

SCHEDULE 2 – THE SERVICES

A. Service Specifications.

Service Specification No:	URN 1632
Service	Neurosciences – Specialised Neuropsychiatry & Neuropsychology
Commissioner Lead	<i>For local completion</i>
Provider Lead	<i>For local completion</i>

1. Scope	
1.1 Prescribed Specialised Service	<p>This service specification covers the provision of Specialised Neuropsychiatry & Neuropsychology Services</p>
1.2 Description	<p>Neuropsychiatry services include services provided by Specialist Neuropsychiatry Centres or teams within a neuroscience centre. This includes assessment and treatment for patients with:</p> <ul style="list-style-type: none"> • Neurological diseases and associated severe psychiatric symptoms; or • Severe and disabling neurological symptoms without identified neurological cause. <p>This applies to provision in adults</p>
1.3 How the Service is Differentiated from Services Falling within the Responsibilities of Other Commissioners	<p>What NHS England commissions NHS England commissions neuropsychiatry services from Specialist Neuropsychiatry Centres, which may be Neurosciences Centres, Neurology Centres or Mental Health Centres. This includes assessment and treatment for patients with:</p> <ul style="list-style-type: none"> • Neurological diseases and associated psychiatric symptoms; or • Severe and disabling neurological symptoms without identified neurological cause. <p>What Clinical Commissioning Groups (CCGs) commission CCGs commission dementia services included within elderly care.</p> <p>Why the service is commissioned by NHS England This service is commissioned by NHS England because:</p> <ul style="list-style-type: none"> • the number of individuals requiring the service is small; • the cost of providing the service is high; the number of doctors and other expert staff trained to deliver the service is small; and • the cost of treating individual patients can be high, placing a potential financial risk on individuals CCGs.

2. Care Pathway and Clinical Dependencies

2.1 Care Pathway

Specialised neuropsychiatry and neuropsychology services are provided in inpatient, day patient outpatient and community settings.

Specialised neuropsychiatry and neuropsychology services work alongside other neuroscience disciplines such as neurology and neurosurgery, in providing comprehensive care to patients, often through interdisciplinary working. Referrals are most commonly received from consultants in neurosciences disciplines and mental health.

Consultant Neuropsychiatrists are medical doctors, trained in psychiatry and on the GMC Specialist Register. They have training in neuropsychiatry and knowledge and expertise in the neurological and psychiatric assessment, investigation, diagnosis, rehabilitation and management of neuropsychiatric disorders, including the medical treatment of those conditions through specialised prescribing.

Neuropsychologists are chartered psychologists who have postgraduate training and qualifications in neuropsychology and are included on the BPS specialist register of neuropsychology. They have specialist expertise in the identification, assessment and management of neuropsychological conditions including the rehabilitation and psychological treatment of those conditions.

Specialised neuropsychiatry multidisciplinary services are led by a consultant trained in neuropsychiatry, sometimes with the joint clinical leadership of a consultant neuropsychologist, alongside other highly specialist therapists with training and experience in working with patients with neuropsychiatric conditions.

Requests for specialised neuropsychiatric and neuropsychological assessment and treatment are primarily for one of **three** reasons:

1. Assessment of psychiatric, psychological or cognitive symptoms in the context of a neurological disorder;
2. When patients present with functional neurological (conversion) symptoms, with or without an additional neurological disorder;
3. When patients present with psychiatric or psychological symptoms but there is a clinical suspicion that these represent an underlying neurological process.

Service Description

A Tier 1 and Tier 2 model is advocated where Tier 1 specialised neuropsychiatry services are developed at all Regional Neurosciences Centres and link with Tier 1 neurosciences and the Tier 2 and Tier 3 non-specialised services provided at a local level.

Tier 2 outpatient neuropsychology, neuropsychiatry and specialised liaison neuropsychiatry will be provided with close links to the local neuroscience services and Tier 3 non-specialised services. Tier 1 and 2 services may be colocated or provided by the same personnel but are commissioned differently. Tier 2 liaison psychiatry services may provide neuropsychiatry in the absence of a specific neuropsychiatry service. The structure of Tier 2 neuropsychiatry will depend on the local configuration and service history.

