

HEALTH SCRUTINY PANEL

14 July 2015

Neurological Services

PURPOSE OF THE REPORT

1. To present the panel with an outline of the purpose of the meeting.

BACKGROUND

2. In 2012 the panel conducted a review of Neurological Services and as a result have received a number of updates on the implementation of the panel's recommendations and details of new developments in that area. The panel met in February 2015 and Members were informed that whilst things were improving in this area; the significant reorganisation that had taken place within the NHS could not be underestimated. However, the Trust had a new Consultant in Spinal Rehabilitation and was about to appoint a Consultant for Trauma/Neurological Rehabilitation.
3. During the meeting the panel were told that nationally there was an issue with specialist community based rehabilitation for children and that there was a gap in provision for children with neurological injuries/illness. As a result the panel wanted to discuss this issue and the wider provision of specialist rehabilitation services in further detail with the South Tees CCG.

Format of Meeting

4. The meeting will take the form of a round table discussion in order for the panel and the representatives attending to discuss the following questions that were put to the CCG:-
 - i. What is the CCG's approach to commissioning specialist neurological support services for children and adults?
 - ii. How are the CCG planning to take on the mandate of being responsible for commissioning rehabilitation and neurological conditions?
 - iii. With regard to the delays in people being discharged from Walkergate Park, what are the clinical reasons for this and what role does the CCG play in facilitating discharge?

- iv. Is it an issue that there is no financial incentive to discharge patients from Walkergate into the Community, as the receiving authority then become responsible for the patient and, if so, what could be done to overcome this?
 - v. What does the CCG see as the role of GPs in terms of, for instance, co-ordinating rehabilitation from acquired brain injuries and how will they facilitate this role?
 - vi. How does the CCG intend to respond to the specific recommendations for CCGs as outlined in “The Invisible Patients’- Revealing the state of neurology services” – the report produced by the Neurological Alliance. *(i.e. Collect up to date and accurate local neurology data, put mechanisms in place to encourage and capture patient feedback, work in partnership to identify clinical and research trial opportunities locally, ensure a full assessment of costs in relation to the provision of neurological services, engage in regular communication with NHS England area team about the commissioning of neurological services, actively encourage the integration of primary, secondary, tertiary and social care services for people with neurological conditions and engage with their local dementia, mental health and neurology Senior Charge Nurses regarding their local neurological strategy).*
5. The following representatives will be in attendance at the meeting in order to discuss the above -

Nicola Chater - Network Clinical Lead for Neuro Rehabilitation

Boda Gallon, Chief Executive - Keiro Group

Hannah Jeffrey, Commissioning Manager, North East Commissioning Support Unit

Dr Paul McKee, Clinical Director for Neurology – South Tees Hospitals NHS Foundation Trust

Jan Rock – Matrix Neurological

Lucy Tulloch, Directorate Manager, Neurosciences, South Tees Hospitals NHS Foundation Trust

Dr Janet Walker, Chair, South Tees Clinical Commissioning Group

ADDITIONAL INFORMATION

6. NHS England are currently working on a programme to develop Community Based Neurological Care, which aims to build capacity and capability in primary care to support care planning, self-management and promote independence, providing proactive care for people with long term conditions, especially those with complex care needs. The programme will demonstrate different ways of organising and delivering care, particularly when harnessed to investment in technological innovations. Resulting in investment which will provide well-co-ordinated community services which can reduce pressures on the acute system through admission avoidance and reduced length of stays.
7. There are still discussions ongoing at a national level about how to progress this programme and there is still work being undertaken around understanding the resource that would be required for a piece of work such as this. Members will have the opportunity to discuss this further at the meeting.

RECOMMENDATIONS

8. It is recommended that the position be noted; Members make any recommendations where appropriate and agree if there are areas which need further investigation.

BACKGROUND PAPERS

There are no background papers for this report.

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