Haringey Teaching Primary Care Trust (HTPCT)

Further Discussion Paper Regarding The Greentrees Unit On The St Ann's Hospital Site

1. Introduction

This paper is a further discussion paper regarding new ways of working on the Greentrees Unit on the St Ann's Hospital site, specifically with regards to rehabilitation. This paper follows on from the previous discussion paper (reference NB/PS 05.04.06). The purpose of this further discussion paper is to invite comments regarding the future of the unit and comments should be forwarded to Layla Hawkins (layla.hawkins@haringey.nhs.uk) B1 Block, St Ann's Hospital, St Ann's Road, Tottenham N15 3TH, by Friday 7th July 2006.

2. Background

Greentrees Unit is a 50-bedded unit. Beech Ward has 24 beds and Cedar Ward has 26 beds. The chart below shows the admission criteria and age range of patients into the four categories of beds within the unit.

Beds	Age Range	Available To
4 Continuing Care Beds	65 years +	All Haringey Residents
2 Respite Care Beds	65 years +	East Haringey Residents
38 General Rehabilitation Beds	65 years +	Enfield & East Haringey Residents
6 Specialist Stroke Beds	50 years upwards	Enfield & Haringey Residents

The Consultants in Medicine for the Elderly at the North Middlesex University Hospital (NMUH) provide medical input. Dr R. Luder has responsibility for Beech Ward and Dr M.Aziz for Cedar Ward.

The admission criteria is, by residence as shown in the above chart and on the basis of clinical judgement that there is the potential for rehabilitation.

3. Proposal

Haringey Teaching Primary Care Trust (HTPCT) are proposing that;

- By improving the throughput/efficiency of both wards in the Greentrees Unit, it will be possible to maintain the current throughput of rehabilitation patients within a reduced number of beds (movement of beds from 38 to 24). These general rehabilitation services should continue to be provided for both Enfield and East Haringey patients.
- The six specialist stroke beds (Acorn Unit) should be maintained and continue to be provided for both Enfield and Haringey patients
- In the medium term respite and continuing care should not be provided on the Greentrees Unit, but there will need to be a phasing period (see below).
- These proposals will weave into a strategy for rehabilitation services which is currently being prepared by HTPCT and which will be available by Autumn 2006.

a) Rehabilitation Beds

There is no effective predictor of an individual's capacity to rehabilitate and so admission to the Greentrees Unit is within the previously agreed criteria and on the basis of the clinical judgement of the multi disciplinary team that the individual has potential for rehabilitation.

It has been acknowledged by all staff members within the Greentrees Unit that over recent months the unit has lost efficiency in a number of ways. An internal working group comprising medical; nursing; managerial; therapy and social services representation are working together in order to bring the Greentrees Unit back up to its previous level of efficiency. There is evidence from other rehabilitation units that this is possible. Areas which the internal working group have actioned or are in the process of actioning are:-

- The Rehabilitation Co-ordinator is critical to the effective management of the unit. This role ensures a rigorous approach to:-
  a) The selection of patients for admission within the admission criteria
  b) The ongoing management of patients to keep focus on rehabilitation goals
  c) Ensuring the discharge planning process commences from the date of the patient's admission
  d) Clinical challenge within the Multidisciplinary Team
- Renewed emphasis on using the single assessment process to ensure that there is a focus on person centred care and care planning resulting in goal setting for individual patients. Ongoing review of goals and care plan to ensure appropriate changes are made to discharge plan arrangements
- By engagement of all staff on the ward, therapy will be given over the patients' whole day and for all activities of daily living in addition to specialist therapy input.
- The levels and skill mix of staffing for both nursing and therapies are under review.
- The unit will adopt a client and family centred philosophy for their patients. The multidisciplinary team will provided a program of rehabilitation aimed at reducing impairment and encouraging function to enable to the patient to reach their own potential.
- The discharge policy will be updated and will include the recently agreed facilitated discharge protocol. The facilitated discharge protocol will assist in reducing delays in a patient discharge particularly when difficulties arise in patients and families choosing assisted living accommodation.
- The internal working group will also continue to work in partnership with the Local Authorities to ensure that there are no delays with regard to the assessment and discharge of patients from the Greentrees Unit.
  It should be noted that the beds on Greentrees are not subject to the imposition of fines under the Delayed Discharge Act. Therefore, there is a different imperative for Local Authorities with regards to the discharge of patients from community hospitals as opposed to discharge from an Acute Hospital Trust.
  It is essential therefore that partnership working with the Local Authorities continues at an intensive rate.
- The role of case manager for patients on the Acorn Unit has been successful in showing a person centred approach and ensuring timely progress to rehabilitation goals and hence discharge. This model will be extended to all patients with complex needs as a key worker will ensure a co-ordinated case management ensuring delays are minimised.

