Agenda Item 6

HEALTH SCRUTINY PANEL

1 SEPTEMBER 2015

FINAL REPORT –

NEUROLOGICAL SERVICES

PURPOSE OF THE REPORT

1. To present the findings, conclusions and recommendations of the Health Scrutiny Panel following their investigation into the topic, Neurological Services.

AIM OF THE SCRUTINY INVESTIGATION

2. The panel undertook a review into this topic in 2012 and Members receive updates on progress with the recommendations on an annual basis. However the panel felt it timely to undertake a short more detailed review into the topic as the evidence received in the regular update suggested there were still gaps in the provision of neuro-rehabilitation services in Middlesbrough.

MEMBERSHIP OF THE PANEL

3. The membership of the Panel was as detailed below:

2014-15
Councillors E Dryden (Chair), Councillor Biswas, (Vice-Chair),
Councillors Cole, Davison, Hubbard, Hussain, Junier, H Pearson OBE and M Thompson.
2015-16
Councillors E Dryden (Chair), Councillor Biswas, (Vice-Chair),
Councillors Cole, Dean, C Hobson, Hubbard, Lawton, McGee and D Rooney.

THE PANEL'S FINDINGS

4. The panel met on 2 occasions, 24 February and 14 July, to discuss the topic.

Background

5. In January 2012 the Health Scrutiny Panel undertook a review of Neurological Services. The panel concluded at the time that James Cook University Hospital was extremely good at dealing with people who have had a major neurological injury and illness. There was, however, an area of concern around what happens to people who need rehabilitation services, once they are out of immediate danger, and whether or not there were adequate facilities in Middlesbrough to deal with the level of demand. The panel were updated with progress in this area when they met with a

number of representatives in August 2013. In brief, the panel heard the following information:

- That work had taken place to identify gaps in services and adopt a whole system approach. Members heard how the work was ongoing with regard to ensuring that appropriate continued support was provided in the community for patients with long terms conditions. It was acknowledged, in August 2013, that this was still an area for improvement.

- A regional network for neuro-rehabilitation was being pursued with the emphasis on working collaboratively to ensure the most appropriate facility was provided for patients based on geographical and/or level of need, but that further clarification was awaited regarding its remit.

- It was noted that there was a potential for greater improvement with regard to community services (and work was progressing on the Transforming Community Services Programme such as the IMProVE programme) to ensure that the most appropriate treatment and/or support is provided to patients in the right setting.

- The panel learnt that in specialist commissioning a mandatory tariff was to be introduced in 2014 depending on the level of nursing and consultancy which would be funded by NHS England or the CCG.

The National Picture

6. A report from the Neurological Alliance entitled 'The Invisible Patients' outlines that nationally neurology is still an under resourced and under prioritised field within the health and care system and that there is too much variation in service quality. Key findings from the survey carried out by the Alliance found that nearly 40% of respondents waited more than 12 months from when they first noticed their symptoms to seeing a neurological specialist. The report made a number of recommendations including: that the Department of Health and NHS England should ensure that the time taken to reach a stable and accurate neurological diagnosis following first consultation is tracked and scrutinised; and that local and national commissioners should regularly review utilisation of the care and support services available to patients to ensure rapid access to the full range of services.

Services for People with Neurological Conditions – Progress Review – National Audit Office - 10 July 2015

7. A report by the Committee of Public Accounts published in March 2012 had made 6 recommendations aimed at improving services and achieving better outcomes for people with neurological conditions. The committee had recently followed up on progress against those recommendations. The report noted that health spending on neurological services had increased faster than overall NHS spending. In 2012-13 £3.3 billion had been spent on neurological services. This represented 3.5% of total NHS programme budget spending – up from 3.1% in 2010-11. Hospital activity involving patients with neurological conditions has continued to increase. The report noted that progress against the committee's 6 recommendations had been mixed. A national clinical director for adult neurology had been appointed and a mental health, dementia and neurological conditions strategic clinical network had been created. However poor progress had been made in joint health and social care commissioning of neurological services. Recent survey evidence had also indicated

that only a small proportion of people with a long-term neurological problem had a written care plan or had been offered one.

