

Reference: FOI.ICB-2526/194

Subject: Rehabilitation Services

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
1. Please list all organisations commissioned to provide rehabilitation services in your area and their contract values	<ul style="list-style-type: none"> • Sirona care & health - Sirona.hello@nhs.net Quarter 1 (April-June) 2025/26 Sirona: £39,119,355.13 This is the block contract inclusive of, but not exclusive to rehabilitation services. • Brunelcare - Contact us Brunelcare • St Monica Trust - Contact the St Monica Trust - St Monica Trust • Brain Injury Rehab Unit (BIRU) - FOIArequests@nbt.nhs.uk Q1 2025/26 BIRU: £919,219.35 ledger costs for all BIRU providers. <p>The ICB has applied Section 43(2) to the question asking for the contract values. Section 43(2) exempts from disclosure information which would, or would be likely to, prejudice the commercial interests of any legal person (an individual, a company, the public authority itself or any other legal entity). Section 43(2) is a qualified exemption and therefore subject to the public interest test.</p>

The ICB has contacted the providers who have confirmed that the contract value information is considered commercially sensitive and provided their reasoning. The ICB has considered this information when applying the public interest test to the information.

The public interest arguments in favour of disclosing information include the ICB's responsibility to be transparent and accountable in its decision making and to promote public understanding of processes. The ICB also took into account other statutory and mandatory duties placed upon it, including the legal framework for public authority procurements as set out in the Procurement Act 2023 and the Provider Selection Regime (PSR). The amount spent on this service, although procured nationally, is paid for using public funds and therefore the public have an interest in how much money has been spent on the contract.

The public interest argument in favour of maintaining the exemption include the confirmation from the current providers that the information requested is considered to be commercially sensitive to them and would prejudice their commercial interests as the provider would be at a potential competitive disadvantage if their pricing models were disclosed. This may disadvantage the current provider during any procurement as pricing is often a critical factor in decision making for services such as these. The ICB also has a responsibility to secure the best use of public resources and provide value for money. The ICB has determined that disclosing the information would prejudice the commercial interests of current providers and therefore disclosure may result in current and possibly future

	<p>providers not bidding for BNSSG ICB contracts. Providers may consider that bidding for contracts from the ICB would constitute a risk of competitive disadvantage for them. The ICB has a responsibility to secure the best use of public resources and provide value for money. To achieve this, the ICB needs to have a wide range of organisations willing to bid for contracts. This may also have an impact on patients, who will have less options for where their care is provided.</p> <p>The ICB has considered both arguments and believes that maintaining the exemption is in the public's interest as it supports NHS organisations to commission services which are value for money and supports a broader range of options for patients.</p>
<p>2. Please state the total budget for rehabilitation services in your organisation and the amount specifically allocated to neurological conditions.</p>	<p>Sirona care & health Rehabilitation services provided by Sirona care & health are delivered as part of a wider community services block contract. As such, we are unable to provide the budget for individual services. There are no specific services commissioned for Neurological rehab within this contract.</p> <p>BIRU The contract with BIRU is based on cost per bed. We do not ask the provider to break down their costs. Q1 2025/26 BIRU budget: £884,412.00 GBP This is the budget for all providers.</p> <p>Brunelcare</p>

	<p>The contract with Brunelcare is based on cost per bed. We do not ask the provider to break down their costs.</p> <p>St Monica's Trust The contract with St Monica's Trust is based on cost per bed. We do not ask the provider to break down their costs.</p>
3. Please provide the most recent data you hold on waiting times for neurological rehabilitation services, including community and inpatient settings.	<p>The ICB CHC team do not hold this level of data as they are not involved until the patient is in a discharge position and meets the criteria for CHC funded care.</p> <p>The ICB has a neuro rehabilitation pathway, however we do not hold any data on timeframes for rehab, please find the processes enclosed.</p> <p>Please note that FOI requests and responses are publicly available and therefore personal information has been redacted. The ICB considers the names included in the enclosed document(s) to be personal information and therefore has applied a section 40 (Personal Information) exemption to this information.</p>
4. Please provide details of any formal arrangements or structures in place for involving people with neurological conditions in the planning or delivery of rehabilitation services.	<p>This information is not held by the ICB, we advise you to contact the service providers directly, details above.</p>
5. Do you have a neuro-rehab service pathway integrated with neurology service?	<p>No</p>
6. Does your organisation have a neuro clinical lead?	<p>No, we do have this included in the CHC Complex Care team that becomes involved once a patient is deemed to require funded care away from the unit.</p>

