

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **13 DECEMBER 2016**

## **STROKE SERVICES – COMMUNITY SPECIALIST REHABILITATION**

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### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update from Worcestershire Health and Care Trust (WHCT) and the three Worcestershire Clinical Commissioning Groups (CCGs) on Community Specialist Stroke Rehabilitation across Worcestershire.
2. The Care Quality Commission is due to revisit the Trust in late November 2016.
3. Representatives from service provider WHCT and the CCGs have been invited to the meeting.

### **Background**

4. The Herefordshire & Worcestershire Sustainability and Transformation Plan (STP), published on 22 November 2016, clearly identifies the health economies aspiration to strengthen the capacity and opportunity for home based care and reduce the reliance on bed based care across the two counties.
5. As part of its Integrated Recovery Programme, the three Worcestershire CCGs and other key partners have been reviewing the current use of “recovery beds” and considering the role they should play in the health and social care economy, how capacity in key community services is increased to support delivery of the county’s “Home first” principle and how stroke rehabilitation provision remains safe, effective and sustainable long-term within the county.
6. The HOSC will be aware of previous NHS work to bring more equitable specialist stroke rehabilitation cover across Worcestershire as a whole and the Committee was updated in September 2014.
7. Stroke rehabilitation is a multidimensional process, which is designed to facilitate restoration of, or adaptation to the loss of, physiological or psychological function when reversal of the underlying pathological process is incomplete. Rehabilitation aims to enhance functional activities and participation in society and thus improve quality of life. Key aspects of rehabilitation care include multidisciplinary assessment, identification of functional difficulties and their measurement, treatment planning through goal setting, delivery of interventions which may either effect change or support the person in managing persisting change, and evaluation of effectiveness.
8. The National Stroke Strategy (2007) states that individuals affected by stroke and their relatives need to receive good-quality, appropriate, tailored and flexible rehabilitation, (which) will affect long term recovery and reduce long-term

disability.....focus (in) on rehabilitation, to help them improve and recover, and support to help manage the disabling factors caused by a stroke that may continue long-term

9. WHCT currently deliver a critical part of the care pathway for Stroke Services, and are commissioned to provide 32 specialist stroke rehabilitation beds, split across community units at Princess of Wales Community Hospital in Bromsgrove (8 beds), Timberdine Community Unit in Worcester (8 beds) or Evesham Community Hospital (16 beds), before being discharged home.

10. NICE guidance for stroke rehabilitation in Adults June 2013 states that specialist Stroke Rehabilitation units need a consultant physician with Stroke experience and expertise to be part of the Multi-Disciplinary Team and provide the medical leadership. Consultant cover is being sourced under a Service Level Agreement from Worcestershire Acute Hospitals NHS Trust (WAHT) for the beds at Evesham and Timberdine, and South Warwickshire NHS Foundation Trust (SWFT) at the Princess of Wales (POWCH).

## **Challenges and Risks**

11. WHCT and WAHT have highlighted the increasing difficulties experienced in securing sufficient Stroke Consultant cover to support the three specialist units providing stroke rehabilitation. Nationally, hospital stroke services are suffering from an increased shortage in qualified staff which has been widely reported in the press and highlighted in the third annual report from the Sentinel Stroke National Audit Programme. Locally, WAHT have been out to recruit for Stroke Consultants several times over the last couple of years to increase their establishment to fulfil community commitments and provide 7 day TIA 'mini stroke' services. This has not been possible and subsequently, they have had to rely heavily on locums which doesn't provide long term sustainability as they are expensive and the market is competitive.

12. As a result, in order to ensure patient safety, admissions to stroke specialist rehabilitation beds have had to be restricted on several occasions during the last few months, adding additional pressure on to the system as patients are unable to transfer from the Acute Stroke Unit (ASU) at Worcestershire Royal hospital in a timely manner. Since April 2016, Timberdine has been closed to admissions for 2 weeks on three occasions and Evesham Community Hospital has been operating with 4 less beds. Currently, WAHT can only provide one session per week for the 12 beds at Timberdine and SWFT is continuing to provide cover for the POWCH 8 beds and 8 beds at Evesham; an overall reduction in county wide provision of 4 beds from what has been commissioned.

13. As stakeholders including the HOSC were informed on 18 November 2016, the County's Stroke Strategy Forum have considered the issues and support the WHCT's view that urgent action is required in order to ensure safe stroke specialist rehabilitation services remain available within the county. Having explored a number of options, the Stroke Strategy Forum has recommended that all stroke specialist rehabilitation beds are centralised on one site (see proposal below).

