

Rehab Bulletin

Connecting staff across our rehabilitation services

Welcome to our January 2022 monthly rehab bulletin

Welcome to the monthly rehabilitation services bulletin. Published on a monthly basis, this platform has been designed to keep rehabilitation services colleagues informed of improvement activity and policy work along the rehabilitation pathway. We are keen to hear from you. Please reach out with suggested topics for discussion for our next bulletin via Trish Richardson (trish.richardson2@nhs.net).

What's the latest?

Celebrating Success in Rehab in 2021

2021 was a challenging year for everyone at ESHT. In this monthly bulletin we would like to take a moment to reflect on the success amongst colleagues being rewarded for their hard work.

CAHPO AHP: Innovation and delivery of systems award – finalist – RR&R Forum



Pride of ESHT Awards

Working in Partnership winner: Post Covid Assessment Service



Enhancing Patient Safety finalist: Ann Barrett, BIU



Pride of ESHT Awards

Working in Partnership finalist: SALT & L&D



Quality Improvement finalist: RR&R Forum



Pride of ESHT Awards

Team of the year: HIT





A video by East Sussex Healthcare NHS Trust highlighting the fact that we are delivering the best in community rehabilitation in a post pandemic landscape. This is to highlight that rehab is important regardless of what issues we may face, whether it is small or as large scale as a global pandemic.

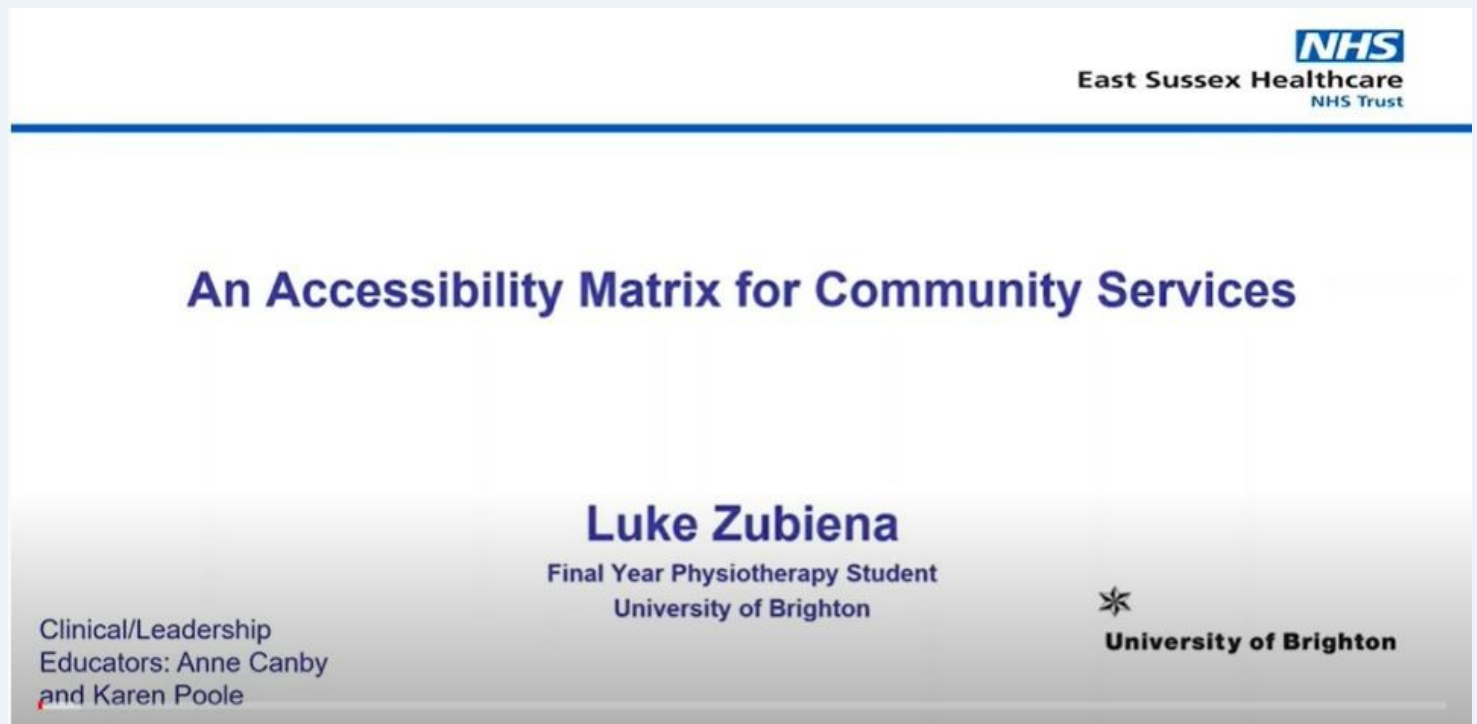
Rehab matters regardless of what is going on, and our teams have worked extremely hard throughout the pandemic to ensure we deliver the best in community rehabilitation, which is why the video is about why rehab matters.

