

Presentation to the Royal College of
Physicians Working Group, by members of
the Neurological Alliance

***Presenting evidence on local health
services for people with a
neurological condition***

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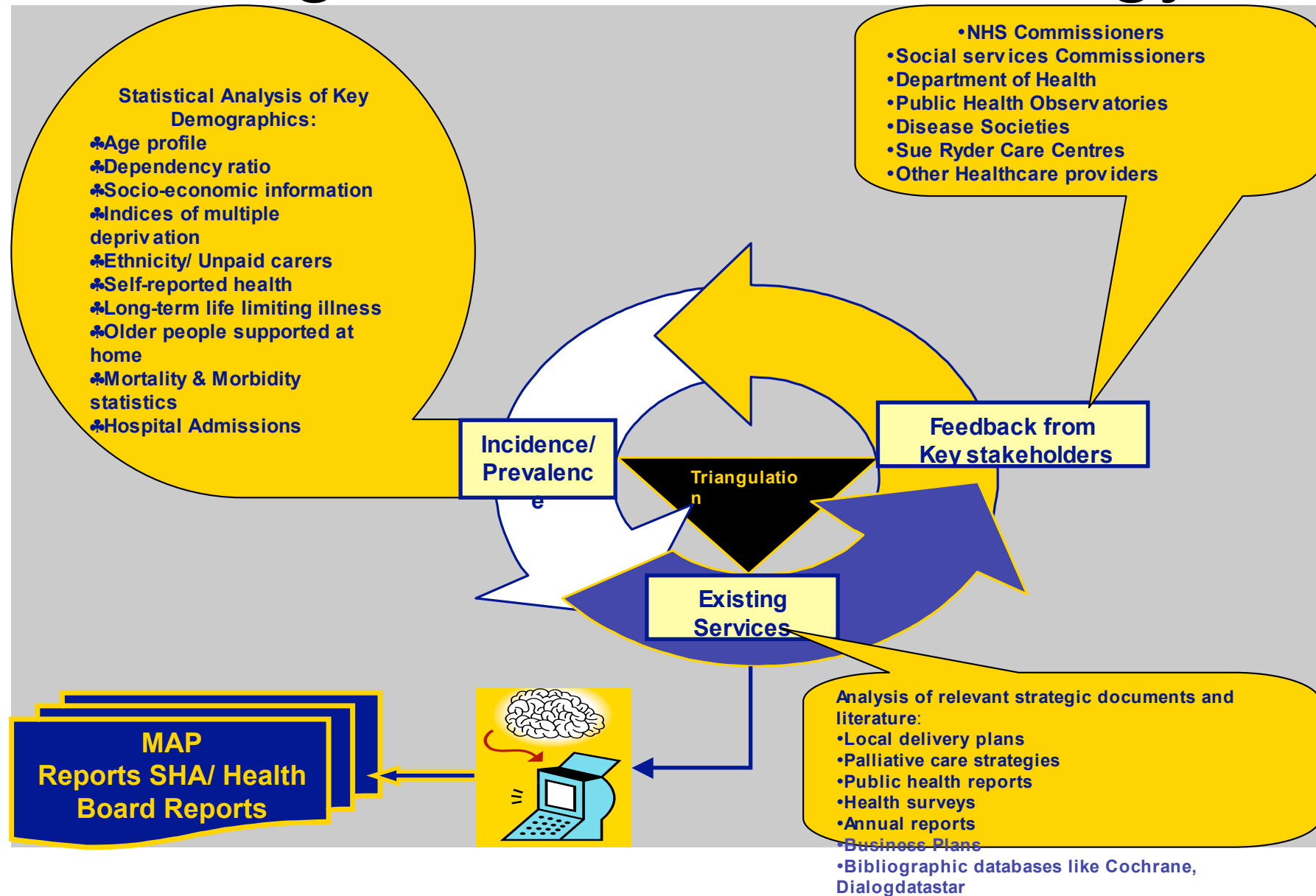
Introduction:

