



*Bath and North East Somerset
Clinical Commissioning Group*



B&NES
WBPD&SP
update report
on the re-
provision of
neuro-
rehabilitation
since April
2013



NHS England - Bristol, North Somerset, Somerset and South Gloucestershire Area Team

Update Report on the Re-provision of Neuro-Rehabilitation previously provided at the Royal National Hospital for Rheumatic Diseases (RNHRD)

Wellbeing Policy Development & Scrutiny Panel Briefing:
For Information & Comment

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1 Purpose of the Report

- 1.1 To update Bath and North East Somerset (B&NES) Wellbeing Policy Development and Scrutiny Panel on the provision of specialised Category A (Level 1 and 2a) Neurological Rehabilitation (neuro-rehabilitation and non-specialised neuro-rehabilitation services) following the Royal National Hospital for Rheumatic Diseases (RNHRD's) decision to cease providing specialised neuro-rehabilitation at the end of March 2013.

2 Decisions / Actions Requested

- 2.1 The B&NES Wellbeing Policy Development and Scrutiny Panel is asked to note:
- patients needing this service have continued to be treated at the level of service that is most clinically appropriate for their needs;
 - service provision has increased as a result of the re-provision and is subject to further expansion and no patients from B&NES have had to be referred out of area;
 - there have been no issues regarding access, quality or safety at any of the re-provided services;
 - very few (< 5) people from the B&NES area currently accessing any of these inpatient services;
 - new rules requiring providers of neuro-rehabilitation to register with UKROC now provide independent quality assurance over and above NHS commissioning arrangements;
 - Sirona Care & Health has now established service arrangements for the provision of non-specialised services;
 - The CCG will extend the initial contract for non-specialised services with Sirona Care & Health to 31st March 2016.

3 Background

- 3.1 On 22nd March 2013 members of the (then) South West Specialised Commissioning Team (SWSCT) reported to the B&NES Wellbeing Policy Development and Scrutiny Panel the planned arrangements for re-providing Neurological Rehabilitation (neuro-rehabilitation) once services at the Royal National Hospital for Rheumatic Diseases (RNHRD) were no longer available from 1st April 2013.
- 3.2 As the smallest Foundation Trust in the country the Royal National Hospital for Rheumatic Diseases (RNHRD) in Bath took the difficult decision to cease providing specialised neuro-rehabilitation after 31st March 2013 in an attempt to address the

Trust's serious financial challenges.

- 3.3 At the time the neuro-rehabilitation service at the RNHRD was providing care for patients requiring either specialised or non-specialised (less complex) care. The RNHRD decided to stop providing this service because of a steady decline in patient numbers over the last few years, with patients from outside the area particularly, being treated closer to where they live. There have also been new pathways for some of the non-specialised patients, which reflect appropriate developments in the way care is delivered, that had also led to a reduction in non-specialised referrals.
- 3.4 Specialised rehabilitation is the total active care of patients with a disabling neurological condition, and support for their families, by a multi-professional team who have undergone recognised specialist training in rehabilitation, led/supported by a consultant trained and accredited in rehabilitation medicine (RM) or neuropsychiatry in the case of cognitive / behavioural rehabilitation.
- 3.5 Services are identified on the basis of complexity of their caseload. Generally, the severity of the condition is broken down into different categories as follows:
- Four categories of rehabilitation need (categories A to D)
 - Three different levels of service provision (1 to 3)
- 3.6 Following brain injury or other disabling conditions:
- The majority of patients have category C or D needs and will progress satisfactorily down the care pathway with the help of their local non-specialist rehabilitation services (Level 3).
 - Some patients with more complex needs (category B) may require referral to local specialist rehabilitation services (Level 2b).
 - A small number of patients with highly complex needs (category A) usually caused through stroke or trauma of some kind will require the support of tertiary 'specialised' services (Level 1/2a).
- 3.7 'Tertiary specialist' rehabilitation services (Level 1/2a) are high cost/low volume services which provide for patients with highly complex rehabilitation needs following illness or injury, that are beyond the scope of their local general and specialist services. These are normally provided in co-ordinated service networks planned over a regional population of 1 to 3 million through collaborative (specialised) commissioning arrangements.
- 3.8 Levels 2b-d are not specialised services and are therefore currently commissioned by Clinical Commissioning Groups (CCGs). Hence, an update on these levels of care can best be provided by B&NES CCG (please see Part 2).
- 3.9 Category A (Level 1 and 2a) services are specialised and are the only levels of neuro-rehabilitation that are currently commissioned by NHS England specialised

