NEUROLOGICAL REHABILITATION INPATIENT SERVICE

OXFORD CENTRE FOR ENABLEMENT (OCE)
WELCOME TO OXFORD CENTRE FOR ENABLEMENT (OCE)

Oxford Centre for Enablement (OCE) specialises in all aspects of neurological disability and rehabilitation: clinical, education, research, and policy. It aims to help patients, other clinicians and clinical services, researchers, educationalists, carers, commissioners and anyone involved in designing or developing rehabilitation services. Its service focus is Oxfordshire and surrounding counties.

OCE is the only Level 1 unit funded by National Health Service England (NHSE) for the ‘Wessex region’. This covers a wide area (Oxfordshire, Buckinghamshire, Berkshire, Hampshire, Isle of Wight and Dorset).

Our goal is to ensure that each person with persisting disability and/or distress arising from neurological illness or injury achieves the best level of social integration possible, whilst also considering equitable, fair allocation of limited resources.

If you know someone with long-term disability you are welcome to contact us. We aim to reply in a helpful way, even if we cannot act directly.

OCE INPATIENT SERVICE

Our inpatient service comprises the following

Level 1 inpatient neurological rehabilitation for patients from Oxfordshire and surrounding counties who need highly specialist rehabilitation (part of the Thames Valley Trauma Network rehabilitation network).

We have capacity to admit up to 26 inpatients at any one time, depending on staffing levels and the level of dependence of the patients being referred and admitted. There are no absolute criteria for admission - for more information please visit www.ouh.nhs.uk/oce

Generally speaking, a patient is considered suitable for admission (assuming funding is available) if the patient:

- has a neurological or neuromuscular condition
- would benefit from the specialist neurological rehabilitation service available
- would not gain an equal benefit from a more readily available service
- would be safe in this environment.
HOW WE ARE FUNDED

The centre is primarily funded through the NHS, but suitable patients with other sources of funding are also seen. For more information please visit our website www.ouh.nhs.uk/oce

At OCE we link closely with many local specialist services both within the hospitals and in the wider Oxfordshire community. We work with organisations in the statutory and voluntary sectors, commercial organisations, local universities and other academic departments further afield.

The work of OCE is primarily funded by the NHS. The centre also accepts and will assess and manage patients who are funded commercially through other routes such as:

- medico-legal settlements
- private insurance
- health systems in other countries
- self-funding (where an individual pays from their own resources).

NHS COMMISSIONING

The NHS commissions (buys) services in a variety of ways.

For rehabilitation, some services are purchased through specialist commissioning arrangements which are national for England and Wales, whereas most of the remainder are commissioned by local Clinical Commissioning Groups.

There is no consistent means of commissioning rehabilitation and from the perspective of the patient it is a piecemeal arrangement.

For example:

- therapy services within most hospitals are not commissioned as rehabilitation
- occupational therapy within the community is funded by social services and does not provide rehabilitation therapy
- some equipment is funded through health services
- other equipment is funded through social services
- long-term support may be funded through health, social services or not at all.

It is extremely rare that all of the services needed or used by an individual patient will come from one funding stream, or indeed through one organisation.
**SPECIALIST COMMISSIONING**

Specialist commissioning pays for the first six months of specialist rehabilitation for patients with severe and complex problems sufficient to warrant rehabilitation in a ‘Level 1 specialist rehabilitation centre’.

The patient’s need for level 1 specialist neurological rehabilitation is determined using an agreed form, which needs to be completed by a consultant in rehabilitation medicine.

Specialist commissioning also pays for prosthetic services, and complex equipment. There are separate criteria relating to this. If a patient’s needs fall within the criteria, then it is funded directly on a national basis.

**CLINICAL COMMISSIONING GROUPS**

All other inpatient and outpatient rehabilitation is funded by the patient’s Clinical Commissioning Group, which is determined by the GP they are registered with. We have contracts with some local groups. For other patients we would need to get permission. This is usually not a problem for an outpatient assessment visit, but can be more difficult if inpatient treatment is needed.