<u>b) Acorn Unit (Specialist Stroke Beds)</u>
It is proposed that the Acorn Unit remains as it is, with 6 beds admitting patients for specialist stroke services from Enfield and Haringey from the age of 50 years upwards.

Historically the Acorn Unit has had a higher level of therapy input than rehabilitation beds and as an action from the internal working group it has been agreed that not only will rehabilitation be integrated into all activities of daily living, but therapy services should be more evenly distributed across the whole unit, to maximise rehabilitation benefits.

c) Continuing Care/Respite Beds

Greentrees Unit currently has two continuing care patients within its beds and 5 patients who come into the unit for respite care from home. The issue of continuing care/respite provision needs to be considered firstly with regards to future cohorts of patients and secondly with regards to the current cohort of patients.

Future Provision Of Continuing Care/Respite Patients

Virtually all continuing care/respite can now be provided within nursing homes and HTPCT would for future patients provide continuing care/respite care within such nursing home settings, as this is felt to be a more appropriate environment for long term care rather than a community hospital ward.

Current Cohort of Continuing Care/Respite Patients

There are currently two patients receiving continuing care placement on the Greentrees Unit and 5 patients coming into the unit for respite care. All such patients should be assessed as appropriate (as least annually) and subject to the outcome of assessment and with the agreement of patients and their carers, it may be possible for the current cohort of patients to transfer to a nursing home setting. Until assessment processes are completed and discussions held with patients/carers, two continuing care beds will continue to be provided on the Greentrees Unit for the two current patients. Additionally (for the current cohort of 5 respite patients only), a bed will be opened on the unit to provide respite care as required and previously agreed.

4. Rehabilitation Strategy

HTPCT in partnership with the London Borough of Haringey is currently developing a five year strategy for rehabilitation and intermediate care. The strategy will review the needs of Haringey's diverse population in relation to rehabilitative services. It will also review the requirements for these services within the context of Practice based Commissioning, Payment by Results, demand management and other relevant strategies and policies. The strategy will map current service provision, and scope future service provision, so that it meets the demand to manage long term conditions appropriately, and maximise the independence of local people.

5. Consultation with Staff

The staff on the Greentrees Unit have been continually appraised of the proposals regarding the Greentrees Unit via staff meetings etc. The TPCT is committed to full consultation with staff and their representatives regarding changes to working practices/skill mix review etc. A formal staff consultation process will therefore run from Wednesday 7th June 2006 to Friday 7th July 2006.

6. Summary of Proposal

- The 38 rehabilitation beds should reduce to 24 beds. The current throughput of patients will be maintained by increasing efficiency/reducing length of stay.
- The 6 specialist stroke beds (Acorn Unit) will be maintained. Enfield and Haringey residents aged 50 years+ will continue to be eligible for admission to the Acorn Unit (i.e. the current admission criteria will be maintained).
- The 4 continuing care beds should reduce to 2 beds to accommodate the current cohort of patients. Patients requiring continuing care in the future should have that care provided within a nursing home setting.
- The 2 respite beds should be closed and opened only as required to provide respite for the current cohort of 5 patients who use this facility within the Greentrees Unit. Patients requiring respite care in the future should have that care provided within a nursing home setting.