

Engagement Report – Level 2B Neuro-Rehabilitation Service

Background

Prior to the COVID-19 pandemic the Level 2b neuro-rehabilitation service was located at UHCW. This service is commissioned by Coventry and Rugby CCG on behalf of the three Coventry and Warwickshire CCGs and is the only Level 2b neuro-rehabilitation inpatient facility in Coventry or Warwickshire.

As part of our COVID response a decision was taken on 18th March 2020 for the service 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.

Moving the service 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.

The Clinical Commissioning Group is now considering the future location of the service.

Who uses the service?

The 12 beds which make up the service 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 Level 2b service cares for approximately 50 patients a year. It 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 will be experiencing substantial physical disability.

Who delivers the service?

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.

The senior clinical staff have always been employed by SWFT and have delivered the service at UHCW under a service level agreement. These staff have moved from UHCW to

CERU with the service and their employer has not changed. The allied health professional and nursing staff have not moved with the service.

Purpose of engagement

Our engagement set out to understand

- Current and previous experience and opinions of the service of patients, carers, staff, the voluntary sector and other key stakeholders.
- What criteria should be used to assess potential options for the future service and their relative importance in that assessment.

Our Approach

As part of this engagement, we targeted

- Patients – those with experience of the service and those who have had brain injury/neurological conditions in the past which required rehab (but may not have attended the UHCW service)
- Staff who work in the service – both to understand their own experiences, and what they thought would be best for their patients
- People with a friend or family member who has had a brain injury and undergone Level 2b rehab (for the purposes of brevity within this report this cohort is referred to as “Carers”).
- Advocates for patients and carers.

COVID-19 and infection control procedures meant that it was not possible to attend support groups or deliver face to face engagement. This meant that our engagement was primarily undertaken through an online survey. The questions on the survey varied for each of the four groups, but addressed the same themes to ensure consistency of approach.

The online survey was promoted to patients, carers and advocates via the local VCS. The following organisations were asked to forward the survey to their members

- Headway
- The Carer’s Trust
- Chinese Carers Trust
- Ekta Unity
- Indian Association
- Sahil – BME (men and women)
- Warwickshire CAVA
- VAC
- Healthwatch

Responses

In total we received 37 responses to the online survey. This consisted of

- 7 former patients of a neuro-rehabilitation service
- 13 carers
- 17 staff members

Although two Advocates / Charity representatives started to fill in the questionnaire they did not complete the survey and their answers were lost.

In addition to the online survey, we were able to undertake two qualitative interviews with patients currently under the care of the service. These interviews were delivered over Microsoft Teams, with the support on the ward from a speech and language therapist, and followed the same structure as the online questionnaire.

Summary

Patients, their friends and families and staff were in accord in what was important to them in recovering or supporting recovery and what mattered less to them, lending more weight to the themes of the response.

- All groups of respondents considered the most important thing in supporting recovery is an environment dedicated to rehabilitation, with a range of equipment, facilities and services available for patients.
- Access to other health services, outside of those directly related to recovery, was considered to be unimportant by all groups, as was access to outdoor spaces to aid recovery.
- The need for good communication was a strong theme across all groups
 - Good communication by staff with patients and with their family and friends is a vital part of recovery and support.
 - Successful communication between teams and a strong MDT ethos was extremely important to staff
- Location of the service was not raised as a particular issue by any group, and easy access to the service was ranked one of the lowest in importance of the criteria used to assess service change.

Recommendations

- When considering any future change for the Neurorehabilitation Service, the need for an environment dedicated to rehabilitation is key. This takes in all aspects of rehabilitation from enabling access to a range of specialities, to ensuring suitable equipment is available.
- Any service change should include facilitating support for MDT working and encourage good quality communication both between teams and between staff and patients.
- Any service change should ensure that there remain or improve opportunities for staff development and training in order to support the workforce and aid recruitment to maintain sustainability of the service in the future.
- While location was not considered important by the respondents it remains vital to ensure that due regard is paid to the impact any change in location would have on those with a protected characteristic.

Detailed Feedback

Patients

The numbers of responses to this survey and interview was nine. Although this is in the expected bounds for such a specialised service, taking into account the severity of condition of current patients, and the restrictions of COVID-19, all information should be viewed within this context, offering indicative themes rather than definitive conclusions.

When considering what was important to them, a calm setting in which to recover and an environment which is dedicated to rehabilitation were most likely to be rated as extremely important. The calmness of the setting was considered the most important with all respondents rating it as extremely important or very important to them.

This was emphasised in the face to face interviews, where both respondents agreed that the rehabilitation environment was key in helping them to get better.