**DOCTORS**

There are three medical consultant posts at OCE. OCE has up to 26 inpatients and a large number of outpatients cared for by the multidisciplinary team. Rehabilitation specialist doctors are trained in managing the consequences of head injuries and strokes and a wide range of chronic neurological conditions, such as Multiple Sclerosis and Huntingdon’s disease. Common problems after many neurological illnesses include pain, spasticity, low mood and chest and other infections. All the doctors at OCE have been trained to enable patients to manage these conditions. Within the medical team the Consultants sub-specialise in areas where they have particular expertise.

- **Dr David Henderson Slater**, Clinical Lead
  - Neuro-behavioural disturbance following head injury; prosthetics; clinics for young people transiting from paediatric to adult services

- **Professor Udo Kischka**
  - Spasticity management including Botulinum toxin treatments and joint clinics with neurosurgery and orthopaedics; disorders of consciousness

- **Locum consultant**
  - Spasticity management including Botulinum toxin treatments and joint clinics with neurosurgery and orthopaedics; sports rehabilitation.
The doctors share care of inpatients and run a wide range of clinics at OCE and the John Radcliffe Hospital. They also carry out off-site assessments at other hospitals and nursing homes, and occasionally do home visits.

In addition to the consultants there are usually two or three registrars who are completing their four years of higher professional training to prepare for consultant posts.

Doctors at OCE are closely involved in research collaborations with the University of Oxford and Oxford Brookes University.

Current projects include:
- investigation of neuroplasticity after amputations and strokes;
- importance of sleep in making good recovery after stroke and head injury;
- management of visual neglect after stroke;
- assessment of social cognition after neurological injury.

In the last few years research papers have been published in several prestigious neurological journals. OCE doctors are involved in the training of medical students and junior doctors and lecture at conferences and on training courses internationally.

**ADMISSION AND DISCHARGE COORDINATOR**

The Admission and Discharge Coordinator is responsible for arranging the admission of patients and liaising with the referrers.

During the patient’s stay the Coordinator will work with them, their families and outside agencies to ensure discharge from hospital is as seamless as possible with appropriate support in the community.

The Coordinator runs a drop-in service on the ward on Wednesday evenings **6.00pm - 8.00pm**. This is open to patients and family members to discuss any issues about discharge planning and signposting for benefit advice and voluntary organisations.

Admission and Discharge Coordinator: **01865 737 233**.

**REHABILITATION NURSING**

Nurses at OCE work with patients, their families and the treating team over 24 hours, seven days a week. They provide essential care for patients, requiring a wide range of nursing skills. They must note and respond to changes in the patients’ medical and/or psychological status, listen and guide patients and families and communicate constantly with the wider team.
The nurse-patient relationship is both special and rewarding at OCE, as there is the opportunity to get to know the patient better than in a more acute setting, and to witness the improvements through the rehabilitation process.

There are two nursing teams at OCE, Chestnut and Elm. Individual nurses can be identified via the name board on the ward. Differently skilled nurses have different uniforms:

- Navy - Sister and Junior Sister
- Royal blue - staff nurse
- Green - assistant practitioners
- Pale blue - nursing assistants
- Turquoise - student nurses

Our nurses promote health and maximise recovery by:

- assessing, implementing and evaluating patients’ care individually and holistically
- listening to and guiding patients and families, acting as advocates when necessary
- promoting independence and self-care by working closely with the whole team to encourage patients to regain as many functional skills as possible
- supporting patients as they adapt to any necessary changes in their lifestyle
- maintaining a pleasant, therapeutic environment on the ward and in the day room.

### NURSING LEADS

- Sarah Wheeler – Matron
- Sue Hunt – Sister
- Ana Ribeiro – Sister

### PHYSIOTHERAPY

Physiotherapists have particular expertise and knowledge about all aspects of movement: neurological control, muscle structure and function, and the relationship to bones and joints.

At OCE the greatest specialisation relates to neurological and neuromuscular conditions, but staff are also experts in assessing and treating people after amputations, assessing in relation to wheelchairs, orthoses and other equipment and in managing posture, moving and handling, and the musculoskeletal problems associated with chronic disabling neurological conditions.