commissioning teams. Part 1 of this report has been completed by the relevant NHS England area team and only refers to Category A (Level 1 and 2a) care.

4 Part 1- Specialised Service Re-provision

- 4.1 Since the RNHRD announced its final decision at the end of December 2012 the then South West Specialised Commissioning Team (SWSCT) worked with a variety of stakeholders to determine what Level 1 and 2a (specialised) care would be needed in service re-provision.
- 4.2 Looking at annual usage (approximately 50 patients from the South West per year, approximately 10 of whom would come from the B&NES area) and lengths of stay, the SWSCT identified that it would require 8-9 beds per annum as follows:
- 6-7 Level 1 beds
 - 1-2 Level 2a beds
- 4.3 Originally the plan was to divide this activity across the following providers for Level 1 care:
- an additional 2 beds to be provided at Frenchay's Brain Injury Rehabilitation Centre (BIRC) with an additional 3 beds coming available following some building alterations by the end of June 2013 (from a 24 bedded unit).
 - 2 additional beds at Oxford Centre for Enablement (OCE), from April with the potential to increase to 3 if required (from a 26 bedded unit). Both of these services also to provide follow up outpatient care to any patients admitted.
- 4.4 It was anticipated that Level 2a care would be provided by the range of providers below that is nearest to the patient's home. However, although each provides a quality service, under the specific criteria needed for registration with UKROC the Dean Neurological Centre in Gloucestershire (see a full description of the service at: <http://www.neurologicalservices.co.uk/our-centres/the-dean-neurological-centre.aspx>) and Taunton Neuro-Rehabilitation Service (see description at: <http://www.tsft.nhs.uk/OurServices/Neurology/Introduction/tabid/1745/Default.aspx>) are not currently registered as specialised providers. Taunton Neuro-Rehabilitation Service is registered as a Level 2b provider and The Dean delivers specialist 24 hour nursing and therapy services for people with complex long term neurological conditions and brain or spinal injuries who require ongoing support and assistance to maximise functional ability that do not fall within the Level 1a or 2b criteria.
- The Plym Rehabilitation Centre (Plymouth)
 - Glenside unit (Salisbury)
 - The Dean Neurological Centre (Winfield, Gloucestershire)
 - Swindon Brain Injury Rehabilitation Trust (opening May 2013)

- Rehabilitation unit, Poole General Hospital
- Taunton Neuro-Rehabilitation Service

In August 2013 these centres were asked to provide:

- The number of beds for level 1 care
- The number of beds for level 2a care
- The support provided for patients' families (is there anywhere for families to stay; psychosocial support for families; support for families to facilitate patients' return to home; anything else)
- Whether providers have recently increased the number of beds available or have plans to do so.
- Whether each provider had a waiting list and the average waiting time from referral.
- Results of the most recent Friends and Family Test and any other measures of patient satisfaction and any complaints that had been received since April 2013.

4.5 The following table provides an overview of each service since April 2013 based on the above responses. As expected, the service at BIRC in Bristol has expanded, with a further 3 beds due to become available in December 2013. A new facility able to take 10 Level 2a patients out of a total 20 bedded unit also opened in Swindon a month later than anticipated in June, with 17 beds still vacant in early September. This has significantly increased available provision in the region to ensure patients are able to move without problems down the levels of care from Level 1 with a view to returning home as soon as it is appropriate.

