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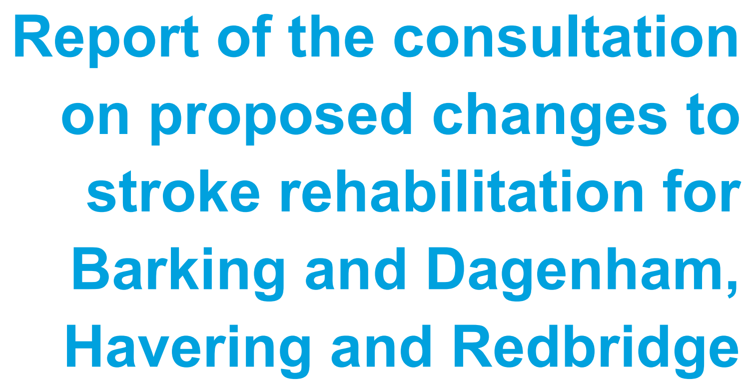

Report of the consultation on proposed changes to stroke rehabilitation for Barking and Dagenham, Havering and Redbridge

Prepared for Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

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1. Executive summary

Barking and Dagenham, Havering and Redbridge (BHR) Clinical Commissioning Groups (CCGs) were concerned that stroke rehabilitation services locally were not as good as they could be. The care provided depended on where people lived and was not flexible enough to meet the individual rehabilitation needs of stroke survivors, meaning people were not recovering from strokes as well as they could.

Inpatient care was provided at Grays Court in Dagenham (a community hospital site with no other inpatient beds and some outpatient clinics) and Beech ward at King George Hospital (an acute hospital site with A&E, critical care and other acute inpatient wards. General Community rehabilitation beds are also located on this site).

The BHR stroke pathway transformation project was established to identify what needed to change in the way community stroke rehabilitation services were currently commissioned and delivered, through the development of a case for change.

The case for change found that existing stroke rehabilitation services followed a pathway that was reliant on the use of inpatient rehabilitation services, that the care people received depended on where they live, creating a postcode lottery situation and, most significantly, people who had a stroke were not achieving the best possible outcomes. A pre-consultation business case agreed by each of the CCG governing bodies agreed to go out to publicly consult on a proposed model for stroke rehabilitation service locally, which involved more home-based care and a single stroke rehabilitation inpatient unit, based at King George Hospital.

A public consultation took place from 8 January to 1 April 2016. Four thousand eight hundred printed consultation documents were distributed throughout Barking and Dagenham, Havering and Redbridge, including to GP practices, local libraries, hospitals and community groups and voluntary services. There was also significant engagement with stroke survivors and their carers. The consultation document, an easy read version, questionnaire and pre-consultation business case were published on each CCG's website. The consultation was also extensively promoted through the CCGs' Twitter accounts.

Four public engagement/drop-in sessions were held at libraries, supermarkets and at Queen's Hospital. GP stroke leads and CCG officers attended 27 meetings with groups of up to 100 people to discuss the consultation proposals and answer questions. Public engagement sessions were also held at the two affected sites – Grays Court in Dagenham and Beech ward at King George Hospital.

Three hundred and thirty responses to the consultation were received: 320 questionnaires and 10 letters/emails. Fifty seven percent of those who responded to the questionnaire (and shared where they lived) were from Redbridge, 20% were from Havering and 9% from Barking and Dagenham. The remaining 14 per cent were from outside the BHR area or did not share what borough they lived in.

Responses were received from providers of stroke services locally: from NELFT NHS Foundation Trust, Barking, Havering and Redbridge University Hospitals NHS Trust, and Barts Health NHS Trust. A number of people who worked in stroke services provided individual responses responded. Barking and Dagenham and Redbridge's health scrutiny committee responded. Havering and Redbridge's Healthwatch both provided responses.

Headlines from the consultation

	Support %	Opposition %
Inpatient stroke rehabilitation should be provided at one specialist unit	**88%**	**12%**
All stroke patients should have access to the same stroke rehabilitation services, regardless of where they live	**96%**	**4%**
The local NHS should provide more stroke rehabilitation services in patients' homes, provided it is safe for them to be there.	**91%**	**9%**
The local NHS should reduce the number of stroke beds if it can be shown they are not used and not needed.	**51%**	**49%**

There was strong support for the preferred option: home-based services where possible and one stroke rehabilitation unit on the King George Hospital site.

There was strong support for establishing new home based services.

There was considerable opposition to the proposed reduction of stroke beds, though the question stated 'if it can be shown they are not used and not needed'.

There was concern about travel and transport issues whatever the location of a stroke inpatient unit.

2. Introduction

Barking and Dagenham, Havering and Redbridge (BHR) Clinical Commissioning Groups (CCGs) undertook a 12 week public consultation on proposed changes to stroke rehabilitation services from 8 January to 1 April 2016.

This report documents the consultation process, explaining how the consultation was run and describing the engagement. It also provides a summary of the responses received. It identifies the key issues highlighted by the consultation which the CCGs will need to take into account as part of its decision making process regarding the future of local stroke rehabilitation services.

The documents referred to in this report are all available on the stroke webpage of the BHR CCGs' websites: www.barkingdagenhamccg.nhs.uk/stroke
www.haveringccg.nhs.uk/stroke
www.redbridgeccg.nhs.uk/stroke

3. Background

Current stroke care

Changes to the way stroke care is provided across London have seen all patients with a suspected stroke taken to one of eight specialist stroke centres, known as hyper acute stroke units (HASUs), for immediate, expert care from specialised staff. Seven days a week, 24 hours a day, all stroke patients are assessed, undergo a brain scan, are diagnosed and given life-saving clot-busting drugs within 30 minutes of arriving at hospital, and within four and a half hours of having a stroke. This model of care has transformed stroke care and outcomes, saving hundreds of extra lives each year and improving people's chances of rapid and lasting recovery.

In BHR, GPs wanted to make improvements to the next step in the stroke care pathway, rehabilitation. They recognised that local stroke rehabilitation services followed a disjointed pathway that was too reliant on the use of inpatient rehabilitation services, and that as a result people who have had a stroke were not achieving the best possible outcomes. The CCGs agreed to identify what needed to change in the way community stroke rehabilitation services were currently commissioned and delivered, through the development of a case for change.

The BHR stroke pathway transformation project was established to take this forward.

BHR stroke pathway transformation project

This project involved working with partners to identify what needs to change about stroke rehabilitation and identifying solutions to make sure stroke rehabilitation users get the best possible outcomes.

The project identified that although three types of community stroke rehabilitation - Early Supported Discharge (ESD), Community Rehabilitation Service (CRS) and inpatient rehabilitation unit care - exist locally, there is variation in provision and quality. Different providers with differing commissioning and delivery arrangements mean that the stroke care pathways are complex and confusing to articulate.

For patients, the current stroke rehabilitation services mean that if they have a stroke:

- They spend more time in hospital than needed, even when it is better to be at home
- They won't always be cared for by specialist stroke staff
- Their recovery will take longer.

A case for change was developed, setting out why stroke services need to change, highlighting:

- In the year 2014-2015, 967 patients suffered a stroke in BHR. With advancements in treatment and improved stroke survival, the demand for stroke rehabilitation services is anticipated to grow by 35% in the next 20 years.
- The model of local stroke rehabilitation services is disjointed and inequitable. The service provision between the three boroughs has become a 'postcode lottery' for stroke survivors.
- With the anticipated growth in demand, the current clinical model is unable to efficiently support patients to achieve best clinical outcomes in the post-acute stroke care phase. To continue to 'do nothing' will result in inadequate provision of stroke rehabilitation services for future stroke patients.

The CCG governing bodies reviewed and discussed the findings and agreed that there was a need to:

- Identify the best model for stroke rehabilitation locally and make sure all local people have equal access to this model of care, so that no matter where they live, stroke survivors are able to achieve the best possible outcomes.
- Make sure that everyone working to support people after a stroke is clear about what support is available
- Make sure that everyone working to support people after a stroke is clear about what support is available
- To understand how existing resources for stroke rehabilitation are currently being used to ensure they are being used in the most efficient way in the future.

It was agreed to consult on a new model for stroke rehabilitation services.

4. Reaching a preferred option for stroke rehabilitation

Learning from the case for change and responding to the challenges raised by the CCG governing bodies, a list of options for a future model of stroke rehabilitation was developed, with a preferred option to be agreed through a scoring process.

There were two separate processes for reaching a preferred option for stroke rehabilitation services, involving scoring options against non-financial and financial criteria. These had a weighting ratio of 60:40 applied respectively.

Non-financial criteria

Clinical outcomes and safety

- Does the option improve patient outcomes and patient safety?

Patient/carers' experience

- Does the option improve patient / carers' experience?

Access to services

- Can everyone use the services, wherever they live?

Deliverability

- Can the option be delivered without significant risk or disruption to business as usual?
- Is the option likely to deliver the benefits identified?