## Proposed Changes

14. In response to the Stroke Strategy Forum's recommendation WHCT has undertaken an options appraisal (See Appendix 1), including an assessment of the available estate, and have proposed that the stroke specialist rehabilitation beds are centralised at Evesham Community Hospital (ECH). The rationale for this is:

- Appropriately qualified Consultant support at a single site with the appropriate number of weekly sessions has the greatest opportunity to be secured
- Centralisation of stroke rehabilitation staff to a single site will provide increased opportunities for the development and delivery of specialist care
- The site is large enough to accommodate the 32 beds required, in addition to being able to provide sufficient numbers of general rehabilitation beds for local patients
- Freeing up the beds at Timberdine and POWCH will increase much needed general rehabilitation capacity for local patients
- Equitable and consistent approach to stroke rehabilitation and recovery delivered by a single team in a dedicated setting.

15. The proposed pathway would have the community stroke team and/or stroke rehabilitation specialist staff attend the ASU MDT and identify patients that can go home with them; or those who need care within the specialist rehabilitation inpatient unit. Following a period of intensive stroke rehabilitation at the specialist centre at Evesham, patients will normally be supported to return home. Patients who require on-going inpatient rehabilitation will be offered the choice to transfer to a community bed closer to home. Specialist support will continue to be provided, where appropriate, on an in-reach basis by the Community Stroke Service.

16. The 8 stroke specialist rehabilitation beds currently provided at Princess of Wales Community Hospital and the 8 beds currently provided at Timberdine Community Unit, will no longer provide stroke specialist rehabilitation but will remain available to provide general rehabilitation in those localities. This will also ensure people continue to be able to access non-stroke specialist community beds as close to home as possible.

17. Evesham Community Hospital is recommended as the preferred site for the specialist centre as it offers the most opportunity to retain an appropriate number of general rehabilitation beds in each locality. A review of current admissions identified that a number of patients from the Redditch & Bromsgrove and Worcester localities have previously been admitted to ECH due to a lack of available beds nearer to home. The proposed change to the stroke beds creates an opportunity for this to be addressed, allowing for an increase in the number of general rehabilitation beds available at POWCH and Timberdine. A corresponding reduction in general rehabilitation beds will be made to beds available on William Astley ward at ECH.

18. The intention is to go live with the full 32 bed service at ECH from mid-February 2017, with admissions to POWCH and Timberdine stopping at the end of January 2017. New admissions would be taken into the Evesham service whilst the bed numbers reduce in Timberdine and POWCH as the patients are discharged.

19. In order to mitigate the risks of reduced capacity over the winter months as a result of these changes, the CCGs intend to commission 8-12 surge beds at ECH

and up to 3 surge beds at Tenbury. WHCT is also considering the potential to reinstate the 4 beds lost at POWCH when the stroke unit was established, and this will be confirmed shortly.

20. In conclusion, due to the increasing difficulties experienced in securing sufficient Stroke Consultant cover to support the three specialist units providing stroke rehabilitation, it is being proposed to centralise provision on one site, in Evesham from mid-February 2017.

## **Engagement**

21. Discussions with affected staff took place in late November, with all being offered the opportunity to remain at their current work place, unless they preferred to transfer to a role elsewhere within WHCT.

22. A series of engagement activities are scheduled to take place during the next 6 weeks, where WHCT will share details of the option appraisal and seek views from existing patients and families and from the wider community. The aim of this engagement will be to share details of this change with patients, their carers and their families, and patient representatives, and to hear their feedback, comments, thoughts and concerns. The particular focus of the engagement work will be around understanding what impact the proposed changes will have and what actions or reasonable adjustments can be undertaken to reduce this impact.

23. The engagement will involve talking through a briefing paper which will outline the main issues. It will make clear the options that have been explored and rejected, together with the reasoning for this. WHCT will then enter into a discussion focused on some key questions around impact and actions that could help to reduce or mitigate this where possible. The activities which will take place over the next 6 weeks include:

- Worcestershire Health and Care NHS Trust, Worcester City Locality Forum
- Worcestershire Health and Care NHS Trust, South Locality Forum
- Worcestershire Health and Care NHS Trust, North Locality Forum
- South Worcestershire CCG Patient Forums
- Redditch & Bromsgrove CCG Patient Forums
- Wyre Forest CCG Patient Forums
- Visit to Timberdine Community Unit
- Visit to Princess of Wales Community Hospital
- Further engagement sessions currently being scheduled with partners

## **Purpose of Meeting**

24. HOSC members are invited to consider and comment on the information provided in respect of current challenges and risks, and the consequent proposed changes to ensure patient safety, which were communicated to stakeholders in November 2016.

25. Following the discussion, HOSC Members are asked to consider whether any further information is required and identify any specific elements for potential future scrutiny.

## Contact Points

### County Council Contact Points

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### Specific Contact Points for this Report

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## Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 10 September 2014, which are available on the Council's website [here](#)