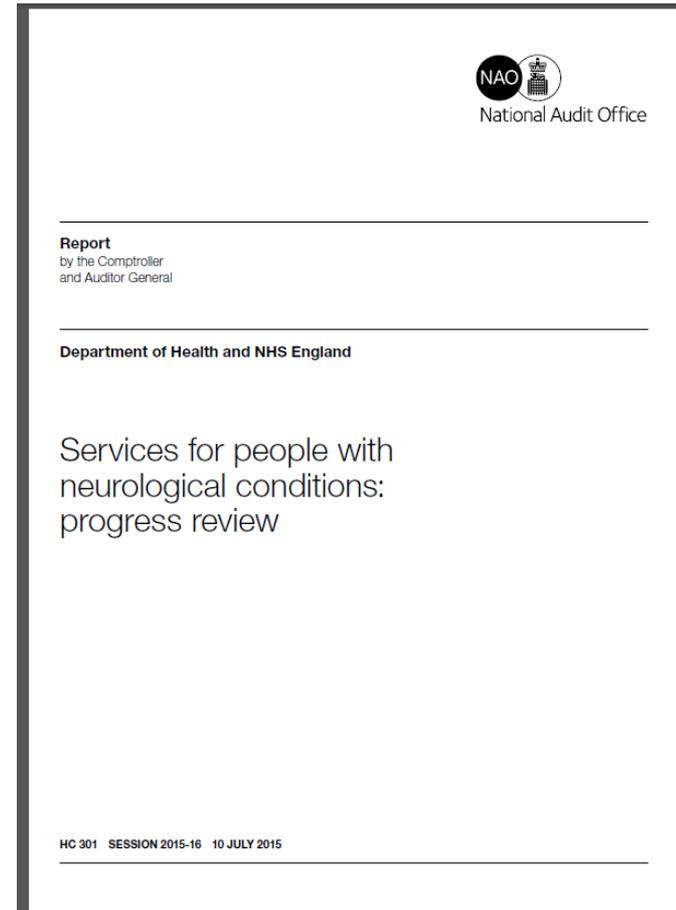


Services for people with neurological conditions: progress review

*Briefing for Commissioning Excellence,
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Summary

Scope

- A short, focused piece of work, published in July 2015, which:
 - looked specifically at progress against the six recommendations made by the House of Commons Committee of Public Accounts in 2012; and
 - updated some of the data from the 2011 National Audit Office report.
- The Committee's report was published in March 2012, and followed the National Audit Office report on the value for money of services for people with neurological conditions, published in December 2011.

Conclusion on progress

- Overall, progress against the Committee's six recommendations has been mixed. Of the four recommendations that the Department of Health accepted, we assess that progress has been moderate against two and poor against two. There has been good progress in relation to one of the recommendations that the Department did not initially accept with poor progress against the other. Considerable further work is therefore needed to implement the recommendations in full and achieve the better services and outcomes that the Committee was seeking.

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Our public audit perspective helps Parliament hold government to account and improve public services.”

Data update

1. Health spending on neurological conditions

- Health spending on neurological services has increased faster than overall NHS spending.
- In 2012-13, £3.3 billion was spent on neurological services.
- This represented 3.5% of total NHS programme budget spending – up from 3.1% in 2010-11.
- There is no data on social care spending on neurological services.

Department of Health spending on neurological services, 2007-08 to 2012-13

	2007-08	2008-09	2009-10	Break in series	2010-11	2011-12	2012-13
Spending on neurological services (£bn)	2.3	2.5	2.8		2.9	3.1	3.3
Total programme budget spending (£bn)	82.3	85.5	92.9		94.8	93.9	94.8
Neurological spending as percentage of total programme budget spending (%)	2.8%	2.9%	3.0%		3.1%	3.3%	3.5%

Notes:

1. Figures are in 2012-13 prices.
2. Data on spending on neurological services are taken from the programme budget data. We have excluded neurological chronic pain as the revised definition of adult neurological conditions published by Public Health England almost entirely excludes the conditions listed under neurological conditions chronic pain.
3. Public Health England's revised definition of adult neurological conditions also includes more than 100 conditions not included in the programme budget definition. Therefore, there is a significant disconnect between programme budget data on spending on neurological services and the activity data presented in this report.
4. The data on spending exclude headache, dementia and most spending on stroke (some related complications are included, for example, brain stem stroke syndrome). Migraine is included as it is not possible to exclude this spending.
5. There is a break in the series between 2009-10 and 2010-11. Figures for years 2006-07 to 2009-10 are calculated using provider costs as a basis. Figures for 2010-11 to 2012-13 are calculated using price paid for specific activities and services purchased from healthcare providers.

