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Welsh Health Specialised  
Services Committee (WHSSC)

# **Specialised Services Commissioning Policy: CP141**

## **Specialised Spinal Cord Injury Rehabilitation**

*February 2018*

*Version 1.0*

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<b>Document purpose</b>	Policy
<b>Document name</b>	Specialised Spinal Cord Injury Rehabilitation
<b>Author</b>	Welsh Health Specialised Services Committee
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<b>Description</b>	NHS Wales will routinely commission this specialised service in accordance with the criteria described in this policy
<b>Document No</b>	CP141
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## Policy Statement

<p><b>Background</b></p>	<p>Where specialised rehabilitation following spinal cord injury is needed, the seven Welsh Health Boards commission this jointly via The Welsh Health Specialised Services Committee (WHSSC).</p> <p>This policy sets out:</p> <ul style="list-style-type: none"> <li>• when patients can use these jointly commissioned specialised services</li> <li>• where these services are located</li> <li>• how patients can be referred</li> <li>• When patients cease to be eligible for funding under this policy.</li> </ul> <p>To describe the rehabilitation need that is eligible for this level of service and the features of the services, the policy uses the definitions and standards in the guideline “Specialised Neurorehabilitation Service Standards 7. 30/04/2015”, from the British Society of Rehabilitation Medicine<sup>1</sup>.</p> <p>Following this guideline, this policy commissions services for patients with Category A rehabilitation needs to be delivered in Level 1 Treatment Centres.</p> <p>Service Standards for Adults requiring Spinal Cord Injury care (version 7 31<sup>st</sup> October 2013)<sup>2</sup>.</p>
<p><b>Summary of Access Criteria</b></p>	<p>The policy designates 2 centres for rehabilitation.</p> <p>To be accepted in one of these centres the patient must:</p> <ul style="list-style-type: none"> <li>• match the criteria for category A rehabilitation (BSRM guideline)<sup>1</sup> or category B subject to MDT review</li> </ul>

<sup>1</sup> <https://www.bsrm.org.uk/downloads/specialised-neurorehabilitation-service-standards--7-30-4-2015-forweb.pdf>

<sup>2</sup> <\\A7a5b3naspch001\whssc\WHSSC Y Drive\Planning 07\07-01 Adult Services\07-01-34 Rehabilitation\201617 Specialised Rehab. Commissioning Policy revision\draft policies\sci standards annex v spinal rehab.docx>

	<ul style="list-style-type: none"> <li>• be deemed medically fit as assessed by specialised Multi-Disciplinary Team. (MDT)</li> <li>• be considered by the centre’s MDT to have specific goals for assessment and rehabilitation that can be safely met in collaboration between the patient and MDT in that treatment centre</li> <li>• be able to tolerate or participate in an intensive rehabilitation programme</li> <li>• not have major investigations pending, e.g. for non-traumatic conditions</li> <li>• be able to understand and retain information</li> <li>• normally be over 18 years of age.</li> </ul>
<p><b>Responsibilities</b></p>	<p>Referrers should:</p> <ul style="list-style-type: none"> <li>• refer via the agreed pathway using the set criteria</li> <li>• inform the patient that this treatment is not routinely funded outside the criteria in this policy.</li> </ul> <p>Clinician considering treatment should:</p> <ul style="list-style-type: none"> <li>• discuss all the alternative treatment with the patient</li> <li>• advise the patient of any side effects and risks of the potential treatment</li> <li>• inform the patient that treatment is not routinely funded outside of the criteria in the policy</li> <li>• confirm that there is contractual agreement with WHSSC for the treatment.</li> </ul> <p>Where the clinician considers rehabilitation is appropriate but it falls outside the eligibility criteria or contractual agreement, they should request specific funding by submitting an Individual Patient Funding Request (IPFR)<sup>3</sup></p> <p>The treatment centre should:</p> <ul style="list-style-type: none"> <li>• inform WHSSC when a patient needs a further period of rehabilitation funded by WHSSC at the centre</li> </ul>

<sup>3</sup> [Welsh Health Specialised Services Committee \(WHSSC\) | Corporate Policies](#)

	<ul style="list-style-type: none"><li>• inform WHSSC when a patient is ready for discharge but is remaining at the centre for external reasons</li><li>• inform WHSSC when patients are discharged</li><li>• complete and retain the admission checklists.</li></ul>
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## **1. Aim**

### **1.1 Introduction**

After a spinal cord injury many patients will benefit from a period of rehabilitation that aims to improve as far as possible their ability to function and participate in society and their quality of life. Normally rehabilitation is organised and funded by each Welsh Health Board for the patients from their area. However, sometimes the needs for rehabilitation require a level of expertise that can best be provided by specialised centres. In this case the seven Health Boards commission services jointly through the offices of the Welsh Health Specialised Services Committee (WHSSC).

