

# Services for People with Chronic Neurological Conditions

## Coventry and Warwickshire Health Economy

Visit Date: 4<sup>th</sup>, 5<sup>th</sup> and 12<sup>th</sup> December 2012

Report Date: April 2013

*Images courtesy of NHS Photo Library*



## INDEX

<b>Introduction.....</b>	<b>3</b>
<b>Care of People with Chronic Neurological Conditions .....</b>	<b>5</b>
Health Economy .....	5
Primary Care.....	5
Specialist Care for People with Chronic Neurological Conditions .....	5
Commissioning .....	12
<b>Appendix 1 Membership of Visiting Team .....</b>	<b>13</b>
<b>Appendix 2 Compliance with the Quality Standards .....</b>	<b>14</b>

## INTRODUCTION

This report presents the findings of the review of the care of people with chronic neurological conditions which took place on 4<sup>th</sup>, 5<sup>th</sup> & 12<sup>th</sup> December 2012. The purpose of the visit was to review compliance with WMQRS Quality Standards for:

- Care of People with Long-term Conditions, Version 1, May 2012

This review was organised by WMQRS on behalf of the West Midlands Long-term Conditions Care Pathway Group.

The purpose of these standards and the review programme is to help providers and commissioners of services to improve clinical outcomes and service users' and carers' experiences by improving the quality of services. The report also gives external assurance of the care within the Health Economy which can be used as part of organisations' Quality Accounts. For commissioners, the report gives assurance of the quality of services commissioned and identifies areas where developments may be needed.

The report reflects the situation at the time of the visit. The text of this report identifies the main issues raised during the course of the visit. Appendix 1 lists the visiting team which reviewed the services across Coventry & Warwickshire. Appendix 2 contains the details of compliance with each of the standards and the percentage of standards met.

This report links with the North Warwickshire, Coventry & Rugby, and South Warwickshire reviews of the care of people with all long-term conditions. These three health economies requested that services for people with chronic neurological conditions should be reviewed on a Coventry and Warwickshire-wide basis.

## COVENTRY AND WARWICKSHIRE HEALTH ECONOMY

This report describes services provided or commissioned by the following organisations:

- Coventry and Warwickshire Partnership NHS Trust
- George Eliot Hospital NHS Trust
- South Warwickshire NHS Foundation Trust
- University Hospitals Coventry and Warwickshire NHS Trust
- Coventry and Rugby Clinical Commissioning Group
- South Warwickshire Clinical Commissioning Group
- Warwickshire North Clinical Commissioning Group

Most of the issues identified by quality reviews can be resolved by providers' and commissioners' own governance arrangements. Many can be tackled by the use of appropriate service improvement approaches; some require commissioner input. Individual organisations are responsible for taking action and monitoring this through their usual governance mechanisms. The lead commissioner for the service concerned is responsible for ensuring action plans are in place and monitoring their implementation liaising, as appropriate, with other commissioners, including commissioners of primary care.

The lead commissioner for this report is Coventry and Rugby Clinical Commissioning Group.

## ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

West Midlands Quality Review Service (WMQRS) was set up as a collaborative venture by NHS organisations in the West Midlands to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews - often through peer review visits, producing comparative information on the quality of services and providing development and learning for all involved.

Expected outcomes are better quality, safety and clinical outcomes, better patient and carer experience, organisations with better information about the quality of clinical services, and organisations with more confidence and competence in reviewing the quality of clinical services. More detail about the work of WMQRS is available on <http://www.wmqrs.nhs.uk>

## **ACKNOWLEDGMENTS**

West Midlands Quality Review Service would like to thank the staff and service users and carers of Coventry & Warwickshire health economy for their hard work in preparing for the review and for their kindness and helpfulness during the course of the visit. Thanks are also due to the visiting team and their employing organisations for the time and expertise they contributed to this review.

## CARE OF PEOPLE WITH CHRONIC NEUROLOGICAL CONDITIONS

### HEALTH ECONOMY

General comments about the health economies' approach to the care of people with long-term conditions, including those with chronic neurological conditions, are given in the main North Warwickshire, Coventry & Rugby, and South Warwickshire long-term conditions review reports.

Return to [Index](#)

### PRIMARY CARE

General comments about the Clinical Commissioning Groups' approach to the primary care of people with long-term conditions, including those with chronic neurological conditions, are given in the main North Warwickshire, Coventry & Rugby, and South Warwickshire long-term conditions review reports.

