



National Audit Office

Report

by the Comptroller
and Auditor General

Department of Health and NHS England

Services for people with neurological conditions: progress review

Summary

1 We reported on services for people with neurological conditions in December 2011.¹ The subsequent report by the Committee of Public Accounts (the Committee), published in March 2012, made 6 recommendations aimed at improving services and achieving better outcomes for people with neurological conditions.² The Committee's report also asked us to follow up on progress against these recommendations. This report sets out the findings of our review of progress. We set out our audit approach in Appendix One.

2 Neurological conditions result from damage to the brain, spinal column or peripheral nerves. Some neurological conditions are life-threatening with many severely affecting quality of life and causing lifelong disability. The most recent estimate indicates that there are 4.7 million neurological cases in England.

3 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. 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.

4 There are no data on spending on social care for people with neurological conditions. In 2013-14 local authorities spent £8.2 billion on social care services for adults with a physical disability (around one quarter of whom have a neurological condition according to estimates from the Neurological Alliance). This was a reduction of 16% in real terms since 2009-10. The number of adults with a physical disability receiving social services has fallen significantly from just under 1.2 million people in 2009-10 to 840,000 in 2013-14.

5 Part One of this report sets out a range of data on the quality of neurological services since we reported in 2011, including waiting times and emergency admissions. In the most recent GP Patient Survey, published in January 2015, 65% of people with a neurological problem said they definitely, or to some extent, had enough support from local services, while 21% of people felt they did not. The results for people with neurological problems were less positive than for people with long-term conditions more broadly. Overall satisfaction with social care services for people with a physical disability has increased slightly in recent years, with 63% of people stating they were either extremely or very satisfied with their care and support in 2013-14.

¹ Comptroller and Auditor General, *Services for people with neurological conditions*, Session 2010–2012, HC 1586, National Audit Office, December 2011.

² HC Committee of Public Accounts, *Services for people with neurological conditions*, Seventy-second Report of Session 2010–2012, HC 1759, March 2012.

Conclusion on progress against the Committee's recommendations

6 Overall, progress against the Committee's 6 recommendations has been mixed. Of the 4 recommendations that the Department of Health (the Department) accepted, we assess that progress has been moderate against 2 and poor against 2 (**Figure 1**). There has been good progress in relation to 1 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.

Figure 1

Assessment of progress against the Committee's recommendations

	Department's response	Our assessment of progress	Commentary
Recommendation 1 Appoint a national clinical lead for neurology and establish local neurological networks.	Not agreed	Good	While the Department did not agree with this recommendation, there has been progress against both aspects. NHS England has appointed a national clinical director for adult neurology and established the mental health, dementia and neurological conditions strategic clinical network.
Recommendation 2 Develop a neurological dataset and include key indicators from the dataset in the NHS and adult social care outcomes frameworks.	Agreed	Moderate	The Health and Social Care Information Centre published a compendium of neurology data in March 2014, although it 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. The NHS outcomes framework includes only 1 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.
Recommendation 3 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.	Agreed	Poor	The clinical commissioning group outcomes indicator set includes only 1 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.
Recommendation 4 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.	Not agreed	Poor	The Department did not agree with this recommendation because it was not government policy to mandate specific local work. NHS England does not hold information on the extent of joint commissioning for neurological services. The Neurological Alliance told us that its members had seen only occasional examples of joint commissioning.

Figure 1 *continued*

Assessment of progress against the Committee's recommendations

	Department's response	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>	Agreed	Poor	The Department'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. However, 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 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>	Agreed	Moderate	The Department has requested 5 quality standards relating directly to neurology. Of these, NICE has published one, one is in development and 2 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. The quality standard is likely to be included in NICE's work programme for 2017-18 when the clinical guideline is available.

Source: National Audit Office