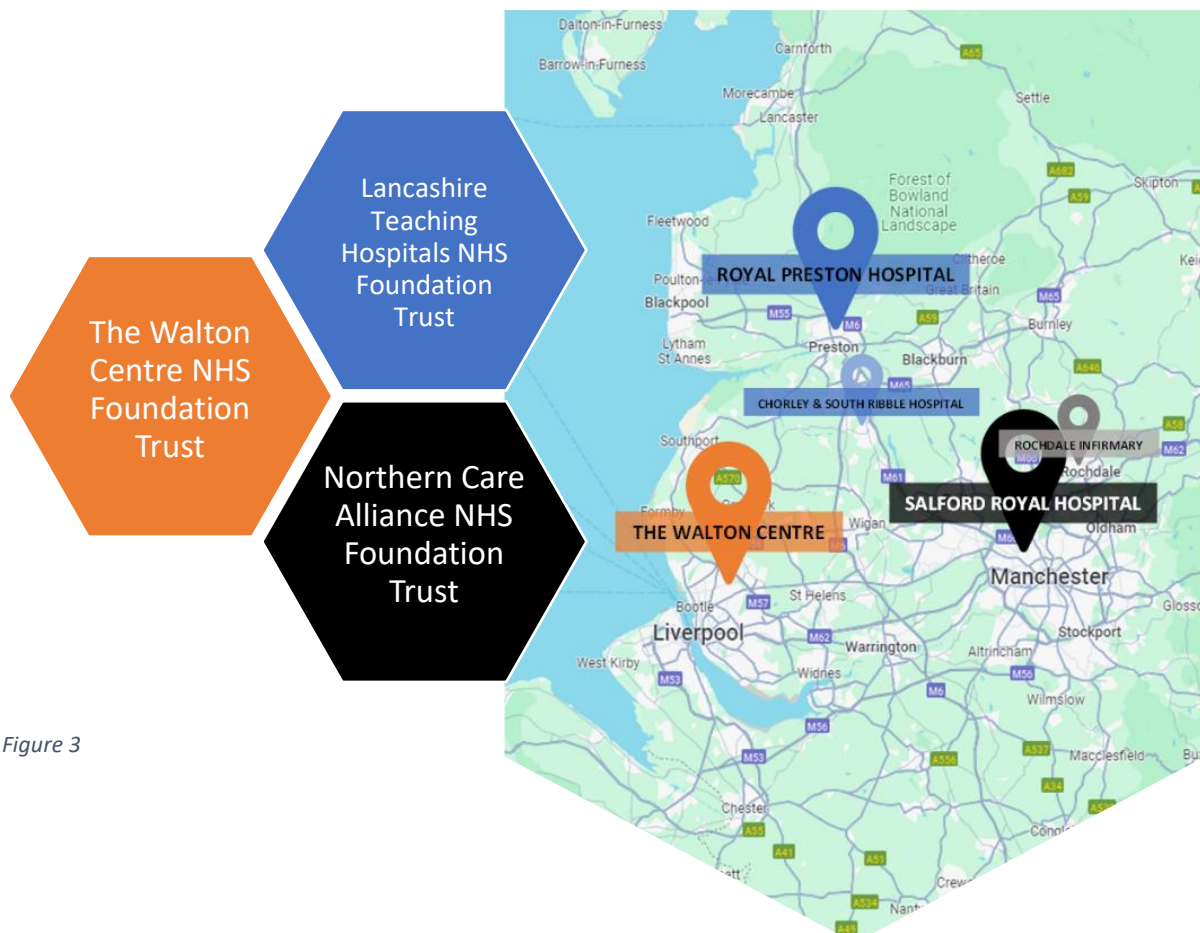


Figure 3

Lancashire Teaching Hospitals NHS Foundation Trust

The Neurosurgery Directorate is a regional tertiary service for Lancashire and South Cumbria and supports the Regional Major Trauma service. As part of the Regional Neuroscience Centre based at Royal Preston Hospital, the Directorate strongly links with the Neurology, Neurophysiology, and Psychology Directorates, providing integrated care. The Neurosurgery Directorate provides a range of sub-specialisations with assigned theatre and ward facilities. These specialities offer clinics and complex Multi-Disciplinary Team Meetings (MDT) and liaise with other directorates.



