

Co-Location of Stroke Services in Northern Devon

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Health and Wellbeing Scrutiny Committee
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REPORT TO: Devon Health and Wellbeing Scrutiny Committee

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PRESENTED BY: Alison Diamond

1. Introduction

This briefing paper outlines Northern Devon Healthcare NHS Trust (NDHT)'s proposal to co-locate acute and rehabilitation stroke services at North Devon District Hospital (NDDH).

NDHT believes that there is a strong clinical case for change in favour of bringing the Stroke Rehabilitation Unit to NDDH, and co-location of stroke services will deliver a number of benefits to patients and the Trust.

The Trust believes that it is not necessary to carry out a formal consultation on these proposals for the following reasons:

- There are no other viable options than the one proposed
- This does not constitute significant service change – the services are remaining, only their location is changing

2. Case for Change

2.1 Clinical

Assessment of the current stroke service in Northern Devon

Stroke patients in North Devon are generally admitted directly to the Acute Stroke Unit (ASU) at NDDH for the acute spell of their stay and are then either discharged under Early Supported Discharge (ESD) or transferred to the Community Stroke Rehabilitation Unit (12 bed unit at Bideford Community Hospital - SRU) for further specialist rehabilitation.

Due to the geographical challenges of North Devon some patients (living Barnstaple and Eastwards) do not find Bideford convenient and choose to be transferred from ASU to an alternative community hospital of their choice, closer to where they live. This means that they do not have access to specialist stroke rehabilitation services. It also impacts on the Trust's ability to achieve the national stroke Integrated Performance Measures (IPMR) target of 80% of patients achieving 90% of their stay in a dedicated Stroke facility. Transferring the patient to Elizabeth ward also adds a delay into the process, as the patient is fully re-assessed on arrival.

The Stroke Early Supported Discharge service (ESD) has been up and running since November 2010 and has been nominated for several awards. The purpose of the Early Supported Discharge Team is to enable appropriate stroke patients to return home sooner with specialist stroke therapy delivered at home for up to six weeks. The ESD team consists of physiotherapists, occupational therapists, therapy support workers and speech and language therapists.

Patients are currently discharged into this service from ASU or Bideford if they meet the criteria for the ESD programme. The success of the ESD scheme means more complex patients are admitted to Bideford and this is causing the clinical team difficulty in overseeing stroke patients on two sites.

The stroke service has had difficulties in consistently delivering against a number of stroke performance indicators including the 90% stay on a Stroke Unit and direct admission to a stroke unit targets.

Performance in 2015/2016 against national targets:

- 90% of patients should be admitted to a specialist stroke unit (acute) within 4 hours. In 2015-16 we achieved 55%.
- 80% of patients should spend 90% of their stay on a specialist stroke unit. In 2015-16 we achieved 77%.

Research has shown that stroke patients treated on a stroke unit do better than those treated on medical wards or general assessment units. Patients are more likely to survive the stroke, have fewer disabilities and be able to live independently if treated on a stroke unit. Evidence shows that it is really important that patients get admitted to a stroke unit early because they get access to the right specialist clinicians and get the right treatment more quickly – both crucial with strokes.

Direct admission to a stroke unit also means we are more likely to meet other quality targets, i.e. % of patients scanned within 24 hours of hospital arrival and receiving a swallow assessment within 24 hours of admission. The stroke specialist staff working in ASU ensure that these are undertaken and have the necessary training and competencies.

It is really important that we offer a stroke service to the population of Northern Devon that has the capacity and capability to deliver high quality care.

It is our proposal to bring the Stroke Rehabilitation Unit to NDDH as this will create a more cohesive stroke clinical team to ensure every patient gets onto a stroke ward and receives the specialist care they need.

NHS Improvement: Stroke Improvement Clinical Associate visit

In 2012 we asked NHS Improvement Stroke Improvement Programme to review our acute stroke pathway and make recommendations as to where improvements could be made that would improve performance and provide clinical care that met national standards. A number of recommendations were made and the report acknowledged that many of the solutions proposed locally were dependent on the proposed co-location of the stroke rehabilitation unit into a single site at Barnstaple.

Stroke Association consultation on NEW Devon CCG stroke services in eastern Devon

NEW Devon Clinical Commissioning Group and the Stroke Association conducted a consultation in 2013 about the future configuration and specification of community stroke rehabilitation services in the eastern locality. The aim was to ensure services delivered the greatest benefit to patients taking into account recent developments in stroke care.

