

Inclusion/ Exclusion criteria

Inclusion:

- With a confirmed, suspected or probable neurological condition, where the complex nature of their physical, social and cognitive health requires them to be seen by a specialist service in the community.
- Patient's who needs can be met by a planned, non-intense service of Neuro Specialist Occupational therapists, Physiotherapists, Speech and Language Therapists and Therapy assistants.
- Registered with a Bristol, North Somerset or South Gloucester GP.
- Over 18 years old or 17 and on a clear transitioning plan into adult services.

We can accept consultation requests for support with treating complex neurological patients for same profession support. Please call to discuss any consultation requests 0300 125 5550.

For further information on inclusion/exclusion criteria for Sirona Speech and Language Therapy, please see Remedy: <https://remedy.bnssg.icb.nhs.uk/adults/speech-language/slt-community-services/>

Exclusion:

- If the patient does not have a confirmed, suspected or probable neurological condition.
- Excluding those whose main referring issues are from a non-traumatic stroke.
- If the patient's needs can be met in a clinic environment
- If the referral is for admission avoidance.
- If their goals and current needs are not related specifically to the complexity of their neurological condition, or where the complexity of their condition, social environment and goals are a level can reasonably be managed by the INT service e.g. general deconditioning due to a prolonged hospital stay.
- If the referral is for neuro hydrotherapy input only.
- If their needs are better met other services (see below).

Consultation requests will not be accepted by different professions to the one requested. We will not accept a referral for an ongoing episode of care as a consultation request, these will need to go via our usual routes.

Alternative services:

Single Point of Access (SPA):

For urgent admission avoidance: 0300 125 6789 (7am-10pm)

[Community Therapy \(Remedy BNSSG ICB\)](#)

Integrated Community Stroke Service (ICSS):

For those patients who have had a recent stroke who's needs are relating to this.

sirona.communitystrokeservice@nhs.net

[Stroke \(Remedy BNSSG ICB\)](#)

Learning Disabilities:

If the patient has a known learning disability and their needs cannot be met by a mainstream service with reasonable adjustments.

0300 124 5888, Sirona.CLDTref@nhs.net

[Adult Learning Disability Health Service \(Remedy BNSSG ICB\)](#)

Community Therapy teams / Integrated Network Teams:

If the patient has a neurological diagnosis but their current needs do not require specialist services

[Community Therapy \(Remedy BNSSG ICB\)](#)

Neuro Outpatients:

For those patients with a neurological diagnosis who's needs can be met within a clinic setting.

[Neurophysiotherapy \(Remedy BNSSG ICB\)](#)

Musculoskeletal Outpatients:

For patients (even with a neurological diagnosis) who's main concern is of musculoskeletal origin and can be best met in an outpatient setting.

[MSK Physio services \(Remedy BNSSG ICB\)](#)

Orthotic referrals:

For patients needing orthotics (off the shelf or bespoke) and the patient is able to get to a clinic appointment (with hospital transport if needed) refer to:

NBT orthotics: Bristol Centre for Enablement: 0117 4144900

UHB orthotics: Bristol Royal Infirmary :0117 3421586 (NB referrals accepted from consultants/ MATs only)
Advice they use <https://remedy.bnssg.icb.nhs.uk> for the latest referral process.

Wheelchair referrals:

If the referral is purely for provision of an NHS provision wheelchair, this request is made directly to wheelchair services by the GP. If the referral is for advice on privately purchasing a wheelchair, this would be accepted as routine Occupational Therapy referral. Further details can be found: <https://www.nbt.nhs.uk/our-hospitals/bristol-centre-enablement>: 0117 4144900.

Environmental Controls:

If the referral is purely for environmental control consideration, then the referrer can make a referral directly to this service: www.nbt.nhs.uk/bristol-centre-enablement/referral-centre: 0117 4145899

Social service referrals:

If the referral is for major adaptations or level access shower installation this is for the Bristol City Council Occupational Therapy Team:

<https://www.bristol.gov.uk/social-care-health/adults-and-older-people/occupational-therapy/occupational-therapy-referral-for-professionals>

If the referral is regarding care needs: Care Direct: 0117 9222700

<https://www.bristol.gov.uk/social-care-health/adult-care-referral-form-for-professionals>

Urgent Respiratory:

If patient requires an urgent respiratory assessment refer to Single Point of Access (SPA): 0300 125 6789 (7am-10pm). To refer for suction for a patient that meets the inclusion criteria please call us to discuss: 0300 125 5550.

Speech and Language Therapy (Hospital Outpatients):

- Please see Remedy for details of how to refer, and which Speech and Language Therapy (SLT) service will best meet the patient's needs <https://remedy.bristolccg.nhs.uk/adults/speech-language/slt-hospital-outpatients/>
- Please note that domiciliary visits are offered by hospital outpatient SLT services in some circumstances.
- NBT: 0117 4144011 or e-mail SLTContact@nbt.nhs.uk
- UHBW: 0117 342 1564 or email SLTBRI@UHBW.nhs.uk
- Weston General Hospital:01934 647145 or email wnt-tr.WAHTslt@nhs.net

Appendix 3: Prioritisation criteria

	Urgent Plus (0-1 week)	Urgent (0-2 weeks)	Routine (Over 8 weeks)	SCNS therapy assistants initial assessment
PT \ OT	<p>Breakage of specialist equipment provided by a neuro-specialist clinician which may result in injury to the patient if not responded to asap.</p> <p>Urgent respiratory need i.e. suction, acute respiratory deterioration in palliative patient</p> <p>*Consider INTs for Admission Avoidance/ Rapid response level patients/ or if intensity required</p>	<p>New diagnosis of any rapidly progressive condition: this may be MND, brain tumours, MSA or where distress at the new diagnosis is indicated in the referral.</p> <p>Likely rapid rate of deterioration in condition (e.g. MND/brain tumour).</p> <p>Acute spasticity management needs i.e. skin or hygiene issues likely to cause rapid change in health status.</p> <p>Request for support / consultation / joint working from INT / social care therapist</p> <p>End of life care.</p> <p>Acute deterioration in functional activities, struggling with transfers, safety at home, carer difficulties that has not occurred as a result of acute illness or infection. *If deterioration has resulted from acute illness or infection, consider transferring referral to INT rapid response team.</p>	<p>All other neuro (not stroke)</p> <p>Complex postural management</p> <p>Vocational rehabilitation</p> <p>Difficulties managing functional activity, where there have not been previous therapy attempts to address this.</p> <p>Chronic spasticity management needs.</p> <p>Non- urgent cognitive assessment and treatment programmes.</p> <p>Review of HEPs following changes since original provision.</p>	<p>Recently assessed by therapist and no new medical changes. Broken equipment (over 1 year old.) Replacement or adjustment of walking aid. Single request e.g. perching stool, rails</p>

	(previously known as CTT).	<p>Acute increase in number of falls due to neurological reasons, where there is a high risk of hospital admission or injury to carer.</p> <p>Worsening posture leading to new pressure sores/ contracture development.</p> <p>Acute change in pain/ muscle tone.</p> <p>Acute cognitive deterioration without delirium due to neurological reasons, where there is a high risk of hospital admission.</p> <p>Intervention for vocational rehab if current employment is at risk.</p>	<p>Chronic deterioration in mobility and/or difficulties with transfers due to gradual progression of illness.</p> <p>Fatigue management</p>	
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