The Directorate has a three-year strategy focusing on four strategic objectives.

1. To provide outstanding and sustainable healthcare to our local communities
2. To offer a range of high-quality specialist services to patients in Lancashire and South Cumbria
3. To drive health innovation through world-class education, training, and research
4. System working in a new NHS landscape

Manchester Centre for Clinical Neurosciences (Northern Care Alliance NHS Foundation Trust)

The neurosurgical service at Salford Royal Hospital serves the Greater Manchester and Eastern & Mid-Cheshire districts.

Through its well-developed subspeciality configuration, the service provides a broad range of care, with the largest clinical output of all providers in England², from the less complex end of the speciality to low-volume, high-complexity procedures. The service offers complex spinal surgery, Neuro-rehabilitation services, and the Greater Manchester Comprehensive Stroke Centre, including thrombectomy services. It also offers responsive emergency care in collaboration with co-located services such as the Greater Manchester Major Trauma Hospital.



The Manchester Centre for Clinical Neurosciences leads research through the Geoffrey Jefferson Brain Research Centre, a leading partnership with the University of Manchester and Health Innovation Manchester.

In 2023/24, the Neurosurgery service significantly improved the waiting list position, approximately halving the waiting list. This work will continue into 2024/25, and the service hopes to return to short appointment waiting times this year. Surgical operating capacity has also been expanded by introducing some spinal procedures at an elective hub based at Rochdale Infirmary. The service also started a virtual multi-disciplinary team with musculoskeletal practitioners, reducing the referrals to tertiary care by 62% and accelerating urgent referrals. The model is planned to be distributed across the ICB footprint.

² As reported by [NHS England » The Model Health System](#)

The Walton Centre NHS Foundation Trust

The Walton Centre is the only specialist NHS Trust in the UK dedicated to providing comprehensive neurosurgery, neurology, spinal, and pain management services. It is rated Outstanding by the Care Quality Commission. The Walton Centre is a teaching hospital closely associated with the University of Liverpool and Edge Hill University. The Trust was awarded University status in 2022.



The Neurosurgery Division is one of the busiest in the UK and offers a full spectrum of services and interventions. It is focused on delivering safe, effective, and timely care and is committed to further reducing patients' waiting times and supporting the broader system.

The Trust provides emergency care as part of the Major Trauma Centre Collaborative and is co-located with the Major Trauma Centre at Aintree University Hospital.

The Neurosurgery Division also leads research through the Neuroscience Research Centre, working in partnership to lead and undertake academic and commercial research in all aspects of neurological, neurosurgical, and pain conditions.





Health in Our Region

The North West is a diverse region geographically, culturally, and economically. Overall, the population of 7.7 million experiences worse-than-national-average outcomes, such as lower life expectancy and higher levels of poverty and deprivation. However, there is significant intra-regional variation. The urban centres of Manchester, Liverpool, Preston, and Lancaster are home to a younger population. Older people (18.7% of the population are aged 65 and over) are primarily concentrated in rural counties.

The COVID-19 pandemic significantly affected the region in 2020 and 2021. By the 31st of December 2021, the North West had the highest cumulative COVID-19 case rate of all areas in England and the highest total number of deaths³. The pandemic's impact continues to affect health services, including neurosurgery.

Life Expectancy

Until 2020, life expectancy at birth increased for males and females in the North West, although it remained below the national average. In 2020, life expectancy fell by 1.5 years for males to 77 and 1.2 years for females to 81. These reductions represent widening inequality in health outcomes.

Excluding COVID-19, Table 2 lists the leading medical death causes⁴ in adult males  and females  in 2020 in the North West. The list includes neurological conditions such as stroke and brain cancer, demonstrating the importance of high-quality neuroscience services to the population.

