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Welsh Health Specialised
Services Committee (WHSSC)

Specialised Services Commissioning Policy: CP140

Specialised Neurological Rehabilitation

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Policy Statement

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| <p>Background</p> | <p>Where specialised rehabilitation for neurological conditions 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"> • 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 <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 Medicine¹.</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>Summary of Access Criteria</p> | <p>The policy designates seven centres for neurorehabilitation.</p> <p>To be accepted in one of these centres the patient must:</p> <ul style="list-style-type: none"> • meet the criteria for category A rehabilitation need • 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 that treatment centre • be able to benefit from an intensive rehabilitation programme |

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

| | |
|--------------------------------|--|
| | <ul style="list-style-type: none"> • not have major investigations pending, e.g. for non-traumatic conditions • not have significant pre-morbid dementia • Normally be over 18 years of age <p>Some more centre specific criteria are included in Section 3.</p> |
| <p>Responsibilities</p> | <p>Referrers should:</p> <ul style="list-style-type: none"> • refer via the agreed pathway using the set criteria • inform the patient that this treatment is not routinely funded outside the criteria in this policy. <p>Clinician considering treatment should:</p> <ul style="list-style-type: none"> • discuss all the alternative treatment with the patient • advise the patient of any side effects 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. <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)².</p> <p>The treatment centre should:</p> <ul style="list-style-type: none"> • 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. |

² [Welsh Health Specialised Services Committee \(WHSSC\) | Corporate Policies](#)

1. Aim

1.1 Introduction

After a disease or injury patients may 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 commissioning policy applies equally to residents of all Health Boards in Wales.

It only covers rehabilitation which needs specialised care for neurological conditions.

1.2 Plain language summary

This policy covers Specialised Neurorehabilitation 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)¹, 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).

This policy is limited to spinal cord injury rehabilitation. Services commissioned under this policy follow after and do not include acute care.

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 spinal cord injury rehabilitation: CP141
- 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)².
- Welsh Health Circular WHC (2017)008 – NHS Wales Policy for the Repatriation of Patients.³
- Royal College of Nursing – Adolescent Transition Care – RCN Guidance for Nursing Staff
- Welsh Government – Children’s National Services Framework

³ <http://gov.wales/docs/dhss/publications/170308whc008en.pdf>

2. Scope

2.1 Specialised Neurorehabilitation Definition

Neurorehabilitation is concerned with patients with injuries or conditions, which affect their nervous system.

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 Neurorehabilitation.

The objectives are to:

- Ensure patients have equitable access to a tertiary Neurorehabilitation 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 (BSRM¹) guideline describes:

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

Following brain injury or other disabling conditions, the majority of patients will progress satisfactorily down the care pathway with the help of their local rehabilitation services. A small number of patients with highly complex needs (Category A) will need more specialised services and be eligible for referral to the WHSSC commissioned specialised neuro-rehabilitation and spinal cord injury rehabilitation services:

**Category A rehabilitation needs:
eligible for the WHSSC commissioned specialised neurorehabilitation
and 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

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| <ul style="list-style-type: none"> ○ neuro-psychiatric care including: risk management, treatment under sections of the Mental Health Act, ○ support for medicolegal matters including mental capacity and consent issues <ul style="list-style-type: none"> ● 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. <p><i>Specialised Neurorehabilitation Service Standards 7.</i></p> |
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2.4 Level of Rehabilitation Service

In order to meet these complex rehabilitation needs, services commissioned under this policy must meet the criteria below (defined as level 1 by the British Society of Rehabilitation Medicine guideline¹).

| | |
|-------------------------------------|--|
| National standards | Meets the national standards for specialised rehabilitation laid down by the Royal College of Physicians and the British Society of Rehabilitation Medicine (BSRM) ¹ . |
| Specialised team | Rehabilitation is provided by a multi-professional team of nurses, allied health professionals (AHPs) and doctors who have undergone recognised specialised training in rehabilitation. |
| Inter-disciplinary working practice | The team works in an inter-disciplinary, co-ordinated fashion towards an agreed set of goals to assist them to achieve their desired level of independence, autonomy and participation in society. |
| RM Consultant leadership | Led by a consultant, trained and accredited within the specialty of rehabilitation medicine and/or neuropsychiatry |
| Catchment | Catchment population typically >1 million |
| Complex caseload | Takes a selected group of patients with complex rehabilitation needs beyond the scope of their local general and specialised rehabilitation services (category A). These include patients with severe physical, cognitive communicative disabilities or challenging behaviours – (or other highly complex needs defined by NPDS/NPTDA scores), |
| Facilities | In addition to facilities for specialised rehab services, has higher level facilities as appropriate to caseload e.g. bespoke assistive technology, ventilators, acute/specialised medical facilities, rehab engineering, etc. |
| Staffing | Has higher level skilled staff and increased staff numbers to cope with complex case load. |
| Monitoring | Systematically reports full Dataset for Specialised (Level 1) Rehabilitation |