7. How do you ensure the needs of people with neurological conditions are addressed in your mental health provision from primary care to acute?	This information is not held by the ICB, we advise you to contact the service providers directly, details above.
8. What specific training and support do you give staff providing mental health and Talking Therapies support to ensure they are equipped to work with people with neurological conditions? If you do not provide this support does another organisation?	The ICB does not provide the service care provision, we advise contacting the providers direct. Contact details can be found above.
9. Who currently in your organisation has leadership responsibility at board level for rehabilitation services? If so what is there title and responsibility?	Dave Jarrett - Chief Delivery Officer - exec lead for delivery, performance and contracting of services.
10. Who currently in your organisation has leadership responsibility at board level for neurology services? If so what is there title and responsibility?	Dave Jarrett - Chief Delivery Officer - exec lead for delivery, performance and contracting of services.

The information provided in this response is accurate as of 17 November 2025 and has been approved for release by David Jarrett, Chief Delivery Officer and Rosi Shepherd, Chief Nursing Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

Specialist Rehabilitation: Level 1 and 2 referral process for patients with neurorehabilitation needs process document.

Applies to: BNSSG wide.

Specific staff groups to whom this policy <u>directly</u> applies	Likely frequency of use	Other staff who may need to be familiar with policy
Clinical colleagues from University Hospitals Bristol and Weston (UHBW), North Bristol Trust (NBT), colleagues from BNSSG Integrated Care Board (ICB), colleagues from NHSE and Specialist Rehabilitation Providers.	Frequent	Colleagues working with patients that may have neurorehabilitation needs.

Main Author(s):	Therapy colleagues from University Hospitals Bristol and Weston (UHBW), North Bristol Trust (NBT), colleagues from BNSSG Integrated Care Board (ICB), NHSE and Frenchay Brain Injury Rehabilitation Unit (BIRU).
Consultation:	Therapy colleagues from University Hospitals Bristol and Weston (UHBW), North Bristol Trust (NBT), colleagues from BNSSG Integrated Care Board (ICB), NHSE and Frenchay Brain Injury Rehabilitation Unit.
Date of Approval:	February 2025
Next Review Due:	February 2026
Version:	1.00
KEYWORDS:	Neurorehabilitation, level 1, level 2, referral.
Summary of changes since the previous version	New document

1. Purpose	The purpose of this document is to provide guidance for the process within Bristol North Somerset and South Gloucestershire (BNSSG) for level 1 and level 2 neurorehabilitation referrals. This document outlines the expectations of all colleagues and organizations involved in the process and step-by-step guidance for submitting the referral and organising discharges to Neurorehabilitation units.
2. Relevant Policies & Guidance	<p>NHS Standard Contract for Specialised Rehabilitation for Patients with Highly Complex Needs (all ages): https://www.england.nhs.uk/wp-content/uploads/2014/04/d02-rehab-pat-high-needs-0414.pdf</p> <p>British Society of Physical and Rehabilitation Medicine: Specialist Neurorehabilitation Service Standards 2018 (Reviewed May 2023) https://www.bsprm.org.uk/resources/guideline-documents/</p>
3. Scope	Patients with neurorehabilitation needs in BNSSG
4. Out of scope	Out of area patients, patients that do not have neurorehabilitation needs.
5. Who should read this	All colleagues and organizations involved in the referral and organisation of discharges of patients to neurorehabilitation units in BNSSG.
6. Roles responsible for carrying out this procedure	<p>NBT and UHBW Therapy colleagues.</p> <p>NBT and UHBW Nursing colleagues.</p> <p>UHBW Home first team.</p> <p>NBT Integrated Discharge Service</p> <p>ICB funded Care team.</p> <p>Neurorehabilitation provider colleagues.</p> <p>NHSE complex rehabilitation case managers.</p>

7. Overview

Neurorehabilitation providers offer three main areas of service:

- Restoration of function.
- Disability management.
- Neuro-palliative rehabilitation.

This document has been created to provide guidance for submitting level 1 and 2 referrals and funding requests for patients with neurorehabilitation needs within BNSSG. This document includes the step-by-step process for level 1 and 2 referrals and is accompanied by a flow-chart outlining the main steps.

