



**Dudley
Joint Commissioning Strategy for Long Term
Neurological Conditions**

2009-2014

Executive Summary

For review in 2012

Executive version

Why are we having this strategy?

This strategy serves several purposes. Firstly there was and is a need to have a concerted focus and improve services for people with neurological conditions and their carers. Secondly it closely follows the guidelines and 'Quality Requirements' that are set out in the National Service Framework for Long Term Conditions (DH 2005). Thirdly the strategy was developed around the needs and issues that were raised following a local consultation and recently commissioned data by the PCT that found that the number of people registered on a GP practice in Dudley totalled 18,734. This equates to approximately one in every sixteen within Dudley having a neurological condition.

What are long term neurological conditions?

A 'long term neurological condition results from disease of, injury or damage to the body's nervous system (i.e. the brain, spinal cord and /or their peripheral nerve connections) which will affect the individual and their family in one way or another for the rest of their life.

Introduction

The Strategy for the development of services for Neurological Long Term Conditions has been prepared jointly by a multi-agency group consisting of Dudley Primary Care Trust, Dudley Group of Hospitals, Dudley MBC, users of Services and Carers plus representatives of the Voluntary Sector.

This strategy is concerned specifically with long term neurological conditions. Other long term conditions are addressed in other strategies.

We aim to improve services by:

- Delivering on the Quality Requirements in the National Service Framework for Long Term Conditions
- Developing and re-designing clear pathways for people to access and move through services
- Improving access to information, advice, education and support for example developing a website in Dudley on neurological conditions and support networks and developing information prescriptions
- Improving the patient experience and quality of life (with services personalized to meet people's needs)
- Strengthening joint working across agencies, developing new models of service provision
- To improve the service in line with evidence based research and meeting or exceeding the recommendations in relevant policies or guidelines.
- Developing an action plan and setting priorities.
- Monitoring & evaluating the impact of these changes by on-going engagement with service users and carers.

Neurological conditions workshop

A workshop consultation was held on May 12th 2008 at Saltwells Education Centre. The aim was to ascertain the lived experience of carers, service users and frontline staff so that real issues are captured and addressed in developing improved services.

The workshop focused on key aspects of the patient journey which included 'Early signs and diagnosis, Treatment and Services, Support and Follow-up and on-going care'.

At the end of the sessions the different groups were asked to highlight the top three things that were of concern or needed to be addressed. A series of patient outcomes evolved from the workshops and actions to take these forward are outlined below.

Commissioning intentions for patient outcomes

1. Patients, Service Users and Carers are better supported in primary care.

Actions:

A Dudley multidisciplinary neurological primary care team aligned with a neurological rehabilitation team that have the right workforce skills, with the main focus in Primary Care and providing care closer to home. The team will consist of the specialist nurse for Parkinson's disease and Multiple Sclerosis, an occupational therapist, physiotherapist, speech and language therapist, psychologist & IAPT (Increased Access to Psychological Therapies), pharmacist, administrator and team leader. Support and links will also be provided by a dietician, social services and the Integrated Living Team.

2. The patient will have knowledge and information about what is going to happen to them throughout their journey:-

Actions:

- **Development of Dudley Neurological website to support information sharing and a central database (links to libraries and local sources including voluntary organizations)**
- **Development of Information prescriptions,**
- **Development of care pathways and protocols**

3. Every patient with a Long term neurological condition will have a personalised, individual care plan:-

Actions:

- **To ensure all neurological patients have a patient held record**

4. Carers needs are addressed:-

Actions:

- **The development of access to respite.**
- **Carers have input into the care plan and their needs are taken into account.**

5. Every patient has access to specialist/expert advice when it is required.

Actions:

- **Development of care pathways (see appendix 12 for draft pathway of Multiple Sclerosis in the main strategy document)**

A major part of this strategy represents improved communication & education and will be achieved by the above proposals. Future resources may be required as care pathways are developed.

In addition the strategy also includes a number of recommendations that are specific to services Acquired Brain Injury (ABI) including an integrated care pathway and improved data recording for this client group.

Consultation

A strategic consultation document was developed with a series of questions and was out for consultation across the Borough from November 10th 2008 to February 16th 2009.

There was a good response to the strategy which can be found in **appendix 13**.

Conclusion

The National Service Framework for neurological conditions stated that change cannot happen overnight and that time is needed to train staff and develop new services and facilities hence it is a 10 year framework for implementation. Thus there is an acknowledgement services in Dudley have a long way to go but with the development of a dedicated neurological team that will act as a hub and a clear plan on taking services forward we are in strong position. It is no coincidence that other PCT's and Boroughs are looking at how we have developed and particularly how we have had such excellent engagement with service users and carers.

This strategy is by no means concluded but one that will evolve and be revisited every two years.