³ Office for Health Improvement & Disparities, 2021. Health Profile for the North West of England 2021. [Online] Available at: https://fingertips.phe.org.uk/static-reports/health-profile-for-england/regional-profile-north_west.html [Accessed 31 May 2024]

⁴ The leading death causes amongst males aged 20-34 are non-medical, such as transport accidents and homicide



Age Group	20-34	35-49	50-64	65-79	Over 79
Death Causes					
Dementia & Alzheimer's Disease			✓	✓	✓ ✓
Heart Disease		✓	✓	✓ ✓	✓ ✓
Stroke					✓ ✓
Influenza & Pneumonia					✓
Lung Cancer			✓	✓ ✓	
Chronic Lower Respiratory Diseases			✓	✓ ✓	
Breast Cancer		✓	✓		
Liver Disease	✓	✓ ✓			
Brain Cancer	✓				

Table 2

Healthy Live Expectancy

In the North West, healthy life expectancy (time spent in good health) has increased up to 2020. The effect of COVID-19 has yet to be measured.

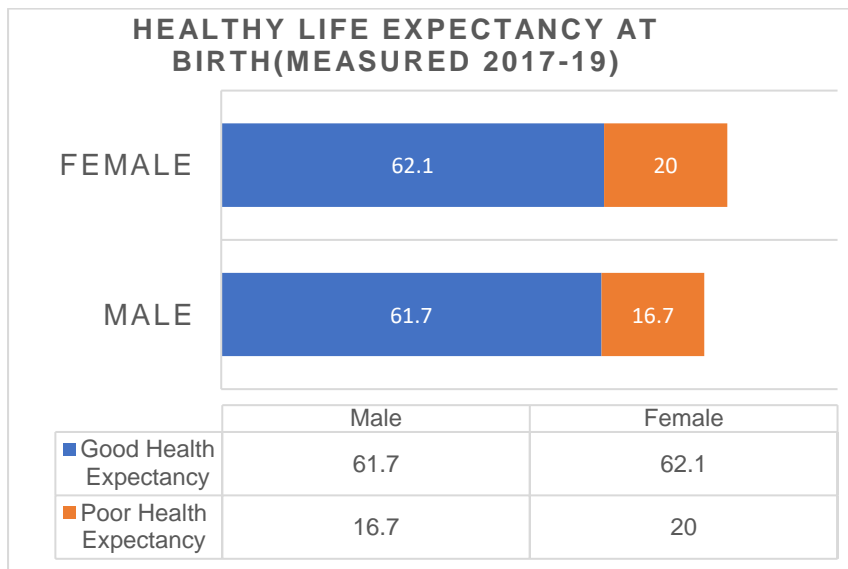


Figure 4

Neurological conditions, such as headaches, are among the leading fifteen causes of poor health (Figure 5), demonstrating the importance of high-quality neuroscience services to supporting healthy lives.

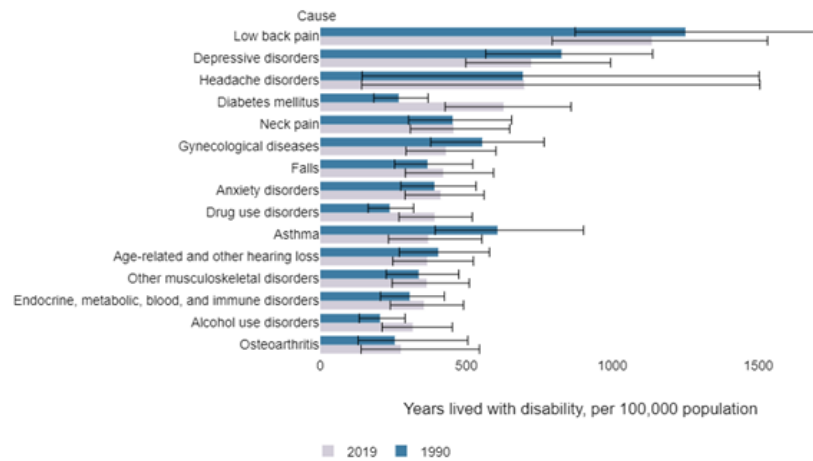


Figure 5

In setting a strategy, the SSCN will incorporate its role in population health and contribute to improving the population’s health.



National Transformation Programme

The Getting It Right First Time (GIRFT) programme reviewed adult Neurosurgery services. In June 2018, the National Speciality Report described 15 recommendations to justify further reducing unwarranted variation and increasing pathway agility.

