

Report on the Healthwatch Wandsworth Intermediate Care Survey

Background

Healthwatch Wandsworth is currently looking at the different services that provide **Intermediate Care (IC)** to people in Wandsworth. We have been speaking to people who use these services and reporting our findings to those who design and deliver the services.

Intermediate care services can be provided in different settings including hospitals, care homes, or at a person's home, and may involve co-ordinated support from doctors, physiotherapists, occupational therapists and more.

Not all of the different types of care will call themselves "Intermediate Care" but all of the services provide a type of **short-term care and support** which:

- Helps people **rehabilitate** and **increase independence** after being unwell, or
- Helps people keep well so that a problem doesn't get worse and lead to the need for more serious help and care.

This report is based on three visits in December 2018 and January 2019 to the Brysson Whyte Rehab Unit and St John's Hill Therapy Centre, who provide intermediate care in a 'day centre' setting. Reports about other services we have visited at Ronald Gibson House and Mary Seacole Ward at Queen Mary's Hospital in Roehampton, which are both 'bed-based' services, are published on our website.

Our Consultation Survey

The main part of our Intermediate Care Survey focused on the quality of care service users believed they had received. We also asked staff members how they felt about the level of care and quality of service they had delivered.

There are many models of Intermediate care our participants would have experienced, and they will have entered by differing routes, for differing reasons, which include location, the source of the referrals and their own interest in managing their health with this type of service.

The first section of the Intermediate Care survey, which canvassed the opinions of the care-receivers, contained 20 (mostly qualitative) questions explored within the framework of:

- Respondent's care requirements and needs
- Care and Treatment
- Staff
- Finishing Care and Treatment
- Overall Experience

The survey for staff members asked 14 general questions and was designed to highlight whether patients felt their care was significantly different in content or quality from the care that staff believed they were delivering.

Findings

We received a total of 25 responses, including 20 from service users. Although we were only able to reach a small proportion of service users, partly due to the time of year we undertook the survey, we tried to gain a detailed understanding of the service from referral through to their treatment goal setting and ability to continue with life after leaving the service. The majority of this report reflects the responses and perspective of users of the service.

Five staff members responded including:

- A clinical nurse specialist for Older people, who is the first point of contact if someone becomes unwell on the unit and who runs a variety of clinics.
- A technical instructor - involved in nursing, physio, occupational therapy and more. They also carry out home visits.
- A band 5 rotational physiotherapist whose main duties are to screen patients when they first arrive and assessment of which services they need, as well as running an exercise class and referrals.
- The head of the team with a focus on patient and staff feedback.

The summary of staff responses can be found in Appendix C and their responses have been included in the report as relevant to the patient experience. Appendices A and B include a sample of survey questions.

Personal care requirements and needs

The survey for staff revealed that the service co-ordinates what the patients receive according to the individual patient's needs, with an initial assessment and then regular collaboration between staff on any changes in care that may be required. Staff highlighted trying to work with the patients to set goals appropriate for them.

We wanted to hear how patients felt about this, so our first section of questions (questions 1 to 5) asked participants to review the personal care requirements which led them to be offered Intermediate Care Services, their role in the decisions on goals and treatment, the quality of their initial contact with the service and continued partnership with the staff who would be involved in their future care.

Question One: Why are you receiving this type of support and care?

This question aimed to reveal the reasons people had entered the Intermediate Care service. Respondents gave three main reasons for their suitability and eligibility for this type of support and care:

1. To improve health and prevent issues:

This was particularly mentioned by several who had referred themselves to the service:

'To get myself fitter'

'To try to improve my breathing and recovery time (COPD)'

One said, 'I want to stop medication, but I have to taper it down'.

'I don't know. But my heart failure nurse referred me to here, because I'm living alone. Nowadays it's quite difficult because I have a lot of health issues (diabetes, gout, depression, arthritis, etc.).'

2. To get better as a result of a fall, or to prevent further falls:

Falls were a strong theme and were mentioned often as the beginning of a trail of treatment that had started with a fall but were related to other issues such as low bone density (1), Osteoporosis (1) and Osteopenia (1). Two of the responses reflected general mobility problems.

'Because I broke both my hips. I fell down the stairs. I was using a shopping trolley, and the handle gave way.'

'I had fallen over and fractured my pelvis, [due to] loss of balance, and [being] slightly deaf, which makes things difficult for me.'

'[Osteopenia] - low bone density. I am also recovering from two broken knees.'

'Because I had a most unfortunate succession of accidents over the last six months - broken hip which has now been replaced.'

'Diagnosed with Osteoporosis. Completed eight week's bone boost classes for eight sessions, then on to the Nordic walking.'

3. Parkinson's Disease

Of the 20 responses, a significant number (6) were receiving IC in response to a diagnosis of Parkinson's Disease, with varying levels of impact on their health.

'I have Parkinson's, and I have physio to help.'

'As I have Parkinson's I am having exercises to help with the staggering. At the beginning I had lots of falls. I have exercises for balance [...]'