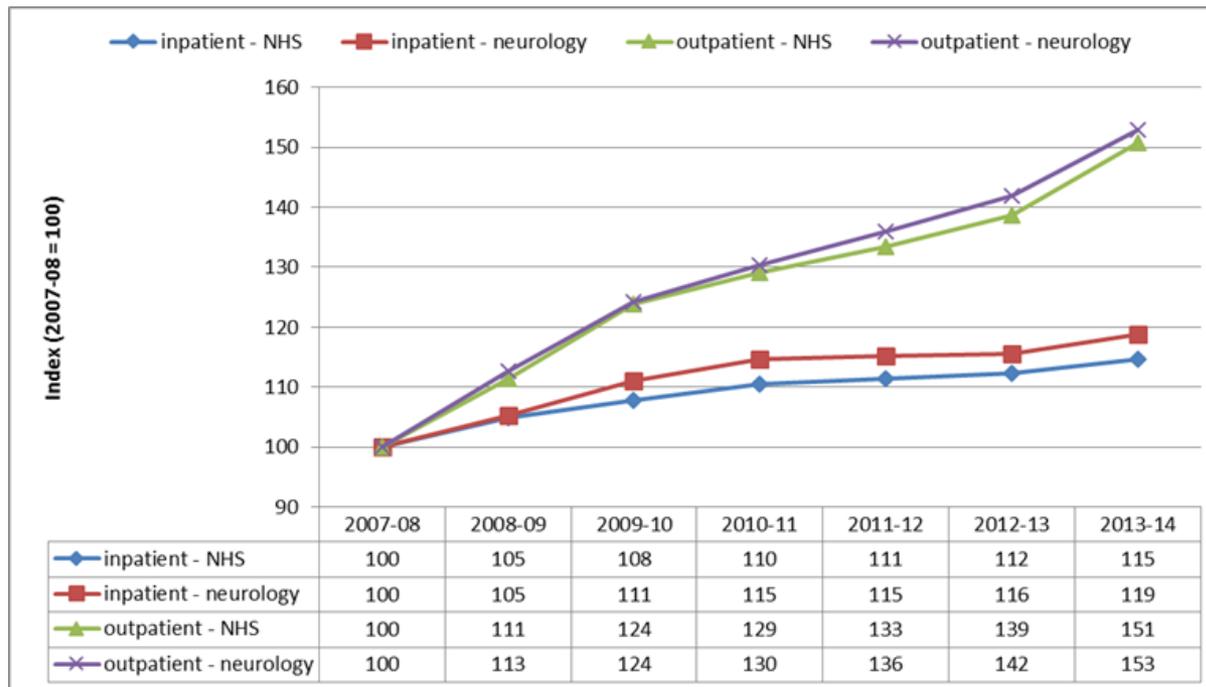
Source: Department of Health programme budget data

Data update

2. Hospital activity

- Hospital activity involving patients with neurological conditions has continued to increase since we reported in 2011.
- However, growth in both inpatient admissions and outpatient appointments has slowed.

Growth in hospital inpatient admissions and outpatient appointments: neurology compared with the NHS as a whole, 2007-08 to 2013-14



Notes:

1. Inpatient activity is based on Public Health England's definition of adult neurological conditions – Public Health England, Defining adult neurological conditions: National Neurology Intelligence Network technical briefing, March 2015.
2. Public Health England's definition of neurological conditions does not include dementia and stroke. In addition, for inpatient activity we have excluded headache and migraine.
3. Inpatient activity is based on neurology featuring in one of the top three diagnostic codes. Outpatient activity is based on the treatment specialty the patient was treated under.