4.6 The only provider to have received referrals for people from the B&NES locality is the Brain Injury Rehabilitation Centre (BIRC) in Bristol. However, only limited information can be provided to scrutiny colleagues because the number of patients since April 2013 is less than 5. What can be reported is that no patients from B&NES were waiting to access the service, with 3 vacant beds week commencing 21 October 2013.

4.7 In addition, BIRC has been implementing the new NHS national measure of patient experience for acute trusts, the Friends and Family Test, since April 2013. This was last collated and reported at the beginning of October 2013 – the findings were as follows:

- 34 questionnaires handed out and 31 questionnaires returned
- 30 responded they were 'Likely' or 'Extremely Likely' to recommend BIRC (96%)
- 1 person said they were 'Neither Likely nor Unlikely' to recommend BIRC (4%)

4.8 There have been no complaints from Level 1 or 2a patients at any of the providers. Therefore, we are reassured that there is sufficient capacity to provide safe specialised

neuro-rehabilitation services to meet current and future need in response to the RNHRD's decision to cease providing the service at the end of March 2013.

	Level 1 beds	Level 2a beds	Family Support	Service Expansion	Waiting lists	Current BaNES patients
BIRC (Frenchay, Bristol)		26	Family accommodation at Frenchay & NBT. Access to the Staff Restaurant and WRVS shop. Psychological support, psychotherapy sessions and a relatives group once a month. Inter-disciplinary therapy (IDT) and nursing team conduct home visits prior to discharge. Keyworker and IDT have regular family meetings, during patients' stay & families are invited to goal planning, review & discharge planning meetings. Community Liaison Co-ordinator has regular contact and discharge planning meetings with families and relevant agencies. Families signposted to relevant support charities and agencies – e.g. Headway. Headway will visit the families on the unit and provide the Headway 'Relative Support Group'.	Increased from 24 to 26 beds on 1st April 2013. Awaiting planning permission for 3 more by December 2013.	Referral to assessment = 1 week; referral to admission = 3 weeks	<5
Glenside (Salisbury)		40	Pathway manager provides welfare and benefits advice and provides family support and signposting throughout patients' stay and discharge. There are also links with legal firms and Headway provide visiting clinics on site.	No plans	No waiting list. Average referral to assessment – 4 days.	No patients from B&NES
BIRT (Swindon)	0	10	Psychosocial family therapy; mental health social worker to provide benefits and other support advice; family room on site with a private garden; 2 independent living flats; discount for families to stay at nearby Holiday Inn and plans to review the provision of family accommodation on site.	Unit just opened in May so no plans.	17 vacancies, no Level 1/2a patients have been referred since opening	No patients from B&NES
Plym (Plymouth)	0	15	Support psychological support to all family, including siblings. No family accommodation on site as yet (plans	Would consider delivering Level 1a care with investment.	Above 90% vacancy.	No patients from B&NES

			depend on whether they upgrade to Level 1a). B&Bs and Premier Inn are nearby. Café onsite run by RVS. They also provide the community services so work with families to ensure discharge plan runs smoothly. Free parking on site.			
Oxford Centre for Enablement (OCE)	26		Database of local B&Bs etc, and there are some beds for families on the nearby John Ratcliffe site. Sometimes relatives stay in the Independent Living flat with the patient over a weekend for example, to spend private time together, or to prepare for discharge. Relatives often see the family psychologist who has this particular interest. Support for getting patients home is provided according to individual needs. Home visits by staff take place pre discharge.	There are no current plans to increase the number Level 1/2a beds	There is a short waiting list, which varies according to the intensity level of each individual referral, e.g. if a patient has a tracheostomy. Average waiting time is about 1-4 weeks from referral.	No patients from B&NES
Dorset Brain Injury Service, Poole Hospital Dorset	0	5	A well developed keyworker system which is highly appreciated by families. Close links with Headway Dorset. Neuropsychology support for struggling families. A practice of weekend leave. No accommodation for families but most families, live within the county.	Could increase to seven	Referral to admission 2 - 3 weeks	No patients from B&NES