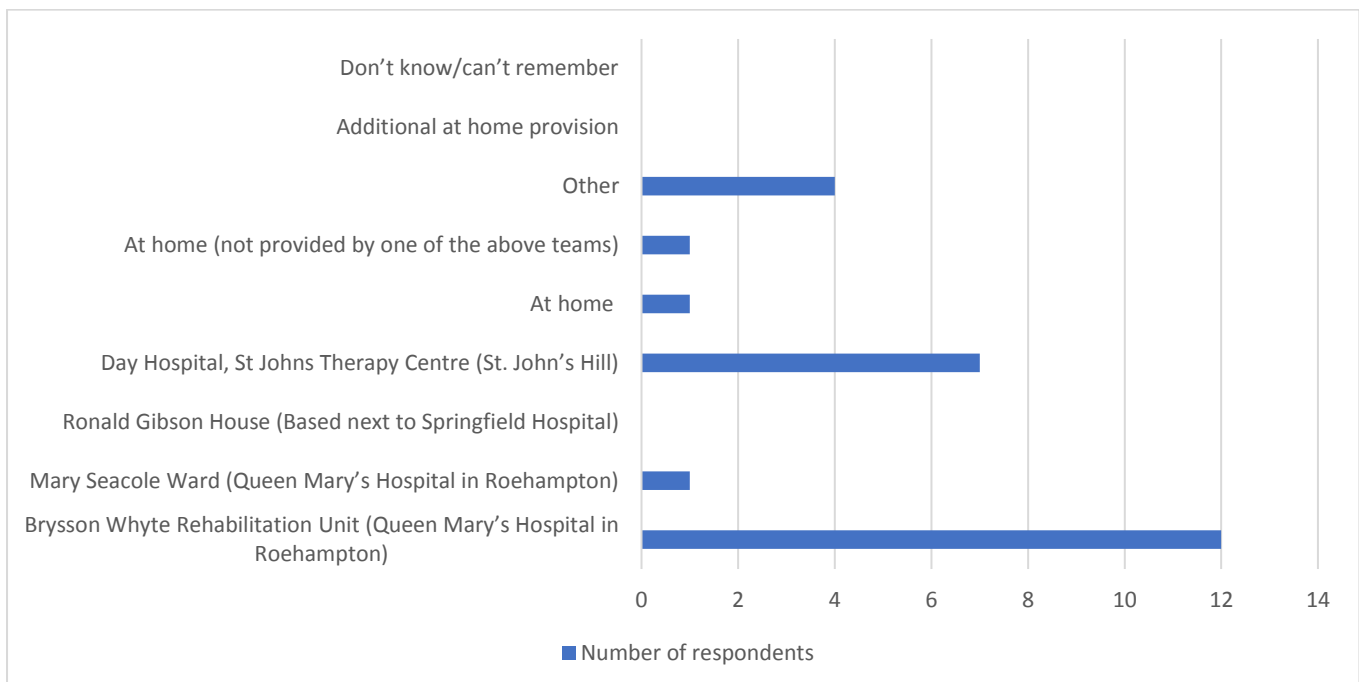
'My family members felt that I had a mild form of Parkinson's. I had seen a consultant at St. George's. I am on medication - the lowest possible dose.'

Although some respondents referred themselves to the service to improve self-identified health issues, others 'progressed' to the model of Intermediate Care provision they are currently receiving through the intervention of health and social care professionals, such as their GPs, or by other social care routes.

Question Two: Where have you received this care? Tick more than one if necessary

It is often the case that IC users received care from many different sources prior to their arrival at their current IC provider; and in Question 2, they were asked to state which previous care provider had referred them to IC. As the term 'Intermediate Care' continues to be a source of some confusion, both with the public and with health and social care professionals, we wanted respondents to have a clearer understanding of the nature of IC and which services and organisations might provide this type of care so that they could share their relevant experiences with us.

As the table and graph below show, most respondents had only experience of the day centres we visited. Of those who answered 'other' they had received care at Chestnut House (private care), Richmond Neurological Hospital, Richmond Rehabilitation Unit and St George's hospital.



Service	No. of respondents
Brysson Whyte Rehabilitation Unit (Queen Mary's Hospital in Roehampton)	12
Mary Seacole Ward (Queen Mary's Hospital in Roehampton)	1
Ronald Gibson House (Based next to Springfield Hospital)	0
Day Hospital, St John's Therapy Centre (St. John's Hill)	7
At home	1
At home (not provided by one of the above teams)	1
Other	4
Additional at home provision	0
Don't know/can't remember	0

One person commented that they had been in Mary Seacole and had since written a complaint because they were not happy with the interactions between patients and staff but had not yet received a response.

Question Three: Did you have a fall that led to you needing care and support? If yes, do you know what caused you to fall?

8 people said they were treated as a direct result of a fall, and several had suffered multiple falls, explaining:

‘Yes - two falls. Broke both hips - one each time’

‘Yes - falling on wet/unsigned floor at work and broke both knees’

‘Four or five falls’

One person hadn’t fallen but appeared to anticipate falling in the future.