Flexibility

- Is the option able to respond to demand and future population growth?

Financial criterion

Commissioner affordability

- Can the BHR CCGs afford the option proposed within its projected financial envelope?

Stakeholder workshop

On 16 October 2015 a stakeholder workshop took place to look at these options in detail. This involved discussing the options, the advantages, disadvantages and implications and deciding through a scoring process what was the preferred option.

The workshop took the form of two sessions.

Session one – setting the scene

Session one looked at the case for change, the options, and the scoring process. There were discussions regarding the pros and cons of each option and the impact they would make on services for local stroke patients.

It was attended by:

- Stroke clinical reference and steering group members
- Service users
- Voluntary organisations
- NHS England stroke leads
- Local authority representatives
- Carers organisation representatives
- Healthwatch
- GPs

At the end of this session, representatives from provider organisations left, to avoid any conflict of interest.

Session two – assessment of the options against non-financial criteria

Session two scored the options against the non- financial criteria, taking into consideration feedback from the first session.

It was attended by:

- BHR clinical director lead GPs for stroke
- Nominated BHR CCG commissioning officers
- Nominated leads from BHR local authorities
- Public Health lead (Havering)
- BHR finance lead
- NHS England leads for stroke
- Patient representatives
- Healthwatch
- Carer organisation representatives

Participants identified a preferred model of care that included the following features:

- A shift towards more rehabilitation provided at home
- Streamlining the ESD service with one provider
- Extending ESD provision to the whole of Redbridge
- Enhancing community service to provide high quality specialist stroke multi-disciplinary teams
- All patients will receive up to six weeks of ESD based on need
- Common service provider with common standards covering all of BHR
- Combining the provision of ESD and CRS across BHR
- Inpatient stroke rehabilitation services to be located at King George Hospital with access through a single set of criteria.

Participants considered the following potential options for stroke rehabilitation services:

> **Option 1:** Do nothing – services stay the same as they are now.
>
> **Option 2:** A single separate ESD service and a single separate CRS, covering all three boroughs.
>
> **Option 3:** A combined ESD and CRS service covering all three boroughs, offered by one provider, with one inpatient unit.

Following detailed discussion, participants at the workshop agreed that their preferred option was option 3.

Looking at the location of inpatient rehabilitation beds, workshop attendees discussed what they thought were the pros and cons of each location. They agreed the following:

- The location should be reasonably accessible to all the residents of Barking and Dagenham, Redbridge and Havering
- There should be good transport links and disabled parking facilities
- The location should be able to provide emergency medical cover (24/7)
- The location is able to deliver the service model to all BHR patients
- The location is able to respond flexibly to changes in demand over time

Participants agreed that King George Hospital would be a better location mainly because there would be 24 hour medical cover available, with easy access to other relevant services, which would benefit these patients with more complex needs.

They then considered two options for inpatient rehabilitation:

> **Option A:** Consolidate the inpatient rehabilitation beds and locate them at King George Hospital.
>
> **Option B:** Consolidate the inpatient rehabilitation beds and locate them at Grays Court.

Following detailed discussion, participants at the workshop agreed that their preferred option was option A.

Assessment of options against the financial criterion

In a separate process, on 22 October 2015, the stroke project lead and CCG finance leads assessed each option against the financial criteria, looking at how much each option would cost and if it was viable.

The CCGs had agreed that making changes to stroke rehabilitation services were not cost driven, the priority being to improve patient outcome. As such the options did not need to make financial savings, but any changes should cost no more than the current service, as it was felt that funding allocated to stroke rehabilitation services could be spent more effectively so that people recover more quickly and fully.

Following detailed discussion, the participants at the workshop agreed that their preferred option was option 3 and option A.

Taking into account the results of both scoring processes, the preferred option was:

A combined ESD and CRS service covering all three boroughs, offered by one provider, with one inpatient unit. Consolidate the inpatient rehabilitation beds and locate beds at King George Hospital.

5. Governance and responsibilities

Clinical leadership

A clinical director from each CCG is responsible for stroke care, supported by Clare Burns as project lead. The clinical directors for stroke rehabilitation services are:

- Dr Ravali Goripathi, Barking and Dagenham CCG
- Dr Alex Tran, Havering CCG
- Dr Sarah Heyes, Redbridge CCG

The clinical directors were involved in the development of the case for change and the pre-consultation business case, and presented these to the CCG governing bodies for consideration and approval. The three CCG governing bodies separately agreed to hold a public consultation to ensure the views of local people and other key stakeholders were taken into account when deciding on the future of stroke rehabilitation services. The stroke leads reviewed and signed off the consultation document before it went to print.

The stroke leads will consider the results of the consultation contained in this report (and by examining the data), ensuring that this report is used to inform the development of a decision-making business case, which will make recommendations to the governing bodies of the three CCGs to individually consider and make decisions about the way forward for stroke rehabilitation services.

Policy overview

There are two main relevant legal requirements relating to consultation and engagement:

> **For the NHS to promote public involvement and consultation**
> (Section 14Z2, Health and Social Care Act 2012, as amended)
>
> This duty applies where there are changes proposed in the way in which services are delivered, or in the range of services available. The duty applies to health services commissioned by clinical commissioning groups, which are responsible for involving or consulting the people who are or may be using the service.
>
> **For the local authority to review and scrutinise the NHS**
> (Part 4, Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013)
>
> Under the Local Authority Regulations 2013, local authorities may review and scrutinise any matter relating to the planning, provision and operation of the health service in their area.

All BHR CCGs are also signatories to borough-level compacts, joint agreements between public bodies and voluntary groups that help partners improve their relationship for mutual advantage and community gain. The principles for effective consultation and engagement, set out in the compacts, were also considered when planning the delivery of the consultation.

6. Structure of the consultation

A 12 week public consultation on proposed changes to stroke rehabilitation services ran from Friday 8 January, closing at 5pm on Friday 1 April 2016.

The consultation document

A consultation document was published explaining the preferred option, why the CCGs wanted to make changes, the potential implications and including a questionnaire to fill in.

It aimed to provide the information stakeholders needed to be able to respond to the consultation and was written in plain English and designed to be as accessible as possible to the general public.

Healthwatch representatives, the CCGs' patient engagement forum chairs and vice-chairs and governing body lay members were asked to review and comment on the consultation document at first draft stage, and again with a designed version of the consultation document. Special thanks in particular go to Richard Vann from Barking and Dagenham Healthwatch, who provided detailed comments and suggestions on how to improve the consultation document, which were incorporated.

On the recommendation of Cathy Turland from Redbridge Healthwatch, an easy-read version of the consultation document was also developed.

The consultation document included a statement on the back page in seven other languages asking people to contact the CCGs if they wanted to know more about the proposals but could not read the document. It asked them to say what help they might need and if they needed a large print version

or different format. The decision about which languages was based on information from local councils about the most frequent language requests they receive for translation. No requests for other formats or languages were received.

A dedicated consultation email address, haveyoursay@onel.nhs.uk, was publicised so that people could direct their questions and queries.

The questionnaire

The consultation sought views through a questionnaire, where respondents were asked to indicate how they felt about a set of statements. They were also asked to comment about anything else about the stroke rehabilitation proposals that they felt it was important for the CCGs to know.

The questionnaire could be returned via a Freepost address. There was also an identical online questionnaire, accessed through all of the CCGs' websites.

Other consultation materials

A standard set of slides was developed for the CCGs to present the proposals to health scrutiny committees, health and wellbeing boards and more widely.

Distribution: hard copy

A total of 4800 consultation documents were printed - 3800 standard consultation documents and 1000 easy read consultation documents – and were distributed across Barking and Dagenham, Havering and Redbridge.

The consultation documents were sent to all local MPs, GP surgeries and libraries in the three boroughs early in the consultation period. The GP surgeries and libraries were asked to display the consultation document prominently. Local MPs were encouraged to distribute the document to anyone in their constituency with an interest, as well as to respond to the consultation themselves. Consultation documents were sent to community and voluntary organisations such as Healthwatch and Age UK, as well as to local hospital's stroke units for distribution to patients and staff. Further printed copies were available by post to organisations and individuals on request.

Consultation documents were distributed at every event and meeting that the project team attended to discuss the consultation proposals.

Distribution: electronic

On the day the consultation launched, emails were sent to stakeholders telling them the consultation had launched with a link to the consultation page on each CCG's website and information on how to respond. The stakeholders contacted were:

- MPs
- Council health scrutiny committee chairs and officers, cabinet members for health and adult services
- Council leaders, chief executives and directors of public health and adult services (or equivalent)
- Health and wellbeing board chairs and officers
- Service providers (NELFT, BHRUT, Partnerships of East London Co-operative, Barts Health and London Ambulance Service)
- GPs
- Professional organisations (Local Medical Committee, Local Pharmaceutical Committee, Local Dental Committee, Local Optical Committee)
- Healthwatch (in the three boroughs)

- Neighbouring CCGs (Newham, Waltham Forest, West Essex, Thurrock)
- Patient groups, interest groups and community and voluntary organisations.

