

# Briefing note

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**To:** Coventry Health and Social Care Scrutiny Board (5)      **Date:** 23 September 2020

**Subject:** Neuro-rehabilitation Level 2b Bed Relocation

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## **1 Purpose of the Note**

- 1.1 To update the Coventry Health and Social Care Scrutiny Board regarding the potential relocation of Neuro-rehabilitation Level 2b Beds from University Hospitals of Coventry and Warwickshire (UHCW) to South Warwickshire Foundation Trust's (SWFT) Central England Rehabilitation Unit, located at Royal Leamington Spa Hospital.
- 1.2 To seek the support of the Coventry Health and Social Care Scrutiny Board to develop a case for change to consider the benefits of this service change for our local population, prior to making a decision regarding the current arrangements.

## **2 Recommendations**

- 2.1 For the Coventry Health and Social Care Scrutiny Board to support NHS Coventry and Rugby Clinical Commissioning Group, in collaboration with UHCW and SWFT, to undertake the process to develop a full Decision-Making Business Case regarding the future location of the Neuro-rehabilitation Level 2b Beds.

## **3 Background and Information**

- 3.1 COVID-19 created an unprecedented situation, resulting in a national state of emergency and the greatest health and care challenge of our time. The Coventry and Warwickshire health and care system responded to this challenge at significant pace.
- 3.2 The three Clinical Commissioning Groups (CCGs) in Coventry and Warwickshire delivered both the nationally mandated changes from NHS England and Improvement ('NHSEI'), as well as local decisions, so that together we provided an effective and robust response to COVID-19 and deliver as many services as possible during this time.

- 3.3 The response to COVID-19 is being managed in four phases:
- Phase 1 – Service change (immediate response to COVID-19)
  - Phase 2 – Restoration (6 weeks from May to mid-June)
  - Phase 3 – Recovery (to March 2021)
  - Phase 4 – Reset (2021/22)
- 3.4 In many areas, it was essential to fast-track transformation initiatives to enable delivery of as many services as possible. The areas of major innovation are fully aligned with our strategic ambitions outlined in the NHSE Long Term Plan; our local Five Year Plan and align with key messages from various engagement activities with local people.
- 3.5 The NHS is now in Phase 3 - Recovery. We attended Scrutiny Board at the end of July to give an overview of the governance; scope; objectives; and, progress to date on the Coventry and Warwickshire “3Rs” programme of Restoration, Recovery and Reset.
- 3.6 As we look to the future, maintaining the transformation will enable us to meet the short to medium term challenges of restoration and recovery and provide a sound basis to reset our health and care system to one that is more effective and sustainable.

#### **4 Level 2b neuro-rehabilitation beds**

- 4.1 Prior to the COVID-19 pandemic 12 Level 2b neuro-rehabilitation beds were located at UHCW. These beds are commissioned by Coventry and Rugby CCG on behalf of the three Coventry and Warwickshire CCGs and are the only Level 2b neuro-rehabilitation facilities in Coventry or Warwickshire.
- 4.2 These beds are used for patients requiring post-acute, specialist rehabilitation at a level less intensive than patient with very the highest acuity. Commonly 2-4 therapist disciplines are involved per patient and the length of stay for each patient is usually 1-3 months, though some may stay up to 6 months. The conditions treated include:
- Traumatic brain injury
  - Hypoxic brain injury (lack of oxygen)
  - Complex neurological conditions e.g. Guillain Barre Syndrome
  - Acute neuro-behavioural conditions (typically on an interim basis whilst awaiting other units).

The service meets the needs of individuals who typically may be a risk to themselves due to reduced safety awareness, need to understand how their abilities have changed and may be experiencing substantial physical disability.

- 4.3 In addition to the care provided by Consultants in Rehabilitative Medicine, Junior Grade Doctors and Nurses, patients are supported by a range of Allied Health Professionals including Physiotherapists, Occupational Therapists, Speech and Language Therapists, Dieticians as well as Clinical Psychologists and Social Workers.
- 4.4 Following inpatient rehabilitation, patients are usually discharged home, where they will continue to receive specialist community rehabilitation services along with a

package of care if required. The full patient pathway for Specialised Neurorehabilitation can be found in Appendix A.

- 4.5 As part of our emergency response to COVID-19, the decision was taken on 18<sup>th</sup> March 2020 for these beds to be moved from UHCW to the Central England Rehabilitation Unit (CERU), a dedicated rehabilitation facility which is part of Royal Leamington Spa Hospital, located on Heathcote Lane in Warwick and provided by SWFT.
- 4.6 This move was undertaken in line with the national directive on 'urgent response' from NHS England and Improvement on 17<sup>th</sup> March 2020; identifying the need to free-up the maximum possible inpatient and critical care capacity and prepare for the anticipated large numbers of COVID-19 patients, as well as support staff, and maximise their availability.
- 4.7 Moving these beds increased acute bed capacity at the UHCW site and ensured that rehabilitation patients continued to receive high-quality neurorehabilitation in an appropriate, infection controlled environment.
- 4.8 Since 19 March 2020 to 31 August 2020, 31 patients have been admitted.