Question Four: What was the assessment process like (telephone, forms to fill in, or face-to-face where they ask questions about your health)?

The respondents were unanimously positive about the assessment process. The general consensus was that the assessment process was “very good” and easy, especially when conducted face-to-face. Some were assessed at the centre, others at locations like St George’s hospital. It was noted that telephone assessments might be how the service can manage with stretched resources.

The most enthusiastic comments included:

“Quite good. Spent an hour fully accessing face-to-face - very thorough at St George’s Tooting”

“Yes discussed everything I do. I have attended several times in the past”

“Yes - very good for bone density”

However, the least positive comments varied from:

“I didn’t find the telephone assessment at the beginning helpful. I felt like [they] didn’t show empathy”, to “It was ok”.

Question Five: Was your appointment letter easy to understand and read? Did you receive enough information about the service, and about what to expect?

Almost all responders agreed that the appointment letter was easy to read and understand. Some offered fuller explanations, including:

“Yes - reasonably easy. There wasn’t anything they expected me to know already...”

“Very easy. The rehab unit phoned me first to ask me if I was going to be interested”

“Yes, I had a phone number if I had any questions”

A couple of people had referrals from therapists visiting their house (domiciliary visit) “They came to the house”, “Physiotherapist who came to my home referred me here and said this would help me more”.

One person said that the Bone Density service was easy but the information they were sent after breaking both knees was not easy to understand.

Care and treatment

The following four questions aimed to establish to what extent the receiver of Intermediate Care believed they were a 'partner' in their care; that they are aware of, and involved in, their care to successfully achieve jointly identified rehabilitation goals.

Question Six: Are you involved in decisions made about your care and treatment? If yes, please explain.

This question was asked to acknowledge that people should be active participants in decisions about their future care and to establish if they were aware of the impact of their involvement.

The majority believed they were involved in decisions about their care and treatment without further comments. Others gave examples of their involvement, including:

'Yes, but the decision to come in was not influenced by me, but was very helpful'

'Yes, physio discusses everything at length, what exercises to do and what aim to achieve and targets'

'Absolutely - yes, I discuss all treatment'

'Yes - opportunity to choose next step'

However, some responses were more muted saying 'I suppose so' and two people believed they were not at all involved in the decisions made about their care and treatment; one said 'not yet'.

Question Seven: Do you have rehabilitation goals that will make a difference to your life and enable you to achieve the things that you want to achieve? Were you involved in setting them?

As Intermediate Care is intended to help participants to prepare for their lives after treatment, we felt that there were important aspects of the Intermediate Care process which require both the recipient and support staff to work closely together on to identify personal rehabilitation goals for care, and this question aimed to establish how successful the service is at doing this.

There were many positive responses, some showing clear personal aims and active engagement in rehabilitation goals.

'I am aiming to walk without a stick or anything. (I used to walk with a frame and my aim is to'

'I want to get moving and mobile. It would be useful if I was supported in [this]'

'I do have [goals] with regards to mobilising over longer distances using [my] hand more and exercises'

'to be independent of crutches and to have exceeded all goals'

'When I came out of hospital, [I was] told six months to walk again, but took six weeks'

However, there were some who perhaps seemed a little uncertain and who responded less positively in terms of what they might expect:

'I'm not sure I'm aiming for anything'

'Not at the moment'

'I don't think I did [have rehabilitation goals]'

Question Eight: Are you getting the right therapy (physiotherapist/OT/group classes) to help you make the progress you want to achieve, and to be as independent as possible?

With one exception, all who completed our survey felt they were receiving the correct therapy to enable them to reach their goals; and some were very enthusiastic when providing examples:

'I've had my second session and it's a great benefit,

'I'm doing the right therapy. They will cheer me up at, or after, ten weeks when I can practice the exercises myself'

'[They] are able to give some advice on what is best in terms of exercise, how long, and what type of equipment'

'Sheets of instructions and exercises to do at home, helping me to improve'

Two people felt the success of the therapy was inhibited by practical constraints or other issues which may impede their progress.

'Yes [I am receiving the right therapy], however as I am still working, it meant taking time off or working overtime'

'Yes [I am receiving the right therapy], but from only the physiotherapist at this day hospital on the GP's recommendation'

One person believed that they were not receiving the right therapy because:

'Although I am attending, I go to three classes a week, but if you have not got the right diet, then it does not help'

Although not everyone who receives Intermediate Care treatment requires formal 'therapy', most participants receive a level of physical therapeutic care of some description; of which physiotherapy, occupational therapy, and group classes are most regularly attended.

For most, therapy is prescribed, although some people volunteer to receive the benefits of physical therapy in preparation for returning to their home, or alternative care upon discharge. Unlike the majority of health and social care provisions however, it is not unusual for some individuals to refer themselves to Intermediate Care services.

Others highlighted that they valued group sessions:

'Yes - I have a group class. You get a bit more motivation in the group'.

'Yes. 10-11 activities per day. Groups are very good, focus on individual targets, as could lose sight of these in a group ward. Light humour helps. Like a little family - focus, we're in a group.'

