



ENSURING EXCELLENCE IN NEUROREHABILITATION

Neurorehabilitation in the time of COVID

The Independent Neurorehabilitation Providers Alliance consists of twenty private healthcare providers who specialise in the provision of care and treatment to those needing brain or spinal injury rehabilitation.

In late March 2020, when the COVID-19 pandemic struck the UK, these care providers adapted ways of working in a speedy and flexible fashion to support their local NHS providers and meet the health and social care needs of a vulnerable group of patients.

Referrals

Many experienced an influx of referrals and calls from NHS colleagues struggling to empty their beds and clinical commissioning groups (CCGs) trying to clear back logs to deal with the approaching storm.

At the Wellington Hospital in London, Director of Rehabilitation Claire Dunsterville was approached by NHS England to support level 1 neurorehabilitation beds. Claire said, *'NHS Neurorehabilitation beds were under pressure as many units had to close to new admissions in order to manage hospital wide needs for beds and staff. We were delighted to be able to play our part in supporting the National response to Covid 19. The Wellington Hospital has 35 ICU beds as well as the Rehabilitation Unit and so we were able to accept patients with complex medical needs and at an early stage in their rehabilitation.'*

Safeguarding and Infection Control

INPA members had to move fast to develop protocols to safeguard their patients and staff. This meant spatial restructuring to allow isolation of new referrals, re-organising staff and their rotas and ensuring that the new assessment procedures were rigorous enough to replace the face to face meetings which had preceded them.

Discharges

Discharges became very complex overnight – care packages dissolved as community teams were re-deployed or stopped visits. Individuals destined for discharge to community suddenly had to have their plans delayed requiring INPA members to adapt quickly to a changing and increasing cohort of individuals who needed care and support within their services.

PPE

The close working with the NHS and local authorities did not stop with patient care. The demand for PPE meant that some organisations had plenty of one thing and none of another. INPA members had to think creatively and resourcefully across their own organisations and partner with others at extremely short notice. An informal arrangement was set up in some areas, which ensured that nobody went short. Supplies were shared where needed to ensure everyone could maintain infection control standards.

Staff Issues

Alongside the increase in referrals was the increase in staff sickness and isolation. All members experienced an increase in staff absence. Some staff needed to self isolate as they or family members were high risk, others were pregnant or just afraid to go to work. It was a time of high anxiety for those working in healthcare.

PJ Care set up a closed Facebook page to share information, provide support and offer a few humorous posts to ease the tension. Other organisations provided access to mindfulness and other relaxation techniques as well as practical support by providing transport for staff to mitigate the use of public transport at the height of lockdown.

New Ways of Working

Many members extended their services – for example The Royal Hospital for Neuro-disability (RHN) in London trained staff to carry out intra venous procedures. This removed the need for patients requiring IV treatment to go into hospital.

‘We knew the risks of developing COVID were higher for those needing transfer to hospital so we decided to do as much as we could for patients ourselves,’ said Lesley Mill, Director of Service Delivery at The RHN in Putney.

PO Box 2073, Kemp House, 152-160 City Road, London, EC1V 2NX
Tel: 07903887655 Website: www.in-pa.org.uk
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Rehabilitation has its foundations in interdisciplinary team working and the knowledge and experience of team working came to the fore during the pandemic throughout our member organisations.

Cygnnet Health Care's Neuropsychiatric Rehabilitation services ensured therapy teams remained operational throughout. They thought creatively about how team meetings took place by using video conferencing mechanisms to reduce the numbers of individuals in a room at any one time. Allowing more flexible working provided the hours needed to maintain the therapy sessions service users required. This included weekend working and working creatively within the services to make up for the lack of community access available due to lockdown. Fun socially distanced activities were brought to the forefront of both formal and informal therapy sessions utilising communal internal and external spaces to their maximum. Therapy teams also had to rethink many of their day to day therapy sessions but in doing so cultivated a more diverse range of therapy opportunities and maintained the level of therapy interventions needed to maximise recovery for everyone in their care

INPA members who provide both in and outpatient services had to think rapidly about how to provide their outpatient and community services remotely through video conferencing and telephone support, whilst adapting their working practices to maximise the therapy they could deliver safely across the Internet. These services were also in a unique position to support local NHS teams.

Hobbs Rehabilitation were able to support both hospital and community therapy teams throughout the COVID crisis. Not only did they take patients out of acute hospitals into their residential rehabilitation setting but their specialist outpatient therapy teams were contracted to provide a step-down rehabilitation service.

Hobbs worked closely with hospital and community teams to facilitate a coordinated discharge enabling the flow of patients from hospital. Patients were either discharged straight home to receive community rehabilitation or to a local hotel where they received daily rehabilitation until they were able to be safely discharged home with ongoing treatment provided as required.

Family Support

Relatives visit many of our clients within inpatient settings daily so closing the doors was very hard. To keep the communications open zoom and face time were encouraged and as soon as it was possible outside visits were set up.

Toria Chan of STEPS Rehabilitation said, 'Communication with relatives was key, as clients and their families were understandably very anxious. We enabled them to virtually join therapy sessions and have catch ups with team members via zoom or other platforms on a regular basis. It was a real life line. STEPS loaned clients individual iPads to be as accessible as possible based on their needs and support these vital interactions.'

Visits continue to take place outside now at the weekends and we have supported special celebrations, with balloons and bunting in the garden and cakes made by the chefs. We have even had a surprise 50th distanced party (of 4 guests!), and a wedding anniversary distanced dinner date with a live local professional musician to play guitar and sing!'

There are many positive elements which have emerged from the pandemic. Health and social care are working together as never before, with fewer discussions regarding budget responsibility saving time and money and ensuring patients get the care they need more quickly.

The independent neurological rehabilitation community showed themselves to be a safe pair of hands and a huge support to the NHS and local authorities; putting patient welfare and recovery first and foremost. The resulting trust, which emanated from our members' ability to deliver results and adapt their services according to need will serve these new partnerships well going forward – whatever COVID 19 throws at us.