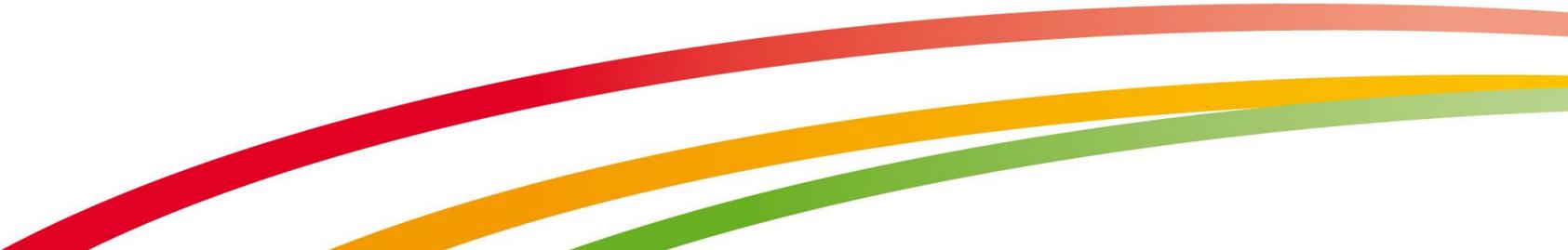


Consultation on proposed changes to stroke rehabilitation services

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Health and Wellbeing Board
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This presentation covers:

- Current stroke rehab services and pathway
 - Why change services?
 - Reaching the preferred option
 - Consultation process
 - Benefits of change
 - Next steps
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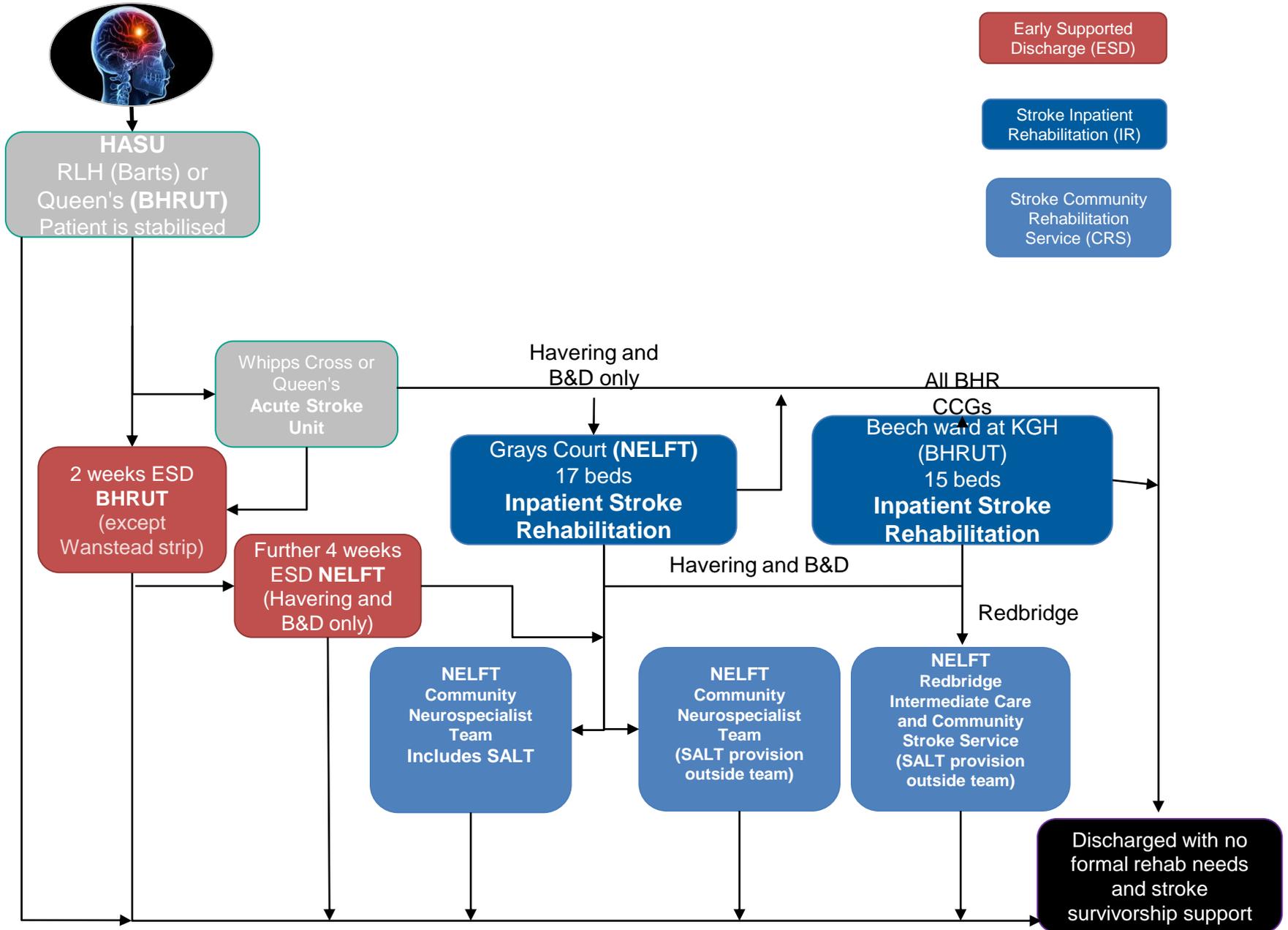
Current stroke services