The expectation within BNSSG is that patients that are out of area will be repatriated to continue their care.

The process for Stroke patient referrals to Level 1 and 2 services is not included in this guidance. Please continue to use the stroke pathway guidance for patients that have had a stroke.

Please ensure that **ONE** email trail is created per patient at the point of referral to avoid confusion. Please copy teams or individuals into the original email trail, rather than forwarding emails, to create a continuous thread.

8. Process for all patients with neurorehabilitation needs.

1. Once the patient has been identified as having neurorehabilitation needs, the patient will be assessed by the multi-disciplinary treating team. Within NBT, identified patients should be added to the complex rehab multi-disciplinary meeting list for discussion.
2. The Patient Categorisation Assessment Tool (PCAT) and the Rehabilitation Complexity Scale (RCS) will be completed by the treating team. Please see appendix b and c for guidance.

The patients will be categorised into:

- a. **Category A** – with a PCAT score of 30 and above.
Needing intensive in-patient rehabilitation in a level 1 unit, funded by NHSE.
- b. **Category B** – with a PCAT score of 24-29.
Needing neurorehabilitation within a level 2 in-patient rehabilitation unit, or other community setting with intensive specialist therapy, funded by the ICB.

The assessor will discuss the treatment plan with the patient and their family.

3. Treating team to identify if the patient has any 1-1 or behavioural needs that may require an additional funding request. Record the assessment of any needs on careflow (NBT) or in the patient notes (UHBW).
4. Treating team to obtain patient consent for referral or complete an MCA (Mental capacity assessment) and a best interest decision meeting (BID-M) if patient is deemed not to have capacity. Record outcome of assessments on careflow (NBT) or in the patient's medical notes (UHBW).

9. Level 1 referral process

1. Ensure steps 1-4 of the 'Process for all patients with neurorehabilitation needs' are completed.
2. Treating team to submit Badgernet referral to selected providers.
In addition, treating team to send email to IDS admin (NBT) or Home First (UHBW) and NHSE Complex Rehabilitation Case Manager to inform that the referral has been submitted. Use standardised email subject which includes the patient's name, their NHS number and 'level 1 referral.'
Add the agreed plan to careflow (NBT) or patient's medical notes (UHBW).
Within NBT, once the referral has been sent, IDS will provide update on the progress of the referral using careflow tags.
3. Provider to send an acknowledgement via badgernet that the referral has been received. Record receipt of acknowledgement on careflow (NBT) or in the patient's medical notes (UHBW).
4. Provider to screen referral against basic criteria. Outcome will be either:
 - **No** - Provider will make an alternative recommendation.
 - **Yes** - Provider to add to referral list for full assessment.
5. If the patient is added to the referral list, the provider will assess the patient. Assessment will be face-to-face or by phone. The standard timeframe for completion of the assessment is within 14 days from referral. For BIRU, an assessment will be completed within 3 days of receipt of referral.
6. Provider to update badgernet management plan with the assessment outcome. IDS admin team to transfer information onto careflow via tag (NBT) or treating team to add to patient medical notes (UHBW).

7. Provider to decide whether to accept patient within 48 hours of assessment.
Outcome will be either:
 - **No** - Provider will make an alternative recommendation.
 - **Yes** – Provider will accept patient.
8. If the patient is accepted, the provider will reply to initial email with the discharge plan, ensuring that IDS admin (NBT) or Home First (UHBW) are included.
Provider to include a contact number in email for the ward to call for handover.
Provider to ensure handover is with an appropriate person (e.g. nurse in charge).
9. Discharge information to be included in daily BIRU summary.