An outcome of the consultation was that consolidation of the community rehabilitation units should take place to bring specialist stroke clinicians together, improve resilience of the team and further enhance the quality of rehabilitation offered to stroke patients following an admission to the Royal Devon & Exeter hospital (RD&E).

As a result, the merger took place of the Exmouth and Crediton community rehabilitation units into Ottery St Mary Hospital at the end of 2014. This was the first phase of a plan to deliver an integrated stroke service with co-location with the acute service at the RD&E being the preferred future solution.

3. Proposed stroke pathway - main benefits to patients and stroke clinicians

The proposed stroke pathway will deliver a seamless transition of care for all stroke patients.

We know that stroke patients have better outcomes if they are treated in a specialist stroke setting and by co-locating stroke services at NDDH we envisage that there will be a reduced number of patients choosing to transfer to non-stroke community hospitals.

Co-location of acute and rehabilitation stroke services at NDDH will provide a greater ability to flex between acute and rehabilitation beds to ensure that all stroke patients are cared for in a stroke bed.

There would also be the potential to further embed and develop the ESD service, which could further reduce the length of stay.

We also believe that the proposals will deliver improved efficiency and continuity of discharge planning and family liaison.

This proposal will also deliver an improved pathway for patients who are medically unwell on the SRU. Currently they come back to NDDH via the Emergency Department and usually to the Medical Assessment Unit before transferring back to Bideford. If they were co-located to the ASU a single, multidisciplinary, team would provide seamless care.

The proposals will deliver an improved and refurbished clinical space on the NDDH site and a number of workforce benefits including:

- Reduced pay costs by more efficient use of skilled staff resource.
- Efficient use of dedicated social services case manager for the combined stroke unit
- Opportunity for clinical support workers in therapy and nursing to work generically to ensure 24 hour/7 day per week approach to rehabilitation

Further anticipated benefits are detailed below:

Patient Experience

- Patients will be familiar with staff who will be working across the whole unit.
- Access to specialist stroke medical input 5 days a week for both the ASU and SRU
- Potential for earlier discharge due to benefits of the combined units and the ESD service

- NDDH is potentially more accessible for many relatives with better public transport routes when compared to Bideford
- This could give an opportunity for improved management of the growing cohort of Neurological Rehabilitation patients, as the clinical skills and knowledge of the Stroke Rehabilitation Team are transferable to patients with Acquired Head Injury who currently receive their care outside of North Devon. This would be dependent on commissioning intentions.

Nursing

- Opportunity to utilise staff with stroke skills across both areas
- Staff will have the opportunity to be developed with both acute and rehabilitation skills resulting in a multi-skilled stroke nursing workforce who can rotate through the units
- A flexible workforce which can attract external applicants and support succession planning
- Less time would be spent by trained staff and ward clerks organising discharges to SRU (normally involves faxing letters, phone calls, transport, pharmacy, discharge summaries, etc.) which will be replaced with a verbal handover.

Occupational and Physiotherapy

- Improved flexibility and ability to cover absences due to a larger pool of staff, therefore reducing the impact on patient care and potential delays in length of stay
- Improved skill mix
- Equitable and timely access to the hydrotherapy pool for all stroke patients
- Equitable access to therapy equipment on one site
- Streamlined patient journey as no additional reassessment required by SRU staff

Speech and Language Therapy

- Reduced staff travel costs
- Enable more efficient co-ordination of support operating from a collocated rehab and acute unit.
- Improved flexibility and ability to cover absences therefore reducing the impact of patients care and potential delays in length of stay
- Opportunities for better training and sharing of skills and resources

Medical Staffing

- 24 hour medical cover on site for stroke rehabilitation patients
- Increased stroke specialist input for stroke rehabilitation patients
- Increased number of ward rounds on the combined unit
- There would be a dedicated associate specialist for the acute and rehabilitation service on site at NDDH 5 days per week, improving access to this specialist care

Dietetics

- Dietetic attendance at stroke MDTs
- Earlier and more timely dietetic patient assessments
- Improved dietetic cover and a more flexible service.

Further opportunities for the Trust

The co-location of the SRU with the ASU also offers a number of wider benefits to the Trust as follows:

- Potential to ring-fence stroke beds
- Ability to rectify the general lack of therapy space within the organisation
- To provide an appropriate location for the care of younger patients with head injury who require Neurorehabilitation services within the Trust
- To refurbish and upgrade another clinical space at NDDH in line with the Trust Estates Strategy
- Ability to provide a 7-day therapy service

4. Impacts

Access to services

Having the SRU based in Bideford means that patients from North Devon who have a stroke and require the SRU are significantly disadvantaged compared to those who live in Torrridge as they have much further to travel to reach the SRU.