- Service depends on where you live – postcode lottery
- Two inpatient rehab units – Beech ward at King George Hospital (run by BHRUT) and Grays Court in Dagenham (run by NELFT)
- Out of hospital rehabilitation:
 - Early Supported Discharge (ESD) – provided by BHRUT and NELFT – but not available everywhere
 - Community Rehabilitation Service (CRS) – provided by NELFT – but not available in Redbridge.

If you have a stroke at the moment, wherever you live, the current rehabilitation available means:

- You'll spend more time in hospital than you need to, even when it is better for you to be at home
 - You won't always have specialist stroke staff taking care of you
 - Your recovery will take longer.
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Current stroke pathway



Local stroke services



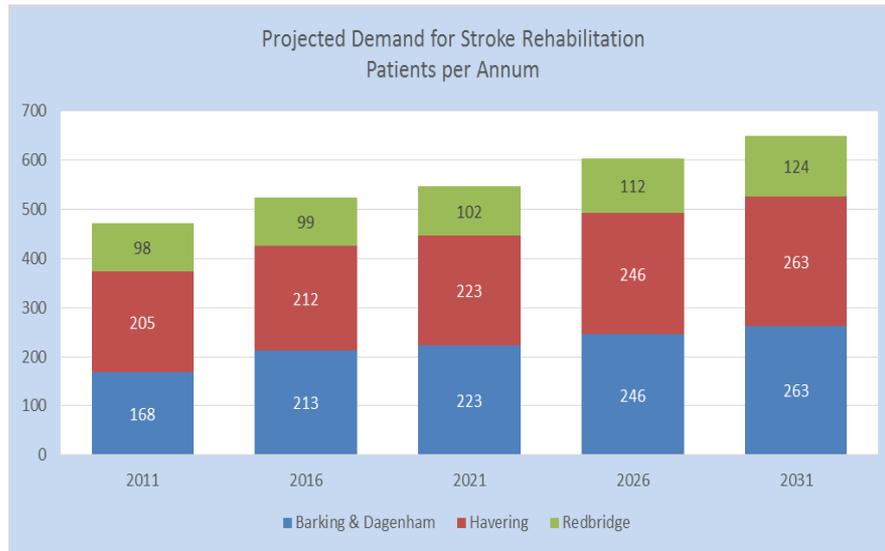
Why change stroke rehab services?

- The stroke rehabilitation care you receive depends on where you live.
- Quality of community stroke rehabilitation is not consistently meeting national standards.
- Capacity and demand for stroke rehabilitation are not aligned.
- Variation in service configuration, quality and lack of information is negatively impacting on patient outcomes.

