Livewell Southwest

Clinical Neuropsychology Operational Policy

Version No.1
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Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

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Reader Information

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Consultation process	Discussion between clinicians in team, Locality Managers, Consultation with Matron for neuro-rehab.
References/sources of information	British Psychological Society, 2004, Commissioning clinical neuropsychology services, Leicester: BPS British Psychological Society, Division of Neuropsychology, 2005, Clinical Neuropsychology and Rehabilitation for Services with Acquired Brain Injury. British Psychological Society, Division of Neuropsychology, 2015, Clinical Neuropsychology Services - delivering value for the NHS. *A briefing paper for NHS commissioners& policy makers.* Department of Health, (2007), National Stroke Strategy.

	Department of Health. *National Service Framework For Long-Term Neurological Conditions* 2005 www.dh.gov.uk/longtermnsf Equality Act 2010 Mental Capacity Act 2005. National Institute for Health and Care Excellence (2013) Stroke Rehabilitation in Adults. NICE guideline (CG162). Neurological Rehabilitation – A briefing paper for commissioners of Clinical Neurosciences. British Society of Rehabilitation Medicine, July 2008. www.bsrm.co.uk. NHS Improvement: Stroke (2011). Psychological care after stroke: Improving stroke services for people with cognitive and mood disorders. Royal College of Physicians and British Society of Rehabilitation Medicine. *Rehabilitation following acquired brain injury: national clinical guidelines* (Turner-Stokes, L ed). London: RCP/BSRM 2003 Royal College of Physicians, 2016, National Clinical Guideline for Stroke.
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Document review history

Version no.	Type of change	Date	Originator of change	Description of change
0.1	New policy	February 2017	Consultant Clinical Psychologist	New policy
1	Ratified	March 2017	Consultant Clinical Psychologist	Ratified with minor amends at March 2017 PRG.

Clinical Neuropsychology Operational Policy

1 Introduction

1.1 This document provides a comprehensive and clear framework for the operational processes in relation to the Clinical Neuropsychology Service within Livewell Southwest. It describes input from the neuropsychology service across three settings:

- Input to the Plym Neurological Rehabilitation Unit at Mount Gould (see separate Operational Policy)
- Input to the Stroke Rehabilitation Unit at Mount Gould (see separate Operational Policy)
- Provision of community neuropsychology input to adults with acquired brain injury in Plymouth.

2 Purpose

2.1 The Policy is designed to provide information on the role and function of the Clinical Neuropsychology Service, giving guidance to referrers and those using services.

2.2 It will describe the role of the Clinical Neuropsychology Service across the three settings identified above.

2.3 It will specifically describe the Community Neuropsychology service as outlined in its service specification.

3 Definitions

An **Acquired Brain Injury (ABI)** is a non-progressive acquired injury to the brain with sudden onset. An acquired brain injury can result from:

- A traumatic injury such as a road traffic accident, a fall, an assault or a sporting injury
- Stroke
- Brain tumour
- Haemorrhage
- Encephalitis (due to infection or systemic illness)
- Infection e.g. meningitis
- Lack of oxygen to the brain e.g. as a result of a heart attack (anoxia/hypoxia)

Psychology is the scientific study of people, the mind and behaviour. Psychologists attempt to understand the role of mental functions in individual and social behaviour. **Clinical Psychologists** have been trained to apply this

knowledge to the understanding of people's mental health in various settings. **Neuropsychology** is specifically the application of this for individuals who have a neurological condition which may affect their cognitive, emotional and behavioural functioning.

Rehabilitation is a goal-directed process which reduces the impact of long-term conditions on daily life. Rehabilitation is applicable both in acute injury and in progressive or static disability.

Whole time equivalent (wte) Whole Time Equivalent is a way of quantifying job-related activity which covers a 37.5-hour working week and 2.5 hours interspersed break. Posts are measured in terms of fractions of WTEs, usually in 10% blocks of time.

4 Duties & responsibilities

4.1 The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review.

4.2 Only the LSW Board or its sub-committees with delegated powers can approve new documents. The PRG is one such sub-committee.

