



**Bedfordshire
Community
Health Services**



Patient Information

Bedfordshire Specialist Neurological Inpatient Rehabilitation Pathway



Bedfordshire adult and children's community health services are provided in partnership by East London NHS Foundation Trust (ELFT) and Cambridgeshire Community Services (CCS) NHS Trust

About our service

Our service helps people living in Bedfordshire to access specialist neurological in-patient rehabilitation when they leave hospital. The rehabilitation placement (on average 6 weeks in length) is provided by independent units and co-ordinated by The Bedfordshire Acquired Brain Injury Service Clinical Co-ordinators on behalf of the NHS until discharge.

Leaving hospital to go to another setting can sometimes be a worry. We hope this information leaflet will help to answer some of the questions you may have.

Who is the service for?

This pathway is designed for people with neurological conditions, such as a stroke, brain injury or spinal injury. These conditions can suddenly cause many different changes, such as weakness in one or more limbs, difficulties with communication, swallowing and thinking skills. It can mean that the person initially needs help with practical activities, for example their mobility and personal care. Specialist neurological inpatient rehabilitation can help people to regain lost functioning and maximise their abilities to enable the person to return home to continue rehabilitation with community services. However, it is important to understand that not everyone will fully recover from their neurological condition, and not everyone admitted for rehabilitation may be able to return home. We also will occasionally arrange inpatient rehab for those with progressive neurological conditions (e.g. Multiple Sclerosis) in some instances that are considered likely to benefit from a short term intensive rehabilitation input.

Specialist neurological inpatient rehabilitation is accessed for people who have complex and multiple therapy needs, who are unable to immediately return home from hospital. They either need assessment and management of their specialist needs, and/or are considered by the treating team to have potential to make significant changes with specialist neurological rehabilitation to enable them to return home.

How do we decide on a suitable unit?

Hospital Therapists refer individuals to our service when they think the person may benefit from specialist neurological inpatient rehab. This is a clinical judgement based upon information received about the person, their current status and previous medical history. Our experienced Clinical Co-ordinators will review the information provided by the referring hospital and select the most suitable specialist neurological unit from those available in our area. Decisions are made based on equipment, care, nursing and therapy needs, because different units offer slightly different services and bed availability can change daily. As far as possible, our service will aim to source a suitable Unit as close as possible to the home address of the patient.

The specialist neurological unit will typically complete their assessment remotely, obtaining

necessary information from the therapy staff on the hospital ward. They are trying to ensure they have the right facilities and staffing to meet the needs of the person they are admitting. They may also contact the next of kin for additional information about the individual.

The hospital therapists will try to involve the patient in any discharge plans as far as possible. If the individual is unable to consent to discharge plans, perhaps because of difficulties affecting their communication, a Mental Capacity Assessment will be conducted, and referral decisions will be made in their best interests in consultation with next of kin/family members. Please be assured that the wishes of individual patients are at the centre of any decisions being made.

How soon will the individual go to the specialist neurological unit?

The timeframe from referral to admission varies. Patients are referred to our service when they are considered medically fit for discharge from hospital. Admission can happen quite quickly in some cases, within a day or two of assessment by the specialist neurological unit. However, admission may be delayed eg. if the patient becomes unwell or needs further tests or beds are unavailable immediately. The specialist neurological units will not accept anyone who is Covid 19 positive so the patient may need to remain in hospital until negative. The hospital will arrange hospital transport once the specialist neurological unit bed is available.

Is there a cost for the specialist neurological unit?

Rehabilitation provided by the specialist neurological unit is funded by the NHS and is free to the individual.

What is the common length of rehabilitation?

Most people stay an average of 4-6 weeks in the specialist neurological unit. Some people may go home a little earlier and some people stay a little longer depending on their rehabilitation needs and social circumstances. The aim of specialist neurological rehab is to help the individual to progress so that they can safely return home with community neurorehabilitation therapy service input to continue their rehabilitation; this will determine length of stay at the specialist neurological unit.

