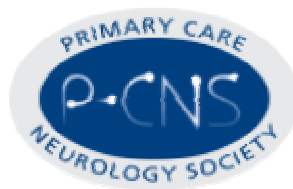


BUSINESS DEVELOPMENT PLAN The Primary Care Neurology Society (P-CNS)

May 2006

“P-CNS – the voice of neurology in primary care”



P-CNS's Vision

The P-CNS's vision is for sustainable provision of consistent and high quality neurological care and education services across primary care.

P-CNS's Mission

The P-CNS's mission is to stimulate greater interest and awareness of neurology across primary care in order to support delivery of care to people with neurological conditions. We will do this by creating a service that encourages the sharing of best practice among professionals with an interest in primary care neurology and by creating accredited education and training resources and opportunities.

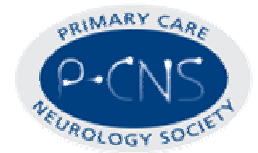


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Executive Summary

The Primary Care Neurology Society is a network of like minded healthcare professionals, organisations and partnering companies who all share an interest in primary care neurology. The Society's main aim is to generate greater awareness and interest in neurology among professionals with an interest, or working, in primary care to help improve the quality of healthcare services to people suffering neurological symptoms and defined illnesses/conditions.

One of the major drivers behind the development of The Primary Care Neurology Society has been the observation that many GPs either lack the skills or the confidence to manage people presenting with neurological symptoms. Furthermore, 17% of GP consultations are for neurological symptoms but despite their widespread prevalence many neurological conditions are initially misdiagnosed. When these factors are combined with the low numbers of neurologists then an organisation that can encourage and help the primary care workforce to become better skilled in neurology is a major step in the right direction.

The P-CNS was launched in April 2005 and by the end of the calendar year over 900 professionals had registered with the Society. It has also successfully forged partnerships and relations with both professional and patient organisations.

The Society is under the direction of an executive council of 8 members, with strong representation from Primary Care with 4 General Practitioners, plus representation from nursing, secondary care and patient groups.

Within the first year, the Society has successfully delivered 2 conferences, provided a website and a newsletter for its supporters, and been recognised in the Governments National Service Framework document for Long Term Conditions (Neurological). It has established a strong foundation from which it aims to continue to support the provision of neurology information and education appropriately developed to meet the needs of those working in and across the primary-secondary care interface.

Overview

In a little over a year the Primary Care Neurology Society (P-CNS) has quickly cemented a place as a major voice for primary care neurology in the UK. It has positioned itself as a network organisation established to encourage and support primary care professionals with an interest in neurology. Four founding organisations supported this approach and provided initial pump priming. The founding organisations, 2 professional societies and 2 patient societies – all charities, are MIPCA (Migraine in Primary Care Advisors), Primhe (Primary Care Mental Health and Education), the MS Society and the Stroke Association. Since the launch the Society has also secured corporate support from three pharmaceutical companies, an Industry Association, and a further 3 organisations. Throughout its first year the P-CNS has also been proactively making connections with various NHS organisations and a number of specialist professional societies.

The first major activity was raising awareness and attracting interest in the Society, which it did by establishing two annual conferences, covering the South (spring) and North (summer) of the country. The success of this approach is reflected in the fact that the conferences immediately attracted a combined audience of over 300 people, with now over 1000 people registered with the P-CNS. The conferences were also successful in attracting funding support from over 20 organisations and companies. In addition to establishing the conference, the Society raised interest by launching a website, which it plans to develop further in the coming year, and it has released a newsletter, P-CNS News, which was launched at the first conference, with a second issue produced in time for the autumn conference. Four issues of the newsletter are planned in 2006.

The Society's main business development strategy, for 2006 and beyond, focuses on the providing opportunities to share of best practice as well as the provision of education and information support to professionals with an interest in neurology working in or with primary care. To that end, the Society has drawn up an ambitious project plan and funding is being sought to deliver it. We believe the programme of work will interest all stakeholders who are actively seeking to communicate their work in neurology. We believe organisations and companies working in neurology and keen to build a lasting relationship with primary care professionals will benefit from supporting the Society.

