Summary of proposed changes to:

- inpatient intermediate care services at Lambeth Community Care Centre and Pulross and
- rehabilitation services for people who have had amputations

1. Introduction

This paper summarises proposals developed by NHS Lambeth with Guy’s & St Thomas’ NHS Foundation Trust to make changes to care provided at Lambeth Community Care Centre (LCCC) in Kennington and the Pulross Intermediate Care Centre in Brixton. If you would like to read the full paper this is available at http://www.lambethccg.nhs.uk/get-involved/ or paper copies are available from NHS Lambeth by phoning 020 3049 4250.

We have engaged extensively with Lambeth residents, patients and other key stakeholders over a lengthy period of time as we have developed NHS Lambeth’s Commissioning Strategy Plan, which sets out the broad ‘direction of travel’ of our proposals. In addition, we have had detailed conversations with local groups about the proposals we are putting forward. This process is a continuation of a dialogue with local people, and we are now seeking views and comments from patients and the public before we make the final decisions.

What is intermediate care?

Intermediate care can be provided in people’s homes or in community inpatient beds. It includes a range of short-term treatment or rehabilitation services designed to ensure that people go to hospital only when they need to and that they can come out of hospital as soon as they are ready. It is paid for by the NHS.

People in Lambeth have told us that, as far as possible and when it is safe and suitable, they want to receive care at home, supported by the appropriate mix of skilled staff such as doctors, nurses, therapists and social workers. We also know that people tend to improve more quickly in a home environment, especially people with dementia. We have put new services in place over the past few years to provide care at home and in the community. We are testing other services to see if we can provide even more care outside hospitals. Some examples of changes we have made are:

- Reablement – intensive personal support to prevent admission to hospital and long-term care, and support upon discharge from hospital to help people regain skills and confidence as quickly as possible
- Enhanced Rapid Response – home-based rehabilitation providing more intensive support and short-term care.
A small number of people will need care in an NHS intermediate care bed in the community. This could be because they need intensive therapy input to recover after an operation, illness or stay in hospital, or because two people are needed to support them to move.

2. Summary of proposals

Intermediate care inpatient beds at Lambeth Community Care Centre and Pulross

Guys & St Thomas’ NHS Foundation Trust Community Health Services (GSTT) provide two services in Lambeth offering inpatient intermediate care:

- the Pulross Centre in Brixton, which has 20 beds
- Lambeth Community Care Centre in Kennington, which has 16 beds

Both are nurse-led units offering care for adults with rehabilitation and/or nursing needs, for example to regain mobility after a fracture or an operation. Care is supported by therapists, GPs and consultants in elderly care. Both offer 24-hour care for patients who are registered with GPs (family doctor) in Lambeth. In addition, Lambeth Community Care Centre offers care to patients of 6 GP practices in North Southwark.

In Lambeth, GSTT also provides two well established services offering rehabilitation support at home - Supported Discharge for patients coming out of hospital and Rapid Response to support patients to remain in their home, and to avoid them having to be admitted to hospital.

We wish to make changes to the way we provide intermediate care because:

- our 36 intermediate care beds are not fully used, and audits show that around 30% of the patients using the beds could be cared for at home instead
- unsuitable admissions mean that patients currently spend longer in hospital, have more moves and potentially a worse patient experience – for example, patients with dementia do not benefit from constantly moving from one service to another
- intermediate care inpatient beds cost substantially more than intermediate care in the home – an inpatient stay costs 5.6 times that of an admission to the Supported Discharge team, for example

We are proposing that:

- all of the intermediate care beds should be at the Pulross Intermediate Care Centre in Brixton
- there will be 20 beds (instead of 36)
- although we need fewer intermediate care beds, the remaining 20 beds should have a higher level of staffing so that patients receive more intensive therapy and can recover more quickly
- we should provide additional resources to support more intermediate care at home
As well as the benefits of speedier recovery from more intensive therapy and higher staffing levels, weekend staffing by therapists will also mean that home visits can take place, patients can be admitted, assessed and discharged and therapy started over the weekend rather than waiting until Monday. Combining the specialist medical support from two sites in one location will mean that patient reviews can be more frequent and that multi-disciplinary teams will be able to work more effectively together for the patients’ benefit.