4.3 Directors are responsible for identifying and implementing LSW policies relevant to their area.

4.4 Document authors are responsible for designing, drafting and developing policies in accordance with this policy guidance, ensuring that draft policies are circulated for appropriate consultation, and their implementation. The author is also responsible for conducting a full review of the policy either on a one yearly, two yearly or three yearly basis dependent upon the author's own risk assessment. Please note that minor changes can be made to the policy before its full review date and these do not need to be forwarded to the PRG. The PRG Secretary has responsibility for ensuring that the process set out in Appendix A is followed.

4.5 Line Managers are responsible for ensuring that all policies, new policies and changes to policies are communicated to, understood and followed by staff, including any identified training needs.

4.6 All staff members are responsible for ensuring that they have read, understood and followed all policies relevant to their work and service area.

5 Team structure

The Clinical Neuropsychology Service comprises:

- 0.6 wte Consultant Clinical Psychologist (Service Lead)
- 1.0 wte Principal Clinical Psychologist
- 0.9 wte Clinical Psychologist
- 0.8 wte Honorary Assistant Psychologists on a placement from the University of Plymouth psychology undergraduate programme.
- administrative support from the CUCS Locality admin team.

These staff members work across the three service settings to respond to service need.

The Clinical neuropsychology service sits within the CUCS Locality management structure.

It works closely with other services involved in neuro-rehabilitation.

6. Referral criteria and pathways

6.1 Inpatient services (Plym Unit and SRU)

The psychologists are embedded in the MDT on the Units and routinely attend the MDT meetings. Team members can also refer a patient at any time.

There are no exclusion criteria for inpatients. However, if the patient's difficulties are identified as a primary mental health disorder, or there is significant risk, assessment and input may be more appropriately obtained via psychiatric liaison or the Community Mental Health Teams.

6.2 Community service

Inclusion criteria:

- Registered with a GP in the Plymouth area.
- Over the age of 16
- Have experienced an acquired brain injury.

Exclusion criteria:

- Patients with progressive brain disease e.g. dementia.
- Patients whose presenting problems primarily result from a pre-morbid condition such as severe learning disability.
- Patients with significant alcohol and drug use that would prevent engagement in therapeutic activity.

The service will accept referrals from the Stroke Unit and Plym Unit (for follow up on discharge), GPs and existing community rehabilitation teams. Referrals will be accepted on the referral form or a letter can be sent to Department of Clinical Neuropsychology, Ground Floor Beauchamp Centre, Mount Gould Hospital. Patients will be seen in outpatient clinics at the Local Care Centre or their own home/ residential setting if unable to travel.

6.3 Response time and prioritisation

- On the inpatient units patients will be triaged and prioritised on a weekly basis. Assessment is conducted within a week if possible.
- On the units, priority will be given to individuals whose discharge is imminent or whose difficulties are impacting on their ability to engage in rehabilitation.
- In the community, referrals are triaged by a qualified clinical psychologist within 5 working days and, if appropriate, placed on the waiting list.
- There are no prioritisation criteria.
- The community service works to an 18 week RTT time.

7 Role of Clinical Neuropsychology Service

This service provides neuropsychological assessment and intervention for patients with neurological conditions admitted to the Plym Neurorehabilitation Unit and the Stroke Rehabilitation Unit and to patients with acquired brain injury residing in a community setting. The Clinical Psychologists' time is divided across the three services. This may involve:

- Neuropsychological assessment of cognitive, emotional and behavioural difficulties and, in collaboration with the team, the implementation of individualised interventions aimed at ameliorating or compensating for these difficulties.
- Behavioural observations, analysis and formulation for individuals exhibiting challenging behaviour. Implementation of strategies to manage behaviour and support for the staff team.
- Cognitive assessment via the administration of standardised cognitive tests, to determine the presence, nature, and severity of cognitive dysfunction related to illness or injury of the brain
- Assessment to identify psychological factors such as mood/anxiety/trauma that may be contributing to cognitive dysfunction.
- Individual assessments of mood and interventions aimed at the amelioration of emotional difficulties.
- Liaison and signposting to appropriate services for continued psychological support in the community.
- Neuropsychological assessment to inform complex multi-disciplinary assessments of Mental Capacity.
- Provision of brief focused support for family members to discuss the impact of the neurological condition and to signpost to appropriate services.
- Provision of specialist psychological advice, guidance and consultation to other professionals, families/carers contributing directly to client's formulation, diagnosis and treatment plan.
- Support for the staff team including facilitating reflective practise sessions.
- Supervision and support of other professionals carrying out psychological interventions with patients with neurological conditions.