| | |
|---|--|
| | Services through the national database - UKROC (see Annexe 3) |
| Networking | Acts as a resource for advice and support to local specialised, as well as general and community rehabilitation teams in the management of patients with complex disabilities. |
| Education and training | Serves a recognised role in education, training and publishes audit/research/development in the field of specialised rehabilitation |
| <i>Specialised Neurorehabilitation Service Standards 7.</i> | |

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 Annexe (iii) – Delayed Transfer of Care, which details the implementation of placement costs, when patients no longer meet the eligibility criteria in this Commissioning policy.

2.6 Designated centres

The seven Health Boards via WHSSC have commissioned the following centres to provide these services:-

Neurorehabilitation - South Wales

- Neath Port Talbot Hospital, Abertawe Bro Morgannwg University Health Board.
- Rookwood Hospital Cardiff and the Vale University Health Board.

Neurorehabilitation - North Wales

- Walton Centre Complex Neuro- rehabilitation Unit, The Walton Centre NHS Foundation Trust.
- Haywood Hospital, Staffordshire and Stoke-on-Trent Partnership NHS Trust.

2.7 Codes

WHSSC commissioning policies can define eligibility for services by listing the relevant diseases, using the code numbers from the International Classification of Diseases (ICD 10). A list of codes like this often does not relate to a person's need for rehabilitation and potential to benefit from it and so has not been included in this policy.

3. Access Criteria

3.1 Clinical Indications – general principles

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

The service is for the assessment, management and care of patients with non-progressive and non-degenerative acquired brain injury who present with neurobehavioral presentations that are difficult for other services to manage.

3.2 Criteria for Treatment

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

- meet the criteria for category A rehabilitation need including those patients following non-neuro injury, e.g. major trauma and critical illness
- 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
- not have significant pre-morbid dementia
- normally be over 18 years of age.

If potential patients do not meet the above criteria their acceptance will be discussed by the MDT on a case by case basis.

For admission to neurorehabilitation services patients should additionally have at least one of the following:

- Acquired Brain Injury from a variety of causes e.g. trauma, hypoxia, infection, tumour, ischaemia, haemorrhage, following neuro surgical intervention.
- Severe neurological impairment requiring inpatient assessment and intervention by a specialised MDT.

3.3 Referral Pathway (Annex i & ii)

The referral pathway for each of 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 IPFR² 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 IPFR² should be submitted.

3.4 Exclusions

Patients with isolated units spinal cord injuries, stroke, or who are sectioned or requiring sectioning under the mental health act should be referred to specific specialised services and will not be accepted by the neurorehabilitation services.

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, and IPFR should be submitted.

Further information on making IPFR requests can be found at: 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

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).