Each CCG's website had a page on the consultation, including the consultation document, questionnaire, case for change and pre-consultation business case in PDF format, as well as a link to the online questionnaire. The consultation was prominently advertised on the homepage of each CCG website throughout the consultation period.

An email was also sent out towards the end of the consultation period reminding stakeholders to respond to the consultation before it closed on 1 April 2016.

Consultation document downloads and webpage views

For those with internet access, a stroke webpage was established on all three websites and the consultation documents were also available to download.

Downloads
Consultation document: 561
Easy read consultation document: 275

Webpage views
Barking and Dagenham: 266
Havering: 605
Redbridge: 408

7. Consultation activities

Attending meetings

The CCGs in Barking and Dagenham, Havering and Redbridge engaged with a range of organisations during the consultation period, with a particular focus on stroke groups.

The format of these meetings usually involved the stroke lead presenting, followed by a question and answer session. Attendees discussed the proposals, asked questions and then some submitted responses.

The specific meetings were as follows:

Date	Borough	Name of meeting
13 January 2016	Barking and Dagenham	Health and Adult Services Select Committee (extraordinary meeting arranged to discuss the consultation)
19 January 2016	Barking and Dagenham, Havering and Redbridge (Waltham Forest and Essex representatives also in attendance)	Outer north east London joint health overview and scrutiny committee
25 January 2016	Redbridge	Health and wellbeing board

Date	Borough	Name of meeting
26 January 2016	Barking and Dagenham	Health and wellbeing board
4 February 2016	Barking and Dagenham and Havering	Local Medical Committee meeting
15 February 20016	Redbridge	Redbridge Pensioners' Forum
17 February 2016	Havering	Havering Asian Social and Welfare Association
18 February 2016	Redbridge	Redbridge Carers' Support Service Older Carers Group
19 February 2016	Redbridge	Different Strokes Group
22 February 2016	Barking and Dagenham, Havering and Redbridge	Drop-in session at Queen's Hospital
23 February 2016	Havering	Havering Carers Forum
25 February 2016	Redbridge Barking and Dagenham Redbridge	Redbridge Stroke Club Barking and Dagenham Patient Engagement Forum Redbridge Patient Engagement Forum
26 February 2016	Barking and Dagenham, Havering and Redbridge Redbridge	Stroke Association event at Beech Ward, King George Hospital Community Support Workers Woodford Green
1 March 2016	Redbridge Redbridge	Redbridge Healthwatch Project Development Group Parkside Stroke Club
2 March 2016	Havering	Havering and Districts Stroke Club
9 March 2016	Redbridge	Healthwatch public meeting
14 March 2016	Redbridge	Health Scrutiny Committee meeting
18 March 2016	Havering	YMCA stroke exercise group, Romford
21 March 2016	Havering	Drop in session, Hornchurch Sainsbury's

Date	Borough	Name of meeting
29 March 2016	Barking and Dagenham Redbridge Havering	ASDA Dagenham Redbridge Asian Mandal Tapestry

The chairs and chief officer of BHR CCGs also met with local MPs Jon Cruddas and Wes Streeting as part of a regular meeting programme during the consultation period, and the consultation was mentioned at these meetings.

Drop-in sessions

A number of drop-in sessions were held to promote the consultation to the general public. These were designed for, and open to, all members of the public, and invitations were sent to local stakeholders and potentially interested parties known to the project team. CCG staff staffed the stands to listen to feedback, answer questions and discuss any concerns.

They took place as follows:

Queen's Hospital foyer, Romford (22 February 2016) – this was promoted to Barking, Havering and Redbridge University Hospitals NHS Trust staff through posters and on their intranet, but not to the general public, as the CCGs did not want to encourage 'well' people to come to hospital.

Redbridge Central Library, Ilford (7 March 2016) – local stakeholders were advised of this event by email, but the CCG was keen to capture 'everyday' people at this event.

Sainsburys, High Street Hornchurch (21 March 2016) – to capture local shoppers

ASDA, Merrielands Crescent Dagenham (29 March 2016) – the Barking and Dagenham Health and Adult Services Select Committee and Health and Wellbeing Board recommended a drop-in session was held in Dagenham, and the impact of the preferred option was greater in Dagenham, as this was where Grays Court was located. The health and wellbeing board asked for the session to take place at ASDA, which proved difficult to organise, and so was held later in the consultation than preferred.

Barking and Dagenham CCG and the London Borough of Barking and Dagenham also held a joint staying healthy event on 16 February 2016 at Barking Learning Centre, to ask local people their thoughts on health and wellbeing locally. The stroke team had a stand at this event to promote the consultation.

Engagement with GPs

Local GPs were emailed encouraging them to respond to the consultation when it launched and again towards the end of the consultation period. The proposals for stroke rehabilitation services were also presented to Redbridge GPs at the Redbridge Protected Learning Event and the Redbridge CCG members' committee, and to Havering GPs at the Havering CCG members' committee and more informally in other meetings.

Engagement with stroke staff

Havering Healthwatch recommended that acute stroke services staff were involved in the consultation, and so copies of the consultation document were sent to the hyper acute stroke units at Queen's Hospital Romford and the Royal London Hospital in Whitechapel, and to the acute

stroke units at Queen's Hospital Romford and Whipps Cross Hospital Leytonstone. Copies were also sent to the two wards which were the subject of the consultation: Beech ward at King George Hospital and Grays Court Dagenham. Engagement sessions were also held with staff from both these wards.

> **Beech ward, King George Hospital** - 11 February 2016, engagement session with staff at the BHRUT-run stroke rehabilitation ward.
>
> **Grays Court Dagenham** - 22 March 2016, engagement session with staff at the NELFT-run stroke rehabilitation ward.

Queen's Hospital stroke staff were also encourage to come to the drop-in session run in the **Queen's Hospital foyer** on 22 February 2016.

Engagement with health scrutiny committees and health and wellbeing boards

Given the potential impact on the consultation on Barking and Dagenham in particular, the Barking and Dagenham Health and Adult Services Select Committee (HASSC) held an extraordinary meeting on 13 January 2016 dedicated to discussing the consultation in detail. The stroke project lead and clinical lead presented to councillors, and included a specific presentation about Grays Court, as requested by the committee, to make sure they were fully informed. The CCG was also scheduled to attend the committee's February meeting, to answer any further questions, but the committee decided this was not needed, due to the comprehensive nature of the initial presentation.

Havering Health and Overview Scrutiny Committee decided to scrutinise the consultation through the outer north east London Health Overview Scrutiny Committee, which also includes the London Borough of Waltham Forest and Essex County Council. The stroke clinical lead for Redbridge presented to the committee and took questions on 19 January 2016. The representative from Essex County Council, Cllr Chris Pond, took a particular interest in the consultation and asked some detailed questions, which were answered by email and shared with the committee.

The project lead presented to Redbridge Health Scrutiny Committee on 14 March 2016 and answered questions from the committee.

Clinical leads and senior managers discussed the consultation with the health and wellbeing boards for all three councils. A detailed presentation was given to Barking and Dagenham Health and Wellbeing Board given their particular interest in the consultation, as owners of Grays Court.

Media activity and coverage

Media releases for each CCG were sent to local media on the day the consultation launched. In addition, the Barking and Dagenham CCG chair's monthly Barking and Dagenham Post column for February 2016 focused on the consultation and encouraged people to respond. Toward the end of the consultation, the Ilford Recorder published an article advising people that there was still time to have their say.

In Havering, an item on the consultation was included in the January edition of Havering council's health e-newsletter (5,513 subscribers) and its general email newsletter (99,636 subscribers), plus a final call for consultation responses in the March editions. 'Living in Havering', the council's free magazine which is delivered to 106,000 households in the borough also published an article on the consultation.

All media items directed people to the website and to other sources of information such as public engagement events. The following table shows all coverage, across both print and online editions:

Title	Circulation	No of web articles	No of newspaper articles	Total
Wanstead and Woodford Guardian	3,847	1	0	1
Ilford Recorder	8,251	1	4	5
Romford Recorder	15,302	1	1	2
Barking and Dagenham Post	6,403	0	1	1
Other websites	N/A	10	0	10
Total	**33,803**	**13**	**6**	**19**

All circulation figures were obtained via Newspaper Society and Audit Bureau of Circulation. Based on these figures and using newspaper articles alone, coverage of the consultation was viewed **54,709 times**[1]

Social media

The following table breaks down stroke rehabilitation consultation-related Twitter activity from the three CCG accounts during the period, showing the number of tweets about the consultation by each CCG during the period, as well as the potential reach of those tweets:

Twitter account	Followers	No of tweets	No of retweets	Potential reach	Click-throughs
Barking and Dagenham	629	40	13	16,918	107
Havering	4,720	37	36	31,618	75
Redbridge	563	61	53	30,742	83
Total	**5,912**	**138**	**102**	**88,966**[2]	**265**

A basic estimate of potential reach for each CCG's stroke rehabilitation consultation-related Twitter activity is calculated by adding together the account's followers and the followers of all unique users who retweeted at least one tweet from that CCG. Potential reach indicates the maximum number of people who could have been exposed to the Twitter activity; it does not take into account individuals who may follow more than one of the Twitter users whose followers were counted.