We want to make changes to stroke rehabilitation services now, to make sure people recover and live the fullest life possible.



Increasing demand for stroke services



The numbers of people having strokes in all three BHR boroughs will increase over the next 20 years as the population gets older. Demand for stroke rehabilitation services will increase by around 35% over this time.



How to improve stroke rehab services

- Over the past year, we've been working with clinicians, Healthwatch, stakeholders and stroke groups and looking at best practice.
- Developed a case for change, which sets out what needs to change and why.
- Held a workshop (involving doctors with an interest in stroke, representatives from councils, patient groups, Healthwatch, carer organisations and stroke specialists and local NHS managers) to discuss the options, the advantages, disadvantages and implications of each and decided through a scoring process what was the best option.



Reaching the preferred option

The group discussed the pros and cons of each option, using the following criteria:

- Clinical outcomes and safety
 - Patient/carers' experience
 - Access to services
 - Can everyone use the services, wherever they live?
 - Deliverability
 - Flexibility
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Preferred option

A combined ESD and CRS service run by one provider, covering all three boroughs, with one inpatient unit based at King George Hospital.



Benefits of change

Improved Patient Outcomes

- ✓ Improved quality of life
- ✓ Reduced long-term disability
- ✓ More people back to work or other meaningful activity sooner
- ✓ Receive ongoing support to help their recovery

Resources are invested in the best possible way

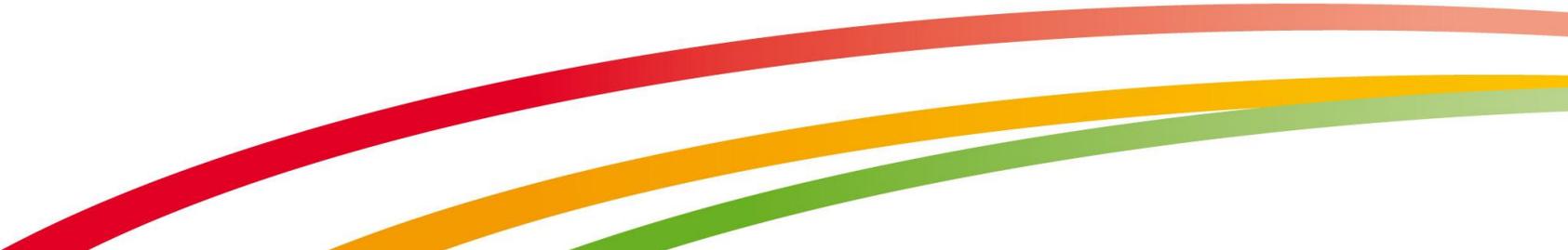
- ✓ Making most of the available resource
- ✓ Efficiency savings
- ✓ Improved ESD- most cost effective intervention

Will meet current and future demand

- ✓ Spend less time waiting in a hospital bed for the right sort of care
- ✓ Receive rehabilitation more quickly
- ✓ if appropriate, have rehabilitation and support in their own home



Consultation

- Runs for 12 weeks
 - Engaging with local community and voluntary groups
 - Hard copies of consultation document sent to all GP practices, libraries, community centres, individuals
 - Complete questionnaire online or hard copy (freepost)
 - Working closely with Healthwatch
 - Easy read version available
 - Sessions with stroke staff – at HASU, ASU and inpatient units
 - Drop-in sessions in each borough
 - Tweeting about consultation encouraging people to have their say
 - What else should we do?
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Possible impact on Barking and Dagenham

- More patients would receive care in their own home
- Patients needing an inpatient rehab bed would go to King George Hospital
- ESD service would provide a full range of therapies including speech and language therapy and psychotherapy
- Decision needed about Grays Court.



Next steps

Consultation closes 1 April 2016.

We will read and consider all the responses we receive and write a report for the CCGs' decision-making governing bodies to consider, alongside any other evidence and/or information available.

CCG decision making meeting (date TBA).

