Setting up subspecialist Neurosurgery in SCAN

By Imran Liaquat,

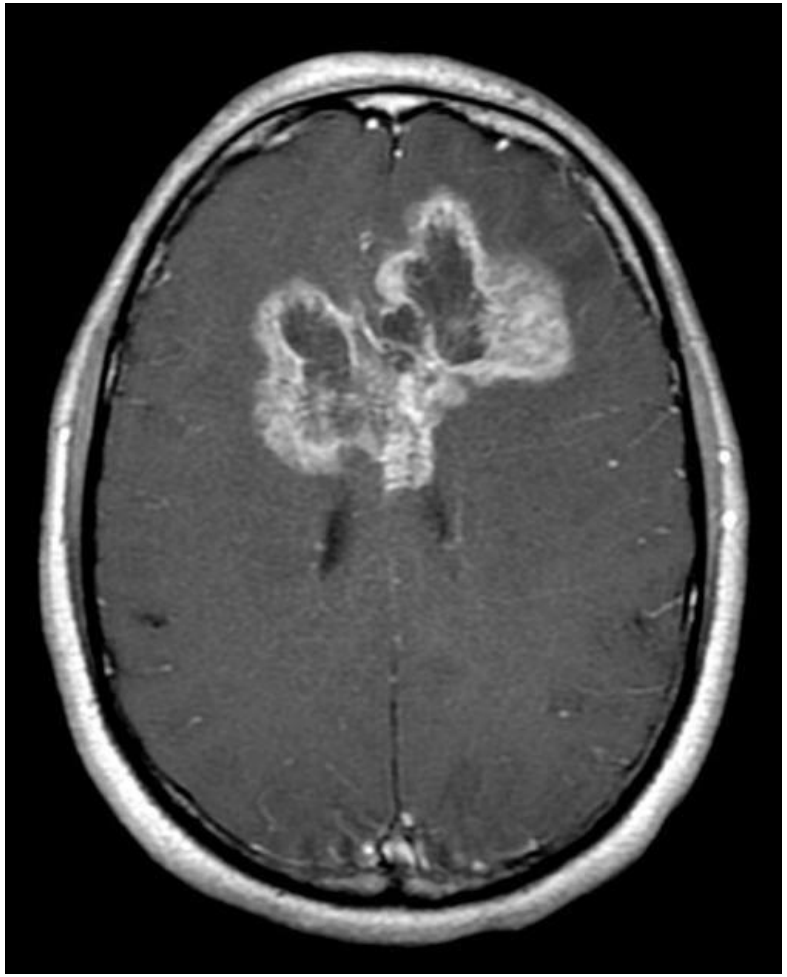
Consultant Neurosurgeon,

NHS Lothian

Rationale for Sub-specialisation in Neurosurgery

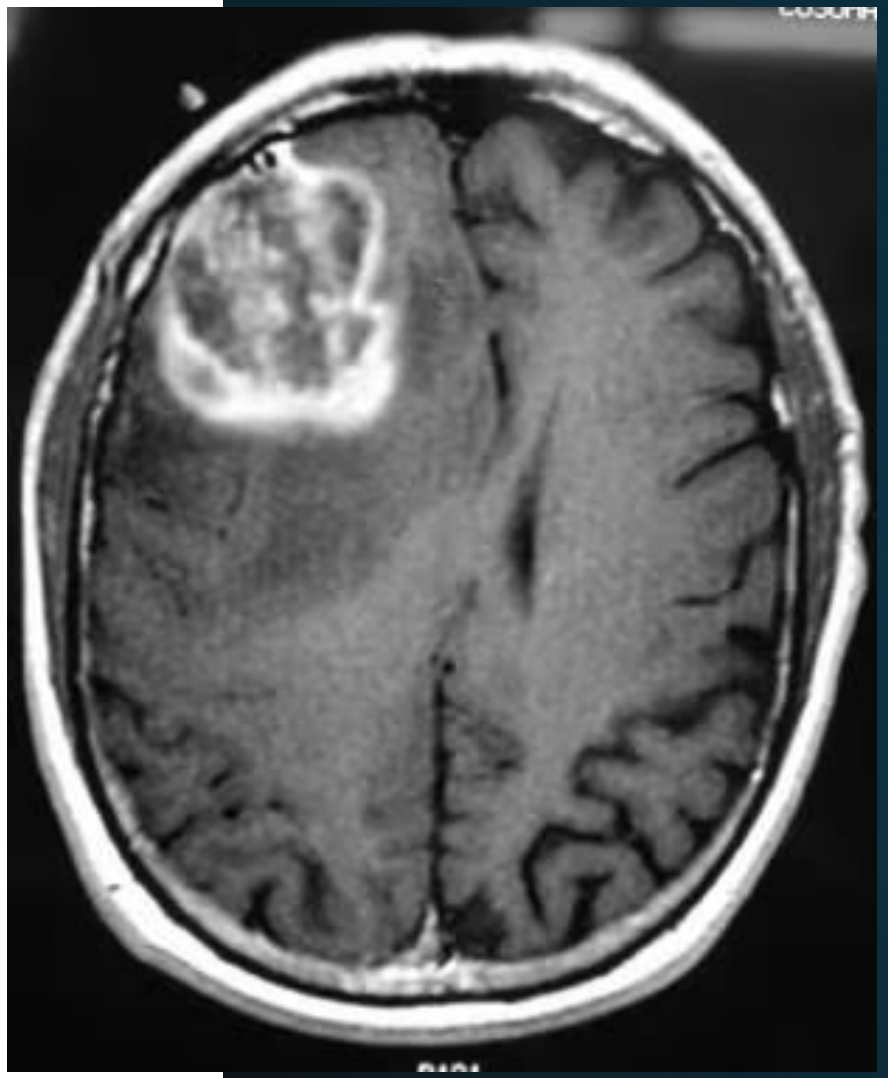
Service Issues

- Emergency transfers with unscheduled theatre slots
- Biopsies (nihilistic attitudes) when Surgical Resection feasible
- Case selection for treatment – Best Supportive Care rather than biopsy/resection



Rational for Sub-Specialisation in Neurosurgery

- Back, M et al - *ANNALS-ACADEMY OF MEDICINE SINGAPORE* 36.5 (2007): 347.
    - Increased survival in Hospital with MDT/MDC versus on-call pathway
    - ***18*** months versus ***11*** months
- Guilfoyle British Journal of Cancer 2011
    - Better Patient experience if seen through specialist clinic compared to emergency transfer



Surgical Experience/Performance

Impact of academic facility type and volume on post-surgical outcomes following diagnosis of glioblastoma

Alan Hauser [a], Sunil W. Dutta [a], Timothy N. Showalter [a], Jason P. Sheehan [a b], Surbhi Grover [c], Daniel M. Trifiletti [d]