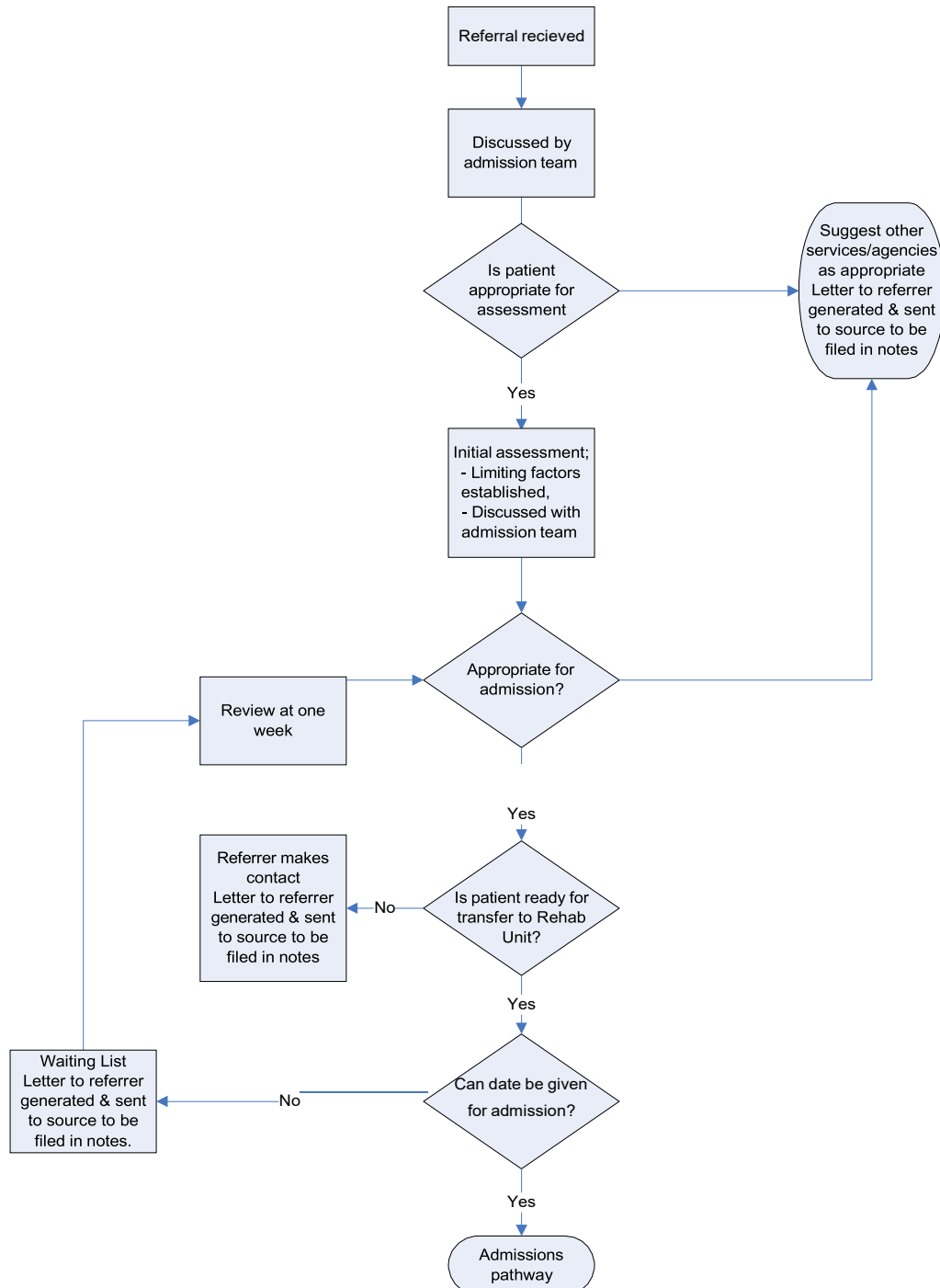
This policy has been subjected to an Equality Impact Assessment.

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

Neurorehabilitation

Referral Pathway for Specialist Neurological Rehabilitation Units in South Wales



Note:

The Initial Assessment and review at 1 week will not always be carried out face to face.

Annex (ii) Checklist

CP140, Specialised Neurological 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: | |
| | | |
| Patient meets following criteria for treatment: | Yes | No |
| Meets the criteria for category A rehabilitation need. (BSRM Guideline) ¹ and | | |
| Is deemed medically fit as assessed by specialised MDT. and | | |
| Is able to be safely supported in an environment of reduced medical support. and | | |
| Does not have major investigations pending, e.g. for non-traumatic conditions. and | | |
| Does not require mechanical ventilation. and | | |
| 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. and | | |
| Is able to benefit from an intensive rehabilitation programme. and | | |
| Does not have significant pre-morbid dementia | | |
| Patient wishes to be referred to non-contracted provider | | |
| <i>If the patient wishes to be referred to a non-contracted provider an Individual Patient Funding Request (IPFR²) 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 http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&id=181455</i> | | |
| Patient does not meet access criteria. | | |
| <i>An Individual Patient Funding Request (IPFR²) 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 http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&id=181455</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 ² /TRM Reference number: | | | | | |

Annex (iii): Delayed transfer 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.³

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.³

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 will reclaim 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.