Click-throughs are the number of times users clicked on a link that was in a tweet and accessed CCG website content about the consultation. It is not possible to determine how many of these clicks resulted in the consultation document being completed.

[1] This is calculated for each newspaper, by multiplying the circulation figure by the number of articles in that paper, then adding them all to reach a final total.

[2] The overall total is not equal to the sum of the individual reach figures for the three CCG accounts, because it takes into account five Twitter users who retweeted from more than one CCG, counting each of these users' followers only once.

8. Responses to the consultation

Types of consultation responses

All written responses were recorded and collated. Most of the written responses answered the consultation questions directly either using the questionnaire, though some chose to write an email or respond by letter.

The vast majority of responses were received within the consultation period but a small number were received a few days late. Although they were late, they have all been included in the formal responses.

A breakdown of the responses received is given in the table below.

Type of response	Number of responses
Questionnaire	Online: 80 Paper copy: 240
Letters/emails (N.B. some of these did not directly address the specific questions posed in the questionnaire, but gave views about stroke rehabilitation services.)	Organisation: 7 Individual: 3

The groups or organisations which responded were:

- Barts Health NHS Trust
- Barking, Havering and Redbridge University Hospitals NHS Trust
- Healthwatch Havering
- Healthwatch Redbridge
- London Borough of Barking and Dagenham Health and Adult Services Select Committee
- London Borough of Redbridge Health Scrutiny Committee
- NELFT NHS Foundation Trust

Who responded to the consultation?

The demographic information below relates to the 320 individuals who completed the questionnaire, as those who sent in letters or emails did not give us these details about themselves. Percentages are given after the total number of responses. It should be noted that all the numbers are too small to be statistically significant representations of the population.

Borough	Total
Redbridge	181 (57%)
Havering	65 (20%)
Barking and Dagenham	28 (9%)
Other	20 (6%)
No response	26 (8%)
Sex	
Female	213 (67%)
Male	81 (25%)
Prefer not to say/no response	26 (8%)

Age	
16-25	3 (1%)
26-40	25 (8%)
41-65	76 (24%)
66-74	58 (18%)
75-79	45 (14%)
80 or over	87 (27%)
Prefer not to say/no response	26 (8%)
Ethnic background	
Any White background	228 (71%)
Any Asian background	40 (13%)
Any Black background	17 (5%)
Any other ethnic group	5 (2%)
Prefer not to say/no response	30 (9%)

Out of the 20 responses received from people living outside the BHR boroughs, the majority of respondents were from neighbouring boroughs, worked for the NHS, or identified as caring for someone who has had a stroke.

Capacity in which individuals were responding People could choose more than one option, so percentages are not given	
A local resident	175
Someone who has experience of a friend or family member having a stroke	94
NHS staff member	51
Someone who has had a stroke	47
A carer	29
Other	23
Prefer not to say/no response	15

Over half of the respondents identified they were responding as local residents and approximately one third of people categorised themselves as someone who has experience of a friend or family member having a stroke.

9. Analysis of responses

A consultation is a valuable way to gather opinions about a topic, explore the issues and understand the reasons behind them. However when interpreting the responses, it is important to note that:

- the respondents were self-selecting, and certain types of people may have been more likely to contribute than others - typically, there can be a tendency for responses to come from those more likely to consider themselves affected and particularly from anyone who believes they will be negatively impacted upon by the implementation of proposals.
- the responses therefore cannot be assumed to be representative of the population as a whole
- a consultation is not a poll or referendum

This section explains how the responses have been summarised and organised for this report. It analyses and contains figures for all responses received, including those from people who asked for their response not to be published. As a result, numbers may appear to be inconsistent in places.

What did people think of the proposals?

The majority of respondents supported the preferred option for stroke rehabilitation care and thought it sensible. Comments in favour included:

> *Get on with it! Monitor it, improve it if it is successful, correct it is it is not. Always make it patient-focused.*
>
> Male, Redbridge, 66-74

> *I believe this model of care will ensure that stroke patients receive rehabilitation that meets their individual needs and helps them to recover more quickly and more fully.*
>
> *What matters with a stroke is getting the right treatment, in the right place, at the right time. With all patients with a suspected stroke being taken to a hyper-acute stroke unit for fast, expert care, more people than ever now survive a stroke, which is excellent news.*
>
> *Rehabilitation for stroke patients now needs to deliver the same outcomes. It is not fair that the rehabilitation service local patients receive depends on where they live and I welcome the efforts by Barking and Dagenham, Havering and Redbridge CCGs to change this.*
>
> Dr Sreeman Andole, stroke lead clinician, BHRUT

> *We support the CCGs' view that there is a good case for changing the way stroke rehabilitation services are delivered. We hope that the CCGs take into account… the views of local residents and use these to shape the new services.*
>
> Health and Adult Services Scrutiny Committee, LB of Barking and Dagenham

> *Overall NELFT would support the changes to consolidate the stroke rehabilitation bed provision at King George Hospital and to provide specialist rehabilitation in one unit on this site. We would further support a single model of stroke rehabilitation care, in both a rehabilitation bed and as part of early support discharge, as a consistent offer across the BHR CCGs.*
>
> NELFT

> *We fully support the need for there to be a review of both the delivery of service and the way the service specifications are written, quality standards are determined and the standard of commissioning is raised.*
>
> Havering Healthwatch

> *As long as it's the best service for stroke victims it doesn't matter where it is based and by who.*
>
> Barking and Dagenham resident

> *I agree with the proposals to move stroke beds to King George Hospital as it provides logistical as well as medical benefits with a whole transfer of beds to one location.*
>
> Male carer, Redbridge, 16-25

> *Centralised service/one stop shop negates the possibility of patients not receiving correct and appropriate medical and rehab services.*
>
> NHS staff member

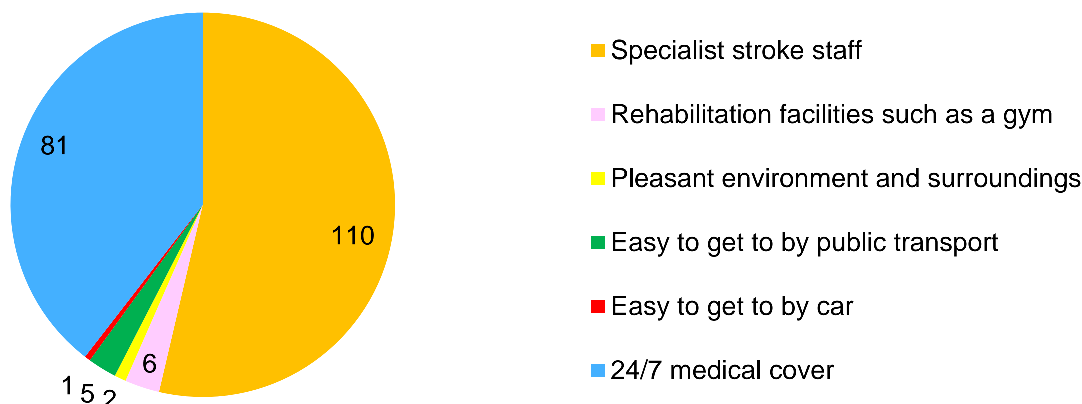
> *In a time of constraints on NHS resources I feel that all efforts should be made to ensure that the stroke service is not only responsive to patients' needs (e.g. more services offered closer or in the patients' home), but that the services should provide good value for money, reducing waste and increasing efficiency to ensure that they are sustainable and therefore available for future generations.*
>
> Carer and NHS staff member, Havering 26-40

Some people were generally in favour of the proposals but their support was conditional e.g. there must be appropriate safeguards in place before a patient can return home. Others rejected the proposals because, when followed through, they led to an unacceptable conclusion in their view – in the most instances - a reduction of inpatient stroke rehabilitation beds. Analysis of responses by question is explored in more detail below.

Question 1: Inpatient stroke rehabilitation services in order of importance

Respondents were asked to rank the following options in order of importance, with one being the most important, and six being the least important, to help us understand better what people's priorities are and guide how we develop these services.