The neurological physiotherapy team assesses and treats people with a wide range of neurological conditions including stroke, traumatic brain injury, multiple sclerosis, spinal cord injury, brain haemorrhage and other neurological conditions with the aim of:
- Maximising functional abilities and enabling independent living
- Improving mobility
- Improving upper limb function
- Increasing fitness and exercise tolerance
- Reducing pain and discomfort
- Improving posture and balance
- Increasing strength and flexibility
- Providing guidance, treatment and education in the management of symptoms and problems.

The team works with inpatients, outpatients and day hospital patients in a spacious gym environment, using the latest equipment to meet the needs of this patient group. The team also has access to a hydrotherapy pool and a specially designed mobility garden. Patients are treated individually and in groups following detailed assessment and identification of meaningful and personal goals.

A wide variety of treatment techniques can be used, based on the outcomes of the assessment.
- Individually designed exercise prescription
- Gait education
- Treadmill training using partial body weight support
- Functional Electrical Stimulation Bike and Neuromuscular Electric Stimulation
- Hydrotherapy
- SaeboFlex Dynamic Orthosis
- Constraint Induced Movement Therapy
- Upper limb splinting
- Serial casting
- MDT spasticity assessment and management in a specialist clinic
- Chronic regional pain syndrome treatment
- Joint Physiotherapy / Orthotics Clinic
- 24 hour postural management review
- Sensory re-education
- Task-orientated practice in functional contexts
SERVICES AND PROGRAMMES

Each patient will receive an intensive multidisciplinary rehabilitation programme, including one to one physiotherapy and group sessions. Patients will be set up to self-directed exercises on the ward with support from family and carers as appropriate.

PHYSIOTHERAPY LEADS

- Nicky Proffitt
- Natalie Wallace

OCCUPATIONAL THERAPY

The role of an occupational therapist within the Neurological Rehabilitation Inpatient Service is to work with patients to identify, through assessment, the areas of function affected by their illness or disability. Following this, functional goals are identified and treatment plans implemented to maximise their independence in these areas.

Interventions include assessment and treatment of impairments such as motor, sensory, fatigue, cognition and perception related to how they impact on:

- personal care activities
- domestic tasks
- work skills
- leisure interests
- community skills
- social skills
- home environment
- posture management and seating
- upper limb function.

The Canadian Model of Occupational Performance and Engagement (CMOP-E) is used to structure all assessment. The CMOP-E addresses all areas of function under the titles of self care, productivity and leisure.
SERVICES AND PROGRAMMES

Each patient will receive an intensive multidisciplinary rehabilitation programme, including one-to-one occupational therapy and group sessions.

OCCUPATIONAL THERAPY LEAD

Alison Bragg

CLINICAL NEUROPSYCHOLOGY

A Clinical Neuropsychologist is trained and qualified in the delivery of a range of evidence-based psychological talking therapies and in the assessment and rehabilitation of cognitive (thinking) skills. A Clinical Neuropsychologist will also typically take the lead in assessing a patient’s ability to make complex decisions (e.g. around issues such as financial management or discharge destination), and mental capacity assessments form a core part of our work.

The Department of Clinical Neuropsychology at OCE is part of the Trust-wide Psychological Medicine service, and provides a well-established and specialist service supporting the neurological rehabilitation of those who have experienced cognitive, emotional and neuro-behavioural problems due to an acquired brain injury or neurological condition. The team works with inpatients, outpatients and day hospital patients.

We aim to improve clinical and social outcomes and improve the experience of patients, families and carers via a full range of direct and indirect clinical and service support functions.