Return to [Index](#)

### SPECIALIST CARE FOR PEOPLE WITH CHRONIC NEUROLOGICAL CONDITIONS

Table 1 seeks to summarise the services available for people with chronic neurological conditions in Coventry and Warwickshire at the time of the review visit.

**Table 1 Services for Coventry and Warwickshire People with Chronic Neurological Conditions**

	Parkinson's Disease	Epilepsy	Multiple Sclerosis	Motor Neurone Disease	Other chronic neurological conditions
<b>Community support</b>	Coventry and Warwickshire-wide service, based at UHCW. Staff employed by UHCW, SWFT (Warwickshire) & CWPT (Coventry).  Day-rehabilitation Unit at UHCW for Coventry patients.	Coventry and Warwickshire-wide service, based at UHCW. All staff employed by UHCW.	<b>Coventry and Warwickshire:</b> Team based at UHCW. Staff employed by UHCW. <b>S. Warwickshire:</b> Community neurological rehabilitation team (CNRT) comprising physiotherapist, OT, S&LT, neuro-psychologist, dietician based at Leamington Spa Rehabilitation Hospital. Staff employed by SWFT. <b>North Warwickshire:</b> Some referrals accepted by both UHCW and South Warwickshire CNRT services but, in practice, North Warwickshire patients had little access to community support, especially home visits.	Some patients were referred to services provided from UHB. One of the local neuro-rehabilitation consultants did some ongoing monitoring and a two monthly meeting of interested allied health professionals was held.	No community support available
<b>Out-patient clinics and out-patient rehabilitation</b>					<b>Coventry:</b> Neurology and neuro-rehabilitation out-patient service at UHCW. <b>S. Warwickshire:</b> Neuro-rehabilitation out-patient service at Leamington Spa Rehabilitation Hospital (HDU) and neurology out-patient service at Warwick Hospital. <b>N. Warwickshire:</b> Neurologist out-patient clinics at George Eliot Hospital and Hospital of St. Cross, Rugby.

	Parkinson's Disease	Epilepsy	Multiple Sclerosis	Motor Neurone Disease	Other chronic neurological conditions
<b>Allied health professionals</b>	Patchy access with availability of specialist expertise varying in different localities (Coventry, Rugby, Stratford, Warwick, Leamington, North Warwickshire) and varying for different AHPs. Services provided by CWPT, SWFT, GEH and UHCW.				
<b>In-patient rehabilitation</b>	<b>Coventry:</b> UHCW (12 beds) <b>Warwickshire:</b> Leamington Spa Rehabilitation Hospital (30 beds)				
<b>Acute care</b>	UHCW (24 beds)				
<b>Home ventilation</b>	Initial assessment and then support service provided by University Hospital of North Staffordshire NHS Trust or University Hospitals Leicester NHS Trust.				
<b>Other</b>	<b>South Warwickshire:</b> A multi-therapy unit at Stratford did provide some general rehabilitation for patients with chronic neurological conditions. This service was not reviewed.			Palliative care support provided locally	Chronic fatigue syndrome service based at GEH.

Abbreviations:

AHP	Allied Health Professional
CNRT	Community Neurological Rehabilitation Team
CWPT	Coventry & Warwickshire Partnership Trust
GE	George Eliot Hospital NHS Trust
HDU	Hitchman Day Unit
OT	Occupational Therapist
S&LT	Speech & Language Therapist
SWFT	South Warwickshire NHS Foundation Trust
UHB	University Hospitals Birmingham NHS Foundation Trust
UHCW	University Hospitals Coventry & Warwickshire NHS Trust

## ALL SERVICES

### General Comments and Achievements

Providers and commissioners were cooperating to improve care for people with chronic neurological conditions through a voluntary sector-led *Coventry and Warwickshire Progressive Neurological Conditions Network*. This Network had undertaken a good gap analysis, conducted focus groups with a wide range of service users and made recommendations for improving services across Coventry and Warwickshire. The work of the Network had concentrated on Parkinson's Disease, multiple sclerosis and motor neurone disease, while recognising that many of the issues would be common to other chronic neurological conditions.

