



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
		Advocacy		AD 0-2
Environment	0-12	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: <u>Frequency of care for help with basic self-care, including maintaining safety</u>	
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 <u>On-going monitoring/ treatment by GP with occasional specialist advice / review</u>	
M 3	Active specialist medical intervention eg for changing/unstable condition or for unresolved symptoms. <u>Investigation or treatment requiring frequent contact with specialist medical team</u>	

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: <u>provided to help with 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: <u>Frequency of care for help with basic self-care, including maintaining safety</u>	
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: - <u>actively involved in treatment (ie at least 1 hr per month)</u>		
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: - <u>Overall intensity of trained therapy intervention</u>	
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 career 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