- 24/7 medical cover
- Specialist stroke staff
- Easy to get to by public transport
- Easy to get to by car
- Rehabilitation facilities such as a gym
- Pleasant environment and surroundings



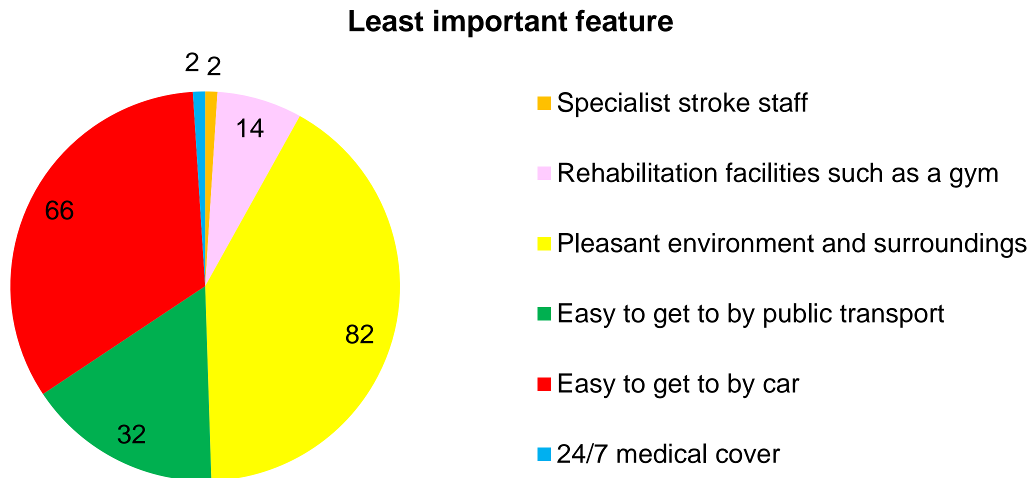
By far the most important feature to most people was that the service should have specialist stroke staff. This was chosen in first place by more than half of all respondents, and in second place by almost all the remainder.

The next most important feature to people was that the service should have 24/7 medical cover. This was selected as of first or second importance by 87% of respondents.

Ease of access by public transport, and the presence of rehabilitation facilities such as a gym mostly received middle ratings, with very few people rating these in first or second place.

This was followed by ease of access by car, which, while fewer people put it in last place, was actually voted last or second last by slightly more people – 63% of respondents.

The least important feature to the greatest number of people was that the service should have a pleasant environment and surroundings. Forty one percent of respondents rated this their least important feature. Though very few people placed this as a top priority, around a third of people did put it in third or fourth place, suggesting they felt there were some benefits to the service having a pleasant environment.

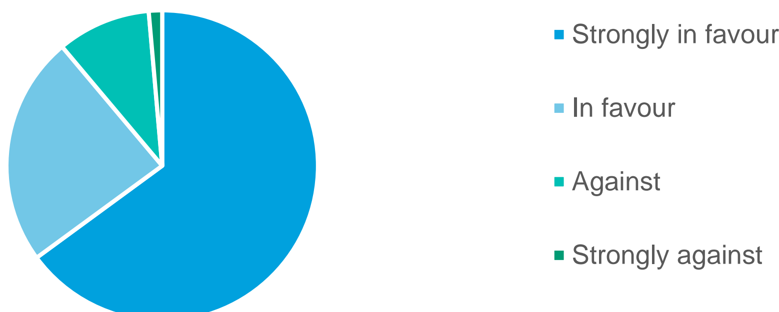


We calculated the average weighted score of each option, where a score of 1 indicates a feature is very important to people, and a score of 6 indicates that it is of very low importance, as listed below:

Specialist stroke staff	1.58
24/7 medical cover	1.82
Rehabilitation facilities, such as a gym	3.70
Easy to get to by public transport	4.16
Easy to get to by car	4.79
Pleasant environment and surroundings	4.85

Question 2: Inpatient stroke rehabilitation at one specialist rehabilitation unit

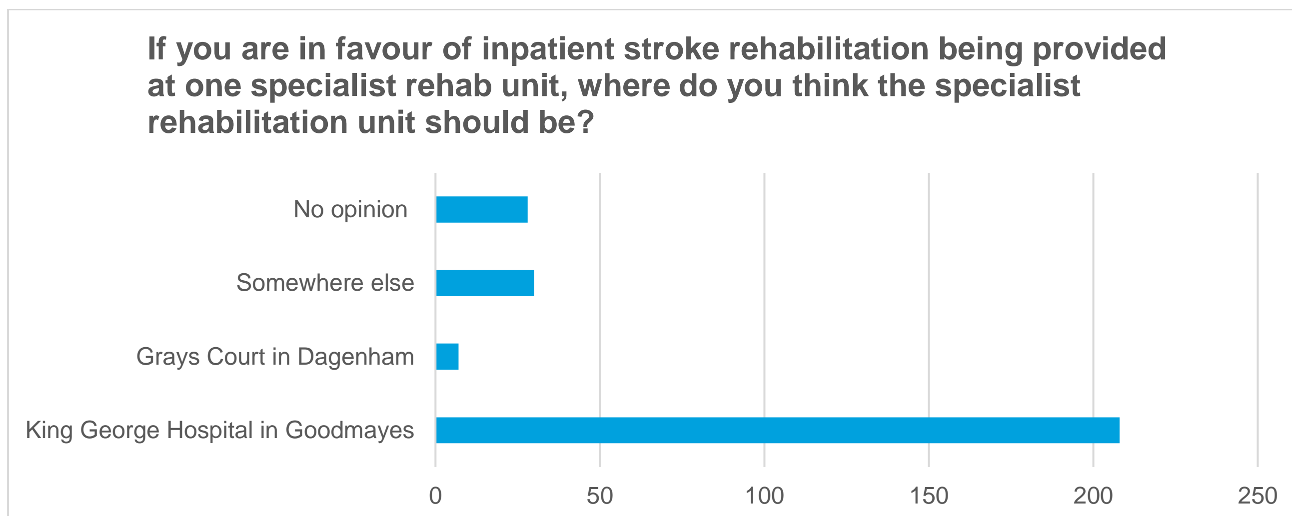
Respondents were asked to indicate how they felt about the following statement: Inpatient stroke rehabilitation should be provided at one specialist unit. The majority of respondents were strongly in favour or in favour of this.



Question 3: Location of a specialist stroke inpatient unit

Respondents in favour of the statement 'Inpatient stroke rehabilitation should be provided at one specialist unit' were then asked to choose from the following options:

- King George Hospital in Goodmayes (the preferred option)
- Grays Court in Dagenham
- Somewhere else - please tell us where
- No opinion



Over two thirds of respondents supported the preferred option of placing the specialist inpatient unit at King George Hospital, some wanted it to be at Grays Court, and a small minority suggested other locations, usually close to where they lived. Five respondents suggested Whipps Cross Hospital in Leytonstone. Four Havering respondents wanted the unit to be based at the now-closed St George's Hospital. Four Wanstead respondents suggested the now-closed Heronwood and Galleon unit.

> *The patient needs to feel confident in their surroundings- staff as well as their environment. Stand-alone unit at King George would be better.*
>
> Female, Havering, 41-65

> *I do agree services should be at King George Hospital for ease of access to A&E*
>
> Female, Havering, 26-40

> *The unit at Grays Court provides an essential local service.*
>
> Male, Havering, 41-65

> *Unit at Whipps Cross Hospital - local to my home.*
>
> Female, Redbridge, 66-74

> *Wanstead hospital in Makepeace Road Snaresbrook was ideal for stroke patients and visiting family in the Snaresbrook and Wanstead area where there are many elderly people. I do not agree with the CCG proposal. King Georges Hospital is too far for people of Wanstead and Snaresbrook.*
>
> Female, Redbridge, 75-79

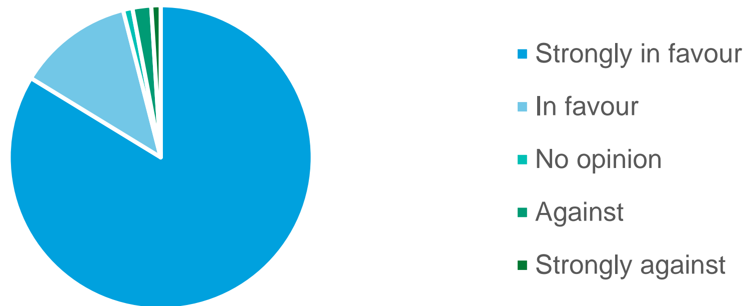
> *I think the specialist rehabilitation inpatient unit, also community rehab should be based at St Georges Hospital Hornchurch.*
>
> Female carer, Havering, 66-74

Question 4: Access to stroke rehabilitation services

Respondents were asked to indicate how they felt about the following statement: All stroke patients should have access to the same stroke rehabilitation services, regardless of where they live.

The vast majority of respondents strongly agreed or agreed that this should be the case.

All stroke patients should have acccess to the same stroke rehabilitation services, regardless of where they live



Easy access is important. While I believe that everyone is entitled to the same level of service, I do not think it is beneficial to concentrate such services in one location.