Establishing the need for a Primary Care Society

The following are a list of key facts taken from the publication “Neuro numbers” published by the Neurological Alliance in 2003¹, which highlight the need for a society to improve the delivery of primary care neurology services:

- 10 million people in the UK live with a neurological condition that has significant impact on their lives.
- Of the 10 million, 350,000 (0.6% of the UK population) require help for most of their daily activities.
- Over one million people with neurological conditions are disabled.
- Each year 600,000 people are newly diagnosed.
- 10% of visits to accident and emergency departments are for a neurological problem.
- 17% of GP consultations are for neurological symptoms.
- 19% of hospital admissions are for a neurological problem requiring treatment from a neurologist or neurosurgeon.
- Approx 33% of disabled people living in residential care have a neurological condition.

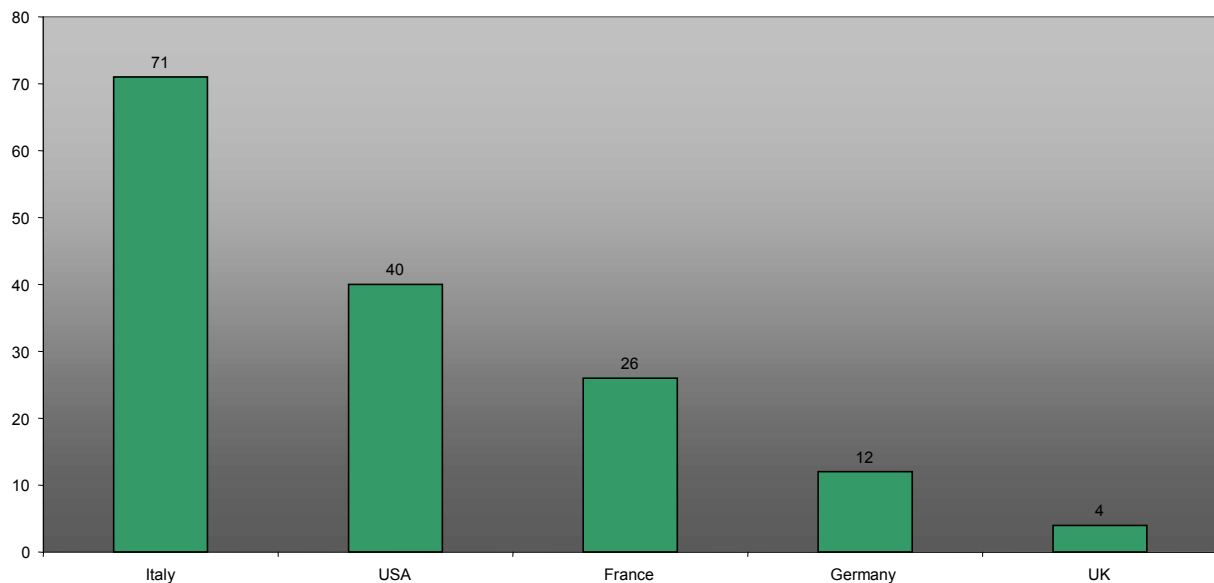
In addition to all these facts, it is also well established that neurological conditions can lead to mental illness.

The main current concern is that many GPs either lack the skills or the confidence to manage people presenting with neurological symptoms. Furthermore, despite their widespread prevalence, many neurological conditions are initially misdiagnosed. While most people with neurological conditions will eventually be correctly diagnosed, precious time is often lost – time that can make all the difference to the long-term quality of people’s lives, recovery and survival.

At present, there are not enough neurologists in secondary care to run an efficient full neurology service. Figure 1 highlights the extent of the problem by comparing the number of neurologists per 1 million people in key countries across Europe.

¹ The Neurological Alliance (2003) Neuro numbers: A brief review of the numbers of people in the UK with a neurological condition.

