



**Peninsula rehabilitation, reablement & recovery project**

REABLEMENT IN PRACTICE

# SWSCN’s collaborative approach to rehabilitation, reablement & recovery

by Ruth Hall, Project Sponsor

Our population is growing older and living longer, with an increasing number of conditions. And, with the emergence of new lifesaving treatments there are an increasing number people needing complex rehabilitation services.

Rehabilitation can no longer be described solely in terms of specific diagnoses, because many people do not fit such categories or follow one specific disease pathway.

In future, services need to be centred on a patient’s needs, not on their condition. And if we are to meet those needs, we need a

collaborative approach across multiple providers and services.

## Working together to improve outcomes

The South West Strategic Clinical Network (SWSCN) is working with all health, social care and charitable organisations in the Peninsula with the aim of improving rehabilitation, reablement, and recovery service.

We are working with commissioners, providers, and patients and their carers to agree a pathway of delivery which is focused on patient

Ruth Hall, SWSCN Project Sponsor



needs by:

- making this care truly person focused i.e. actually what they want and not what is available, taking account of the complexity of individual needs
- treating people in the place and with the care that is the best for them.

It is hoped such a pathway will increase the throughput of patients, reducing waste and freeing up capacity in the system.

This newsletter aims to introduce you to some of the organisations working on this collaboration, and update you on progress.

# Welcome to the Team

## Elizabeth Williams, Senior Project Manager

Elizabeth is looking forward to managing the rehabilitation, reablement and recovery project in the South West Peninsula. She says “I have been working on rehabilitation projects in Bristol, North Somerset and South Gloucestershire since 2012 and I am very pleased to be able to bring all that experience to this project.

“I believe creating seamless, lean pathways for rehabilitation

is not only better for patients and carers, but also for the NHS and social care as a whole as it improves the flow of patients through the system.

“This helps us all make the best use of the limited resources available. The forthcoming audit of demand for services and the information about what is available will help us design what rehabilitation services we want in the future for the South West Peninsula”.

## REHABILITATION PROJECT TEAM



**Elizabeth Williams**  
Senior Project Manager

## Dr Rachel Botell Rehabilitation Medicine Consultant

Rehabilitation is a process of assessment, treatment and management with ongoing evaluation by which the individual is supported to achieve their maximum potential.

This relates to physical, cognitive, psychological and social function, participation in society and quality of living. It is a patient-centred goal directed process, which usually involves improving a person’s ability and activities but also includes minimising disability with equipment or assistance from others.

Nationally the face of rehabilitation is changing.

A strategy for rehabilitation for the Peninsula needs to be developed to reflect these changing requirements to provide quality rehabilitation for patients and ensure rehabilitation services are efficient and effective for all.

This is an opportunity for rehabilitation providers and commissioners (local and specialist) to work together to develop an appropriate model for patients with all rehabilitation requirements.

It is likely that a hub and spoke model for specialist early rehabilitation will best suit the needs of our regional population with collaborative working across the Peninsula to allow efficient patient flow along the rehabilitation pathway.



**Quality rehabilitation services  
improve quality of living**



**Minimising disability with  
equipment and assistance from  
others**

## Dr Adam Morris, Chair of the Commissioning Forum

I am delighted to have been asked to help Ruth, Rachel and their team progress their work on delivering rehabilitation services for complex patients across the Peninsula.

This is a group of people with really challenging needs that we all recognise often fail to benefit from joined up services. It is a group of people that need services that are linked sensibly

to enable people to maximise their rehabilitation potential and lead rewarding lives.

In a way this challenge is a microcosm of the complicated commissioning and providing landscape in which we all work. To deliver a joined up pathway for this group of patients will be a wonderful achievement and one to which we are all committed.



**Dr Adam Morris**

Chair of the Commissioning Forum

## Rod Walsh, Senior Service Specialist Specialised Commissioning - NHS England South (South West Hub)

For complex rehabilitation, Specialised Commissioning commission an element of the pathway; it is however imperative that this element links up to the rest of the pathway and those that commission the other elements.

A more collaborative approach to commissioning the pathway will, I am sure, work toward addressing some of the log jams that currently occur.

*“Rehabilitation should be central to all healthcare at all times.  
“People working in healthcare should give as much attention to a patient’s functional activities, social roles and distress as they do to diagnosing and treating disease.  
“Rehabilitation processes should run in parallel with medical (including surgical and psychiatric) care at all times and in all settings.”*

*Derick T Wade, Clinical Rehabilitation 2015, Vol. 29(11) 1041 – 1050*

## Annette McHardy, Project Support Officer

We are working closely with service users and carers across the Peninsula in order to develop the best possible service.

We want to hear what service users and carers want and what they don’t want. In order to achieve this we have set up a service user, carer and public engagement forum that will help to inform the project.



Annette McHardy, Project Support Officer

## KEY DATES

### By 10 December

Produce all project management documentation

### By 15 December

Circulate 1<sup>st</sup> newsletter

### 17 December, 28 January, 9<sup>th</sup> March

Meeting of the Peninsula Rehabilitation Comm Forum

### By end of January 2016

Complete current state map, approved by the Peninsula Rehabilitation Commissioning Forum

### By beginning of January 2016

Appoint data collection analysts.

### By end March 2016

All data to be collected.

### By end of April 2016

Data analysed, report and tables approved by Peninsula Rehabilitation Commissioning Forum

### Early May 2016

Workshop to design new model of care for rehabilitation, reablement and recovery in the South West Peninsula

### Early June 2016

Model of care diagram approved by the Peninsula Rehabilitation Commissioning Forum.

### By July 2016

New model of care to be approved by all CCGs and Local Authorities in the South West Peninsula

### August 2016

Implementation plan agreed by Peninsula Rehabilitation Commissioning Forum

## FOR MORE INFORMATION

If you would like more information, or if you would like to get involved, please contact:

E: [annette.mchardy@nhs.net](mailto:annette.mchardy@nhs.net)

Tel: 0113 824 7422

If you would like a paper copy of this newsletter, or in a different format, please contact us on the above.

You can also visit our website:-

[www.swscn.org.uk](http://www.swscn.org.uk)

Go to Improving quality/Rehabilitation

## BED AUDIT JOB OPPORTUNITY

As part of this project we plan to recruit two healthcare professionals with experience of working in rehabilitation to conduct a bed audit in the South West Peninsula. The post holders will be collecting data from 10 acute and community hospitals in South Devon and Torbay, 16 acute and community hospitals in Kernow and 22 acute and community hospitals in North, East and West Devon. They will use the Rehabilitation Complexity Scale extended version for Trauma as the data collection tool. They will receive training in how to use the scale and initial data will be collected with the Rehabilitation Medicine Consultant, so there will be on the job training.

The post holder will discuss the case history of each patient on the ward with staff and will then rate the patient's medical, nursing, therapy and basic care needs as well as recording an opinion on where the patient should best be cared for and in what type of bed.

This would ideally suit someone interested in a secondment.

**For more information please email [rachel.botell@nhs.net](mailto:rachel.botell@nhs.net)**