



Local views on an Integrated Model for Intermediate Care Services

Summary

Background:

Intermediate Care services offer short-term care to patients and aims to increase independence and recovery. Wandsworth Council is developing an integrated model of care and wants to understand how Intermediate Care Services can be improved for patients.

What we did:

We designed a survey to find out the views and experiences of people who have received short-term rehabilitation care and support. We spoke to people in the community at local rehabilitation services and held focus groups with three community groups.

Findings:

People who responded to our survey were generally satisfied with the short-term care they received. The majority, but not all, reported that they understood the goals set for them and felt confident that they will be able to live well upon completion of support.

Some respondents, however, had waited a long time to get a response from services.

Respondents told us that they would like a single point of access in a physical location or mixed options for access, with a wide range of services and professional support available.

Recommendations and next steps:

The following is a summary of the recommendations that will be shared with decision makers developing the new integrated model for the services.

- Review waiting time targets. Patients should be kept informed of waiting times.
- If there are services patients can self-refer to or there is support people can access whilst waiting for appointments, they could be signposted to this information (including mental health support).
- Patients, their families and carers should be signposted to support and self-management services for ongoing wellness and wellbeing (we have included specific information people said would be helpful in the report).
- Many people think there should be a physical location, but virtual locations would also be useful. Our report includes a list of services people would find useful in the same location as the intermediate care service.
- Many people valued rehabilitation in group settings, as it is both motivating and good for their mental health.
- Services should consider how much they support patients to co-ordinate and communicate between different services involved in their care.

Background

Healthwatch Wandsworth is the patient and public champion for people in Wandsworth who use local health and social care services. We listen to patients, their relatives or carers, and senior staff responsible for managing health and social care services, who tell us what areas of these services are working well, and what could be made better.

Wandsworth Council is developing an **integrated model of services** that promotes recovery, rehabilitation and reablement that will encompass physical, mental health and social care needs. According to the Social Care Institute for Excellence¹, reablement should address people's social and psychological needs in addition to recovering their physical independence. There are also intermediate care services provided by the NHS.



Intermediate care services are currently 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.

Intermediate care:

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

Intermediate care services provide intensive support on a short-term basis. Working with a wide range of professionals, the service user is encouraged to set goals and consider how to achieve them.²

We wanted to hear what is important to the people receiving or those who have previously received rehabilitation and intermediate care to help inform the future model for integrating the variety of different services that offer this type of care.

What we did

We designed a survey to help Wandsworth Council and other decision-makers understand how Intermediate Care Services can be improved and integrated to support patients and their needs. The survey was open from September 2019 to February 2020. In total, the survey was completed by **63 respondents**.

We spoke to people when we visited services and held group sessions at three community groups:

1. Katherine Low Settlement Contact Club - 20 attendees, 3 staff
2. Wandsworth Older People's Forum - 20 attendees
3. Regenerate RISE - 20 attendees

¹ <https://www.scie.org.uk/publications/guides/guide49/introduction.asp>

² <https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/understanding-intermediate-care-quick-guide.pdf>

What we found

Question 1. Are you currently (or have you) received short-term rehabilitation care and support to increase independence within the last two years?

Most respondents to our survey (40) were currently receiving short-term rehabilitation care and support to increase independence or had done so in the past two years. An additional four respondents reported having received short-term rehabilitation care and support more than two years ago. This will be looked at further below.

Two participants from the group sessions told us that they had received short-term rehabilitation care.

Question 2. Why are you receiving (or did you receive) this type of support and care?

There were a wide range of reasons that respondents had received intermediate care. The most common reason for receiving care and support was because of Parkinson's disease (10 respondents), followed by mobility problems and arthritis, and hip replacements. Other responses included prostate cancer, Alzheimer's, fractures, and one respondent wanted to be strong enough to return home after weeks at St George's Hospital.

“Suffer with arthritis, balance is not so good. Only been here twice and notice a difference already”

“I have Parkinson's and my wife has Alzheimer's and I need to keep myself well to care for her”

Additionally, two participants from one of the groups we spoke to received care because one had had a stroke and the other had a tumour.

Question 3. In what settings did you (or have you) receive your short-term care and support and what was the name of the service?

The table below displays in what setting respondents from the survey had received their short-term care:

Setting	No. of respondents
Hospital	31
Rehabilitation centre - group setting	20
Rehabilitation centre - 1:1 session	8
At home	8
Coordinated support through GP	4

N.B - many respondents had received short-term care in more than one setting.

Several respondents referred to services including Ronald Gibson House, Physiotherapist at St. John's Hill, Day and Night Supreme Care, Cardiac Rehab at St George's Hospital, Brysson Whyte, and Mary Seacole Ward at Queen Mary's Hospital. Some respondents replied that they had had physiotherapy but did not mention the name of the organisation that supplied it.