Question Nine: Has your family or carer been kept involved in your progress?

With this question we aimed to discover the level of involvement of family and friends, which could have a positive impact on how quickly patients recover.

As is usual for people using Intermediate Care Support, the patients we spoke to all relied on some form of residual background support, both physical and emotional, from family or friends, although this was sometimes at a distance. When this support is not readily available there is often a negative impact on the effectiveness of treatment, leading to a longer stay in the Intermediate Care facility, or lengthening the amount of time required to put a suitable care package in place.

The result of our survey showed that, with the exception of one person who lived alone and kept no one involved with his progress, all the respondents were connected to family or friends (5 members of the survey group lived with relatives (spouses, adult children) who are very involved with their care on a day-to-day level) and they all communicated their treatment and progress to at least one person, either face-to-face, or through other channels.

With a few exceptions, however, this involvement appeared slightly 'detached' from the service, with the patient being responsible for conveying the information to concerned family or friends who live separately, and sometimes at a great distance.

'I have no carer. I update my family on what I am doing and how I am benefitting. I also update my GP when I see her.'

'My family ask how I'm getting on and I share every week'

'My children do [keep involved] as I update them'

'I am the one informing family and the hospital'

The remaining responses expressed satisfaction with the involvement of their family and friends, and in general, all were accepting of their personal situation.

'My wife is [involved] and she comes along occasionally. She feels she can come along and feels part of the team.'

'My daughter is involved in my progress and my son has moved in to help.'

Staff

These questions asked respondents to consider their relationship with the many levels of staff they would encounter through their treatment, often in several different locations. They aimed to establish whether they had access to staff when they required any form of assistance, whether they were comfortable enough in their working relationship with staff to ask for assistance, when required; and whether they had a basic knowledge of the roles of the staff, and could, therefore, identify the most appropriate members of staff with whom they could raise concerns.

Question Ten: Do the staff treat you with respect, consideration and privacy?

We wanted to find out how comfortable the patients were, generally, in their relationships with staff, and the level of mutual respect exchanged during their treatment. Without exception, all respondents who had received attention at the point of interview concluded that they had been well-treated by the staff they encountered and comments varied from positive to very complimentary.

'Absolutely 100% perfect. It feels like a home away from home'

'I like coming here. The atmosphere is nice'

'Yes. Continuity, which is important, humorous, good team.'

'Oh yes, the staff are lovely'

'Here is excellent, as the staff explain everything to you. Queen Mary's is also good.'

Question Eleven: Are staff available when you need them and do they have time to listen?

There were no negative responses to this question, and all were highly enthusiastic about the quality of the staff who had treated them, with comments commending their general care, and the cohesion of the service they provided.

One person who responded positively stated that they received adequate engagement as, 'I don't bother them too much because I know they are busy. I do as much as I can myself.'

The remaining respondents indicated their satisfaction with staff availability and the time they give to listening to patients, in their positive statements:

'Staff are available when I need them'

'It is first class in here - they have a phone number you can call the reception. They were a credit'

'They are very nice, and they have time to listen'

'Yes, because [I am] here the whole time and [they] ask how I am and listen to what is going on'

'Yes they do listen to me. Here is very nice and helpful and they encourage me to meet my aims'

Question Twelve: Is there someone you can speak with to raise any concerns?

This question is connected to the previous question about the supportive communication skills which can impact dramatically on the speed and effectiveness of individual treatment. It prompted a notably mixed response.

As a result, 5 of the 20 participants stated that they had no concerns at all, (and, by implication, they had no need to speak to anyone about non-existent concerns)

'I haven't had any concerns, so haven't needed to, but if I had I would ask'

'I didn't have any questions. I talk to my son or my GP'

Nine of the group responses were unreservedly positive, supported by such comments as:

'Yes. Every week they ask if [there are] any problems I would like to share and feel comfortable to speak on, on a one-to-one basis'

'You can talk to the physio directly'

'They act quickly'

In contrast, one respondent felt that there was no one they could speak to in the event of finding they needed to address emerging or continuing concerns; and although others appeared to have given this question less thought, their response indicated a lack of concern regarding this issue, concluding for example:

'I would have thought so. Tracy would be helpful - she is exceptional'

'I've not come across [this] but would probably approach someone in the team'

A small number of the responses appeared to be ambivalent and seemed to raise other unresolved, long-standing concerns.

'I can talk to my GP - but as they are busy, it is very difficult, but I don't have the telephone number for the Day Hospital...'

'I have a concern with the lift, as I have no support in the lift. I have complained several times but nothing has changed'

One commented on care at home: 'Not for the [Osteopenia]. Both [issues] I had to wait over two months after breaking both knees and was house bound. Had to chase for physio - only had 2 visits and had to pay for private physio as my GP advised there was a 3 month list.'

Finishing Care and Treatment

This series of questions is important because it deals with the shared goals established by the individuals and care professionals at the beginning of treatment, which guide and structure the treatment through rehabilitation towards the final objective; or modifying the personal goals if they have proved difficult to achieve. These questions required respondents to reflect on their progress to this point, their confidence and their ability to cope should they encounter future problems.