### Concerns

#### 1 Access to Services

The care available for people with chronic neurological conditions in Coventry and Warwickshire varied depending on the patient's condition and where they lived. Although some services in some locations were excellent, appropriate cover for absences was often not available. In other parts of Coventry and Warwickshire, or for other conditions, patients were not able to access appropriate support and care. Particular problems were identified with access to community support for people with multiple sclerosis in North Warwickshire. Reviewers found some evidence that GPs were not aware of the services for people with chronic neurological conditions and that referral routes were not clear. Reviewers were also told that this variability was leading to delays in discharge from acute care for up to a third of patients.

#### 2 Access to Therapies

Access to physiotherapy, speech and language therapy, occupational therapy and dietetics was variable. Several of the services reviewed did not undertake home visits and home circumstances, aids and adaptations may therefore not be fully considered as part of their care planning. General therapy services

could be accessed but these staff would not have specialist expertise in the needs of people with chronic neurological conditions.

### **3 Access to Neuro-Psychology Support**

In both Coventry and Warwickshire reviewers were told of long waiting times for, or limited access to, neuro-psychology. In South Warwickshire there was a neuro-psychology service for the Hitchman Day Unit and an out-patient service for those with multiple sclerosis. Access to psychology assessments was available but patients were then waiting up to 12 months for treatment. As a result, some patients were accessing the Warwick clinical health psychology service which did not have specialist neurological expertise. South Warwickshire NHS Foundation Trust had commissioned an external review to look at psychological support for people with chronic neurological conditions. In Coventry, reviewers were told of long waiting times or limited access to neuro-psychology.

## **Further Consideration**

### **1 Local Care for People with Motor Neurone Disease**

People with motor neurone disease were experiencing long waits for specialist assessments in Birmingham or Oxford and did not have access to local specialist nursing support. A recent patient survey had shown that six of the fourteen patients surveyed had waited six months or more for a consultant appointment for specialist assessment (at Birmingham or Oxford). Although one of the local neuro-rehabilitation consultants did some ongoing monitoring of people with motor neurone disease and a two monthly multi-disciplinary team meeting involving interested allied health professionals was held to discuss patient care, the patients did not all have a 'care coordinator'. The Birmingham-based specialist nurse covered the whole West Midlands and so was able to provide only limited support to individual patients. Although Coventry and Warwickshire had a relatively low prevalence of motor neurone disease, with 38 patients known at the time of the visit, patients and carers commented that accessing services in Birmingham or Oxford became more difficult as their disease progressed.

### **2 Future Strategy**

Coventry and Warwickshire did not have a strategy for the development of services for people with chronic neurological conditions and there was no plan for the improvements needed. In developing and implementing this strategy, reviewers suggested that consideration should be given to:

- a) Addressing the variation in access to services identified in this report so that availability of care does not depend on the patient's condition and where they live.
- b) Ensuring arrangements for cover for absences are robust so that availability of services does not depend on who is on duty on a particular day.
- c) Individual services for people with chronic neurological conditions in Coventry and Warwickshire were working in relative isolation from each other. In taking forward the development of services, reviewers considered that greater cooperation and integration between services and across Coventry and Warwickshire would support the development of robust, high quality services. Staff were employed by four different Trusts which may not be helping the effective integration of services.
- d) Ensuring clinical leadership and care is available for patients with chronic neurological conditions other than those specifically mentioned in this report which, together, add up to a significant number of patients.

- 3 Difficulties and delays in accessing social care for people with chronic neurological conditions was mentioned but reviewers did not have sufficient time to explore this issue in detail.

## SERVICES BASED AT UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

As summarised in table 1, the following services were based at University Hospitals Coventry and Warwickshire NHS Trust:

- Acute in-patient, specialist nurse and out-patient service for people with Parkinson's Disease, covering Coventry and Warwickshire
- Acute in-patient, specialist nurse and out-patient service for people with epilepsy, covering Coventry and Warwickshire
- Acute in-patient, specialist nurse and out-patient service for people with multiple sclerosis, covering Coventry and Warwickshire.
- Acute in-patient and out-patient services for other chronic neurological conditions, covering Coventry and Warwickshire
- In-patient and out-patient rehabilitation service for Coventry

### General Comments and Achievements

Patients who met the visiting team were very appreciative of the care they received from the services based at University Hospitals Coventry and Warwickshire NHS Trust. Patients appreciated particularly the support available from clinical nurse specialists. Patients had nothing but praise for care they received on the in-patient and rehabilitation units, including some patients who had had quite extensive stays on the rehabilitation unit. All patients were given copies of GP letters detailing changes to their care plans.