“ [It is different to an acute hospital] yes, because you’re all together and we’re all helping each other. There are obviously some very poorly people here who don’t communicate and it helps us [learn to] communicate.”

“It is very important as far as possible to not feel like you’re in hospital, that you are in rehab.”

Regular visits from loved ones were also considered important by both groups, although it was noted in the face to face interviews that this has not been possible due to IPC during COVID.

“Between the 2 lockdowns there was a period of time here when we could have someone visiting once a week for an hour so I had my brother coming in and that was really good. If you’ve got family/friends visiting you, they can do stuff for you whilst they’re here that maybe the nursing staff don’t have time to do, so there are all manner of benefits I think to having visitors”

“Used to have visits sometimes but of course that had to stop cos of COVID, but fortunately I have a phone so my brother and niece and friends can ring me.”

The least highly rated options were related to the wider environment, where access to outdoor space was least likely to be rated as important.

When asked to pick the single most important thing to them, the majority of respondents chose access to a consultant as the single most important thing. Although this does not match the outcome of how highly patients rated each option individually, this may be because when patients thought about a single most important thing it came down to the technical skill of the consultants to support them to recover.

“Most important. My consultant is utterly gorgeous! He is absolutely lovely; what I like about him is he listens to his patients....And what he also did, my husband was here one day when he came on his ward round and he had a chat with him, and then he rang him at home to explain what was going on with me, so my husband understood,

and then my husband could tell my brother so everybody knew and that was really good.”

When considering what single thing was least important to them, the majority of respondents selected access to outdoor spaces.

Patients were asked about what they would change if they could change one thing. The responses online were diverse, although there was a theme of wanting more information about their condition, and being listened to.

Both patients in the face to face interviews specifically raised the noise on the ward from staff talking and calling to each other as an issue, and that this interfered with their recovery, although the small number renders this anecdotal this may merit some investigation.

When considering what had mattered the most to them about the care that they had received the majority of people noted the personalisation and compassion of the care.

“It was unique and specific to me and I had my own programme of rehab”

“The depts in the background, Physio and Occupational Health. I do feel it’s really good how they plan their sessions because by and large I’ve come away from each session feeling like I’ve progressed. They don’t push you too far so that if you perhaps have a bit of a setback or get too tired etc, so I think that’s been really good; it’s been a real surprise. I thought when you get to rehab it’s going to be a bit sort of boot camp but it isn’t.”

“They do so much. They took me to the kitchen one day and helped me make my breakfast. My husband was there and he was watching what I could do in the kitchen which helped him”

Friends and family / Carers

The responses received from friends and family covered a mix of people who’s loved one had been treated at CERU and at UHCW.

When considering what was important to the patient in helping them to recover, the most popular answers were all themed primarily around the range of specialisms, equipment and facilities available. Access to a variety of therapeutic services was considered extremely important by all respondents, with access to different facilities to support rehabilitation coming a close second with 90% of respondents feeling it was extremely important. When considering what the respondent believed what the single thing most important to supporting patients to recover was, the most selected answer was the overall rehabilitation environment.

“The hospital was extremely busy and the care was very good but how long someone could stay in hospital seemed to be a factor.”

The need for a range of services were limited to directly therapeutic ones however, with other non-associated health services being in the same location not being considered

important for supporting recovery. Similarly to the patient response, respondents did not feel that this was particularly important.

The other area considered extremely important in supporting recovery was regular visits from friends and family members, with 90% of respondents considering them very or extremely important.

We also asked respondents what was important for them in supporting their loved one's recovery. As above, the biggest priority for respondents was knowing that their loved one had access to a range of specialists and being able to visit whenever they wanted. Although access for the respondents to be able to speak to a consultant about their loved one was not rated highly important, in the free text responses there was a theme of the need for good communication between family/friends and the staff.

“doctors not really wanting to talk to us when we went in- having to constantly ask for updates- very dis-spiriting”

“I was not informed that he was not sleeping at night which had a major impact on my health when he came home”

“[What was most important was] Being shown how to help with my father's therapy so I knew how to continue to support him once home and regular feedback from the therapists was really important both for my father and us so we could see how he was improving.”

