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Councillor Lynda Bowyer
Chair
Health Overview and Scrutiny Committee
Plymouth City Council

Dear Cllr Bowyer

Update on bed capacity for stroke services for Health Overview and Scrutiny Committee

The attached document was provided for OSC in October 2011 to signal a piece of work being undertaken in Plymouth in relation to stroke services. The outcomes at this stage are unclear but, as it was anticipated that there could be a significant service change, it was important to raise the issue with the HOSC.

The document is self-explanatory.

The timescale for completion was expected to be January/February 2012, but this was going to be largely influenced by our need to engage with the public about the suggested options. This summary describes progress to date.

Current status

The work is not yet completed as it has taken longer than expected to explore the impact and implications from a clinical perspective. If there was evidence available that would suggest an integrated unit was not clinically safe, or has as a minimum the same clinical outcomes as separate units we would not proceed. It therefore didn't seem sensible to proceed with public involvement until there was this level of clarity.

Clinical evidence for either option has proved sparse, so more work has needed to be undertaken with actual clinical teams (locally and nationally) exploring the data we have.

In addition, the work exposed some challenges in the partnership between the two health providers and the way they work together to provide a seamless service for the patient and their family.

Whilst making a decision about the future model of bed capacity for stroke patients, it is now part of a larger piece of work, and whilst still a priority, there are a number of other issues which need to be resolved first.

The PCT as a commissioner has therefore engaged the two main providers in a programme of work, the outcomes of which will be available in March, identifying the priority for service improvement and also resolving issues about leadership and responsibility for the pathway. The decision regarding the possible reconfiguration of the beds will be incorporated into the wider plan which will also dictate timescales. The PCT would be willing to return to OSC with further information at a later date and describe the wider plans if felt to be helpful to you, and will of course share the outcome of the recommendation regarding future bed location.

Yours sincerely

Elaine Fitzsimmons
Assistant Director of Commissioning
NHS Plymouth

Service proposal for stroke care For Information and Comment

Presented by: Elaine Fitzsimmons, Assistant Director of Commissioning

1 Purpose of the briefing

There are 2 distinct phases to the redesign of services for people who have experienced a stroke. The first phase is Plymouth Community Healthcare (PCH) proposing to relocate the existing inpatient beds from the Stroke Unit at Mount Gould Hospital to a dedicated part of Skylark Ward at the Local Care Centre and to develop an early supported discharge scheme. The second phase is a broader review of services across the acute and rehabilitation stages including the services and facilities provided throughout the Plymouth health community as described in this paper.

To bring to the attention of the panel a proposed review of the approach to providing stroke services in Plymouth. The purpose of this review is to develop a range of possible options on how the service might be provided and will include an option for no change. This review is a first step only and how we take the work forward after the review will depend on its outcome and a subsequent appraisal of the resulting options. We want to share these plans with the Health and Social Care OSC at this early stage so they are aware of our proposal and can have the opportunity to determine and advise us of the level of scrutiny they feel is needed.

2 Decisions/Actions requested of the OSC

Members of the panel are asked to:

- Note the proposed review
- Advise us on any requirements for future updating on the progress of the review

The following paper sets out why we feel a review is needed and how we plan to take this forward.

3 Background

In 2007 The Department of Health introduced a range of national key quality indicators for stroke care. These were further strengthened by the publication of NICE guidance in 2010. Locally, these were followed by a baseline review of services by the South West Strategic Health Authority (SHA). This review in 2009 highlighted areas in need of focus around a lack of professional cohesion; silo working and greater attention on supporting a patient-centered approach to service provision.

In response, the commissioners and providers entered an intense period of improvement led by a service line manager and a community clinical leader with support from the Peninsula Heart and Stroke Network and funding for education and data collection. This service line approach was agreed by the main providers with the commissioners.

To support this improvement work, the service line manager and clinical lead had authority vested in them to work across the providers, which allowed them to provide

cohesion around leadership, decision making and clinical challenges to practice. Each provider retained their own operational structures but these reported to the service line manager to whom they were accountable for their practice. The main providers of stroke care within Plymouth have worked hard to improve patient care and this approach has realised savings to the community and for providers and has significantly improved patient care. For example, in 2008 84% of patients spent only 19% of their inpatient time in a dedicated stroke unit. Now, 84% of all patients spend 90% of their time in dedicated stroke units.

In January 2011, the Care Quality Commission in their document “Supporting Life after Stroke” rated Plymouth health and social care as ‘Best Performing’ for stroke services in the country. Plymouth scored top marks in the category, *support for participation in community life* and scored very well for *community services including specialist rehabilitation services* and *outcomes for patients one year after their stroke*. The report also identified some areas requiring further focus such as:

- helping people to identify the early signs and symptoms of a stroke and so obtain urgent clinical advice,
- the provision of additional therapy time across all sectors
- looking at the lengths of stay in our community rehabilitation unit (which are significantly longer than comparable units), and
- developing early supported discharge services

In addition to the improvements recommended by the review; the National Tsar leading the review, Damien Jenkinson, challenged the NHS in Plymouth to consider if improvements in clinical outcomes, quality, productivity and financial position could be enhanced further by combining the acute and rehabilitation inpatients units. It is important to note this was not an absolute recommendation, as there is no evidence to suggest that one combined unit is better than two single and separate units in terms of outcomes for patients.

4 Current position

Stroke services in Plymouth are currently provided by Plymouth Hospitals NHS Trust (PHNT) and Plymouth Community Healthcare Community Interest Company (PCH CIC). PHNT provides the acute service and PCH CIC provides a bed-based rehabilitation service. The service and inpatient beds are therefore split across two sites, some six miles apart. The acute stroke unit is based at Derriford Hospital whilst the rehabilitation unit is based at Mount Gould Hospital.

