



# A Summary Report

## ◆ Background

In February 2003 the Southern Health and Social Services Board asked the Southern Health and Social Services Council to carry out some research into users' views and experiences of the Intermediate Care services within the Southern Board area. Intermediate Care is the name given to a group of services aimed at promoting faster recovery after discharge from hospital or to prevent avoidable admission to hospital.

All 122 patients who were admitted onto one of the schemes between 1 April and 30 June 2003 were invited to take part in an interview. In total 65 participants agreed to take part. The following sections summarise some of the findings.

## ◆ Referrals

The majority of participants (58) understood why they had been referred to the Intermediate Care scheme. Five main reasons were identified - ill-health, mobility problems, they had undergone surgery, couldn't cope any longer or to receive specific therapies. Most referrals came from social services (38), nurses (14) and physiotherapists and occupational therapists (11).

## ◆ Schemes

There were 3 different schemes within the Southern Board area - with similarities and differences.

- ◆ Most patients in Armagh & Dungannon and Craigavon & Banbridge received the care in their own home whereas in Newry & Mourne the majority attended Archway Rehabilitation Centre.
- ◆ The length of time patients remained on the scheme varied from 10 days to 51 + days. Patients in Armagh & Dungannon tended to stay on the scheme for the

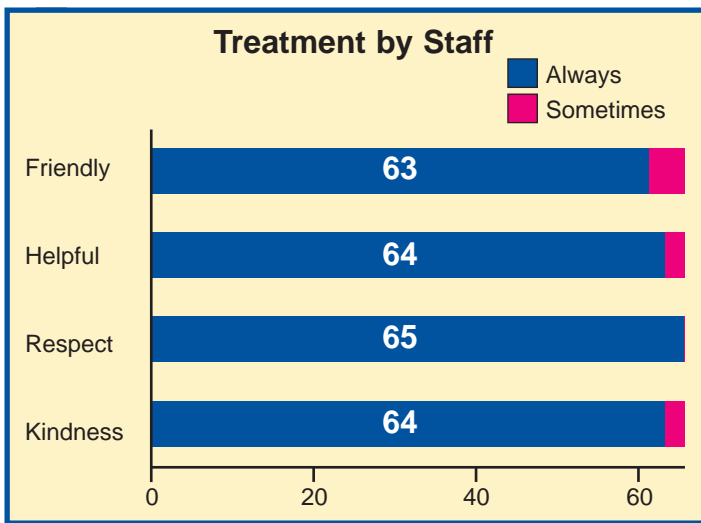


shortest period of time and those in Newry & Mourne tended to stay on the scheme for the longest time.

- ◆ The services which participants were most likely to have received were; physiotherapy (55), occupational therapy (53) and home-help (39).
- ◆ However the provision of other elements of care varied. Newry & Mourne Trust provided a podiatry and dietetic service, but not nursing care whereas Craigavon & Banbridge and Armagh & Dungannon both included nursing care.
- ◆ Participants throughout the Board area identified that they would have liked additional care, in particular more physiotherapy (8), home-help (6) and occupational therapy (6).

## ◆ Staff and treatment

The vast majority of participants expressed positive views about staff. They found them always to be friendly (63), helpful (64), kind (64) and respectful (65).



*“ . . . very good and very friendly, it was help to have somebody come around because if there was anything bothering you, you could have asked them”.*



*“Well I felt I could talk to them about my leg and my complaint and they were sympathetic with me and tried to help me as best they could”.*

The majority of participants were satisfied with the care and treatment received (63). They thought staff did everything they could to make them well again (61) and 62 did not think that the staff could have done anything more.

### ◆ Transport

The transport to and from Archway Rehabilitation centre was considered valuable and important in facilitating patients' attendance at the Intermediate Care scheme in Newry. However some problems with the transport were identified;



- ◆ There was variability in the collection time in the mornings. Some participants quoted differences of up to 2 hours in the time the transport arrived in the morning to collect them.