Additionally, three participants from the group sessions told us that they had received care at home and in a care home. One member had received care both at home and at St. John's Therapy Centre.

Question 4: How long did it take for services to respond to your short-term care needs?

Length of service response varied largely. **Most respondents (15) reported a quick/immediate response. 10 respondents reported a response between 1 - 3 weeks.**

However, **several respondents reported having to wait a long time for a response**, six respondents reported having to wait a couple of months, whilst two respondents waited several months, at which point in some instances, it was felt the help came too late:

“I went to the doctor for a tremor. The diagnosis left me high and dry. If it weren’t for a friendly neighbour, I wouldn’t have known Bryson Whyte existed. I didn’t know what was available. My experience is you’ve got to ask for what is available, or you don’t get the help”

Additionally, one respondent told us that the service they were expecting did not always happen.

There may be a need to raise awareness of what services and support are available that people can self-refer to or access while waiting for appointments.

Question 5: How clearly did you understand your goals for rehabilitation?

There were **29 positive responses and six negative responses to this question**. A further six respondents reported that this was not applicable to their circumstances - for instance, three respondents told us that there is no cure for Parkinson’s disease, and so it was a matter of managing the condition.

Three participants from the group sessions told us that they understood their goals and what they needed to do:



“I was determined, so I tried to do as much as I can. They made me do the activities. They made me make food in a huge kitchen. The nurse made me do things myself, so I could get better”

“Very well. Because of the classes they gave us after (8 weeks), I could understand. I can still call them now if I have questions (St George’s)”

Of those who were less sure or said they didn’t understand clearly, comments included:

“Not particularly [answering if they understand their goals], but I have had to take charge of my own goals as they are constantly changing”

“Half and half, mainly speak with wife as I will forget”

“Service didn’t set clear goals”

Question 6: How confident are you (or were you) that you will be able to live well?

The table below shows how many respondents from the survey answered “yes” to the above question.

Level of confidence	Number of responses
Very confident	8
Confident	21
Unsure	9
Not confident	2
Not confident at all	2

Confidence varied amongst participants we spoke to during the group sessions. One participant felt confident, whilst two participants told us that they were unable to sweep the floor.

Question 7: How well did you feel the different services providing your care worked together and communicated?

Views on how well services worked together were mixed amongst respondents to the survey. **Most, 22 respondents, provided positive feedback:**

“Very well because I think St George’s did all the coordinating”

“Very good communication and flexible - OT reacted straight away to request from therapist”

However, **13 respondents (about a third) were not satisfied** with the level of communication between services:

“It’s a nightmare - I don’t know how to make them connect with each other”

“Here at Queen Mary’s, I get confused with different services there are and accessing them”

“If my daughter was to receive care through different services, I do not think that they would work well together as they do not communicate with each other and information goes missing.”

“No relationship between carer/physio/doctor etc.”

Additionally, two respondents and one member of staff from one of the group sessions also felt there was little communication between services. However, one respondent reported adequate communication.

Question 8: How well did you understand the different services available to you while/after you received short-term care?

Understanding of what services are available during and post short-term care varied. Several respondents reported understanding what services were available to them:

“Fairly well. I was surprised by how many there were”

“Yes, I understand as I know more about what we’re trying to achieve”

However, many respondents felt that they were not informed, and remained unaware of what additional support was available to them.

“None has told me that there is [services available while/after short-term care]”

Additionally, a few respondents reported not having an understanding due to them being in the early stages of receiving their short-term care.

Question 9: The new model aims to have a single point of access to the services. Where do you think is the best place is to have this access?

The most favoured place for a single point of access amongst survey respondents was a physical location, with 31 respondents answering “yes”. Several of these respondents (8) highlighted the importance of social interaction:

“Physical location is very important as many people don’t have access online, and the personal social aspect in important”

Two respondents preferred one to one interaction.

Additionally, two respondents felt that the single point of access should be held at Brysson Whyte, two other respondents suggested Queen Mary’s hospital, one respondent suggested a day centre, and one other respondent believed it should be held in a hospital, community centre or town hall.

Notably, only three respondents thought that the single point of access should be virtual. However, one respondent felt that it should both be at a physical location and virtual.

Other suggestions included:

- Telephone access.
- Starting off at home and then proceeding with physical access.

Question 10: What services and professionals would you like to have access to/be able to see in the same location?

Respondents reported a wide variety of type of services and professionals they would like to be able to access in the same location. Access to Physiotherapy, and GPs were the most common responses, followed by counselling/mental health services, especially having someone to talk to.