Female, Havering, 80+

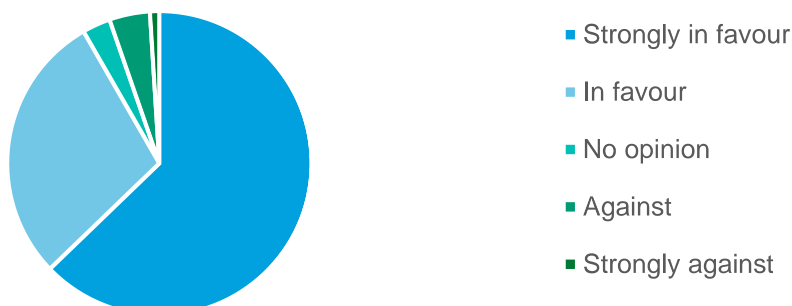
All felt that patients should be able to access a service regardless of where they lived, however some felt the service needed to be close to their homes to allow for families and friend to be part of the rehabilitation process as much as possible.

Redbridge Healthwatch

Question 5: Stroke rehabilitation services in patients' homes

Respondents were asked to indicate how they felt about the following statement: The local NHS should provide more stroke rehabilitation services in patients' homes, provided it is safe for them to be there.

The local NHS should provide more stroke rehabilitation services in patients' homes, provided it is safe for them to be there.



Again, the vast majority of people supported this. Comments relating to this question tended to focus on ensuring people were safe at home and well supported.

> *My experience of care provided in the home to elderly relatives and friends shows that it varies very much in quality and reliability. Caring for stroke patients after expert care at first in an ASU [acute stroke unit] needs a greatly improved and closely monitored level of community support.*
>
> Female, Redbridge, 80+

> *It is okay to be discharged from hospital as long as there is enough support when you are home.*
>
> Female stroke survivor, Redbridge, 80+

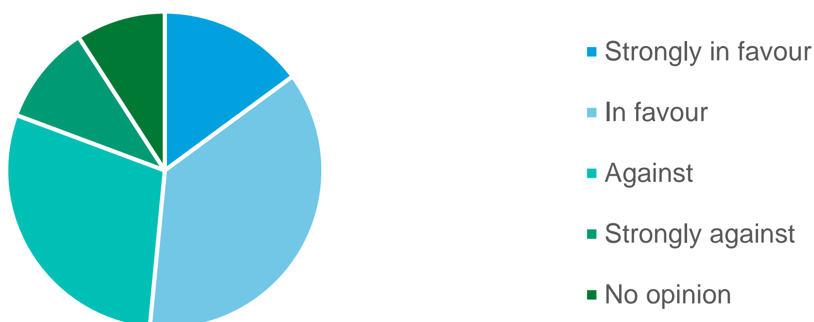
> *More information for friends and family on how to care for stroke victims when they are sent home*
>
> Female, Havering, 66-74

> *I think stroke patients do better when rehab is carried out in their own environment but that must have a suitably adapt home and have the family/carers available.*
>
> Female, Barking and Dagenham, 66-74

Question 6: Number of stroke rehabilitation beds

Respondents were asked to indicate how they felt about the following statement: The local NHS should reduce the number of stroke needs if it can be shown that they are not used and are not needed.

The local NHS should reduce the number of stroke beds if it can be shown that they are not used and are not needed.



Just over 50% of respondents were strongly in favour or in favour of this option. This question received the most opposition, with just under half of respondents who responded to this question were against or strongly against this statement. Reasons given for opposing this often referenced the growing local elderly population who it was felt would need stroke rehabilitation beds in the future.

> *I am in favour of reducing the number of beds if they are not used I won't if the beds are needed by more patients.*
>
> Female, Redbridge, 75-79

As long as accurate and predictive modelling using demographic and population needs has been considered we would support a reduction in specialist stroke rehab [beds].

NELFT

I cannot see a situation where one unit with fewer beds will be enough to accommodate the growing number of older people who are probably most at risk from stroke.

Male, Redbridge, 66-74

With an ageing population, nos. of strokes, along with falls etc, are likely to increase and clearly bed-blocking is not desirable (so beds nos. should not be cut).

Female, Havering, 41-65

The public needs to be reassured that there are still sufficient inpatient beds.

Female, Barking and Dagenham, 41-65

However, some respondents felt more work was needed to look at how many beds would be needed, and to have flexibility as increased home-based services were introduced.

It is really important that consideration is given to the number of inpatient stroke beds which will be required in the future. Whilst I'm in favour of therapy at home, it needs to be remembered that with greater numbers surviving strokes due to medical advances, there is still a real need for inpatient rehab for those more dependant with access to a gym and equipment to assist with rehab to maximise functional independence.

Female, Havering, 26-40

Beds' needs seem to fluctuate over months and longer or shorter periods and so any stroke bed reduction as a start-up option is extremely unwise.

Redbridge resident, 66-74

It is dangerous to consider reducing the number of stroke beds or centralising rehab services until the appropriate home services are available.

Male, Redbridge, 41-65

We noted that there were currently no details in the consultation document on the number of inpatient stroke rehabilitation beds that would be available in King George Hospital (KGH) and we asked for assurance that the number of beds would be sufficient to meet demand. Whilst at the meeting we were assured that this was currently being worked out, we strongly feel that the CCGs should make publically available the details of the number of inpatient beds that will be provided, and how this conclusion was reached, so that local people can have confidence that the bed-modelling is robust.

Health and Adult Services Scrutiny Committee, LB of Barking and Dagenham

10. Common issues raised

Respondents were also asked to tell the CCGs anything else about the stroke rehabilitation proposals that they thought it was important for them to know. The majority of responses can be grouped into the following themes.

Personal experiences
People shared their experiences of having or caring for someone who had a stroke, and the impact it had on them.

> *My husband had three strokes... On coming home someone came here to help him for about one hour a day with his speech problem, after that a women came in for about one hour from Age Care she was magnificent and we become very close with her. I can only praise both these groups so highly. The Stroke Club is wonderful and Tracey from the Stroke Association is a delightful woman.*
>
> Female, Redbridge, 75-79

> *I found after care/physio very poor and felt we were on our own when nursing my father.*
>
> Female, Redbridge, 41-65

> *As I had a stroke 18 years ago and had to wait four days to get a CT scan, I am pleased to learn this is now being done earlier and I agree with all the changes you are trying to implement anything that benefits the patient getting home earlier than the three months it took me*.
>
> Female, Redbridge, 80+

> *I had a stroke in March 2010. I was admitted by ambulance called by emergency telephone... I stayed in hospital for three weeks. I had double vision but got well and the after care at King Georges Outpatients as I was left with a wobble when I walk but manage this by walking with a four wheel walker when I walk long distance. I have just celebrated my 90th birthday and I am reasonably fit.*
>
> Female, Barking and Dagenham, 80+

Patients as individuals

Respondents were clear that each patient's situation is different, and what care is best for the individual circumstances should be considered.

> *Each patient should be assessed and given the services to meet their needs. Because each persons ability will be different*
>
> Female, Redbridge, 75-79

> *Rehabilitation is different for each patient, so a long transition from ESD to community needs to be factored in to ensure that every patient receives the right level of care to maximise their recovery rate and overall outcome.*
>
> Male, Barking and Dagenham, 41-65

> *Rehab should be personalised, some patients may want to receive rehab at home and others would benefit from group rehab as a form of assisting with the socialisation aspect often missed with stroke rehab. There needs to be better support for patients to understand how a stroke changes personalities and reduces confidence.*
>
> Female carer, Havering, 26-40

Ideal model of care

Respondents were keen to offer suggestions about how, in an ideal situation, stroke rehabilitation services should be run.

More co-ordination is needed for community stroke services, preferably one provider for three boroughs, to provide continuity of care for the patients and ease and clarity for the staff. Having ESD based in the hospital is a more beneficial location for patients, enabling in reach, better patient flow and continuity and enables joint working.

Male, 16-25

The time where you want a seamless transition of care is at the point of discharge from hospital as this is the most anxious time period for patient and family. An ESD service should be six weeks. If you have two providers for a stroke service i.e. BHRUT and NELFT at some time you are going to require a transition of care. The riskiest period of time for a patient is from discharge from hospital to home it makes no sense for this to be the handover period of care, it would be better for the team dealing with the discharge to settle the patient in their home environment and then refer to the appropriate setting once their six week rehab has commenced. Whether that be community or outpatients. On average, our patients (BHRUT ESD team) are seen within 24 hours of discharge from hospital and the main exceptions are those who are discharged late on Friday (we currently don't run a seven day service). This information is on the SSNAP [sentinel stroke national audit programme] post-acute clinical audit. In fact, our team meets the client on the ward within 24 hours of receiving a referral (data also in SSNAP post-acute clinical audit).

BHRUT ESD team

Patients show benefit from receiving a continuity of care which emphasises the importance of increasing the ESD pathway to six weeks and covering all areas.

