



Aligned Northern Lincolnshire Policy of Referral to Goole Neuro Rehab

This policy has been in place in North Lincolnshire Place and it is to be agreed at the Aligned Northern Lincolnshire IFR Panel to apply this position statement consistently for North Lincolnshire & Goole Foundation Hospitals Trust.

Intervention	Referral to Goole Neuro Rehabilitation Centre
For the treatment of	Rehabilitation treatment arising from Sudden Onset Conditions, Multiple Trauma, Severe Musculoskeletal or Multi-Organ Disease and Spinal Cord and Peripheral Nervous System Conditions.
Commissioning Position	<p>This intervention is NOT routinely commissioned. This intervention is a Category Two Evidence Based Intervention; therefore, any requests for funding should in the first instance be made via the Prior Approval System.</p> <p>If unsuccessful, the referring clinician can choose to submit an Individual Funding Request if exceptionality is considered to be present.</p> <p>Referral to Goole Neuro Rehabilitation Centre (GNRC) will be considered for patients who fulfil the following criteria:</p> <ol style="list-style-type: none"> 1) The patient must: <ul style="list-style-type: none"> • Be aged 18 years or over. • Have been assessed for suitability for admission by a Consultant in Rehabilitation Medicine. • Not meet the criteria for the Home First Residential or Community Support Service. 2) Have one of the conditions below: <ol style="list-style-type: none"> a. Sudden Onset Conditions: - Acquired Brain Injury - Severe Stroke - Subarachnoid haemorrhage - Meningitis - Encephalitis - Vasculitis - Anoxia - Tumour - Post-surgical b. Spinal Cord Conditions: - Myelitis - Tumour - Myelopathy - Vascular - Trauma with incomplete spinal cord injury - Combined brain/spinal cord injury c. Peripheral Nervous System Conditions: - Neuropathy-post critical illness - Guillain –Barre Syndrome d. Neurological and Neuromuscular Conditions: - Multiple Sclerosis - Muscular Dystrophies - Motor Neurone disease - Huntington’s disease - Inherited metabolic disorders - Neoplasm



e. Severe Musculoskeletal or Multi-Organ Disease: - Rheumatoid arthritis with neurological complication

3) Patients must also require at least one of the following:

- Rehabilitation from expert staff in a dedicated rehabilitation unit with appropriate specialist facilities that is not available through locally commissioned services.
- Intensive co-ordinated interdisciplinary intervention from 2-4 therapy disciplines in addition to specialist rehabilitation medical and nursing care in a rehabilitative environment.

To note: individuals must be aware of referral and consent to participate in rehabilitation treatment where the individual has the capacity and is able to actively engage.

Approved Referrals

- Admission should be facilitated within 72 hours of funding approval.
- Referrals are for a time-limited treatment programme, maximum of 12 weeks.
- It is expected that a goal planning process will be in place with evidence of continuing progress and clear objectives.

Extension to Treatment Programme

- Where clinicians feel that the individual requires an extended period of treatment (past the initial approved 12 weeks) in order to reach their full potential, a maximum of an additional 12 weeks may be requested via the Prior Approval System, provided this can be justified by measurable outcomes.
- It is expected that in order to ensure continuity of treatment, extension requests will be submitted prior to the end of the initially approved 12 week programme.

All requests will be subject to quality monitoring and audit.



Evidence/Summary of Rationale	<p>There is strong research based evidence to show that:</p> <ul style="list-style-type: none">• Rehabilitation in specialist settings for people with traumatic brain or spinal cord injury and stroke is effective and reduces length of stay in hospital and need for long-term care.• Clinical benefits are similar for people with severe behavioural problems following brain injury.• Continued coordinated multidisciplinary rehabilitation in the community improved long term outcomes and can help to reduce hospital re-admissions.
Effective From	1 st November 2022
Policy Review Date	31 st March 2024