The Current Situation

8. The panel heard from Boda Gallon, the Chief Executive of the Keiro Group which owns the Gateway facility, located at Middlehaven. The Gateway is a new facility which provides specialist care and accommodation for people with neurological conditions. He told Members that, in his experience, the coordination between services in this area had improved. Previously referral to a care home had been the default position for people with certain types of neurological injuries but now more innovative work was being undertaken with a range of service providers to develop a variety of other solutions. This in turn had created a greater capacity for James Cook University Hospital to be able to concentrate on specialist acute services. Professor Kane, from the South Tees NHS Hospitals NHS Foundation Trust agreed that things were improving, but that the impact on services of the significant reorganisation that had taken place within the NHS recently couldn't be underestimated.

The Impact of the Gateway

9. At the time of the original health scrutiny panel report in 2012 The Gateway had yet to open. The service was seen as an important addition to what was already on offer in Middlesbrough.

10. The Keiro Group operate two centres in Middlesbrough (The Gateway) and Gateshead (Chase Park) that provide specialist nursing care and neuro-rehabilitation. The service adopts an integrated care pathway, encompassing a public/private/third sector partnership approach to health and social care, rehabilitation, housing, leisure, information and educational services. Its aim is to enable people with neurological conditions, including post-stroke and other complex care needs to regain and retain independence.

11. The North East and Cumbria Academic Health Science Network (AHSN) commissioned an independent report by York University's Health Economic Consortium to identify the financial and qualitative benefits to commissioners from investing in timely community rehabilitation, as part of an integrated pathway, for highly dependent patients with neurological conditions and their families.

12. The panel were told that although the model of care was initially more expensive, with a 2 year return on investment, it did save significant money in the longer term, which could in turn lead to a more effective use of resources in the acute sector. The perspective adopted by Keiro is that of integrated NHS and Social Care budgets in accordance with Government policy. Keiro provides the integrated community rehabilitation required by the Care Act 2014. The core purpose of the Act requires Local Authorities to maximise the outcomes that matter to individuals, particularly in relation to realising the potential to live independent lives. The Act also recognises the importance of supporting families and carers, which is a value that is also embedded in the Keiro approach.

13. The report outlined that projections over a 10 year period, based on an 80% occupancy rate, estimated that savings of £125 million could be made, with savings increasing to £474 million over 20 years.

14. Further research undertaken by the Academic Health Science Network concluded that the economic and health benefits of Keiro's service model can be evidenced to demonstrate to commissioners how the service can support patients and the NHS in the North East region. This would lead to an improved flow of patients through neuro-rehabilitation services, reducing the demand upon NHS services and reducing the time that patients have to wait for an intervention. The report also noted how the model improves the patient's outcomes and their overall experience. The main benefit measure is the reduction in total life-long costs to health and social care commissioners and the NHS.

South Tees Hospitals NHS Foundation Trust

15. The directorate manager for Neurosciences at South Tees Hospitals NHS Foundation Trust advised that £1 million had been invested in neurological services to improve the ward environment and the therapy services in order to create better pathways in the community. Therapy teams now provided a more seamless service and this had led to less handovers taking place.

16. A new consultant in spinal rehabilitation had also been appointed and another for Trauma/Neurological Rehabilitation was about to be appointed. The Trust was also commissioning a workstream to look at enabling a more integrated service.

17. The panel asked representatives from the South Tees Hospitals NHS Foundation Trust to update them on what they had heard previously, that people receive very good treatment in the acute setting, however following that then everything 'stops'. The panel heard from Doctor McKee, Clinical Director for Neurology that the early phase of rehabilitation was very important following a neurological injury. Patients need to be accurately assessed and it is important that they are not incorrectly placed. He added that the Trust was not yet at the point where it could say if it was benefitting from the Keiro model due to it not being used yet as part of an integrated rehabilitation pathway.

18. The panel heard that provision had improved since the previous scrutiny panel review but that they have not improved enough. It was recognised that families need to be given choice but that choice isn't available yet.

19. The panel are still hearing that there is a gap in provision between Walkergate Park and Teesside – when people leave Walkergate Park they are effectively falling off the list. Anecdotal evidence suggested that Walkergate Park is too far away and given the importance of the role of the family in people's recovery it was felt that some families/people would be reluctant to go to Walkergate Park due to its distance from Teesside. However the Chair of the South Tees Clinical Commissioning Group said that many patients still chose Walkergate Park, even with the travelling involved, due to the excellent treatment that was provided there.