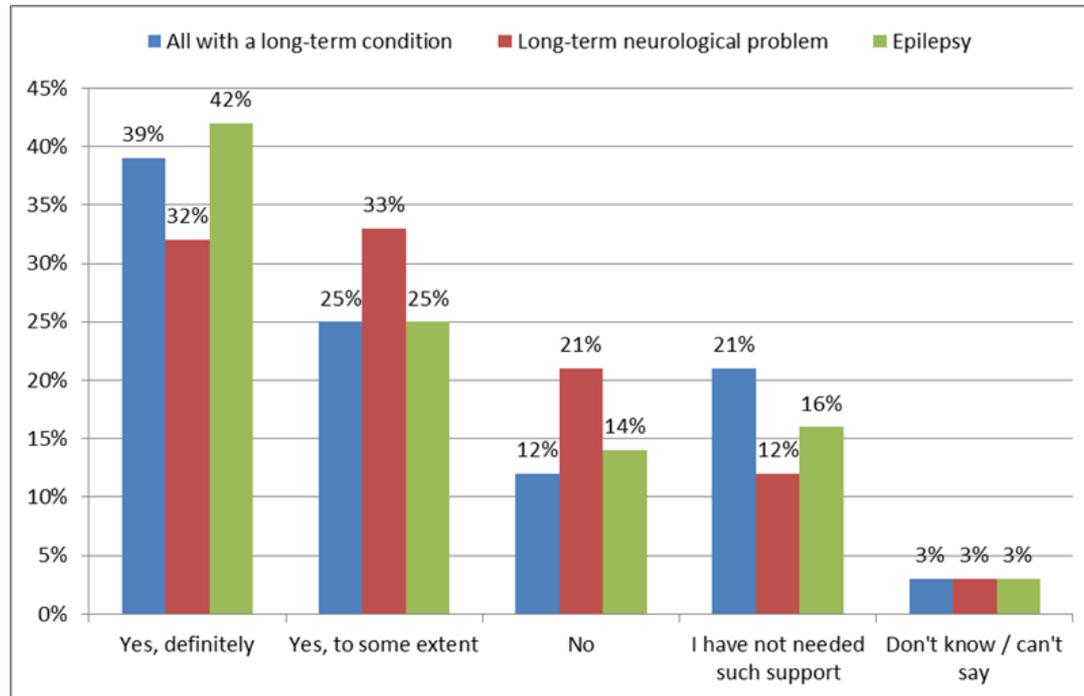
Source: National Audit Office analysis of hospital episode statistics

Data update

3. Quality of services: Patient experience

- The January 2015 GP Patient Survey found that 65% of people with a neurological problem said they definitely, or to some extent, had enough support from local services.
- However, 21% of people with a neurological problem said they did not think they had enough support compared with 12% for the broader group of people with long-term conditions and 14% for those with epilepsy.
- These proportions have remained stable since June 2012 when the data were first collected.

Patient experience of support from local services, data published in January 2015



Notes:

1. Total respondents: all long-term conditions, 415,443; long-term neurological problems, 15,338; epilepsy, 9,278.
2. The data for the January 2015 publication were collected during January–March 2014 and July–September 2014.
3. The questionnaire makes clear that respondents should think about all services and organisations, not just health services.

Source: GP Patient Survey, January 2015

Data update

4. Quality of services: Emergency admissions and readmissions

- Growth in **neurological emergency admissions** has slowed significantly since we last reported in 2011:
 - Between 2010-11 and 2013-14, neurological emergency admissions increased by 2.8%. This was similar to the growth rate for emergency admissions for the NHS as a whole, which covers all conditions (2.4%).
 - In the previous 3 years (2007-08 to 2010-11) neurological emergency admissions grew much more quickly (by 18.3%), compared with 11.2% for the NHS as a whole.
- The position on **neurological emergency readmissions** has remained stable since 2011.
 - In 2013-14, the percentage of neurological patients readmitted as an emergency within 30 days of discharge was 10.1% compared with 10.2% in 2010-11.
 - For the NHS as a whole, the emergency readmission rate was 12.0% in 2013-14 compared with 11.5% in 2010-11.

Progress against the recommendations made by the Committee of Public Accounts in 2012

	Our assessment of progress	Commentary
<p>Recommendation 1:</p> <p>Appoint a national clinical lead for neurology and establish local neurological networks.</p>	Good	<ul style="list-style-type: none"> NHS England has appointed a national clinical director for adult neurology (a practising neurologist), working to its medical director for long-term conditions. It has also established the mental health, dementia and neurological conditions strategic clinical network. This and the three other networks are intended to support commissioners' decision-making and strategic planning,
<p>Recommendation 2:</p> <p>Develop a neurological dataset and include key indicators from the dataset in the NHS and adult social care outcomes frameworks.</p>	Moderate	<ul style="list-style-type: none"> The Health and Social Care Information Centre published a compendium of neurology data in March 2014, which brought together extracts from existing national datasets relevant to neurology. However, the compendium did not link health and social care data or include data on emergency readmissions as the Committee recommended. Public Health England and NHS England also jointly sponsor a new neurology intelligence network, which aims to provide intelligence for commissioners, clinicians etc to help improve services and outcomes. The NHS outcomes framework includes only one indicator relating to neurological conditions - on epilepsy in young people under 19 years old. The adult social care outcomes framework includes no indicators relating to neurological conditions.

