



University of London

The North West London Hospitals



NHS Trust

The Needs & Provision Complexity Scale (NPCS) for LTNC

Extended version

The NPCS can be used and copied freely,

but please acknowledge the originators in all publications

Further information and advice may be obtained from:

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Background

The National Service Framework (NSF) for Long Term Neurological Conditions (LTNC) promotes joined-up services to provide holistic, person-centred care (Department of Health, 2005). It includes 11 quality Requirements covering the care pathway from diagnosis to death. Critically, integrated care planning (QR1) provides the backbone to the NSF recommendations. Figure 1 illustrates how these elements fit together to provide life long support for people with LTNC. It is recognised, however, that resources to support integrated care planning are currently very limited, and this presents a major threat to implementation of the NSF recommendations. It is vital therefore to be able to evaluate service provision in relation to need, both at an individual and at a population level, in order to focus future service development efficiently.

LTNC are themselves a highly diverse group of conditions, and within those, people have widely different needs for services, against which the adequacy of service provision must be judged. Diagnosis is a poor determinant of need in this context, and we require some other way of defining need for services. The Needs and Provision Complexity Scale (NPCS) to measure needs for community care and rehabilitation and to assess provision against these needs.

The Needs and Provision Complexity Scale (NPCS)

The NPCS is an ordinal scale with five main domains and fifteen subscales
It has a total range of 0-50

| Domains | Range | Items | Range |
|----------------------------------|-------------|-----------------------------------|--------|
| Healthcare | 0-6 | Medical care needs | M 0-3 |
| | | Skilled nursing needs | N 0-3 |
| Personal care | 0-10 | Number of carers | CN 0-2 |
| | | Care frequency | CF 0-5 |
| | | Personal assistant / enabler | PA 0-3 |
| Rehabilitation | 0-9 | Therapy disciplines | TD 0-3 |
| | | Therapy Intensity | TI 0-3 |
| | | Vocational support/rehabilitation | VR 0-3 |
| Social and family Support | 0-13 | Social work case management | S 0-3 |
| | | Family carer support | FC 0-3 |
| | | Respite - residential | RR 0-3 |
| | | Respite - day care | RD 0-2 |
| Environment | 0-12 | Advocacy | AD 0-2 |
| | | Equipment | E 0-3 |
| | | Accommodation | AC 0-9 |
| Total | 0-50 | | |

The NPCS is divided into to parts

Part A: Needs – defines the needs for input under the different headings
(The NPCS records both professional and personal perspectives on what the patient needs (professional view) and what they would like (personal choice).

Part B: Provision – defines the current level of input or service currently provided within the same structure.

Unmet needs – are therefore recorded as the difference between the two scales.

Broadly, the rating levels under each item are designed to determine a) the number of staff required and b) the frequency of needs/intervention. Level descriptors give a rough guide as to what might “occasional”, “regular” or “frequent” , but these are not designed to be strictly defined cut-off points.

The summary score sheet includes a check list of the specific services required under each heading

It also includes a set of boxes to record the reasons for variance (unmet need) which may be

a) service not available – ie there is no service available, or it has not been offered

b) service declined – ie service has been offered, but declined by the pt / carer (this will often be because they consider that which has been offered to be unsuitable) – there is space to record the specific circumstances if desired.

c) other - some other reason

The Needs & Provision Complexity Scale (NPCS) for LTNC

| | | |
|-------------------------------|---------|---------------------------------|
| PATIENT IDENTIFICATION | | |
| Name: | NHS No: | Date of score:...../...../..... |

PART A - NEEDS: For each subscale, circle highest level applicable

1. MEDICAL CARE NEEDS – requiring intervention from a doctor for **investigation, monitoring or treatment** - Specialist Medical input may be from any medical specialty

| | | |
|------------|--|--|
| M 0 | GP occasional -- no regular contact – self-initiated visits to GP as required | Types of medical care <input type="checkbox"/> Neurology <input type="checkbox"/> Rehab medicine <input type="checkbox"/> Neuropsychiatry <input type="checkbox"/> Palliative care <input type="checkbox"/> Other |
| M 1 | GP active monitoring - regular monitoring/ treatment by GP solely | |
| M 2 | Low level specialist support eg for largely stable condition <u>On-going monitoring/ treatment by GP with occasional specialist advice / review</u> | |
| M 3 | Active specialist medical intervention required eg for changing/unstable condition or for unresolved symptoms. <u>Investigation or treatment requiring frequent contact with specialist medical team</u> | |

