

Review of Inpatient Rehabilitation in County Durham and Darlington

A review of ward 6 at Bishop Auckland Hospital

Health and Partnerships Scrutiny Committee
29 August 2019



Background

- The local health system is reviewing models of care to ensure that inpatient facilities are used as effectively as possible
- Ward 6 at Bishop Auckland Hospital (BAH) was identified for review as part of this work programme
- It is important to ensure that any future models of care give people the greatest opportunity for recovery
- The local health system is committed to delivering care closer to home

Vision

To develop a person-centred model of care that delivers care closer to home

To minimise variation and maximise the health outcomes of our local population

To ensure that patients (and their families) achieve their rehabilitation goals in conducive environments staffed by multi-disciplinary teams

To ensure care is accessible and responsive to people's needs

To ensure timely and supportive discharge is achieved consistently

Scope of Review

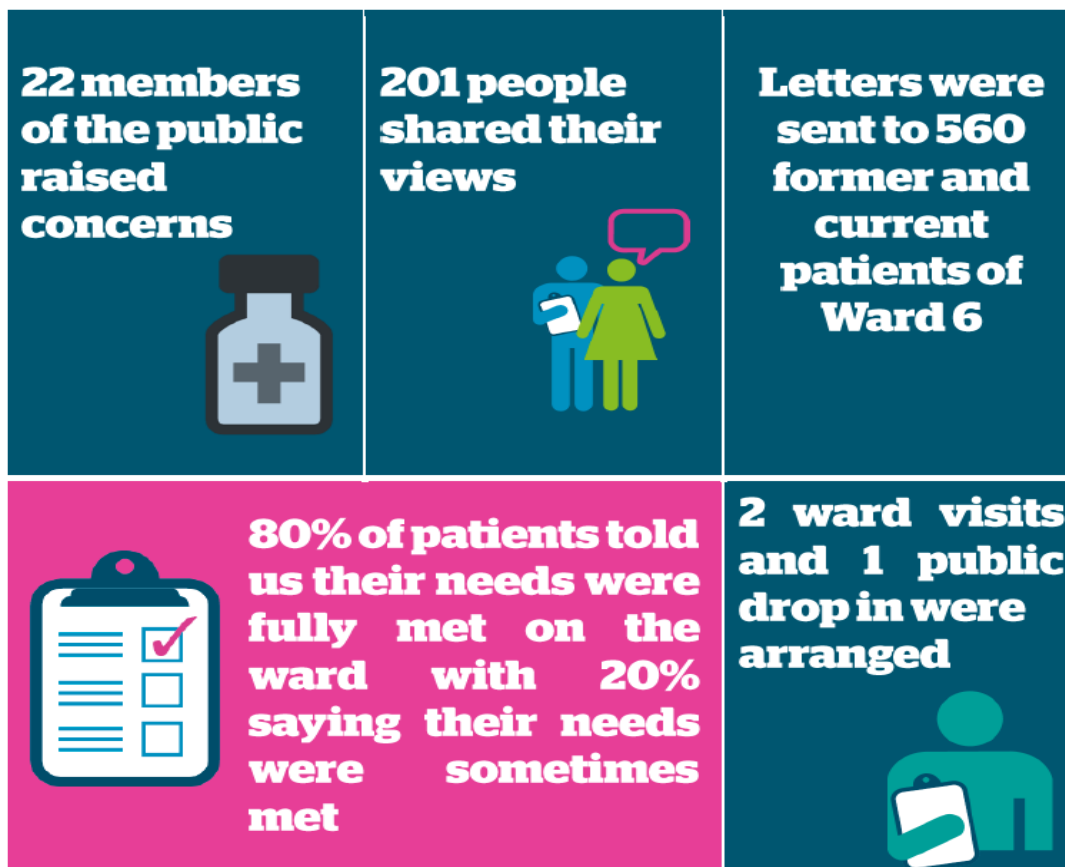
- The scope of this project relates to ward 6 at Bishop Auckland Hospital (BAH) which is a 24 bedded, nurse-led unit which currently delivers step down care.
- Although the project is specifically reviewing this ward at BAH, the wider context of delivering care closer to home has been taken into account