This document is the “commissioning policy” which describes:

- when patients can use these jointly commissioned specialised services
- where these services are located
- how patients can be referred
- when patients cease to be eligible for funding under this policy.

This commissioning policy applies equally to residents of all Health Boards in Wales.

It covers rehabilitation which needs specialised care for any spinal cord conditions or Cauda Equina included in the list of ICD 10 codes in section 3.2 below. Services commissioned under this policy follow after and do not include acute care.

### **1.2 Plain language summary**

This policy covers Specialised Spinal Cord Injury Rehabilitation for patients with highly complex needs. It concerns the tertiary and specialised rehabilitation for patients, as opposed to secondary or local community rehabilitation.

This commissioning policy has adopted the definitions of the British Society of Rehabilitation Medicine (BSRM)<sup>1</sup>, in order to consider the complexities of rehabilitation need and the criteria of services responding to them.

These are explained in detail below but in summary the services covered in this commissioning policy are:

- for patients with category A rehabilitation needs (as defined in the Category of rehabilitation need section).
- delivered by level 1 services (as defined in the Category of Rehabilitation need section).

The services will be considered successful when their patients (and their family and/or carers) are supported to achieve their maximum potential for physical, cognitive, social and psychological function, participation in society and quality of living.

Rehabilitation is not an open-ended treatment but is focussed on achieving specific aims within agreed timescales, subject to review.

### **1.3 Relationship with other Policies and Service Specifications**

This document replaces parts of the Commissioning Policy CP48 “Integrated Specialised Rehabilitation Policy”, and should be read in conjunction with the following documents:

- Specialised Services policy for Neuro-psychiatry: CP128
- Specialised Services policy for Neuro-rehabilitation: CP140
- Specialised Services policy for assistive technologies: CP25
- Service Specification for all Wales posture and mobility service: CP59
- All Wales Policy: Making decisions on individual patient funding requests (IPFR)<sup>3</sup>.
- Welsh Health Circular WHC (2017)008 – NHS Wales Policy for the Repatriation of Patients<sup>4</sup>.
- Royal College of Nursing – Adolescent Transition Care – RCN Guidance for Nursing Staff
- Welsh Government – Children’s National Services Framework

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<sup>4</sup> <http://gov.wales/docs/dhss/publications/170308whc008en.pdf>

## **2. Scope**

### **2.1 Definition**

Specialised spinal cord injuries encompass any traumatic insult to the spinal column at cervical (neck), thoracic (chest), thoracolumbar, lumbar, lumbo-sacral (lower back) or multiple levels which causes complete or partial interruption of spinal cord function.

Specialised SCI Services include patients who have experienced Spinal Cord Injury resulting either from a traumatic cause or a non-traumatic cause. When such injury results from an accident such as a road traffic accident or a fall it is referred to as 'traumatic' SCI. When it results from disease or infection it is referred to as a 'non-traumatic' SCI.

### **2.2 Aims and objectives**

This policy aims to define a framework for patients, who have following a disease or injury, may require access to Specialised Spinal Cord Injury Rehabilitation.

Specialised Spinal Cord Injury Rehabilitation is not an open-ended treatment but is focussed on achieving specific aims within agreed timescales, subject to review.

The aim of the service is to:

- provide acute management and rehabilitation of people with spinal cord injury
- provide on-going management of people with spinal cord injury
- promote optimal outcomes, leading to reduced mortality and morbidity
- support patients to maximise their potential for independent living, and for return to employment or education, hobbies and activities of daily living
- optimise autonomy and health in people with spinal cord injury

The objectives are to:

- ensure patients have equitable access to a tertiary Specialised Spinal Cord Injury Rehabilitation Level 1 service
- maximise the opportunity for patients to reach their full potential for physical, cognitive, social and psychological function

- improve a patient's quality of life wherever possible
- increase their independence.

### **2.3 Category of rehabilitation need**

The British Society of Rehabilitation Medicine (BSRM)<sup>1</sup> guideline describes:

- Four categories of rehabilitation need (categories A-D) and
- Three different levels of service provision (Levels 1-3)

Following spinal injury patients with highly complex rehabilitation needs (Category A needs as described in the table below) will be eligible for referral to the WHSSC commissioned specialised rehabilitation services.

**Category A rehabilitation needs:  
eligible for the WHSSC commissioned specialised spinal cord injury  
rehabilitation services:**

- 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 neuropalliative rehabilitation
- Patients have complex or profound disabilities e.g. severe physical, cognitive communicative disabilities or challenging behaviours.
- Patients have highly complex rehabilitation needs and require specialised facilities and a higher level of input from more skilled staff than provided in the local specialised rehabilitation unit. In particular rehabilitation will usually include one or more of the following:
  - intensive, co-ordinated interdisciplinary intervention from 4 or more therapy disciplines, in addition to specialised rehabilitation medicine/nursing care in a rehabilitative environment
  - medium length to long term rehabilitation programme required to achieve rehabilitation goals – typically 2-4