The patient stories below will give you an idea of what these changes might mean for patients in the future.

**Patient story 1**

**Previous system**

A 78 year old man with Parkinson’s Disease fell and fractured his hip. He is discharged from hospital to an intermediate care centre as he is currently unable to look after himself at a level that can be supported within his own home. He stays there for 4 weeks receiving consultant doctor review of his medical issues, nursing care and therapy sessions until he is able to do things independently enough to manage with current levels of home care and therapy support.

**New system**

This patient is discharged home from hospital and receives the care he previously would have received in the intermediate care centre in his own home: in addition to his previous social care services care visits he receives rehabilitative sessions from physiotherapists and occupational therapists and three visits a day from rehabilitation support workers to help regain his mobility. He is also reviewed by a consultant doctor for his medical issues.

**Patient story 2**

**Previous system**

An 80 year old woman fell at home and remained on the floor for 24 hours before she was found by a friend. She spent 2 weeks in hospital very unwell and had a very large pressure sore from the time on the floor. The hospital discharged her to an intermediate care centre. The nurses managed her sore and she received therapist sessions alternate days as these required two therapists and large specialist equipment. To help plan for her discharge a home visit was done but she had to wait until an occupational therapist was available.

**New system**

The patient’s needs still require a discharge to an intermediate care centre. This is because the therapy input cannot be provided in her own home until she only requires one therapist for a session and no longer needs use of large equipment. However, the increased therapy staffing levels ensure she receives daily therapy. The occupational therapist is available to do the home visit as soon as she is ready to go home so there is no delay.

The patient stories in the paper are based on real cases that have been changed and anonymised to protect patient confidentiality.
Developing a new Amputee Rehabilitation Unit

People who have had amputations currently stay in hospital for a long time without the specialist support they need. We know that they will recover better and more quickly with timely support from specialist therapy staff. This will help them start using artificial limbs earlier and enjoy a better quality of life longer term.

We are suggesting that the inpatient ward at the Lambeth Community Care Centre in Kennington should become a 12-bedded specialist centre to support people who have had amputations so they can leave hospital earlier and recover more quickly. The environment at the Centre would be well-suited to supporting the recovery of amputee patients. Supported by staff, patients would be able to use the gym and other facilities on the ground floor, as well as the garden. At the same time we would aim to maintain the existing outpatient services provided on the ground floor of the Centre for the benefit of the local community.

The amputee rehabilitation service would be provided for all patients undergoing an amputation at GSTT or King’s College Hospital. To make sure that the beds are fully used, and that the facility and its staff are used most efficiently, we would also open access to patients from Lewisham, Bexley, Bromley, Greenwich and potentially further afield.

The expected benefits are:

- better health outcomes and more rapid achievement of daily living skills, improving patients’ quality of life and reducing the cost in social care and supported accommodation
- reduced hospital stay for amputees and speedy transfer to a dedicated unit designed around their specific needs
- a consistent and standard ‘care pathway’ for amputees across south east London ensuring an equitable, accessible service
- the introduction of intensive 7-day rehabilitation in a single location with a clinical service that provides a bridge from hospital to community services

The story of this patient should give you a picture of what the changes we are proposing might mean for one individual:

**Patient story 3**

**Previous system**

A 70 year old man underwent an amputation resulting from diabetes and vascular disease. He was discharged to an inpatient intermediate care bed having only had one therapy session. The unit has no specialist amputee equipment and no amputee therapists. He then had to wait to be seen in a hospital outpatient service for rehabilitation therapy. In the meantime he could not be cast for a prosthetic limb, and without a prosthetic limb he was unable to return home. The absence of intensive rehabilitation increases the risk of losing strength in the muscles, which increases...
dependency and prolongs immobility, further delaying discharge home as patients can then require greater input from social services. This also has an impact on psychological well being and motivation.