20. The panel were told that the CCG are currently writing a rehabilitation strategy, 'There's no place like home' based on a whole system approach and are starting to work with partners and recent meetings had been held to discuss its development. Although the development of the strategy was in its early stages the panel heard that it was important for there to be a mechanism for key partners to feed in and it was confirmed that Professor Kane had been involved from the South Tees Hospitals NHS Foundation Trust. There were concerns from the panel and representatives attending that the strategy would only cover health issues, however it was confirmed that the strategy would be wider than that, it will encompass a

whole system approach and the CCG were also working with partners such as housing organisations and the local authority. The CCG were confident that the strategy would provide a whole systems approach and include a single point of access, via a central repository of services. The CCG were also keen to get service users views on how gaps could be filled.

Specialist Commissioning

21. Representatives from Specialist Commissioning also agreed that the position had improved since 2012, for example, more people were now being treated at home and again the representatives attending the meeting agreed that services were more integrated.

22. Work had been taking place across the North East and as a result of a review of neuro-rehabilitation services triggered by requests for changes in the delivery of specialised services in the region and the issue of the commissioning of specialised neuro-rehabilitation services from James Cook Hospital (as outlined in the Health Scrutiny Panel's 2012 report). As a result of this work the Health Needs Analysis was developed in April 2013. This document looked at the demand across the patch and informed the commissioning of inpatient specialised neuro-rehabilitation services.

23. There had also been examinations of the flow of patients from Teesside to Walkergate Park and vice versa. Walkergate Park is a centre for Neuro-rehabilitation and Neuro-psychiatry and part of the Northumberland, Tyne and Wear NHS Foundation Trust. Problems with patient flow had previously been identified; there had been difficulties discharging patients with neurological conditions into appropriate accommodation, so they had remained at Walkergate Park longer than they had needed to.

24. The difficulties with patient flow into Walkergate Park had led to people remaining in James Cook whilst they are waiting for a bed in Walkergate Park. It was outlined that the problems with demand and waiting times to access Walkergate Park could be exacerbated due to the fact that it is a regional service and is also open to people from throughout the country. It was acknowledged by the representatives present that more work needed to be undertaken as to why patients are waiting so long.

25. Conversely, there were people from Teesside who don't want to go to Walkergate Park because it was 40 miles away, people wanted to be closer to their relatives. Therefore the panel discussed the use of a 'step down' facility which could be developed closer to home, representatives outlined that it would be helpful if they could offer families a route back to this area, with care and support closer to home or in their own home, should they use the facilities at Walkergate Park in the first instance. It was recognised that the NHS needed to work collectively to give people confidence in using the facilities further afield, with the knowledge that further down the patient's journey the appropriate care would then be available closer to home.

26. The panel were informed that the CCG were meeting with Walkergate Park and the Trust to look at gaps locally and also looking at the individual cases of people from South Tees who are located in Walkergate Park. Professionals needed to then discuss the clinical reasons for why patients can't be brought back to the area and to also consider why the most appropriate care wasn't available closer to home.

27. Mr Gallon commented that Northumberland, Tyne & Wear NHS Foundation Trust

was aware of the problems in throughput. The question was 'how could we create a pathway back to Teesside from there'? To achieve this, capacity needed to be created to complement other services, so as to enable discharge via housing; community support and acute services. The key was to provide a 'step down' facility which would give people confidence in the provision in this area, agencies would have to work collectively to give people confidence that the right local facilities/wrap around services were available and that they would be supported with advice/signposting/accommodation, etc.

Provision of Neurological Services for young people

28. Jan Rock, founder of Matrix Neurological, told the panel of her experiences when her son sustained serious neurological injuries and had spent time in paediatric intensive care.

29. The initial prognosis had not been good and she had worked on putting together a rehabilitation plan herself (based on expertise developed in the US). However, to get to that point had been a battle and through the process she'd had to become an advocate for her son. She feared that some parents, in these difficult circumstances, might not have been able to do this, leaving them at a disadvantage. The experience had let her to set up the charity in order to drive change around neurological rehabilitation for children. One of their aims was to employ Care Managers to deal with the system issues on behalf of families, to act as an advocate thus enabling families to be able to spend more time with their children. The ambition would be to get support to children much sooner, be part of the discharge planning process and look holistically at the needs of the child.

30. The panel were told that nationally there are 40,000 children who present to A&E each year with neurological conditions and of those, 5,000 will need intensive therapy. The panel were also told that national specialist neurological care for children was lacking and that from a professional point of view there was a need for such services. The CCG were looking at commissioning services for children however further work needed to be done to quantify the information regarding the scale of numbers of children. It was agreed that investment in rehabilitation is a saving in the future, although this is difficult to use this information to provide a business case as the saving do not accrue for the Trust, the savings are in welfare, education etc.