We asked staff at the Bexhill Irvine Unit “Why does rehab matter?” to get a broad range of perspectives of rehabs from all disciplines involved in patient rehabilitation journeys, such as dietitians, physiotherapists, Activity Co-Ordinators, Health Care Assistants, and many more. The video includes (consensual) footage of patients who have been patients at the Bexhill Irvine Unit and utilised rehabilitation services.

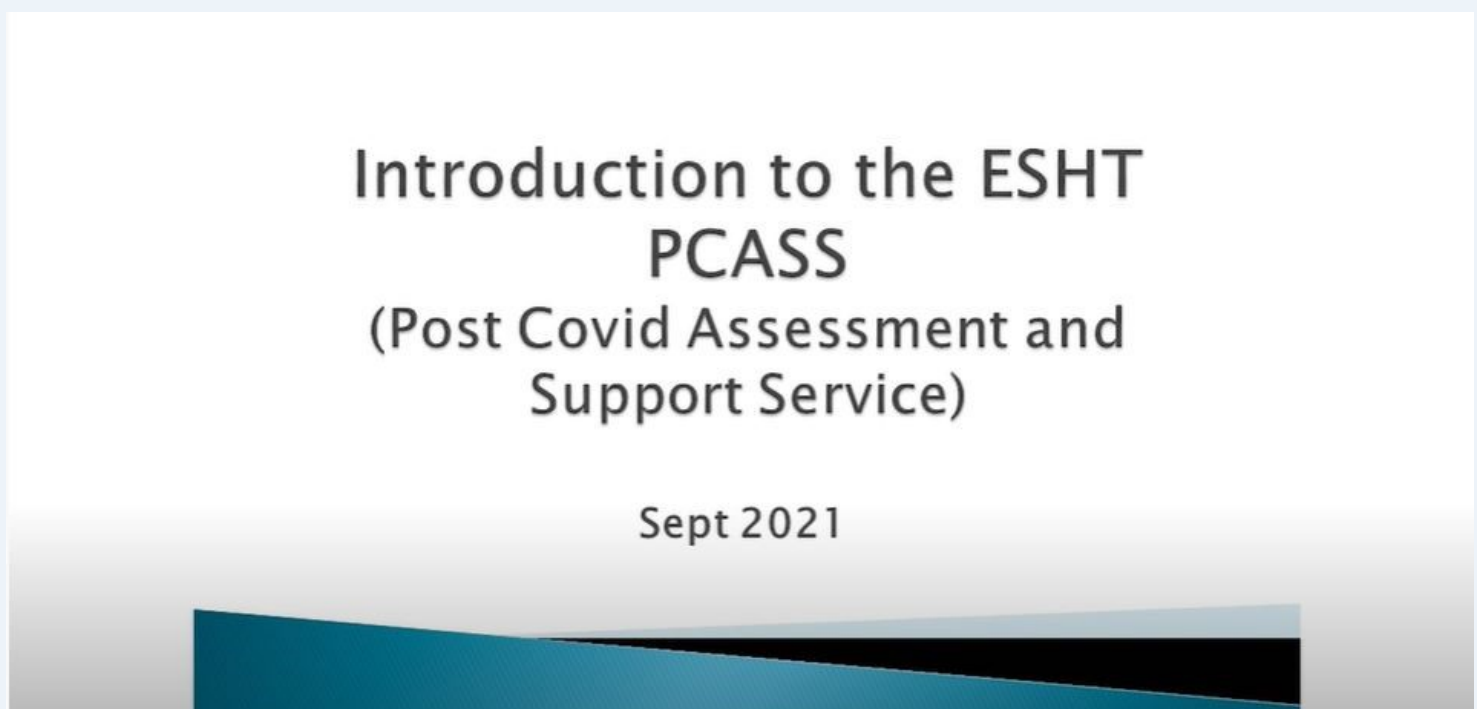


YouTube Clips

[RR&R Forum | An Accessibility Matrix for Community Services](#) - Luke Zubiena



[Introduction to the ESHT PCASS \(Post Covid Assessment and Support Service\) September 2021](#) - Jane Moseley



[Presentation by Claire Wild on vCommunity MDT from the RR&R Forum](#) - Luke Zubiena

NHS Trust

Virtual Community MDT Project

Presented by:

Claire Wild – Team Lead Occupational Therapist (BIU)

Core Project Team:

Trish Richardson, Alex [Wengraf-Hewitt](#) and Claire Wild.

Senior Support:

Megan Burch, Karen Poole, Carol [Widdows](#)

vCommunityMDT

Chartered Society of Physiotherapy Influencers Network – Karen has been sharing her journey in rehabilitation transformation through a series of blogs and articles – [Becoming the face of Community Rehabilitation | The Chartered Society of Physiotherapy](#)



NHSE/I Regional Cases Studies

East Sussex RR&R Forum—Full version can be viewed [here](#).

East Sussex Rehabilitation Recovery & Restoration (RR&R) Forum



Aim

The Forum, chaired by the ESHT AHP Rehabilitation Consultant, and engagement platform allows colleagues from multiple agencies to come together virtually across traditional boundaries and work on the 'art of the possible', small tests of change and collaborate on what works well, what hasn't and what steps can be taken in the future to improve services

Author

Karen Poole, Consultant Therapist-Rehabilitation, East Sussex Healthcare NHS Trust
On behalf of East Sussex RR&R Forum

Learnings

