11.39 Association of british neurologists sustainability special interest group (ABN sustainability SIG): formation, objectives and invitation

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characterises a cohort of neurosarcoiosis patients with focus on CSF analysis and whether this could help distinguish these two conditions.

**Methods** We enrolled 80 patients with a diagnosis of neurosarcoiosis based on stringent diagnostic criteria. The CSF and serum oligoclonal IgG patterns after iso-electric focusing were compared.

**Results** 80 patients had a probable or definitive diagnosis of neurosarcoiosis. MRI findings were leptomeningeal enhancement (35%) and white matter and spinal cord involvement (30% and 23%). PET was positive in (62%) of isolated neurosarcoiosis. CSF analysis showed that oligoclonal bands were rare (3% had CSF alone, 11% with mirror pattern). No patient with definite neurosarcoiosis had CSF oligoclonal bands. Only 14% of patients with definite neurosarcoiosis had elevated serum ACE, CSF ACE was absent in all.

**Discussion** Large elevations in CSF protein, WCC and ACE occur in neurosarcoiosis, but are rare in MS. However, minimal changes may occur in both conditions. Intrathecal oligoclonal IgG is a powerful discriminator as it is rare in neurosarcoiosis but common in MS (95–98%). We suggest caution in making a diagnosis of neurosarcoiosis when intrathecal oligoclonal IgG synthesis is found.

**Parallel session 2: Quality**

**11.27 UNDERSTANDING VARIABILITY IN UK ACUTE NEUROLOGY SERVICES: WHAT WORKS, AND WHAT DOESN’T?**

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**Background** The 2017 ABN Acute Neurology Survey showed acute neurological services in the United Kingdom to vary widely, even between otherwise-similar departments. Focussing on positive outliers, we conducted qualitative research to understand this.

**Methods** Through the 2017 survey, we identified DGHs and neurology/neuroscience centres which indicated high overall acute neurology service provision or outstanding performance in a particular area. From 39 hospitals meeting our criteria, we asked 15 clinical leads from throughout the UK to complete a questionnaire on their service model and development. We also analysed free text comments from the 2017 survey.

**Results** We received 9 responses, 6 from DGHs. Successful innovations included a neurology take, seven-day consultant-delivered reviews, and a ‘acute neurologist of the week’. Respondents viewed a well-functioning acute clinic as important, and they profiled how this was achieved. In DGHs, acute care was mainly delivered by consultants, who described heavy workloads.

Of 120 comments from the 2017 survey, 37.5% described acute clinic arrangements. Overbooking of urgent patients into routine clinics was common. After this, the most frequent themes were understaffing (13.3%) and excessive workload (10%).

**Discussion** Our qualitative data identifies difficulties facing UK acute neurologists, and highlights successful approaches which may inform future service development.

**Parallel session 2: Quality**

**11.39 ASSOCIATION OF BRITISH NEUROLOGISTS SUSTAINABILITY SPECIAL INTEREST GROUP (ABN SUSTAINABILITY SIG): FORMATION, OBJECTIVES AND INVITATION**

1Ann Cheesman, 2Daniel Blackburn, 3Camille Carroll, 4Anna Cohen, 5Jan Coebergh, 6Dilraj Sokhi, 7Su H Wong, 8John Woolmore. 1Ann Cheesman; 2Daniel Blackburn; 3Camille Carroll; 4Anna Cohen; 5Jan Coebergh; 6Dilraj Sokhi; 7Su H Wong; 8John Woolmore.

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Of 120 comments from the 2017 survey, 37.5% described acute clinic arrangements. Overbooking of urgent patients into routine clinics was common. After this, the most frequent themes were understaffing (13.3%) and excessive workload (10%).

**Discussion** Our qualitative data identifies difficulties facing UK acute neurologists, and highlights successful approaches which may inform future service development.

We introduce the ABN Sustainability SIG. We present our aims & objectives, and practical ways of implementing sustainability strategies in Neurology.
At the 2016 ABN annual meeting, a keynote speech by Dr. David Pencheon, then director of the National Health Service Sustainability Development Unit, highlighted the relevance and importance of Sustainability in Neurology. This planted the seed for our SIG’s formation. Initial interest was gathered from an ABN newsletter notice, via word-of-mouth and informal discussions at ABN annual meetings (2017, 2018). A series of teleconferences & email discussions enabled the formation of SIG byelaws and application to the ABN council.

Our aims and objectives
1. To be a positive force within the ABN to highlight issues surrounding global environmental sustainability,
2. To provide a forum to consider the impact of choices made in neurology practice on global environmental sustainability.
3. To identify areas where the choice made could impact positively on global environmental sustainability and disseminate this information to the ABN membership to inform their decisions.

Parallel session 2: Quality

11.51 INTRODUCING ATRAUMATIC NEEDLES TO THE NEUROLOGY AMBULATORY DAY CASE UNIT – A QUALITY IMPROVEMENT PROJECT

Daniel White, Will Scotton, Zohra Shahe, Tagore Nakomchit, Tamzin Critchlow, James Mitchel, Alex Sinclair, John Woolmore. Queen Elizabeth Hospital Birmingham

Introduction Atraumatic needles are associated with a decreased incidence of postdural-puncture headache. They also reduce the need for additional treatment and have similar efficacy to conventional needles. The aim of this Quality Improvement Project (QIP) was to encourage the use of atraumatic needles in Neurology ambulatory care by developing a sustainable Lumbar Puncture (LP) training method.

Methods A specialised atraumatic needle training video was gurukumar@nhs.net created for junior doctors starting in Neurology. This accompanied further teaching and opportunities to practice LPs on a simulation mannequin under supervision. Atraumatic needles were added to standard stock and supply was ensured.

Two audit cycles recorded the number of LPs performed using an atraumatic needle. Patient age, body mass index, length of stay, pain experienced and any need for image guidance were also recorded. Junior doctor confidence was measured before and after training.

Results 81 LPs were performed in the first cycle, 83 in the second. Atraumatic needle use increased from 26% to 50% between cycles. Junior doctor confidence increased with training from 2/10 to 8/10 (p=0.02).

Conclusions Dedicated induction teaching and observed simulation practice increased junior doctors’ confidence in, and frequency of, the use of atraumatic needles.