5 Decisions / Actions Requested

5.1 The B&NES Wellbeing Policy Development & Scrutiny Panel is asked to note:

- patients needing this service have continued to be treated at the level of service that is most clinically appropriate for their needs;
- service provision has increased as a result of the re-provision and is subject to further expansion and no patients from B&NES have had to be referred out of area;
- there have been no issues regarding access, quality or safety at any of the re-provided services;
- very few (< 5) people from the B&NES area currently accessing any of these inpatient services;
- new rules requiring providers of neuro-rehabilitation to register with UKROC now provide independent quality assurance over and above NHS commissioning arrangements.

Part 2

6. Non-Specialised Services Re-Provision

Sirona Out-Patient Neuro-Rehabilitation Service

- 6.1 Following the closure of the RNHRD's neuro-rehabilitation service at the end of March 2013, BaNES and Somerset CCGs commissioned Sirona Care & Health to provide a replacement service for BaNES and Mendip patients who needed on-going care and management. This was on the basis that Sirona already provided a community based neuro-rehabilitation and stroke service.
- 6.2 63 patients were transferred by the RNHRD to Sirona:
- 35 for consultant follow-up & spasticity management;
 - 24 for physiotherapy;
 - 1 for orthotics and;
 - 3 for psychology.
- 6.3 In addition, 10 new patient referrals for people who had been referred to the RNHRD service but not accepted due to the imminent closure of the service were also received.
- 6.4 All patients who needed on-going review were written to, informing them that their care was transferring to Sirona. New patients were also sent information about the new service. At the same time each patient's GP was also informed of the transfer of care. All practices were informed of the closure of the RNHRD service and that any new referrals for out-patient neuro-rehabilitation should be made to Sirona.
- 6.5 Sirona ensured that the following out-patient neuro-rehabilitation services were re-provided:
- Consultant clinics
 - Spasticity management clinic
 - Physiotherapy (including Functional Electrical Stimulation)
 - Psychology
 - Counseling
 - Orthotics
 - Occupational therapy
- 6.6 All the transferred patients that needed the out-patient physiotherapy service had been seen by the end of July. Similarly those patients who were transferred needing on-going psychology input had been reviewed by Sirona's neuro-psychologist.

- 6.7 Dr Angus Graham, Rehabilitation Medicine Consultant, from the Brain Injury Rehabilitation Centre based at Frenchay Hospital, began providing the consultant clinics at the end of July.
- 6.8 Since the beginning of April, Sirona has received 35 new referrals to the service.

6.2 Activity Levels

Specialist Neuro Outpatient Service Report May - Oct 2013

Referrals Received

Result of Referral	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Grand Total
ACCEPTED INTO SERVICE	73	3	2	5	4	11	98
Grand Total	73	3	2	5	4	11	98

Number of Appointments Attended

	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Grand Total
Consultant		0	4	8	3	7	22
Occupational Therapy		0	0	0	0	0	0
Orthotics		0	0	2	0	4	6
Physiotherapy		2	11	9	9	8	39
Psychology		2	1	2	4	10	19
Grand Total		4	16	21	16	29	86

Number of Contacts

	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Grand Total
Cons - Botox		0	2	3	1	0	6
Cons - Follow Up		0	2	6	3	7	18
Cons- Medication Review		0	1	5	3	4	13
Cons- Spasticity Mngmnt		0	1	3	3	0	7
<i>Consultant Total</i>		0	6	17	10	11	44
Physio - Assessment		2	10	9	9	6	36
Physio - FES		0	0	6	7	5	18
Physio - Treatment		0	1	4	6	8	19
<i>Physio Total</i>		2	11	19	22	19	73
Psych - Assessment		1	0	0	1	6	8
Psych - Treatment		1	1	1	2	2	7
Cognitive Assessment		0	0	1	1	2	4
<i>Psych Total</i>		2	1	2	4	10	19
Orthotics - Assessment		0	0	2	0	4	6
Orthotics - Follow-Up		0	0	2	0	2	4
<i>Orthotics Total</i>		0	0	4	0	6	10
DNA		0	1	0	0	0	1
Grand Total		4	19	42	36	46	147

7. Contractual Arrangements

- 7.1 The CCG initially commissioned Sirona Care & Health for a 12 month period. The CCG has since made a decision to extend the contract to 31st March 2016.

