

**Enter & View**

# **Community Rehabilitation**

**Community Treatment Team,  
Joint NELFT/LAS Car K466 and  
Intensive Rehabilitation Service**

**Provided by NELFT at Grays  
Court, Dagenham**

**16 March 2016**



## What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff and a number of volunteers, both from professional health and social care backgrounds and people who have an interest in health or social care issues.

### Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,  
but you make a life by what you give.'***  
**Winston Churchill**

## **What is an Enter and View?**

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

## **Background and purpose of the visit:**

Healthwatch Havering (HH) is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the safety of the resident is not compromised in any way.

Community rehabilitation in the three boroughs of the BHR area, Barking & Dagenham, Havering and Redbridge, is currently undergoing a major programme of restructuring and re-provision, not least in order to reduce the considerable pressure on the Accident and Emergency (A&E) services provided by the Barking, Havering and Redbridge University Hospitals Trust (BHRUT) at Queen's Hospital, Romford (Queen's) and King George Hospital, Goodmayes (KGH).

Grays Court, Dagenham is owned by Barking & Dagenham Council but is used as a centre for rehabilitation services, particularly for stroke and elderly patients managed by the NELFT Trust (formerly the North East London Foundation Trust), which is the provider of community health services across the BHR area and elsewhere in Outer North East London and Essex. Grays Court accommodates patients from Havering (in place of the former St George's Hospital, Hornchurch) but is also currently the administrative centre for NELFT's community rehabilitation services.

The visit that is the subject of this report was arranged by NELFT.

Although the visit was not undertaken as part of Healthwatch Havering's 'Enter and View' programme of visits using statutory powers, its content was similar and this report sets out the findings of Healthwatch participants.

### **Rehabilitation services in Barking & Dagenham, Havering and Redbridge (BHR)**

The existing in-patient rehabilitation service at Grays Court is in the process of being replaced by the new service at Japonica ward, in King George Hospital (see the separate report of a visit by Healthwatch Havering to that ward in February 2016). This report deals with the community-based services administered from Grays Court and operating in Havering.

There are three closely-related but distinct community rehabilitation services: the Community Treatment Team (CTT); the joint NELFT and London Ambulance Service (LAS) rapid response car K466; and the Intensive Rehabilitation Service (IRS). The common objective of all three services is to reduce as much as possible the avoidable use of the A&E Departments at Queen's and KGH by, so far as possible, treating people in their own homes, which is clearly more beneficial to all concerned. The A&E departments currently have the highest number of A&E

attendance in Greater London and have among the highest in the whole of England: in 2015/16, there were some 256,000 attendances at A&E, representing around one in three of the total population of the BHR area: any reduction in avoidable attendance is therefore welcome.

The community rehabilitation services were set up for all three BHR boroughs following the successful introduction of the Rapid Response Team in Barking and Dagenham, which became known for its good work in the community. The rehabilitation services are commissioned and funded by the CCG as a cost effective alternative to the far more expensive option of hospital attendance and treatment.

At the visit, the Healthwatch Havering team met the Clinical Lead for the Service, who has 15 years' experience as a senior A&E Nurse, and who gave a detailed explanation of the support and services given to patients by the Team. It was obvious that good assessment skills are needed when patients are being triaged.

The Service runs all day, every day (24/7) throughout the year for people over the age of 18. At present, there is a Team of approximately 40 people which is split into three areas: the CTT, K466 and IRS teams. They also have contact with the Joint Assessment and Discharge (JAD) Teams at Queen's and KGH. Social workers and two locums can also be available. In addition, the services are seeking to recruit more Occupational Therapists.

As demand grows for the services, which is very likely, so more staff will be needed. NELFT is currently commissioned to provide between 52 and 57 beds at King George Hospital; the IRS service supports home-based interventions to reduce the need for rehabilitation beds and to provide support at home.

### Community Treatment Team (CTT)

The CTT at present consists of 1 Consultant, 2 Doctors, 2 part-time

locums, 18 Nurses and Senior Nurses, 6 Occupational Therapists and 2 Physiotherapists. All have access to equipment to help with rehabilitation when required.

Visits to KGH are often carried out to assess and help with in earlier discharge so that patients can receive ongoing treatment in their own homes, which frees up beds quicker. They work in conjunction with the Queen's JAD Team before patients return home, when care plans are put in place. The Intensive Rehabilitation Service (IRS) (see below) take over on discharge from hospital and this can involve anything up to four visits a day for intensive physiotherapy, which for some patients can be too much to cope with.