- the importance of strategic leadership
- utilising a ground up approach
- strengthen collaborations through a community of Practice
- the power of information through data
- the importance of a good communications strategy with a golden thread that can be flexed for all levels of audience
- being bold by embracing the attitude of 'what's the worst that can happen' and try new approaches

Context

The Sussex AHP Council commissioned surveys in June & September 2020 which identified the need for a system-wide response to rehabilitation, ability to understand the impacts of Long Covid and new models of care to meet the demands for rehabilitation and care

The East Sussex Rehabilitation Transformation Programme, which launched in 2018 using a quality improvement (QI) approach, gave us the existing infrastructure to engage with clinicians, adapt/redesign/improve our processes and pathways to recover and restore services post Covid, working in an iterative and collaborative way to tackle future capacity challenges in order to support our patients effectively.

Interventions

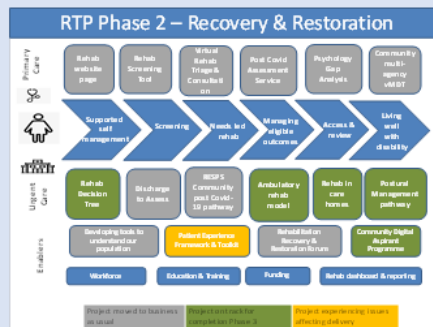
The Forum reviewed the critical functions needed to recover and restore services into an integrated health & social care pathway, identifying the need to increase capacity and provide equitable processes to support responsiveness and deliver person-centred care, increase access to psychology and neuro-psychological provision, and increase understanding of high level complexity within the system. This led to the creation of 14 clinically led projects, supported by the Rehab Transformation Programme team.

The Forum holds monthly QI sessions enabling project teams to share improvements, seek feedback and collaboration from other parts of the system, undertake baseline analysis and test their ideas using a PDSA approach. A vibrant community of practice through the RR&R Teams channel supports the Forum to share ideas and create momentum for change.