2: SKILLED NURSING NEEDS – **intervention required from trained and/or specialist nursing staff** eg district nursing or Specialist nurse (E.g. for wound care, bladder / bowel management / medication monitoring / specialist advice/support/counselling)

| | | |
|--|--|---|
| N 0 | No needs for skilled nursing | Types of nursing care <input type="checkbox"/> District nurse <input type="checkbox"/> Specialist nurse <input type="checkbox"/> Neurology <input type="checkbox"/> Mental Health <input type="checkbox"/> Palliative care <input type="checkbox"/> Other.... |
| Requires intervention from a trained or specialist nurse : | | |
| N 1 | Occasional intervention (eg monthly or less) | |
| N 2 | Regular intervention eg every 1-2 weeks | |
| N 3 | Frequent intervention on a daily basis, or Several times a week | |

3. PERSONAL CARE - **In and around the home.**

| | | |
|---|---|---|
| 3a: Number of Carers: Required to help with <u>basic self-care</u> | | |
| CN 0 | No carers required for basic care activities | Who provides this help?: <input type="checkbox"/> Informal family care <input type="checkbox"/> Formal paid carers <input type="checkbox"/> Other..... |
| CN 1 | Requires help from 1 person for most basic care needs | |
| CN 2 | Requires help from ≥2 people for most basic care needs | |

| | |
|---|--|
| 3b: Care frequency: Frequency of care for help with <u>basic self-care</u>, including maintaining safety | |
| CF 0 | No need for help with self care. |
| CF 1 | Occasional need – less than daily for help with self care, or extended activities of daily living |
| CF 2 | Requires regular help once daily |
| CF 3 | Requires regular help 2-3 times a day – <u>could be met by an intermittent visiting care package</u> <u>Able to be left safely for >4 hours and does not require care / supervision at night</u> |
| CF 4 | Frequent or unpredictable care needs , requiring the presence of someone most of the time <u>Cannot be left safely for >4 hours or requires care / supervision at night (but not waking night care)</u> |
| CF 5 | Requires constant supervision - <u>unable to be left alone in the house, even for short periods</u> <u>AND/Or requires waking night care – needs > 2 interventions at night)</u> |

| | |
|---|---|
| 3c: Personal assistant/enabler Frequency of assistance for participation in day time community activities | |
| PA 0 | No need for assistance with community activities |
| PA 1 | Occasional need – 1-2 days per week |
| PA 2 | Frequent need – 3-5 days/week |
| PA 3 | Daily – 6-7 days/week |

4. THERAPY NEEDS – including outpatient, community-based and vocational rehabilitation

| | | |
|--|--|--|
| Number of Therapy Disciplines: - required to be actively involved in treatment (ie at least 1 hr per month) | | |
| TD 0 | 0 | Tick therapy disciplines required: <input type="checkbox"/> Physio <input type="checkbox"/> O/T <input type="checkbox"/> SLT <input type="checkbox"/> Dietetics <input type="checkbox"/> Orthotics / Prosthetics <input type="checkbox"/> Psychology <input type="checkbox"/> Counselling <input type="checkbox"/> Mental health <input type="checkbox"/> Other: |
| TD 1 | Single discipline only | |
| TD 2 | Individual disciplines , not co-ordinated | |
| TD 3 | Co-ordinated interdisciplinary team | |

| | |
|--|---|
| Therapy Intensity: - Overall intensity of trained therapy intervention required | |
| TI 0 | No need for trained therapy intervention |
| TI 1 | Requires occasional review or maintenance programme – OR requires Group therapy solely Eg Rehab needs met by family/care staff or self-exercise, supervised by therapist eg 1-2 hrs total/month |
| TI 2 | Regular intervention for maintenance / treatment eg every 1-2 weeks : OP or domiciliary treatment |
| TI 3 | Requires frequent intervention involving several sessions per week |

5. VOCATIONAL /EDUCATIONAL SUPPORT NEEDS

| | |
|-------------|--|
| VR 0 | No need for vocational/educational support |
| VR 1 | Requires vocational assessment / advice or educational statementing |
| VR 2 | Requires on-going vocational /educational support eg Access to work scheme, or withdrawal from work |
| VR 3 | Requires formal vocational / educational rehab eg work prep, work re-training, supported placements |

