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NHS

Greater Manchester
Neuro-Rehabilitation Services

Greater Manchester Neuro-Rehabilitation Services

information for patients and carers



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Neuro-Rehabilitation Services

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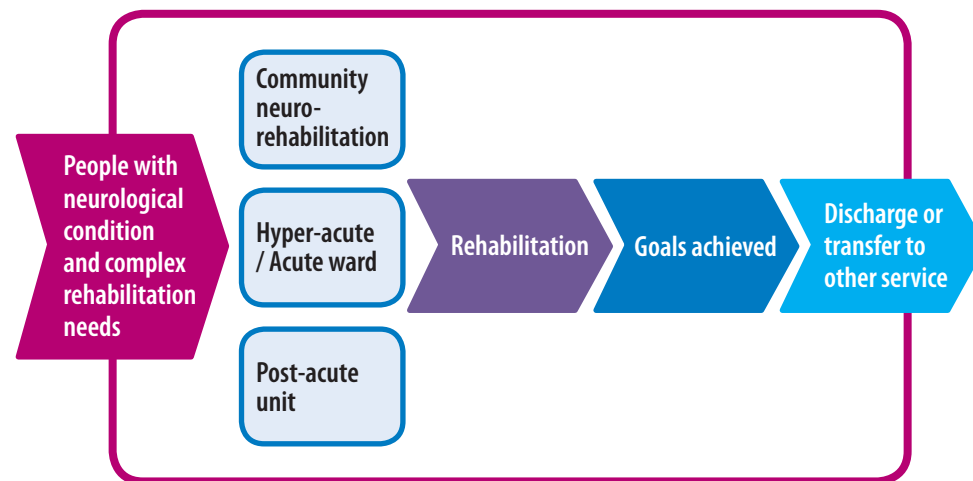
What is specialist neurological rehabilitation?

- A process of assessment, treatment and management
- Aim to help people achieve their maximum potential following a diagnosis of a neurological condition
- Provided by the multi-disciplinary team to ensure that all aspects of your care are considered
- Provide treatment sessions to suit your individual needs, but at the same time, meet your physical and cognitive (thinking) capabilities
- Rehabilitation works best if you fully participate in your program

What can I expect?

- The Greater Manchester Neuro-Rehabilitation Services support patients with neurological conditions throughout their journey
- Rehabilitation is different for everyone - it depends on a person's condition and their recovery. You may recover fully or may require assistance with activities in the future
- Rehabilitation can be provided in hospital or in the community
- You will be referred to the neuro-rehabilitation service that most suits your clinical needs
- You may require input from one or more neuro-rehabilitation services

Overview: Neuro-rehabilitation Model



The Hyper-Acute / Acute Unit

The unit specialises in providing early specialist rehabilitation care for people who still require a high level of nursing and medical input, as part of their rehabilitation programme.

Post-Acute Neuro-Rehabilitation Units

The post-acute units in Greater Manchester deliver multidisciplinary specialist assessment and rehabilitation. Whilst people who access this service will be medically stable, the intensity of rehabilitation needs cannot be met by community services and their safety in the community would be compromised.

Community Specialist Rehabilitation Service

These services can provide continued rehabilitation in peoples own homes or local clinics. People who access this service will be medically stable and can safely be managed at home or in their usual residence.

Where possible, we will try to refer you to your nearest service.

This cannot always be achieved and you may be transferred to a service where there is availability.

This is essential to ensure patients receive appropriate, timely rehabilitation and allow us to continue to provide specialist services.

What is goal setting?

- You will meet different healthcare professionals who will assess you to identify your rehabilitation needs and together, will set realistic goals
- The team will assess your progress towards your goals to determine when your recovery has been met or your care can be provided in an alternative setting

What is discharge planning?

In hospital:

- A **'key worker / lead therapist'** will be assigned to you who will update you and your family regularly regarding your progress and discharge planning. This will be a member of the clinical team
- Your clinical team will discuss with you how long they expect you to require their service; this may be referred to as 'expected date of discharge'
- Discharge planning may include plans for day leave or overnight stays at home
- If you have ongoing rehabilitation needs which can be met in the community or as an outpatient you will be referred to the appropriate service on discharge

What is a multi-disciplinary team and who may be involved in your care?

The specialists involved in your care will work together in order to provide you with the most effective treatment possible, specific to your needs.

You (the patient)

- The most important person in your recovery is you
- You can aid your recovery by actively engaging in all your multi-disciplinary rehab programmes

Medical team

- In hospital this consists of neuro-rehabilitation consultants and other doctors
- Weekly ward rounds take place where you have the opportunity to discuss any medical aspects of your care
- In the community, you will have access to your GP and your consultant may continue to monitor your progress through outpatient clinics

Neuropsychology

- Help patients and their families recognise, understand, and cope with changes in a person's cognitive functioning and common emotional and behavioural consequences associated with a neurological illness or injury
- Assess and support decision-making abilities

Nursing team

- In hospital the nursing team assist and advise on most matters twenty four hours a day
- Assist with continuity of rehabilitation on the unit and ongoing patient goals
- In the community the nursing team will provide assessment, advice and support on neurological conditions and will liaise with other staff as required

Occupational therapy

- Assessment and relearning of daily living skills
- Assess and provide cognitive rehabilitation
- Carry out home visits to assess the environment if required
- Organise equipment to your home if required

Physiotherapy

- Assess and identify any physical impairments
- Implement an appropriate program of physical therapy in order to improve function
- Provide chest care including tracheostomy care in the hyper acute setting

Speech & language therapy

- Assess, advise and carry out personalised therapy for any communication difficulties you may experience
- Assess swallowing and eating problems and provide recommendations, strategies and therapy to maintain safe eating / drinking

Therapy & nursing assistants

- Continue treatments established by the multi-disciplinary team and often work with therapists and the nursing team to provide daily care

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