

# SERVICES PROVIDED BY East Lancashire Hospitals NHS Trust

## RAKEHEAD REHABILITATION CENTRE

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### Background

Rakehead Rehabilitation Centre is a purpose built rehabilitation unit situated within the grounds of Burnley General Hospital, East Lancashire and has been operating since 1987. The multidisciplinary team, working with an inter-disciplinary approach, strives to provide specialist assessment, rehabilitation and support of physically disabled people with cognitive, communication or social impairment. It has been accredited as a practice development unit by the University of Leeds since 2002 and is listed in the NSF Long Term condition good practice guide.

### Demography

The unit provides inpatient assessment and rehabilitation for the population of East Lancashire and Bury (650,000) and a community rehabilitation service for the population of Burnley, Pendle and Rossendale (240,000). There are 23 inpatient facilities, with six beds allocated for Rheumatology patients and 17 beds for Neuro-rehabilitation. We also have a day hospital facility for young disabled clients on two days of the week in Pendle Community Hospital.



### Assessment Process

Inpatient referrals from acute wards are assessed by a member of the multidisciplinary team within 48 hours using an assessment form which consists of information from all the disciplines. Community referrals are assessed by a member of the community outreach team. Following assessment, the case is discussed at the twice-weekly admissions meeting and the referrer and GP are advised of the outcome. If more information is required in any discipline then members of that discipline are asked to obtain that additional information before finalising the outcome. Should the patient be accepted for inpatient rehabilitation, he/she will be placed on the waiting list and admitted when a bed becomes available. Recently we have created an assessment bed for patients who need a short period of assessment before the team decides whether rehabilitation is indicated, and this has shortened the waiting time. Should the patient require community rehabilitation, outpatient therapy or day hospital therapy, they will be referred to the appropriate facility.

### Rehabilitation

Each patient is allocated a primary nurse and a key worker on admission (to the inpatient facility). Named therapists will be allocated and a multidisciplinary assessment will be initiated within three working days of admission and rehabilitation goals are set within two weeks. A multidisciplinary goal planning meeting is held once a week. Case conferences and weekend leave will be arranged as an integral part of the rehabilitation process. Close liaison with services provided by hospital-based or community social care services are an integral part of the service. Patients who need follow up are seen in the consultant-led outpatient clinics in Burnley, Pendle and Rossendale hospitals. The consultant, or a member of the community outreach team, sees patients who are unable to attend hospital outpatients in the community. Patients seen by the community outreach team are usually followed up for about nine months and a discharge report is sent to the referrer with a copy to the consultant.

In addition to the above services we also provide an assessment service for patients requiring environmental control system, and a limited electromyographic service for patients with entrapment neuropathies. We provide a limited Botulinum toxin (inpatient and outpatient) injection service for our clients.

Our aim is patient and family focused rehabilitation, based on best practice in both the hospital and community environments, provided by a co-ordinated inter-disciplinary team. This includes monthly patient focus group and carers meetings. We have frequent patient satisfaction questionnaire and carers surveys. We have produced a DVD for families and children to view, and a children's play area in the unit following a research project in which the children of brain injured inpatients views were systematically obtained by a trainee psychologist.

We also enjoy links with local headway groups, advocacy services, Patient Advisory Liaison service, local colleges and the Lancashire Disability Partnership Forum.

### The Rehabilitation Team

Inpatient	Community
Medical staff including Consultant in Rehabilitation Medicine	Primary Nurse
Neuropsychologist (0.2 wte)	Occupational therapists
Nursing staff	Physiotherapists
Occupational therapist	Speech and Language therapist with advice from Consultant in Rehabilitation Medicine and Consultant neuropsychologist
Physiotherapist	
Speech and Language therapist	

Both teams have access to hospital based Pharmacists, Podiatrists, Dieticians and Dentists.

### Referral Criteria

- Patients (>16 years) requiring neuro rehabilitation specialist input from any or all of the team
- Patients should be medically and surgically stable
- Patients with neurological disability with or without acquired impairment of language, perception or cognition
- Patients should not have active psychiatric conditions.

### Conditions dealt with by the Rehabilitation teams

- Post-acquired brain injury (traumatic, infective, inflammatory, vascular, metabolic and neo-plastic)
- Post-acquired spinal injury (traumatic and non-traumatic)
- Degenerative neurological conditions (eg: MS, MND)
- Hereditary (neuropathies, muscular dystrophies, Huntington's etc)
- Congenital (cerebral palsy, hydrocephalus, spina bifida etc)
- Acquired neuromuscular disorders ( Eg: Guillain-Barré syndrome, critical illness neuro-myopathy, metabolic, alcoholic and vasculitic).

### Outcome Measures

We have been using the Barthel index and the Northwick Park outcome measures until now, and are at the moment piloting the use of goal attainment scaling.

### Audits

We have audited our inpatient, outpatient and community facility using the minimum standards set by the British Society of Rehabilitation Medicine and have met most of the standards except for the following:

- The present consultant is covering a large population (650,000) for inpatient rehabilitation and a population of 240,000 for community rehabilitation in addition to his commitments in Rheumatology and Neurophysiology (EMG)
- Inadequate neuropsychology provision (0.2wte)
- Lack of community services in some areas covered by our team (Blackburn, Darwen, Hyndburn and Ribbles Valley and Bury).

### Practice Development Unit

- The University of Leeds accredited our unit as a nursing development unit in 1997, and as a practice development unit in 2002 and 2005
- This reinforces and strengthens our commitment to multidisciplinary clinical governance with patient involvement, experience, staff empowerment, development, creativity and innovation
- This enables us to practice evidence based rehabilitation and help us to disseminate information and good practice.

### Staff Teaching and training

- Staff is encouraged to attend teaching and training provided by the Trust and the University of Lancaster
- We provide multidisciplinary in-service teaching and training for our staff on various aspects of rehabilitation
- We provide work experience for students from secondary schools and cadets and have received good feedbacks
- We provide teaching and training for undergraduates and postgraduates including Specialist registrars in Rehabilitation Medicine and foundation trainees from the Northwest Deanery.

### Research, Publications and poster presentations

- "A phenomenological study to explore the impact on children of parental head injury" - presented as a poster at the BSRM Meeting at Loughborough in November 2006 (won the first prize) and is awaiting publication in the Journal of Brain Injury.
- "An audit of the incidence of depression in patients attending the multidisciplinary outpatient rehabilitation clinic" poster presented at the BSRM meeting at Loughborough in November 2006 (won a certificate of merit)
- "An audit of a charter for disabled people using hospitals by the RCP (London)" poster presented at the BSRM meeting at Edinburgh in 2004.

### Contact Details

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