In 2020, the Nuffield Trust independently reviewed neurosurgery services, finding themes and improvement opportunities similar to those recommended by GIRFT.

The COVID-19 Pandemic tested the healthcare system and exacerbated the themes described by GIRFT and the Nuffield Trust, requiring a focus on recovering Neurosurgery services and ensuring pathways are sustainable.

Supported by the National Transformation Clinical Reference Group (CRG), NHS England responded to these drivers by sponsoring a Neurosurgery Transformation Programme (NSTP). The initiative brings together stakeholders and is aligned with the GIRFT programme to understand challenges, capture insights, and support improvements in specialised Adult Neurosurgery services in England.

The National Neurosurgery Challenge

The NSTP summarised the context as 'The National Neurosurgery Challenge', Figure 6.

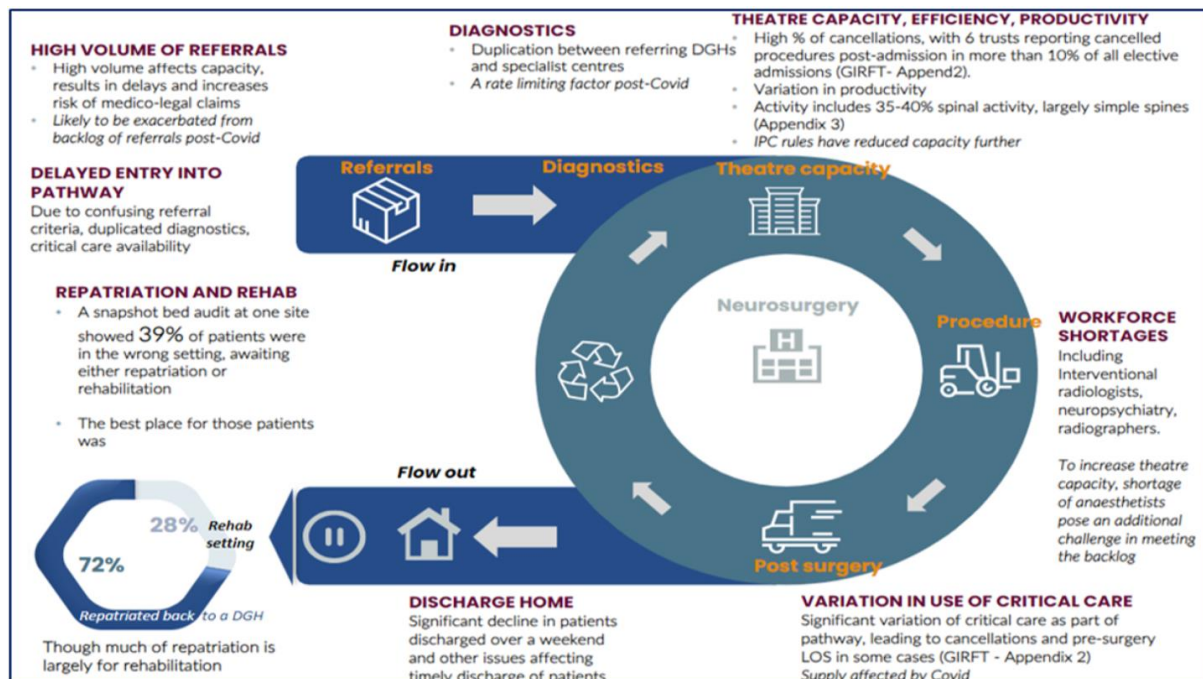


Figure 6

Rising to the Challenge

The NSTP has delivered four interventions and identified five Recovery High Impact Changes (RHIC) to respond to the National Neurosurgery Challenge (Figure 7), including creating Neurosurgery SSCN.

