Improving Specialist Rehabilitation after a Stroke
Introduction

We are determined to provide the very best care for local patients. This booklet describes options to strengthen and improve the quality and availability of specialist stroke rehabilitation in Gloucestershire.

It is based on national evidence and sets out options for giving people who have suffered a stroke maximum opportunity to recover and adapt in the best possible environment.

What we want to achieve

Specialist rehabilitation is widely recognised as an essential part of recovery after stroke – providing significant health and social care benefits for patients over the longer term.

Currently the patient’s journey through care can be disjointed and in Gloucestershire there is a gap in provision. This happens when a patient no longer needs specialist medical care in Gloucestershire Royal Hospital (GRH), still requires significant rehabilitation, but is not ready to return home with support.

We believe we can improve services and support in Gloucestershire for stroke patients, provide the right care in the right environment for all patients and ensure recovery and health benefits are improved. This includes supporting people to achieve as much independence as possible.

We are committed to meeting the highest quality standards of care for patients in line with National Institute for Health and Care Excellence (NICE) recommendations and Royal College of Physicians (RCP) guidelines.

How services are currently provided

If you have a stroke in Gloucestershire, you will receive specialist medical care at GRH. The health professionals there ensure you receive timely assessment and treatment, your condition is stabilised and you receive care on a dedicated stroke unit. This will not change under this proposal.

When patients no longer need medical care, if it is safe and effective for them to have rehabilitation in their home, they will receive on-going support from community stroke specialist nurses or the Early Supported Discharge (ESD) community team. This team is made up of stroke specialist community therapy and nursing staff.

However, there are a number of patients for whom returning home at this stage is not possible e.g. those with particular mobility needs, and they currently stay at GRH for rehabilitation and are then transferred home or to other accommodation.

How could arrangements be improved?

Following medical treatment at GRH, we think we can improve the way that specialist rehabilitation is provided.

We want to give patients the greatest opportunity and time to recover supported by a skilled team.

We think we could improve the environment so that patients who are unable to go home once their medical treatment is complete are not receiving their rehabilitation on a busy ward, where hospital staff should be able to focus their time on providing care to patients who are seriously unwell after a stroke.

For example, currently there will be a variety of patients on the ward from patients who have suffered a stroke very recently and need intense medical care to those who suffered a stroke a number of weeks ago and now need significant rehabilitation support.

GRH has limited therapy space for rehabilitation and a lot of the therapy is carried out on the busy ward or at the bedside. Evidence shows that this is not the best place for this kind of rehabilitation and is not the best environment for therapists to work with patients.

Despite the best efforts of our excellent staff, we can’t currently provide a 24 hour, 7 day a week therapy based approach to our service.
We also want to reduce the amount of time people need to spend at GRH when they are medically fit and in turn, reduce pressure on beds. For people who need therapy for more than 2 weeks, but can’t yet return home, we don’t think a large acute hospital is the best environment and we think we can improve arrangements by providing a community bed based service in Gloucestershire.

If patients receive intensive rehabilitation support in the weeks after a stroke and we support people in the first six months of recovery, evidence shows they will use health and social care services less in the longer term, levels of independence will improve and it will be better for their health.

**How could services be provided in the future?**

Our ambition is to develop a ‘centre of excellence’ approach to specialist stroke rehabilitation care.

By providing a dedicated therapy led rehabilitation service in the right environment, we can:

- Improve health benefits for patients and improve levels of recovery and independence
- Benefit healthcare professionals, and the patients they treat, by providing an improved environment for a therapy based approach
- Improve arrangements for on-going learning and development and;
- Raise the profile and appeal of specialist stroke rehabilitation in the county so specialist staff will want to come and live and work in Gloucestershire adding to our already skilled team.

### The Options

Clinicians and managers carried out a detailed Options Appraisal, to help develop a preferred option.