31. Therefore, it was acknowledged that there was a gap in children's neuro – rehabilitation service provision, as South Tees NHS Foundation Trust was not commissioned to provide paediatric neuro-rehabilitation care. The panel discussed the commissioning of services for children and where they could be located. However Professor Kane advised the panel that a service that is best for children would need to be centralised in 4 or 5 centres around the UK for economies of scale.

32. The panel concluded by agreeing that there was a general consensus amongst professionals that a service provided by that of an organisation such as Matrix Neurological should be commissioned due to the gap in provision for children with neurological injuries/illness. However, further work would be required to fully cost it and it would need thorough analysis of the demand in Middlesbrough and indeed nationally.

33. The panel sought the views of the professional at the meeting as to how this issue could be moved further up the priority list of the CCG. It was acknowledged, however, that the CCG was still a relatively new organisation, re-organisation of the health sector had taken the wind out of the sails of progress and that there were many competing demands all of which are deemed as a priority.

34. The South Tees Hospitals NHS Foundation Trust agreed that the issue of specialist community-based rehabilitation for children is a national issue. She would need to liaise with colleagues in the Trust as to the scale of the problem locally. There was a gap in provision, as South Tees Hospitals NHS Foundation Trust was not commissioned to provide paediatric care for children with neurological conditions.

35. In response to a question from a Member about the gap in support services for children with neurological conditions, Mrs Rock said her experience was that the NHS priority in terms of rehabilitation was for people to get to a level where they were able to wash, dress and feed themselves. Whilst this was appropriate for someone with, say, a broken bone, it was not when dealing with cognitive issues. Mrs Rock felt that it had to be better for a child to rehabilitate at home, rather than in a false environment. Currently adult models of rehabilitation just seemed to have been adapted for children which as inadequate for their needs and a problem –solving approach was needed to consider alternative provision.

36. One example of an innovative solution could be the use of a model adopted in the mental health sector where case managers are employed to help patients with their care and support.

37. The Chair concluded that there was a general consensus for commissioning a service such as that provided by Matrix Neurological, as there was a gap in provision for children with neurological injuries/illness. Given this, and the discussions about how the issue could be moved further up the list of commissioning priorities of the CCG. The panel therefore, invited the CCG to come and discuss the issue.

South Tees Clinical Commissioning Group

38. The panel wrote to the CCG with the following questions. Representatives from the CCG attended the panel meeting in July and gave the following responses

What is the CCG's approach to commissioning specialist neurological support services for children and adults?
NHS England's Specialised Commissioning Team commission in patient neuro-rehabilitation and neurological psychiatry beds at Walkergate Park. There is a national service specification for neurological rehabilitation, but the national neurological psychiatry specification has yet to be finalised. These beds can be accessed by everyone (adults and children) from across the region and also patients from elsewhere in England if needed. The direction of travel indicates that some specialist commissioning responsibilities will shift to CCGs in the future. There is currently no information or timescales in relation to the transfer of responsibilities within this financial year. The Keiro group asked the CCG if families of young people with neurological conditions were given the option of The Gateway as they have a children's section. The representatives at the meeting could not confirm if this was happening.

How are the CCG planning to take on the mandate of being responsible for commissioning rehabilitation and neurological conditions?
The CCG already commission neuro-rehabilitation services from South Tees Hospital NHS Foundation Trust as a level 2 service. The Specialised Neuro Rehabilitation Health Needs Assessment (HNA) provides further information which informs the commissioning of inpatient specialised neuro-rehabilitation services. The HNA reviews the epidemiology, activity data, estimated need and current services and presents recommendations based on the findings. The HNA acknowledges that there is capacity within the main rehabilitation unit to meet current service use, however there are suggestions from professionals that there is an unmet need in the community. This is particularly challenging as it is not possible to make estimations based on the level of hospital admissions for neurological conditions. A review on inpatient activity has shown that when patients are admitted they remain with the service throughout the course of their treatment, often from the highest categorisation to the lowest.
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? 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?
The Clinical Reference Group, led by UK specialist Rehabilitation Outcomes Collaborative (UKROC), have developed a weighted bed day tariff on the basis that the more complex patients require more input and therefore cost more, so services should be reimbursed fairly for this. The weighted bed day currency is mandatory. There is an indicative national tariff. The CCG does not have concerns that Walkergate Park are attempting to discharge people before they are clinically appropriate. The delayed discharges appear to arise from issues identifying and agreeing funding for the next placement. The CCG has recently held a meeting with the Clinical Leads from Walkergate Park. It became evident that the terminology used by the Consultants had caused confusion, meaning that patients were unable to be appropriately assessed using the Continuing Health Care (CHC) Decision Support Tool (DST). A solution has been accepted and will be implemented for all future discharges. This means that those patients who are appropriate for a CHC package of care will receive this without any unnecessary delay in patient discharge.
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?
GPs do not have the expertise or experience of acquired brain injury to be in a co-ordinating role. Other case managers could be better placed to do this.

