**GENERAL STANDARDS FOR NEUROLOGICALL CARE AND SUPPORT**

**A consultation from Healthcare Improvement Scotland**

**Feedback on this consultation was via an online survey. Details of RCOT response below.**

**The organisation demonstrates effective leadership and governance in the delivery and management of care and support for people living with neurological conditions.**

1. **Do you agree with the standard statement? *Yes***

**Rationale**  
  
**Effective leadership and governance is critical to ensure high standards of safe, person-centred and effective health and social care services. People can have confidence in the organisation that provides their care and support and know what to expect from services.**  
  
**Evidence indicates that assessing, monitoring and driving improvements in the quality of care and experience of these services enables positive health and wellbeing outcomes. Continuous organisational self-evaluation through a flexible and responsive approach, ensures people living with neurological conditions receive high quality care and support services.**

2. **Do you agree with the rationale? *Yes***

**Standard 1: *Agreement with all criterions.***

**Standard 2: *Agreement with all criterions.***

**Standard 3: *Agreement with all criterions.***

**Standard 4: *Agreement with all criterions.***

**Standard 5: *Agreement with all criterions.***

**5.1**

***It would be good to see here acknowledgement of the wider determinants of health. The resource 'What makes us healthy? An introduction to the social determinants of health' is a good reference point. Accessed at; https://www.health.org.uk/publications/what-makes-us-healthy.***

**38**. **Do you have any general comments about Standard 5**

***It would be good to highlight that person-centered care should facilitate positive risk taking. This is an approach that is advocated in the Royal College of Occupational Therapists (RCOT) document; Embracing risk; enabling choice, accessed here, http://bit.ly/2KV7fGs.***

**Standard 6: *Agreement with all criterions.***

**6.5**

***We are pleased to see the inclusion of anticipatory care plans, palliative care and end of life discussions.***

47. **Do you have any general comments about Standard 6**

***This section does not include the important part Work/vocation plays in people's lives. We feel this should be added into standard 6: e.g. ‘Vocational rehabilitation support (with job maintenance, return to work, job seeking and work exit) is offered to people with neurological conditions as required throughout the course of their condition, reflecting the wishes of the person’.***

***It addition it would be good to see consideration of people’s other productive roles; for example, volunteering, caring responsibilities.***

**Standard 7**

**48.** **Do you agree with the standard statement?**

***It is really encouraging to see the prominence of the person-centered and self-management agendas. For consideration RCOT would recommend assessing a person’s readiness to change – and the behavioural changes which may be required with this. This would enhance goal setting and ensure rehabilitation is matched to people's motivation and preparedness for change.***

**7.1**

*We would like to see greater consideration of service user engagement in evaluation, review and design of services and processes. This would lead to co-design of services and shared decision making throughout the person’s journey.*

**General Comments**

**58. If you have identified any gaps within the standards, criteria or evidence, please provide further information below.**

*There seems to be very little reference on the use of technology within the document. This includes staff having a good level of digital literacy to complete their role and an understanding of how technological solutions can support people’s management of care and health needs. Technology is also taking on increasing significance in diagnosis of people with neurological conditions and as mentioned above should be considered in assessment and treatment.*

**Further resources;**

*Scotland's Digital Health and Care Strategy: enabling, connecting and empowering -* [*https://www.gov.scot/publications/scotlands-digital-health-care-strategy-enabling-connecting-empowering/pages/3/*](https://www.gov.scot/publications/scotlands-digital-health-care-strategy-enabling-connecting-empowering/pages/3/)

*Digital Literacy Research Report -* [*https://www.nes.scot.nhs.uk/publications-and-resources/corporate-publications/digital-literacy-research-report.aspx*](https://www.nes.scot.nhs.uk/publications-and-resources/corporate-publications/digital-literacy-research-report.aspx)

**59. Is there anything that the project group should consider when finalising these standards?**

*RCOT members would like to know whether this document will be followed up with specific quality indicators for measurement.*

*Our members noted that the addition of case/service examples would help add some context to the standards. It could be hard to see how you benchmark yourself specifically against these standards (especially in relation to the person-centred care standard – what does this mean in this context?).*

**60. Any other comments?**

*In general we are in agreement with all the standards.*

*The structure works well in relation to how the standards apply to the organisation, staff and the patient/family, as well as providing examples. However our members have commented that that some of the comments are too broad and more specific case examples could help to clarify this.*

*The reference of staff as clinicians with neurological expertise was well liked by members – rather than specifying tasks to profession specific groups. It was felt this was important given the shortages of Neurologists, and a future requirement that the work force may need to be re-modelled.*

*We are pleased to see that all neurological conditions are covered (including functional) and that it is an integrated document across health and social care.*