Our engagement strategy includes presentations, articles and blogs, quarterly Rehab and monthly FocusOn bulletins to share learning and celebrate success nationally, system-wide and locally of the innovative work being undertaken, an example being that the Forum was the runner-up finalist in the in the AHP Innovation and Delivery of Systems category of the 2021 CAHPO Awards.

Results

Of the 14 clinically led projects initiated to recover and restore community services within East Sussex, 9 projects have delivered and been handed over to business as usual, and the other 5 projects are scheduled for completion in Phase 3 of the Rehabilitation Transformation Programme.



The progress, deliverables and sustainable outcomes of the Programme delivered through the Forum can be found on the ESHT Rehab website page under our Rehab Journey: [Rehabilitation Transformation Programme – East Sussex Healthcare NHS Trust](#) ([esht.nhs.uk](#))

Next steps and sustainability

Phase 3 of our Rehabilitation Transformation Programme is focusing on keeping people well at home by realising our community investment and achieving sustainable change



Accessibility Matrix—Full version can be viewed [here](#).

East Sussex Rehabilitation Transformation Programme Accessibility Matrix for Community Services



Aim

To explore the needs of patients living with complex disability and their ability to access timely rehabilitation with the aim of developing a toolbox and guide for staff to understand patients' need in terms of access of review, and identify risk of unplanned admissions in those patients/clients with complex disability

Author

Karen Poole, Consultant Therapist-Rehabilitation, East Sussex Healthcare NHS Trust
On behalf of East Sussex Rehab Recovery & Restoration Forum

Learnings

- Identifies those patients/clients at greatest need
- Reduces the risk of unplanned admissions
- Provides an approach to stratifying community rehabilitation cohorts
- Supports teams to quantify high risk patients
- Supports system understanding of community complexity and risk
- Delivers needs based rehabilitation in a responsive way
- Offers a more holistic approach to patient needs
- Embeds a personalised care approach to rehabilitation
- Matrix easy to use and consistent with clinical expertise
- Exploring alternate scales to PAM 8

Context

During a review of the critical functions needed to recover and restore rehabilitation services in 2020, the following issues were identified:

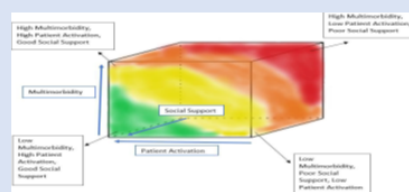
- Inequity of service within community rehabilitation
- Lack of clear framework for follow up and review for community patients
- leading to high levels of unplanned admissions and dependency
- People not accessing support in community at early enough stage
- Services need to be accessible to all in order to reduce unplanned admissions
- Opportunity to implement Patient Initiated Follow-up (PIFU)

Results

The following tools have been developed:
Stratification Tool enabling recognition of when a patient may need community rehabilitation services, and needs based rehabilitation to be offered



Stratification Cube enabling visualisation of a patient and/or patient group(s) needs, and able to measure impact of interventions offered



Scale of Matched Interventions enabling identification of different thresholds of care and offer responsive rehabilitation:



Interventions

- Review of NHS Right Care Community Rehab Toolkit in relation to inequity of service, high levels of unplanned admissions and dependencies
- Review of nationally recognised tools to measure morbidity, patient activation and social support (NHS England - Examples of survey tools for use in supported self-management)
- Development of the ESHT Accessibility Matrix for Community Services
- Small tests of change of risk stratification tool of patients at different stages in their pathway in complex postural management cases, joint community rehabilitation at triage, stroke patients at point of discharge from hospital
- Joint Leadership placement with NHSE/ Personalised care programme to further our understanding of the Accessibility Tool and test its feasibility for use across our wider rehabilitation infrastructure
- Sharing the tool within the ICS to explore opportunities for Primary care colleagues

Next steps and sustainability

- Further evaluation of tool (feasibility & validity) to take place including identification of new measure for patient activation
- Further development of the scale of matched interventions to support our patients with rehabilitation
- Matrix to be used to measure/risk assess patients for Rehab x Community MDT
- Matrix to be used to measure/risk assess patients in the East Sussex Complex Disability Management pathways
- Matrix to be explored in other clinical settings-primary care.