Question Thirteen: Are you involved in discussing what will happen when your care and treatment is finished?

14 out of 20 respondents said they were involved in discussing what will happen when they completed their treatment, and they were generally positive about the exchange between themselves, and the health professionals.

Others stated that they expected to have that specific discussion at a later stage of their treatment; one adding that there was, 'no need at this stage', and the other satisfied that, at some point in the future,

'This will be discussed with the nurse at my Dr's surgery once I've completed the therapy.'

The remaining 14 replies showed a level of clarity that indicated confidence in their involvement in these collaborative discussions:

'Yes they were very [involved]. I had another assessment and I've got it for another few weeks'

‘Yes, we have discussed whether sessions will continue for further treatments. I feel involved’

‘Yes they do discuss and there is exercise you can do at home. They phone you too. I can use the gym too.’

‘They wrote a letter saying how many weeks [of treatment] I have [left].’

Of the two negative responses one stated that in terms of their level of successful involvement in discussions relating to their future they were,

‘not particularly [involved], but they are under pressure giving the treatment you need. It amazes me that they have the time to do all they do’

Throughout, respondents mentioned the importance of continued future contact with the providers of their treatment.

‘I would like a follow up in a year. It would encourage me to persevere.’

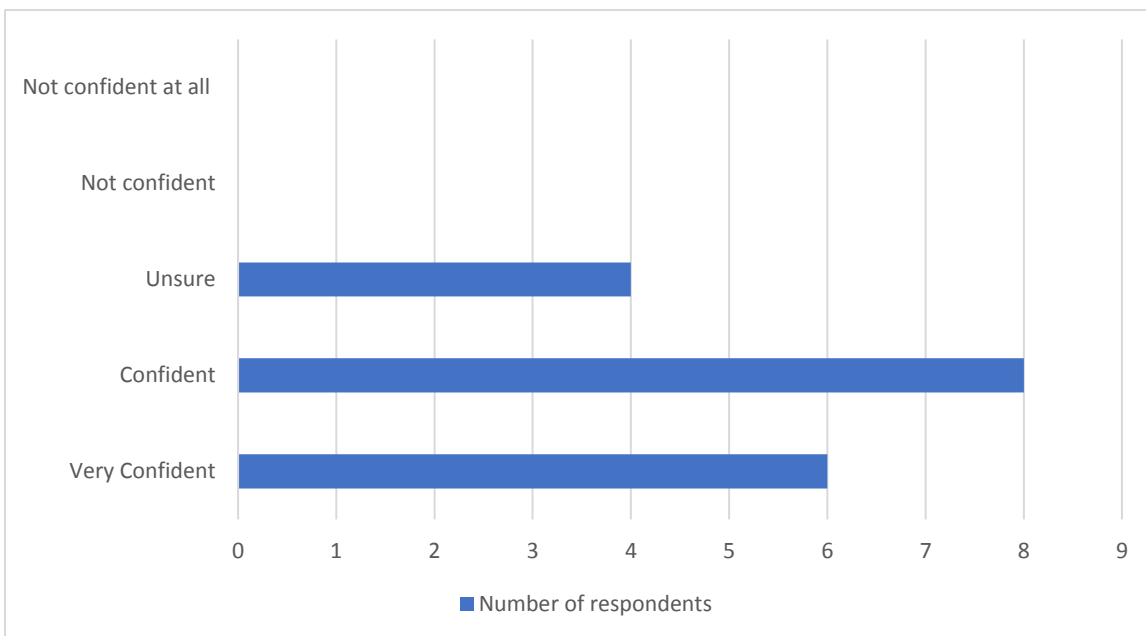
One person answered a later question saying:

‘The only thing I would request is information on when my treatment will end - will I have to keep taking the pills?’ and asked several questions about how Parkinson’s Disease might progress.

Question Fourteen: How confident are you that you will be able to live well after the support has ended?

We needed to find out whether, after completing their prescribed period of rehabilitative treatment, respondents felt ‘Very Confident’, ‘Confident’, ‘Unsure’, ‘Not Confident’, or ‘Not Confident at all’ in their ability to cope once they left the Intermediate Care service.

The graph below shows the responses. Of the 18 replies, most were confident in being able to cope with their daily lives after leaving the service.



	No.of respondents
Very Confident	6
Confident	8
Unsure	4
Not confident	0
Not confident at all	0

Question Fifteen: If you had a fall in the last year, has your treatment and care had an impact on your falls? (e.g. Has it helped you get better? Have you had less falls?)

As discussed in question one, falls are a major cause of admissions to Intermediate Care treatment, so this specific question aimed to find out how confident the respondents were in the care they received following a fall, and in their ability to cope after their discharge.

This question was not applicable to all, but the nine who did respond said that Intermediate Care treatment had impacted positively on their recovery from falls in some way.