The following service descriptors identify specialised neuropsychiatry service provision. Non-specialised neuropsychiatric and neuropsychological needs will be provided for by Tier 3 services.

Specialised Neuropsychiatry & Neuropsychology Services (Tier 1 & 2)

Tier 1 Specialised Neuropsychiatry Services:

1. Provide assessment and treatment to patients from a regional or national catchment area >1 million population.
2. Provide assessment and treatment to patients with highly complex needs that cannot be met in Tier 2 specialist neuropsychiatry or neuropsychology services or Tier 3 non-specialised

services.

3. Provide assessment and treatment to patients with highly complex needs in specialised interdisciplinary inpatient services where patients require one or more of the following, **but do not have an acquired brain injury or spinal injury (Commissioned through D02/S/a)**:
 - a. Intensive interdisciplinary intervention from 4 or more disciplines, sometimes with 2-3 therapists working together at the same time in addition to neuropsychiatry and nursing care in an inpatient environment;
 - b. Continuing specialised neurological input alongside having or developing a highly complex, severe, comorbid episode of mental illness, often with behavioural disturbance (but not requiring low or medium secure or forensic services) requiring inpatient care;
 - c. Intensive nursing care which cannot be provided in an adult mental health service because neurological needs cannot be met there, e.g. 1:1 enhanced observations and cannot be appropriately managed on a neurology ward;
 - d. Complex risk management, treatment under the Mental Health or Capacity Acts that cannot be managed in a neurological or mental health setting alone because of comorbidities;
 - e. To commence clozapine for treatment resistant psychosis which is comorbid with a neurological condition and too complex for community based treatment;
 - f. Highly specialist clinical skills.
4. Provide assessment and treatment to patients with complex needs in specialised interdisciplinary day services where patients require one or more of the following:
 - a. Intensive interdisciplinary intervention from 2 or more disciplines in addition to neuropsychiatry and neuropsychology;
 - b. Specialist clinical skills that cannot be provided by Tier 3 services but do not require admission to a Tier 1 inpatient service.
5. Provide the following to patients with highly complex needs in tertiary, specialised outpatient services for the following:
 - a. Specialised neuropsychiatry or neuropsychological assessment for deep brain stimulation (DBS);
 - b. Specialised neuropsychiatry or neuropsychology assessment for early onset dementia where the presentation is outside of the scope of Cognitive Neurology Services or Dementia Services, i.e. where there is an atypical psychiatric presentation or where there is a cognitive functional neurological disorder;
 - c. Specialised neuropsychiatry or neuropsychology assessment for epilepsy surgery.
 - d. Specialised neuropsychiatry or neuropsychology assessment of complex functional neurological disorder

Tier 2 Specialised Neuropsychiatry & Neuropsychology Services:

1. Provide assessment and treatment to patients from a district level catchment area. The expected rate of outpatient/liaison referral is approximately XXX new referrals per year, per million population.
2. Provide assessment and treatment to patients with complex needs that cannot be met in Tier 3 non-specialised services but do not require Tier 1 specialised neuropsychiatry services.
3. Provide assessment and treatment to patients with complex needs in specialised neuropsychiatry, neuropsychology outpatient and liaison services, where that assessment and treatment is outside of the scope of Tier 3 services because, but not exclusively because:
 - a. There is diagnostic uncertainty about the relative role in the presentation of psychiatric, psychological and neurological symptoms which cannot be clarified in a Tier 3 service;
 - b. Specialist investigations and expertise to interpret these is required, often through interdisciplinary working;
 - c. There is treatment resistance to psychological, psychiatric and/or neurological treatments as a result of comorbidity that requires specialist clinical management;
 - d. Highly specialised psychological therapy is required because the presentation is outside of the scope of Tier 3 services.

Referral and Assessment

Tier 1 specialised neuropsychiatry services will accept referrals from:

1. Consultants in neuroscience disciplines including rehabilitation, Tier 2 neuropsychiatry or neuropsychology services and Tier 3 services including Consultant Child and Adolescent psychiatrists discharging their patients with neuropsychiatric or neuropsychological needs as part of a specific transitional care arrangement.