- Close liaison with and consultation/advice to other psychologists working within the Organisation with patients with neurological conditions.
- Provision of teaching and training on aspects of neuropsychology.

Professionals may wish to consider referring:

- Patients who have an acquired brain injury where cognitive, emotional or behavioural factors are impacting on their quality of life, daily functioning and/or engagement in rehabilitation.
- Complex cases where it is unclear whether clinical issues are underpinned by neurological or psychological factors
- Patients who require an assessment of rehabilitation needs or reassessment of their care needs following a change in presentation or circumstances.
- Patients who may be struggling emotionally to cope with, or adjust to, their neurological condition.
- Patients who require an assessment of their cognitive capacity to make particular decisions.

Clinical protocol

- Once a referral has been triaged and accepted, it is recorded on Systm1 and placed on the waiting list. A letter is sent to the referrer and patient to confirm that the referral has been accepted.
- In the case of unsuitable referrals, a letter is sent to the referrer to outline the reasons for non-acceptance and to signpost to other services, if appropriate. The referral is closed on Systm1.
- Patients are offered an initial appointment in a new assessment clinic lasting approximately one hour. If indicated, patients will be offered a further assessment appointment of 1 hour (e.g. for complex cases).
- The outcome of the assessment will be discussed within one week if possible in a community caseload management meeting and a decision made about the input required.
- There are a three main pathways and patients may move between them:
- Cognitive assessment and feedback. A tailored cognitive assessment is completed over 1- 2 sessions, followed by a feedback session to discuss the results and offer advice about the management of cognitive difficulties.
- Input is delivered in fortnightly sessions (approximately 6) focused on identified goals followed by a review and further sessions if indicated.
- If patients do not need a series of sessions they may be offered a 12 week or 24 week review.
- On discharge, a summary letter will be sent to the patient, referrer, GP and other professionals involved in the patient's care as appropriate, with the patient's consent.
- Any completed assessments or other relevant documentation will be uploaded to Systm1, and paper copies shredded.

- The file is closed on Systm1.

Service user feedback

Patient satisfaction surveys are conducted on a monthly basis with a random selection of current community patients. Scores and comments are reviewed by the team lead and in team meetings to inform service development.

8 Environment

The clinical neuropsychology team offices are based in the Ground Floor, Beauchamp Centre, Mount Gould Hospital. Outpatient clinics are held in the Local Care Centre at Mount Gould Hospital. These rooms have parking, disabled access, reception area, waiting room, accessible toilets and a café.

9 Training implications

9.1 On appointment all members of staff receive a corporate induction. This is then consolidated with a local induction. Afterwards there is a programme of mandatory training to be completed.

9.2 Each staff member is allocated a line manager who takes responsibility for regular line management supervision and annual appraisal.

9.3 Line management will be provided as a minimum every three months for all staff. This will cover both performance and development needs. Line management will feed into the annual appraisal.

9.4 All qualified staff have undergone the Doctorate in Clinical Psychology and are registered with the Health and Care Professions Council (HCPC).

9.5 Staff are supported and encouraged to attend relevant training to enhance their knowledge and expertise in areas of neuropsychology. Staff are members of the British Psychological Society, Division of Clinical Psychology and Division of Neuropsychology and are linked in with relevant training.

9.6 All staff member are required to seek and actively participate in regular clinical supervision, appropriate to the requirements of their role and level of training and competency. Line managers release them for this activity during

9.7 Qualified staff providing clinical supervision for Trainee Clinical Psychologists on placement from the Doctorate in Clinical Psychology Programme are required to attend a Pre-placement supervisors workshop and the Managing Learners in Practice 2 day course provided by the University of Plymouth.

10. Monitoring compliance

Patient satisfaction surveys are conducted on a monthly basis with a random selection of current patients.
We are in the process of auditing the new assessment and treatment pathway.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Michelle Thomas, Director of Operations

Date: 10th May 2017