

BRIEFING PAPER FOR COVENTRY SCRUTINY BOARD 5

Proposal to make the temporary relocation of Level 2b Neurorehabilitation Beds from UHCW to Leamington Rehabilitation Hospital permanent

Background

- Prior to the COVID-19 pandemic, 12 Level 2b neuro-rehabilitation beds were located on Ward 42 at UHCW. These beds are commissioned by Coventry and Warwickshire CCG and are the only NHS-funded Level 2b neuro-rehabilitation facilities in Coventry or Warwickshire.
- As part of our emergency response to COVID-19, the decision was taken on 18 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, provided by SWFT.
- 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.
- CERU had the additional capacity to take on these beds due to an area of the hospital that had not opened up yet but was built to future-proof site capacity. No beds were closed to free up these 12 beds. 30 beds are commissioned by NHSE Specialised Commissioning for Level 1 neurorehabilitation on the site.
- As part of the Impact Assessment Tool (IAT) process and as we moved into restoration and recovery, a case to propose this as a permanent relocation was developed.
- The 12 Level 2b neurorehabilitation beds commissioned by Coventry & Warwickshire are used for approximately 50 patients per year 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 cover:
 - 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).
- Following inpatient rehabilitation, patients are usually discharged home, where they will continue to receive specialist community rehabilitation services.

Expected benefits of proposed care

- The key benefits sought from the proposed model of care predominantly relate to the care environment, a specialist and dedicated workforce and improved clinical outcomes.
- At a summary level, these include:
 - Improved rehabilitation environment and clinical outcomes;

- Inpatient rehabilitation at an intensity that matches the recovery needs of the patients and is in accordance with the recommended BSRM 2019 criteria for specialist rehabilitation;
- Improved patient flow across the pathway thereby reducing the time patients spend in an acute hospital awaiting Level 2b admission,
- Improved specialist staff retention and recruitment;
- Level 2b patients are less exposed to infectious disease than at UHCW due to their longer length of stay alongside the higher turnover of acutely unwell patients;
- Improved management of the rehabilitation programme which reduces the number of occupied bed days;
- Improved treatment that then reduces the on-going care costs following inpatient rehabilitation.

Engagement to date

- Engagement was undertaken between Nov 21 – Jan 22 targeting patients, staff who work in the service, friends and family members of those who have received Level 2b rehab and advocates from the voluntary and community sector (VCS).
- Engagement was primarily through an online survey, which we received 37 responses to, of whom 7 were former patients, 13 were friends/family and 17 staff members.
- In addition to the survey, we undertook two qualitative interviews with patients currently under the care of the service, delivered over Microsoft Teams, with the support on the ward from a speech and language therapist.
- Respondents were asked to rank from a list of options what was most important to them in recovering or supporting recovery and what mattered less.
- 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 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.

FAQs

Question	Response
Why is this change proposed? (e.g. local or financial needs/government policy)	The change was made as part of the emergency response to Covid-19 back in March 2020. 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. As we moved into restoration and recovery, a case to propose this as a permanent relocation was developed.
Is the proposed change a service improvement or cut in provision?	Service improvement and permanent relocation of service base.
Is the proposal realistic and achievable?	Yes. Both UHCW and SWFT are in agreement with commissioners that the beds are most appropriately located at CERU. As part of the business case, future demand modelling and contracting has been undertaken to ensure that the beds are appropriately resourced.
What will be the impact of the change on users, carers, other stakeholders and public?	Pre-covid, all 12 Level 2b beds were based at UHCW, the main acute provider for Coventry residents. Patients from across Coventry and Warwickshire were required to travel to UHCW if they required a Level 2b neurorehabilitation bed. Post-covid, those beds are based at Central England Rehabilitation Unit (CERU), which is located just south-west of Leamington Spa. The distance between the two sites is 11.4 miles (as the crow flies) or 14.8 miles via the fastest road route, taking 31 minutes with average traffic by car.
Will this change achieve improved health and well being for local people? (currently and/or in the future)	A review of the changed service delivery model has been undertaken and demonstrates improved rehabilitation outcomes, improved referral to admission performance and reduced length of stay compared to the period at UHCW (Ward 42).
How many patients are likely to be affected?	The 12 Level 2b neurorehabilitation beds are used for approximately 50 patients per year 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.
Changes that affect the local or whole population e.g. Accident and Emergency	No – although anyone in the population could be affected by a brain injury requiring specialist rehabilitation.
Changes that affect a group of patients accessing a highly specialised service e.g. renal services	Yes
Changes that affect particular communities or groups	No
Impact on health inequalities - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents.	A full Equality and Quality Impact Assessment has been carried out to determine the impact on protected characteristics. This can be viewed here - https://www.happyhealthylives.uk/neurorehabilitation-inpatient-service



Next steps

Members are asked to review the FAQ and associated engagement report and determine whether the Committee agrees that the engagement undertaken, numbers of patients affected by the change and observed improved outcomes are sufficient to go ahead with the proposed service change OR that the Committee believes that this constitutes a major service change which requires further and wider public engagement.

End of report