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).*
The CCG will review this report and discuss with appropriate colleagues, including NHS England and the Strategic Clinical Network. The CCG met with the Tees Valley, Durham and North Yorkshire Neurological Alliance around broader neurological needs assessment and will benefit from their wealth of knowledge with raising awareness, identification of need, and when shaping future service development.

Commissioning

39. The panel discussed at great length how the current commissioning process can be a barrier to a seamless patient pathway. It appears that there are appropriate places for people to move onto such as Walkergate Park, The Gateway, Roseberry Park but it is the commissioning and operational barriers that exist, not the access to appropriate places and resources, that slows the process.

40. The CCG commission level 2 neuro-rehabilitation services from the South Tees Hospitals NHS Foundation Trust. These are locally commissioned services for acute patients, and they are overseen by a specialist consultant. The Trust were currently having to fill the gap for patients who fell in to the level 1 category, as level 1 services area commissioned by the CCG. Added to this pressures is the impact of James Cook as a major trauma centre, as patients can come from across the North East, including Cumbria.

41. The panel were told that there are people in beds in Walkergate Park who don't need to be and that there are frustrations in trying to discharge people. One of the reasons behind this is that often the funding for the support/care that people are going to receive after Walkergate Park needs to be in place before the patients can move on. There can be also delays in the funding application as assessments need to be carried out. The panel questioned where there was a failure in the bureaucracy and whether or not this was costing money. The panel questions if it was a monetary issue or whether there was a failure in the process? The panel were informed that the monies were there to provide support for people but there are protocols that need to be followed, people are assessed by the continuing health care team, and that takes time. This experience was not necessarily limited to neurological services and was described by clinicians as a fundamental problem of the NHS.

42. In discussing a way forward it was suggested that commissioning across a patients pathway could improve the current position as it would remove the artificial barriers about which pot of money a person's care will be paid from.

Patient Journey

43. In discussing the artificial boundary that the current commissioning structure creates, i.e., some services are commissioned by the CCG and others by the specialist commissioning teams, which are separate from the CCG. Members heard how it 'muddies' the patient journey as different parts of their care are funding by different organisations, therefore before transferring in to a different type of care, funding must be agreed. It was noted that this may be improved by the CCG having more involvement with specialist commissioning in the future however it was noted that the 'pot' of money is limited whoever is undertaking the commissioning.

44. In addition to the complicated nature of the funding and commissioning process the panel were told that the current Decision Support Tool (DST), which is the mechanism used to assess people and agree where their funding will come from (either NHS funding or Social Care), doesn't meet the needs of people with a brain injury.

Strategic Clinical Network

45. Following on from what the panel heard about the issues with the patient journey, work was taking place around the region within the Clinical Network in order to try and 'join-up' thinking and ways of working.

46. Within the North East Strategic Clinical Network is the Mental Health, Dementia and Neurological Conditions Network. The Network is made up of members from a wide range of specialisms across all related conditions who share a common aim of wanting to improve patient experience and outcomes. In order to

    a) Identify and reduce health inequalities in this population
    b) Improve access to and quality of services
    c) Promote the principles of good mental health and well being
    d) Achieve clinical excellence in care by identifying innovative effective practice and supporting its implementation across the Network
    e) Actively engage patient, user, carer and public views to inform and shape work
    f) Develop and implement evidence based pathways of care.

47. Currently the network are looking at how services should work to best support people and get the right pathways in place that people need. One example of the work that is being undertaken is learning from the Cancer Network in the South East. That network has developed a pathway for people with suffering from cancer who have lots of complexities within their diagnoses. The various commissioning responsibilities are factored in to the patient pathways. There was a recognition between the network and the CCG that they needed to engage with each other and use best practice developed elsewhere to assist in developing pathways for neurological services in the North East.

