

Neurological Secondary Care Services South of Tees

Rehabilitation at JCUH

Background

Rehabilitation facilities at the James Cook University Hospital (JCUH), Middlesbrough can be better understood in the context of rehabilitation facilities available in the North East in general. The rehabilitation facilities in the North East are limited. There are limited inpatient acute specialist rehabilitation facilities while community services are also limited and disease specific. There are nine rehabilitation consultants working in five centres in the North East. Five consultants are based in Newcastle while others are based in Middlesbrough, Sunderland, Northallerton and Carlisle. There are level 1 rehabilitation facilities at Newcastle with level 2 facilities at the other centres.

There are three disability services centres for prosthetic rehabilitation in the North East, with one each in Newcastle, Middlesbrough and Carlisle. The regional spinal injuries rehabilitation centre is based at JCUH, which is staffed by two consultants.

Rehabilitation facilities at JCUH

1. Spinal Injuries Rehabilitation Unit: It is situated in a purpose built unit supported by two consultants, two staff grade doctors and three specialist nurses with a well resourced multi-disciplinary team (MDT) and dedicated psychology input. This unit provides level 1 rehabilitation services and serves as a regional specialist spinal rehabilitation unit.
2. Neurorehabilitation: The department of rehabilitation is based in the Division of Neurosciences and provides inpatient acute specialist neurorehabilitation and outpatient services. The consultant in rehabilitation was appointed in August 2007 to develop these

services. The inpatient unit has dedicated eighteen beds on ward 26 with a well developed multi-disciplinary team providing these services. The unit is supervised by the neurorehabilitation consultant supported by a trust grade doctor. Outpatient rehabilitation clinics have been developed in the last two years providing general neurorehabilitation clinics and specialist spasticity clinics.

3. Disability Services Centre: This centre provides prosthetic rehabilitation and regional wheelchair services. A consultant physiotherapist in prosthetic rehabilitation was appointed in the year 2008 to run the service on a day to day basis under the supervision of the consultant in neurorehabilitation.

Recent Development of Rehabilitation Services

1. Specialist Spasticity Management Service: A spasticity clinic has been developed which provides the spasticity management facility in a MDT environment. The clinic is run by the consultant in neurorehabilitation in conjunction with neuro-physiotherapists. Patients have access to all modalities of treatment including oral medication, neuro-physiotherapy, botulinum toxin injection therapy and intrathecal baclofen therapy. In the last two years two senior neuro-physiotherapists have been trained in the administration of botulinum toxin injections, and the use of portable EMG machine.
2. A Trust Grade Doctor in Rehabilitation Medicine has been appointed to support the rehabilitation team on ward 26.
3. Funding and appointment of head injury coordinator/head injury nurse: In collaboration with Headway and local Primary Care Trusts, funding has been secured for the appointment of a head injury coordinator/specialist nurse and community support worker. These posts are currently being advertised.

4. Accreditation of Prosthetic Rehabilitation Services as a Training Facility: Middlesbrough disability services centre has been approved as the training facility for prosthetic rehabilitation for the rehabilitation trainees in the Northern deanery.

Opportunities for Development

The Division of Neurosciences at JCUH is one of the two neurosciences centres in the North East providing services to a large catchment area extending from North Yorkshire in the south to Durham and Sunderland in the north. It caters for a population of about 1.2 million. It has a neurosurgical department consisting of seven whole time equivalent consultants and a neurology department with ten whole time equivalent consultants. There is currently one vacant Neurologist post that is being covered by a locum consultant. These two departments are complemented by neuro-radiology, neurophysiology and neuro-rehabilitation departments. In addition, there are specialist nurses in multiple sclerosis, Parkinson's disease, and epilepsy.

The neurorehabilitation department provides acute specialist in-patient rehabilitation services, outpatient services, prosthetic rehabilitation services and regional specialist wheelchair services under its umbrella. In-patient specialist rehabilitation service is a level two facility which is providing service to patients with complex needs and as a result very few patients have been referred to Walkergate Park hospital in Newcastle in the last few years. The patients with complex rehabilitation needs include patients in a minimally conscious state, patients with locked-in syndrome and patients with severe cognitive impairments. Similarly, outpatient clinics have been developed including a specialist spasticity management clinic, thereby providing these services to patients close to their homes as laid down in the national service framework (NSF) for long term conditions.

There is no waiting list or excessive waiting time for admission to the neurorehabilitation ward at JCUH. When a referral is received the patients are assessed on the neurosurgery/neurology wards by the neurorehabilitation MDT consisting of the Consultant in Neurorehabilitation, physiotherapists, occupational therapists and speech and language therapists. The patients are transferred to the neurorehabilitation ward as soon as they are medically stable and able to engage with the rehabilitation process.

The areas of further development include the need for dedicated neuro-psychology therapeutic input, local access to neuro-psychiatry services, provision of vocational rehabilitation and to improve therapy staffing levels for in-patient rehabilitation.

The rehabilitation facility at Newcastle upon Tyne is a level one facility which is commissioned by the North East Specialised Commissioning Team (NORSCORE). Neurorehabilitation at JCUH is currently not commissioned as a specialist service (although it is providing services to category A patients) and is commissioned separately by local primary care organizations. The Trust is working in collaboration with commissioner colleagues to review the current commissioning arrangements with a view to develop consistent arrangements across the North East. This is important as accessing facilities at Walkergate Park hospital in Newcastle is difficult due to long waiting times and is impractical due to long distances and travelling times involved.

Community Rehabilitation Facilities

Due to a large catchment area, the neurorehabilitation department at JCUH relies on the local services/hospitals for the provision of outpatient/community therapy services. Community rehabilitation facilities in the North East in general are limited and are disease specific. The areas for development include increasing the provision of dedicated rehabilitation beds in surrounding hospitals with medical leadership, increasing community provision and development of multidisciplinary teams (MDTs). This will significantly improve the coordination of the rehabilitation process once the patient is discharged from the hospital.

Trauma Centre (James Cook University Hospital)

The JCUH has been designated as one of the two major trauma centres in the North East along with Newcastle and will act as a hub for trauma units in Stockton and Darlington. The key principle in the establishment of major trauma networks is the rapid delivery of patients to the facility with the specialised services needed to provide definitive care and the importance of rehabilitation services is recognized as a key component. It is acknowledged that the Trust has good neurorehabilitation and spinal cord injury rehabilitation and rehabilitation pathways for trauma centres will be developed so that in the future every patient has a rehabilitation plan with access to rehabilitation.

It is acknowledged that there is a lot of work to do about developing coordinated, specialist rehabilitation services to support trauma and that needs to be a focus of planning work in the next 12 to 18 months.

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