*“That was the only trouble we had - sitting there too long in the evening come to 4.00pm/4.30pm you get fed up”.*

- ◆ In addition participants were dissatisfied with having to wait around in the afternoon without anything to do, for collection to go home.

*“ . . . it could have been a bit late you see sometimes they would have collected me about 10.00am and one day it was 12.00pm”.*

### ◆ Information

The majority of participants were satisfied with the information they received about their condition (57), treatment (54) and progress (54), however some shortfalls in the provision of information were identified.



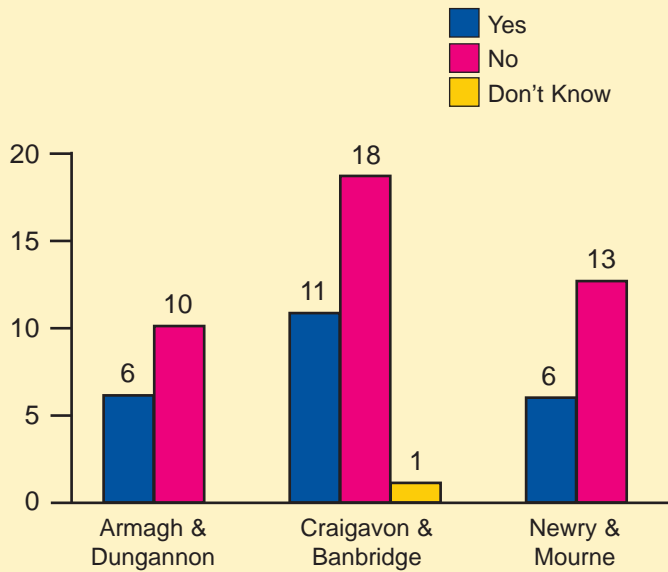
- ◆ On admission to the scheme 40 participants said they did not receive any information about the scheme and 20 were not told how long they would receive care for.
- ◆ Fifteen participants said they did not see any written information about their care and treatment.
- ◆ Seven participants said they would have liked more information in relation to advice on what exercises they could do to continue and/or maintain their rehabilitation.

### ◆ Complaints

Forty-one participants said that they did not receive any information on how to make a complaint - 10 from Armagh & Dungannon, 18 from Craigavon & Banbridge and 13 from Newry & Mourne.



## Received complaint information (n=65)



## ◆ Benefits

The majority of participants felt they had benefited from the Intermediate Care scheme (61) were happy with their recovery (58) and now needed less help to be independent (43).

### Perceived Benefits (n=64)

	Yes	No
Patient benefited from care they received	61	3
Patient was happy with recovery	58	6
Less help needed to be independent	43	21

The main ways in which participants said they had benefited included; improved mobility, regaining their independence and improved confidence in their own ability to manage. Three participants did not feel they had benefited from the care.

*“I have indeed because it has helped me to get more mobile I suppose”.*

*“I think my independence has improved because I am fitter and can do things . . . I am able to go out and about feeling more comfortable”.*