Female, Havering, 26-40

I think provided a joint ESD and Community Rehabilitation Service, currently as the ESD service is based within the acute hospital team the in reach service is quick meaning that on complex cases and the simpler cases are able to be discharged quicker as the team is also based on sight. It is also easier to have discussions with the team when you can speak to the therapists to plan treatment etc. allowing for a continuity of care which often allows patients to feel more secure about going home early as they meet the team and are aware we are all linked. Also allows the teams to deal with any issues on discharge easier as they are linked to the hospital. I feel separate services not provided by Trust but the community would affect the way and timeframe in which we can get patients out. The community teams have had significant difficulties in recruiting staff and therefore being able to provide that rehabilitation to patients, this would have a significant impact on providing an appropriate service if they are unable to recruit and retain staff.

NHS staff member

There were calls for increased and improved therapy for stroke survivors.

More hand and arm rehabilitation is essential not optional. Occupational therapy - more cooking practice needed.

Stroke survivor and carer, Redbridge, 66-74

Provision of early physiotherapy is important (in hospital and early days at home) those who do not have this can take longer to recover. Follow-up therapy for strengthening weak areas, i.e. exercises for hands, legs/walking and speech therapy at home or in stroke unit.

Female, Havering, 80+

Speech therapy at least one week after stroke. I had to wait 16 weeks. My first stroke I had speech therapy four days a week. Need more aftercare speech and exercise possible in our local venues - library, sports centres etc.

Male, Redbridge 66-74

Speech and Language Therapies (SALT) needed radical improvement. Some participants felt the services already lacked capacity. Although it was proposed to increase access to this service, participants were concerned that recruitment (of therapists) would be an issue. Some participants commented that although they might feel safer in hospital, they also welcomed services being offered within their home environment provided that the service could meet their planned needs.

Redbridge Healthwatch

It is very important to ensure good recruitment and retention of therapy staff as patients' value continuity of care and no delay in getting rehab underway, especially the SALT department.

Female, Redbridge, 66-74

Others commented on how to ensure safe, high quality care at home for all:

If anyone is to be cared for in their own home it is very important to consider their social care and if they have anyone at home to assist them and keep them company.

Female, Redbridge, 41-65

We commented to the CCGs' representatives that the average home in Barking and Dagenham was significantly smaller than those of Redbridge and Havering and questioned whether this would present challenges for residents and the future provider of home-based rehabilitation services. Whilst representatives assured us that in the majority of cases, rehabilitation equipment would not require large amounts of space (such as those in need of speech and language therapy), we wish to emphasise the need to ensure a model for home-based services that takes into account the person's individual circumstances as far as possible, including the space available in their home.

Health and Adult Services Scrutiny Committee, LB of Barking and Dagenham

Some commented on length of rehabilitation support and seven day working:

Some patients need more than the maximum of 12 weeks support. Will this be factored in to the new service?

Redbridge Healthwatch

Additionally monitoring of patient seven days a week sickness is not a five day Monday-Friday event. Consultants need to be aware of this.

Male, Havering, 75-79

The issue of seven day working in the NHS is a topical one and we would encourage the CCGs to use this service reconfiguration as an opportunity to put this into practice as we believe it is in the best interests of our residents. However, in the event that the CCGs ultimately opt to continue the "five days a week" model, we strongly feel that the offer must be entirely flexible. Experience of other services offered to vulnerable residents tells us that a Monday to Friday model for example, can leave some residents isolated and without support during the weekends when family members may not be around, which may leave them vulnerable.

Health and Adult Services Scrutiny Committee, LB of Barking and Dagenham

These proposals seem fine for someone who recovers quickly but many people need much longer support than six weeks. Brain injury is life changing and these proposals seem to be bare minimum.

Female, Havering, 41-65

Joined up care, working across organisation boundaries, was seen as key to successful rehabilitation:

> *More co-ordination is needed for community stroke services, preferably one provider for three boroughs, to provide continuity of care for the patients and ease and clarity for the staff. Having ESD based in the hospital is a more beneficial location for patients, enabling in reach, better patient flow and continuity and enables joint working. Especially specialist therapists seeing and assessing patients for the ESD service.*
>
> Male NHS staff member, 26-40

> *Better closer working relationships with adult social care is required.*
>
> Female carer, Havering, 44-61

> *It was raised a number of times as to the input of Barts Health (and Whipps Cross Hospital in particular) due to the number of potential users in the West of Redbridge. Most participants felt that the relationship between the commissioners, Barts Health and BHRUT was crucial to the success of the proposed changes.*
>
> Redbridge Healthwatch

> *Social workers should be included as part of a multi-disciplinary team as there are many non-physical needs for both the person and their (unpaid) carer if they have one.*
>
> Female, Redbridge, 41-65

> *Good communication between all involved is vital, both internally and with the patient and his/her family, especially when transfers from The London and/or Whipps Cross Hospitals are involved.*
>
> Female, Mrs K, Redbridge

Impact on family and carers

Many respondents raised the issue of the impact any changes might have on family members and carers and that they need support too.

> *The public needs to be reassured… that the needs of carers are recognised. Will there be a named person for carers to raise any problems with?*
>
> Female, Barking and Dagenham, 41-65

> *When looking at people being treated or rehabilitated at home, it is important to consider the needs of their carers and wider families, so there may be occasions when treatment and/or rehabilitation should be at hospital even if the patient would ideally have preferred to go home.*
>
> Female, Redbridge, 41-65

> *I think stroke patients do better when rehab is carried out in their own environment but that must have a suitably adapted home and have the family/carers available. The professionals must be accessible to the carers when problem arise.*
>
> Female, Barking and Dagenham, 66-74

> *No one appears to consider the importance for patients and relatives for family visits during treatment and rehabilitation.*
>
> Female, Havering, 66-74

Transport and accessibility

Parking issues at Grays Court, Parking issues and cost of parking at King George Hospital, the length of time it takes to visit patients when relying on public transport were all raised by respondents.

> *My concerns for one specialist unit is the distance some people will have to travel.*
>
> Male, Havering, 80+

> *Rehabilitation units should be readily accessible within 1-2 miles of the persons home. Visits from relatives and friends are important for recovery.*
>
> Female, Redbridge, 66-74

> *Focusing all hospital care into one centre in a large area like this makes it very difficult for patient and visitor access - especially without a car - and many older people cannot or should not have to drive in these circumstances. Public transport to King George, say from here, Upminster, is not direct, requiring changes of bus/train, is slow and expensive - not what you want when already stressed as, or with, a stroke patient.*
>
> Female, Havering, 41-65

> *For those of us dependent on public transport attending clinics or visiting relatives at King George travel is extremely difficult.*
>
> Male, Havering, 41-65

> *Impossible to park at Grays Court for relatives to visit.*
>
> Female, Havering, 41-65

> *Whilst we acknowledge that travel times to KGH will be less of an issue as more people will be treated in their own homes, it is also the case that some residents will require inpatient treatment and their family and friends will wish to visit them. There needs to be recognition that KGH will not be easy for everyone to travel to by public transport from the different parts of our borough.*
>
> *For this reason, some residents who wish to visit inpatients are more likely to travel by car than by public transport. We ask the CCGs to work with the Barking, Havering and Redbridge University Trust to ensure that the inpatient and their close friends and family, who wish to visit on a regular basis, are given parking concessions. A resident who undertakes lengthy visits to an inpatient receiving stroke rehabilitation services on a regular basis could therefore face substantial charges.*
>
> Health and Adult Services Scrutiny Committee, LB of Barking and Dagenham

Value for money and sustainability

Some respondents were concerned about the financial implications of the proposed changes.

> *Though I am strongly in favour of option 3, I would like assurances that this option isn't going to become a cost cutting exercise. i.e. operating out of a single venue, the same number of staff will not be required, and that existing space at King George will be increased to accommodate the extra patients that closure of Grays Court will bring.*
>
> Female, Barking and Dagenham, 80+

A balance between inpatient and at home care costs is required. In the future the cost of therapist travel can become a target and ruin the service.

Male, Redbridge, 66-74

In a time of constraints on NHS resources I feel that all efforts should be made to ensure that the stroke service is not only responsive to patients' needs (e.g. more services offered closer or in the patients' home), but that the services should provide good value for money, reducing waste and increasing efficiency to ensure that they are sustainable and therefore available for future generations.

Female, Havering, 26-40

Staffing

Some respondents raised concerns about ensuring there were adequate staff employed to provide the service, and how the services would run.

Being a therapist, I know that the rehab service is essential post stroke. I agree that there needs to be a more extensive rehabilitation service provided and having a combined service would improve the rehab for service users.

However there will need to be a large influx of therapists for this to work as currently BHRUT is running at a very limited service due to staff shortages. This is why the ESD service and rehab service is struggling to take patients into the community as there is not the staff to enable patients to be seen and discharged… If the duration of ESD rehab is going to increase from the current two weeks up to six weeks this will also require a large influx of all therapy staff to allow for the increased capacity.