- months, but up 6 months or more, providing this can be justified by measurable outcomes
- very high intensity staffing ratios e.g. 24 hour 1:1 nurse “specialling”, or individual patient therapy sessions involving 2-3 trained therapists at any one time
  - highest level facilities /equipment e.g. bespoke assistive technology / seating systems, orthotics, environmental
  - control systems/computers or communication aids, ventilators.
  - 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
- Patients may also require:
    - highly specialised clinical input e.g. for tracheostomy weaning, cognitive and/or behavioural management, low awareness states, or dealing with families in extreme distress
    - ongoing investigation / treatment of complex / unstable medical problems in the context of an acute hospital setting
    - neuro-psychiatric care including: risk management, treatment under sections of the Mental Health Act,
    - support for medicolegal matters including mental capacity and consent issues
  - Patients are treated in a specialised rehabilitation unit (i.e. a Level 1 unit).
  - Patients may on occasion be treated in a Level 2 unit depending on the availability of expert staff and specialised facilities as well as appropriate staffing ratios.

*Specialised Neurorehabilitation Service Standards 7.*

## **2.4 Level of Rehabilitation Service**

In order to meet these complex rehabilitation needs, services commissioned under this policy must generally meet the criteria defined as level 1 by the British Society of Rehabilitation Medicine guideline <sup>1</sup> and specifically meet the Service Standards for Rehabilitation and Re-integration approved by the Spinal Cord Injury Reference Group<sup>2</sup> and the related Re-Integration Pathway.

## **2.5 Period of Rehabilitation.**

Rehabilitation is a time-limited process, which will end when, either:

1. the specific aims agreed in the rehabilitation programme have been met
- or**
2. when the multi-disciplinary team consider that the patient can no longer benefit from the specialised rehabilitation they provide
- or**
3. that the rehabilitation can be appropriately provided by a less specialised service.

If patients remain in this specialised service after these conditions have been met, they will be considered to be no longer meeting the eligibility criteria in this Commissioning Policy; and the relevant provider will reclaim the placement costs from the patient's Health Board.

Normally and apart from this circumstance, WHSSC funding for patients under this commissioning policy will cease when they are discharged from the service.

WHSSC will initially fund referrals for a maximum of 12 weeks. Funding will be extended beyond this where there is demonstrable benefit from further specialised rehabilitation.

Reference should be made to Annex (iii) – Delayed Transfer of Care, which details the implementation of placement costs, when patients no longer meet the eligibility criteria in this Commissioning policy.

This Commissioning Policy does not cover the long term support (including outpatient follow up from the spinal cord injury centre team) that patients may need after the intensive rehabilitation programme has concluded.

## **2.6 Designated centres**

The seven Health Boards via WHSSC have commissioned the following centres to provide Spinal Cord Injury Rehabilitation services:

- The Welsh Spinal Cord Injury Rehabilitation Centre (WSCIRC), Cardiff and Vale University Health Board, based at Rookwood Hospital.

- The Midlands Centre for Spinal Injuries (MCSI), Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Oswestry.

## 2.7 Codes and definitions

Specialised Spinal Cord Injury Services provide care for patients who have experienced Spinal Cord Injury resulting in neurological deficit from either a traumatic cause or a non-traumatic cause, and non-progressive in nature. Specialised spinal cord injuries encompass any trauma to the spinal column at cervical (neck), thoracic (chest), thoracolumbar, lumbar, lumbo-sacral (lower back) or multiple levels which causes complete or partial interruption of spinal cord function.

Services commissioned under this policy are for patients with conditions described by the following ICD 10 codes.

Code Category	Code	Description
G360	Neuromyelitis optica (Devics)	
G61.0	Guillain-Barre syndrome	
G62.9	Polyneuropathy unspecified	
G82	Tetraplegia and paraplegia	
G82.0	Flaccid paraplegia	
G82.1	Spastic paraplegia	
G82.2	Paraplegia unspecified	
G82.3	Flaccid tetraplegia	
G82.4	Spastic tetraplegia	
G82.5	Tetraplegia unspecified	
G820	Paraplegia and tetraplegia	Flaccid paraplegia
G821	Paraplegia and tetraplegia	Spastic paraplegia
G822	Paraplegia and tetraplegia	Paraplegia, unspecified
G823	Paraplegia and tetraplegia	Flaccid tetraplegia
G824	Paraplegia and tetraplegia	Spastic tetraplegia
G825	Paraplegia and tetraplegia	Tetraplegia, unspecified
G834	Other paralytic syndromes	Cauda equina syndrome
G95.0	Other diseases of spinal cord	Syringomyelia and syringobulbia
G95.1	Other diseases of spinal cord	Vascular myelopathies

