

# Review of Inpatient Rehabilitation in County Durham and Darlington

*A review of ward 6 at Bishop Auckland Hospital*

County Durham and Darlington Joint Health  
Overview and Scrutiny Committee  
6 January 2020



# 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

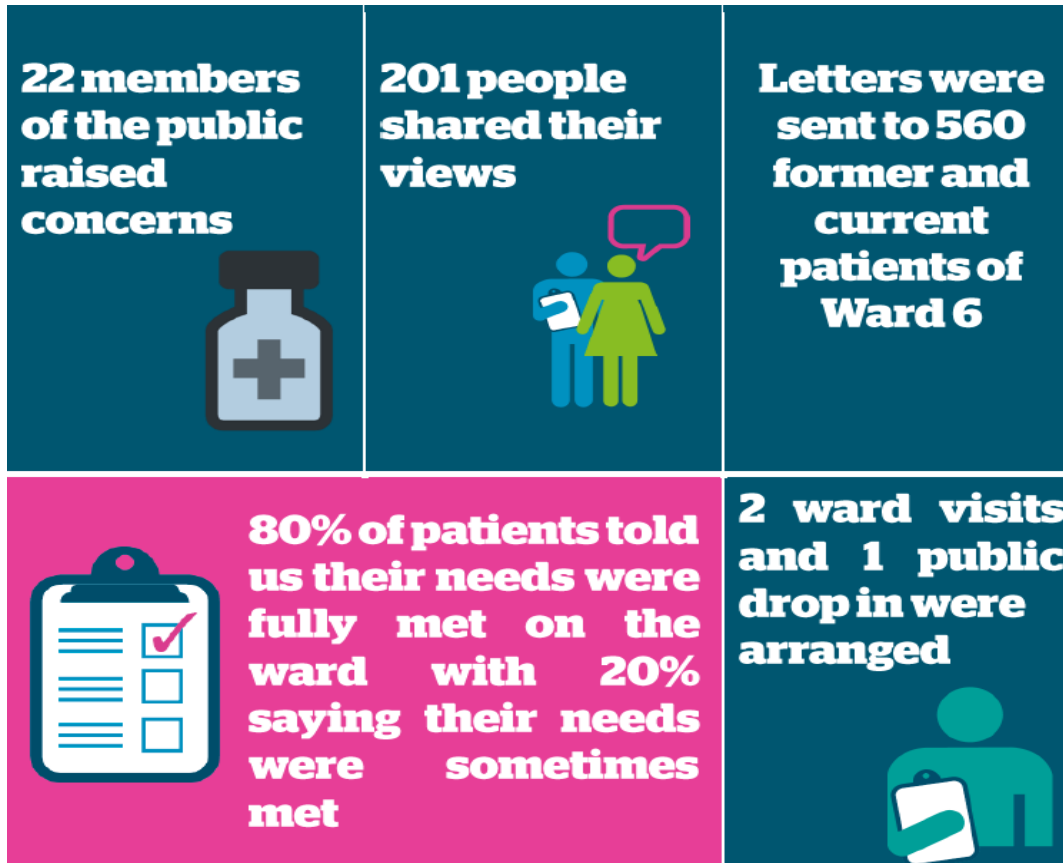
- The scope of this project relates to ward 6 at Bishop Auckland Hospital (BAH) which is a 24 bedded, nurse-led unit which currently delivers step down care.
- Although the project is specifically reviewing this ward at BAH, the wider context of delivering care closer to home has been taken into account

# 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



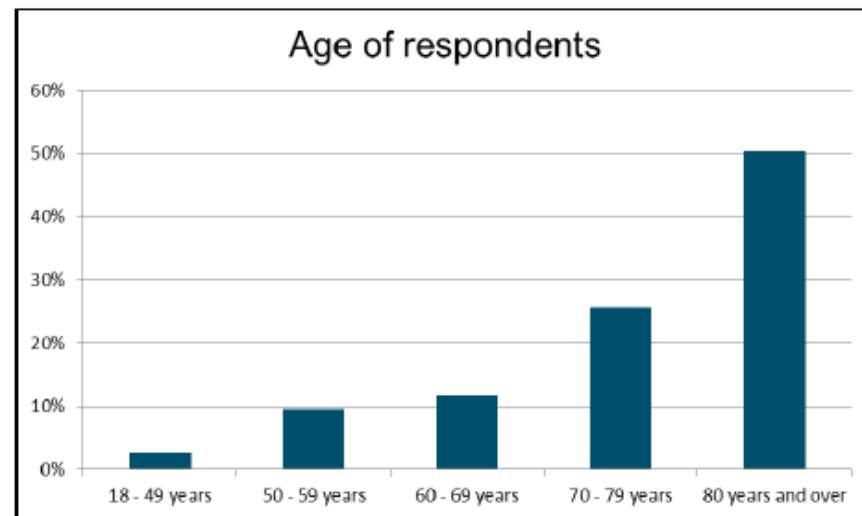
# Patient and Carer Themes

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

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

# Next Steps

- The proposals have been ratified by executive and governing body committees in CCGs and Trust
- Public consultation started on the 7 October 2019 and was paused due to Purdah
- Consultation to resume 14 January – 3 March 2020
- NHSE assurance process to be followed
- Outcome of consultation to be considered by CCGs and Trust on completion of consultation
- Ongoing communication with OSCs on progress