Female, Redbridge, 26-40

It is vitally important that enough staff are employed to cover the home based services effectively

Female, Havering, 41-65

On the face of it the improvements seem to be good. However we would like to hear health workers views and concerns. My point would be, would there be an increased level of staff? As it looks as if there is a lot of work to be focused in one place. So staffing levels would be a major issue. We would not want an overstretched department trying to cope alone.

Local residents, details not provided

The community teams have had significant difficulties in recruiting staff and therefore being able to provide that rehabilitation to patients, this would have a significant impact on providing an appropriate service if they are unable to recruit and retain staff.

Female, Havering, 26-40

Staff should be trained properly and have empathy with the situation patients are in. Ample staff should always be on site.

Female, Havering, 41-65

Not run by agency staff but specialist staff.

Female, Redbridge, 66-74

How will the proposed Barking/Dagenham and Redbridge ESD/CST team be staffed as now would be one team for two services.

Barts Health

There is currently no formal meeting or forum where outcomes being achieved can be presented across the entire pathway, something that local stroke physicians have expressed frustration about.

Havering Healthwatch

NHS staff are already too busy and under stress.

Barking and Dagenham resident

Long term recovery from a stroke

Respondents also raised what happens when people leave hospital after a stroke, and that people living with the effects of stroke often require ongoing therapy.

Really important that home adaptations are quick!

Female, Tower Hamlets, 41-65

Vital to have on-going specialised follow-up care 6-12 monthly.

Stroke survivor and carer, Redbridge 66-74

I think the after care patients receive after a stroke is vital to reducing the level of isolation they feel and to increase their quality of life.

Male, 41-65

Clients need access and encouragement to attend social groups in their particular borough when they are ready. This is sometimes a year down the line.

Female, 41-65

No info here about long term care of patients unable to "come home" for one reason or another. Not everyone has a family able to provide specialist care at home!

Female, Redbridge, 41-65

Other issues raised

There were some comments from respondents (across questionnaires and letters/emails), which were not directly related to the questions asked. Of the responses where such an issue could be identified, the most frequently raised issues were:

Better communication about stroke services and prevention

Others raised the need for better information about stroke services, processes and prevention.

Good communication between all involved is vital, both internally and with the patient and his/her family, especially when transfers from The London and/or Whipps Cross Hospitals are involved.

Female, Redbridge, 66- 74

Need for excellent administration. e.g. good contact between staff and patients and carers. Provision of good information, well understandable for all involved.

Female, Havering, 75-79

It should be accessible, specialist advice available for GPs and rehab is extremely important. - Currently I don't know where to refer to or the timelines for referral.

Female NHS staff member, Barking and Dagenham 41-65

I think there should be more advertisements about a person having a stroke, there should be more to inform people. There should be more stroke clubs and information banks.

Female, Redbridge, 41-65

Conduct of the consultation

Two people said they didn't like the way the consultation was phrased in reference to Grays Court. A small number of people or felt the way the statements were worded didn't reflect what they wanted to say, or wanted more detail before making comments, while another was complimentary.

Whilst I do agree services should be at King George Hospital for ease of access to A&E, it is unfair to portray the current very good rehab services at Grays Court as anything less beneficial compared to the current offer at King George rehab.

Female, Havering, 26 – 40

The Committee commends the CCGs for producing a comprehensive consultation document which provides members of the public with clear information about stroke, the case for changing the way stroke rehabilitation services are offered, the different options being considered by the CCGs, and their potential impacts.

Health and Adult Services Scrutiny Committee, LB of Barking and Dagenham

11. Borough snapshots

Redbridge

57% of respondents to the questionnaire were from Redbridge, and they thought…	Support % Higher (↑) or lower (↓) than overall results	Opposition % Higher (↑) or lower (↓) than overall results
Inpatient stroke rehabilitation should be provided at one specialist rehabilitation unit.	91% ↑	9% ↓
All stroke patients should have access to the same stroke rehabilitation services, regardless of where they live.	98% ↑	2% ↓
The local NHS should provide more stroke rehabilitation services in patients' homes, provided it is safe for them to be there.	94% ↑	6% ↓
The local NHS should reduce the number of stroke beds if it can be shown that they are not used and not needed.	57% ↑	43% ↓

- Redbridge respondents were in favour of each of the proposals
- Redbridge respondents were more positive about all the proposals than respondents overall
- Just under half (43%) of Redbridge respondents were opposed to reducing the number of stroke beds if they are not being used or needed
- 90% of Redbridge respondents thought the specialist inpatient unit should be located at King George Hospital, Goodmayes and 10% chose the ‘somewhere else’ option
- Redbridge respondents ranked ‘24/7 medical care’ and ‘specialist stroke staff’ as the top two most important inpatient stroke rehabilitation services
- ‘Pleasant environment and surroundings’ was ranked by Redbridge respondents as the least important inpatient stroke rehabilitation service.

Havering

20% of respondents to the questionnaire were from Havering, and they thought…	Support % Higher (↑) or lower (↓) than overall results	Opposition % Higher (↑) or lower (↓) than overall results
Inpatient stroke rehabilitation should be provided at one specialist rehabilitation unit.	89% ↑	11% ↓
All stroke patients should have access to the same stroke rehabilitation services, regardless of where they live.	95% ↓	5% ↑
The local NHS should provide more stroke rehabilitation services in patients' homes, provided it is safe for them to be there.	95% ↑	5% ↓
The local NHS should reduce the number of stroke beds if it can be shown that they are not used and not needed.	52% ↑	48% ↓

- Havering respondents were in favour of each of the proposals.
- Havering respondents were more positive about three out of four of the proposals than respondents overall.
- Havering respondents showed most support for providing more stroke rehabilitation services in patients' homes.
- Havering respondents showed least support for reducing the number of stroke rehabilitation beds, but just over half were in favour.
- 62% of Havering respondents thought the specialist inpatient unit should be located at King George Hospital, Goodmayes, 7% selected Grays Court Community Hospital, Dagenham, 7% suggested Queen's Hospital, Romford, 4% suggested the former St George's hospital site in Hornchurch and 20% chose the 'somewhere else' option.
- Havering respondents ranked 'specialist stroke staff' and '24/7 medical care' as the top two most important inpatient stroke rehabilitation services.
- 'Easy to get to by car' was ranked by Havering respondents as the least important inpatient stroke rehabilitation service.

Barking and Dagenham

9% of respondents to the questionnaire were from Barking and Dagenham, and they thought…	Support % Higher (↑) or lower (↓) than overall results	Opposition % Higher (↑) or lower (↓) than overall results
Inpatient stroke rehabilitation should be provided at one specialist rehabilitation unit.	96% ↑	4% ↓
All stroke patients should have access to the same stroke rehabilitation services, regardless of where they live.	100% ↑	0% ↓
The local NHS should provide more stroke rehabilitation services in patients' homes, provided it is safe for them to be there.	93% ↑	7% ↓
The local NHS should reduce the number of stroke beds if it can be shown that they are not used and not needed.	77% ↑	23% ↓

- Barking and Dagenham respondents were in favour of each of the proposals.
- Barking and Dagenham respondents were more positive about all the proposals than respondents overall.
- Barking and Dagenham respondents showed most support for stroke patients having access to the same stroke rehabilitation services regardless of where they live, with 100% in favour.
- Barking and Dagenham respondents showed most support for reducing the number of stroke beds, if it can be shown that they are not used or needed.
- 73% of Barking and Dagenham respondents thought the specialist inpatient unit should be located at King George Hospital, Goodmayes, 13.5% selected Grays Court, Dagenham and 13.5% chose the 'somewhere else' option.
- Barking and Dagenham respondents ranked 'specialist stroke staff' and '24/7 medical care' as the top two most important inpatient stroke rehabilitation services.
- 'Pleasant environment and surroundings' was ranked by Barking and Dagenham respondents as the least important inpatient stroke rehabilitation service.

12. What this report will be used for

This report be given to BHR CCGs to consider. It is anticipated it will form part of a business case, which will set out recommendations for the way forward for stroke rehabilitation, for consideration by the CCGs governing bodies. This report does not, therefore, respond to the issues raised or make conclusions about the solutions to be chosen.

We are not able to confirm timescales but anticipate decisions will be made later in 2016.

Information will be published on the stroke webpage as soon as it is available and stakeholders will be kept informed.

BHR CCGs is committed to continuing to engage with all those who have given their time and effort to provide valuable input into the consultation process. A number of useful contacts with key stakeholders have been made through the consultation process and methods for engaging with people have been established. Contact details of stakeholders, including people who have provided formal responses, have been recorded and these individuals will be notified when the key reports are available and any decisions announced. Anyone who wants to be added to this list should email haveyoursay@onel.nhs.uk