Visit to The Gateway

48. The panel visited The Gateway on 11 August and toured the facilities. The Gateway was a public/private partnership with Health, Social Care and the Thirteen Housing Group. It was a rehabilitation Unit that provided services to people with brain and spinal injuries and long term neurological conditions. The Partnership with the

Thirteen Group had enabled the provision of accessible, purpose built, transitional housing for clients.

49. Members saw the high quality range of services on offer for neuro, stroke and spinal injury rehabilitation. The entrance is designed to have the look and feel of a hotel and the well-being hub, including the café, is open to non-residents. The panel were told that The Gateway is the only CQC (Care Quality Commission) registered facility that provides care for children and adults.

50. The Gateway is also home to a 'central repository' of service user and third sector groups, including Headway, the Stroke Association, Brainbox, Momentum Skills, MS society and Matrix Neurological.

51. The panel was very impressed with the facilities; Members were particularly interested to hear about the transitional housing provided in partnership with Erimus Housing for people who were not quite ready to be sent home, and how the contemporary style housing was a step towards returning home.

CONCLUSIONS

THESE CONCLUSIONS AND RECOMMENDATIONS ARE NOT EXHAUSTIVE, THEY ARE IN DRAFT FORM AND WILL BE DISCUSSED AT THE PANEL'S NEXT MEETING

52. Based on evidence given throughout the investigation the Panel concluded:

a) The panel acknowledged the hard work that had taken place in order to identify gaps and adopt a system wide approach and recognised that innovative work is taking place in order to develop services with a range of providers.

b) However, the panel were concerned to hear that despite some improvement in provision with the opening of the Gateway project, there still needs development in the number of step down facilities from Walkergate, services within the community and provision of support for children with neurological services.

c) The panel were supportive of the Strategic Clinical Network's work in this area and wanted to ensure recommendations were made to ensure joint working across the various organisations involved.

RECOMMENDATIONS

53. That the Health Scrutiny Panel recommends to the Executive:

a) That the South Tees Hospitals NHS Foundation Trust and the South Tees CCG assess the scale of the need for neuro-rehabilitation services for children and reports this information back to the panel.

b) Having listened to the views of experts and people with real life experience of dealing with neurological conditions, the Panel recommend that South Tees CCG and Middlesbrough Council's Adult Social Care Service work together to develop a process whereby people with a neurological condition are assessed at the earliest point possible and that, notwithstanding the need for on-going review, the

assessment should be medium to long term to help ensure seamless transfer/progression through their patient journey, thereby increasing the likelihood that the patient will reach their full potential.

c) *That the lessons learnt from the South East Coast Strategic Clinical Network model regarding the pathway for patients with complex cancer diagnoses (which factors in the different commissioning responsibilities throughout a patient's pathway), are explored by the South Tees CCG and the Strategic Clinical Network as a model for ensuring that there is clarity around commissioning roles and responsibilities.*

d) *That the panel receives an update on the position in a year's time.*

ACKNOWLEDGEMENTS

e) The Panel is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:

- Claire Braid – Network Delivery Lead – Northern England Strategic Clinical Networks
- Peter Dixon – Specialist Commissioning, NHS England
- Sarah Elliot – Specialist Commissioning, NHS England
- Boda Gallon, Chief Executive - Keiro Group
- Carole Harrison - Clinical Services Director – Keiro Group
- Professor Phil Kane – South Tees Hospitals NHS Foundation Trust
- Dr Mike Milner, GP Executive Lead for Urgent Care, South Tees Clinical Commissioning Group
- Jan Rock – Matrix Neurological
- Lucy Tulloch, Directorate Manager, Neurosciences, South Tees Hospitals NHS Foundation Trust
- Phil Whittingham, North East Commissioning Support Unit
- Nicola Chater - Network Clinical Lead for Neuro Rehabilitation
- Hannah Jeffrey, Commissioning Manager, North East Commissioning Support Unit
- David Welsh – South Tees Clinical Commissioning Group
- Dr Paul McKee, Clinical Director for Neurology – South Tees Hospitals NHS Foundation Trust
- Dr Janet Walker, Chair, South Tees Clinical Commissioning Group

COUNCILLOR EDDIE DRYDEN
CHAIR OF THE HEALTH SCRUTINY PANEL

Date: July 2015

Contact: Elise Pout, Scrutiny Support Officer,
Telephone: 01642 728302(direct line)

BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:

(a) The minutes of the Health Scrutiny Panel of 24 February and 14 July.