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Title of innovation / initiative

Developing a partnership model between the NHS and third sector post acquired brain injury – the epitome of team work.

Problem

- The incidence of acquired brain injury (ABI) is on an upward trajectory. There are approximately 6,100 stroke survivors in Stoke on Trent (Stroke Association, 2022). Neurological rehabilitation is imperative, however, long-term service provision within the NHS is inadequate.
- Separate pathways existing between NHS and third sector cause poor flow, delays in transfer of care and poor patient experience.
- Local NHS waiting time for NHS services increased to > 12 months, a vital time frame in neuroplasticity and recovery potential.
- Local NHS services not utilising resources of third sector organisations effectively.
- The COVID-19 pandemic highlighted a greater need for integration with voluntary services following a greater backlog of outpatient waiting times within rehab services and a rise in social isolation for our patients.
- The NHS long term plan highlighted the need for closer collaboration with voluntary sectors (NHS Long Term Plan, 2022), therefore a drive for change was at the forefront of our service delivery.

Aims

Primary aim:

- *Teamwork is defined as a group of people who are working through collective endeavour toward a common goal – our shared vision, between the NHS and third sector (Headway) was: “to increase high quality of care and access to lifelong specialist neurological rehabilitation following ABI in the local footprint.”*

Secondary aims:

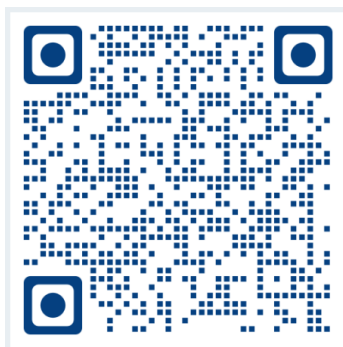
- To embed teamwork and partnership working between the NHS and third sector (Headway) within community neurological rehabilitation.
- To provide positive patient experience by developing by developing a seamless continuum of care between MPFT and Headway.
- To increase function in patients with ABI evaluated through the use of defined outcome measures.
- To support wellbeing in long-term care post ABI evaluated by the use of defined outcome measures.
- To provide neurological rehabilitation in line with national guidance, evaluated by completion of an audit against the BSRM (2021) nine core domains for best practice in

neurological rehabilitation.

Plan

- In March 2022 we successfully designed and piloted an innovative, partnership neurological rehabilitation model across the NHS (community stroke rehab team) and third sector (Headway).
- Teamwork between the NHS and third sector was at the forefront of the new model design.
- Sharing knowledge, strengthening relationships, and building a smooth continuum of care for patients.
- Sharing knowledge and expertise from the NHS to the third sector staff to maximise wealth of information across the whole integrated care system.
- Creating a co-produced model between the NHS and third sector to meet the locally identified service gap where NHS services cease; aligning to the new ICS vision to join up services for improved patient care, reducing health inequalities and increasing access to services.
- The new integrated therapy model involved a NHS Band 6 physiotherapist and a Band 6 occupational therapist working 1.5 days each week at Headway to complete assessment and intervention alongside three therapy support workers at Headway.
- **A short video has been created to show how team work between the NHS and third sector (Headway) has achieved high quality patient care:**

[Headway; Staff Information \(Rehabilitation Post-Acquired Brain Injury\) - YouTube](#)



Scan the QR code to watch our NHS and Headway video

- Robust service evaluation was used to review and ascertain if the service development project met the desired aims. The service was evaluated using mixed methods and addressed in four stages.
- The primary outcome was change in Therapy Outcome Measure Impairment Scale (TOMS) measured at baseline and following 12-weeks therapy intervention. Secondary Outcomes included Barthel Index (BI), Modified Rankin Score (mRS), Nottingham extended activities of daily living (NEADL), Goal attainment measured by the East Kent Outcome System (EKOS) and Yale Question Mood Screen were measured at the same time points.
- Patient feedback was at the forefront of service methodology. Qualitative data was collected using a service user questionnaire. An audit of service performance was

completed before and 12 weeks after the launch of the new integrated therapy model.

Benefits

- We are proud to share the strong and positive culture of teamwork between NHS and third sector which underpins the services ability to continue succeeding and flourishing.
- The integrated rehabilitation model between NHS and third sector has pushed the boundaries; transforming care by providing lifelong access to specialist stroke rehabilitation in the North Midlands footprint; a momentous development for community care. Such collaboration is key in reducing the rehabilitation backlog left in the wake of COVID-19, aligning to the integrated care system vision.
- Positive patient satisfaction and feedback – please see Headway video for direct patient feedback from our service users.

Measures

- Improvement was seen in subdivisions of the TOMS tool following 12-weeks of therapy, BI and NEADL. The mRS demonstrated no change in median score.
- Therapy provision is shown to have a positive impact on mood and a median goal attainment score of 55% in 12 weeks.
- Thematic analysis of questionnaire results identified four sub themes: therapeutic relationship, specialist expertise, collaborative working, reducing waiting time and holistic care.
- High patient satisfaction ratings were achieved in all domains in of the questionnaire, with a mean score of 4.7 (range 4.6 – 4.8) and a maximum score of 5.
- An audit of practice showed service provision met national guidance for best practice set by the British Society of Rehabilitation Medicine.

Resources / team

- Extraordinary teamwork and partnership working was required in this quality improvement project and involved a three-fold approach.
- Firstly, team work internally with Trust corporate teams, clinical and quality leads to ensure quality assurance.
- Secondly, collaboration with the voluntary section (Headway).
- The final tier of partnership working included collaboration with Keele University. Collaboration with Keele University and community stroke rehab team ensured that, our quality improvement project was based upon high quality evidence-based care while building on its strategic links with Keele University to enhance collaborative research, education and training.

Key learning

- Teamwork, mirroring “Penguin teamship” across NHS and third sector staff is important to deliver quality improvement, increases patient flow and has the potential to reduce pressures on NHS waiting lists.
- Co-production beyond the NHS provides joined up working, education and training between the NHS and 3rd sector, embracing clinical practice to continually strive to be the best.
- Greater team work and integration across the integrated care system significantly improves patient satisfaction.

Tips for others

- This project demonstrated that collaboration between the NHS and third sector is imperative in management of long-term conditions, and should be prioritised by service leads, when the needs and demands of treatment and/or therapy cannot be met by the NHS alone.
- We hope this project can inspire others to do so, increasing high quality care for our patients. In the coming years such collaboration is likely to be key in reducing the elective backlog left in the wake of COVID-19 which is seen by some as the biggest modern challenge that the NHS has faced.

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Date of innovation / initiative: March 2022- Ongoing

Do you have any attachments?

- NHS and third sector information video (Link and QR code attached).
- Able to share service specification to leads interested in replicating such service models.