Current Service

- Ward 6 provides nurse-led step down care
- There are 24 beds
- There is currently no dedicated therapy support
- On ward 6 the average length of stay was 22 days in 17/18 in 18/19 this has reduced to 12 days

Patient and Carer Feedback

- Healthwatch County Durham carried out engagement with patients (and their families) across CDD



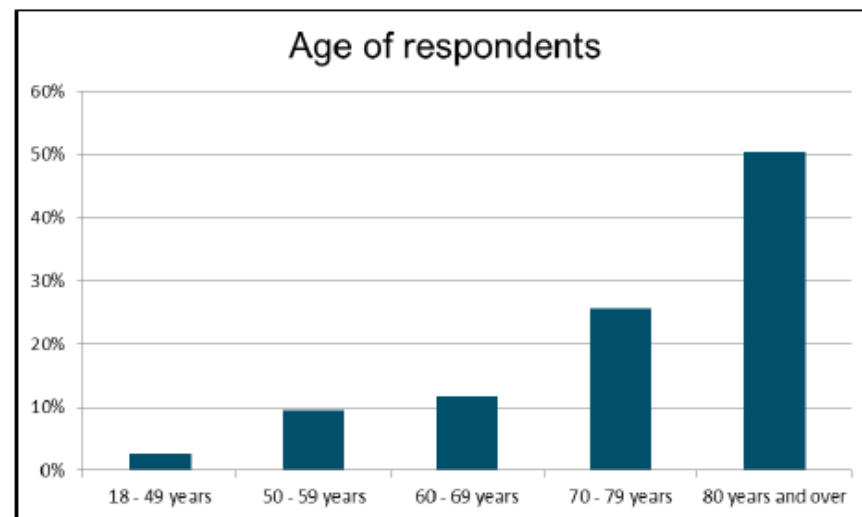
Patient and Carer Themes

The Trust should look at the extended length of time some patients are staying on the ward to see if there are steps they could take to reduce this, where appropriate

The majority of patients (57%) did not receive any therapy services whilst on the ward.

83% of patients thought their care had been good to excellent

The majority of patients (80%) told us their needs were fully met



Case for Change

- The current model of inpatient rehabilitation care is not standardised and is not always compliant with national evidence and best practice.
- We know that it is best for patients to be discharged home at the earliest opportunity to maximise their rehabilitation goals.

Options Appraisal

Clinical quality	Maintains or improves clinical outcomes; timely and appropriate services; minimises clinical risk	Patient, Public and carer Engagement – Experience and Feedback
Sustainability/flexibility	Ability to meet current and future demands in activity; ability to respond to local/regional/national service changes	
Equity of access	Reasonable access for urban and rural populations	
Efficiency	Delivers patient pathways that are evidence based; supports the delivery though access to resources	
Workforce	Provides environments which support the recruitment/retention of staff; supports clinical staffing arrangements	
Functional suitability	Provides environments suitable for delivery of care; clinical adjacencies with other relevant services/dependencies e.g. imaging	
Acceptability	Acceptable to service users, carers, relatives, other significant partners	
Cost effectiveness	Provides value for money	

Preferred Option

- The ward to become an inpatient rehabilitation unit
- Therapists to be part of the model of care
- Care to be delivered on the BAH site with a reduction of eight beds overall
- Patients will access the service following an episode on an acute or other community inpatient facility for rehabilitation.

What this means for patients in Darlington

- Discharge planning will be start at the beginning of the patients inpatient pathway
- Robust inpatient rehabilitation will be provided from BAH
- Further inpatient rehabilitation will be available across community hospitals
- Enhanced utilisation of intermediate care
- Community based services which are responsive to need

Next Steps

- Public document on proposals to be developed
- Public consultation planned – 7 October 2019 for 10 week
- NHSE assurance process to be followed
- Outcome of consultation to be considered by CCGs and Trust in the new year
- Ongoing communication with OSCs on progress