They looked at four options, summarised below:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
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<tbody>
<tr>
<td>1 Do Nothing</td>
<td>Stroke patients who are unable to return home once medical treatment is complete would continue to have their stroke rehabilitation at GRH.</td>
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<tr>
<td>2 Expand therapy provision and improve the therapy facilities at GRH</td>
<td>The staffing levels on the stroke ward are increased to meet national guidelines and therapy space is increased. Patients would remain in GRH for rehabilitation until they are able to go home or show no further improvement.</td>
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<tr>
<td>3 Expand the Early Supported Discharge Team (ESD) and provide ‘in-reach’ care (specialist therapy) with the team travelling to multiple community hospital locations</td>
<td>The ESD Team would provide specialist and intense rehabilitation to an increased number of stroke patients – a maximum of 14 beds would be available across Gloucestershire’s community hospitals. This would be for patients who no longer need medical treatment in a large acute hospital, but are unable to go home.</td>
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<tr>
<td>4 Stroke Rehabilitation Unit in a single community setting</td>
<td>Use 14 beds in a single community hospital to create a dedicated unit for stroke specialist rehabilitation. A team of stroke specialist staff would provide rehabilitation, 7 days a week. This would be for patients who no longer require medical treatment in a large acute hospital, but are unable to go home.</td>
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Below is a summary of the options appraisal.

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Do Nothing</th>
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<tbody>
<tr>
<td><strong>Advantages</strong></td>
<td>No additional money (investment) needed.</td>
</tr>
<tr>
<td><strong>Disadvantages</strong></td>
<td>No opportunity to make the improvements described.</td>
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<tr>
<th>Option 2</th>
<th>Expand therapy provision and improve the therapy facilities at GRH</th>
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<tr>
<td><strong>Advantages</strong></td>
<td>Specialist team already working at GRH.</td>
</tr>
<tr>
<td></td>
<td>Patients do not need to move to another location.</td>
</tr>
<tr>
<td><strong>Disadvantages</strong></td>
<td>Care is provided on a busy hospital ward which is not ideal for longer term rehabilitation.</td>
</tr>
<tr>
<td></td>
<td>Increasing the amount of therapy space is not possible on the current stroke ward and there is limited space elsewhere in the hospital.</td>
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<tr>
<td></td>
<td>Demand for hospital beds for sick people may mean patients may have to move to another ward in the hospital (not stroke specific) before they are ready.</td>
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<tr>
<th>Option 3</th>
<th>Expand the Early Supported Discharge Team (ESD) and provide ‘in-reach’ care (specialist therapy) with the team travelling to multiple community hospital locations</th>
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</thead>
<tbody>
<tr>
<td><strong>Advantages</strong></td>
<td>Specialist stroke therapy is made available to patients in a community bed that may be close to their home (therapists would travel to each community hospital).</td>
</tr>
<tr>
<td><strong>Disadvantages</strong></td>
<td>National evidence shows that patients get better quicker when they are in a dedicated bed with the whole team focusing on stroke specialist care, 24 hours a day.</td>
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<td></td>
<td>A significant amount of clinical staff time is lost to travel, especially as patients may need up to 3 therapists for treatment.</td>
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<tr>
<th>Option 4</th>
<th>Stroke Rehabilitation Unit in a single community setting</th>
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<td><strong>Advantages</strong></td>
<td>Overall, specific stroke care is challenging to provide to the highest quality in a mixed ward i.e. patients with other health conditions are also on the ward.</td>
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<td></td>
<td>Consultant (doctor) support could only be provided remotely.</td>
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<td></td>
<td>Expensive specialist equipment would need to be provided at multiple sites and would be used rarely.</td>
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| **Advantages** | National recommendations for best quality stroke rehabilitation are met. |
| | Stroke specialist rehabilitation is provided 7 days a week. |
| | Offers the best opportunity to help people get better and get home more quickly. |
| | Provides a ‘Centre of Excellence’ in the community that supports shared learning opportunities and recruitment of skilled staff. |
| | A single site makes it easier to provide expert resources such as consultant support, dietetics and psychology on a routine basis. |

| **Disadvantages** | The single location would mean that the unit would be some distance from some people’s homes. |
| | Providing specialist beds in one location may mean that there are fewer general community hospital beds available in the hospital. |

If you would like to read a copy of the full detailed Options Appraisal, this can be found at [www.gloucestershireccg.nhs.uk](http://www.gloucestershireccg.nhs.uk) or on request (see contact details at the end of this booklet).
The preferred option

Following the options appraisal, the preferred option (Option 4) was selected by the Rehabilitation Steering Group (a group made up of clinicians from local NHS and care organisations).