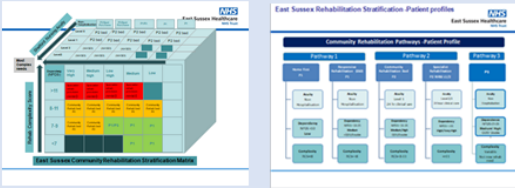


NHSE/I Regional Cases Studies

Rehab Stratification Matrix—Full version can be viewed [here](#).



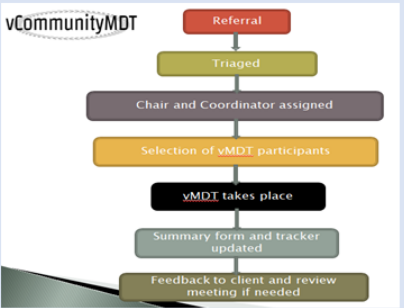

ESHT Rehab Stratification Matrix and Intermediate Care Database Tool

Aim	Author	Learnings
Development and implementation of a rehab suite of data & stratification tools to support the East Sussex Rehabilitation strategy which aims to keep people living well in their home for longer	Karen Poole, Consultant Therapist-Rehabilitation, East Sussex Healthcare NHS Trust On behalf of East Sussex Rehab Recovery & Restoration Forum	<ul style="list-style-type: none"> ➤ Supporting confidence in getting patients home first ➤ Improved system flow ➤ Better appreciation and system understanding of our rehabilitation population
Context	Results	
<p>The ESHT Rehab Stratification Matrix was designed to support clinical decision making, discharge planning and choice of rehabilitation destination, through benchmarking against a set of clinical parameters.</p> <p>This tool acts as a guide for clinical colleagues in relation to the suitability of the available services for the needs of their patient. The tool has helped ESHT to reduce unwarranted variation in pathway choice and underpinned the transformation of our rehabilitation services to improve the effectiveness of our rehabilitation pathways.</p> <p>The use of the Rehab Stratification Tool has also enabled better understanding of the profile of rehabilitation patients being managed within a local system. The use of the stratification Tool has underpinned our ability to collect robust rehab data and support the use of a rehabilitation bed modelling tool to support pathway flow.</p>	<p>The project deliverables have been to improve patient experience of rehabilitation and enable community rehabilitation transformation through:</p> <ul style="list-style-type: none"> ✓ Enable optimal pathway decision making ✓ Increase utilisation of Stroke ESD service ✓ Reduce unwarranted variation in rehabilitation pathways ✓ Understanding system capacity, demand and patient flow into intermediate care services. ✓ Effective use of bedded care rehabilitation for more complex cases ✓ Highlight external system pressures that were previously being absorbed within the unit performance. ✓ Recognition of complexity within the system and identification of disability management ✓ Improve cost effectiveness & quality of rehabilitation ✓ Support workforce capacity & demand ✓ Support community workforce rebasing (£0.6 million AHP workforce investment in bedded rehabilitation) <p>Since the implementation of the Rehabilitation Stratification Tool, there has been an increase in the compliance to deliver greater number of referrals to the community teams' Early Supported Discharge (ESD) service. We have also seen a shift in the capability threshold of our local intermediate care rehabilitation service to manage complex patients, which has supported a reduced length of stay for rehabilitation patients in our acute pathways</p> <p>We have tested the efficacy and appropriateness of the measures to support collective understanding of community rehabilitation profiles which has subsequently supported the development of service needs within Pathway 1 and 2 and support our optimum bed modelling, workforce model and escalation thresholds.</p>	
Interventions	Next steps and sustainability	
<p>In developing the tool we identified three key assessment measures that have a national profile within the rehabilitation community: acuity; dependency; and rehab complexity.</p> <p>Acuity is measured by The Sheffield Safer Nursing Care Tool (SNCT), Dependency is measured by the Northwick Park Dependency Scale (NPDS) and rehab complexity is measured by the Rehab Complexity Scale (RCS). The choice of measures was based on a combination of clinical expertise and their national profile within specialised neuro-rehabilitation</p> <p>Alongside the use of the stratification matrix, our intermediate care and stroke services utilised a rehabilitation dashboard to provide robust activity data against patient profile, and have since developed a bed modelling tool which supports a responsive understanding of bed needs and capacity.</p>		<ul style="list-style-type: none"> • Development of Rehab Data Suite across all community services • Development of Rehab Decision Tree to further support pathway decision-making • Options being explored for possible disability measures