Number of consultant neurologists per 1,000,000



Consequently, the lack of neurologists and the poor level of confidence of GPs in neurology results in long waiting lists and an incomplete service for patients. A general neurologist who has great expertise in one field is unlikely to have the broad base of knowledge to manage all the patients they see in their clinics. To rectify this situation, new intermediate care services, GPs with a Special Interest (GPwSIs), as well as Practitioners with a Special Interest (PwSIs) are being developed. In this model GPs and fellow healthcare practitioners develop specialist skills in one or more fields and hold specialist clinics in their own PCTs. In this way, uncomplicated cases can be rapidly managed and patients with more complicated needs promptly referred to a secondary care clinic. The end result is more time-efficient and cost-effective service provision that is tailored to the patients' needs. The move to develop GPwSIs and PwSIs, particularly in neurology, is another reason why the P-CNS, as a supporter and developer of such individuals, is so important.

“The Primary Care Neurology Society can play key roles in the new NHS structure to promote the management of neurological conditions in primary care. It is a timely initiative, particularly as the NHS is evolving a new emphasis in primary care, as exemplified in the new GP Contract.”

Dr Andy Dowson, Chairman of the Primary Care Neurology Society

“Establishing neuroscience networks to co-ordinate the planning, commissioning and provision of services will contribute to implementing this NSF successfully”²

² Department of Health (March 2005) National Service Framework For Long-term Conditions (Neurological).

The National Service Framework for Long Term Conditions:

This NSF has been shaped to apply to health and social care services. However, people with long-term neurological conditions also need support with a range of issues including transport, housing, employment, education, benefits and pensions. For this reason, arrangements for working together with a full range of other agencies are vital to support people to live independently and to deliver key elements of the NSF. The P-CNS aims to be a key driver in improving the overall care to people with neurological conditions, by networking primary care professionals with related health and social care services.

The National Service Framework has set care standards, or Quality Requirements (QR), in eleven areas. The P-CNS has set objectives which it believes will position the society over time to help primary care professionals to address and promote the following Quality Requirements:

- **Quality requirement 1: A person-centred service**

People with long-term neurological conditions are offered integrated assessment and planning of their health and social care needs. They are to have the information they need to make informed decisions about their care and treatment and, where appropriate, to support them to manage their condition themselves.

- **Quality requirement 2: Early recognition, prompt diagnosis and treatment**

People suspected of having a neurological condition are to have prompt access to specialist neurological expertise for an accurate diagnosis and treatment as close to home as possible.

- **Quality requirement 4: Early and specialist rehabilitation**

People with long-term neurological conditions who would benefit from rehabilitation are to receive timely, ongoing, high quality rehabilitation services in hospital or other specialist settings to meet their continuing and changing needs. When ready, they are to receive the help they need to return home (ii) for ongoing community rehabilitation and support.

- **Quality requirement 7: Providing equipment and accommodation**

People with long-term neurological conditions are to receive timely, appropriate assistive technology/equipment and adaptations to accommodation to support them to live independently, help them with their care, maintain their health and improve their quality of life.

- **Quality requirement 8: Providing personal care and support**

Health and social care services work together to provide care and support to enable people with long-term neurological conditions to achieve maximum choice about living independently at home.

- **Quality requirement 10: Supporting family and carers**

Carers of people with long-term neurological conditions are to have access to appropriate support and services that recognise their needs both in their role as carer and in their own right.

- **Quality requirement 11: Caring for people with neurological conditions in hospital or other health and social care settings**

People with long-term neurological conditions are to have their specific neurological needs met while receiving treatment or care for other reasons in any health or social care setting.

The P-CNS recognises that the NSF provides an excellent foundation from which to build improvement in neurological services. There are also more opportunities to focus on more disease-specific issues and targets as a result of the new White Paper “Our health, our care, our say: a new direction for community services”³ and through the potentially increased efficiencies enabled by Practice – Based Commissioning and Payment by Results.

³ Department of Health (January 2006) Our health, our care, our say: a new direction for community services.

The Primary Care Neurology Society

The Primary Care Neurology Society is a not-for-profit company limited by guarantee (company no 04887818). It has an Executive Council membership of 8 people, who are all Directors of P-CNS, with the exception of Dr Helen Hosker who has only recently been appointed as an Executive Council Member. The day to day operations of the Society is provided by an outsourced, self-funded, service provided by Innervate Ltd.