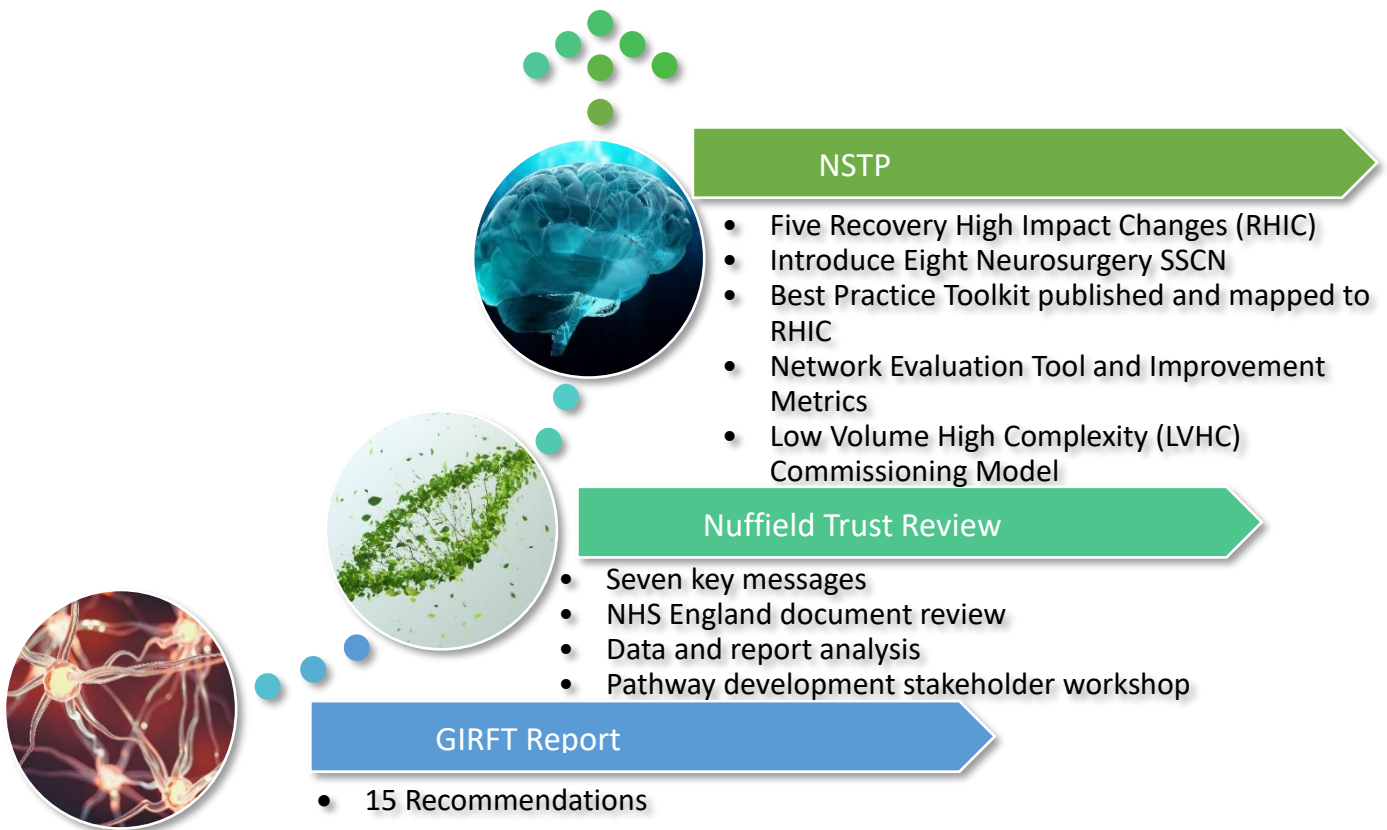


Figure 7

Although young, the SSCN has actively participated in the NSTP and has formed links to the CRG.

From April to June 2024, the NSTP will transfer to a business-as-usual model. The CRG and Networks will lead the setting and delivery of the transformation agenda. The value of the NSTP legacy will inform and be incorporated into the SSCN's strategy, recognising the early priority of adapting and adopting the LVHC Care Model in the North West.

Network Overview 2023/24

The North West Neurosurgery Specialised Services Clinical Network is a collaborative NHS Network in its early establishment phase.

The Network has a single priority: establishing **a structure, strategy, and annual plan**.

The establishment commenced with the appointment of a Network Manager in October 2023, who began in January 2024. The network manager has focused on understanding and communicating the policy landscape (Figure 8) and holding stakeholder discussions to establish the network. From April 2024, the Network will implement an establishment plan to meet the Network Performance Indicators (Table 3) and conclude with the publication of the Network's first strategy and 2025/26 annual plan.