In one year, the epilepsy specialist nurse had trained 160 carers or family members of patients with epilepsy in the administration of buccal Midazolam liquid. This was a notable achievement and should reduce admissions for these patients.

Physiotherapists at UHCW had undertaken an audit of contractures and had demonstrated the need for additional therapy support on ITU in order to reduce contractures.

The consultant, with the MND Association and a Warwickshire MND Association Group, had delivered three days training in the last year for staff and patients about how to care for patients with motor neurone disease.

The services had a strong focus on rehabilitation with four neuro-rehabilitation consultants working across Coventry and Warwickshire. Reviewers were also impressed by the links with palliative care, especially for the care of people with motor neurone disease.

### Good Practice

- 1 There was a good training programme for carers on actions to take for people with epilepsy when they had seizures.
- 2 The Parkinson's Disease specialist nurses ran a daily two-hour helpline (Mondays to Fridays) when patients could phone with queries or to discuss any problems.
- 3 The multiple sclerosis specialist team ran weekly 'telephone clinics' when staff were available and patients could phone with queries or to discuss any problems.

**Immediate Risks:** No immediate risks were identified.

### Concerns

#### 1 Epilepsy Specialist Nurse Staffing

Epilepsy specialist nurse staffing levels were insufficient for the population served. There was one epilepsy specialist nurse covering Coventry and Warwickshire who had a high workload and no cover for absences. In addition to telephone advice for a large number of patients (helpline twice a week), she was running a regular women in epilepsy clinic, two treatment monitoring clinics each week, providing education for primary care and running an active training programme on the use of buccal Midazolam.

## 2 Swallow Screening

A member of staff with competence in swallow screening was not on duty at all times on the acute neurology unit. As a result, patients waited until a speech and language therapist was available which sometimes resulted in delays, especially at weekends. Also, the swallow screening protocol was not clear about which members of staff should carry out the screening.

## 3 Therapy Support

The in-patient rehabilitation ward had physiotherapy time allocated to work with patients on the ward on only two days a week and this time was shared with the neuro-surgical unit. Physiotherapists had a high caseload and patients were not always able to use the gym (see below) because of pressure on physiotherapists' time. No speech and language therapist had time allocated for work with patients with chronic neurological conditions in out-patients or on the in-patient rehabilitation unit. Physiotherapy, occupational therapy, psychology and speech and language therapy were not easily available for patients with epilepsy, although referrals could be made to these services. Reviewers were also told of difficulties and delays in accessing community physiotherapy for patients in Coventry and up to 16 week wait for access to the UHCW rehabilitation service.

## 4 Speaking Valves for Patients with Tracheostomies

The acute in-patient and rehabilitation units at UHCW did not put in speaking valves for patients with tracheostomies because staff had not been trained to do this. As a result, patients were not able to communicate as effectively as they could if they had had a speaking valve and no specialised/adaptive call system on the ward.

### Further Consideration

- 1 A 'Mapping Day' had been held in July 2011 which had discussed the possible development of a monthly motor neurone disease clinic providing integrated care from hospital, community and Myton Hospice services. There did not appear to be a clear action plan resulting from this 'Mapping Day'.
- 2 There were 10 doors between the in-patient unit and the physiotherapy rehabilitation gym at University Hospital Coventry. Because of the length of time taken to reach the gym and the low staffing levels (see above) this facility was not always used for patients who may have benefited from it. Also oxygen and suction were not available in the physiotherapy rehabilitation gym and so patients with tracheostomies could not use the facility
- 3 At the time of the review visit, 1.6 w.t.e. consultants were involved in the care of people with multiple sclerosis. Reviewers suggested that this may be insufficient for the future needs of local patients, especially considering the need for spasticity management and prescribing and monitoring of new therapeutic agents including (Fingolimod and Natalizumab)
- 4 Patients reported that they were often waiting up to an hour for a car parking space at University Hospital Coventry and the associated stress was causing them problems.
- 5 Some of the available patient information was out of date and no longer accurate.

