

**Patient
Information**

Early Discharge Scheme

Brain Injury Team

Introduction

This leaflet gives you information about what the Early Discharge Scheme (EDS) is, how it works and what to expect as a patient.

The Gloucestershire Brain Injury Team

The Gloucestershire Brain Injury Team is a team of therapists working with adults who have a brain injury. The team is made up of psychologists, physiotherapists, occupational therapists and speech and language therapists with support from therapy technicians. The experienced team can support an early discharge from hospital or rehabilitation unit and work with patients to help them achieve the best possible recovery.

The Early Discharge Scheme (EDS)

EDS is for patients who need specialist brain injury therapy for up to 12 weeks, such as:

- Inpatients who would benefit from high intensity, continued therapy in their home or other suitable setting.
- Patients who are currently receiving therapy at an out of county unit, whose therapy goals would be better met within their home or other suitable setting. Individual patients will need to be considered by the team, to make sure that they fall within the remit of the service offered.

Different options need to be found for patients who are likely to need a much longer period of intensive specialist rehabilitation.

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Department

**Brain Injury
Team**

Review due

November 2026

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What is the EDS?

The EDS is a programme of intensive therapy which is delivered over a 6 week period. This can then be followed by another 6 week block if needed.

EDS is designed to enable people who have had a brain injury to return home sooner by providing specialist rehabilitation in a home setting rather than an acute hospital ward or rehabilitation unit.

The intensity level of the therapy will be higher in the first 6 weeks. A goal review meeting will take place with the patient and their family at the end of the first 6 weeks.

At the end of the EDS another review meeting will take place to discuss the patient's progress so far and to decide whether any further outpatient therapy is needed.

Who can use this service?

- Patients who are medically stable and no longer have a tracheostomy (unless this is permanent or in place long term).
- Patients who are out of post traumatic amnesia.
- Patients posing no significant risk to themselves or others; for example, patients scoring low on the head injury risk assessment.
- Patients who have a feeding regime in place.
- Patients who have good support available, such as family or a care package.
- Patients who need specialist brain injury therapy.
- Patients and families who can cope with the intensity level of therapy in their home/place of discharge.

Who would not benefit from this service?

- Patients with other health conditions which would stop them from taking part in due to the intensity of specialist rehabilitation.
- Patients whose needs are already being met elsewhere.
- Patients who have suffered a stroke (a separate stroke service exists).

**Patient
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Patients will have a therapist assigned to them, who will be the first point of contact for the patient and their family to talk about brain injury therapy.

The therapist will arrange meetings for all concerned to discuss the goals achieved so far and to agree on future therapy goals/needs.

When will patients be seen?

The Gloucestershire Brain Injury Team work from Monday to Friday; each patient will be given a weekly timetable which will outline their therapy programme.

Where will patients be seen?

Patients are treated in their own home/residential setting whenever possible, but therapists may need to work with them in their local community or in the hospital outpatient department to achieve their goals.

Carer and family support

The team are aware that once patients are discharged home their family carers often give a lot of physical and emotional support to their relatives. This can sometimes be a challenge, so the team will aim to support family members and carers to get used to new routines.

What happens after the EDS?

If the patient still has goals to work towards, they will be seen by their therapist as an outpatient.

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Contact information

If you have any queries or would like further information, please contact:

The Gloucestershire Brain Injury Team

Tel: 0300 422 5138

Tel: 0300 422 5139

Monday to Friday, 8:30am to 4:30pm

Email: ghn-tr.braininjuryteam.admin@nhs.net

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>