G95.2	Other diseases of spinal cord	Cord compression, unspecified
G95.8	Other diseases of spinal cord	Other specified diseases of spinal cord
G95.9	Diseases of the spinal cord unspecified	
G99.2	Other disorders of nervous system in diseases classified elsewhere	Myelopathy in diseases classified elsewhere
M532	Other dorsopathies, not elsewhere classified	Spinal instabilities
Q05	Spina bifida	Excluding Arnold-Chiari syndrome and spina bifida oculata
Q05.9	Spina bifida unspecified	
S320	Fracture of lumbar spine and pelvis	Fracture of lumbar vertebra
S327	Fracture of lumbar spine and pelvis	Multiple fractures of lumbar spine and pelvis
S328	Fracture of lumbar spine and pelvis	Fracture of other and unspecified parts of lumbar spine and pelvis
S328	Fracture of lumbar spine and pelvis	Fracture of other and unspecified parts of lumbar spine and pelvis
S330	Dislocation, sprain and strain of joints and ligaments of lumbar spine and pelvis	Traumatic rupture of lumbar intervertebral disc
S331	Dislocation, sprain and strain of joints and ligaments of lumbar spine and pelvis	Dislocation of lumbar vertebra
S333	Dislocation, sprain and strain of joints and ligaments of lumbar spine and pelvis	Dislocation of other and unspecified parts of lumbar spine and pelvis
S340	Injury of nerves and lumbar spinal cord at abdomen, low back and pelvis level	Concussion and oedema of lumbar spinal cord
S341	Injury of nerves and lumbar spinal cord at abdomen, low back and pelvis level	Other injury of lumbar spinal cord
S342	Injury of nerves and lumbar spinal cord at abdomen, low back and pelvis level	Injury of nerve root of lumbar and sacral spine
S342	Injury of nerves and lumbar spinal cord at abdomen, low back and pelvis level	Injury of nerve root of lumbar and sacral spine
S343	Injury of nerves and lumbar spinal cord at abdomen, low back and pelvis level	Injury of cauda equina
S344	Injury of nerves and lumbar spinal cord at abdomen, low back and pelvis level	Injury of lumbosacral plexus

S345	Injury of nerves and lumbar spinal cord at abdomen, low back and pelvis level	Injury of lumbar, sacral and pelvic sympathetic nerves
T08	Fracture of the spine, level unspecified	
T08	Fracture of the spine, level unspecified	
T91.1	Sequelae of fracture of spine	
T91.3	Sequelae of injury of spinal cord	

### **3. Access Criteria**

#### **3.1 Clinical Indications – general principles**

The decision to accept a person for specialist spinal cord injury rehabilitation, as an in-patient will be related to their need or otherwise for acute medical management.

Patients should additionally:

- have suffered new SCI or cauda equina syndrome
- or**
- be living with SCI and be referred to the spinal cord injury centre by their GP or community service for specialised advice or intervention.
- or**
- have suffered demyelinating polyneuropathy such as Guillain Barre syndrome, CIDP, ADEM;

Patients should additionally:

- have suffered new SCI or cauda equina syndrome
- or**
- be living with SCI and be referred to the spinal cord injury centre by their GP or community service for specialised advice or intervention
- or**
- have suffered demyelinating polyneuropathy such as Guillain Barre syndrome, CIDP, ADEM.

#### **3.2 Criteria for Treatment**

In order to be accepted by either of the treatment centres and funded via WHSSC under this commissioning policy, patients should:

- match the criteria for category A rehabilitation (BSRM guideline)<sup>1</sup> or category B subject to MDT review
- be deemed medically fit as assessed by specialised Multi-Disciplinary Team (MDT)
- be considered by the centre's MDT to have specific goals for assessment and rehabilitation that can be safely met in collaboration between the patient and MDT in the treatment centre
- be able to benefit from an intensive rehabilitation programme

- not have major investigations pending, e.g. for non-traumatic conditions
- be able to understand and retain information
- normally be over 18 years of age.

If potential patients do not meet the above criteria, the MDT will discuss their acceptance on a case-by-case basis.

### **3.3 Referral Pathway (Annex i & ii)**

The referral pathway for the services is set out in annex i and the checklist for referral needs to be completed by the agreed treatment centre – (Annex ii).

If the patient wishes to be referred to a provider out of the agreed pathway, an IPFR<sup>3</sup> should be submitted.

If the referrer wishes to refer to a different provider because there are no beds available for admission to the designated centres, an IPFR<sup>3</sup> should be submitted.

### **3.4 Exclusions**

The access criteria includes the requirement to exclude patients who cannot be treated safely in the treatment centre. This includes patients who need mechanical ventilation, which is not available at either centre; and those with severe, unstable mental health difficulties or those sectioned under the Mental Health Act (who are a current danger to themselves or others).

### **3.5 Exceptions**

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted.

Further information on making IPFR requests can be found at: [www.whssc.wales.nhs.uk](http://www.whssc.wales.nhs.uk)

### **3.6 Responsibilities**

Referrers should:

- inform the patient that this treatment is not routinely funded outside the criteria in this policy, and
- refer via the agreed pathway.