- Neurological Care, Specialist Palliative Care and Homecare
- 8 Neurological Care Centres across the UK
 - Residential & rehabilitation
 - Day support
 - Supported living
 - Outreach
 - Respite
- 6 Hospices
- 10 domiciliary care contracts

Filling the Void

- Examine the need and demand for neurological services across the UK
- Examine current service provision:
 - Rehabilitation
 - Day care
 - Respite
 - Homecare
- Inform Sue Ryder Care service provision
- Use to influence future commissioning

Filling the Void Methodology



Findings on Data

- Lack of comprehensive data, reflecting real needs of individuals and communities.
- Commissioners neither possess nor use information about their communities, on which to base their decisions.
- Lack of local data to support the development of local services.
- Condition specific interest groups collect better information, but not to an agreed format.
- Need to cross-reference information sources (diversity, demographics, socio-economic data).

Findings relating to Strategy:

- Little evidence of NSF implementation due to lack of targets, incentives, penalties.
- Disproportionate risk sharing between care providers and commissioners, in the absence of specific budgets or strategic plans.
- Provider-led innovation, often at risk.
- Evidence of out of area and inappropriate placement.
- Focus is on cost, targets and outputs rather than quality.
- A lack of strategic planning. Spot purchasing of neurological care placements evident, across the UK.
- Service planning is not joined up, does not consider the long term implications of improved survival rates (post trauma).
- Long term neurological care is provided in inappropriate settings (care homes, blocked NHS beds), evidence of poor financial management.

Evidenced Shortfalls:

- Rehabilitation
- Respite
- Palliative care
- Community services

Issues for the third sector :

- Valuable input
- Funding shortfall
- Difficulty of long term planning
- Importance of collaboration

Importance of Rehabilitation

- Advances in the acute sector mean there are more people needing this care post-acute
- Reduction of unnecessary hospital admissions
- Maintenance of independence