The Society was officially launched in April 2005 with the support of 2 professional organisations, Primhe[§] and MIPCA* and 3 patient organisations, the MS Society, the MS Trust and The Stroke Association. All supporting groups are Charities. Both Primhe and MIPCA have recently become affiliated to the Royal College of General Practitioners.

[§] Primhe (Primary Care Mental Health and Education) is the charity which exists to help Primary Care Professionals and staff achieve and deliver the optimal standards of mental health care.

*MIPCA is the Migraine in Primary Care Advisors. It is an independent charity working through research and education to set standards for care of headache sufferers. MIPCA is a group of physicians, nurses, pharmacists and other healthcare professionals dedicated to the improvement of headache management in primary care.

The initial focus of the P-CNS is to target specific neurological conditions and identify key leads/champions who have a special interest in relation to primary care. The conditions that the society has targeted, with leads identified to date are date:

- | | |
|---|-------------------|
| • Alzheimer's Disease | Dr Steve Iliffe |
| • Epilepsy | Dr Greg Rogers |
| • Migraine/Headache | Dr Andy Dowson |
| • Multiple Sclerosis | Dr Susan Mitchell |
| • Stroke | Dr Helen Hosker |
| • Parkinson's Disease | Dr Paul Morrish |
| • Psychological Comorbidities and whole person care | Dr Chris Manning |

The P-CNS Executive Council

The following are the members of the Executive Council:

Dr David Bateman, Secretary of the Association of British Neurologists and Consultant Neurologist, North Cumbria NHS Trust

Sue Barrow, Former Associate Director, Action on Neurology, NHS Modernisation Agency

Dr Chris Clough, Consultant Neurologist, Kings College Hospital, London

Dr Andy Dowson, GPwSI, St Thomas's, Director of the Headache, Kings College and Chair of the MIPCA, and Chairman of P-CNS

Lynda Finn, Head of Education and Training, Multiple Sclerosis Society

Dr Helen Hosker, GPwSI in Older People's Service Development and Intermediate Care, Central Manchester PCT

Dr Chris Manning, CEO of Primhe, Mental Health Advisor to the NHS Alliance and the Prince's Foundation for Integrated Health

Dr Greg Rogers, GPwSI in epilepsy, East Kent Health Authority

There are plans to develop the structure of the P-CNS so that major prevalent neurological conditions are represented by the P-CNS at a subcommittee level. This approach has been proposed to ensure that the organisation truly represents those neurological conditions more often encountered by primary care professional but at the same time it is an organisation that is not overly bureaucratic. In time, the organisation will extend its remit to include the less common neurological disorders.

P-CNS Operations

The P-CNS operations are serviced by Innervate Ltd. Additional information on Innervate can be found in appendix A, or from the website www.innervate.co.uk.

P-CNS operations are directed by Neil Bindemann, who is also responsible for the ongoing fundraising, promotion and management the P-CNS. He liaises very closely with the Chairman of the P-CNS council, Dr Andy Dowson.

The P-CNS is also supported by a Secretariat Manager and a part-time Secretariat Administrator. Together the Operations Team is responsible for:

- Office support and general office administration
- Executive Council meetings management
- Database administration and management
- Financial and accounts administration and management

- Promotional activity for the Society
 - Professional Relations
 - Media relations
 - Marketing
- Creative and Design consultancy
- Project development and management
 - Website management
 - Newsletter management
- Event Management
- Fundraising strategy and support

P-CNS's Vision and Mission

The P-CNS's vision is for sustainable provision of consistent and high quality neurological care and education services across primary care. The Society has a significant role to play in identifying ways to encourage and help support all healthcare professionals caring for individuals with neurological conditions in primary care settings.

