

## 5.3.02 Long Term Neurological Conditions

### Context

Why do neurological conditions matter?

- Neurological conditions result from damage to the brain, spinal column or nerves caused by illness or injury and can affect anyone at any time. Bradford District has a population with high proportions of young and old people comparative to other districts. This has implications for the incidence and prevalence of neurological conditions; it is vital that we have timely, innovative, appropriate services that can provide equity across the Bradford and Airedale health economy
- Neurological conditions impose significant and under recognised costs to individuals, the health and social care sector and also the economy more broadly in terms of lost economic production
- Neurological services have never been put under the spot light. Feeling is very strong across the district from all sectors that the time is right to move provision and services forward
- It is widely recognised that the implementation of the National Service Framework for Long Term Neurological Conditions needs a higher profile and priority

### National and local targets

There are no currently national or local targets set in this area of work. Further information on neurological conditions, including a glossary of terms can be found via the [Neurological Alliance](#).<sup>1</sup>

### Relevant strategies and local documents

- UK Strategy for rare diseases 2013<sup>2</sup>
- National Service Framework for Long Term Conditions 2005
- National Service Framework for Long Term Neurological Conditions 2008

### What do the data tell us?

The scope of 'neurological illness' is an important consideration and 'what is counted' depends on whether a medical or a broader, social definition of the condition is used. There are a small number of neurological diseases that account for a significant number of cases. There are also many conditions that by themselves do not account for many cases but collectively impose a large burden of illness on the population.

Despite this knowledge and the growing impact that neurological conditions are having on our health and social care services, up until now very little information has been nationally collated and published on how services for people with neurological conditions are performing. In March 2014 the first ever neurological dataset for England was published, which is available on the [Health and Social Care Information Centre website](#).<sup>3</sup>

## What do our stakeholders tell us?

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### Future needs and gaps in provision

Key stakeholders from across the district have agreed a set of priorities for future service development. It would be the ultimate goal of the NHS in Bradford to provide quality care close to home in a community setting, with personalised care packages, where appropriate, to avoid unexpected admittance into an acute setting. Priorities for coming years are:

- Addressing the known inequitable and sporadic distribution of nursing provision across the district, across multiple providers
- Careful consideration given to the role of Specialist Nurses being used appropriately
- Use of Community Matrons and District Nurses in a supportive role to specialist nurses
- The clinical networking across Bradford District, and links to Leeds as a tertiary centre
- Use of Rehabilitation Support Workers to support Specialist Nursing provision
- No Rehabilitation Consultant in Bradford
- No Specialist Rehabilitation / Respite care
- Improved and more integrated links with Social Service professionals
- Patients do not have access to named key workers
- Voluntary Sector not utilized as a resource to the whole holistic approach to care
- Diverse population across the district with variety of differing needs requires addressing
- Transition services for Young Adults are inadequate and a lack of integration between social and health care creates confusion and inequities for patients and carers alike
- Psychology provision across the conditions is scarce and when available may be only for short periods of time. Provision should be made for drop in and referrals to a Psychology Service
- Enforcing Department of Health expectancies around providing a personal self-care and managed package in a community and home based setting
- Linking with on-going work around Palliative and End of Life Care, this service has the potential to achieve a great deal

### Summary of priorities

- Integration of health services with Social Services
- Revise the primary and secondary care management of epilepsy with a specific focus of reducing non elective admissions in known epilepsy patients
- A holistic service that will have the adaptability to encompass a generic neurological service but have strong Specialist Nurses that will drive the service forward
- An integrated Consultant Network
- Development of the GP with Special Interest in Neurological Service to support secondary care and reduce admissions
- Develop a service specification to support the transfer of the Community Head Injury Rehab Team to work within BTHFT. This will ensure clinical governance, support and security to the team

## References

1. The Nuerological Alliannce. <http://www.neural.org.uk/>
2. UK Strategy for Raere diseesees. [http://www.neural.org.uk/store/assets/files/371/original/UK\\_Strategy\\_for\\_Rare\\_Diseases.pdf](http://www.neural.org.uk/store/assets/files/371/original/UK_Strategy_for_Rare_Diseases.pdf)
3. Compendium of Neurology Data, England - 2012-13. <http://www.hscic.gov.uk/catalogue/PUB13776>