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NHS Trust

The Needs & Provision Complexity Scale (NPCS) for LTNC

The NPCS can be used and copied freely, *but please acknowledge the originators in all publications*

References

Turner-Stokes L, Siegert RJ. *The Needs and Provision Complexity Scale: factor structure and repeatability*. Poster Presentation. 7th World Congress in Neurorehabilitation; 2012; Melbourne. Abstract published in *Neurorehabilitation and Neural Repair* 2012; 26(6): 695-804 (Poster 48)

Turner-Stokes L, Siegert RJ. *The Needs and Provision Complexity Scale: measuring met and unmet needs in the community for patients with complex neurological disabilities*. Poster Presentation. 7th World Congress in Neurorehabilitation; Melbourne. May 2012
Neurorehabilitation and Neural Repair 2012; 26(6): 695-804 (Poster 49)

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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 speciality

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 required eg for changing/unstable condition or for unresolved symptoms. Investigation or treatment requiring frequent contact with specialist medical team	

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 basic self-care		
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 basic self-care, 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 – could be met by an intermittent visiting care package Able to be left safely for >4 hours and does not require care / supervision at night
CF 4	Frequent or unpredictable care needs , requiring the presence of someone most of the time Cannot be left safely for >4 hours or requires care / supervision at night (but not waking night care)
CF 5	Requires constant supervision - unable to be left alone in the house, even for short periods AND/Or requires waking night care – needs > 2 interventions at night)

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/carer support required eg for skills training
FC 3	On-going family/carer 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 speciality

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 basic self-care		
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 basic self-care, 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 AND/Or 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
	Single discipline only
TD 2	Individual disciplines , not co-ordinated
TD 3	Co-ordinated interdisciplinary team

Tick therapy disciplines involved:

<input type="checkbox"/> Physio	<input type="checkbox"/> Psychology
<input type="checkbox"/> O/T	<input type="checkbox"/> Counselling
<input type="checkbox"/> SLT	<input type="checkbox"/> Mental health
<input type="checkbox"/> Dietetics	<input type="checkbox"/> Other:
<input type="checkbox"/> Orthotics / Prosthetics	

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 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