It is the P-CNS's mission to stimulate greater interest and awareness of neurology across primary care, initially in the UK, but in the longer term, through out Europe. It plans to do this by:

- Developing an organisation that encourages the sharing of best practice among professionals with an interest in primary care neurology
- Supporting primary care professionals (PCPs) as they seek to maximize the quality of life and wellbeing of their patients with neurological conditions
- Helping its supporters to gain access to accredited education and training resources to improve primary care neurology services
- Fostering ways to improve the recognition of neurological symptoms in primary care and where necessary ensuring appropriate referral to specialist services
- Identifying ways of strengthening the relationship between primary and secondary care professionals working in neurology
- Extending its network through linking with other organisations such as the Association of British Neurologists and Specialist Nurse and Practitioner/Therapists Associations and connecting appropriate individuals, organisations and sponsors together to develop learning networks and enable the efficient dissemination of information and education to PCPs
- Enabling coherent and whole systems approaches to dealing with neurological conditions and the multiple morbidities that are often present

P-CNS's Aims and Objectives

The main aims and objectives of the P-CNS are to:

- (a) Strengthen its position as a Society established by Primary Care professionals working in primary care settings to develop capacity in primary care
- (b) Encourage networking among professionals with an interest in primary care neurology
- (b) Identify ways to improve recognition of neurological symptoms in primary care and where necessary ensuring appropriate referral to specialist services
- (c) Provide access to high quality trusted information and education support to professionals with an interest in primary care neurology
- (d) Promote and encourage research in primary care neurology
- (e) Develop partnerships with Primary Care Trusts
- (f) Build ethical and explicit partnerships with the healthcare industry

To help achieve these objectives the Society plans to:

- Build a support network of 2000 people by April 2007
- Run two major conferences per year, split between the north and south of England
- To attract at least 15 exhibitors to each conference
- Create a maximum of 4 newsletters per year
- Create a new diagnostic aid – “neuroscen”
- Introduce a horizon scanning service, to keep track of new research and developments in the neurology field, by April 2007
- Expand the functionality of the website to enable and encourage networking and provide education materials
- Achieve press coverage in 3 key major journals per year
- Increase the number of corporate supporters from 5 in 2005 to 10 by April 2007
- To develop 2 neurological condition specific primary care forums by April 2007
- Recruit 10 PCT/WDC partners by April 2007, and extend this to 15 by 2008
- To achieve RCGP affiliation by April 2008
- Develop networking through European collaborations by 2010

P-CNS's Philosophy

The Primary Care Neurology Society believes that improvements to the provision of neurology education and information are best achieved by primarily focusing on the needs of patients. The Society believes in developing resources, in partnership with its supporters and supporting organisations/companies, that encourage joined up thinking and more importantly identify ways to build the relationship between professionals as well as between professionals and patients in order to develop more efficient treatment pathways.

P-CNS's Unique Propositions

The P-CNS, within a short time frame, has established the following unique propositions to strengthen its position as an organisation that supports and provides access to education and information relevant to primary care neurology:

Database of Supporters

Over 1000 people have registered their interest and support for P-CNS. This level of support in such a short space of time is a clear indication of the P-CNS's unique proposition as the only Primary Care Society specifically established for professionals with an interest in primary care neurology.

Primary Care Neurology Conference

The P-CNS conferences already offer an excellent forum for professionals to network and learn of work relevant to their interest in primary care neurology. The conferences will continue to be an important means of providing up to date information and education to the Society's supporters. They also offer an opportunity to build relations with sponsor's and organisations working in partnership with the P-CNS. The annual conferences offer a means of generating an income stream for the Society.

The P-CNS Website (www.p-cns.org.uk)

The creation of the website has provided a further communication channel to raise awareness of the P-CNS and its supporting organisations along with the issues they are addressing. As well as capturing interest in the Society it also relays new developments concerning the Society and its various activities. The Society plans to expand the functionality of the website in order to strengthen its role as a major networking facilitator as well as a provider of education and information relevant to primary care neurology.

P-CNS News

The P-CNS newsletter is a further demonstration of the P-CNS's desire to deliver on its mission statement and key objective. As well as providing helpful information concerning primary care neurology it is a means of relaying specific society news to its supporters/subscribers. It also offers a useful communication channel for its supporting organisations and companies.

Education and information

The P-CNS, through its growing network of supporting organisations will become a major gateway through which healthcare professionals will be able to access trusted quality information, education and training resources. The Society has already established partnerships with leading publishers to enable its supporters to access key journals and books, at either no cost or at a discounted rate.