Return to [Index](#)

### SERVICES BASED AT SOUTH WARWICKSHIRE NHS FOUNDATION TRUST

As summarised in table 1, the following services were based at Leamington Spa Rehabilitation Hospital (South Warwickshire NHS Foundation Trust):

- In-patient rehabilitation service on Champion Ward for patients from Coventry and Warwickshire and other areas.
- Hitchman Day Unit out-patient rehabilitation service for Warwickshire

- Community Rehabilitation Service (CNRT) providing community and out-patient care for people with multiple sclerosis, covering South Warwickshire. Some North Warwickshire referrals were accepted but limited support was provided for these patients

A general AHP neurology team at Stratford had previously provided care for musculo-skeletal conditions but was taking on more patients with chronic neurological conditions. This service was not reviewed, though reviewers were told that referral was via the GP and patients waited several months to be seen.

### **General Comments and Achievements**

Services for people with chronic neurological conditions based at Leamington Spa Rehabilitation Hospital were provided by dedicated, caring staff. The three services had come under the same management 18 months before the review. The hospital had also gone through a major re-building programme. Patients were very appreciative of the care they received. Links with palliative care were good.

**Campion Ward** was well-staffed with good equipment and enthusiastic leadership. Facilities were good, including adapted call buttons and good pressure relieving mattresses. Patients were encouraged to eat their meals together. A discharge coordinator was in post and there was good support for discharge from the ward. Carers were regularly involved in multi-disciplinary team meetings. Cooperation between therapists, nursing staff and health care assistants had improved and all were key worker roles. The ward had a lot of work in progress to improve the quality of care, including work on electronic discharge. Medical cover for the ward was provided by a rota of two consultants (who also worked in UHCW) and two Trust grade doctors.

**Hitchman Day Unit** had excellent gyms and therapy areas. There was a good 'activities of daily living' unit used by the occupational therapists.

**Community Neuro-Rehabilitation Team (CNRT)** was a small team which offered good support for people with multiple sclerosis in South Warwickshire, including a Fatigue Programme and a Weight Reduction Programme. Ward admissions had reduced since the team had started work. The team used a good form for helping patients to monitor their own progress.

There was good access to wheelchair and orthotics services which were based on the same site. One speech therapist undertook augmented communications assessments for the whole of Warwickshire.

### **Good Practice**

- 1 The single assessment sheet used by the Community Neuro-Rehabilitation Team was comprehensive, covering both health and social care, and including information on home circumstances.
- 2 Good information for carers of people in low awareness states was available.
- 3 Campion Ward had a 'Tea for Two' programme where staff were encouraged to sit and have tea with patients who did not have visitors.
- 4 A rolling audit of the discharge processes was in use which 'RAG-rated' progress. This led to active management of discharge.

**Immediate Risks:** No immediate risks were identified.

### **Concerns**

#### **1 Hitchman Day Unit Staffing Levels**

The Day Unit had insufficient staffing for the service provided. Staffing each week comprised 25 hours of administrative support; four sessions of occupational therapy; six sessions of speech and language therapy, ten sessions of physiotherapy and four sessions of neuro-psychology. There was no regular medical input to the work of the Day Unit although one of the consultants did attend if required. Although activity levels

were not clear, reviewers were not clear how the reported number and frequency of patients attending could be achieved with the staffing resources available.

## **2 Regular Reviews**

Other than in the CNRT, processes for review of patients were not robust. It was not clear which patients were being followed up, at what frequency and by whom. Some patients who met the visiting team said that they did not have care plans and were not clear about their plan of care.

## **3 Guidelines and Protocols**

Documented clinical guidelines and protocols were not evident in any of the three services reviewed.

## **4 Provision of Specialist Treatments**

Access to some specialist treatments was limited (especially botulinum toxin, spasticity and contractures). Botulinum injections were commissioned only for patients following stroke and for wrist and finger flexors. Other patients or limbs which may benefit from this treatment could not access it. Also, post-injection physiotherapy and occupational therapy treatment was not available. Splinting was available for spasticity and contractures but therapists were not available to provide support. Reviewers were told that some patients were being admitted when this could have been avoided if these treatments had been more easily available.