**New system**

With specialist care in an Amputee Rehabilitation Unit, this man would start post-amputation therapy immediately and be cast for a limb within a week. The prosthetic limb would be provided a week later. During this time he would continue to receive daily therapy, supported by specialists, able to ensure the appropriate rehabilitation and support package is in place to allow him both to return home and achieve his best possible ability to function with the minimum of delay.

3. **Sharing your views with us**

NHS Lambeth and Guy’s and St Thomas’ NHS Foundation Trust are committed to involving a range of stakeholders in developing and implementing the proposals we describe in this document.

We understand that people may be concerned about how changes will affect them and their family and friends. We also understand that some people find it harder to access the care they need. We have thought about how these changes might affect different groups of people - both people who use these services now and those who need support in the future.

We have been talking to people about how services may need to change. We would like to understand if there are any concerns we have not heard so far or have not thought about.

Beginning on the 5 September for 30 days – until 5 October 2012 - NHS Lambeth would like to invite patients, user and voluntary groups, carers, Lambeth residents and people working in the local NHS to share their views with us. You can do this in one of three ways, by:-

- attending one of the meetings we have organised where you can discuss the proposals, ask questions and raise any concerns you may have (a list of these meetings is at the back of this document)
- answering a number of questions that you will find at the back of this paper, or by
- writing to or emailing NHS Lambeth: lambeth.ppi@lambethpct.nhs.uk or by post to:
  Catherine Flynn
  Engagement Manager
  NHS Lambeth Clinical Commissioning Group
  1 Lower Marsh
  London SE1 7NT

If you have any questions please contact us by email at lambeth.ppi@lambethpct.nhs.uk or by phoning Catherine Flynn on 020 3049 4250.
4. **What happens next?**
   We will use your feedback to help inform any final changes to these proposals. We will continue to involve patients, service users and carers in detailed discussions as changes take place so that we can be sure of a successful outcome.

   In early October, we will publish a reporting summarising the feedback we receive. The report will be available on our websites and in paper, upon request from NHS Lambeth.

   If the proposals are endorsed, we will aim to make the agreed changes to intermediate care arrangements by mid-November 2012, and to open the new amputee rehabilitation unit by mid-January 2013.

**Annexes**
1. List of meetings
2. Online survey link plus form with list of questions
Annex 1 – Information and discussion meetings for Lambeth patients, service users, carers, residents and community organisations

To get further input from interested patients, service users and members of Lambeth’s public we are planning a number of meetings and you can find details of these below. Where possible we have organised these meetings with patient, carer and community groups that we know will be affected by these proposals. To join these meetings please contact the listed person in advance.

GSTT Community Health Services will be holding separate meetings with staff and details of these will be circulated through internal mailing systems.

<table>
<thead>
<tr>
<th>Name of meeting</th>
<th>Date, time and venue</th>
<th>Who can attend</th>
<th>Further information / to book a place</th>
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</table>
| Amputee Rehabilitation Centre / Bowley Close | 12 Sept 2012 11am  
Bowley Close Rehabilitation Centre  
Farquahar Rd SE19 1SZ | Users of services at Bowley Close Rehabilitation Centre; this meeting will focus mainly on the proposed new Amputee Rehabilitation Centre | Contact Anne Eggleston at Bowley Close  
Tel: 020 3049 7772  
email: anne.eggleston@southwarkpct.nhs.uk |
| Carers’ Hub Health Forum            | 18 Sept 2012 11am - 3pm (2-3pm for discussion on this item – the forum will be discussing other health-related matters from 11am)  
Lambeth Accord.  
336 Brixton Rd SW9 7A | Members of Lambeth Carers Hub and all carers in Lambeth | Contact Jenny Bonner or Dal Jammu at the Carers’ Hub if you are a carer in Lambeth and would like to attend: 020 8678 5609 |
| Lambeth LINk Steering Group         | 19 Sept 2012 5-7pm  
Lambeth Accord  
336 Brixton Rd SW9 7AA | Lambeth LINk members and invitees | Contact Lambeth LINk: email jeanette.threadgold@ageuklambeth.org.uk or tel 020 7274 8522 |
## Open meeting for all older people in Lambeth and Age UK Lambeth members and staff

<table>
<thead>
<tr>
<th>Age UK Lambeth</th>
<th>25 Sept 2012-2p-4pm Pulross Centre 47a Pulross Rd SW9 8AE</th>
<th>Open meeting for all older people in Lambeth and Age UK Lambeth members and staff</th>
<th>Contact NHS Lambeth on 020 3049 4250 to book a place or for further information</th>
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</thead>
</table>

The proposals, feedback we have received and our responses to these will also be discussed at the following meetings which are held in public and you are welcome to attend any of these whether you are a patient, carer, service user, an interested Lambeth resident or an NHS or social care professional.

