

Coventry Community Neurological Rehabilitation Project: Clinicians & Commissioners Working in Partnership

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Purpose and background

In line with the national drive for services to be locally delivered we aim to design an integrated model of care for patients with life-long neurological conditions, which will be carried out in the most appropriate setting by the most appropriate individual according to patients need, and as near as possible to the patients own home. This project will identify the gaps and deficits in community rehabilitation provision for this group of patients.

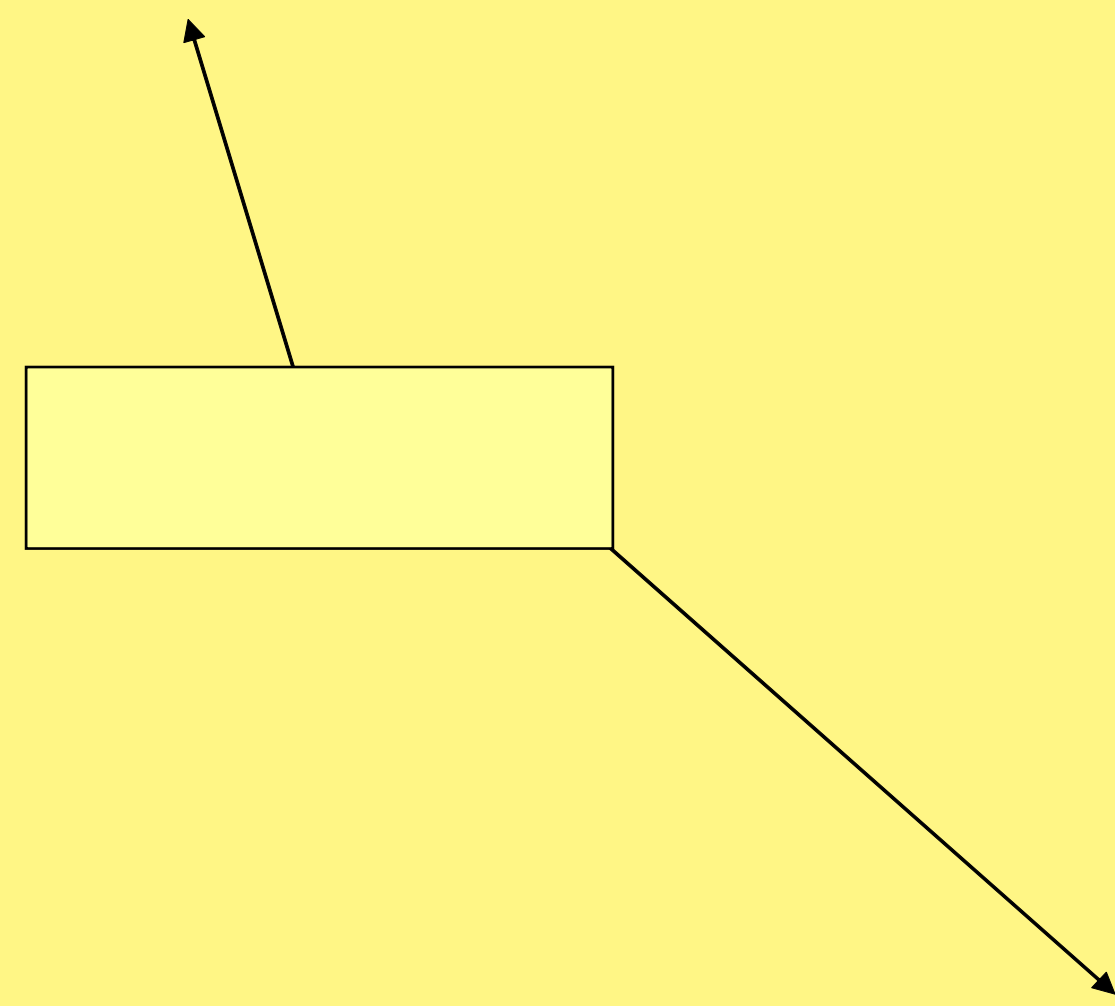
Approach

- LHC-wide Project Board, chaired by Coventry PCT Chief Executive
- Clinical Champions drive forward change
- Review current service provision, interviews with clinicians, providers & patients
- Stakeholder events, including mapping of current pathway, identifying areas of change
- Developing a 'Shared Vision' for the future service, which can be implemented across the LHC
- Taking forward NSF for long-term neurological conditions within existing spending plans