The criteria for referral to this service is an acute physical health problem known as a "crisis" and, once patients have been triaged, they can be seen on the same day, at home, in order to avoid a hospital admission. A GP can refer patients as can carers and other agencies (including LAS crews attending a call that, in their opinion, may not require hospital attendance); self-referral is also possible. The team was told that, at the time of the visit, the CTT was dealing with a high number of call outs to patients' homes. Such calls can take some time as staff assess patients and record case notes. A random customer care survey is also carried out on occasion.

Once the triage pathway has been identified, it can be decided if a hospital attendance is necessary. Calls to the CTT can be for anything from falls, illness such as water infections or exacerbations of long term illness such as COPD. The CCT mostly responds to patients over 60 who have fallen but do not need the 999 service. The aim is to keep between 20 to 25 people out of hospital in any one week. They will often refer back to the CTT for ongoing care.

Family Mosaic (a housing trust for families, and a care and support service to help people live more independent lives) work with the telephone triage, which can be a risky business with children. The CTT does not deal with trauma cases, which are dealt with by the LAS and

hospital A&E departments. The GEO Tracker system used by the LAS is also used by the CTT. Calls from carers are usually requested first on the list of call outs, followed closely behind by self-referrals. LAS referrals come third.

The Rio Clinical Notes system is used and also Dementia screening is undertaken by the CTT on the over 75's. After the initial assessments are completed, it is then decided whether to send patient to hospital or to treat them at home (where, generally, they would far rather be). The CTT do also go into Care Homes but only in an emergency, when staff are not available to deal with the crisis. Referrals from Social Services for people with dementia or Alzheimer's are also dealt with by the CTT, who inform NELFT, so they can work together with these patients to give them the best possible care.

The CTT has been running now for three years and it is hoped will continue and that funding for better care will stay in place. It is proving to be a very successful arrangement in lowering the number of patients going to Queens and KGH, which is of the utmost priority.

On completion of an episode of care a discharge letter will be sent to the GP. A random customer satisfaction survey is also carried out.

Both the CTT and IRS have the use of a car to enable them to get essential equipment, such as walking frames, to clients much more quickly than making a referral to Adult Social Care (ASC). The teams can also make emergency referrals to ASC for bigger pieces of equipment such as hoists.

### Joint NELFT and LAS car K466 (K466)

K466 is a LAS Rapid Response vehicle, equipped with “blues and twos”, that responds to 999 calls. It is uniquely crewed by an LAS paramedic

and a NELFT district nurse; it is not the same as the usual LAS ambulance service. “K466” is the car’s LAS radio call sign.

The K466 crew are able provide a range of minor emergency treatments, such as dealing with falls, taking blood samples, stitching cuts after falls and dealing with skin tears, in order to obviate the need for an ambulance call out and an unnecessary attendance at A&E. K466 is on call every day, including weekends, from 7am to 7pm; many calls are received in the morning when home carers visit patients, only to find that they have fallen during the night.

### Intensive Rehabilitation Service (IRS)

The service was set up to give intensive rehabilitation to patients in their own home. It has resulted in the reduction of community beds from 104 to 52, enabling services to be concentrated in Japonica Ward at KGH instead of being at several different sites, making for more efficient running.

The IRS see patients that have been receiving care in an acute unit, or community beds, and can receive up to 4 visits a day. The team consists of 13 physiotherapists, 8 occupational therapists and 13 rehabilitation assistants. They are looking to working closer with the existing re-ablement team, to have joint plans of care. Earlier, intense, intervention in the patient’s own home has proven to bring patients back to optimum levels of independence more quickly than can be achieved by staying in an acute bed for longer, freeing acute hospital beds and allowing earlier discharge. A stock of equipment is held in the IRS Department of which some can be re-used if stress tested and disinfected. ASC provide more complex equipment, such as hoists, in patients’ homes.

The team would like to thank all the staff for their hospitality and their dedication to an impressive trio of services.



## Disclaimer

This report relates to the visit on 16 March 2016 and is representative only of those staff who participated. It does not seek to be representative of all service users and/or staff.

## Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

**We are looking for:**

### Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

### Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

## Interested? Want to know more?

Call us on **01708 303 300**; or email  
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