AGENDA ITEM NO 14

REPORT NO IJB 46/21

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 25 AUGUST 2021

ANGUS AND DUNDEE STROKE REHABILITATION PATHWAY REVIEW

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ABSTRACT

Following the review of hyperacute and acute stroke care pathway Angus and Dundee Health and Social Care Partnerships (HSCP), as part of their respective redesign programmes of work, embarked on a review of the community stroke rehabilitation models of care.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

(i) Notes the work to date to progress the development of stroke rehabilitation pathway review.

(ii) Supports and approve the preferred model of care.

(iii) Notes an implementation plan will be developed and progress monitored by Angus HSCP Executive Management Team.

2. BACKGROUND

Hyperacute and acute stroke care pathways in Tayside were reviewed and reorganised in 2019 and are now delivering improved acute care for people who have had a stroke, including delivery of thrombolysis (“clot busting”) and thrombectomy (“clot removal”).

There is now a need to review the stroke rehabilitation pathways to ensure that people who have had a stroke receive evidence based, high quality and modern rehabilitation in order to maximise their chance of making the best recovery possible.

There is strong research evidence to show that stroke survivors with mild-to-moderate disability benefit from receiving specialist stroke rehabilitation at home or in a community outpatient setting. This can reduce the length of stay in hospital and improve long-term functional outcomes for patients with mild-to-moderate stroke.

This review focuses on how stroke rehabilitation is provided to people who have traditionally received their stroke rehabilitation in an in-patient facility in either the Stracathro Hospital or Royal Victoria Hospital (RVH) Stroke Rehabilitation Units (for people aged 65 years and over) or in the Tayside Centre for Brain Injury Rehabilitation Unit (specialist in under 65 stroke rehabilitation).

The aim of the review is to ensure we deliver person-centred specialist stroke rehabilitation and ongoing support provided by our specialist clinical staff, also supported by third sector partners rather than a service centred approach, providing the ability to reinvest specialist stroke services in the community. Within the new pathway it is proposed this care will be delivered at home where clinically possible.

A multi professional group was formed to review the current rehabilitation pathway and consider options for an improved community stroke rehabilitation pathway that would be offered to residents of Dundee and Angus admitted to Ninewells Hospital following an acute stroke. Representatives from staff side, Tayside Stroke Managed Clinical Network and the Stroke Association also formed part of the group.

The group considered the following stroke rehabilitation components to determine the new pathway options:

- National stroke rehabilitation guidelines.
- Evidence-based practice.
- Patient and carer feedback.
- Staff feedback.
- Third sector partners.

A progressive stroke rehabilitation framework was also developed which incorporated best practice rehabilitation care to ensure best outcomes for patients receiving stroke rehabilitation care. Patient and staff feedback obtained through various engagement and feedback sessions was also an important consideration.

The most important factors identified throughout the review were:

- Workforce availability.
- Length of hospital stay.
- Community-based stroke rehabilitation at an appropriate intensity and beginning soon after discharge from hospital.
- Specialist stroke rehabilitation staff across the rehabilitation journey including the community setting.
- Access to the appropriate care and support for patients and carers across the pathway.

Stroke rehabilitation services must be resilient, equitable and sustainable for the future.

3. CURRENT POSITION

It is not possible to provide specialist in-patient stroke rehabilitation within two separate units and provide the level of home-based specialist rehabilitation that clinical standards recommend. As a result there are a number of people currently receiving in-patient stroke rehabilitation who could be receiving this support at home if the resources were realigned.

An options appraisal was undertaken by members of the multi professional project group, with six options identified. Members of the group were invited to independently review and score each option before a collective discussion.

Scoring was based on the following criteria:

- **Person centred care**: Services are personalised with a programme of care that is aligned to a person's needs and choices, provided at home when clinically safe and appropriate
- **Quality and quantity of rehabilitation**: Provision of evidence based, specialist stroke care, at an intensity appropriate to the persons needs, in keeping with recommended levels of rehabilitation, focussing on the best possible outcomes and recovery with smooth transitions of care across the whole patient journey.
- **Workforce**: Right professional, with the right skills, at the right time, in the right place. Availability of a flexible workforce with specialist stroke skills and training.
- **Safety**: Care is delivered in a safe and effective way within an appropriate environment where risks are assessed and managed safely.
- **Accessibility**: People recovering from stroke, and their carers will have access to a care pathway, information and support they need to live a fulfilled life. This will be delivered in a flexible and person centred manner supported by third sector partners.
- **Environment**: The environment is suitable to accommodate specialist stroke rehabilitation considering estates and buildings and is sustainable for the future (5 years +)

The long list of options considered were:

1. RVH and Stracathro Hospital stroke rehabilitation with limited home based rehabilitation (status quo).
2. Home based rehabilitation with in-patient rehabilitation in RVH.
3. Home based rehabilitation with in-patient rehabilitation in Stracathro Hospital.
4. Home based rehabilitation with in-patient rehabilitation in Ninewells Hospital.
5. Home based rehabilitation with in-patient rehabilitation (non-stroke specialist) in community hospitals.
6. Home based rehabilitation with no in-patient rehabilitation.