It is recognised that despite all the improvements that have been made, further and continued improvement is needed and that there are still some gaps in the care pathway. For instance, the community based rehabilitation service does not have an early supported discharge service and there is also a need to increase the level of general therapy support for patients who have been discharged. In addition, there is a belief that current inpatient costs are greater than they need to be.

5 Proposal

The commissioner feels that, despite all the improvements that have been made and given the identified need for more improvement in stroke services, and the belief that the cost of providing an inpatient service is higher than it ought to be, that they should give the National Tsar’s recommendation for combining the two units serious

consideration. However, the commissioner also recognises that there maybe other clinical or practical issues which should be considered before making this decision.

The proposed review is intended to provide an independent view of the best way forward and to look into all these issues and provide a recommendation about the future shape of stroke services in Plymouth. The rationale for proposing this review is the need to test a number of observations and answer a range of questions that have arisen around the provision of stroke services both as a result of the original SHA review and our own subsequent improvement work. In the process of doing this review, we hope to be able to provide the evidence required by the Nicholson four tests when any change is under discussion. That is, that any change has:

- The support of GP Commissioners
- Is based on a clear evidence base that is relevant to Plymouth
- Has involved patients and the public
- Enhances patient choice

The proposed review has already been discussed with the GP commissioners (SCCE) and has their support. Devon and Cornwall commissioners have been advised of the proposal, have given their approval and are currently working to engage their clinicians.

The commissioner is looking for a report that identifies a range of options that includes one integrated unit and another for two stand alone units but that does not presume that these may be the only options available. It is the purpose of the review to explore all possible options.

The review will need to consider the options from a range of different perspectives so that it helps the commissioner understand what the options are able to offer in terms of improving quality and costs. To do this, the review will require input from; clinical and communication and engagement teams across the cluster; patients, carers and members of the public, and key stakeholders such as LINKs and OSCs.

6 Timetable

The Heart and Stroke Network are supporting this work by providing sample service specifications to NHS Plymouth. These will be in first draft by the end of November. It is hoped a recommendation could be presented to the Sentinel Clinical Commissioning Executive (SCCE) group in January or February.

7 Engagement to date

At this stage there has not been any specific engagement with patients but commissioners acknowledge the need for patient involvement in identifying the patient experience of the services as they are currently provided; the possible options and in assessing the impact of these on the patients and other users of the services that will inform the ultimate decision on the future model of stroke service provision.

Engagement plan

Aim

To ensure that all stakeholders:

- Are aware of the review, any options identified, any changes arising from the review and how they can be involved in the process of the review and beyond
- Inform the development of the options to be appraised
- Are involved in appraising the various options particularly in respect of the varying impacts on them
- Are involved in any redesign of the service model arising from this work

Stakeholder list

- Local stroke patient groups
- Local carers groups
- Local Involvement Network (LINKs)
- OSCs
- Groups representing hard to reach communities
- Staff from both providers
- Clinicians
- Plymouth third sector consortium's health forum
- Social care colleagues

Methodology

Because these services are used by people from beyond the Plymouth area and take patients from both Devon and Cornwall, engagement needs to take place across that geographical area. The engagement work will be supported by the communication and engagement leads from Devon and Cornwall and work with local communication and engagement staff where this is appropriate.

The draft engagement plan below sets out how we will engage with patients, carers and members of the public (service users) and reflects the diversity of the populations we want to engage with and adopts a range of activities that covers the provision of information (giving information), discussions with service users (gathering information), reference to the effects any decision will have on service users (participation) and the involvement of service user representatives in the decision making process (partnership). The plan sets out the different elements and the actions they will require.

Aim	Action	Support functions required	Target date for completion
To ensure that stakeholders are aware of the intended review of services	To inform stakeholders of the plan to review the service and seek their involvement using a range of communication methods.	Communications	TBC
To understand the experiences of users of the current services and other stakeholders	To examine sources of patient experience data to include: <ul style="list-style-type: none"> • Complaints, compliments and suggestions • PALS episodes • Patient Opinion • Feedback received 	Business intelligence Patient Services departments Patient and public Involvement Leads	TBC

	<p>from community and third sector organisations</p> <ul style="list-style-type: none"> • Staff feedback 		
	<p>To canvass key stakeholder groups with regard to their experience of services as they are currently provided this to be done for:</p> <ul style="list-style-type: none"> • Service users using only acute services • Service users using only rehabilitation services • Service users who have used both services • Provider and Social care staff 	<p>Patient and Public Involvement leads Project team members</p>	<p>TBC</p>
<p>Work with stakeholders to explore possible options regarding the future model of service provision</p>	<p>To hold an event(s) at which different options are floated</p>	<p>Patient and public Involvement Leads Project Team members</p>	<p>TBC</p>
	<p>Through these events to identify individuals who wish to be involved in impact assessing the various options.</p>	<p>N/A</p>	<p>TBC</p>
<p>To involve all stakeholders in impact assessing the various options identified</p>	<p>To establish a time limited patient reference group to assess the impact on service users of the various options.</p>	<p>Project team with support from PPI Lead for the project</p>	<p>TBC</p>
	<p>To canvass the views of the wider stakeholder population using a range of tools that might include: A survey Face to face discussions with specific stakeholder groups (e.g. Carers)</p>	<p>Project team with support from PPI Lead for the project</p>	<p>TBC</p>
<p>To ensure that stakeholders are kept informed of the progress of the review and any outcomes that arise</p>	<p>To inform stakeholders of progress and how they are informing it and have informed the final decision.</p>	<p>Communications</p>	<p>TBC</p>