6. SOCIAL WORK AND CASE MANAGEMENT -- support / intervention to co-ordinate care / services

| | |
|------------|--|
| S 0 | No needs for social work or case management |
| S 1 | Requires occasional intervention or available for advice when needed eg contact 2-3 x per year |
| S 2 | Requires regular intervention or contact eg every 1-2 months |
| S 3 | Requires frequent intervention or contact eg every 1-2 weeks |

7. FAMILY / CARER SUPPORT / RESPITE NEEDS

| | |
|----------------------------------|---|
| 7a: Family career support | |
| FC 0 | No needs for family / carer support |
| FC 1 | Assessment required for family / carer |
| FC 2 | Time-limited family/carers support required eg for skills training |
| FC 3 | On-going family/carers support required eg for emotional support |

| 7b. Respite - residential and day care centre: | | |
|---|---|---|
| RESIDENTIAL RESPITE | | |
| RR 0 | No need for residential respite care | Type of respite care <input type="checkbox"/> Home-based temporary live-in care <input type="checkbox"/> Residential home <input type="checkbox"/> Nursing home <input type="checkbox"/> Specialist nursing home <input type="checkbox"/> Hospice <input type="checkbox"/> Other |
| RR 1 | Requires occasional residential respite – eg to cover holidays etc. | |
| RR 2 | Requires regular planned residential respite , but not very frequent (eg 1-2 weeks per 6 months)) | |
| RR 3 | Requires frequent planned residential care (eg every 4-6 weeks) AND/OR back-up support at times of crisis | |
| DAY CARE | | |
| RD 0 | No need for day care | Type of day care <input type="checkbox"/> Community day centre <input type="checkbox"/> Specialist day centre <input type="checkbox"/> Hospice |
| RD 1 | Occasional day care – 1-2 days per week | |
| RD 2 | Frequent day care – 3-5 days/week | |

8. ADVOCACY NEEDS --

| | |
|-------------|--|
| AD 0 | No needs for advocacy |
| AD 1 | Mental capacity assessment required |
| AD 2 | Independent advocacy required |

9. SPECIALIST EQUIPMENT – Eg Special seating, assistive technology, ventilation equipment

| | | |
|------------|--|--|
| E 0 | No specialist equipment required | Types of Equipment <input type="checkbox"/> Basic lifting handling equipment <input type="checkbox"/> Seating/wheelchair <input type="checkbox"/> Standing/postural support <input type="checkbox"/> Electronic Assistive technology <input type="checkbox"/> Communication aid <input type="checkbox"/> Assisted ventilation <input type="checkbox"/> Other.. |
| E 1 | Basic equipment required (eg from social services equipment store eg kitchen aids, commode, bed, hoist etc) | |
| E 2 | Specialist equipment required – equipment requiring professional assessment and provision (eg seating, standing frames) | |
| E 3 | Highly specialist equipment required – bespoke equipment requiring professional prescription (eg environmental control, communication aids, ventilatory support) | |

10. ACCOMMODATION NEEDS

| | |
|---------------------------------------|---|
| AC 0 | No need for special accommodation |
| AC 1 | Restricted accommodation options (eg requires ground floor or lift access accommodation) |
| AC 2 | Requires partially adapted accommodation (eg rails, ramps etc) |
| AC 3 | Requires fully adapted accommodation (eg fully wheelchair accessible) |
| SHELTERED AND RESIDENTIAL CARE | |
| AC 4 | Requires sheltered living accommodation (eg warden controlled) |
| AC 5 | Requires supervised living arrangement eg small group home |
| AC 6 | Requires residential care home setting |
| AC 7 | Requires nursing home care |
| AC 8 | Requires specialist nursing home |
| AC 9 | Requires Hospice care |

Part B: The Inputs provided

**Part B is intended to mirror Part A,
except that it records what the person actually gets –
and so identifies unmet need**

PART B – The Inputs Provided

| | | |
|-------------------------------|----------------|--|
| PATIENT IDENTIFICATION | | |
| Name: | NHS No: | Date of score:...../...../..... |

