


# Planned Changes to North and West Kent Neurorehabilitation Service

Health Overview and Scrutiny Committee

November 2015

A large decorative graphic on the left side of the page, composed of overlapping, curved shapes in various shades of blue and purple, creating a sense of movement and depth.

Patient focused,  
providing quality,  
improving outcomes

## **Introduction**

This paper is to inform the Kent County Council's Health Overview and Scrutiny Committee (HOSC) of planned service changes to neurorehabilitation provision from 24 December 2015.

These service changes were originally planned for April 2016 but have been brought forward to December 2015. This follows the current provider, Kent and Medway NHS and Social Care Partnership Trust (KMPT) advising us that to keep the unit open over Christmas would be clinically unsafe.

## **Background**

Patients in west Kent, Dartford, Gravesham and Swanley (DGS) and Medway who require a neurological intervention in a rehabilitative environment have been principally serviced by the West Kent Neuro Rehab Unit (WKNRU), Knole Centre, Darent House, Sevenoaks which is managed by KMPT.

The WKNRU is an eight bedded unit and in 2014-2015, 29 patients across West Kent, DGS and Medway accessed the service, 19 of which were from west Kent.

KMPT issued formal notice on the current contract on 2 April 2015 stating that they will no longer be providing the service from 31 March 2016. KMPT advised this was due to issues involving service quality, safety and cost meant it was not sustainable for them to continue to provide the service.

Since then we have been working alongside KMPT to develop a new, community based care model which we were anticipating implementing in April 2016.

KMPT have now brought to our attention concerns about safe staffing over Christmas. As our plans are well advanced, we have agreed with KMPT that the unit will close on 24 December 2015.

For patients, this will mean that KMPT will not accept any new referrals where a patient is not guaranteed discharge home before 24 December as this would be deemed clinically unsafe.

## **What will the bespoke service model look like?**

It is the view of the commissioners that the best solution for these patients, who have very specialist needs, is a focus on recovery for independent living in the community with the potential for many patients to receive treatment closer to home, depending on need.

We are therefore proposing to implement a new model of care based on bespoke neurorehabilitation treatments with local, private and NHS providers in either the community or acute settings as appropriate. The CCGs will purchase these packages of care from community providers on a cost per case basis that will be invoiced as non-contract activity.

This is a more tailor made approach, which takes into account the specific needs of individual patients, and will have a more positive impact on families and carers. It also offers the potential of enabling increased access to specialists in neurological conditions when appropriate, and offering safe and high quality provision for people across the spectrum of severity.

A manager with clinical expertise will work with commissioners and providers to manage referrals and make informed decisions on the most appropriate place of care for individuals according to their particular need.

**When will the new model of care be introduced?**

As our original plans are well advanced, we have brought forward the introduction of the new service from April 2016 to December 2015 on the grounds of clinical safety and care quality.

**Do local, private and NHS providers in either the community or acute settings have capacity to run the service?**

Commissioners have approached community providers to ensure there is capacity and appropriate availability, as well as gaining assurance advice from NHS quality colleagues to ensure that these services within Kent are sufficient in terms of service delivery, safety and quality.

**Benefits to patients**

- A focus on recovery through independent or supported living in the community.
- Individuals can receive care closer to home and be nearer to their carers and families, depending on need.
- Patients are at the heart of the process through integrated partnership working across community, private and NHS providers and a coordinated and planned approach to managing referrals more effectively.
- Clinically informed decisions are agreed based on patient need, safety, high quality, accessible and appropriateness of care.
- Patients have increased access to specialists of neurological conditions when appropriate, and offering safe and high quality provision for people across the spectrum of severity.
- There is an increased focus on physical and mental health supporting NHS England's Parity of Esteem agenda.
- Improved health outcomes and reduced health inequalities.

**Conclusion**

The West Kent, DGS and Medway CCGs are confident that the new bespoke service model will improve patient care, outcomes and will have a positive impact on their families and carers.