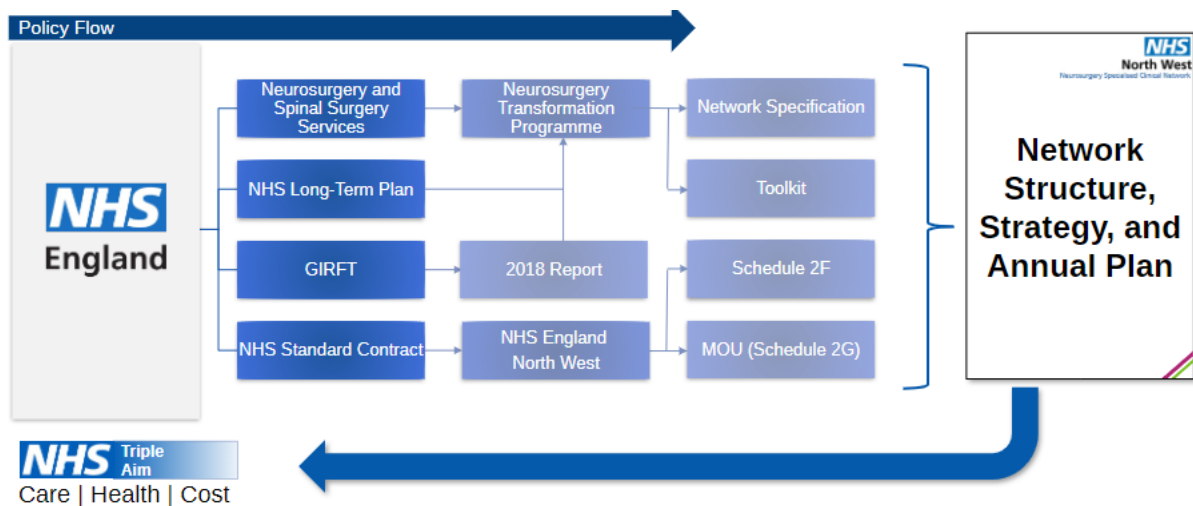


Figure 8

The National Network Specification sets a series of Network Performance Indicators. Table 3 illustrates the Network's position at the end of 2023/2024.

Indicator	Status	2024/25 Target
There is an appropriate network management team in post with the skills to deliver the specification.	Standard Partially Met	Standard Met
The network board meets at least thrice yearly, is quorate, and records minutes, actions, and risks.	Standard Not Met	Standard Met
As appropriate to the network specification, there are regular network specialist Multi-Disciplinary Team (MDT) meetings (or equivalent)	Standard Partially Met	Standard Met
IT facilities enable communication across the network, support image transfer, and allow remote participation in the MDT.	Standard Partially Met	Standard Met
An annual work plan has been agreed upon with the network's commissioners.	Standard Not Met	Standard Met
There is an agreed plan for PPV engagement.	Standard Not Met	Standard Met
There is an analysis of the service needs of the population served by the network, a gap analysis and a plan agreed upon with the network's commissioners to meet those needs.	Standard Not Met	Standard Met
There are network-agreed patient pathways, procedures, and protocols.	Standard Not Met	Standard Met
An analysis of workforce requirements and a plan agreed upon with network members to meet these requirements are needed.	Standard Not Met	Standard Met
Some arrangements (passporting) enable workforce flexibility between providers within the network.	Standard Not Met	Standard Met
An analysis of training needs and an annual network training plan is agreed upon with network members.	Standard Not Met	Standard Met
The network's data and information needs are analysed, and a plan to meet these requirements is agreed upon with network members.	Standard Not Met	Standard Met
There is a network-agreed research strategy, including access and participation in clinical trials.	Standard Not Met	Standard Met
The annual work plan includes at least one quality improvement initiative.	Standard Not Met	Standard Met
An annual report summarising the network's work and outcomes is produced and includes a financial statement.	Standard Not Met	Standard Met
The network participates in the national network of networks.	Standard Partially Met	Standard Met

Key

Standard Not Met	Standard Partially Met	Standard Met
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Table 3



Network Structure

The Network plans to introduce an Establishment Advisory Group and the first structure in April 2024 (Figure 9). As the structure is developed, this group will develop into the Network Board and audit committee.