Neurology Research

The database of P-CNS subscribers and its link with the National Co-ordinating Centre for Neurodegenerative Diseases & Dementias Research Networks offers the society a unique opportunity to stimulate support for research relevant to primary care neurology.

P-CNS's Market and Target Audiences

The P-CNS has been primarily established to support professionals who provide primary care. The society can best achieve its aims and objectives by reflecting the move towards a competency-based workforce rather than one rigidly defined by professional boundaries. The society believes the following are key target audiences:

Target Audiences/Groups:

- Primary Care
 - Healthcare Professionals
 - General Practitioners
 - Pharmacists
 - Practice Nurses,
 - Practitioners with a Special Interest
 - Professional Organisations/Bodies
 - Migraine in Primary Care Advisors
 - National Primary Care Research and Development Centre
 - National Primary Care Collaborating Centres
 - PCA (Primary Care Alliance)
 - Primary Care Mental Health Education
 - Royal College of GPs
- Specialist Healthcare Professionals
 - Allied Healthcare Professionals
 - Consultants
 - Neurologists
 - Psychiatrists
 - Nurse and Therapy Specialists
 - Professional Organisations/Bodies
 - Association of British Neurologists
 - BMA
 - British Society for Rehabilitation Medicine
 - Colleges representing pharmacists (eg School of Pharmacy, Royal Pharmaceutical Society of Great Britain (RPSGB))
 - Community Rehabilitation Team Network
 - Epilepsy Nurse Specialist Association
 - International League Against Epilepsy
 - MS Nurse Specialist Association

- National Association of Primary Care (NAPC)
- Parkinson's Disease Nurse Specialist Association
- Patient Organisations
 - Alzheimer's Society
 - Epilepsy Action
 - Epilepsy Bereaved
 - Epilepsy Fund
 - Migraine Trust
 - Migraine Action
 - MND Association
 - MS Society
 - MS Trust
 - National Society for Epilepsy
 - Neurological Alliance
 - Parkinson's Disease Society
 - Progressive Supranuclear Palsy
 - Stroke Association
- Government Organisations
 - Department of Health
 - Local Implementation Teams
 - NICE
 - NHS organisations
 - PCOs,
 - Neurology leads,
 - CEOs, Professional Executive Committees
 - Local Medical Committees
 - Strategic Health Authorities
 - National Association of Health Authorities & Trusts (NAHAT)
 - NHS Alliance
 - NHS Confederation
- Industry Groups
 - ABPI (Association of British Pharmaceutical Industries)
 - ABHI (Association of Healthcare Industries)

Medical Media

The medical media play a major role in raising awareness of new initiatives, education resources and information. They are also key influencers when it comes to relaying new research finds as well as news on policy development. The P-CNS will be proactive in establish links with the medical media.

Potential (Funding) Partners/Sources

In addition to recruiting interest and support for the society. It is essential that the P-CNS establishes a sustainable income stream. Therefore, the society recognises the need to identify funding partners. The following is a list of funders:

- Charities & Trusts
- DoH
- General commercial & industrial companies
- Merchant Banks/City
- National Lottery
- National, Regional and Local Government
- PCOs
- Pharmaceutical Companies
- Private Health Care Providers
- Primary Care Alliance
- Society subscribers

P-CNS's SWOT Analysis

<p>Strengths</p> <ul style="list-style-type: none"> • Executive Council Members • 2005 Conference Success • Website established • Newsletter produced • High level of support in short time frame • Reputation eg mention in NSF and personal comments • Support of professional and patient group • Independence • Self funded contracted out secretariat support service • Growing relationships with funders 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Finance – low level of secure resources/ financial expertise • Size / profile vs large charities • Low awareness amongst some target groups • Lack of internal resources and capacity – employees • Diversity of market
<p>Opportunities</p> <ul style="list-style-type: none"> • Launch of the NSF • Primary care neurology moving up political agenda • Demand for high quality GP education • Opportunity to be a political 'voice' through networks and contacts • Industry need for advisory boards • Need for primary care search 	<p>Threats</p> <ul style="list-style-type: none"> • Loss of clarity of messages if engaging with other therapy areas • PCT/PCP information overload • Neurology condition specific professional groups perceiving the P-CNS as a threat