The unit would provide specialist therapy for those people who need a bed and intensive rehabilitation for longer than the 2 weeks they might expect to spend in an acute hospital (GRH). The amount of time a person would need to stay in the unit would vary, but typically between 2 to 6 weeks (depending on need).

For this option, 14 community hospital beds would need to be available within the unit. The proposed number of beds was arrived at after following stroke patients on their care journey over a two year period and identifying when a patient would benefit from the proposed service.

Specialist therapy staffing levels would be increased to meet national guidelines, meaning there would be additional physiotherapy, occupational therapy, speech and language therapy, dietetics, psychology and social work staff working in the unit.

The CCG would be investing around £488,000 to fund these additional posts to make the preferred option a reality. This would result in some savings for GRH, meaning the total annual investment is £110,000.

We believe the preferred option would lead to a reduction in stroke patients receiving lengthy rehabilitation in a large acute hospital (GRH). It would also reduce the length of time people need to stay in a community bed so people can return home more quickly with support from the ESD community team.

By locating the service on a single site, specialist rehabilitation staff and skills would be brought together in one place, expertise would be enhanced by staff seeing more patients over time and it would reduce the amount of hours lost by rehabilitation specialists travelling to multiple locations.

We recognise that the consequences of stroke are not just physical and we have therefore included psychology within the proposal for a new specialist team. This would represent a significant improvement in our services.

This proposal does not affect core rehabilitation for a range of physical conditions provided in community hospitals and other care settings.

Why is Vale Community Hospital, Dursley a preferred location?

It’s important to stress that specialist stroke rehabilitation is not currently provided as a dedicated service within any local community hospital (or multiple hospital locations). It means Gloucestershire is not meeting national recommendations for therapy provision following a stroke.

Gloucestershire Care Services NHS Trust, in partnership with NHS Gloucestershire Clinical Commissioning Group, undertook a review of all community hospital sites benchmarking (reviewing) them against a number of criteria identified by expert clinical staff, with the support of a lay (patient) champion.

The criteria that were reviewed included:

- The internal and external care environment
- The ease of adapting the building
- How ‘future proof’ the unit would be if located at the site
- The safety of the site.
These criteria suggest that the Vale Community Hospital, Dursley would provide the best opportunity to deliver this proposal for the following reasons:

- It’s a newly built community hospital with single rooms which are en suite
- It offers both physical and psychological benefits e.g. accessible outside space and a suitably large therapy space
- Minimal building work would be required to provide a good rehabilitation environment
- It’s accessible with easy and free parking
- It’s sited within the same locality as another community hospital with additional general community hospital beds available to local residents.

Next Steps

We really want to hear your views.

Please use the space below to share your views by (31 July 2018). You can send your responses to us using a FREEPOST Address:

FREEPOST: RRYY-KSGT-AGBR

Stroke Rehabilitation
5220 Valiant Court, Gloucester Business Park
Brockworth, GL3 4FE

You can also feedback on-line at www.gloucestershireccg.nhs.uk where you will also find further information about our proposal.

Feedback Form

1. What are your initial thoughts about our proposals?

2. What do you think are the positive aspects of the proposals?

3. Do you have any suggestions for improvements to the proposals, if yes please tell us?

4. Do you have any concerns?

5. Are there any other things you would like us to consider?

6. How would you like to stay involved and be kept informed?
All feedback will be included in an Outcome of Engagement Report and will be fully considered before Gloucestershire Care Services NHS Trust and NHS Gloucestershire Clinical Commissioning Group Governing Body make a decision on the proposal in the coming months.

If the proposal is approved, the Unit would open in Autumn 2018.

To discuss receiving this information in large print or Braille please ring 0800 015 1548.

To discuss receiving this information in other formats please contact:
FREEPOST RRYY-KSGT-AGBR,
PALS, NHS Gloucestershire Clinical Commissioning Group,
Sanger House, 5220 Valiant Court, Gloucester Business Park, Gloucester GL3 4FE
0800 015 1548

More copies of this booklet are available.

Please contact:
Tel: 0800 0151 548
Email: GLCCG.consultation@nhs.net

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