Appendix A – Glossary

BIRC	<p>The Brain Injury Rehabilitation Centre in Bristol provides comprehensive assessment, rehabilitation, therapy and community integration programme for people with physical and cognitive impairment and people with challenging behaviour following brain injury. We also provide SMART (Sensory Modality Assessment and Rehabilitation Technique) assessment for people who are in a minimally conscious state. More information about them can be found at:</p> <p>http://huntercombe.com/centre/frenchay-brain-injury-rehabilitation-centre/</p>
BIRT	<p>The Brain Injury Rehabilitation Trust in Swindon is a continuing rehabilitation centre that provides residential rehabilitation for adults with an acquired brain injury showing behavioural and/or cognitive deficits which in turn means lead to complex care needs. Service users may also have pre-existing or concurrent mental health problems in addition to their brain injury and may also be subject to detention under the Mental Health Act. More information about them can be found at:</p> <p>http://www.thedtgroup.org/brain-injury/news/new-service-in-swindon.aspx</p>
CCG	<p>Clinical commissioning groups are groups of GPs that will, from April 2013, be responsible for designing and commissioning local NON-SPECIALISED health services in England. They will do this by commissioning or buying health and care services including:</p> <ul style="list-style-type: none"> • Elective hospital care • Rehabilitation care • Urgent and emergency care • Most community health services • Mental health and learning disability services
Commissioning	<p>Term used to describe the overall process of planning, funding, procuring (purchasing), and monitoring of healthcare services.</p>
Glenside	<p>Glenside Neuro-rehabilitation Hospital provides a complete range of inpatient medical care and rehabilitation services to adults who</p>

	<p>are living with severe physical, cognitive or behavioural impairments, resulting from long-term neurological conditions including acquired or traumatic brain injury. More information about them can be found at:</p> <p>http://www.glensidecare.com/</p>
Inpatient	Inpatient care is the care of patients whose condition requires admission to a hospital.
Local Area Team	Ten of the NHS commissioning board's 27 local area teams will commission specialised services for their whole region.
Neuropsychology	<p>Neuropsychology is the application of neuropsychological knowledge to the assessment, management, and rehabilitation of people who have suffered illness or injury (particularly to the brain).</p> <ul style="list-style-type: none"> • A Consultant Clinical Psychologist provides an outpatient service one day per week to cover child, adolescent and adult outpatients. • Referrals are from the Consultant in Rehabilitation Medicine, GPs and Solicitors. Typical referral requests relate to assessment and intervention for level of cognitive, emotional or behavioural disorders with people with neurological conditions.
NHS Commissioning Board (NHS CB)	The NHS CB will, from April 2013, be responsible for designing and commissioning specialised health services in England through local area teams. Specialised services involve complex treatments or packages of care, often for relatively rare conditions. The services may involve the use of very specialised technology and equipment or drugs delivered by a specialist expert workforce. Some, but not all, specialised services are high cost. To be most safe and cost effective specialised services need to be planned and commissioned using populations of at least 1 million, which is larger than most Primary Care Trusts/CCGs, with many of the rarer conditions needing much larger planning populations than this. Consequently, specialised services are not provided in every hospital and tend to be found only in larger ones, which perhaps provide a range of specialised services.
OCE	<p>The Oxford Centre for Enablement (OCE) provides specialist neurological rehabilitation services for patients with long-term conditions. More information about them can be found at:</p> <p>http://www.noc.nhs.uk/oce/</p>

