

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 9 November 2011.

PRESENT: Councillor Dryden (Chair); Councillors Davison, Harvey, Lancaster, Mawston and Purvis.

OFFICERS: J Bennington and J Ord.

**** PRESENT BY INVITATION:** North East Commissioning Group:
Lisa Barber, Commissioning Manager
Peter Dixon, Deputy Director.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Cole and Junier.

**** DECLARATIONS OF INTEREST**

There were no declarations of interest made at this point of the meeting.

**** MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 12 October 2011 were submitted and approved as a correct record.

NEUROLOGICAL CONDITIONS – NORTH EAST SPECIALISED COMMISSIONING GROUP

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representatives from the North East Specialised Commissioning Group (NESCG) to provide their perspective on the planning and commissioning in respect of Neurological Services.

In order to assist deliberations a series of questions had been forwarded to NESCG prior to the meeting a response to which was outlined in Appendix 1 of the report submitted.

The Chair welcomed representatives of NESCG which had delegated responsibility for commissioning a range of specialised services on behalf of primary care organisations across the North East.

Specialised services were defined as services provided for relatively rare conditions in a few specialist centres to populations of more than one million people and were generally high cost, low volume services commissioned either regionally by the 10 Specialised Commissioning Groups or by the National Commissioning Group. It was confirmed that there were currently 34 specialised services definitions which provided a basis for service reviews and strategic planning and to enable commissioners to make comparisons on activity levels and spend.

In relation to neurological services, the North East Specialised Commissioning Team (NESCT) commissioned services in the main definitions of Definition 7, Specialised Rehabilitation Services for Brain Injury and Complex Disability and Definition 8, Specialised Neurosciences Services. An indication was given of aspects of other definitions which overlapped with neurological services.

It was confirmed that services commissioned by NESCT were available to the whole North East region and not on behalf of individual PCT's and that those in respect of Middlesbrough were provided by the South Tees Hospitals NHS Foundation Trust as outlined in the report. It was also noted that Middlesbrough patients were able to access any neurological services commissioned by NESCT and provided elsewhere in the region including Newcastle and Sunderland. As previously indicated the regional Specialised Neurorehabilitation and Neuropsychiatry service provided by Northumberland Tyne and Wear Trust at Walkergate Park in Newcastle upon Tyne was a regional service and accepted referrals from Middlesbrough.

Specific reference was made to the definition for Specialised Rehabilitation Services for Brain Injury and Complex Disability and the levels of service provision for neurorehabilitation and the categories of rehabilitation need. Specialised rehabilitation services were provided by Level 1

units for Category A patients the highest level of need. Non-specialised rehabilitation services were provided by Level 2 and Level 3 units. Level 2 units provided 'local specialist rehabilitation' to patients with Category B needs and may also accept certain patients with Category A needs depending on the facilities, expertise and staffing levels available. Level 3 units provided rehabilitation in the context of acute or intermediate care services to category C and D patients.

NESCT was responsible for commissioning Level 1 neurorehabilitation services for Category A patients which was provided in the North East by Northumberland Tyne and Wear Trust at Walkergate Park which was a regional, purpose built facility providing in-patient and out-patient services to the population of the North East. NESCT acknowledged that access to Walkergate Park was sometimes limited and waiting times could be long an issue which was currently being discussed with the Trust. In response to a Members' question it was confirmed that a patient could be referred elsewhere to an appropriate facility if Walkergate Park was not available although it was pointed out that some services were scarce across the UK and there was a lack of consultants in certain areas. Reference was made to the proposed Gateway Project at Middlehaven which was not categorised as a Specialised Unit.

South Tees Hospitals NHS Foundation Trust provided Level 2 neurorehabilitation at James Cook University Hospital for Category B patients and occasionally Category A patients such services being commissioned by NHS Tees. The Panel was advised that NESCT was working in collaboration with South Tees NHS Foundation Trust and colleagues from NHS Tees to review the current commissioning arrangements with a view to developing consistent arrangements across the North East.

The report showed the 2011/2012 contract baseline amounts for each Trust that NESCT held a contract with for neurosciences and neurorehabilitation (total of £50.5 million). The Table also demonstrated the contribution from Middlesbrough PCT to NESCT contracts for neurosciences and neurorehabilitation, a total of £2.7million for the Trust. Such figures were based on a risk share arrangement of a five year rolling programme activity to 2009/2010 across all the PCT's within the NESCG.

The NESCT received quality and performance data including waiting times, MRSA and Cdiff rates as well as activity information at PCT level from all of their providers on a monthly basis. Such information was reviewed with each Trust at monthly contract monitoring meetings and allowed the NESCT to develop a picture of needs across the region and work with the Trusts to manage waiting times and demand for the service.

Reference was made to a review of neurology services in the North East carried out by NESCT which examined the incidence and prevalence rates of neurological conditions. It was highlighted that NESCT planned services based on the needs of the population in the North East and not individual PCT population needs. It was noted that the North East Public Health Observatory published a Health Needs Assessment for Long Term Neurological Conditions in 2009 which was currently being updated and would provide the NESCT with valuable information on the neurological needs of the population.

The Panel discussed the reasons for long waiting lists at Walkergate Park and potential 'bed blocking' in the neurological ward at James Cook University Hospital. One of the main reasons related to a lack of appropriate community based neurorehabilitation facilities. Such an issue had been identified as a gap in services in 2009. NESCT had submitted a collaborative tender for 'Step Forward' neurorehabilitation beds on behalf of the North East PCT's. The tender had been unsuccessful owing to a lack of competitive pricing from bidders who based prices on spot purchase rates and had failed to provide a discount for collaborative purchasing. The Panel was advised that there remained a need for 'Step Forward' neurorehabilitation facilities across the region in order to prevent long waiting times and inappropriate and expensive neurorehabilitation.

It was stated that the lack of community rehabilitation services in Middlesbrough had been recognised during a review of neurorehabilitation services carried out by Tees PCT in August 2010. It was acknowledged that the provision of all levels of neurorehabilitation across the region needed to be addressed to ensure consistency, appropriate care and equity of access for all patients.

It was confirmed that subject to the enactment of the Health and Social Care Bill, Specialised Commissioning would become a function of the NHS Commissioning Board (NCB). Specialised Commissioning Groups (SCG) had already aligned into clusters synonymous with the SHA clusters and work was being undertaken nationally to ensure a smooth transition to the NCB by April 2013. Such work included developing national service specifications and quality dashboards to which all SCGs would be required to commission resulting in all specialised neurological services across the UK following the same specification and reporting on the same outcomes. Although the final list of services which would be commissioned as specialised services would be agreed once the Bill had passed through legislation work was progressing on the assumption that all services within the current definitions set would be included.

Members referred to previous evidence provided to the Panel in particular a view expressed that a viable Department of Neurology was pivotal to JCUH functioning as a Major Trauma Centre. It was confirmed that neurorehabilitation at JCUH was currently not commissioned as a specialist service although it was providing services to Category A patients but was commissioned separately by local primary care organisations. Members were advised that the Trust was working in collaboration with commissioners to review the current commissioning arrangements with a view to developing consistent arrangements across the North East. As part of such ongoing discussions the emphasis was on the level of service provided taking into account the percentage of Category A patients, length of stay in JCUH, staffing levels and number of referrals to Walkergate Park,

AGREED that the representatives of NESCG be thanked for the information provided which would be incorporated into the overall review.

OVERVIEW AND SCRUTINY BOARD UPDATE

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 18 October 2011.

NOTED