

Neurology and Neurorehabilitation Update

For the Healthier Communities and Older People Overview and Scrutiny Panel

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1. Background

This briefing follows a discussion at the Adult Care and Health Overview and Scrutiny Committee on 7th November 2017 focusing on Traumatic Brain Injury. As part of the discussion, concerns we raised around issues with the neurorehabilitation pathways in Merton from the perspective of NHS England's Specialised Commissioning team. Accordingly, Merton CCG was asked to produce a briefing on current work in this area and how it is addressing the issues identified to date.

2. Context

Merton and Wandsworth CCGs (now working more closely under the umbrella of a Local Delivery Unit "LDU") have agreed with St. George's NHS Trust to redesign and transform the way that care is delivered locally. A partnership Board has been operating since January 2017 where all three organisations have initially prioritised ten specialities. Broadly speaking; the proposals are aligned with the ambitions of the Sustainability and Transformation Partnership (STP); to ensure that patients are seen in the right setting, with the right information, by the right clinician and at the right time. Neurology is one of the specialities prioritised due to the fact that services are fragmented and the quality of patient care could be dramatically improved through more co-ordinated care. Work in this area is recent and ongoing, and as such this paper provides a snapshot in time of what is a rapidly moving programme of work.

3. Issues Identified

A series of workshops have taken place throughout 2017/18 with St George's Hospital's acute and community neurology teams (already comprising of a wide skill-mix, including; specialist nurses, occupational therapists, physiotherapists, speech and language therapists and rehabilitation assistants), acute geriatric services, community geriatric services, GP Federations, and Commissioner Clinical Leads (for Planned and Unplanned Care).

Partners agreed the following areas as in need of change:

- There are large numbers of neurological conditions unnecessarily seen in acute and outpatient departments, which could be managed better in an integrated community care model.
- Traditional models of care with referrals of patients through routine outpatient pathways means response is slow, and significant numbers go to Accident & Emergency (A&E), leading to admission by non-neurologically trained personnel.
- Patients with acute neurological conditions cannot be managed efficiently due to the pressures on the outpatients department; this has an impact on patient admissions, length of stay and risk of institutionalisation.
- GP, A&E and outpatients focus on diagnosis and immediate relief of symptoms. Personal care plans are provided, but there is local variation. More could be done to provide effective self-management, understanding the condition and the consequences of personal lifestyle and the provision of more holistic care.

- There is a significant rate of returners to A&E and medication over use. In 2015/16 there were 8,692 common condition readmissions, of those, 11% were the third readmission or more.

In addition a workshop focusing on the patient voice and the 2015 Public Health Needs Assessment identified the following key issues:

- Improved access to highly-valued and specialist Parkinson's, MS, Epilepsy and NMD nursing input. This included a number of gaps in provision of specialist nursing, in particular Parkinson's and epilepsy nursing.
- Variation in access to the range of services required by people with long term neurological conditions, including therapies, equipment, social services and primary care.
- Access to more rehabilitation places.
- Improved co-ordination and communication between all professionals involved with patient care; rather than leaving it for the carer/spouse to coordinate. This includes the potential for more systematic and proactive coordination of care across agencies; which could be aligned with existing multi-disciplinary services (e.g. HARI at the Nelson Health Centre).
- A need for greater mental health support for people who are diagnosed with LTNCs to assist with the difficulties in coming to terms with limitations in ability and functioning. This would include access to emotional well-being support; and would also need to recognise the needs of the "whole person" and not just the disease.

Specifically in terms of neuro-psychiatric care, while services are available, they neither have adequate capacity nor are targeted to all the appropriate patient cohorts. This challenge is reflected in NHS England's critique of local services which could be leading to a disproportionate use of the Wolfson Unit in Merton.

4. Commissioning plans/developments

A Neurology Workshop was held again in December 2017 which agreed to pilot new ways of working to help relieve pressure on acute services and improve the quality of care delivered. The following areas are prioritised:

- Risk stratification (the process of identifying those most at risk of admission) and multi-disciplinary teams for more co-ordinated care of higher risk patients between the all main neurology services. This to be aligned in Merton to the existing Holistic and Rapid Investigation (HARI) service.
- Additional capacity for specialist physiotherapy.
- Additional capacity for Parkinson's Disease specialist nursing.
- Review and trial additional roles and responsibilities for the existing community neurology service; so they have an enhanced function.
- Additional capacity for counselling and neuro-psychiatric care.

To more clearly understand the impact of the gap in counselling and neuro-psychiatric services as well as how these services could best be trialled to meet the needs of patients; the LDU has been seeking to meet with the following local voluntary sector and community groups.

- Muscular Dystrophy UK.
- Motor Neurone Disease Association.
- Parkinson's Disease Society.
- MS Society.
- Epilepsy Action & Epilepsy Society.

We intend to provide regular update reports to HOSC on how these developments progress.

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