Tier 1 Inpatients & Day Patients

Assessment for Tier 1 inpatient admission should ideally be completed within 10 working days of the initial referral and is undertaken by a senior member of the medical or multidisciplinary team.

The outcome of the assessment is reported back to the referrer within 5 working days and should identify the following:

1. The clinical needs of the patient
2. A consideration of whether the patient needs an admission to a Tier 1 service or whether their needs can be met elsewhere (for example, in a Tier 2 day service or outpatient service)
3. The aims of the admission
4. The likely duration of the admission
5. The likely discharge destination or exit strategy from Tier 1 inpatient admission (including consideration of step down to a Tier 2 day service or outpatient service)

Local Clinical Commissioning Groups (CCG's) retain overall responsibility for patients admitted to a Tier 1 neuropsychiatry service in collaboration with NHS England commissioners and the Tier 1 service should inform the CCG of the assessment, admission and discharge including any Delayed Transfer of Care.

Tier 1 specialised inpatient admissions vary in their duration depending on the needs of the patient. Inpatient admissions are time limited, normally to a maximum of 6 months, but commonly between 1 and 3 months. Where admission is expected to exceed 6 months, an extension of funding will need to be agreed with NHS England on the basis of clinical need.

The Tier 1 inpatient service are responsible for identifying a robust discharge date (RDD) from the service for all patients and notifying the CCG of this. If the patient has a Delayed Transfer of Care 2 weeks beyond that RDD, the CCG will become the contracted commissioner until discharge has been facilitated.

Tier 1 Outpatients

Tier 1 specialised outpatient assessments should be completed within 28 working days of the initial referral and are undertaken by a senior member of the medical, nursing or therapy team with appropriate training and experience for the neuropsychiatric condition or complexity of need that is being assessed.

The outcome of the assessment is reported back to the referrer within 5 working days and should identify the following:

1. The clinical needs of the patient
2. A consideration of whether the patient needs ongoing treatment or follow up in a Tier 1 outpatient service or whether their needs can be met elsewhere (for example, in a Tier 2 day service or outpatient service or Tier 3 service)
3. The aims of any ongoing treatment or follow up
4. The likely duration of any ongoing treatment or follow up
5. The likely exit strategy from Tier 1 outpatient services (including consideration of step up or down to a Tier 1 inpatient service or Tier 2 day service or outpatient service)

Local Clinical Commissioning Groups (CCG's) retain overall responsibility for patients seen in a Tier 1 neuropsychiatry outpatient service in collaboration with NHS England commissioners and the Tier 1 service should inform the CCG of the assessment, treatment or follow up and any admission in to a Tier 1 inpatient service.

Tier 2 specialised neuropsychiatry and neuropsychology services will accept referrals from:

1. Consultants in neuroscience disciplines including rehabilitation, Tier 2 neuropsychiatry or neuropsychology services and Tier 3 services including Consultant Child and Adolescent psychiatrists discharging their neuropsychiatry patients as part of a specific transitional care arrangement.

Tier 2 Outpatient/Liaison Services

Tier 2 specialist outpatient/liaison assessments should be completed within 28 working days of the initial referral and are undertaken by a consultant neuropsychiatrist or neuropsychologist or senior member of the medical team or a clinical nurse specialist or senior therapist with appropriate training and experience in for the neuropsychiatric condition or complexity of need that is being assessed.

The outcome of the assessment is reported back to the referrer within 5 working days and should identify the following:

1. The clinical needs of the patient
2. A consideration of whether the patient needs ongoing treatment or follow up in a Tier 2 outpatient/liaison service or whether their needs can be met elsewhere (for example, in a Tier 1 inpatient service, Tier 2 day service or outpatient service or Tier 3 service)
3. The aims of any ongoing treatment or follow up
4. The likely duration of any ongoing treatment or follow up
5. The likely exit strategy from Tier 2 outpatient/liaison services (including consideration of step up or down to a Tier 1 inpatient service or Tier 2 day service or outpatient service)

Local Clinical Commissioning Groups (CCG's) retain overall responsibility for patients seen in a Tier 2 neuropsychiatry outpatient/liaison service and the service should inform the CCG of the assessment, treatment or follow up and any step up in to a Tier 2 day service or Tier 1 inpatient service.

