

National Neurosciences Advisory Group
Terms of Reference

1. Purpose

1.1 The National Neurosciences Advisory Group (NNAG) exists to improve treatment, care and support for people affected by neurological conditions by:

- Encouraging and supporting alignment between programmes in NHS England & NHS Improvement, the Department of Health's Arm's Length Bodies and system partners, such as charities relevant to people with neurological conditions
- Escalating key issues within NHS England/Improvement as appropriate
- Convening specific working groups to address key issues in neurosciences and outlining areas for improvement

1.2 The group aims to bring together partner organisations to work together to achieve improvement in neurology services including system leaders clinicians, patients, charities and third sector organisations, commissioners and academics.

1.3 NNAG is not a decision-making body but will make formal recommendations to NHS England & NHS Improvement about the commissioning of services, this will be done through the NHS England & NHS Improvement Clinical Policy Unit.

2. Accountability

2.1 The NNAG is directly accountable to the National Medical Director at NHS England & Improvement.

2.2 The NNAG will work closely with, and advise when required, the Neurosciences Clinical Reference Group, although will not be restricted to the remit of specialised commissioning.

2.3 The NNAG will work closely with the NHS England & NHS Improvement Clinical Policy Unit.

3. Duties

3.1 Provide a forum to bring together those working on improving outcomes across the system, to allow sharing of information on different work-streams, identify any gaps and interdependencies, and influence the direction of distinct work streams and the overall neurosciences agenda.

3.2 Offer expert advice and recommendations to NHS England & NHS Improvement on the development of commissioning products, levers and incentives ensuring alignment with specialised commissioned services in order to provide a joined-up approach to improving service delivery and outcomes.

3.3 Coordinate and develop an emerging strategic approach to improve outcomes for people with neurological conditions.

3.4 Provide a forum to suggest initiation of programmes and projects where gaps exist and identify appropriate groups and/or organisations to take this forward.

3.5 Ensure that internal and external stakeholders are engaged and linked appropriately across the programme and that there is a coherent approach to communications.

3.6 Ensure that mechanisms are in place to understand the impact of relevant work programmes undertaken by external system partners.

3.7 Provide oversight of different work streams in order to maximise organisational capacity and reduce duplication.

4. Membership of the NNAG

4.1 Members are invited to the NNAG core group based on one or more of the following:

- holding a senior role in within either a professional, patient, commissioning or provider body
- , their ability to work 'pan-neurologically'
- having a high level of influence across neurosciences.

4.2 Members are selected for their expertise even when they may be affiliated to specific stakeholder groups. As such, they are appointed as representatives of their organisation or stakeholder group to fulfil their role on the NNAG. It is expected that in their role as a member they will act in the public interest.

4.3 Proposed members should apply detailing relevant skills and experience to the Co-Chairs of the group, membership approval will then be voted on at the following NNAG meeting.

4.4 The only exception to this is are the Patient and Public Voice representatives who are elected by the Patient group (please see Appendix 1).

4.5 The group has the authority to secure the attendance of non-members with relevant experience and expertise if it considers necessary.

4.6 NNAG members will

- Attend all scheduled Advisory Group meetings, and if necessary, nominate a proxy.
- Identify interdependent workstreams from their respective organisations or focus area, and raise these for NNAG's attention.
- Identify potential strategic and directional issues between projects and work to resolve these.
- Communicate outcomes of the meeting with their respective organisations and networks.
- Communicate key NNAG discussions and recommendations within their organisation as appropriate.

4.7 The NNAG Core Group membership roles are identified in Appendix 2 of this document. Additional members will be coopted onto the group as required and recorded in the NNAG Core Group minutes.

5. Role of the Chairs

5.1 The Chairs have responsibility for providing effective leadership to the group, delivering on the group's objectives and workplan.

5.2 In addition, the Chairs are responsible for ensuring that the minutes of meetings, produced by the secretariat, and any reports to the National Medical Director, accurately record decisions taken, and, where appropriate, the views of individual members have been accounted for. Once agreed by the Co-Chair the minutes will be circulated by the NNAG Programme Manager.

5.3 Meeting agendas will be developed and agreed by the Chairs, with support from the secretariat. Members are asked to ensure potential items are forwarded to the Chair or Co-Chair at least 10 days in advance of the meeting date to aid agenda setting and the preparation of meeting papers. Agenda items may also include issues raised directly by stakeholders.

6. Role of NNAG Core Group Members

6.1 NNAG Core Group members will attend quarterly meetings. If unable to attend members will provide updates from the organisation they represent relevant to the NNAG and activities across neuro.

6.2 NNAG Core Group members are acting as representatives of their respective networks and/or organisations across neurology. They are responsible for circulating information about work streams, events and activities through these networks and organisations as required or ensuring that the relevant contact person is in touch with the NNAG Programme Manager

6.3 NNAG Core Group members will contribute to NNAG's workplace and represent their area of neurology (or nominate the appropriate colleague) on the NNAG's work streams, sub groups, events and activities accordingly.

7. Frequency of Meetings

7.1 Frequency of meetings will be as follows:

- NNAG Core Groups will be held Quarterly
- NNAG Patient Forum Meetings will be held Quarterly
- Neurology Intelligence Collaborative Meetings will be held Quarterly
- The NNAG will facilitate meetings of sub-groups/task and finish groups relevant to the agreed and emerging work -streams at a frequency defined by the demands of the task and capacity of the secretariat.

Appendix 1: NNAG Patient and Public Voice Representatives

The Patient and Public Voice representatives are elected by the Patient Group Forum to ensure that the patient voice and voluntary and community sector perspective is expressed, and to promote co-production in respect of the NNAG work programmes. This position rotates between patient organisations with each serving a term of 2 years.

Applicants to the post of PPV representatives are asked to apply detailing relevant skills and experience to the Co-Chairs and Programme Manager of the Group. In the event of more applicants than posts, an election will be held. The election will be held online. Each patient forum membership organisation will have one vote. 51% of the vote is required to 'win'. At least 10 members of the patient organisation must vote in order to be considered quorate.

The outcome of the vote will be confirmed at the following NNAG meeting.

Appendix 2: NNAG Core Group Membership

Position	Organisation/Group(if applicable)	Area of focus	Number of posts (if more than 1)
Co-Chair	NHS England & NHS Improvement Neurosciences Clinical Reference Group	Clinical	
Co-Chair	Neurological Alliance	Patient and Public Voice	
	NHS England & NHS Improvement	Specialised Commissioning	
	NHS England & NHS Improvement	Clinical Policy Unit	
	NHS England & NHS Improvement	Getting it Right First Time (GIRFT)	
	NHS England & NHS Improvement	NHS RightCare	
	NHS England & NHS Improvement	Stroke Programme	
	Association of British Neurologists (ABN)	Professional Body	
	Joint Neurosciences Council	Professional Body	
	British Society for Clinical Neurophysiology (BSCN)	Professional Body	
	The Society of British Neurological Surgeons	Professional Body	
	Royal College of Nursing (Neuroscience Forum)	Professional Body	
		Research and academia	x2
	NNAG Patient Group Forum	Patient and Public Voice	x2
	Dementia Access Taskforce	Dementia	
	UK Clinical Pharmacy Association (Neurosciences Group)	Pharmacy	
	Royal College of Psychiatrists	Mental Health	
	British Paediatric Neurology Association	Paediatrics	