Clinician considering treatment should:

- discuss all the alternative treatment with the patient
- advise the patient of any side effect and risks of the potential treatment
- inform the patient that treatment is not routinely funded outside of the criteria in the policy, and
- confirm that there is contractual agreement with WHSSC for the treatment.

In all other circumstances, submit an IPFR request.

The treatment centre should:

- inform WHSSC when a patient needs a further period of rehabilitation funded by WHSSC at the centre
- inform WHSSC when a patient is ready for discharge but is remaining at the centre for external reasons
- inform WHSSC when patients are discharged
- complete and retain the admission checklists
- provide a monthly bed status to WHSSC, primarily to identify those patients fit for discharge.

## **4. Putting Things Right: Raising a Concern**

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [www.whssc.wales.nhs.uk](http://www.whssc.wales.nhs.uk)

## **5. Equality Impact and Assessment**

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

## **Annex (i) Referral Pathway**

### **Spinal Cord Injury Rehabilitation**

Referrals must be made via the National Spinal Injury Database  
<https://nww.mdsas.nhs.uk/spinal/>

This link will give contact details to immediately inform the Spinal Cord Injury Centre linked to the referrer's area and initiate an online referral.

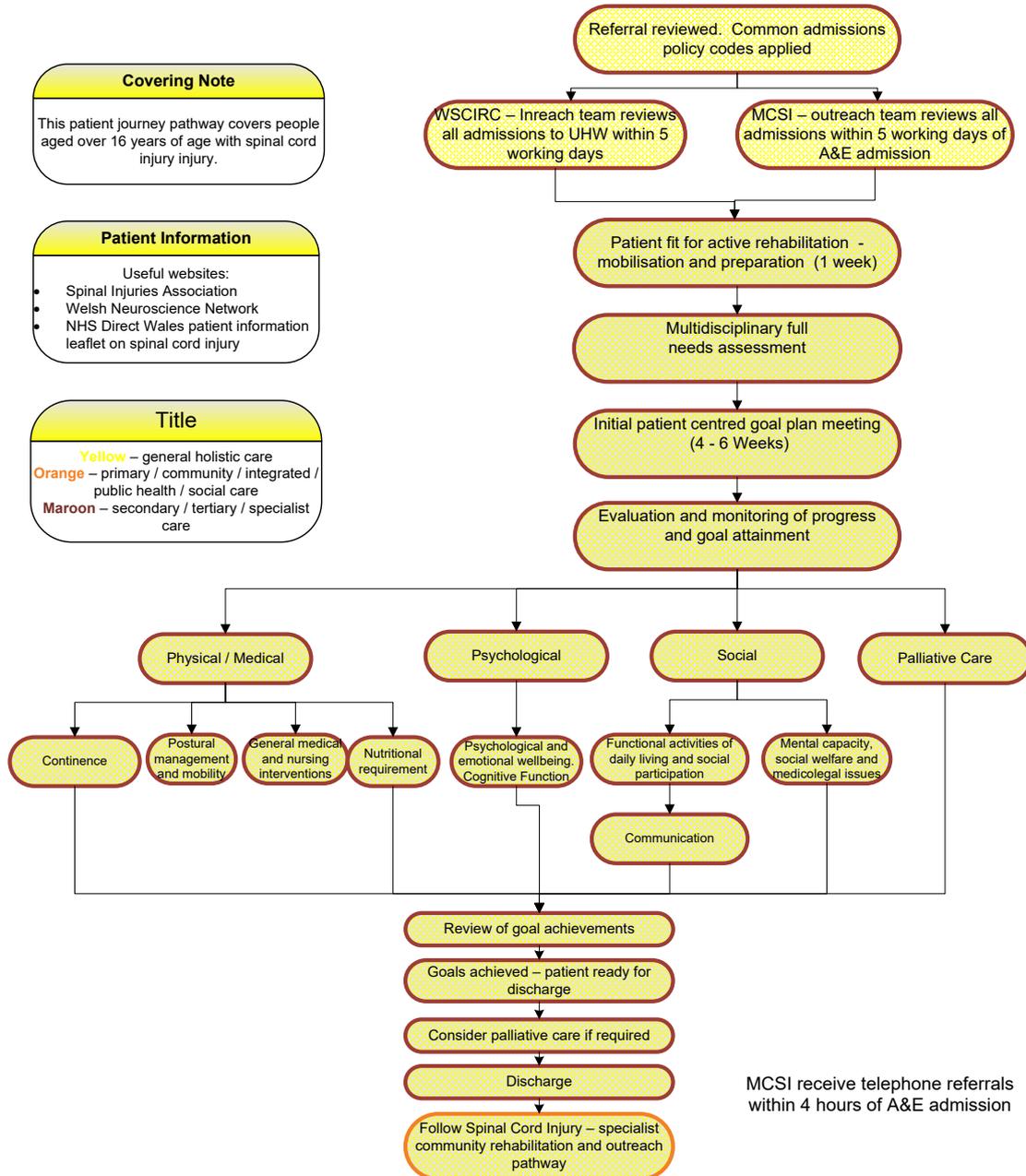
Service Specification and Community Models: Pathways