For some, falls were becoming less frequent reporting ‘No fall in the last year’ and ‘the falls are becoming less’. Others who had fallen and received Intermediate Care treatment were able to display a level of confidence in their ability to cope after discharge:

‘They show me exercises and I try to do them at home. Before, I was scared, but now I am confident to do everything.’

One had suffered from multiple falls, ‘Last year I had two falls, I had one before Christmas.’

Others feared falling again, a concern expressed in many ways:

‘I still have the fear of falling again - it makes you paranoid. When I came here, I’m good for a few hours...’

‘Makes you more cautious, about the things to do and not do’.

Overall Experience

The final five questions were about eventual departure from Intermediate Care. We also wanted an overall opinion about the quality of Intermediate Care and how they considered the service could be improved further.

Question Sixteen: What is good about the service?

Although we received generally positive responses from those who used the Intermediate Care services, we wanted to find out which specific aspects of the treatment they found most successful on a personal level.

The results showed no negative comments and most liked ‘everything about the service. I am happy with the service’. Several mentioned the “joined-up” element of the provision that enabled them to move smoothly and seamlessly from one branch, or unit, of the service to another. Some respondents highlighted the importance of the preventative nature of the service:

‘Joined up service’, preventative and motivational and well run. I think the best run service I have seen...’

‘For bone density - very good joined up (service)’

‘Preventative. I was moved smoothly from one service to the next’

Two respondents were guardedly happy with the service, as they acknowledged their own role in delivering the desired result, either in their current venue, or by moving to another more suitable provision.

‘Until I have any noticeable service beside this day centre’

‘They were very helpful. It’s a guided exercise. I can do it better here at home. I feel confident here’.

Other positive replies included praise for staff, the service having helped them to get out of the house and how much they enjoyed attending. As in responses to other questions, people highlighted that they benefited from the social side of the service:

‘Staff are very caring. From all levels, they are consistently trying to do their best for you’

'It got me out of the house, and has given me something to do'

'Everyone is very friendly. Staff are very light humoured. Very good physios'

Answers to questions included:

'It's great fun really. We laugh a bit when we're here.'

'As a group, we've been talking about continuing exercise ourselves at a gym (Douglas Bernard gym in the hospital)'

According to the staff we spoke to (see Appendix C) they to make sure the service is as welcoming as possible because they feel it is important for the person's motivation to continue and put in the time and effort to improve their own health.

Question Seventeen: Is there anything you think could be improved?

We wanted to give those who had received Intermediate Care, sometimes for a long period of time, an opportunity to tell us about elements of the service they believed could be improved.

The general opinion was that people were satisfied and couldn't see a reason for improvement. Seven out of twenty participants simply answered, "No" or "none".

Three suggested a follow-up visit in six to twelve months' time would be helpful.

Others replied:

'More staff'

'not clear where (to) register'

'The lift down to the unit'

'A bit more apparatus in the gym would be good'

'Transport to get here. You meet the nicest people here, but the timings are widely out of kilter. Three times this week the ambulance had to wait two hours as I was late.'

Question Eighteen: What do you think about the location of where you receive the treatment (e.g. Is it easy to get to? What is the area like? What is the hospital transport like)?

In Wandsworth, Intermediate Care is available in various forms throughout the Borough and for some it seemed that location was the most important issue when initial decisions were being made for their care. Others were able to manage if the prescribed treatment was only expected to last for a short period of time.

Six of those surveyed required some form of transport support to and from the treatment centre:

'I get hospital transport {HATS). They are very good and very jovial.'

'I travel from Cheam. Driving in can take 10 minutes, but as I take an ambulance (they pick up people along the...'

'I do get hospital transport here, as I would need two buses.'

'Hospital transport works very well'

The free transport provided gives a good impression to attend the day hospital service since I cannot walk'.

One person had received treatment at home, but others were able to travel by public transport and felt it was easy, depending on their physical ability. Other positive replies include:

'I live five minutes away, so there are no issues.'

'I've got no complaints. I make my own way.'

'Easy by car or bus.'

Yes. I chose here as I would rather come here.'

One person said that they would prefer St George's; another said that when they had treatment at home it was easier for them.

Question Nineteen: Do you feel your mental health and wellbeing needs have been met?

We wanted to find out if those receiving Intermediate Care were aware of their mental health and general wellbeing needs, and if they were satisfied that their personal needs had been met.

The majority of respondents were satisfied with this aspect of their health, and were confident, or relatively confident. The group programmes were something they particularly felt helped with this:

'I'm not getting worse'

'Yes. They've referred me to a dietician and a psychologist.'

'Yes, lots of encouragement. I told staff about my low mood, so we are aware.'

Throughout the survey people mentioned the sociable benefit of being part of a group. People said:

'Yes, because I'm working with a group, staff humour, makes it good for wellbeing.'

'Working in a group, seeing how other people are managing and coping has been helpful.'

'Being in a group, but not too large, was very good.'

In answer to an earlier question one person said:

'This is the 3rd day [attending the day hospital]. I'm so scared to go out. I drive, but I stopped driving because of my knee. Coming here, I've gained my confidence back, little by little. I want to be able to go out.'

Two others replied that they thought that they did not have mental health issues.