For each subscale, circle **highest level** applicable

1. MEDICAL CARE PROVISION – intervention from a doctor for **investigation, monitoring or treatment** - Specialist Medical input may be from any medical specialty

| | | |
|------------|---|--|
| M 0 | GP occasional -- no regular contact – self-initiated visits to GP as required | Types of medical care <input type="checkbox"/> Neurology <input type="checkbox"/> Rehab medicine <input type="checkbox"/> Neuropsychiatry <input type="checkbox"/> Palliative care <input type="checkbox"/> Other |
| M 1 | GP active monitoring - regular monitoring/ treatment by GP solely | |
| M 2 | Low level specialist support eg for largely stable condition On-going monitoring/ treatment by GP with occasional specialist advice / review | |
| M 3 | Active specialist medical intervention eg for changing/unstable condition or for unresolved symptoms. Investigation or treatment requiring frequent contact with specialist medical team | |

2: SKILLED NURSING PROVISION – intervention from trained and/or specialist nursing staff eg district nursing or Specialist nurse (E.g. for wound care, bladder / bowel management / medication monitoring / specialist advice/support/counselling)

| | | |
|------------|--|---|
| N 0 | No provision of skilled nursing | Types of nursing care <input type="checkbox"/> District nurse <input type="checkbox"/> Specialist nurse <input type="checkbox"/> Neurology <input type="checkbox"/> Mental Health <input type="checkbox"/> Palliative care <input type="checkbox"/> Other.... |
| N 1 | Occasional intervention from a trained or specialist nurse (eg monthly or less) | |
| N 2 | Regular intervention from a trained nurse or specialist nurse eg every 1-2 weeks | |
| N 3 | Frequent intervention from a trained nurse or specialist nurse on a daily basis, or Several times a week | |

3. PERSONAL CARE - In and around the home.

| | | |
|---|-------------------------------------|---|
| 3a: Number of Carers: provided to help with <u>basic self-care</u> | | |
| CN 0 | No carers for basic care activities | Who provides this help?: <input type="checkbox"/> Informal family care <input type="checkbox"/> Formal paid carers <input type="checkbox"/> Other..... |
| CN 1 | 1 carer | |
| CN 2 | 2 carers | |

| | |
|---|--|
| 3b: Care frequency: Frequency of care for help with <u>basic self-care</u>, including maintaining safety | |
| CF 0 | No provision for help with self care. |
| CF 1 | Occasional care visits – less than daily for help with self care, or extended activities of daily living |
| CF 2 | Once daily care visit 1-2 hours |
| CF 3 | 2-3 care visits per day – (or 3-6 hours care per day in total) - no night time care |
| CF 4 | Live-in or all day care package - >6 hours |
| CF 5 | 1:1 care throughout the day <u>AND/Or</u> waking night care |

| | |
|---|---|
| 3c: Personal assistant/enabler - Assistance for participation in day time community activities | |
| PA 0 | No provision for assistance with community activities |
| PA 1 | Occasional assistance provided – 1-2 days per week |
| PA 2 | Frequent assistance provided – 3-5 days/week |
| PA 3 | Daily assistance provided – 6-7 days/week |

4. THERAPY PROVISION – including outpatient, community-based and vocational rehabilitation

| | | |
|---|--|--|
| Number of Therapy Disciplines: - actively involved in treatment (ie at least 1 hr per month) | | |
| TD 0 | 0 | Tick therapy disciplines involved: <input type="checkbox"/> Physio <input type="checkbox"/> O/T <input type="checkbox"/> SLT <input type="checkbox"/> Dietetics <input type="checkbox"/> Orthotics / Prosthetics <input type="checkbox"/> Psychology <input type="checkbox"/> Counselling <input type="checkbox"/> Mental health <input type="checkbox"/> Other: |
| | Single discipline only | |
| TD 2 | Individual disciplines, not co-ordinated | |
| TD 3 | Co-ordinated interdisciplinary team | |

| | |
|---|--|
| Therapy Intensity: - Overall intensity of trained therapy intervention | |
| TI 0 | No therapy intervention (or <1 hr per month) |
| TI 1 | Occasional review or maintenance programme -- about 1-2 hours/month in total – OR attends for Group therapy solely |
| TI 2 | Regular intervention for maintenance / treatment eg every 1-2 weeks: |
| TI 3 | Frequent intervention involving several sessions per week (may be from different disciplines) |