<b>Spinal Cord Injury – Specialist Inpatient Rehabilitation / Reintegration Pathway</b>		
Created by: Multidisciplinary Team - WSCIRC Approved by:	Date Published: 14/06/2013	Due for Review: TBC

**Covering Note**  
This patient journey pathway covers people aged over 16 years of age with spinal cord injury.

**Patient Information**  
Useful websites:  
• Spinal Injuries Association  
• Welsh Neuroscience Network  
• NHS Direct Wales patient information leaflet on spinal cord injury

**Title**  
Yellow – general holistic care  
Orange – primary / community / integrated / public health / social care  
Maroon – secondary / tertiary / specialist care



**Note:**

In order to be accepted by any of the treatment centres and funded via WHSSC under this commissioning policy patients should be 18 years or older. However, if potential patients do not meet the above criteria their acceptance will be discussed by the MDT on a case by case basis.

Spinal Cord Injury – Community Support Pathway		
Created by: Multidisciplinary Team - WSCIRC Approved by:	Date Published: 14/06/2013	Due for Review: TBC

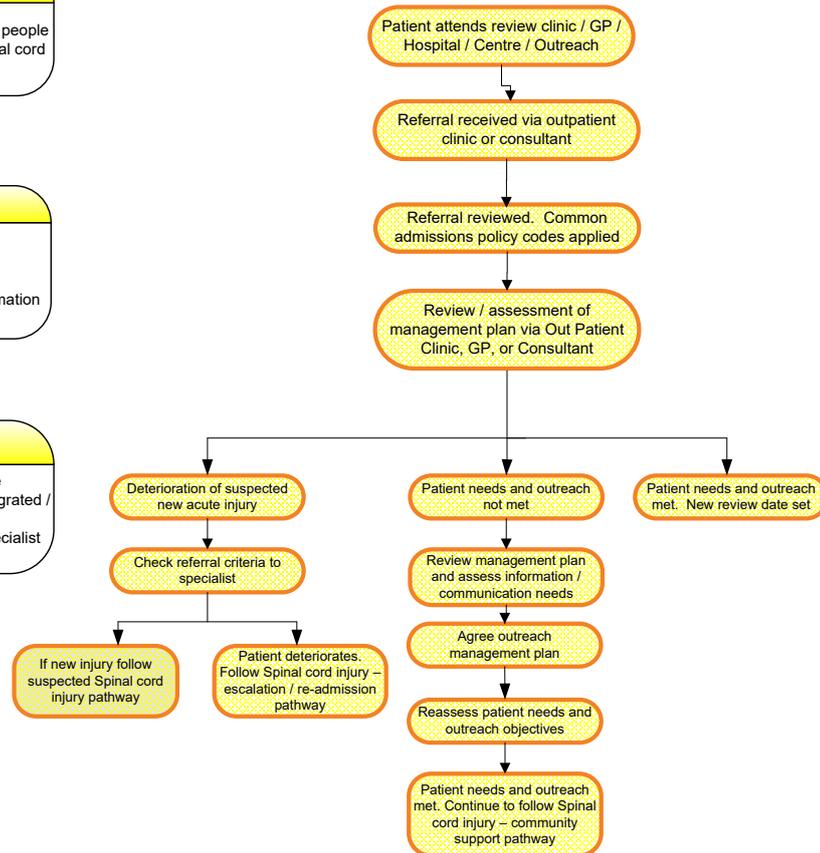
**Covering Note**

This patient journey pathway covers people aged over 16 years of age with spinal cord injury injury.

- Patient Information**
- Useful websites:
- Spinal Injuries Association
  - Welsh Neuroscience Network
  - NHS Direct Wales patient information leaflet on spinal cord injury

**Title**

**Yellow** – general holistic care  
**Orange** – primary / community / integrated / public health / social care  
**Maroon** – secondary / tertiary / specialist care



## Spinal Cord Injury – Escalation and Re-admission Pathway

Created by: Multidisciplinary Team - WSCIRC  
Approved by:

