

Services to Oxfordshire Patients - Parkinson's Disease

The PCT continues to support the Oxfordshire Neurological Conditions Local Implementation Group (LIG) in taking forward the implementation of the Department of Health Long Term (Neurological) Conditions National Service Framework (LTnC NSF).

The Group has now been in place for a year, chaired by a GP and with a membership which includes service providers (NHS, Social Care, voluntary and charitable groups), commissioners, users and carers represented by the Oxfordshire Neurological Alliance.

Health Needs Assessment

The aim of the Health Needs Assessment (HNA) is to provide an evidence-based assessment of current and future need upon which the LIG can base their implementation plan.

The 13 long-term neurological conditions included in this report were specified with reference to the conditions included in the NSF-LTnC and include: Multiple sclerosis, Parkinson's disease, motor neurone disease, epilepsy, acquired brain injury, spinal cord injury, cerebral palsy, chronic fatigue syndrome /myalgic encephalopathy, Huntington's disease, Charcot-Marie-Tooth-syndrome, muscular dystrophy, myasthenia gravis and dystonia.

The HNA was completed and signed off by the Neurological Conditions LIG in March and forms the basis for future planning, clearly describing the relative numbers of people with various conditions and the interventions which are effective in managing these. For these conditions the prevalence is estimated at about 26,000 people.

Service Review

The Service Review describes current services (NHS, Social Care, voluntary and charitable) currently available in Oxfordshire. A standard proforma was circulated in March to collect information and collated into a draft report for discussion at the Neurological Conditions LIG meeting on the 12th May. Seen against the HNA and patient and carer experience, this provides a way to identify gaps in services and identify where service redesign and investment should be prioritised.

Service Models

The PCT Operational Plan for 2010/11 indicates an investment of £145,000 to improve community services for people with neurological conditions. Research has been undertaken to identify and assess alternative models of community support for people in the context of Oxfordshire. Some of these models include condition based nurses and some are more generic neurological nurses and other roles. These models will be discussed at the LIG meeting on the 12th May to gain agreement on how best to invest in community services to support people with Neurological Conditions in the most effective way.

Following agreement to a future model of community services, this will be further developed with service users and providers and commissioners, building on existing engagement and involvement. Acceptance of the supporting business case will be required prior to any changes being made.

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