### **Further Consideration**

- 1** Campion Ward had several new staff and the service should ensure that these all have appropriate competences for their work with people with chronic neurological conditions.
- 2** Relatively little patient information was available, including little information on the ward. The patient information and CNRT care plan did not include much about 'Looking to the future' and it may be helpful to give this aspect some further consideration.
- 3** The length of stay on the in-patient ward appeared long at an average of 160 days. Reviewers were told that this had reduced recently and considered that there may be the potential for further reductions.
- 4** Reviewers saw relatively little data about the work of the in-patient and Day Unit services. The Trust and commissioners should ensure that appropriate data are being collected and used by staff managing these services

Return to [Index](#)

### **GEORGE ELIOT HOSPITAL NHS TRUST**

George Eliot Hospital provided a specialist service for people with chronic fatigue syndrome. This service was not reviewed in detail as part of this review visit. The work of this service should, however, be taken into account in the development of Coventry and Warwickshire strategy for the care of people with chronic neurological conditions.

## COMMISSIONING

General comments about the Clinical Commissioning Groups' commissioning of services for people with long-term conditions, including those with chronic neurological conditions, are given in the main North Warwickshire, Coventry & Rugby, and South Warwickshire long-term conditions review reports.

### Concerns

#### 1 **Strategy for the Care of People with Chronic Neurological Conditions**

See 'All Services' section of this report about the need for a clear Strategy for the Care of People with Chronic Neurological Conditions.

Return to [Index](#)

## APPENDIX 1 MEMBERSHIP OF VISITING TEAM

### Visiting Team

Marie Adams	Physiotherapist	Heart of England NHS Foundation Trust
Maggie Johnson	Parkinson's Disease Specialist Nurse	Birmingham Community Healthcare NHS Trust
Dr Raveendra Katamaneni	General Practitioner	Solihull PCT
Leonie Paterson	Clinical Specialist in Neurological Physiotherapy	Staffordshire & Stoke on Trent Partnership NHS Trust
Joanne Scott	User Representative	MS Society West Midlands Region
Dr Steve Sturman	Consultant Neurologist, Neurology and Rehabilitation	University Hospitals Birmingham NHS Foundation Trust
Dr Martina Walsh	Consultant in Rehabilitation Medicine	Birmingham Community Healthcare NHS Trust

### WMQRS Team

Jane Eminson	Acting Director	West Midlands Quality Review Service
Sarah Broomhead	Quality Manager	West Midlands Quality Review Service
Sue McIldowie	Long Term Conditions Programme Support	West Midlands Quality Review Service
John Grayland	Senior Strategy and Redesign Manager – LTC, NHS Birmingham East & North PCT	Working with West Midlands Quality Review Service

Return to [Index](#)

## APPENDIX 2 COMPLIANCE WITH THE QUALITY STANDARDS

Analyses of percentage compliance with the Quality Standards should be viewed with caution as they give the same weight to each of the Quality Standards. Also, the number of Quality Standards applicable to each service varied depending on the nature of the service provided. Percentage compliance also takes no account of 'working towards' a particular Quality Standard. Reviewers often comment that it is better to have a 'No but', where there is real commitment to achieving a particular standard, than a 'Yes but' – where a 'box has been ticked' but the commitment to implementation is lacking. With these caveats, table 1 summarises the percentage compliance for each of the services reviewed.

**Table 1 - Percentage of Quality Standards met**

Details of compliance with individual Quality Standards can be found in a separate document.

Service	Number of Applicable QS	Number of QS Met	% met
<b>Specialist Care of People with Chronic Neurological Conditions</b>			
Specialist Care of People with Chronic Neurological Conditions (All Services): University Hospitals Coventry & Warwickshire NHS Trust (UHCW)	281	141	50
Epilepsy	(58)	(32)	(55)
Multiple Sclerosis	(57)	(24)	(42)
Motor Neurone Disease	(55)	(30)	(55)
Parkinson's Disease	(56)	(29)	(52)
UHCW in-patient and in-patient rehabilitation	(55)	(26)	(47)
Specialist Care of People with Chronic Neurological Conditions: South Warwickshire NHS Foundation Trust	58	19	33
<b>Health Economy</b>	<b>339</b>	<b>160</b>	<b>47</b>

NB. Compliance with primary care, acute Trust-wide and commissioning Quality Standards relating to the care of people with chronic neurological conditions is given in the main North Warwickshire, Coventry & Rugby, and South Warwickshire long-term conditions review reports.

Return to [Index](#)