Date Published: 14/06/2013

Due for Review: TBC

### Covering Note

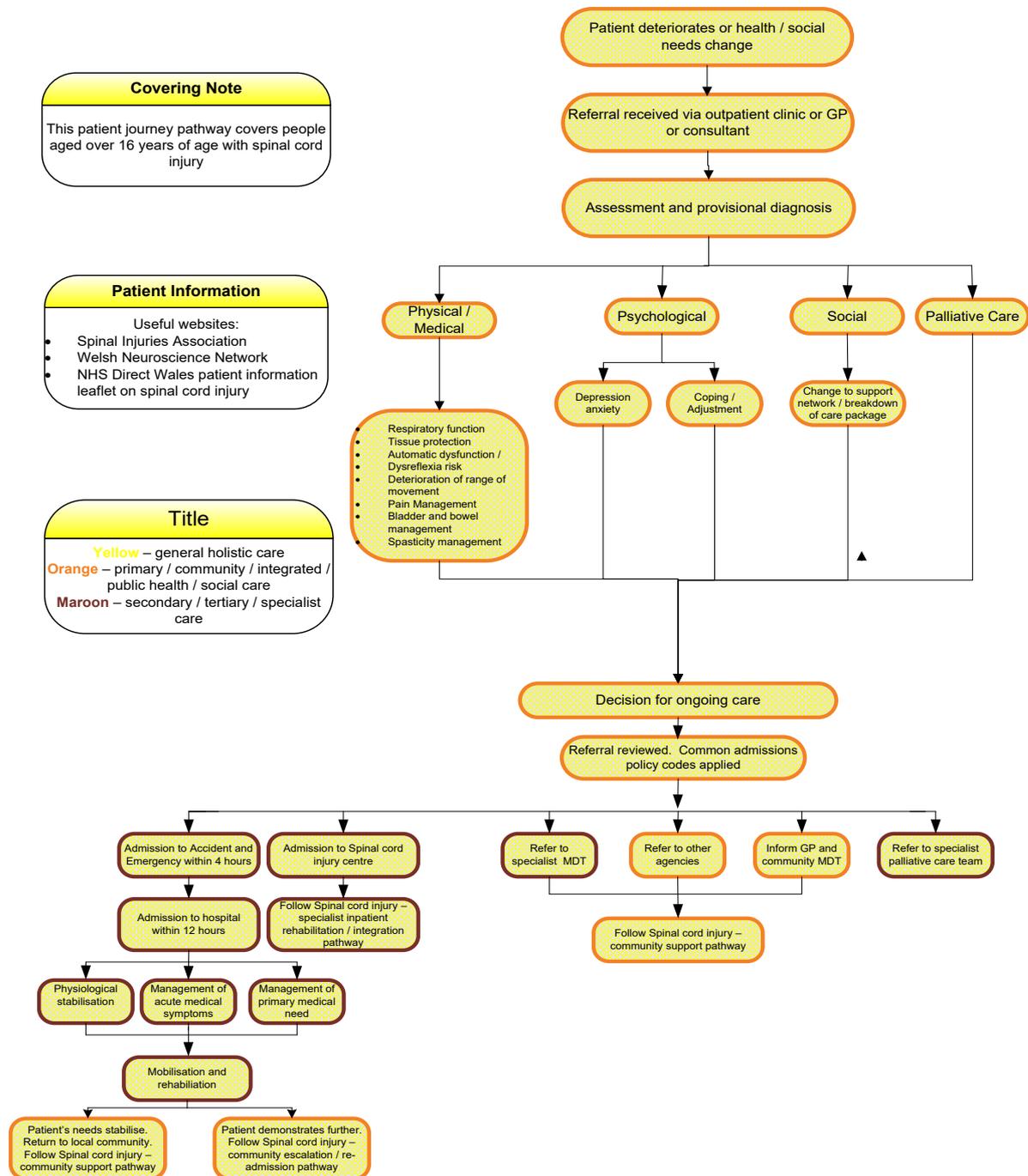
This patient journey pathway covers people aged over 16 years of age with spinal cord injury

### Patient Information

Useful websites:  
 • Spinal Injuries Association  
 • Welsh Neuroscience Network  
 • NHS Direct Wales patient information leaflet on spinal cord injury

### Title

**Yellow** – general holistic care  
**Orange** – primary / community / integrated / public health / social care  
**Maroon** – secondary / tertiary / specialist care



### Note:

In order to be accepted by any of the treatment centres and funded via WHSSC under this commissioning policy patients should be 18 years or older. However, if potential patients do not meet the above criteria their acceptance will be discussed by the MDT on a case by case basis.

## **Annex (ii) Checklist**

### **CP141, Specialised Spinal Cord Injury Rehabilitation**

The following checklist should be completed for every patient to whom the policy applies:

- i. Where the patient meet the criteria **and** the procedure is included in the contract **and** the referral is received by an agreed centre, the form should be completed and retained by the receiving centre for audit purposes.
- ii. The patient meets the criteria **and** is received at an agreed centre, but the procedure is not included in the contract. The checklist must be completed and submitted to WHSSC for prior approval to treatment.
- iii. The patient meets the criteria but wishes to be referred to a non contracted provider. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration.
- iv. If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

Records of the checklist must be retained by the treatment centres for audit purposes.

**To be completed by the referring gatekeeper or treating clinician**

The following checklist should be completed for **all** patients to whom the policy applies, before treatment, by the responsible clinician.

