

Neuro Rehab Commissioning Challenges in the Community

Paramjit Singh
**Joint Strategic Commissioner – Long
Term Conditions.**

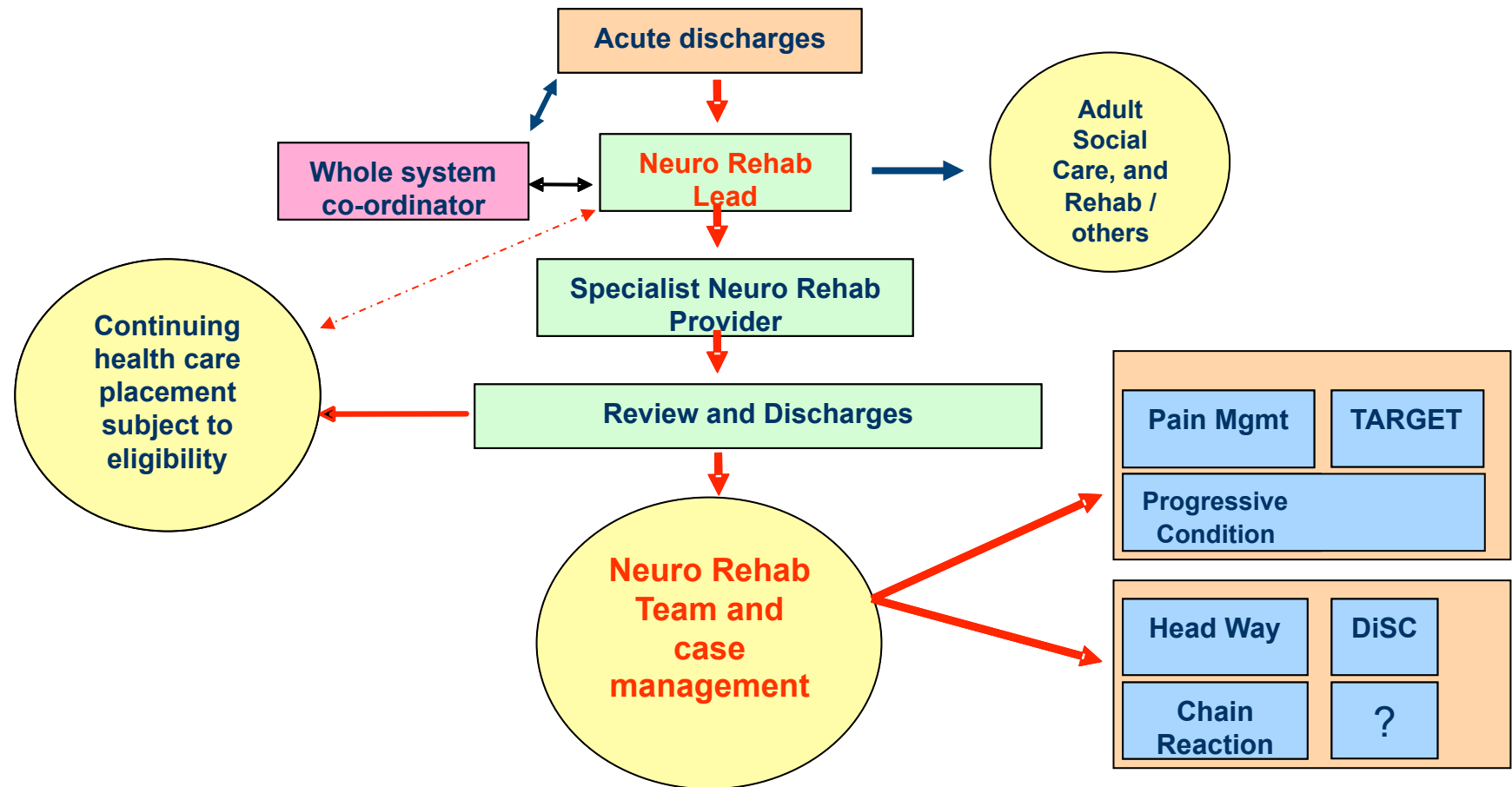
Challenges

- Smarter but NOT meaner
- Moving away from joined up to an integrated approach
- Create synergy across the whole care pathway rather than 'exit /entry' from an individual service
- Outcome driven rather than just process driven