vCommunity MDT—Full version can be viewed [here](#).



East Sussex Rehabilitation Transformation Programme Community multi-agency virtual MDT (vCommunity MDT)

Aim	Author	Learnings
Design, test and implement a community multi-agency virtual MDT process for patients with complex needs requiring a community multi-agency approach to their treatment	Karen Poole, Consultant Therapist-Rehabilitation, East Sussex Healthcare NHS Trust On behalf of East Sussex Rehab Recovery & Restoration Forum	<ul style="list-style-type: none"> ➤ Unmet needs around holistic care co-ordination & therapy, bed positioning needs and equipment and training ➤ Training and development for rehabilitation teams around complex disability ➤ Need better ways of describing the complexity of this cohort to support understanding of their needs.
Context	Results	
<p>During a review of the critical functions needed to recover and restore rehabilitation services in 2020, it was identified that there were a number of clients/patients identified as having very complex needs and their treatment pathway was not clearly defined or would not be able to meet their needs and a Community multi-agency approach was required as referrals for such clients/patients often bounced between services incorporating delays into the treatment pathway.</p> <p>A process was developed to pull together community health and social care agencies in a simple joined up, virtual way to generate extraordinary discussions where a care or therapy management pathway has been unable to be established for some of our most complex clients and also help us understand the needs of our population. Patients with complex needs which may include: postural deformities, poly-trauma, acquired brain injury and/or long-term disability management (this is not an exhaustive list) can be referred.</p>	<p>Since the inception of the project 12 months ago, there have been 10 referrals:</p> <ul style="list-style-type: none"> • 3 cases - resolved in one meeting - 2 complex spinal reparations and 1 Acquired Brain Injury pathway. • 4 other cases - identified unmet needs around holistic care co-ordination & therapy, bed positioning needs and equipment and training • 1 case - 3 vCommunity MDTs but as yet not been able to realise the client's needs. • 1 case - client being supported by the Hospice & had been 72 contacts with the client prior to the referral to the vCommunity MDT, and following 3 meetings the case resolved as CHC funding approved to support the client going forward. <ul style="list-style-type: none"> ✓ Reduction in hand-offs between services and agencies ✓ Improved confidence in repatriation from specialist centres directly into the community ✓ Highlighted the gap in accessibility to long term rehabilitation and support for people living with complex needs ✓ Development of shared complex disability management pathway ✓ Supported the development of the East Sussex Accessibility Matrix for Community Services 	
Interventions	Next steps and sustainability	
<p>Through a number of tests of change including participation from; Adult Social Care, long term rehabilitation, Integrated Community Equipment Service (ICES), St Wilfrid's Hospice, Specialist Nursing and the Wheelchair Service, the team developed a Community multi-agency virtual MDT process to support more timely decision-making in treatment plans for these patients and reduce referrals being bounced between services.</p> <p>This included developing:</p> <ul style="list-style-type: none"> • referral form • outcome form • patient tracker • generic e-mail address • admin process, and building up a • pool of vCommunity MDT Chairs and Co-ordinators. <p>The referral form documents the patient's medical history, past interventions and the identified aims of the referral for the client/patient, the carer and the health professional.</p>		<ul style="list-style-type: none"> • Support and learning to implement the East Sussex Complex Disability Management pathways • Rehab vCommunity MDT to become integral part of Complex Disability Management pathway • Use the newly developed community services accessibility matrix to measure/risk assess patients for Rehab vCommunity MDT • Develop a way to co-ordinate, measure and report identified unmet needs at System level. • Engage a peer leader to support us in further development of the vCommunity MDT and complex management pathway. 