2.2 Interdependence with other Services

The following services are integral to the care of people with neuropsychiatric and neuropsychological conditions:

- Neurology
- Neurosurgery
- Neuroradiology
- Neurophysiology
- Clinical & Health psychology
- Neuropathology
- Neurological rehabilitation (neurophysiotherapy, OT and SALT, RGN and RMN dual trained nurses)
- Specialised Equipment Services
- Specialist Pain Services
- Mental Health Services
- Primary Care Mental Health Services (IAPT)

Service Specifications for the following services should also be considered:

- Neurosurgery
- Neurology
- Neurorehabilitation
- Specialised Mental Health Services
- Complex Disability Equipment

3. Population Covered and Population Needs

3.1 Population Covered by This Specification

The service outlined in this specification is for patients ordinarily resident in England*; or otherwise the commissioning responsibility of the NHS in England (as defined in 'Who Pays?' Establishing the responsible commissioner and other Department of Health guidance relating to patients entitled to NHS care or exempt from charges).

* - Note: for the purposes of commissioning health services, this EXCLUDES patients who, whilst resident in England, are registered with a General Practitioner (GP) Practice in Wales, but INCLUDES patients resident in Wales who are registered with a GP Practice in England.

The population served should be covered by the named neuroscience centres (neurosurgery and neurology) Included in this specification are those whose needs are outlined above.

The population covered would include adult patients in neuroscience settings, mental health settings or in community settings with a neuropsychiatric or neuropsychological condition who are ordinarily resident in England. These patients could be referred via a neurosciences consultant or a mental health consultant as long as the referral is appropriate and meets the referral criteria of nature and severity of condition requiring specialised neuropsychiatric input.

Patients should not be expected to have to be seen by a Tier 3 or Tier 2 service first as long as the referral meets the criteria for assessment and treatment in a Tier 1 service. This results in unnecessary delays, distress to patients and unnecessary duplication of work with associated costs.

Step up from Tier 3 services can be to a Tier 2 outpatient or day service or to a Tier 1 service depending on the complexity of need. Similarly, step down from a Tier 1 service can be to a Tier 3 or 2 service depending on complexity of need.

3.2 Population Needs & Evidence Base

Evidence consistently shows a 40-60% prevalence of mental illness in patients referred to general neurology outpatient clinics. The prevalence of psychiatric illness in specialist tertiary neurology inpatient care is equally high at 55%.

Further epidemiological data comes from studies looking into the prevalence of neuropsychiatric and neuropsychological problems in various neurological disorders. The prevalence of diagnosable psychiatric problems in various neurological conditions is reported to be 30-50%.

All the sources of epidemiological evidence are remarkably consistent pointing towards approximately 40-60% of neurosciences patients having some neuropsychiatric comorbidity. Furthermore, adult mental health services encounter organic presentations in a significant proportion of patients (approx. 10%) which require neuropsychiatric and/or neuropsychological assessment and treatment.

In functional neurological disorders, about one-third of neurology outpatients have symptoms that neurologists rate as only 'somewhat' or 'not at all' explained by disease. At least 20% of patients in apparent 'status epilepticus' and about one in seven patients attending a 'first fit' clinic have functional (dissociative or non-epileptic) attacks. Patients with functional weakness are at least as common as patients with multiple sclerosis and represent the most common non-stroke diagnosis in patients wrongly given thrombolysis for presumed stroke.

A recent study of 3,781 neurology patients in Scotland found that about 6% had a primary diagnosis of functional neurological symptoms, such as non-epileptic attacks, functional weakness and movement disorders'. It is the second most common neurology outpatient diagnosis after headache.