How we will deliver the change

- Challenge traditional roles agree new ways of working
- Agree model for rehabilitation across LHC
- Integrated care plan to reflect model
- Services are outcome focused
- Effective integrated use of resource across LHC
- Equitable provision for people with medium and longer term needs
- Working collaboratively with clear lines of accountability
- Rapid access for patients with changing needs
- Increase autonomy and help patients live as they wish

Current 'Fragmented' Service Provision



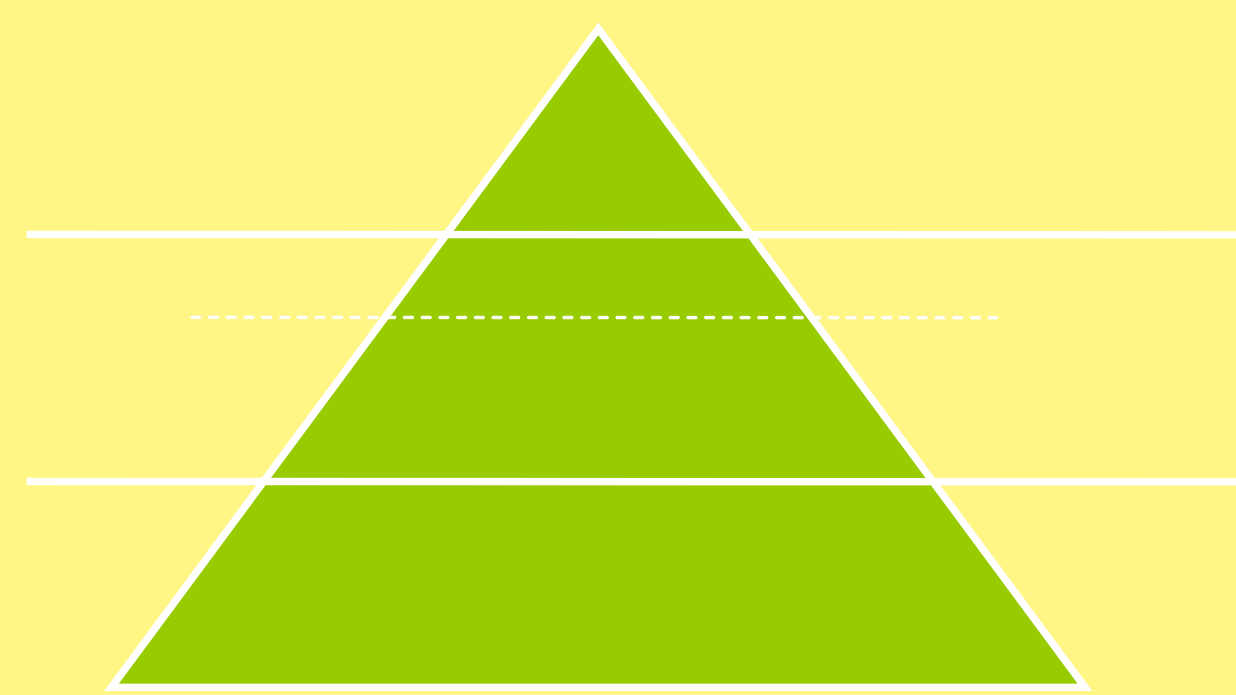
Proposed Model of Care for the Local Health Community



Clinical indicators to know if the model is working

- Patient and carer satisfaction measures
- Clinician satisfaction measures
- Demonstrated reduced lengths of stay & excess bed days
- Reduced delays for treatment for patients
- Service addressing the quality requirements of the NSF
- Audit and evaluation of clinical processes
- Improved communication between stakeholders
- Reduced emergency admission rates

Levels of complexity of need



Input/ outcome measures will provide quantifiable data

Proposed input and outcome measures

- Northwick Park Nursing Dependency Scale (NPDS, Turner-Stokes et al, 1998)
 - Useful for generic assessment of care needs
 - Demonstrate cost-efficiency of intervention
- Rehabilitation Complexity Scale (RCS, Turner-Stokes et al, 2006)
 - To be piloted
 - Useful to define level of complexity based on basic care needs, skilled nursing, therapist and medical inputs
- Barthel Index (BI, Wade and Collin 1988)
 - Valid and reliable measure of physical disability
- Functional Independent Assessment Measure (FIM+FAM)
 - Correlates with care needs and nursing efforts in rehabilitation setting
- Goal Attainment Scaling (GAS)
 - Demonstrate achievement of agreed rehabilitation goals

Potential pitfalls

- Complexity of patient pathway
- Number of agencies involved in provision of services
- Adequacy of local links and stake holder engagement
- Difficulty of achieving Coventry wide approach
- Lack of knowledge of relevant services
- Weak evaluation
- Finite resources

Contact Us:
If you would like to know more about this project please contact:

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