Staff also highlighted (see Appendix 3) that many patients had mental health concerns as well as the physical symptoms they are attending to resolve. It seems important that both physical and mental health are considered when planning treatment.

Question Twenty: Is there anything else you would like to tell us?

Asked if they had anything further to add, one person wanted 'Just to say thank you.'

Others commented:

'They do the best with what they have got. It is a good atmosphere. They make your welcome warm'

'I feel I am making progress'

'Everyone appears to be good at their job, they offered tea etc, and made me feel comfortable.'

In addition to the complimentary comments, others offered suggestions for the improvement of this continued care provision, and three specifically mentioned their wish for the introduction of more preventative care:

'More preventative medicine/health practices in the NHS. Includes screening as a preventative measure. So many things can be screened for and start treatment before crisis. I think everyone should have screening in their twenties.'

'Continue with preventative care. Screening needs to be continued. Taking into [consideration] family history for such illnesses as dementia,'

'it is possible [to introduce preventative care] in the near future.'

Conclusions

For users of 'Intermediate care', time with the service is 'a learning process', physical and mental therapeutic rehabilitation needs to be personalised to the needs and future lifestyle of individuals. It is important that users are therefore involved throughout. We asked a number of questions to understand how well this personalised service worked for people using the service.

We began by asking service users about their personal care requirements or needs and what they would expect to achieve from using the service at different stages of their treatment. Their responses generally showed that they had mostly worked in partnership with staff to get the best results.

In assessing their 'Care and Treatment' most patients were confident they could define and discuss their personal care and treatment goals and could speak to a variety of staff members freely about this and any other issues. It didn't seem that patients considered themselves to be passive recipients, although some were less sure than others.

Commenting on the quality of care by the staff, responses were mostly very enthusiastic "absolutely 100%. It feels like a home away from home." Responding to questions about relations with staff, when there were reservations about the care they received, these were often quickly followed by the respondent's opinion that the reason may be excused by the belief that staff were "doing their best", under the circumstances.

Respondents mostly saw it as their role to liaise with both internal and external 'carers' of all descriptions, including therapists, family and friends. The involvement of family and friends was mentioned as being one of the important aspects of Intermediate Care, and it was clear that many of the patients tried very hard to maintain the connection with these sources of support and to engage them in their progress. Many patients gave their family and friends the role of intermediaries - liaising with hospital staff and asking the questions the patients may not have felt confident to ask or understand.

In discussing 'Finishing Care and Treatment', patients were confident in their ability to cope as they were discharged from rehabilitative care. All participants were aware of the fact that they would soon be leaving the treatment and they would have been reflecting on this as their discharge date grew closer. Their level of confidence in their ability to cope at this point was recognised by all involved as having a bearing on future health.

The responses about overall views on the service were largely positive. Participants appreciated support to recover and to keep well, feeling that the service offered preventative support. Most valued the social side of visiting the centres (speaking to staff and other patients, including group programmes). Responses throughout the survey highlighted some positive impacts the service had on mental wellbeing but also that mental health was an important consideration when planning treatment because it seemed to be important for a number of patients.

The location was generally felt to be easy to access by either public transport or when hospital transport was provided. However, some mentioned that they had other preferences and the sample of people spoken to may have been slightly biased by the fact that those who would find it difficult to attend may not have been able to attend. The general impression we gained is that people valued having a choice of care and treatment and potentially would consider how easy a service is to travel to when making a decision about their care.

Throughout the survey respondents mentioned the value of the level of contact that they were receiving and went on to highlight the importance of follow-up contact with the providers of their treatment. Perhaps this was particularly important for this type of treatment which relies on a person's motivation and commitment to activity that will help improve their own health. Most mentioned that this would best help them manage in the future and would encourage them 'to persevere.'

Intermediate Care Survey

Questions for Service-Users

1. Why are you receiving this type of Support and Care?
2. Where have you received this care?
Tick more than one, if necessary
3. Did you have a fall that led to you needing care and support/ If yes, do you know what caused you to all?
4. What was the assessment process like?
(Telephone, forms, to fill and face-to-face where they ask questions about your health)
5. Was your appointment letter easy to understand and read?
Did you receive enough information about the service, and about what to expect?
6. Are you involved in decisions made about your care and treatment?
7. Did you have rehabilitation goals that will make a difference to your life and enable you to achieve the things that you want to achieve? Were you involved in setting them?
8. Are you getting the right therapy (physiotherapist/OT/group classes) to help you to make the progress you want to achieve, and to be as independent as possible?
9. Has your family or carer been involved in your progress?
10. Do the staff treat you with respect, consideration and privacy?
11. Are staff available when you need them and do they have time to listen?
12. Is there someone you can speak with to raise any concerns?
13. Are you involved in discussing what will happen when your care and treatment is finished?
14. How confident are you that you will be able to live well after the support has ended?
15. If you had a fall in the last year, has your treatment and care had an impact on your falls?
(e.g. Has it helped you get better? Have you had less falls?)
16. What is good about the service?
17. Is there anything you think could be improved?
18. What do you think about the location of where you receive treatment?
(e.g. Is it easy to get to? What is the area like? What is the hospital transport like?)
19. Do you feel your mental health and wellbeing needs have been met?
20. Is there anything else you would like to tell us?