Liaison with Family

Whilst in hospital, with patient consent, our service will initially liaise with the nominated next of kin (NOK) to inform them of what is happening and share information about next steps. We typically do this via e-mail and telephone. A confirmation e-mail will be sent to the NOK to verify the correct email address and they will be asked to send an email back to confirm details are correct. Please note that most emails sent to us by family will be recorded in the patient's electronic health care record. We will continue to liaise with the nominated NOK until discharge from the specialist neurological Unit.

Can family go to look at the specialist neurological units?

Family members usually can view the specialist neurological unit websites and can call the units directly for more information; contact information for the specialist neurological unit will be sent with this leaflet in the e-mail provided to NOK. Please call the specialist neurological unit to discuss visiting arrangements prior to admission as this may be dependent upon current Covid restrictions.

Visiting at the specialist neurological unit

The specialist neurological units all have processes in place regarding external visitors and this can change at short notice. For example, if there is a Covid 19 outbreak visits may be stopped temporarily. All of the specialist neurological units are set up with remote ways for patients to keep in contact with family and friends if face to face visits are not possible. Please contact the specialist neurological unit directly to find out about their current visiting procedures.

What is needed at the specialist neurological unit?

Items needed in the specialist neurological unit are the same as those needed in hospital. For example, toiletries, nightclothes, personal items, glasses and hearing aids if worn. Comfortable day clothes and well-fitting shoes are recommended for participation in therapy sessions. Mobile phones and tablets are welcomed so that residents can easily keep in touch with friends and family.

What about medication and medical concerns that may arise?

The hospital will send patients to the specialist neurological unit with a supply of medication. The specialist neurological unit will temporarily register new patients with the General Practitioner (GP) that covers that specialist neurological unit, and they can then order more medication as required during this admission or review any new medical concerns that may arise. When it is time for discharge home, a small supply of medication will be provided and then individuals will need to re-register with their own GP and request further medication from them. Please be aware that the service co-ordinates referrals to and discharge from specialist neurological units and is unable to fast-track medical reviews via the NHS. The patient remains under the care of the GP covering the specialist neurological unit for day-to-day medical matters, and the hospital will have arranged any follow up appointments required.

What happens if there is a need to go back into hospital?

The specialist neurological unit will hold the bed open at the unit for a short time if the patient is readmitted to hospital for some reason, in consultation with our service. If an individual is too unwell to promptly return to the specialist neurological unit, the placement at the specialist neurological unit will end and family will be asked to collect any personal belongings from the specialist neurological unit. The Hospital will re-refer to our service if/when they consider that the patient would still benefit from a specialist neurological unit admission. If beds are available and unless the patient's needs have changed significantly, the original specialist neurological unit will be approached to consider

re-admission in the first instance.

How are plans made to arrange for discharge?

The patient and their close family members will be invited to a review meeting about 4 weeks after the admission, to discuss how the patient is recovering and to make plans for discharge. The review meeting is usually held at the specialist neurological unit or via a video or telephone conference call. An ABI Clinical Coordinator will also attend the meeting in case additional funding is required. During the rehabilitation placement, therapists from the specialist neurological unit may arrange a visit to assess the home environment and discuss discharge plans. If any equipment is needed, this will be ordered and delivered directly to the home. If a care package is required for discharge, a Social Worker will become involved. The Social Worker will assess individual financial circumstances for Social Care funding which is means tested. Please be aware that the service is unable to change status of housing applications which may be in place or required following discharge.

Will rehabilitation continue after discharge?

If further neurological rehabilitation is still required on recommendation of the therapy team within the specialist neurological unit, our service ensures a referral is made to the community Neurological Rehabilitation Team (NRT) to continue working on therapy goals at home. This team may undertake face to face appointments at your home and / or they may provide you with follow up via telephone calls and video calls. The amount of therapy offered by the community NRT will be based on your clinical needs once they have assessed you — therapy input is generally less intense than what is provided by the specialist neurological unit. The NRT may also set up home exercises and therapy tasks for you to work on between their appointments with you.

What happens if discharge home is not possible?

For some people, recovery may not be sufficient to enable them to return home from the specialist neurological unit. This may be because their home environment is unsuitable, or they live alone but need someone to support them 24 hours a day. Local Authority care providers can only help up to 4 times per day, so if someone needs more help than this from them, discharge home may not be possible.