Progress against the recommendations made by the Committee of Public Accounts in 2012 (continued)

	Our assessment of progress	Commentary
<p>Recommendation 3:</p> <p>Ensure all people with neurological conditions have appropriate access to services through use of the commissioning outcomes framework (now the clinical commissioning group outcomes indicator set), the joint strategic needs assessments and the health and wellbeing boards.</p>	Poor	<ul style="list-style-type: none"> • The clinical commissioning group outcomes indicator set includes only one indicator specific to neurological conditions - on epilepsy in young people under 19 years old. • Our analysis found that just over half of joint strategic needs assessments made reference to neurology or a specific neurological condition through either a specific chapter/section or one or more specific sentences. • Only one fifth of joint health and wellbeing strategies referred to neurology or a specific neurological condition.
<p>Recommendation 4:</p> <p>Mandate joint health and social care commissioning of neurological services in its commissioning outcomes framework, supported by health and wellbeing boards through the joint strategic needs assessment.</p>	Poor	<ul style="list-style-type: none"> • NHS England does not hold information on the extent of joint health and social care commissioning for neurological services. • The Neurological Alliance told us that its members had seen only occasional examples of joint commissioning.

Progress against the recommendations made by the Committee of Public Accounts in 2012 (continued)

	Our assessment of progress	Commentary
<p>Recommendation 5:</p> <p>Set out in the commissioning outcomes framework that every person with a neurological condition should be offered a personal care plan, covering both health and social care.</p>	Poor	<ul style="list-style-type: none"> • The Department of Health's mandate to NHS England includes an objective for everyone with a long-term condition, including a neurological condition, to be offered a personalised care plan by 2015. • NHS England has not reflected this indicator in the clinical commissioning group outcomes indicator set so there is no indicator to encourage local action in this area. • Recent survey evidence (from the GP Patient Survey and the Neurological Alliance) indicates that only a small proportion of people with a long-term neurological problem have a written care plan or have been offered one.
<p>Recommendation 6:</p> <p>Instruct the National Institute for Health and Care Excellence (NICE) to develop a generic quality standard covering other neurological conditions.</p>	Moderate	<ul style="list-style-type: none"> • The Department of Health has requested five quality standards relating directly to neurology. • NICE has published one, one is in development and two are awaiting the publication of updated clinical guidelines. • For the remaining standard, NICE estimates that it will publish the clinical guideline relating to generic neurological problems in January 2018.

Key commissioning messages

- **Health spending on neurological services is growing faster than NHS spending** as a whole. In 2013-14, £3.3 billion was spent on neurological services, representing **3.5% of total NHS programme budget spending** – up from 3.1% in 2010-11.
- Hospital **activity involving patients with neurological conditions has continued to increase** since we reported in 2011, although growth has slowed.
- While the **majority of people** with neurological conditions **feel supported by local services**, 21% do not (GP Patient Survey, January 2015).
- The Department of Health's mandate to NHS England includes an **objective for everyone** with a long-term condition to be offered a **personalised care plan by 2015**; however, only a **small proportion** of people with a long-term neurological problem have a written care plan or have been offered one.
- The NHS outcomes framework and clinical commissioning group outcomes indicator set include only one indicator specific to neurological conditions - on **epilepsy in young people under 19 years old** (shared with type 1 diabetes & asthma)
- **Just over 50%** of joint strategic needs assessments **JSNAs** made reference to neurology or a specific neurological condition through either a specific chapter/section or one or more specific sentences.
- **Only 20%** of joint health and wellbeing strategies referred to neurology or a specific neurological condition.
- The Neurological Alliance told us that its members had seen only occasional examples of **joint commissioning** between clinical commissioning groups and local authorities when commissioning services for people with neurological conditions.
- **DATA** The neurology intelligence network has developed neurology profiles around an **epilepsy care pathway**. The profiles give clinical commissioning group-level data, which highlights **significant variation in performance across England**. For example, the proportion of adults receiving treatment for epilepsy who have remained seizure-free for 12 months ranged from 87% in South-West Lincolnshire to 46% in North Manchester.