## **5 Assessment of Service Change**

- 5.1 As part of our Recovery we have had to consider what services are being restored and, if we are restoring them, are we doing so by returning them to the pre-COVID-19 model or in a new way that reflects the significant transformation that has taken place across our services.
- 5.2 For any NHS Provider service change which has been undertaken in response to COVID, we have used the NHS England and Improvement Impact Assessment Tool (IAT). The IAT (Appendix 2) has four phases. In June 2020 we undertook Phase 1 which is an initial 'Sort and Sift' of the service changes which have been undertaken
- 5.3 The initial Sort and Sift exercise puts the service changes into two categories:
  - Restoration: Service changes that are not viable as a permanent solution.
  - Recovery: Service changes that are viable for consideration as a permanent change.
- 5.4 The Level 2b neuro-rehabilitation beds were put into the Recovery Category and were subject to the Phase 2 of the IAT during July so that we could make a better assessment of their viability as a permanent solution.
- 5.5 The Phase 2 Evaluation is now complete and both SWFT (CERU) and UHCW would like to explore the scheme further. They believe that, by siting the beds within a specialist rehabilitation unit it could lead to:
  - Improved treatment outcomes - potentially physical and/or cognitive as relevant
  - Improved in-patient experience
  - Reduced Length of Stay
  - Reduced exposure to infectious patients e.g COVID-19, flu, viral pneumonia

5.6 As per the IAT framework, at this stage this service changes being brought forward into Phase 3 are still proposals and the purpose of Phase 3 is to ascertain if there is system wide support to progress to Phase 4.

## **6 Next steps**

6.1 If there is support for us to progress this service change the CCGs, working together with UHCW and SWFT, would mobilise the resource and governance structures to develop a full decision making business case.

6.2 This case for change will apply NHSE Service Change Guidance (2018) and work through the development of a robust clinical case for change, including working with patients, staff, the wider public and stakeholders to understand the impact of any changes on them.

6.3 The case for change would be subject to all statutory guidelines regarding service transformation and change.

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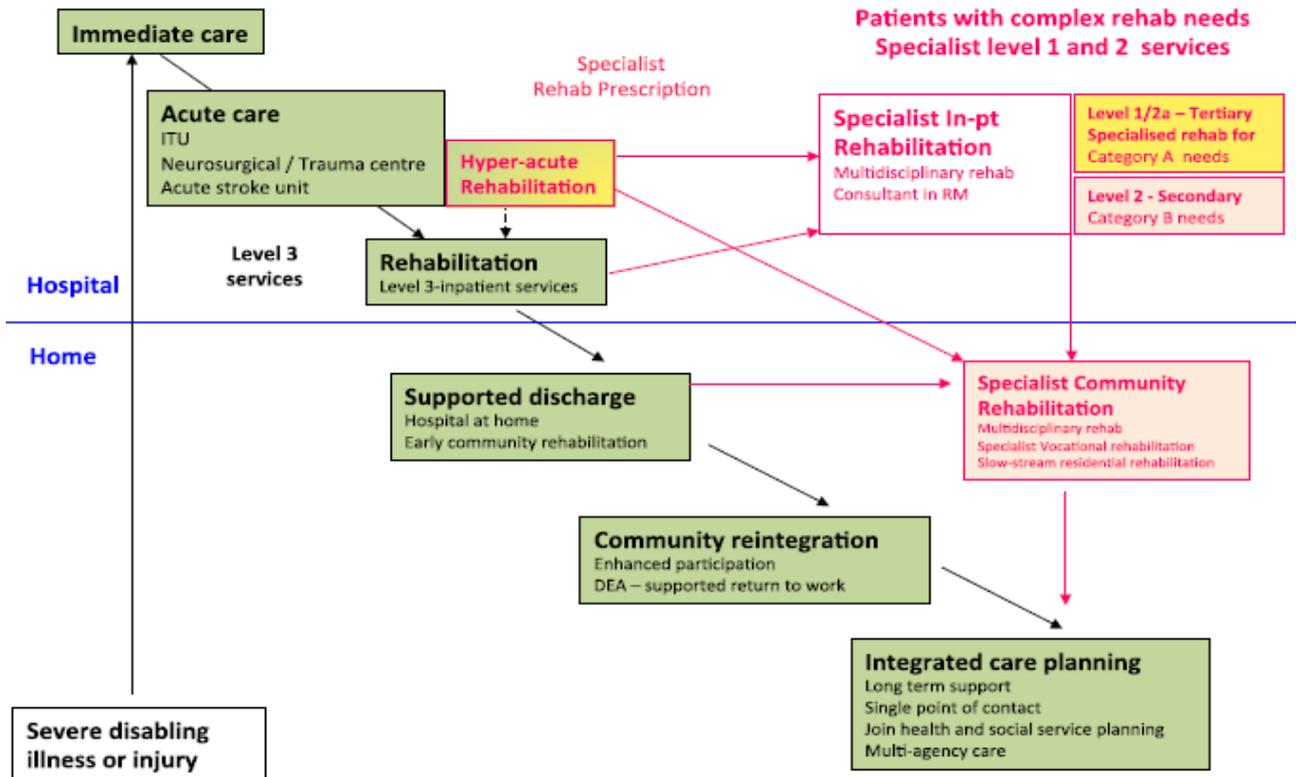
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## APPENDIX A

### Pathway for Patients Suffering Significant, Acute Neurological Injury or Illness



Source: 'Specialised Neurorehabilitation Service Standards,'  
British Society of Rehabilitative Medicine, 2019

## APPENDIX B

### Restoration & Recovery Planning: Impact Assessment Framework for Service Changes during COVID 19 (Version 4.0, NHS England and NHS Improvement)



Phase 2 Appendix 3  
IAT.pptx