AHPs Day—October 14th 2021

AHPs are the third largest healthcare workforce, with significant opportunities to support delivery of the NHS Long Term Plan. AHPs' Day is an annual opportunity for AHPs to come together and celebrate being part of the AHP family, and the day gives an opportunity to showcase to others the impact they make to the delivery of high quality care. The collaborations in services, organisations, trusts, regions and nationally enable:


- Improved awareness of the role of the fourteen allied health professions
- Showcasing the achievements of local services and their impact on patient care and population health
- Integrated working with other services and organisations




BSRM (The British Society of Rehabilitation Medicine) Poster

The team at Nar8r who were doing the poster uploads for the BSRM conference were so impressed with our poster that they use it and share it as an example of how to do a poster

Full version can be viewed [here](#).

**University of Brighton**

The meaning of Botulinum Toxin for adults living with long term neurological conditions: A hermeneutic study

**NHS**
East Sussex Healthcare NHS Trust

Poole K¹, Suddick K², McCrum C^{1,2}


1. East Sussex Healthcare NHS Trust, Physiotherapy Dept, Eastbourne, UK 2. University of Brighton, School of Health Sciences, Eastbourne, UK


Introduction

- Botulinum toxin is a neurotoxin used in the management of spasticity, which can occur with neurological disease and injury
- Botulinum toxin therapy is well evidenced in its ability to change the clinical rating of spasticity
- However, research using quantitative methods suggests uncertainty concerning its impact on an individual's function or quality of life and whether the intervention offers sufficient cost-benefits

Purpose:


- This study explored perspectives on the meaning of botulinum toxin therapy for individuals living with a long term neurological condition





Method


- Semi structured interviews with five individuals receiving botulinum toxin injections for their long term condition
- Explored their perspective on the experience and meaning of Botulinum Toxin
- Analysis drew on the principles of philosophical hermeneutics



Results


Experiences and meanings of Botulinum Toxin Therapy

- Botulinum toxin therapy was experienced as offering merits beyond function by making lives better and easier for people with long term neurological condition
- Participants described bodily felt changes which went beyond the expected physical responses that are recognised with this treatment
- Botulinum toxin therapy assisted in:
 - reducing discomfort,
 - rewinding lost ability,
 - improving their psychological and social well-being,
 - regaining control and ownership over their lives,
 - restoring a positive sense of self.



Conclusions

- This study offers unique insights into the meaning of botulinum toxin therapy for individuals living with long term neurological conditions and provides a wider understanding of its effectiveness than found through quantitative evaluations
- There are important interconnected internal, emotional, personal and self related responses to botulinum toxin therapy which have not been previously appreciated
- Botulinum Toxin Therapy has an important potential role as a foundation, catalyst and enabler across a number of spheres for people living with a neurological condition
- Clinical practice, cost-benefit evaluations and future research needs to give greater consideration to the non - observable, non - physical and wider personal value of botulinum toxin therapy for people with long term neurological conditions



Implications of findings for research and practice:

The meaning of having botulinum toxin therapy for people living with spasticity needs to be given greater attention when evaluating effectiveness

- Findings demonstrate the personal relevance of Botulinum Toxin in supporting individuals with self-management of their condition
- Important that clinicians consider how they acknowledge, communicate and explore the varied nature of responses to botulinum toxin therapy within practice
- Further research is needed into the development of more sensitive, individualised and meaningful ways of evaluating botulinum toxin therapy and the development of condition specific QOL measures

"...my movement has improved. I am more relaxed, it has helped me sleep better, I can dress more easily and it is very calming. I have found it very useful because it has made my life a lot easier."

– John

"I suppose it helps me to look more normal, and I can sit down at a restaurant and look vaguely normal as opposed to having you know looking like you've got a spastic limb basically which is quite important for your confidence I suppose."


– Sarah


"(the pain) it is always there a little bit, but with botox you can kind of live with it if it isn't too painful, but if it is really painful you can't stop thinking about it."


– Sarah

"there is more serenity with botox in the body."

– Anne

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