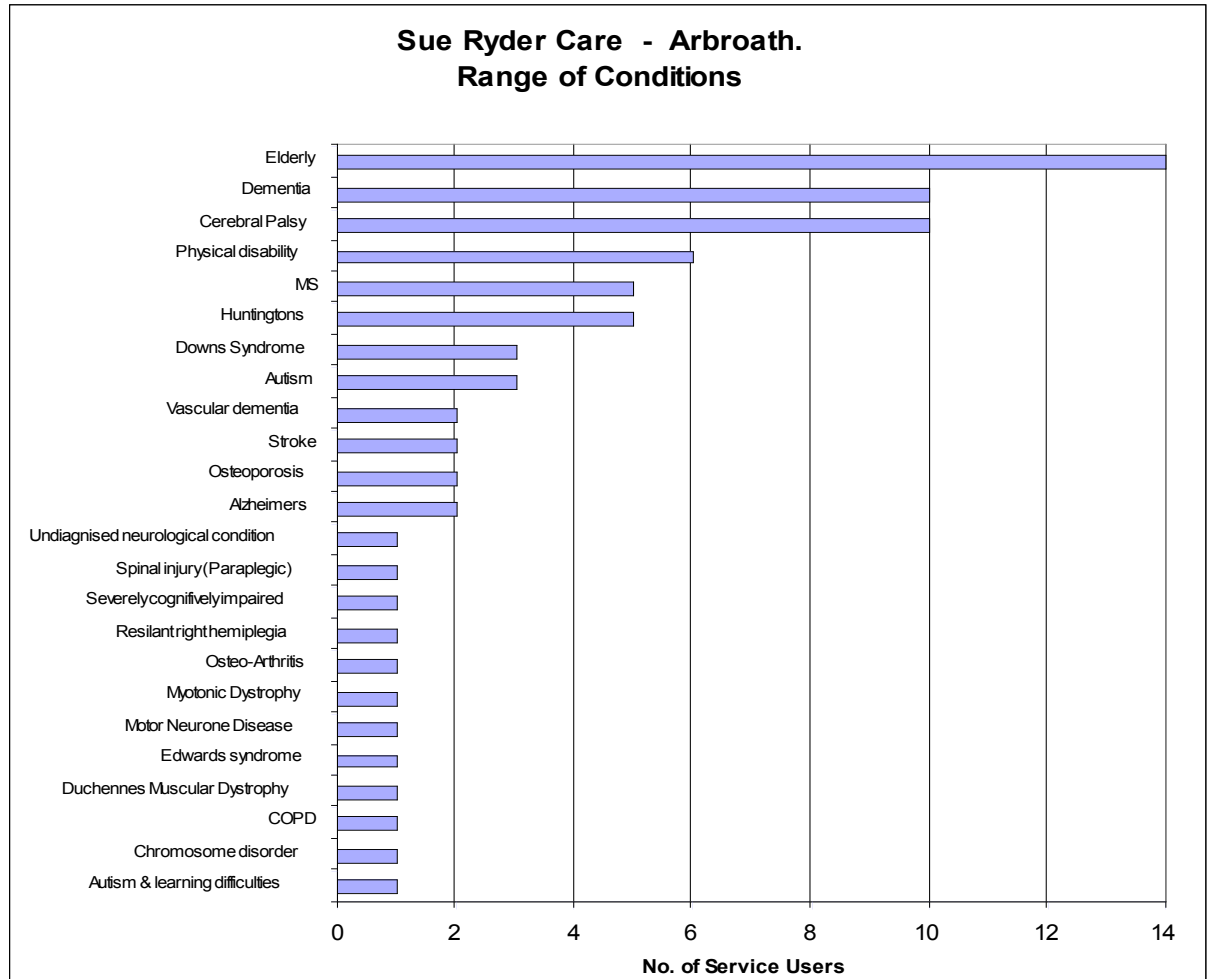
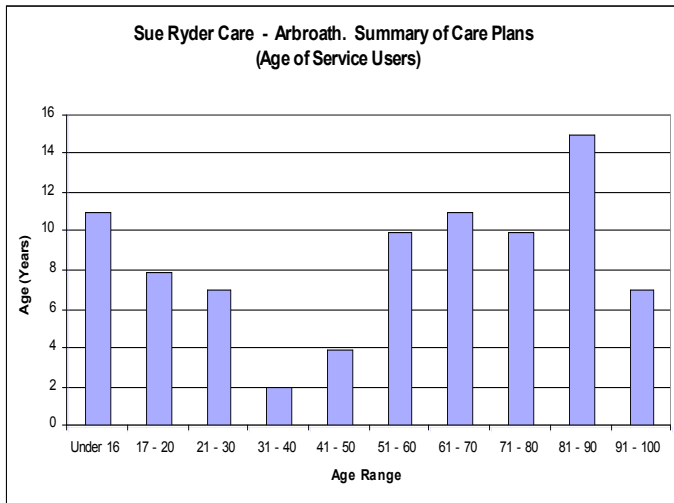
Local Service Examples :

Domiciliary Care in Angus:

Total Care Packages : 117

Hours of care per week : 1,100

Age Profile :



Local Service Examples :

Innovation in Ipswich :

Condition-specific day support . .

- An outcome-based 10-week programme of activities for people with MS.
- Part funded by the MS Society, part-funded by Local Authority.

Supported living . .

- Supported living for 4 former long term Care Centre residents
- In partnership with a Housing Association.
- Outreach nursing support from “The Chantry”.

Local Service Examples :

Collaborative working :

- Housing Associations - providing an informed, well supported workforce.
- Collaboration with other providers - partly encouraged through Tendering.
- Personal Budgets - responding to individual need with a bespoke care package (Centre and Community-based).

In summary :

- Need evidence-based long term neurological strategies to address government guidelines
- Need to develop a register of incidence and prevalence of neurological conditions to enable service-planning
- Commissioners (PCT and Local Authority), must consistently source and use information on their local communities
- Need to prioritise condition specific commissioning
- Need ring-fenced funding to deliver NSF
- Collaborative working is key