- Provision of expert neuropsychological assessment
- Evidence-based talking therapies including cognitive behaviour therapy (CBT)
- Individualised cognitive rehabilitation programmes
- Comprehensive and innovative family support service for all inpatients and their relatives, including a specialist support service to children who have a family member with an acquired brain injury or neurological illness
- Individual and group psycho-education sessions
- Supervision and consultation of professionals
- Staff training
- Service innovation and development
- Applied research and development
- Audit
CLINICAL NEUROPSYCHOLOGY LEADS

■ **Dr Audrey Daisley**
  Consultant Clinical Neuropsychologist and Lead for Clinical Neuropsychology at OCE and the Family Support Service

■ **Dr Rachel Tams**
  Consultant Clinical Neuropsychologist and Lead for Clinical Neuropsychology Long Term Conditions Service at OCE

SPEECH AND LANGUAGE THERAPY

The role of a Speech and Language Therapist is to assess, diagnose, manage and rehabilitate a wide range of communication and swallowing difficulties. Within the Neurological Rehabilitation Service, speech and language therapists work closely with the rest of the interdisciplinary team to identify functional goals to increase communication and swallowing function. They are responsible for designing and carrying out detailed therapy plans both in one-to-one and group settings.

Speech and Language Therapy offers intervention programmes for a range of patients and impairments.

- Patients with prolonged disorders of consciousness (PDOC)
- Intensive impairment-based therapy for complex speech and language difficulties
- Assessment, advice and management of patients with swallowing difficulties including people who receive non-oral feeding
- Multidisciplinary assessment and management of patients with tracheostomies
- Assessment and training in the use of alternative and augmentative communication (AAC) devices
- Vocational rehabilitation and support with returning to work
- Therapy for voice disorders
- Therapy for cognitive difficulties impacting on communication
- Promoting access to the community and returning to leisure and hobby activities
- Training and support for families and children to enable them to communicate with their family member.

Speech and Language Therapists also have a key role in supporting patients to communicate with the multidisciplinary team and to maximise participation in assessments and meetings directly related to their case, such as goal planning meetings, discharge planning and mental capacity assessments.
SERVICES AND PROGRAMMES
Each patient will receive an intensive multidisciplinary rehabilitation programme, including one-to-one Speech and Language Therapy and group sessions. In many cases patients will also be provided with self-directed exercises to complete independently, or with their families if appropriate.

SPEECH AND LANGUAGE THERAPY LEAD
- Angela Kavanagh
- Hazel Howell

GOAL PLANNING
Identifying and setting patient-centred goals is a central part of all rehabilitation, but it is of particular importance for people whose disability is so complex and severe that they need to be inpatients.

We spend time with every patient discussing what is of particular importance to them.

This includes:
- the importance of family, friends, and other social considerations
- hobbies, interests and work
- hopes and expectations for the future
- what they particularly expect from rehabilitation
- any other matters of particular importance to them

This information helps us work with the patient in setting more specific goals for the rehabilitation process, ensuring we work towards goals that are important and relevant to them.

Meetings are held to discuss goals. These sometimes involve a large number of different professionals and can be quite prolonged. It is usually possible for a patient and their family to be involved in these meetings, but some choose not to, opting instead to be seen before and after the meeting by one or two therapists known well to them.

Prior to meeting, we will always establish what is important to the patient and what their expectations are. These are always taken into account in any team discussion. After meeting, one or two members of the team will always discuss with the patient and their family what goals we think are appropriate.
MAKING A REFERRAL

Please complete the OCE referral form on our website:

www.ouh.nhs.uk/oce/referrals/documents/referral-form.doc

Send completed referral forms to oce.referrals@nhs.net with ‘Inpatient referral’ in the email subject line.

New referrals are considered on a weekly basis, and we will contact the referrer after the first meeting.

Potential outcomes include:

- immediate acceptance on to the waiting list
- further information-gathering, by face-to-face assessment or telephone
- transfer of the referral to another service within the centre
- suggestions for other ways of resolving the problem.

CONTACT US

Neurological Rehabilitation Service
Oxford Centre for Enablement (OCE)
Nuffield Orthopaedic Centre
Windmill Road
Headington
Oxford OX3 7HE

Tel: 01865 737 200 (reception)

Email: ouh.oceadmin@nhs.net

Website: www.ouh.nhs.uk/oce