

**HEALTH SCRUTINY PANEL
NEUROLOGICAL SERVICES – ACTION PLAN**

28 February 2012

SCRUTINY RECOMMENDATION	PROPOSED ACTION	BY WHOM	BUDGET COST	TIMESCALE
<p>1. James Cook University Hospital should be designated as a Level 1 neuro rehabilitation centre. This would ensure that the south of the region has appropriate access to Level 1 facilities and services. It would also be seem a logical step, given that JCUH has recently being designated as a major trauma centre. The North East Specialised Commission Team and South Tees Hospitals NHS Foundation Trust should expedite their work to ascertain the precise level and type of rehabilitation activity performed at JCUH. The Panel would like to hear the outcome of this work and the rationale behind a decision, as soon as possible after its completion.</p>	<p>The North East Specialised Commissioning Team is working with colleagues from South Tees Hospitals Foundation Trust and Tees PCT to review the activity and level of rehab needs of the patients they have been treating on the neurorehab ward. This information will be analysed along with similar information from Walkergate Park to assess the population needs for specialised neuro-rehab facilities. The outcome of this work will be presented to the North of England SCG for agreement of the recommendations and the outcome of this will be communicated to the Health Scrutiny Panel.</p>	<p>NESCT and STHFT</p>		<p>By end of Q4 2012</p>
<p>2. Connected to the above work and whatever its outcome, action needs to be taken by</p>	<p>NESCT will investigate the perceived issues of access to specialised neurorehab facilities for patients in the south of the region in line with the</p>	<p>NESCT</p>		<p>By end of Q4 2012</p>

<p>commissioners to tackle the perceived inequality of access to specialist rehabilitative services for those in the south of the region. If it is perception and not reality, it should be rebutted with evidence. If, after investigation, a genuine inequality of access exists, action must be taken to ensure better access to such specialist support for those in the south of the region. The panel would like to know what that action will be.</p>	<p>work outlined above. If the evidence shows this to be a reality NESCT will address the issue and take action to address the inequalities which may also be a result of the work as mentioned above.</p>			
<p>3. That NHS Tees leads a piece of work to ascertain the current capacity of neuro rehab services in Tees, against the current level of evidenced need. It should then develop a commissioning strategy to ensure that there is a plan to ensure service capacity for accessible neurological rehabilitation is more closely aligned to actual need. Connected to the point of rehabilitation, the Panel would emphasise the importance of service (and provider) integration when providing someone with rehabilitation services. Specifically around the proposed Gateway project at Middlehaven, the Panel would like to receive a</p>	<p>Following on from the work above if evidence shows current capacity of neuro rehab services do not meet the current level of evidenced need NHS Tees will consider options and develop a plan to address this. The plan will consider service and provider integration including the Gateway project at Middlehaven. NHS Tees are already part of the stakeholder group involved in the Gateway Project.</p>	<p>NHS Tees</p>		<p>By end of Q4 2012</p>

report on how service integration will be ensured.				
4. That the local health and social care economy investigate whether a specialist, neurological services based social worker would be worth introducing. The Panel would like to know the outcome of that work.	<p>Specialist Social Workers at James Cook based in the spinal unit and other departments including the renal unit are Local Authority employees. The Local Authority have SLAs in place with the respective units and re-charge them accordingly.</p> <p>NHS Tees has been in touch with Local Authority Managers who are happy to be involved in scoping the need and benefits of having a Specialist neuro Social Worker in place.</p>	Middlesbrough Local Authority, STHFT and NHS Tees		End April 2012
5. That the next iteration of the Joint Strategic Needs Assessment has a section on Neurological Services and the services required, versus those currently provided. All of this should be presented against the backdrop of current and rigorously obtained intelligence about local prevalence of Neurological conditions.	<p>NHS Tees Public Health staff are aware of the panels report and recommendations and will include some high level neurological information in this years JSNA.</p> <p>There is an opportunity to provide a more detailed neuro section in next years iteration of the JSNA.</p>	NHS Tees		<p>April 2012 – this years JSNA</p> <p>Commencing May 2012 for next years JSNA</p>
6. That a plan be developed as to how the NENN will be supported to operate in the future.	<p>The ‘Proposals for Clinical Networks in the Modernised NHS’ are now available. Consideration of the implications for existing networks both nationally and regionally will be taken between January and March 2012. It is unclear at this stage what the final designation for neurosciences will be but the NENN Director will be representing the views and perspectives of the neurosciences community in this work which is being led in the North East by Professor Sir John Burn.</p>	<p>Dr Kathy McLean, Clinical Transitions Director is leading the project on networks.</p> <p>NENN, Directors of Commissioning</p>		End of March 2012

	Funding for continuation of the NENN is in place for the transition year 2012/ 13. Additionally discussion with the Directors of Commissioning on the strategy and workplan activities for this period are underway.			
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Please note the responses to recommendations 3- 5 are *draft* and are subject to approval at the PCT's Executive Team on 21 February 2012.