Many patients from North Devon chose not to go to the SRU because it is so far from their home and visiting relatives (see patient story). This means that they do not get access to the specialist stroke services they need to improve their recovery.

A health inequality is therefore developing whereby patients in North Devon do not recover as well from a stroke as patients in Torrridge because of the current location of the SRU.

NDDH, in Barnstaple is geographically in between Torrridge and North Devon and has the best transport links to both areas. Therefore co-locating the stroke services will ensure more equitable access to this service for patients across Northern Devon.

Workforce impacts

Relocating the stroke rehab ward to NDDH will have an impact on members of staff who are based in Bideford. Some of these people have already experienced changes to their working conditions, some having moved from Torrington and some having subsequently moved from Willow Ward to Elizabeth Ward. There are some staff, particularly hotel services, who may find it difficult to relocate due to transport difficulties.

The relocation of staff is always something which we sensitively work through with HR, management and staff side on an individual basis. The Trust would work with all staff members, and their representatives, to secure the best employment options.

Staff engagement meetings are planned and as soon as there is a decision with regards to the co-location of stroke services, a formal HR consultation process would be carried out.

Impact of beds on NDDH

There have been significant improvements in patient flow at NDDH thanks to the embedding of the perfect week methodologies within the Trust. The Trust is currently engaging with clinicians and other members of staff at NDDH to discuss the future ward configuration at

NDDH. Meetings are planned for 2 September and 20 October. In these meetings, staff will discuss the priorities that need to be addressed immediately, particularly around the co-location of stroke services, and how we can improve patient flow so that patients get to the right place first time. The Divisional Management team will be gathering views on how some of the wards within the hospital could be best used to address these priorities.

5. External engagement plan

The Trust will not be carrying out a formal consultation on these proposals for the following reasons:

- There are no other viable options than the one proposed
- This does not constitute significant service change – the services are remaining, only their location is changing

5.1 Objectives

- To work in partnership with communities across Northern Devon to understand the impact of the co-location of stroke services to NDDH for patients and the public.
- To ensure key stakeholders, patients and the public understand reasons for the co-location (see case for change above)
- To understand any impact (positive and negative) of the co-location for staff, patients and the public across Northern Devon
- To ensure key stakeholders, patients and the public have the opportunity to discuss the impact that the co-location will have on Bideford hospital.

5.2 Communications and engagement key messages

1. More equitable access to services for patients across Northern Devon
2. Clinically it is better for patients – people will recover better from a stroke
3. Thanks to improved patient flow, we can use the beds at NDDH differently. We will be working with staff to determine the location of the SRU at NDDH
4. Explaining why we are not doing a formal consultation

5.3 Delivering the objectives

Meetings with key stakeholders and the public

We will hold a series of meetings and events to provide an opportunity for:

- 1) The Trust to share the rationale for the co-location
- 2) Patients, public and stakeholders to gain reassurance about concerns they may have regarding the co-location
- 3) Patients, public and stakeholders to feedback on how the co-location might impact them
- 4) Discuss the impact on Bideford community hospital

Key stakeholders include:

- NEW Devon Clinical Commissioning Group
- Health and Wellbeing Scrutiny Committee
- Torridge District Council
- North Devon District Council

- GP forum
- Stroke group - Torrridge
- Stroke group - North Devon

Questionnaire

We will also be requesting feedback via a questionnaire about this co-location for those who cannot or do not wish to attend a meeting. This will be available in hard copy and online.

5.4 Timeline

Week one	announce – publish the engagement doc, publish online survey
Week two	meetings reminder
Week three	meetings reminder
Week four	meeting in Torrridge
Week five	meetings in North Devon
Week six	IPSG
Week seven	Develop mitigation – internal
Week eight	announce ‘you said we did’

6. Conclusion

It is important that we offer a stroke service to the population of northern Devon that has the capacity and capability to deliver high quality care.

The Trust believes that there is a strong argument in favour of bringing the Stroke Rehabilitation Unit to NDDH as this will create a more cohesive stroke clinical team and will ensure every patient gets onto a stroke ward and receives the specialist care they need.

The Trust further believes that the engagement process detailed above will ensure that key stakeholders, staff, patients and the public understand the reasons for the co-location and understand the impacts that this change will have.