**Greater Manchester Neuro-Rehabilitation**

**Operational Delivery Network**


## Eligibility Criteria: *Greater Manchester Community Neuro-Rehabilitation Services*

The aim of community neuro-rehabilitation services is to provide needs-led to improve function and achieve maximum potential. People who access this service will be medically stable and can safely be managed at home or in their usual residence; for example, a nursing home/residential setting.

The service will deliver specialist (See Appendix 1) neurological rehabilitation to predominantly category B patients, with a small number of these having some category A needs on admission to the service, and some category C patients who would benefit from community neuro-rehabilitation team (CNRT) interventions (See Appendix 2 for guidance).

The service will not be responsible for the management of complex health needs, for example, management of tracheostomy, respiratory management etc. The service will however work alongside other clinicians and services to provide neuro-rehabilitation, whilst those services are managing patients complex healthcare needs.

**Inclusion Criteria**

* Patients with neurological impairments who require specialist neurological rehabilitation with clear rehabilitation goals.
* Patients who are able to participate in rehabilitation
* Patients whose GP falls within SOUTH Manchester CCG boundaries, but subject to reciprocal arrangements for cross boundary issues
* Patients who are 18 years or older, with flexibility for young people, between 16-18 years old, in transition from paediatric services, newly diagnosed or new to the area, when the adult service is the most appropriate service for the individual
* Patients with category B rehabilitation needs (and some category A and C patients, see Appendix 2), with neurological impairments due to a condition in one of the following clinical groups (See Appendix 3 for further details of diagnoses):
1. Neurological disease or injury of sudden onset e.g. head injury, anoxic brain injury, central nervous system (CNS) infection, acquired brain injury
2. Progressive neurological condition e.g. MS with specified time limited period of rehabilitation
3. Neurological condition from childhood, e.g. spina bifida, cerebral palsy, acquired brain injury
4. Patients with stroke who have complex rehabilitation needs may require transfer to the neuro-rehabilitation pathway when their rehabilitation needs cannot possibly be met by stroke services
* Patients with dementia or intellectual difficulties if they have needs arising from concurrent neurological disabilities
* Re-referrals of people with neurological conditions are accepted if there is a specific rehabilitation goal. The service may advise on maintenance interventions that have a preventative rationale and may assess care needs and co-ordinate revised care arrangements in response to changing needs, but does not itself provide ongoing ‘care’.

**Exclusion Criteria**

* Patients who do not have neurological condition
* Patients whose GP does not fall within South Manchester CCG boundaries, unless cross-boundary arrangements have been agreed by the relevant CCGs
* Patients below the age of 16
* Anyone with a neurological diagnosis where this is not the presenting problem
* Patients without identifiable rehabilitation goals
* If the overriding requirement is for management of symptoms rather than disabilities (e.g. pain, headache, seizures) without additional rehabilitation issues being identified or where symptoms mean rehabilitation is not possible
* Dementia as primary diagnosis and whose needs are primarily due to dementia
* Neurological condition at palliative stage on end of life pathway or just palliative goals
* When the need for equipment only
* Patients with rehabilitation needs that can be met within existing, non-specialist, rehabilitation services
* Patients whose primary need is as a result of learning disability +/- mental health issues
* Patients with acute respiratory problems, even if neurologically related
* Patients who cannot or do not wish to participate in therapy
* Patients for whom there has been no significant change since last discharged from the service

**Appendix 1: Definitions of Specialist and Generalist Rehabilitation Services**

* **General rehabilitation** is where broad general knowledge, skills and clinical reasoning are applied to the field of rehabilitation for individuals whose needs do not require specialist (depth & breadth) knowledge, skills and clinical reasoning to influence/manage the central nervous system’s response to the rehabilitation and result in a recordable effective outcome at activity and participation level.
* **Specialist rehabilitation** is where specific knowledge, skills and clinical reasoning are applied to the field of rehabilitation for individuals whose needs require specialist (depth & breadth) knowledge, skills and clinical reasoning to influence/manage the central nervous system’s response to the rehabilitation and result in a recordable effective outcome activity and participation level.

