

## Review of Stroke Rehabilitation Services in County Durham

### Purpose of the Report

1. To provide the Adults Wellbeing and Health Overview and Scrutiny Committee (AWHOSC) with findings from the patient experience and engagement exercise in relation to stroke rehabilitation services.
2. To outline next steps and process as part of the wider service review.

### Executive Summary

3. The following report outlines some of the key areas of feedback which were received as part of the targeted engagement exercise which was undertaken over an eight week period in 2018.
4. The information within the report will be used to further explore feedback as use as part of the overall decision making process.
5. Patient and carer engagement will form part of the criteria for the overall options appraisal process to ensure that the public voice is recognised.
6. Comments made which sit outside of the scope of this programme of work will be used to inform future service improvement action plans.
7. The engagement element of the work programme will be a core section to feed into the overall business case for future stroke rehabilitation provision across County Durham and Darlington.

### Recommendations

The committee is asked to consider the key themes from feedback received to date and note the process for further developing stroke rehabilitation services across County Durham and Darlington.

### Background

8. At a special meeting of the Adults Wellbeing and Health OSC held on 6 July 2018 the Committee received a presentation from County Durham Clinical Commissioning Groups and County Durham and Darlington NHS Foundation Trust which introduced plans to review stroke rehabilitation services in County Durham.

9. The scope of the project was to review the hospital and community based rehabilitation elements of the stroke pathway across County Durham and Darlington.
10. Members were informed that the key driver for change is the need to improve health outcomes for those who have had a stroke within County Durham. To ensure that the model of care is standardised across the local geography.
11. It was agreed that a period of engagement would be undertaken to understand patient's experience and to gain their feedback on potential service change and its impact. Engagement started on the 4<sup>th</sup> October until the 30<sup>th</sup> November 2018.
12. It was also agreed that options would be subject to an appraisal exercise following this period of engagement.
13. NICE Guidance and the National Clinical guidance for stroke suggest that intensive stroke rehabilitation needs to occur in the Community at the earliest opportunity with patients having as few "hand-offs" of care as possible.
14. The key principles of engagement was to listen and understand the experiences of local people; engage with seldom heard groups; use the feedback from engagement to inform service improvement options and to feedback to stakeholders via a "you said, we did" commitment.

## **Context**

15. Improving the quality of stroke care remains a high priority for NHS organisations both locally and nationally. A number of different documents have set out the standards of stroke rehabilitation care that patients in County Durham and Darlington should expect to receive but currently do not.
16. The International Practice Development Journal, (vol 2), cites "that if teams (i.e. physiotherapy, SALT, occupational therapy (OT)) work closely with the stroke units and are possibly even located on the same site, members of the team will be able to attend multidisciplinary team meetings (MDTs) and therapy sessions, build a rapport with the patients and determine their suitability for the service earlier.
17. The current pathway for Stroke patients at CDDFT is;
  - a. the patient is admitted directly to the hyper acute stroke unit on ward 2 at UHND,
  - b. the patient is then either discharged home or to an inpatient rehabilitation setting ( i.e. C)
  - c. The patient transfers to Ward 4 at Bishop Auckland. At this stage in the patient pathway there is a change of consultant for most patients and a whole new team takes over the patient's rehabilitation plan.

## **Public, Patient and Carer Engagement**

18. It is really important for us to understand people's experiences of stroke rehabilitation across County Durham and Darlington. We know that services do differ across our geography and we want to understand what currently works well and what could be improved from a patient and carer perspective.
19. The CCGs need the right information to inform decisions for their communities. They continually strive to maintain and strengthen their strong working relationships with their stakeholders

### **Methodology**

20. During October and November 2018, a period of eight weeks of engagement was undertaken with past and current service users and local stakeholders to gather views about stroke rehabilitation services.
21. The engagement process was communicated via a number of routes including through local community networks, stakeholder lists and social media.
22. The main mechanisms used for engagement were a survey and qualitative discussions with individuals within already established patient group. Telephone and email details were included if participants of the survey had any further questions.

### **Key Findings from the Engagement Process**

23. Key points emerging from the qualitative feedback are in relation to;
  - Communication challenges at various points in the patient pathway
  - Emotional wellbeing and support, particularly post discharge
  - Inconsistency of community rehabilitation provision
  - People would appreciate a longer period of therapy once discharged from a hospital setting

### **Outline Plan**

24. Engagement has now taken place and the CCGs and CDDFT will use the information to help inform any future decision making.
25. Feedback will be provided to those who inputted into the engagement exercise.
26. A meeting is to be held late January/early February with a range of clinical staff to further develop options and appraise these against standard criteria which includes clinical evidence base, accessibility and financial sustainability.

27. This exercise will include representation from both community and hospital based clinicians, primary care, regional clinical network and the Stroke Association and the views of patients and carers will also be included.
28. A preferred option will be formed as a result of this appraisal and a business case will be developed on that basis. The business case will be presented back to AWHOSC in April 2019.
29. The business case will include costings for any preferred option across County Durham and Darlington.
30. Any potential service changes may be subject to staff engagement, which will be carried out as part of the ongoing process. Staff will also be the key in helping us to shape any future model of care.
31. County Durham CCGs will seek assurance from NHS England on any proposed future service change and on the process to date and going forward. If appropriate we will ensure that guidance regarding major service change will be followed.