A decision will be made by the treating team at the specialist neurological unit when they consider ongoing specialist neurological therapy is no longer appropriate, and an alternative placement needs to be sought as discharge home is not possible. This will either be supported living, residential care or a nursing home placement. The Social Worker allocated will discuss available options with the patient and NoK. An interim placement may be sought whilst awaiting more suitable longer-term accommodation. Funding from the NHS can usually be extended for a short amount of time to allow for an appropriate placement to be sought if required.

Who pays for a placement if a person cannot return home?

The Social Worker will conduct a financial assessment to determine whether the person is eligible for financial support from the Local Authority. For some people with complex intensive and unpredictable health needs, they may be eligible for NHS Continuing Healthcare (CHC) funding. A Checklist meeting will be held if this is considered a possibility, and this meeting will determine eligibility for the more formal assessment to take place. The patient, next of kin/family and treating team will be invited to this meeting alongside our service. If it is decided that a patient that requires a nursing home placement is not eligible for NHS CHC, they may still be eligible for NHS-funded Nursing Care – this means that the NHS will pay for the nursing care component of the nursing home fees.

More information about Local Authority Funding can be found at:

<https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/financial-assessment-means-test/>

More information about NHS Continuing Healthcare can be found at:

<https://www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/nhs-continuing-healthcare/>

What information is shared and with whom during this process?

Bedfordshire Community Health Services uses electronic medical records, and typically these are the same as one used by GPs. If the patient is able to make an informed decision about their care, the hospital team will ask them if they agree to a transfer to a specialist neurological unit. When providing consent to this pathway, our service understands that the patient is also consenting to the sharing of information for the purposes of admission to and discharge from the specialist neurological unit. Your personal information will only be shared with Health and Social Care Professionals that are involved in your care or need to be involved, typically this will be: the Hospital team, specialist neurological unit team, Social Care, Community NRT and our service. If you have any concerns about this, please contact the ABI Clinical Co-ordinators.

What if we have any concerns?

If you have any questions or concerns about the specialist neurological unit or medical matters, please discuss these with the specialist neurological IPR Unit manager in the first instance. If you feel your queries have not been addressed satisfactorily, please contact our service who can then liaise directly with the specialist neurological unit to investigate further. Each specialist neurological unit will have their own complaints procedure.

If you wish to express concerns regarding our service, please contact the Patient Advice and Liaison Service (PALS) who support patients, their families, carers and our staff by:

- listening to your queries and concerns in confidence
- giving you information and advice about local health services
- finding solutions to any problems you may be having, as quickly as possible
- directing you to other sources of help
- advising you how to make a formal complaint
- ensuring that your comments, concerns and compliments are heard and used to improve the Trust's services.

PALS contact details

To write to our PALS team, you only need to include the line below on your envelope. No other address details are required.

FREEPOST: RTGA-CTLG-SCKH

Patient Advice and Liaison service

Units 7/8, Meadow Park

Meadow Lane

St Ives

Cambs,

Cambs, PE27 4LG

Tel: 0300 131 1000 *(300/03 numbers are part of a customers "free minutes" package and any other call cost reduction packages.)*

Email: CCS-TR.PALS@nhs.net

For further information about this service contact:

Specialist Neurological Placements are arranged by;

Donna Malley - Clinical Coordinator

Susan Cassels - Clinical Coordinator

Katrina Harrison - Clinical Coordinator

Bedfordshire Acquired Brain Injury Service Tel: 01234 310404

Email: ccs.beds.abi@nhs.net

If you require this information in a different format such as in large print or on audio tape, or in a different language please contact the service on the details above.

To find out how we use what we know about you (Privacy Notice) or how to access our buildings (AccessAble), please visit www.cambscommunityservices.nhs.uk and follow the links or please contact us.



If you have any compliments about this service or suggestions for improvements, contact our Patient Advice and Liaison Service on 0300 131 1000 (charges may apply depending on your network) or email: ccs-tr.pals@nhs.net.

For free, confidential health advice and information 24 hours a day, 365 days a year please contact NHS 111.