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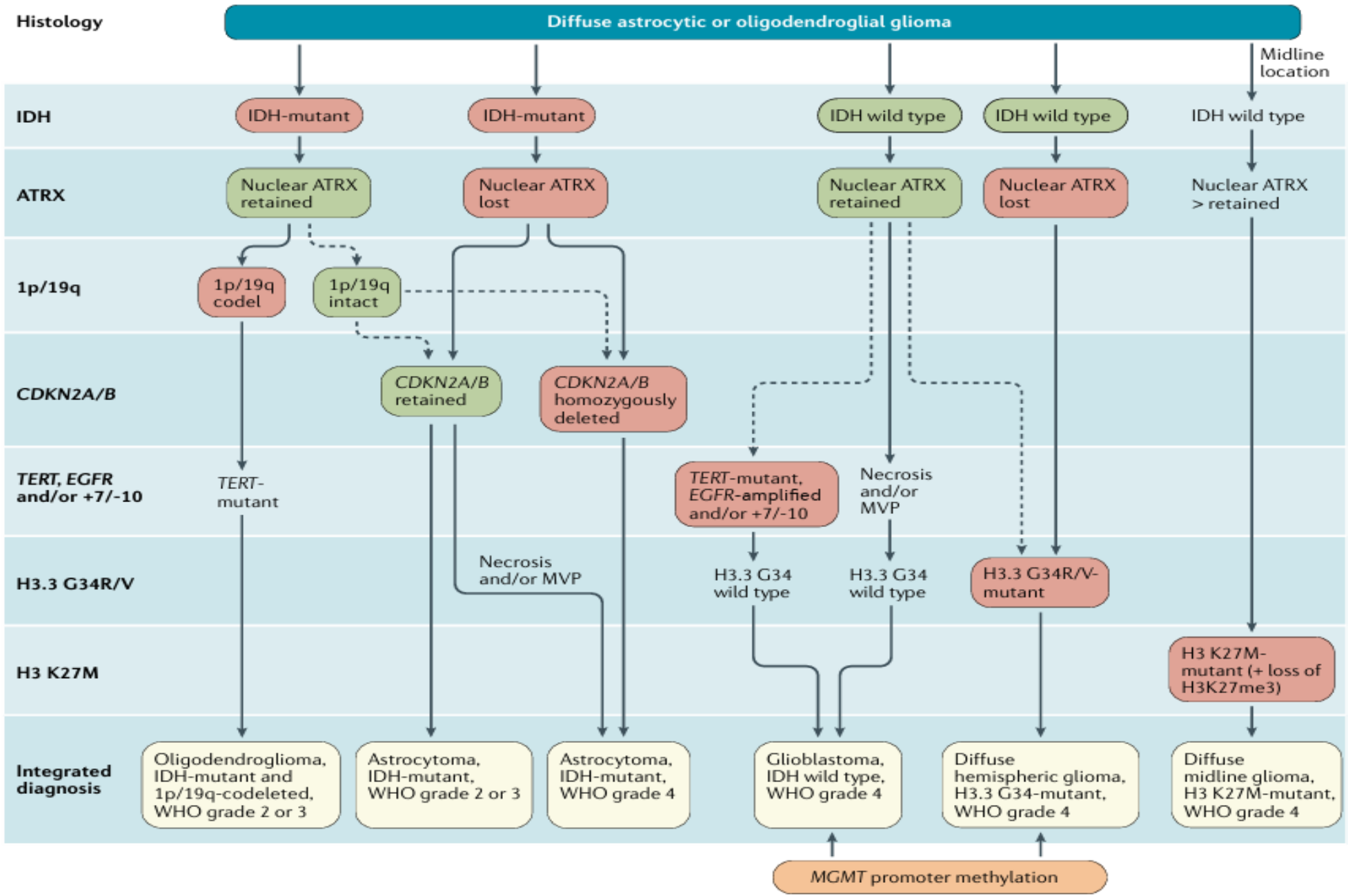
89 000 patients

Conclusion –

- Surgeons doing > 30 cases a year
  - Better survival
  - Reduced 30 and 90 day mortality

Compared to Surgeons doing less than 10 cases a year.

EVIDENCE-BASED GUIDELINES



Surgical Evolution in Neuro-oncology

Pre-evolution – 2016

120-130 Intrinsic Brain Tumours per annum

Neuro-oncology Surgeon given– Low Grade Glioma patients/Eloquent Cortex – Awake cases – 20 cases