*“. . . you had more confidence about walking I suppose and things like that”.*

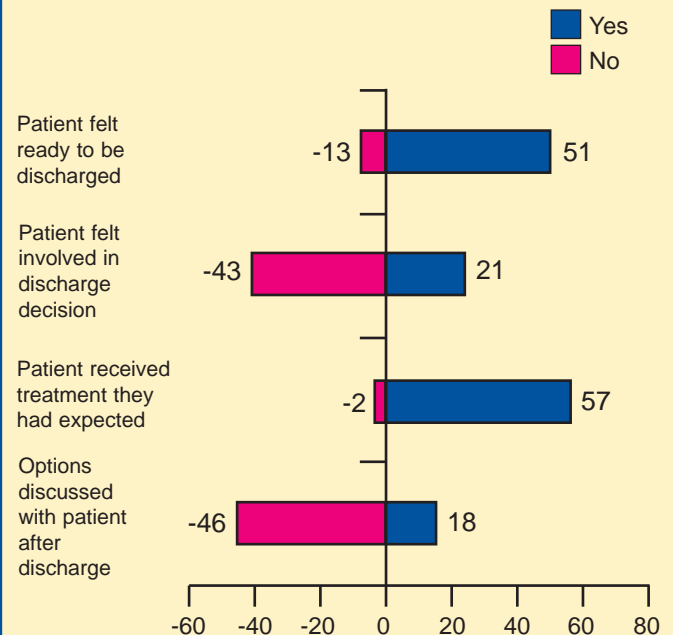
## ◆ Discharge

Most participants (51) said they felt ready to be discharged when they were. Fifty-seven participants felt they had received the treatment they had expected. However 13 participants did not feel ready to be discharged. The reasons why they did not feel ready to be discharged included, not feeling fit enough or they enjoyed the social aspect of the scheme and didn't want to give this up.

Forty-three participants did not feel involved in making decisions about their care and treatment. Those who did feel involved did so because either they initiated the decision or were asked by the staff whether they were ready to be discharged.

Only 18 participants said their options after they were discharged from the Intermediate Care scheme were discussed with them. Older participants were less likely to have their options after discharge discussed with them.

### Patient Discharge (n=64)



## ◆ Recommendations

Based on the findings of this research a number of recommendations were made to improve the services and better meet the needs of patients and relatives. These include:-

- ◆ The SHSSB and the Trusts should consider patients' and relatives' experiences of the

Intermediate Care services throughout the Southern Board area, as documented by this research, and incorporate the issues identified into future service provision including the Intermediate Care Development Plan.

- ❖ All patients should receive an explanation as to the reason for their referral to the Intermediate Care scheme, including the purpose of the care and the overall goal.
- ❖ All patients considered for admission to an Intermediate Care scheme should be involved in the decision-making process regarding whether or not to be admitted. They should also be involved in negotiating which elements of care they wish to receive.
- ❖ The Trusts should examine ways in which additional physiotherapy, occupational therapy and homehelp services can be provided in the Intermediate Care schemes.
- ❖ All patients admitted to an Intermediate care scheme should be provided with written information about the scheme, including the elements of care they shall receive; how long the care will be provided for; that patients will be involved in the decision-making process and have the opportunity to feedback their views and experiences.
- ❖ The provision of patient held files is positive - however there is a need to look at the type of information included and how it is presented to ensure that it is accessible and relevant to patients and relatives. Patients should be encouraged to read this information and share it with family members.
- ❖ Information on how to make a complaint should be included in the patient held file. Where this is already the case, this information should be highlighted to patients and relatives.
- ❖ Patients and relatives should be provided with information as to how the patient's rehabilitation can be continued and/or maintained both during and after their discharge from the Intermediate Care scheme.

- ❖ Patient involvement in making decisions about their care should be promoted by involving them in decisions about their care and asking them for their views on their care and progress.
- ❖ The arrangements for the provision of transport to and from Archway Rehabilitation Centre should be changed to accommodate the needs of users. A regular collection time in the morning should be agreed and adhered to and transport should be provided for those wishing to return home once the morning session is finished.
- ❖ Patient involvement in making the decision to be discharged from the scheme should be promoted by having a detailed discussion about their progress while on the scheme. Patients should also be asked whether they feel ready to be discharged from the scheme.
- ❖ Post discharge planning should be an integral part of Intermediate Care for every patient. This should include a re-evaluation of the individuals needs post-discharge as well as presenting and discussing the options available to them. This could include referral to other social services or services provided by voluntary groups.
- ❖ On discharge from the scheme all participants should be asked for their views and experiences of using Intermediate Care, whether and how they benefited and whether their expectations were met.
- ❖ Trusts should look at how the specific suggestions of participants in this research can be incorporated into current service provision.

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