“More daily rehab & physio/OT actually speaking to family more often;”

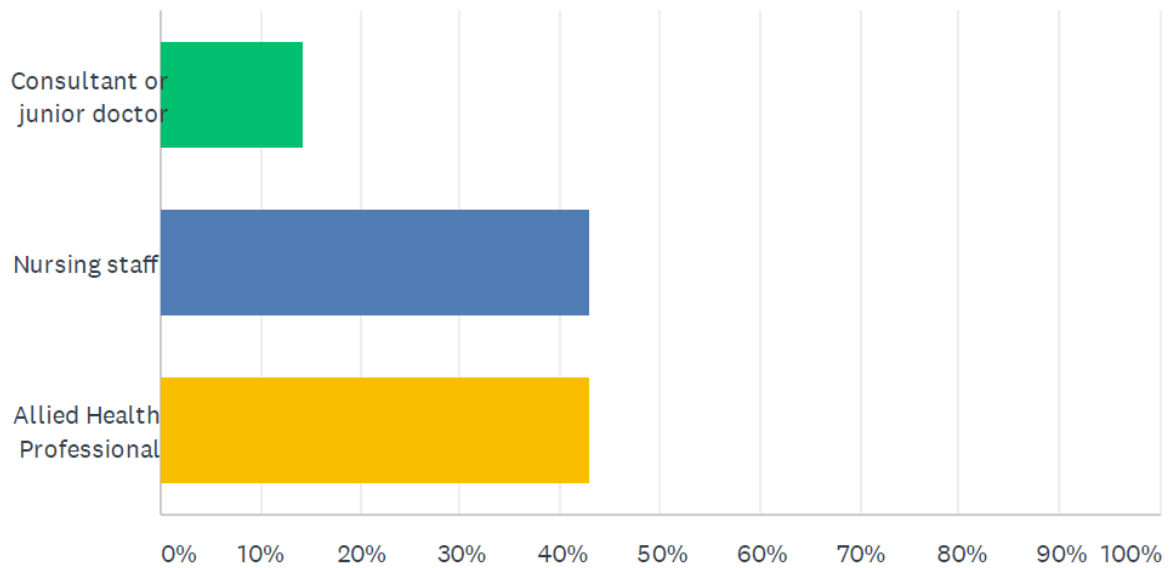
Another theme which came out was time – both to communicate with patients and their friends or family members, but also to deliver care and support. Two specific concerns were raised in the free text responses about the regularity of support for patient to access toilet facilities.

The response to easy of access was extremely mixed and affordable, accessible parking was considered important than bus routes by more respondents.

“UCWH location, being at an extreme end of the County and unimaginably difficult to access for anyone other than Coventry and N Warwickshire residents is entirely unsuitable for non urgent care, especially where the main or only carer for some patients may themselves be older and have health, mobility or financial difficulties”

Staff

The survey was filled in by a mix of staff who had delivered the service from UHCW and CERU, and a mix of consultants, nursing staff and allied health professionals.



When considering what is important in supporting recovery on behalf of patients, an environment dedicated to rehabilitation, and access to appropriate equipment were considered equally the most important, with 94% of staff rating this as extremely important for recovery. Access to a variety of specialities and facilities was also very highly rated. Similarly to the response from friends and family, this only covers services directly target in supporting rehabilitation, with over 50% of respondents feeling that that was the least important thing in supporting patients to recover.

“having the environment and facilities to be able to do my role to the best of my abilities.”

“A dedicated facility so the focus can be on rehabilitation of these patients rather than being diluted with other priorities in an acute setting.”

When considering what matters most about their role, the themes of time to care and the importance of communicating, with patients, their friends and their family members, but also within the team and with colleagues came out very strongly in the responses. 88% of staff who responded to the survey felt that good links between senior decision makers and the rest of the team were extremely important. When asked to consider what the single most important thing that helped them do their role, over 50% felt that it was working in a multi-disciplinary team and being able to communicate effectively.

Availability of the right equipment and facilities to help staff to do their role were also considered very important, in line with what staff said in previous questions helped patients to recover best. Training and development and opportunity for progression were also highlighted. Staff referenced the importance of working in a multi-disciplinary team and the importance of being able to deliver high quality care.

“having the time and resources to carrying out nursing care to the highest standard”

“Having enough time to give each patient the rehab they need. Regular MDT meetings to ensure goals are discussed and plans are made etc”

“Supporting the service deliver excellent communication/support between the treating teams, family and carers”

Location of the service was the least important to staff, although 75% said it was important for there to be parking easily available.

When thinking about what they would like to change about their role the themes were very similar to what matters most to them. Some respondents felt that team working in general could improve, in keeping with the importance reference above of a direct line of communication between senior and junior staff.