Intermediate Care Survey

Questions for Staff

1. What is the role of the Intermediate Care service? What are your main duties?
2. How do you feel that you contribute to patients' rehabilitation?
3. Do you get to see individual patients?
4. How is the therapy workload shared among the team? Do you have specific patients or allocated space for your work?
5. How are priorities decided between the needs of different patients?
6. Are patients fully involved in developing their care/rehabilitation plans?
7. Do you feel that patients get as much time and support as they need to achieve their goals and recover independence?
8. Are there any patients for whom rehabilitation is not the main issue?
9. What is it like working in the unit? Do you feel like you are part of a single team?
10. Is there someone you can speak with to raise any concerns you may have?
11. How confident are you that the patient will be able to live well after their support has ended?
12. Are there any suggestions that you would make for improvements in how the rehabilitation unit works? Please specify:

Question two: How do you feel that you contribute to patients' rehabilitation?

The staff respondents highlighted their particular role in the process and most mentioned that they try to make the service welcoming to motivate people to do their activities and to manage their conditions. One said that they try to see what people need, what's important to them to give them the option and choice. One wondered if the patients may become reliant.

Question three: Do you get to see individual patients' therapy goals? Are you involved in working on those goals?

All but one said that they saw individual patients' therapy goals and mentioned that they work with patients on these goals together. There are key worker meetings for staff to input. One person highlighted that they felt they could **'come back and maybe say that I think they can do more'**.

Question four: How is the therapy workload shared among the team? Do you have specific patients or allocated space for your work?

The staff highlighted the following process. Patients come in for an initial assessment. With their input the staff work out what will benefit the patients and they are referred to clinicians or groups. The staff who receive the referrals suggested that the allocations can be hectic and ad hoc but clear in diaries and another said that they felt that workload is spread quite evenly and felt co-ordinated by the team leader. Clinic rooms are shared, and one described their place of work as a 'lovely unit'.

One person mentioned that the transfer of the acute part of their work to St George's in 2018 did not involve staff consultation, or consultation with GPs and patients was something they were not happy about.

Question five: How are priorities decided between the needs of different patients?

Responses said that patients are discussed at a team meeting every day, patients' needs are discussed from the results of the initial assessments and priorities are set via a triage of patients then changing priorities are communicated between staff.

Question six: Are patients fully involved in developing their care / rehabilitation plans?

All replied that they thought patients were involved in the developments of their care planned. One person mentioned that **'some may come in with quite unrealistic goals, where (after a few weeks) it becomes apparent that that may not be possible'**. Another person said **'They are when they want to be. Some patients are really engaged and involved.'**

Question seven: Do you feel that patients get as much time and support as they need to achieve their goals and recover independence?

All staff responded positively suggesting that patients have access to what they need in this particular environment and are given time to get better. Comments were as follows:

'We have time to give to patients to make sure they get well.'

'This is the place where they get the most input'

'Patients get 1 hour long appointments. All the staff are constantly talking / communicating, and we are all in close proximity, so we can easily speak to each other if we have concerns about a patient. Everything is right here (podiatry, dietitians, psychology, etc.), so patients don't have to go to different locations.'

Question eight: Are there any patients for whom rehabilitation is not the main issue?

All staff said yes and there was a particular focus on mental health by two of the respondents, including loneliness. A couple highlighted that some have complex needs but this had changed after part of the service moved to St George's Hospital.

Question nine: What is it like working at the Unit? Do you feel like you are part of a single team?

All responses were very positive about the environment and being part of a positive team. With comments including:

'I thoroughly enjoy my job here. I get a lot of job satisfaction.'

'I feel I'm able to make a difference.'

'We are a good team together. I don't necessarily feel like a single team, as we work with other health professionals.'

Question ten: Is there someone you can speak with to raise any concerns you may have?

Four respondents said yes. One person left this question blank.

Question eleven: How confident are you that the patients will be able to live well after their support has ended?

Three of the five respondents said they were very confident, two said they were confident.

Question twelve: Are there any suggestions that you would make for improvements in how the rehabilitation unit works?

Suggestions included:

A computer system to help manage patient information

Patients to have a regular appointment time rather than varied appointment times

A couple more classes

Promotion so that there are more referrals (there are less coming from St George's)

To work as a fluid model as part of the wider system - to know the populations across all services and acute services

Question thirteen: Is there anything else you would like to tell us?

One person mentioned that the Rapid Access Clinic to prevent hospital admissions worked well when based at Brysson Whyte. Since then there have been issues because they can no longer book transport for patients (patients have to do it themselves or the GPs book it). It's a longer journey for patients from Roehampton.

Another person highlighted that more could be done to hear from patients and about the successes of the service. One person said that it would be good to have more dialog with commissioners and decision makers as some staff feel more vulnerable as they hear about some services being decommissioned.