“A counselling service would be helpful, someone to take you through the more challenging moments”

Specifically, four respondents mentioned Queen Mary’s Hospital model of doing things:

“[I] like what they have at Queen Mary’s, the physio and speech therapist and psychologist. What they have here is very good and very supportive”

“Queen Mary’s has everything we need accept the GP, works really well and is a fantastic service. Very unique and people are worried that they will change Queen Mary’s and we need to keep the service here and bring more services in”

Two other respondents felt that Brysson Whyte provided everything they needed.

Other professionals identified by respondents included the Local Authority, voluntary sector organisations, dietitians, dentist, podiatrists, occupational therapists, opticians, nurses, and speech therapists. Other services included group activities and exercise classes. Such professionals were also identified by members of the KLS group, and one respondent also mentioned social workers.

Two respondents mentioned the need for all possible services and professionals. Additionally, one respondent felt that one point of access is best, and one other respondent felt that existing support is enough.

One respondent however, was concerned with the accessibility of services:

“The location needs to be fit for purpose basically. My cancer rehab takes place at The Penfold Centre, which is not the best place for such a class”

Question 11: If short-term care is delivered in a home setting, what skills and information do you think you will need to continue your rehabilitation at home?

Respondents identified the following things they felt they would need to continue their rehabilitation;

- Information and guidance about the condition and how to stay well.
- Guidance and equipment with regards to exercise.
- A contact in case of emergency.

“Information on medication, exercise and emergency contacts”

“Professional to advise me on how to care for my husband at home. Advice to teach me about adjustments I may need at home for my husband (e.g. stair rails, walk-in shower/bath etc.”

Additionally, two respondents reported needing assistance with walking, and help with errands such as shopping and cleaning.

Six respondents reported not believing short-term care could be either delivered in their home setting, or that it would be better to be delivered in a hospital setting:

“I don’t know that anyone could do it in my home. The carer/supporter would need an awareness of the condition”

“Would not like it at home, would prefer to come to a clinic or hospital”

“More difficult to do at home due to forgetting and motivation”

A couple of respondents reported needing good, clear communication.

Question 12: The new model will aim for ‘home first’ wherever possible and recovery will be a shared responsibility. Recovery that will support self-management and independence with access to information to help maintain health and wellbeing. The service aims to increase support for carers and families. Do you think that you or your carer/family will need any additional support?

25 respondents reported needing additional support. Anticipated additional support included the following:

- Face to face interaction/group sessions - meeting people they could relate to who are dealing with the same condition.
- Information and advice on the specific condition and medical information.
- Exercise guidance.
- Respite.
- Physiotherapy.
- Assistance with shopping.

Question 13: Is there anything else you would like to tell us?

The majority of respondents who provided commentary reported positive experiences with existing services:

“Rehabilitation has been a very positive experience and without it I don’t think I would have been able to achieve what I have achieved. The staff were excellent, friendly and inspiring and this made me want to reach my goals at the next level. I think the group activities, the social aspect was impeccable and setting goals and getting to talk to people with the same issues helps to motivate”

“Social aspect at Bryson Whyte is excellent. I really enjoy coming here, people trying to make it easier for patients. Staff are putting themselves out to make it a good experience for patients. Communication with staff is important and the communication here is excellent. All the staff are nice, transport people are very caring group of people”

“Queen Mary’s is excellent, the unit covers all aspects of needs for dementia patients and for carers, dual service. A very caring atmosphere. The social aspect for both patient and carer and family is important, that would not be delivered in a house setting. Wandsworth Carers centre are very good and signposted us unto the right services that others did not know about. In general there is a lack of knowledge in Wandsworth on services available”

Further comments were mainly suggestions as to how to improve services;

“We need group therapy so you can interact”

“‘Home First’ will be good for those with problems like mobility, attending classes is better for everyone else because as well as doing exercises as a group, there is a social aspect too so ‘rehabilitating’ mental state as well as physical, which helps towards recovery”

“Everything has to be lined up and fully supportive across the system”

“It would be good to gather more views from people with Parkinson’s. It’s good to come to the group as you interact with other people with the same condition”

Further findings from subgroups of the analysis

The following summary of findings reflects that of three sub-groups that emerged from the survey analysis:

Group 1 (Four respondents who had received care more than 2 years ago):

Respondents had **received short-term care between 2.5 to 10 years ago**, for reasons including sepsis, a broken arm, and an embolism. Respondents had mainly received care in rehabilitation centres, either 1:1 or within a group setting. Only one respondent had received care in a hospital setting. Services mentioned included London Home Care, St George’s, St. John’s and MIND.

Respondents reported a **quick service response**, and three respondents understood their goals for rehabilitation. The fourth respondent felt that the service didn’t set clear goals. Confidence in being able to live well was high amongst these respondents.

