



NEUROSURGICAL NATIONAL AUDIT PROGRAMME

RECOMMENDATIONS FOR LOW VOLUME SURGERY

Neurosurgery is a highly evolved speciality dealing with a diverse range of conditions affecting the nervous system. Many conditions are uncommon and present to the UK's 30 neurosurgical centres in low volume. Neurosurgical procedures are lengthy and complex.

Approximately 50% of neurosurgery is elective work and 50% non-elective, with a similar split between cranial and spinal neurosurgery.

Neurosurgical practice has developed in broad areas to provide a comprehensive skill set that spans a number of conditions. Experience in one particular condition is often valuable in other conditions – i.e. there is skillset overlap.

Certain conditions however require a very specific skillset in their surgical treatment and experience is important.

Examples are paediatric tumours, AVMs and complex vascular anomalies, acoustic neuroma and pituitary adenoma. These conditions present at relatively low volumes for surgery in the UK.

Whilst low volume does not necessarily imply poor results or quality there is much evidence to suggest surgery carried out at higher volume is done with better results in terms of outcomes and complications. The mechanism behind this effect is unclear.

It is increasingly recognised that the surgeon is a member of a team that is responsible for delivering results, but the surgeon leads that team and is often responsible for early decision making.

The SBNS is committed to quality improvement in every neurosurgical unit across the breadth of neurosurgery by sharing best practice.

To ensure patients have access to the highest quality care we have considered some guidelines which emphasise general principles in the provision of surgery for relatively low volume conditions.

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- Unit wide agreements should define an appropriate number of individual surgeons for uncommon conditions and referral pathways should be transparent to reflect this.
- Low volume procedures should be concentrated in a department to the smallest number of surgeons possible to improve experience. For example, - endoscopic anterior skull base (including pituitary) surgery should be provided by two neurosurgeons in each of England's 24 neurosurgical units.
- Joint operating to facilitate training and share experience is encouraged.
- Low volume procedures should have an evidence base wherever possible.

Decision making in uncommon conditions should be the subject of documented multidisciplinary discussion. Every effort should be made to document peer review in both elective **and** non elective cases.

- Network arrangements for the rarer conditions should be agreed to support smaller units and share learning both for investigation and surgery.
- Engagement in audit is mandatory - locally and/or nationally.
- Arrangements in the private sector should mirror NHS working.