10. Level 2 referral process

1. Ensure steps 1-4 of the 'Process for all patients with neurorehabilitation needs' are completed.
2. Treating team to add the agreed treatment plan to careflow (NBT) or patient's medical notes (UHBW). Start early conversations on the ward about discharge planning, discuss at board round who will collate social history. Within NBT, If IDS need to collate, therapy team to create a task on careflow. If the discharge planning is likely to be complex, refer to an IDS case manager.
3. Treating team to complete 'Funding Request for In-patient Level 2 Specialist Neurorehabilitation' form.
4. Treating team to email form (including a clear timescale for the funding request and any additional funding needs e.g. 1:1 funding) to ICB funded care team by email, copying in IDS admin (NBT) or Home First (UHBW). Use standardised email subject, including patient's name, their NHS number and 'Level 2 funding request.' Copy in providers for information only.
5. The ICB funded care team to reply to email thread with an acknowledgement email. Within NBT, once the referral has been sent, IDS will provide update on the progress of the referral using careflow tags.
6. The ICB funded care team will decide to agree or decline funding within 48 hours or 2 working days of receiving the request. IDS SPOC (NBT) or treating team (UHBW) to call ICB if there is no response within 2 working days.
Outcome will either be:
 - No – ICB funded care team will make alternative recommendation.
 - Yes – ICB funded care team will agree to funding.

7. If funding is agreed, ICB funded care team to respond to email thread with funding confirmation email. Ensure provider is copied in.
8. Provider to decide if assessment of patient is needed. Assessment will be by phone or face to face. The standard timeframe for completion of the assessment is within 14 days from referral. For BIRU, an assessment will be completed within 3 days of receipt of referral.
9. Provider to decide whether to accept patient. Outcome will be either:
No - Provider will make an alternative recommendation.
Yes - Provider accepts patient.
10. If the patient is accepted, provider to reply to email train with discharge plan. Ensure IDS admin (NBT) or Home First (UHBW) are copied into the email. For BIRU, confirmation of acceptance or not will be communicated within 48 hours. Provider to include contact number in email, for ward to call for handover. Ensure handover is with an appropriate person (e.g. nurse in charge).
11. Discharge information to be included in daily BIRU summary.

11. Level 1 to Level 2 Step down

1. Complete steps 1–3 of the Level 1 referral process.
2. The treating team should review the PCAT score every 2 weeks.
3. If the patient remains Category A, they will continue to wait for a level 1 bed.
4. If the patient becomes Category B and needs to be stepped down from a level 1 bed to a level 2 bed, the treating team are to update badger net referral, print as PDF and email to the ICB funded care team.
 - a. Ensure duration of the funding request is included.
 - b. Copy in providers for information only.
5. Follow the level 2 process from step 4.

12. Appendix

Appendix A:

Key contact email addresses:

- ICB funded care team email address is: bnssg.chcteam@nhs.net
- IDS admin: idsadmin@nbt.nhs.uk
- Home First: homefirstbriclinical@uhbw.nhs.uk
homefirstadmin@uhbw.nhs.uk
- BIRU: BIRU.referrals@nhs.net
- Cygnet: [REDACTED]
- BNSSG ICB Clinical Lead for Complex Discharge and Flow:
[REDACTED]
- NHSE Complex Rehabilitation Case Manager: [REDACTED]

Appendix B:

The Rehabilitation Complexity Scale (RCS) guide.



RCS guide.pdf

Appendix C:

The Patient Categorisation Assessment Tool (PCAT) guide.



PCAT guide.pdf

Specialist Rehabilitation Level 1 and 2 referral process maps.

Key

- Referring team to action
- Provider to action
- ICB to action

Level 1

Treating team to submit Badgernet referral to selected providers. Send IDS admin (NBT) or Home First (UHBW) email to inform, copy in provider and NHSE Complex Rehabilitation Case Manager. Add agreed plan to careflow (NBT) or patient's medical notes (UHBW).

Providers to send an acknowledgement via badgernet that referral has been received.

Provider to screen referral against basic criteria to assess if patient meets criteria.

No Yes

Provider will make alternative recommendation.

If patient is accepted, provider to add to referral list for full assessment.

The treating team should review the PCAT score every 2 weeks. If patient remains Cat A, they will continue to wait for level 1 bed.

Once patient has been identified as having neurorehabilitation needs, MDT to assess patient, including completing a PCAT and RCS.

Assessor to discuss potential plan with patient and their family.

Treating team to identify if patient has 1-1 or behavioural needs that may require additional funding.

Treating team to obtain consent for referral or complete MCA and BID meeting.

Level 2

Treating team to add agreed plan to careflow (NBT) or patient's medical notes (UHBW).

Treating team to fill in level 2 ICB funding form.

Treating team to send funding form to ICB funded care team by email, copy in IDS admin (NBT) or Home First (UHBW). Use standardised email subject. Copy in providers, for information only.

ICB funded care team to reply to email thread with acknowledgement email.