Please complete the appropriate boxes:

Patient NHS No:		
Patient is Welsh Resident	Post Code:	
Patient is English Resident registered with NHS Wales GP	GP Code:	
<b>Patient meets following criteria for treatment:</b>		
	<b>Yes</b>	<b>No</b>
Match the criteria for category A rehabilitation need (BSRM guideline). <b>and</b>		
Is deemed medically fit as assessed by specialised MDT. <b>and</b>		
Is able to be safely supported in an environment of reduced medical support. <b>and</b>		
Does not have major investigations pending, e.g. for non traumatic conditions. <b>and</b>		
Does not require mechanical ventilation. <b>and</b>		
Is considered by the centre's MDT to have specific goals for assessment and rehabilitation that can be safely met in collaboration between the patient and MDT. <b>and</b>		
Is able to tolerate or participate in an intensive rehabilitation programme. <b>and</b>		
Does not have significant pre-morbid dementia		
<b>Patient wishes to be referred to non-contracted provider</b>		
<i>If the patient wishes to be referred to a non-contracted provider an Individual Patient Funding Request (IPFR)<sup>3</sup> must be completed and submitted to WHSSC for approval prior to treatment. The form must clearly demonstrate why funding should be provided on the basis of exceptionalty. The form can be found at <a href="http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&amp;id=181455">http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&amp;id=181455</a></i>		
<b>Patient does not meet access criteria</b>		
<i>An Individual Patient Funding Request (IPFR)<sup>3</sup> must be completed and submitted to WHSSC for approval prior to treatment. The form must clearly demonstrate why funding should be provided as an exception. The form can be found at <a href="http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&amp;id=181455">http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&amp;id=181455</a></i>		

**Name:** \_\_\_\_\_ **Designation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	Name (printed):	Signature:	Date:	Yes	No
Authorised by TRM Gatekeeper					
Authorised by WHSSC Patient Care Team					
Authorised by agreed other (please state)					
Patient Care Team/IPFR <sup>3</sup> /TRM Reference number:					

## **Annex (iii): Delayed Transfers of Care**

### ***Management of delayed transfers from specialised rehabilitation services commissioned by the Welsh Local Health Boards via the Welsh Specialised Services Committee (WHSSC).***

#### ***Background***

Rehabilitation is not an open ended treatment but is focussed on achieving specific aims within agreed timescales, subject to review.

The purpose of this policy is to incentivise Local Health Boards to place patients in more appropriate placements at the earliest opportunity once their needs for specialised rehabilitation have been met. The policy does not seek to attach blame or identify reasons for any excess delay but simply recharge Local Health Boards the costs incurred by WHSSC for patients. The skills and facilities of the specialised rehabilitation services commissioned through WHSSC are valuable resources which need to be focussed on the patients most able to benefit from them.

Similar arrangements have been operated by the Health Boards and WHSSC since 2010 for patients in medium secure mental health placements and have led to significant reduction in inappropriate use of specialist resources.

#### ***Implementation***

Specialised rehabilitation services will identify target discharge dates during the course of their rehabilitation assessment and programme and will work with the patient's Local Health Board towards achieving this.

When the specialised rehabilitation service multi-disciplinary team agree that:

1. the specific aims agreed in the rehabilitation programme have been met
- or**
2. the patient can no longer benefit from the specialised rehabilitation they provide
- or**
3. that the rehabilitation can be appropriately provided by a less specialised service.

They will record this decision and inform the patient's Local Health Board and WHSSC.

The service will continue to work with the LHB towards a planned discharge applying the Welsh Health Circular WHC (2017)008 - NHS Wales Policy for the Repatriation of patients<sup>4</sup>.

The Service Provider and patients LHB will be required to evidence that they have taken all the necessary measures to repatriate the patient within the time frames outlined in the Welsh Health Circular WHC (2017)008 - NHS Wales Policy for the Repatriation of patients<sup>4</sup>.

If the patient remains in the specialised service after these conditions have been met, they will be considered to be no longer meeting the eligibility criteria in this Commissioning Policy. WHSSC will allow an eight week period and then the relevant provider reclaim the placement costs from the patient's Local Health Board.

The evidence required will be as follows:

**Step 1:** Date and time patient was identified fit for Discharge from the Specialised service.

**Step 2:** Date and Time the patients' Health Board was notified the patient was fit for discharge.

**Step 3:** Has the Patient been repatriated within 24 hours from the time the patient was declared fit for discharge.

**Step 4:** If no – Date and time escalation procedures commenced.

**Step 5:** After 48 hours: Date and Time the patients' position was reported to the relevant Operational Manager indicating actions agreed.

**Step 6:** After 72 hours: Date and Time patients' position reported to Executive Director indicating actions agreed.

**Step 7:** If the patient remains in the specialised service after all steps have been exhausted they will be considered to be no longer meeting the eligibility criteria in this Commissioning Policy.

**Step 8:** WHSSC will allow an eight week period and then the relevant provider will reclaim placement costs from the patient's Local Health Board.