<table>
<thead>
<tr>
<th>Date, time and venue</th>
<th>Name of meeting</th>
<th>Purpose of meeting and who can attend</th>
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</table>
| 5 September 2012 1-2.45pm Imperial War Museum, Cinema Room, Lambeth Road, London SE1 6HZ | NHS Lambeth Clinical Commissioning Group board meeting | To update on proposals and seek agreement to move to final phase of engagement  
Meeting held in public |
| 24 October 2012 7pm-9pm Lambeth Town Hall, Brixton | London Borough of Lambeth Health Overview and Scrutiny Meeting | To scrutinise the process, review proposals and how local people have been involved  
Meeting held in public |
| 7 November 2012 1-4pm Lambeth Accord, 336 Brixton Road, SW9 7AA | NHS Lambeth Clinical Commissioning Group board meeting | To make final decision on proposals  
Meeting held in public |
Annex 2

NHS Lambeth and Guy’s and St Thomas’ NHS Foundation Trust
Proposals for intermediate care and amputee rehabilitation
Questions about the proposals

Your views are important to us. Once you have read about the proposals, please take some time to respond to the questions below to help us develop these proposals further. In October, we will write a report about the findings of this questionnaire. If you are responding as a patient, family member, carer or local resident your responses will remain anonymous and comments will not be attributed to individuals.

If you are responding on behalf of voluntary group or healthcare provider, we may list the name of your group or business in the report as evidence of your involvement, but we will not attribute responses without asking you first.

How to complete the questions
You can complete the responses on your computer. To place a cross in the box, click your mouse cursor on the box. To add written responses, click the mouse cursor on the grey shaded area – the boxes will expand as you type. You are welcome to write you response on a separate page if you prefer or you can complete the questions using our simple online survey at: https://www.surveymonkey.com/s/Intermediate_care_and_amputee_rehabilitation_survey_September_2012

Part A) About the person or organisation responding to the questions
I am / we are responding to the questions as (please tick one box only):

<table>
<thead>
<tr>
<th>A patient who has:</th>
<th>Local authority</th>
<th>NHS commissioner</th>
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</thead>
<tbody>
<tr>
<td>• Used intermediate care services at the Pulross Centre</td>
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<td>☐</td>
</tr>
<tr>
<td>• Used intermediate care services at Lambeth Community Care Centre</td>
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<td>☐</td>
</tr>
<tr>
<td>• Experienced limb loss / amputation</td>
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<tr>
<td>Patient (of other local health services)</td>
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<td>Family member / relative of patient</td>
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<td>Carer</td>
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<tr>
<td>A local resident</td>
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Other (Please specify):

If you are responding on behalf of a voluntary group, organisation or other body, please detail:

<table>
<thead>
<tr>
<th>Name of main contact person:</th>
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<tbody>
<tr>
<td>Name of organisation:</td>
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<tr>
<td>Address:</td>
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<td>Postcode:</td>
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Please turn over
Part B) Care in a bed-based intermediate care unit in the community
The proposal is to provide intermediate care beds from one unit instead of two. This means we will be able to provide much more intensive rehabilitation to help patients recover and return home more quickly. There will be a greater number of staff and seven-day-a-week access to both nurses and therapists. The unit would be staffed at the same level during the weekends too. This means we can admit and discharge patients at weekend. Please help us to understand your views by answering the following questions.

About care and the service in the future

1. What are the **most important things** we need to get right in the **inpatient intermediate care unit** to support a patients’ recovery?

2. In your view, what are the **most important things** we need to get right for patients who are **discharged from hospital to the intermediate care unit during a weekend**?