The main conclusions that can be drawn from this analysis are:

- The P-CNS has become established in a short time frame as a credible and ethical voice in primary care neurology
- The Society is already shown that it can deliver tangible end products to support people interested in primary care neurology
- The Society has identified some funding to build its presence in the healthcare market
- The Society has to identify ongoing funding streams and resources/personnel in order for it to maintain its current rate of growth

Major Achievements of 2005

- Establishing the Primary Care Neurology Society (P-CNS) and getting it recognized in the Government's National Service Framework on Long term conditions document
- Establishing partnerships with the key patient and professional organisations - MS Society, the MS Trust, the Stroke Association, Primhe and MIPCA
- Attracting over 900 people to register with the Society
- Generating funding through corporate support/sponsorship
- Establishing formal links with MS Trust, the Association of British Neurologists, the Joint Neurosciences council the Intercollegiate Stroke Working Group and the Brain Centre Trust
- Running 2 highly successful conferences, which received publicity in a number of medical journals and generated funding support through sponsorship and delegate fees
- Creating a website and a newsletter
- Bring the Society to the attention of the Governments Primary Care Tsar, the Epilepsy Specialist Nurse Association, the Parkinson's Disease Nurse Specialist Association, The Royal College of General Practitioners, the Parkinson's Disease Association, the Alzheimer's Society, National Society for Epilepsy, Epilepsy Bereaved, The Epilepsy Fund, the Neurological Alliance, the Brain and Spine Foundation
- Building relations with the Department of Health, the National Co-ordinating Centre for Neurodegenerative Diseases & Dementias Research Networks, several pharmaceutical and devices companies,
- Creating benefits packages for supporters through links with Wiley and ACNR

Proposed Action Plan - 2006

This section sets out the various activities that the P-CNS plans to undertake during 2006.

P-CNS Conferences

Plans are already in place for the P-CNS's conferences in 2006. The first was completed on the May 11th in London and the second will be on October 12th in Sheffield. Speakers for the conference have been confirmed.

Exhibitor and Sponsorship information is to be sent out to around 40 company contacts for the October 2006 conference.

P-CNS News

It is planned to produce 4 newsletters in 2006. The schedule of publication is Feb, May, Sept and Dec. Funding for the newsletters will come from corporate support.

Condition Specific Forums

The P-CNS recently recognised that in addition to the importance of encouraging primary care professionals to take a more active role in neurology generally, there was also a need to encourage specialist interest in key neurological conditions. Also, as the P-CNS becomes more established and recognised, the Society is being asked to link with other professional specialist groups. Consequently, this has stimulated the Society to instigate the development of more focussed primary care groups. The first of these groups to be created is Primary Care MS Forum.

By creating specific Forums the Society believes this will help to place more specific focus on the relevant condition, while at the same time helping to raise the general profile of neurology through the connection with the P-CNS. Importantly, the Society has also identified the potential for an income stream to be generated through specific forums. This can either be through sponsorship of specific projects or via an advisory board role to companies with a commercial interest in the related neurological condition.

Workshops

Running condition specific workshops, is an ideal opportunity for the P-CNS to generate revenue, through sponsorship and delegate fees. There is interest in running a series of pilot epilepsy workshops, with Dr Greg Rogers, a member of the P-CNS Executive council and a GPwSI in epilepsy. It is likely that these workshops will be planned for Q3/Q4 of 2006.

Focus Groups

The P-CNS is keen to consult closely with its primary care members to identify how the Society can optimise its service. It wishes to do this to maintain the interest of its current supporters but also attract further interest. Dr Paul Morrish has been approached by the society to facilitate a series of workshops with GP practices. The plan is to hold the focus groups across the UK during 2006 and feedback this information at the conferences if possible. Funding for this activity will need to be identified either through additional corporate support or specific project sponsorship.