**Appendix 2: Categorisation of Patients for Community Neuro-Rehabilitation Services**

**Category B – Patient Rehabilitation Needs (applicable domains in the GM Service Specification)**

* Patient goals for rehabilitation may include:
	+ Improved physical, cognitive, social and psychological function/independence in activities in and around the home;
	+ Participation in societal roles (e.g. work/parenting/relationships):
	+ Disability management e.g. to maintain existing function; manage unwanted behaviours/facilitate adjustment to change;
	+ Improved quality of life and living including symptom management, complex care planning, support for family and carers, including neuro-palliative rehabilitation
* Patients have moderate to severe physical, cognitive and/or communicative disabilities which may include mild/moderate behavioural problems
* Patients require rehabilitation from expert staff in a variety of contextual settings
* In particular rehabilitation will usually include one or more of the following:
	+ Intensive coordinated interdisciplinary intervention from 2-4 therapy disciplines
	+ Medium length rehabilitation programme required to achieve rehabilitation goals – typically 1-3 months, but up to a maximum of 6 months, providing this can be justified by measurable outcomes
	+ Special equipment (e.g. specialist mobility/training aids, orthotics, assistive technology) or interventions (e.g. spasticity management with botulinum toxin)
	+ Interventions to support goals such as return to work, or resumption of other extended activities of daily living e.g. home-making, managing personal finances
	+ Patients may also have medical problems requiring ongoing investigation/treatment

**Category A – Patient Rehabilitation Needs (applicable domains)**

* Patient goals for rehabilitation as above
* Medium length to long term rehabilitation programme required to achieve rehabilitation goals – typically 2-4 months, but up to 6 months or more, providing this can be justified by measurable outcomes
* Very high intensity staffing ratios e.g. individual patient therapy sessions involving 2-3 trained therapists at any one time
* Equipment e.g. bespoke assistive technology/seating systems, orthotics, environmental control systems/computers or communication aids
* Complex vocational rehabilitation including inter-disciplinary assessment/multi-agency intervention to support return to work, vocational retraining or withdrawal from work/financial planning as appropriate

**Category C – Patient Rehabilitation Needs (applicable domains)**

* Patients require rehabilitation in the context of their specialist treatment as part of a specific diagnostic group (e.g. stroke)
* Patients may require specialist medical investigation/procedures for the specific condition
* Patients usually require less intensive rehabilitation intervention from 1-3 therapy disciplines in relatively short rehabilitation programmes (i.e. up to 6 weeks)
* Patients are treated by a local specialist team and staffed by therapy and nursing teams with specialist expertise in the target condition

**Appendix 3: Diagnoses**

The service is for people with a neurological impairment/diagnosis. Individuals who are awaiting a diagnosis may also be eligible.

Below is a list (not exhaustive) of conditions which are eligible for the service:

* Multiple Sclerosis
* Spinal Cord Injury
* Traumatic Brain Injury
* Spastic Paraparesis
* Motor Neuron Disease
* Progressive Supranuclear Palsy
* Multi System Atrophy
* Brain Tumours including high grade tumours
* Cerebral Palsy/Muscular Dystrophy/Spina Bifida
* Ataxias and Dystonias
* Parkinson’s Disease including Chronic Parkinson’s Disease
* Guillain-Barre Syndrome
* Neuropathies
* Polio
* Neuromuscular Conditions
* Huntington’s Disease
* Vestibular Schwannomas/Acoustic Neuromas
* Subarachnoid Haemorrhage
* Stroke

Below is a list (not exhaustive) of conditions which are NOT eligible for the service:

* Chronic Fatigue Syndrome/ME
* Fibromyalgia
* Musculoskeletal injury with no neurological deficit
* Dementia as the primary diagnosis
* Functional Neurological Disorder (unless resource and expertise is available locally)
* Bells and Facial Palsy
* Acute respiratory problems even if neurological related