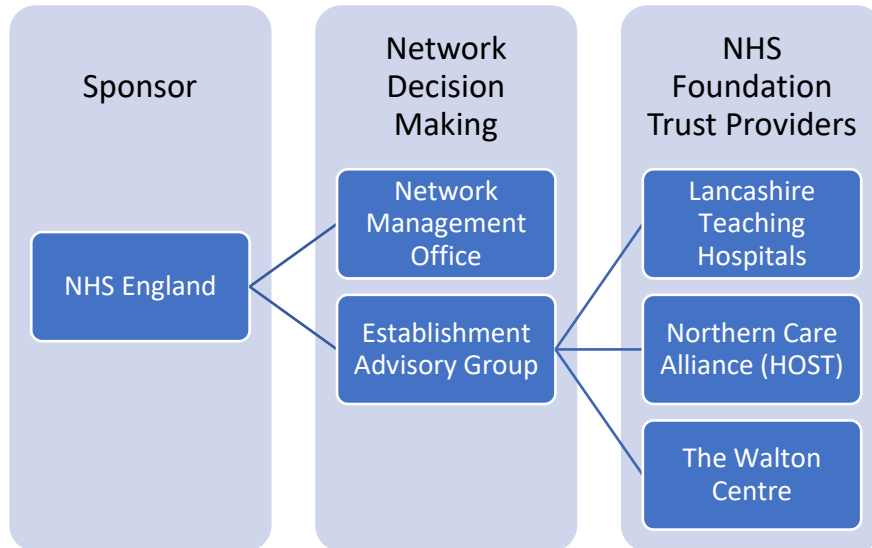


Figure 9

The group will address four priorities.

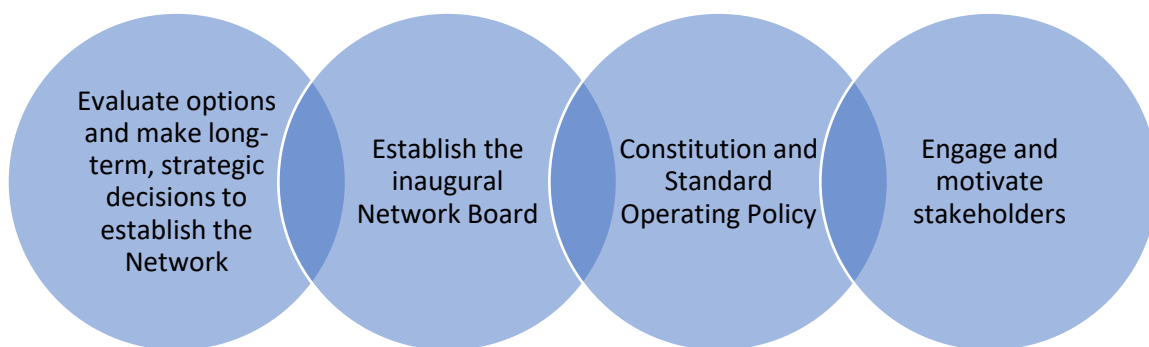


Figure 10



Context and Purpose



What

The group:
Is an agile team representing Provider Members and external stakeholders
Acts in the Network's best interest
Is led by the Network Manager, and Head & Trauma Programme of Care Service Specialist



Why

The Network is new and must establish its structure to enable it to function
The Network Specification sets standards
Stakeholders expect a well-governed, functioning Network



How

The group serves as an advisory body
The group evaluates options, makes long-term strategic decisions and recommendations
It is enabled by the FutureNHS workspace



When

The group supports the Network's establishment up to the inaugural Network Board Meeting
The group will then transform into an Audit Committee



A FutureNHS Workspace, led by the Network Management Office, brings together resources and knowledge for collaboration.



Impact Report

The Impact Report demonstrates the SSCN's contribution in 2023/24 towards the NHS triple aim.

