



Service Specification	
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Service Name	Island Rehabilitation Practice (I.R.P)
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1. The Identified Need

The Isle of Wight is geographically and demographically unique. An ageing population and restricted access to services due to the rural nature of the Island often leads to isolation. We know that loneliness and isolation can impact on wellbeing. A domiciliary approach is therefore vital to reach the people most in need.

Resources cannot easily be obtained from neighbouring counties due to the fact we are an island. This means that the IOW NHS trust is currently the main provider of most rehabilitation services across the island.

NHS and local authority rehabilitation services on the Isle of Wight are not able to safely operate 7 days a week with current level of funding/resources. I.R.P is able to fill the gaps which statutory organisations are unable to fill.

There is currently a move away from rehabilitation provision in the acute medical setting and towards delivery in the community. More rehabilitation is therefore likely to be carried out by 3rd sector and private agencies. There is a need for more specialist training and skill development in all areas of rehabilitation.

The founders of I.R.P have an appropriate skill set and the vision to bridge this gap and improve the quality of rehabilitation locally for the residents of the Isle of Wight.

2. Service Scope

2.1

IRP is a 'corporate image', branding and co-ordinating a group of qualified independent practitioners. It's members operate as Sole Traders and remain responsible for their own contributions and practice.

I.R.P will become the link in service delivery between two areas of healthcare provision. The first of these is one – to – one therapy within specific specialist areas (to be defined later in this document) with a focus on prevention, recovery and well-being. The second is provision of specialist rehabilitation focused training, to enhance the quality of care and cost efficiency of services in the community. This will be provided to third sector agencies, residential homes, nursing homes and care and support agencies.

The lead members of I.R.P consist of two Clinical Specialist Occupational Therapists (Cindy Prince HCPC OT62784 and Helen Maddox HCPC OT26607) who will at least initially also be employed by the NHS providing a generic community rehabilitation service. The potential

areas of conflict between both services have been fully considered and will shape the scope of I.R.P. At no point will I.R.P intentionally offer a service that could be provided through NHS services on the Isle of Wight. I.R.P members will not engage in any self-promotion during their NHS working hours and if asked directly by NHS patients for private input, will re-direct to the independent practice section of the British Association of Occupational Therapists (BAOT) website.

2.2

Private Practice

I.R.P currently plan to offer one – to - one Occupational Therapy assessment and input, with support to implement therapy plans in conjunction with the clients existing care provision where applicable. All clients will have primary needs relating to acquired brain injury (Traumatic Brain Injury, Stroke, and other neurological long term conditions). All one – to - one therapy will be provided outside of the individual I.R.P OT's NHS working hours.

Referral process: all clients accepted for I.R.P input will have an initial consultation prior to acceptance. Referral to our service will be self-referral or inter – professional, and acceptance based on capacity of members upon receipt of referral and on identification of achievable goals. Cases will be discussed by lead members before a decision is made about the most appropriate therapist provision. This decision will be based on skill set and capacity.

2.3

Rehabilitation Training Modules

I.R.P have developed a range of training modules that are in line with the ethos and practice of it's members as rehabilitation AHPs. Skills from all members' professions and specialisms (OT only at present) will be utilised upon regular review of training content, where appropriate.

Training will be delivered to groups of up to ten people and location will be determined by purchaser. Both on site (Care home/agency office etc.) and off site locations (to be identified by I.R.P) will be considered, with the later having further cost implications.

The aim of I.R.P training delivery is to upskill third sector staff currently employed by care providers Island wide. Other geographic locations would be considered within Hampshire. Evidence of the need for provision of this specialist training will follow in section 3, and includes benefits such as staff retention, cost savings, improved CQC ratings and improved client experiences. Said evidence will be sourced primarily from national guidance and governance.

2.4

Current Objectives

- Training modules will be available from June 2017
- I.R.P will offer a one to one therapy service for clients that meet the service criteria from June 2017
- I.R.P will have further active multi-disciplinary professional members by April 2018

3. Evidence Base (Not exhaustive)

- **Mental wellbeing and older people.** NICE 2008/2016
 - Managers of practitioners most likely to come into contact with older people could: Provide training in how to maintain and improve older people's independence and mental wellbeing.

- **Older people: independence and mental wellbeing 2015.**
<https://www.nice.org.uk/guidance/ng32/chapter/Implementation-getting-started>
 - Design and develop locally relevant training schemes for those working with older people.
 - Involve occupational therapists in the design and development of training schemes.
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See separate document (How will IRP help you adhere to CQC recommendations?) for links to CQC governance.