ICB funded care team make funding decision within 2 working days.

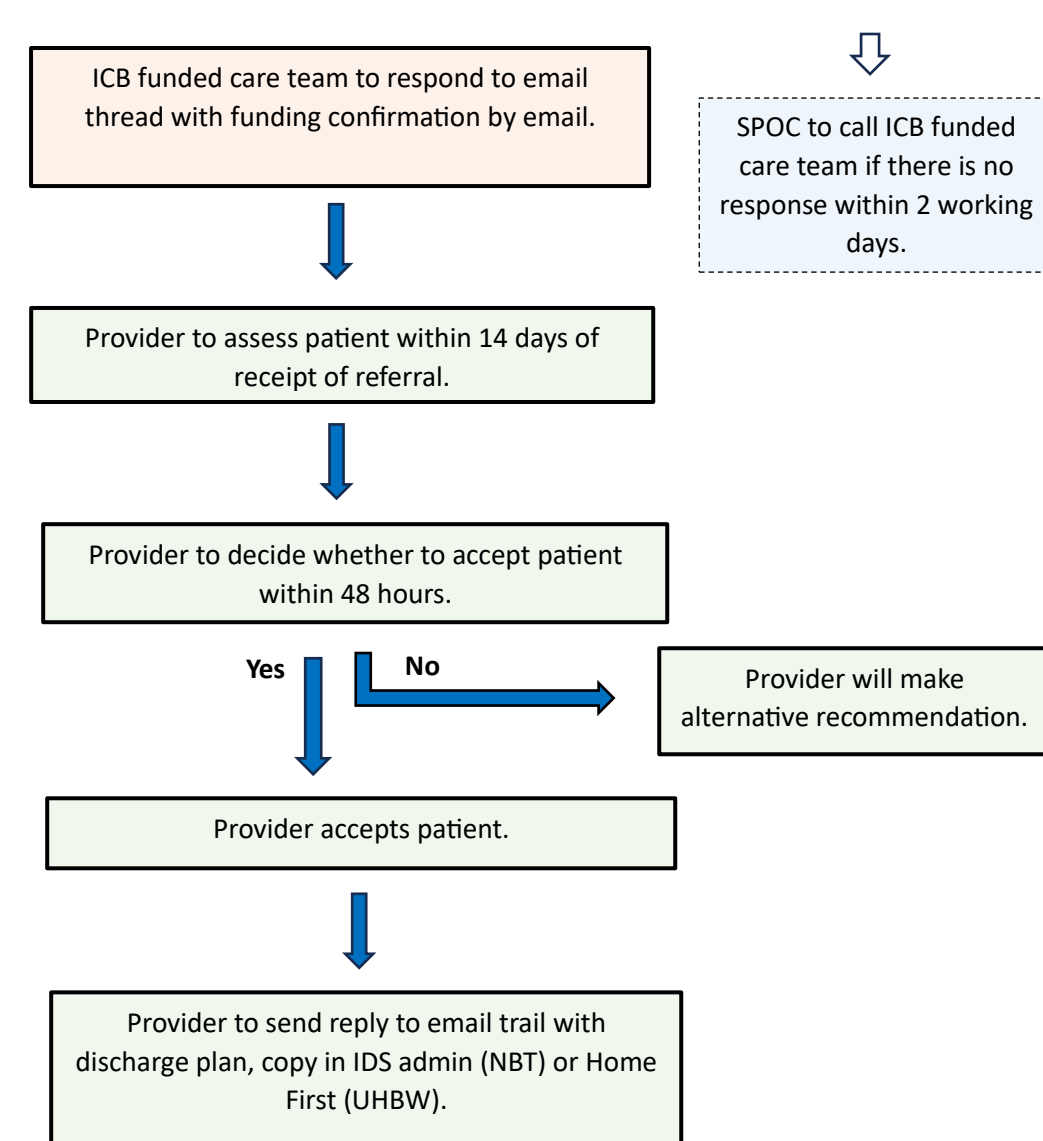
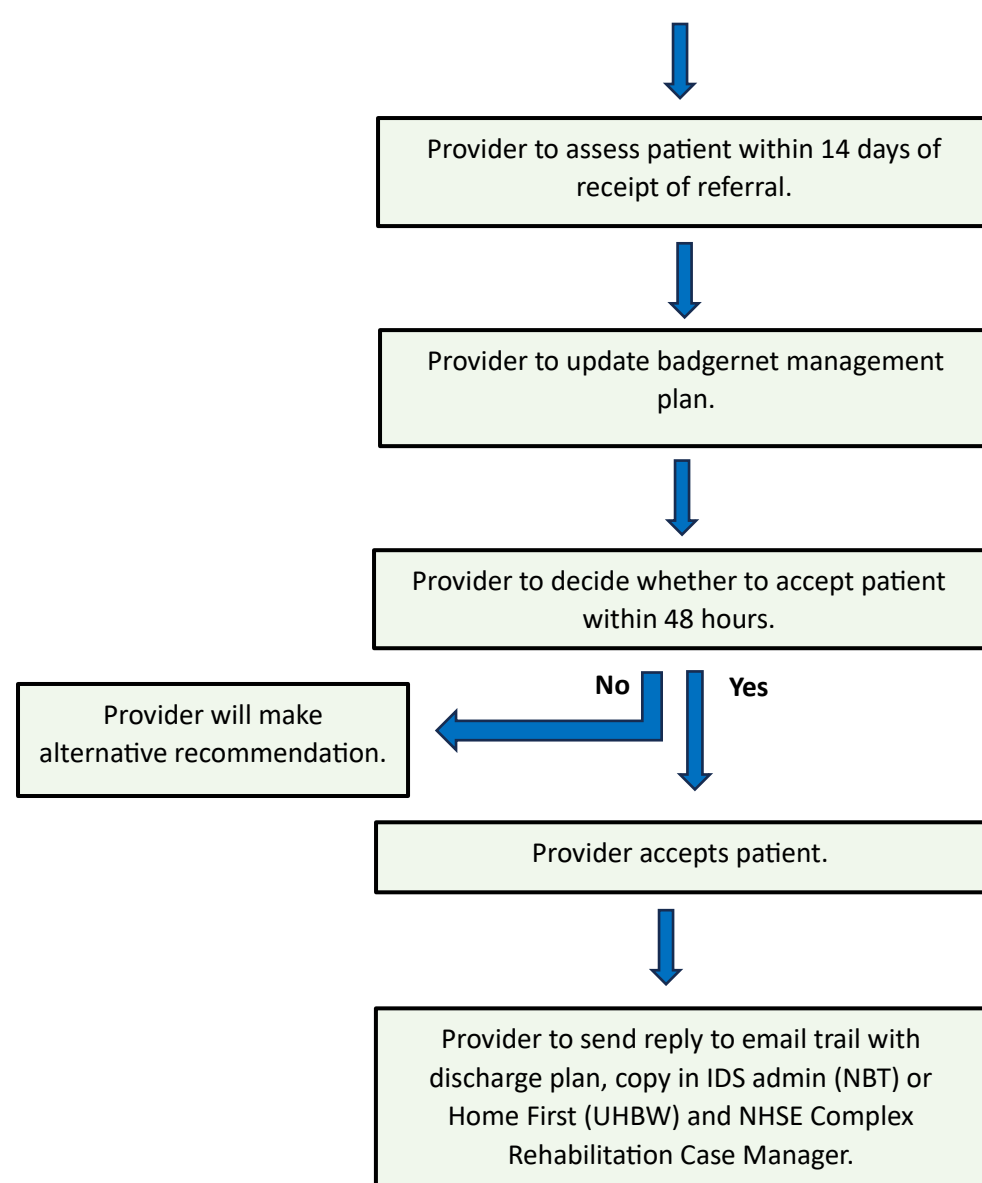
Yes

No

ICB funded care team will make alternative recommendation.

Level 1 to Level 2 stepdown

If patient becomes cat B, treating team to update badgernet referral, print as PDF and email to ICB, include duration of funding request for level 2. Copy in provider for information only.



Key contact email addresses:

- ICB funded care team email address is: bnssg.chcteam@nhs.net
- IDS admin: idsadmin@nbt.nhs.uk
- Home First: homefirstbriclinical@uhbw.nhs.uk
homefirstadmin@uhbw.nhs.uk
- BIRU: BIRU.referrals@nhs.net
- Cygnet: [REDACTED]
- BNSSG ICB Clinical Lead For Complex Discharge and Flow: [REDACTED]
- NHSE Complex Rehabilitation Case Manager: [REDACTED]