A threefold 'stratified care' approach to treatment is recommended for neuropsychiatric disorders, where patients are referred to the tier of service required to meet the complexity of their needs :

1. The identification, initial management and signposting to appropriate services is usually undertaken by a neurosciences consultant or mental health specialist;
2. Brief therapy interventions in outpatients (Tier 2 & 3) by clinical/neuropsychology or physiotherapy for example;
3. Complex care with specialist neurology, neuropsychiatry, clinical/neuropsychology, physiotherapy, occupational therapy and speech therapy in a day hospital setting. (Tier 1)
4. Complex care with specialist neurology, neuropsychiatry, clinical/neuropsychology, physiotherapy, occupational therapy and speech therapy providing an interdisciplinary service in inpatients. (Tier 1)

4. Outcomes and Applicable Quality Standards

NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	×
Domain 2	Enhancing quality of life for people with long-term conditions	×
Domain 3	Helping people to recover from episodes of ill-health or following injury	×
Domain 4	Ensuring people have a positive experience of care	×
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	×

Neuropsychiatric conditions are strongly correlated with the patients' quality of life (Domain 2); patient distress & carer burden (Domain 4); prolonged hospital stays (Domain 4); morbidity and mortality (including from suicide as well as earlier mortality from primary neurological conditions) (Domain 1,3) and for those with highly specialised needs, Tier 1 and 2 specialised neuropsychiatry services may be the only setting where neurological and psychiatric care can be provided because of the complexity of the patients' needs which exclude them from adult mental health services or specialised neurology services (Domain 5).

Number	Indicator	Data Source	Outcome Framework Domain	CQC Key question
Clinical Outcomes				
101	Proportion of patients with improved HNOS score on discharge/?? At x weeks	Self-declaration		
102	Proportion of patients with global improvement score of 1-3 at x weeks	Self-declaration		
103	Proportion of patients with CGI efficacy index of ??	Self-declaration		
104	Proportion of patients completing PROMS	Self-declaration		
105	Number of patients receiving a neurology review during admission	Self-declaration	1	

106	Access to specialist neuroradiology opinion	Self-declaration	1	
107	Number of patients requiring 4 or more disciplines	Self-declaration	3	
108	Number of days of 1:1 observations	Self-declaration	1	
109	Number of detained patients	Self-declaration	3	
110	Number of DBS patients receiving neuropsychiatry/neuropsychology screening	Self-declaration	2	
111	Number of Epilepsy Surgery patients who are screened by neuropsychiatry/neuropsychology	Self-declaration	2	
112	Referral to Assessment	Self-declaration	4	
113	Assessment to treatment time	Self-declaration	4	
114	Number of episodes of physical restraint and Rapid Tranquilisation	Self-declaration	1	
115	Number of shared care arrangements with CNRT/CMHT/GP	Self-declaration	2	
116	Number of staff who have had training in Mental Health Act	Self-declaration	5	
117	Number of staff who have had training in Mental Capacity Act	Self-declaration	5	
118	Average length of stay	Self-declaration	3	
Patient Experience				
201	Patient are provided with Information	Self-declaration	4	caring
202	The service is acting on Patient Feedback	Self-declaration	4	caring and responsive
203	The service is collecting PROMS	Self-declaration	4	caring and responsive
Structure and Process				
001	There is a multidisciplinary specialist team	Self-declaration.	1,2,5	effective safe
002	There is a competency based training programme	Self-declaration.	1,2,5	effective, safe
003	There are clinical guidelines in place	Self-declaration	1,2,5	effective, safe
004	There are patient pathways in place	Self-declaration	1,2,5	effective, safe
005	Data collection	Self-declaration	1,2,5	effective, safe, responsive

5. Applicable Service Standards

Clinician rated outcome measures (CROM's) which are commonly used in neuropsychiatric populations include the Health of the Nation Outcome Scales and Clinical Global Impression (CGI). We would suggest appropriate outcome measures to be used regularly in all the services as described above.

In addition, a patient rated experience measure (PREM) such as a patient satisfaction questionnaire, patient rated outcome measure (PROM) and friends and family test (F&F) would be used to measure service quality.

In addition a QoL measure could be used by the services which could be rated by patients before and after neuropsychiatric treatment. A simple visual analogue scale would be sufficient for this purpose.

6. Designated Providers (if applicable)

Neuropsychiatry and neuropsychology services are co-located within Specialised Neuroscience Centres

7. Abbreviation and Acronyms Explained

The following abbreviations and acronyms have been used in this document:

BPS – The British Psychological Society
GMC – General Medical Council
IAPT – Improving access to Psychological Therapies
OT – Occupational Therapy
QoL – Quality of Life
RGN – Registered General Nurse
RMN – Registered Mental Health Nurse
SALT – Speech and Language Therapy

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