Impact

<i>Title of work/project area</i>	A brief summary of the work area/project that took place this year	How did this improve the quality of services across the region?	How did this impact on health and wellbeing outcomes for local people?	How did this address unwarranted variations in care?
<i>Establishing the SSCN</i>	<ul style="list-style-type: none"> • Network manager recruited and started in the role • Stakeholder discovery and engagement • Policy drivers and the NSTP programme understood and communicated • Support for Establishment Advisory Group 	<p>As a new model, the opportunity for impact is limited. Establishing the network has prompted opportunity discussions, built collaboration, and begun introducing strategic decision-making governance.</p> <p>These components have indirectly impacted the triple aim in 2023/24.</p>		

Table 4

Clinical Lead Comment

The Network is yet to appoint to clinical lead roles.



Accounts

Financial Summary

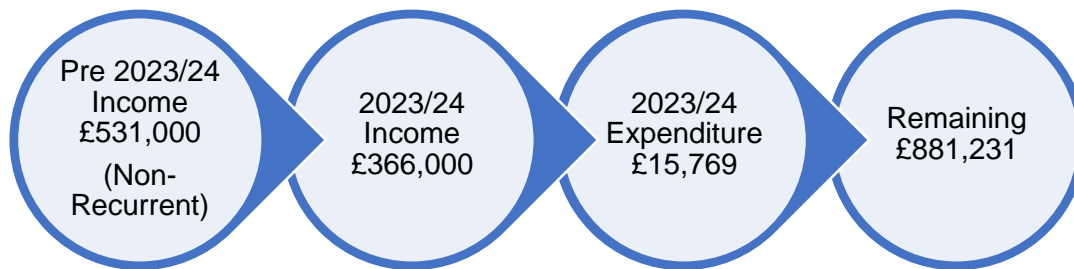


Figure 11

Financial Position

The SSCN received £366,000 in funding from NHS England for 2023/24. Funding was also available for Networks from previous financial years, which has now been allocated and is available as a non-recurrent resource.

The primary expenditure in 2023/24 was pay, which is expected to continue long-term, as Networks are people—and knowledge-based.

As a new model, the opportunity to use these financial resources has been limited.

The Establishment Advisory Group and subsequent Network Board plan to allocate the remaining funds in 2024/25.

The SSCN depends on recurrent funding from NHS England to be sustainable in the

long term. It expects to receive £374,000 from NHS England in 2024/25, with an uplift to be confirmed.

Finance Risks

The SSCN has identified three sources of financial risk. See the Strategic Risks section for further details.

1. SSCN's ability to fully allocate and utilise recurrent income in the short term (2024/25)
2. SSCN investment may be required to realise NSTP outcomes
3. External factors, such as inflation, pay awards, industrial action, and organisational and care model restructure may introduce financial pressures in the medium to long-term



Risk Management

The SSCN runs a risk management framework that differentiates between the different risks we encounter.

Strategic risks impact the ability to deliver the strategy. These are reported externally to NHS England the Integrated Care Boards and feature in the Annual Report.

Programme risks affect the SSCN work programmes.

Operational risks are associated with internal operations, processes, and how the SSCN works.

Uncertainties and Assumptions

Topics which the SSCN is aware of, but more information is needed to understand the impact and form a response.



Strategic Risks

Risk	Management Approach
<p>SSCN's ability to fully allocate and utilise recurrent income in the short term (2024/2025)</p>	<ul style="list-style-type: none"> • Regular dialogue with host Finance Business Partner • Develop a recruitment and finance plan with the EAG • Finance use and reporting process embedded in Standard Operating Policy • Shared expectation between Network and Host that funding is ring-fenced • 2024/25 funding confirmed
<p>SSCN investment may be required to realise NSTP outcomes</p>	<ul style="list-style-type: none"> • NSTP engagement through Network of Networks meetings • Expectation setting through delegation of the specialised services commissioning process
<p>External factors, such as inflation, pay awards, industrial action, and organisational and care model restructure may introduce financial pressures in the medium to long-term</p>	<ul style="list-style-type: none"> • Horizon scanning • Contingency funding included in finance planning
<p>There is capital equipment and estate variation between providers. For example, the availability of intra-operative MRI Scanners, dedicated theatres, separation of services between hospital buildings, limited and shared clinic and office space</p>	<ul style="list-style-type: none"> • Provider-based Positional Analysis in development to inform strategy and annual plan

