Along with you all the way:

Identifying suitable placements for patients with a Disorder of Consciousness, Challenges facing commissioners’

West Hampshire
Clinical Commissioning Group

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Disorders of Consciousness

Definitions

Coma (Absent wakefulness and absent awareness)	A state of unrousable unresponsiveness, lasting more than 6 hours in which a person: • cannot be awakened • fails to respond normally to painful stimuli, light or sound • lacks a normal sleep–wake cycle, *and* • does not initiate voluntary actions.
Vegetative state (VS) (Wakefulness with absent awareness)	A state of wakefulness without awareness in which there is preserved capacity for spontaneous or stimulus-induced arousal, evidenced by sleep–wake cycles and a range of reflexive and spontaneous behaviours. VS is characterised by complete absence of behavioural evidence for self- or environmental awareness.
Minimally conscious state (MCS) (Wakefulness with minimal awareness)	A state of severely altered consciousness in which minimal but clearly discernible behavioural evidence of self- or environmental awareness is demonstrated.[5] MCS is characterised by *inconsistent, but reproducible*, responses above the level of spontaneous or reflexive behaviour, which indicate some degree of interaction with their surroundings.

Case example. Falling through the gaps.

- A client in NHSE facility following ABI
- Minimally conscious
- No signs of change or progress in that setting.
- Not meeting the criteria for our rehab pathway.
- Assessed for CHC and found not eligible by MDT
- Assessed by ASC – over threshold for social care funded support.
- What happens next?

Specialist CCG funding vs CHC

- **Referrers understanding of funding process for rehab vs long term care is key to sourcing prompt, appropriate specialist placements for either care, treatment or ongoing specialist assessment.**

- **Referrals into rehab/assessment pathway should come from acute setting, consultants, rehab physios, OTs. These are likely to be clients with MCS diagnosis. Some (rare) referrals from GP's**

- **Referrals for long term care, where client has been assessed as benefitting from long term maintenance package , they should come through – via continuing health care assessment process. Hopefully these will be picked up and supported by ABI case management.**

Assessment and challenges

Differential diagnosis

- A key challenge is sourcing care that can meet a complex presentation.
- There isn’t an abundance of highly specialist homes.
- Client’s age is often a key challenge
- Deciding what the priority need is.

- Case example - Inappropriate placement dispute. CCG Responsibility vs client/family choice. Working together.

Ending rehabilitation

- **The decision to end rehab can often be interpreted as a financial decision and can cause a great deal of conflict.**

- **The CCG has to use funds wisely. We cannot fund hope.**

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