Following the scoring process a short list of options was agreed and are detailed below:-

1. Home based rehabilitation with in-patient rehabilitation in RVH.
2. Home based rehabilitation with in-patient rehabilitation in Stracathro Hospital.
3. Home based rehabilitation with in-patient rehabilitation in Ninewells Hospital.

Thereafter the multi-professional group considered the options, taking into consideration the feedback from service users, carers and staff and the following preferred option was agreed upon

- Home based rehabilitation with in-patient rehabilitation in RVH.

Based on all the information available it was agreed that RVH presents the best opportunity to provide the in-patient element required for stroke rehabilitation and the ability to reinvest in community based services. This is because RVH,

- Already has a suitable environment to support the required number of beds without the need to significantly invest in other sites.
- Is in close proximity to the acute stroke ward based in Ninewells Hospital which improves safety in the event of a in-patient's deteriorating medical condition. The close proximity to Ninewells Hospital also allows the specialist teams to work flexibly across acute and rehabilitation in response to fluctuating demand. This will also improve staff knowledge of the whole stroke pathway.

Quality/ Patient Care

Providing non acute specialist stroke rehabilitation services on one site will ensure we can deliver safe, effective, high quality person-centred care. This will also ensure adequately staffed clinical teams which can offer specialist in-patient rehabilitation services over 7 days to enhance optimal recovery and earlier discharge from hospital. One unit will also mean that people who have a stroke, irrespective of age, will have equitable access to high quality stroke rehabilitation.

Workforce

Current roles will be required to be reviewed and adapted to deliver a new model of care, however the benefits of having one in–patient stroke rehabilitation unit are:-

- The ability to staff it more efficiently and flexibly and develop expertise, which will create a more skilled unit.
- Improve access to specialist stroke education, training and support.
- Create a service which is attractive to newly graduated practitioners and potentially improve recruitment and retention of all staff

It is important that adequate time is taken to plan and make any changes suitably, with minimum disruption to staff and patients. Further discussions will take place with health and social care staff, Third Sector partners and people with lived experience of stroke to prepare a detailed implementation plan following approval of the proposed new model of stroke rehabilitation.

The professional and personal experience and ideas our staff and stroke survivors will continue to be invaluable in shaping how services will be delivered. A number of suggestions have already been given by a variety of people and we are keen to get further ideas to help improve rehabilitation and support for stroke survivors and their families.

Communications and Engagement

The Tayside Stroke Managed Clinical Network has already undertaken a considerable amount of work to engage with people with lived experience of stroke and with staff, in order to identify improvements to the stroke rehabilitation pathway. Feedback has identified priorities and was pivotal in determining the preferred option, from patients, carers and staff. Examples of engagement include:

- A Stroke Voices Group met with patients and carers to understand their rehabilitation experiences and preferences. A 'Working Together' Group has been set up to work in partnership with Third Sector partners, charities and patient groups including Stroke Association, Chest Heart and Stroke Scotland, Headway and Carers Centres.
- Participation in the national 'Programme for Government' review of Stroke rehabilitation
- Three engagement sessions were held for staff and 120 staff completed a staff stroke care survey.

Patients and carers told us that it was important to have timely access to appropriate rehabilitation to support their needs throughout their recovery and enable them to live their best life possible after their stroke. This was endorsed by staff.

As part of our responsibility regarding involvement and engagement, it was important that feedback was sought from people with lived experience of stroke, staff and members of the public about our proposal to redesign the Dundee and Angus stroke rehabilitation pathway. A range of engagement opportunities took place from 26 July – 12 August which included:

- Public Engagement Events via MS Teams.
- Staff Engagement Events via MS Teams.
- Joint Angus and Dundee IJB Event via MS Teams.
- Angus and Dundee HSCP Strategic Planning Groups.