Realigning Local Care Pathway

- Acute trigger for neuro rehab service
- PCT Whole system co-ordinator – Delayed Discharge
- PCT Neuro Rehab clinical lead
- Sharing knowledge and information
- Matching process – working with the individual LSCG providers
- Admission/discharge to/from neuro rehab bed

Neuro Rehab Care Pathway



Benefits of Realigning Local Care Pathway

- Pro active demand management – front end (acute facing) and back end (community facing)
- Minimising acute delays where ever appropriate working with acute teams
- Understanding of unmet demand at the interface of specialist and community rehab for future service development including interim service
- Managing patient and family expectations before and after discharge from specialist service

Demand Management

- Real time patient flow between acute ,specialist neuro rehab , community integrated ABI and PD service, adult social services team and long term care and support
- Demand management through innovative care pathway development such as 4 CSP programmes in the last year – post discharge

Commissioning Activity New Projects 2009/10

Neuro Rehabilitation & Case Management Service Re-design (previously PDBIT)

- Camden Provider Service re-designed for physical disability & brain injury service in partnership with adult social care.
- Modelled along the lines of case management and the new service will ensure interdisciplinary working focussing on - assertive case management, and neuro rehabilitation functions.

Commissioning Activity New Projects 2009/10

Following innovative programmes have been piloted to support Neuro Rehab service redesign. These are:

- Neuro Rehab Lead – neuro disability pathway
- Progressive Conditions - OT post
- Pain Management
- Physio based day programme – half way between clinical rehab and social exercise programme

Commissioning Activity New Projects 2009/10

Neuro Disability Pathway (commissioning role)

- Developing care pathway for people with a neurological disorder/ABI and linking with local stroke pathway.
- Facilitating timely referral / discharges /reviews of service users from the acute care to and from neuro facilities and the transition back into the community setting.

Commissioning Activity New Projects 2009/10

Progressive Conditions Pathway

- OT lead (integral to the redesign)
- Care pathway for people with progressive conditions, including continuing care in the community.
- Aimed at promoting self care and management and enabling service users with LTC and progressive conditions to remain in the community with the aim of reducing unnecessary hospital admissions

Commissioning Activity New Projects 2009/10

Pain Management Pathway

- Assisting people with neurological conditions, such as MS and CFS to self manage pain.
- Focus on the environmental influences that contribute to onset of pain and provide service users with greater capacity to manage pain.
- Expected that service users will be able to remain in the community for longer periods while supported.
- Programme is a shift from traditional outpatient pain management provision although limited in scope.

Commissioning Activity New Projects 2009/10

TARGET (Physio based day programme)

- Bridging rehabilitation service between health and mainstream services/ facilities.
- Transition people from health rehabilitation facilities to community based facilities that the service user can access independently or with minimal support.
- Provides active group physiotherapy in a gym environment utilising specialist equipment working closely with Camden Active Health and Swiss Cottage Leisure Centre to ensure access to health post rehabilitation is more accessible.

Self Care

- Programme looking at supporting self care for individuals with long term conditions
- Map existing provision of self management support and to target, educate and provide tools to front line service providers to deliver self care support for people at home
- Provide education/awareness of long term conditions to people living in the community.

Assistive Technology Programme

- Focus on enabling service users to self care through the management of disabling factors and symptoms of long terms conditions while increasing capacity of an individual to manage their own condition in the community setting.
- Achieved through self management techniques and application of assistive technology such as Telehealth and Telecare
- Developing an action plan on how to maximise the use of assistive technological equipment that will enable the PCT to support service users in the home.

Day Programme Review (Headway and others)

- Review of current day services commissioned by Camden for individuals with PD, ABI and sensory needs.
- The review looked at; whether appropriate services are commissioned; are services delivering value for money; are service users needs being met; is there a scope for improvement.
- For ABI, MOVE ON services is a challenge; ALOS 7 yrs
- **Personalisation agenda – patient choice and FACS**

DiSC

(Education, Employment & Volunteering)

- Enable SUs to participate actively in community and economic life by supporting them in employment and/or related social and community activities via the provision of Employment Assistance service.
- Support individuals to participate in educational opportunities
- Support employment pathway that includes engaging in educational and volunteering placements with the goal of seeking sustainable employment options
- Retain their employment roles where ever possible.

What have we learnt ?

- Know our demand- whole system impact ?
- Identify bottle necks – capacity vs. service gaps
- Need for a care continuum / robust care pathway
- Health and social care as “ **ONE SYSTEM**”
- Patient and carer at the centre of decision making process



THANK YOU