3. In your view, what are the **most important things** we need to get right for patients who may be **discharged** from the **intermediate care unit or hospital** to their **home** during a weekend?

4. **General comments about the proposals**
   Are there any other **comments or suggestions** you have about the proposals in general? Please add your comments / suggestions about **bed-based intermediate care** below.

Part C) Receiving care at home instead
As part of these proposals we will invest more in home-based care. Please help us to learn about your views by answering the following questions.

1. What **needs and issues** do you think should we consider when **assessing patients** for their suitability for **care at home** after a stay in hospital?
2. If more care is provided in patients’ homes, what are the most important things we need to get right for patients and carers to have confidence in our services?

3. Is there anything about being cared for at home that patients, their families and carers might be concerned by that you would like to tell us about?

4. Are there any other comments or suggestions you have about the proposals in general? Please add your comments / suggestions about receiving care at home below.

Part D Proposals to develop a new amputee rehabilitation unit
The proposals for changes to intermediate care mean that we will be able to open a new amputee rehabilitation unit. The unit will be able to offer 7-day a week intensive specialist therapy to patients and quicker access to walking aid trails and assessments for prosthetic limbs. Please answer the following questions to help us develop these proposals further.

1. What in your view are the most important aspects of a rehabilitation service for patients who have had had an amputation? Please consider aspects of both physical care and emotional support in your answers below.

   Physical care:

   Emotional and social support:

Please continue overleaf
2. In your view, are there any concerns amputee patients, their families and cares might have when being discharged from the hospital to an amputee rehabilitation unit?

3. This would be a new service, therefore, are there any aspects of care that are currently missing from amputee rehabilitation services that you would like us to consider as part of this proposal?

4. Are there any other comments or suggestions you have about the proposal to develop an amputee rehabilitation unit? Please add your comments / suggestions below.

Part E: Involvement, monitoring the quality of services and equality

1. How should we continue involve people in Lambeth in putting the proposals into action?

2. How should we involve people in Lambeth in monitoring the quality of care in the new services?

3. In your view, are there any issues we need to consider to support the needs of particular communities when providing these services? (e.g. from the perspective of race, ethnicity, gender, gender reassignment, age, disability, sexual orientation, marital or civil partnership status or pregnancy or maternity)

Please continue overleaf
Helping us to understand more about the patients and the community we serve

We are committed to diversity and equal opportunities for all. Collecting this information enables us to have a better picture of any particular needs of our diverse patient community e.g. when providing services and/or involving patients and the public in development of services.

This information is used by the Foundation Trust to help us monitor the effectiveness of our equality and diversity policies and to help comply with legal requirements. Please take a few minutes to complete this section, to help us check that we are reaching all parts of the community.

Ethnic background (please tick one box)

<table>
<thead>
<tr>
<th>White</th>
<th>☐</th>
<th>Asian or Asian British</th>
<th>☐</th>
<th>Black or Black British</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Chinese or other ethnic group</td>
<td>☐</td>
<td>Mixed</td>
<td>☐</td>
<td>Prefer not to say</td>
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Age (please tick one box)

| Under 18 | ☐ | 18-34 | ☐ | 35-54 | ☐ | 55-74 | ☐ | 75+ | ☐ |

Sexual orientation

How would you describe your sexual orientation?

| Bisexual | ☐ | Gay man | ☐ | Gay woman / lesbian | ☐ |
| Straight / heterosexual | ☐ | Other | ☐ | Prefer not to say | ☐ |

Religion (please tick one box)

| Christian | ☐ | Muslim | ☐ |  |
| (including Church of England, Catholic, Protestant and all other Christian denominations) | ☐ | Sikh | ☐ |
| Buddhist | ☐ | Other religion, please state: | ☐ |
| Hindu | ☐ | Prefer not to say | ☐ |
| Jewish | ☐ |  |

Disability (please tick one box)

| Do you consider yourself to have a disability that is recognised by the Disability Discrimination Act (1995)? | ☐ Yes | ☐ No | ☐ Prefer not to say |

Thank you for taking the time to complete these questions.