A press release was prepared and various social media and website postings invited people to become involved and provide feedback by joining one of the sessions and/or to complete a survey monkey questionnaire. Staff were also invited to complete a separate questionnaire and a frequently asked questions document produced based on questions received from staff, people with lived experience of stroke and members of the public. This is an evolving document and further questions and answers will be added during the ongoing staff and public engagement activities.

In addition to the above the pathway review has been discussed and supported by the following forums/meetings:

- Frailty Strategic Planning Group (Dundee HSCP).
- NHS Tayside Operational Leadership Team.
- Angus Clinical Partnership Group with representatives from GP Cluster Leads.
- The Stroke Association in Scotland have been involved throughout this piece of work and involved in the development and appraisal of options. They also provided a statement of support for the proposed stroke rehabilitation pathway and highlighted the importance of the voice of lived experience as being vital in informing the delivery of services.

Public Survey

105 people responded to the public survey monkey

- 75% of those who responded shared where they lived with
    - 49% from the North East Locality,
    - 27% from the North West,
    - 7% from the South East Locality
    - 4% from the South West Locality.
    - The remainder of respondents were from Dundee or neighbouring areas.

- 55% respondents had lived experience of stroke.
    - 62% thought that early supported discharge would have a positive impact for someone with mild to moderate stroke.

- 38 staff responded to a survey
    - 13 Allied Health Professions
    - 8 GPs
    - 4 Hospital Doctors
    - 13 Other Professions

The main area of concern, from members of the public and staff, about all specialist in-patient stroke rehabilitation being provided in RVH, was around the perception of withdrawing in –in-patient services from Angus and the distance to travel, especially if people lived in more remote areas of Angus, however were supportive of rehabilitation being provided at home.

4. PROPOSALS

It is proposed that the preferred option to develop home rehabilitation with one in-patient facility at Royal Victoria Hospital is supported and approved by Angus IJB

Dundee and Angus HSCP will continue to work together to develop a fully costed implementation plan for the provision of home based rehabilitation with in-patient rehabilitation in RVH.

Further discussions will take place with health and social care staff, Third Sector partners and people with lived experience of stroke to prepare a detailed implementation plan. It will be important that we build upon our strong foundation of multidisciplinary team working, eliminating barriers to effective integrated working and develop pathways of care which improve patient outcomes.

5. FINANCIAL IMPLICATIONS

Whilst finance was not part of the option assessment scoring criteria as described in section 3, subsequently financial due diligence has been undertaken against each of the short listed options.

The revenue cost of the preferred option 1 is c£3.7m and will release c£0.4m revenue resource. This option does not require any capital investment as the existing accommodation has sufficient space to support a 30 bed unit.

The revenue cost of option 2 is c£3.9m and will release c£0.2m revenue resource. The increase in cost reflects the additional medical workforce required to provide safe patient care along with additional running costs associated with a new unit. In addition there will be c£11m capital investment required for a new unit.

Lastly the revenue cost of option 3 is c £3.8m and will release c£0.3m revenue resource. The increase in cost from option 1 reflects the additional running costs associated with a new unit. Furthermore there is an additional c£11m capital investment required for a new unit.

It should be noted any request for capital funding requires to abide by the Capital approvals process and in the case for Options 2 and 3 the Scottish Capital Investment Manual (SCIM) guidance would require to be followed with delegated authority from the Capital Investment Group (CIG) at Scottish Government.

In summary the outcome from the financial assessment demonstrates the preferred option 1 as the most economically viable option and will result in an annual total net reduction of c£0.4m across both partnerships. This reduction can only be delivered through collaborative working with Dundee HSCP and is interdependent on both IJBs supporting the preferred model.

As previously noted (IJB 4/21), Angus IJB Strategic Financial Plan is over committed and the funding being released will help to support existing priorities, emerging issues and shortfalls within our existing plan.

6. RISK

The current agreement, where medical cover for the Rehabilitation Unit at Stracathro Hospital, is provided mainly by NHS Tayside Medicine for the Elderly Consultant Team, ceases on 31 August 2021. If no decision is made there would be a requirement to continue to adopt contingency measures with all specialist stroke in-patient care rehabilitation provided at RVH. This would extend the period of uncertainty for staff which would be detrimental to morale. It would also delay the development of new pathways of care aimed to maximise stroke survivors' chances of making the best recovery possible.

7. OTHER IMPLICATIONS (IF APPLICABLE)

N/A

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is required and is included in Appendix 1

9. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	**Direction to:**	
Appendix 2	No Direction Required	
	Angus Council	
	NHS Tayside	X
	Angus Council and NHS Tayside	

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List of Appendices:

Appendix 1 Equality Impact Assessment
Appendix 2 Direction