Three respondents told us that the new single point of access should be in a physical location. Services and professionals to be accessible in the same location included physiotherapy, blood tests, GP, nurse, opticians and counsellors. Additionally, one respondent told us that they would want help at home and with travel.

Preparation for independent living was identified by these respondents as the information they would need to continue their rehabilitation at home.

Only one respondent reported needing additional support.

Group 2 (Two respondents who had completed the survey on behalf of someone they cared for. Three respondents were included here where it was unclear about whether they had accessed services):

One respondent was caring for their **autistic daughter** and told us that their daughter **did not receive any other support**. They felt that if their daughter had received care from multiple services, the **services would not communicate well** together, causing information to go missing. This respondent felt that a physical location would be the best place for a single point of access service, which would include autism services.

The other respondents were two sisters who were caring for their mum who had a stroke. They reported that services were very good in getting into contact with them, however, they were **not aware of all of the services and support available prior to their mum’s stroke**. They too preferred a physical location as the new model for single point access, although suggested having online access too. They wanted access to financial and solicitor services, as well as transport information e.g. information on blue badges and community transport.

Group 3 (14 respondents were not currently and had not previously received short-term rehabilitation care and support, but provided feedback on how these services should be delivered in future):

Several respondents to this survey had **not received short-term care** and were therefore unable to answer the first half of the survey. However, many of these respondents shared their **views on what the new model** for single point access should look like;

- Suggestions included physical location, virtual location, and telephone and home access
- Services and professionals included physiotherapy, neurology, therapists, GPs and voluntary sector organisations
- Additionally, a few respondents reported wanting to know who to contact out of hours, and to be provided with advice about short term care.

Conclusions and Recommendations

There was a lot of praise from respondents to our survey for the staff and service they received. However, we have drawn together the following findings and recommendations that may be useful for future development of the services.

Waiting times:

There was a variable experience of waiting times. We would suggest that services consider the following:

- Reviewing targets to measure wait time for service delivery. This could be across services so that they can co-ordinate demand.
- Patients should be informed of anticipated waiting times.
- If there are services patients can self-refer to or there is support people can access whilst waiting for appointments, they could be signposted to this information. This could include more information about accessing mental health directly through self-referral.

Signposting and self-management

In addition to signposting to key services people can refer themselves to, it is worth highlighting that few participants in our survey understood what services were available whilst or after they were receiving short term care.

- Services could consider their signposting resources and perhaps whether social prescribing or the Wandsworth Wellbeing Hub could be promoted to patients of this service.
- In answer to question 8 people highlighted that the following information would be useful:
 - Information and guidance about the condition and how to stay well.

- Guidance and equipment with regards to exercise.
- A contact in case of emergency.
- Transport.
- When we asked if families or carer's needed additional support people reported:
 - Face to face interaction/group sessions - meeting people they could relate to and those dealing with the same condition.
 - Information and advice on the condition and medical information.
 - Exercise guidance.
 - Respite.
 - Physiotherapy.
 - Assistance with shopping.

Location or method of service delivery

- The majority of people felt that it would be important to have a physical location for the service. They thought that support they would find useful there would include GP support, physiotherapy, and mental health support. A variety of other suggestions were shared with us in answer to question 10.
- As in other surveys we have undertaken about intermediate care, those receiving rehabilitation in group settings valued the social aspect of this type of service delivery. They tell us that it is an important part of their rehabilitation, as it is both motivating and good for their mental health (group support could be available in a physical location and virtually).
- Many respondents were unsure about receiving this type of care in their own home. This may be because the people we spoke to were mainly receiving their service outside of their home and they were happy with that. Many responses indicated that they would need to be clear about the skills, roles and qualifications of the person delivering care in their home. Perhaps it is also easier for those who receive care in a clinic setting to already feel reassured about the professionals they meet.
- Suggestions for the single point of access included a variety of locations. Some were in favour of telephone contact or virtual appointments. It seems that a variety of options based on individual needs and choice would be valuable.

Communication between services:

Most respondents provided some positive feedback, particularly if there was co-ordination by one of the services. However, some feedback suggested co-ordination and communication in an integrated model could be improved. Where patients might need to manage the co-ordination of their own care this should be as straight forward as possible.

- Notably, about a third of respondents were not satisfied with co-ordination and communication between services. The many different services can be confusing for people and they find it difficult to co-ordinate them themselves. Clarity about who

is involved in a person's care would help patients understand and co-ordinate their own care where they might need to.

- Responses highlighted communication not just between intermediate care services but included concerns that there should be better communication including carers and GPs. Voluntary sector organisations were providing support that some patients were receiving. The new service model would need to consider communication and collaboration in a wider context than intermediate care providers alone.