Neuroscreen*

This is to be a diagnostic screening tool that will be an aid to GPs when deciding on the appropriate course of action when presented with patients with neurological symptoms. The tool will initially be paper based and once developed it will be tested in a pilot study using key sites across the country. The aim of Neuroscreen is to:

- Encourage multidisciplinary input into key areas relevant to improving the process of diagnosis for people with long term neurological problems.
- Encourage primary and secondary care professionals to work more closely in order to develop a practical tool to help improve early recognition, prompt diagnosis and appropriate referral and treatment
- Create a practical tool which professionals can download and print from the internet
Create a practical tool that has potential for future development into an electronic based screen aid
- Create a practical tool which encourages future research projects within primary care around diagnosis and referral

*P-CNS applied for a section 64 grant to support the funding of this project. Unfortunately, this was unsuccessful. Therefore, the Society will be fundraising to support this project.

P-CNS Connect*

This is to be an extension of the existing website, that will be a simple and easy to use communication tool that gives the healthcare professional immediate, direct and secure access to fellow professionals anywhere in England. The aim is to have the largest, most up to date, web-based database and network of healthcare professionals who can share relevant experiences and expertise to help improve the deliver of primary care neurology services.

The aims of P-CNS Connect are to:

- Support the desire and need for professionals to network as highlighted by the short time frame by which the Primary Care Neurology Society has generated a list of over 900 individuals interested in the society
- Encourage and expand the development of a primary care network of professionals interested in neurology, accessible through a password-protected website
- Inform existing subscribers when someone has joined the network who matches their particular interests
- Offer regular opportunities for online discussions and also encourages the creation of "offline" local interest groups
- Match a person's profile of interests to an e-newsletter, keeping them informed of up to date information
- Encourage a person to share expertise and experience with fellow health professionals.
- Overcome geographical barriers that can often be a problem when attempting to network and draws together a community of interest across the country.
- Provide a profile matching and search facility so that a subscriber can easily locate other professionals with specific profiles.
- Provide access to education materials matched to the interests of an individual

Above all, it is to be a service capable of disseminating best practice to those most interested in implementing it, in an area of service provision very much in need.

*P-CNS applied for a section 64 grant to support the funding of this project. Unfortunately, this was unsuccessful. Therefore, the Society will be fundraising to support this project.

Promotion and Media Relations

The P-CNS Secretariat will be proactively contacting relevant target organisations and Institutions listed out in the business plan to identify ways of bring the P-CNS to the attention of their members. It will also be identifying opportunities to raise its profile through links with the medical media.

Funding Activities

PCT and Workforce Development Organisation Partnership programme

The P-CNS has created a benefits package that was originally developed to send out just to PCTs. The package was developed to encourage PCTs to engage with the P-CNS and also to help with funding. However, in addition to PCTs, the Workforce Development Organisations (WDO) have also been identified as potential funding partners for the P-CNS and therefore the following benefits package will be sent to these organisations:

- Complimentary membership subscription to the P-CNS for all primary care neurology professionals within the PCT/WDO for the first year
- Participation in an annual PCT/WDO partners meeting to enable and encourage feedback to the Executive Council and Secretariat
- Listing on the P-CNS website with logo and link
- Acknowledgement of support in the annual conference programme(s)
- Access to the newsletter and newsletters of associated groups for PCT service promotion
- Access to the journals of associated professional organisations
- Access to the horizon scanning service for PCT staff
- 1 complimentary delegate place at all P-CNS conferences for PCT/WDO management staff
- 20% discount on the following items
 - further delegate registrations (for healthcare practitioners within the PCT/WDO)
 - exhibition stand space
 - one page advert in conference programme
 - P-CNS training programmes

Corporate Supporters

The P-CNS has already secured corporate funding from Biogen Idec, Teva Pharmaceuticals, the ABHI. It has also secured a partnership agreement with ACNR journal and Wiley. The secretariat will be actively seeking additional corporate support throughout 2006. A Corporate Supporter benefits package is similar to that created for the PCTs.

APPENDIX A

Innervate Ltd

Innervate Ltd is a Healthcare Connections company driving new standards in networking for healthcare professionals. By bringing together a broad base of skills, the company acts as a catalyst for the stimulation of new independent initiatives. Their unique Innervation service goes far beyond providing standard administration support. The service provides professional relations, marketing communications and fundraising support and strategy along with event and project management. The company's approach of working from a healthcare professional needs base, ensures a strong partnership to drive key clinical agendas.