“Actually having more input, it feels like HCAs are regarded very little at times and just viewed as “bum wipers””

“A better working environment which fosters more team working as well as ownership of patients and the care they are receiving”

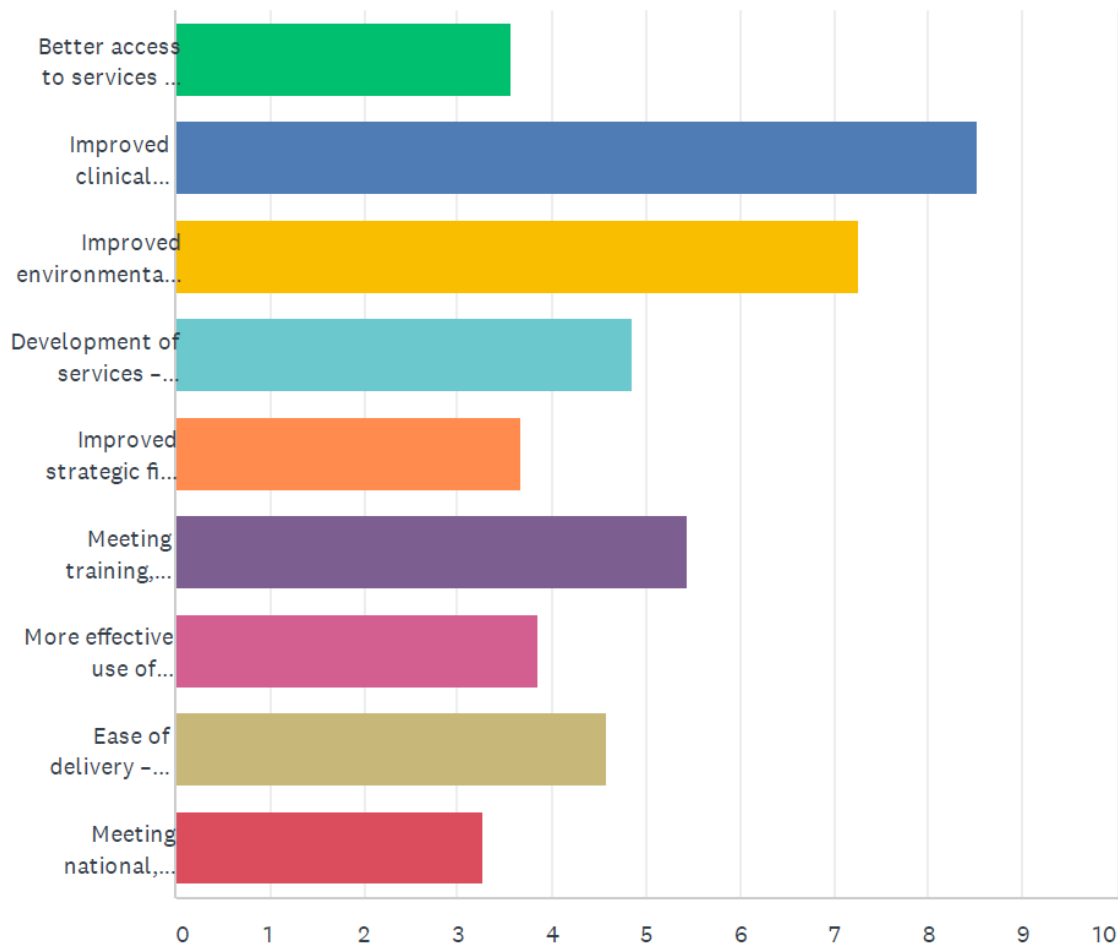
Other themes in the comments were around the facilities available and the need to have a environment focused on rehab and supporting good communication.

“to have a designated rehabilitation unit where I can provide consistent care”

“An environment conducive to effective team working and good communication between Colleagues”

Setting the criteria for assessing service delivery

All respondents were asked to consider the standard criteria for assessing service change and confirm if there was anything they would add or they didn't feel important/relevant specifically for the Level 2B Neurorehabilitation Service. They were also asked to rank the criteria in terms of relevance and importance to assessing this service. These rankings were then used to give each criteria a relative score out of 10.



Improving clinical quality in order to deliver better health outcomes, better configuration and enabling new methods of delivering care was the most important to respondents, followed by improving the environmental quality and conditions conducive to effective care. Being able to develop staff and recruit well was also considered important.

Although meeting national and regional policy initiatives, along with improving value for money and improving the strategic fit of services remain important for the commissioner of services, they were not considered relevant by the staff, patients and friends and family responding to the questionnaire.

The other criteria which was not considered important by any group of respondents was access to the service, which includes distance travelled and car parking. This could be because, as an inpatient service, there is no need for the patient to travel to and from their home, so the impact of travel is only felt by the friends and family of patients.

Most respondents did not wish to add to the criteria, although some offered specific service improvements which they would like to see, such as improved IT access or a family meeting room. Some respondents were uncomfortable with ranking the criteria, feeling all were important and none should be prioritised over each other.