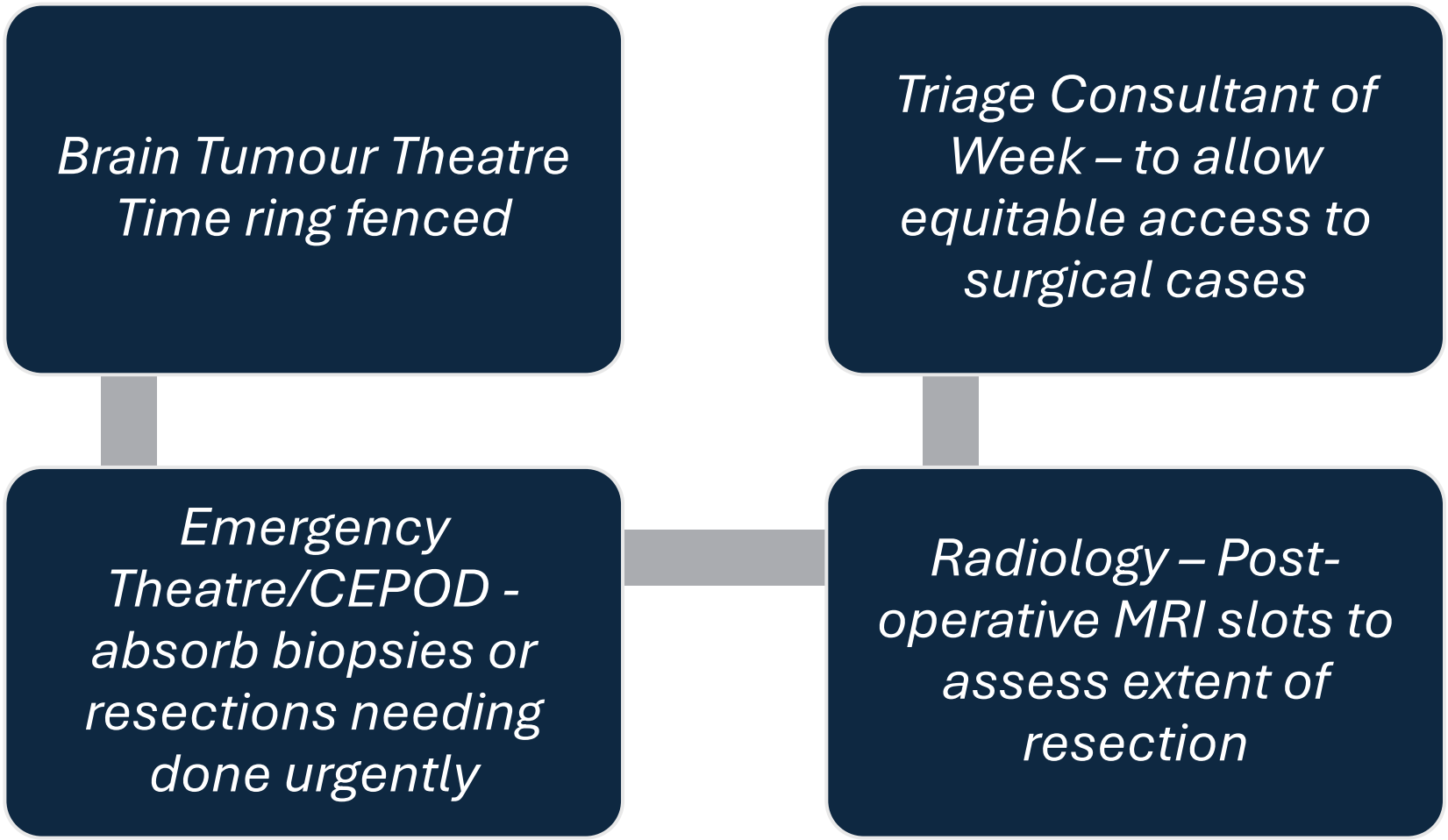
Only 1 out of 10 Surgeons had an elective clinic to see Neuro-oncology patients

Remaining cases went to Oncall Consultants - managed through oncall pathway - >70%

Service Reconfiguration

120-130 Adult surgical cases needing scheduled urgent care –	• circa 600 theatre hours per annum
Consultant meeting	• 30 cases a year • One colleague continues to oppose sub-specialisation
4 surgeons selected from a group of 12 –	• 2 Adult and 2 Adult/Paediatric • CPD in Neuro-oncology essential
Job Plans modified to support	• attendance at MDM • Specialist clinics • Pre-admission Clinics

Surgical Evolution in Neuro-oncology



Impact

40-55% of all cases per annum undergo surgical debulking/resection

85 % of patients –Elective surgery/clinic pathway

90% discussed at MDM pre-surgical intervention (up from 65%)

Impact -

Median Length of Hospital Stay - 4 days down from 8 days

Select cases 24 hours

Overall Survival 18 months after Resective Surgery – comparable to literature

Better Selection of Redo Surgery Cases – decreased morbidity

Engagement with National QPIs - mortality less than 5%

Tessa Jowell Centre of Excellence Accreditation

Future Aims

- Evaluation of new technologies
- Auditing of Surgical Performance - surgical resection extent/complication rates - National QPIs
- Auditing of Survival data/morbidity data - Butterfly Gliomas
- Review of Theatre and Clinic capacity needs

Thank You!
Questions