Out of Area	Outside of the South West of England
Outpatient	<p>Outpatient care describes medical care or treatment that does not require an overnight stay in a hospital or medical facility. There are several strands to the outpatient service for Neuro-rehabilitation:</p> <ul style="list-style-type: none"> • General medical clinic • Spasticity clinic (Consultant led) • Physiotherapy (including FES) • Neuropsychology • Counselling • Splinting • Hydrotherapy
Plym(outh) Neuro Rehab Unit	<p>The Plym Neuro Rehab Unit is a 15 bedded inpatient neurological rehabilitation unit for adults aged 16 years and over who have suffered an acquired brain injury, spinal cord injury and other neurological conditions. More information about them can be found at:</p> <p>http://www.plymouthcommunityhealthcare.co.uk/services/plym-neurological-rehab-unit</p>
Poole Hospital NHS Foundation Trust	<p>Neurological rehabilitation provides a service for both in-patients and out-patients.</p> <ol style="list-style-type: none"> 1. For inpatients, an assessment and rehabilitation service is based on the acute medical wards including the acute stroke unit; 2. For outpatients, an on-going rehabilitation service is offered to patients within the Poole area who have physiotherapy needs. <p>More information about them can be found at:</p> <p>http://www.poole.nhs.uk/our_services/therapy_services.asp</p>
Rehabilitation	<p>Rehabilitation is the process of assessment, treatment and management by which the individual (and their family/carers) are supported to achieve their maximum potential for physical, cognitive, social and psychosocial function, participation in society and quality of living. Patient goals for rehabilitation vary according to the recovery trajectory and stage of their condition.</p> <p>Specialist rehabilitation is the total active care of patients with a disabling condition, and their families, by a multi-professional team who have undergone recognised specialist training in</p>

	<p>rehabilitation, led/supported by a consultant trained and accredited in rehabilitation medicine (RM) or neuropsychiatry in the case of cognitive / behavioural rehabilitation.</p> <p>Services are identified on the basis of complexity of their caseload.</p> <p>Generally, the severity of the condition is broken down into different categories as follows:</p> <ul style="list-style-type: none"> • Four categories of rehabilitation need (categories A to D) • Three different levels of service provision • Following brain injury or other disabling conditions: • The majority of patients have category C or D needs and will progress satisfactorily down the care pathway with the help of their local non-specialist rehabilitation services (Level 3). • Some patients with more complex needs (category B) may require referral to local specialist rehabilitation services (Level 2b). • A small number of patients with highly complex needs (category A) will require the support of tertiary 'specialised' services (Level 1/2a). <p>'Tertiary specialist' rehabilitation services (Level 1) are high cost/low volume services which provide for patients with highly complex rehabilitation needs following illness or injury, that are beyond the scope of their local general and specialist services. These are normally provided in co-ordinated service networks planned over a regional population of 1 to 3 million through collaborative (specialised) commissioning arrangements.</p> <p>Level 2b-d are not specialised services and are therefore currently commissioned by CCGs.</p> <p>Level 1 and 2a services are specialised and are commissioned by specialised commissioning groups.</p>
<p>Service Specification</p>	<p>Service specifications are drawn up by a commissioner before organisations are invited to put in applications to provide the service. They describe the service that the commissioner wants provided. They often set the standards required and may include things like staffing arrangements, skills, levels of activity, referral criteria, inpatient care and follow-up.</p>

Social care	The range of services that support the most vulnerable people in society to carry on in their daily lives.
Specialised Brain Injury Counselling	Specialised Brain Injury Counselling is psychological adjustment work for people who have had a brain injury and also for couples where one partner has a brain injury. It is very specialist and will only be funded where the work is over and beyond that which could be provided by a GP counsellor, or locally by the psychologist in the community team.
The Dean Neurological Centre, Gloucestershire	<p>The Dean delivers specialist 24 hour nursing and therapy services for people with:</p> <ul style="list-style-type: none"> • Complex long term neurological conditions • Brain or spinal injuries who require ongoing support and assistance to maximise functional ability <p>More information about them can be found at:</p> <p>http://www.ramsayhealth.co.uk/pdf/The_Dean_Booklet_Web_Version.pdf</p>