5. VOCATIONAL /EDUCATIONAL SUPPORT PROVISION

| | |
|------|---|
| VR 0 | No provision for vocational/educational support |
| VR 1 | Received/ing vocational /educational assessment / advice or statementing |
| VR 2 | Receives on-going vocational/educational support eg Access to work scheme, or withdraw from work |
| VR 3 | Receives formal vocational / educational rehabilitation eg work preparation, work re-training, supported placements |

6. SOCIAL WORK AND CASE MANAGEMENT -- support / intervention to co-ordinate care / services

| | |
|-----|---|
| S 0 | No provision of social work or case management – or very inconsistent (ie effectively none) |
| S 1 | Occasional intervention or contacts for advice when needed eg 2-3 times per year |
| S 2 | Regular intervention or contact eg every 1-2 months |
| S 3 | Frequent intervention or contact eg every 1-2 weeks |

7. FAMILY / CARER SUPPORT / RESPITE PROVISION

| | |
|---------------------------------|--|
| 7a: Family carer support | |
| FC 0 | No provision for family / carer support |
| FC 1 | Received/ing assessment for family / carer |
| FC 2 | Received/ing family/carers support eg for skills training |
| FC 3 | Receives on-going family/carers support eg for emotional support |

| 7b. Respite - residential and day care centre: | | |
|---|--|---|
| RESIDENTIAL RESPITE | | |
| RR 0 | No provision for residential respite care | Type of respite care <input type="checkbox"/> Home-based temporary live-in care <input type="checkbox"/> Residential home <input type="checkbox"/> Nursing home <input type="checkbox"/> Specialist nursing home <input type="checkbox"/> Hospice <input type="checkbox"/> Other |
| RR 1 | Occasional residential respite provision – eg to cover holidays etc. | |
| RR 2 | Regular planned residential respite provision , but not very frequent (eg 1-2 weeks per 6 months)) | |
| RR 3 | Frequent planned residential care (eg every 4-6 weeks) AND/OR back-up support at times of crisis | |
| DAY CARE | | |
| RD 0 | No provision for day care | Type of day care <input type="checkbox"/> Community day centre <input type="checkbox"/> Specialist day centre <input type="checkbox"/> Hospice |
| RD 1 | Occasional day care provided – 1-2 days per week | |
| RD 2 | Frequent day care provided – 3-5 days/week | |

8. ADVOCACY PROVISION --

| | |
|-------------|--|
| AD 0 | No provision for advocacy |
| AD 1 | Received/ing mental capacity assessment |
| AD 2 | Receiving Independent advocacy |

9. SPECIALIST EQUIPMENT – Eg Special seating, assistive technology, ventilation equipment

| | | |
|------------|--|--|
| E 0 | No specialist equipment /provision inadequate | Types of Equipment <input type="checkbox"/> Basic lifting handling equipment <input type="checkbox"/> Seating/wheelchair <input type="checkbox"/> Standing/postural support <input type="checkbox"/> Electronic Assistive technology <input type="checkbox"/> Communication aid <input type="checkbox"/> Assisted ventilation <input type="checkbox"/> Other.. |
| E 1 | Basic equipment provided (eg from social services equipment store eg kitchen aids, commode, bed, hoist etc) | |
| E 2 | Specialist equipment provided – equipment requiring professional assessment and provision (eg seating, standing frames) | |
| E 3 | Highly specialist equipment provided – bespoke equipment requiring professional prescription (eg environmental control, communication aids, ventilatory support) | |

10. ACCOMMODATION PROVISION

| | |
|---------------------------------------|---|
| AC 0 | No provision for special accommodation |
| AC 1 | Restricted accommodation options met (eg requires ground floor or lift access accommodation) |
| AC 2 | Has partially adapted accommodation (eg rails, ramps etc) |
| AC 3 | Has fully adapted accommodation (eg fully wheelchair accessible) |
| SHELTERED AND RESIDENTIAL CARE | |
| AC 4 | Has sheltered living accommodation (eg warden controlled) |
| AC 5 | Has supervised living arrangement eg small group home |
| AC 6 | Has residential care home setting |
| AC 7 | Has nursing home care |
| AC 8 | Has specialist nursing home |
| AC 9 | Has Hospice care |

