Oxford Health
NHS Foundation Trust

From the Chief Operating Officer
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Oxfordshire Joint Health Overview and Scrutiny Committee
Oxfordshire County Council
County Hall
New Road
Oxford OX1 1ND

Dear Committee members,

Proposed Relocation of Stroke Rehabilitation Services from Witney to Abingdon

I am writing to ask HOSC to consider a proposed service change: the relocation of stroke rehabilitation beds from Witney to Abingdon. We do not believe that these changes require consultation or formal HOSC approval, but felt it appropriate to sight HOSC on them in advance of making the proposed changes so that Members have the opportunity to consider and discuss them. I and relevant clinical colleagues have arranged to attend the next session of HOSC on 14th September to discuss the matter further and take questions.

The Proposed Change

Currently, patients who have had a stroke are seen at OUH or Royal Berkshire Hospital for the first, 'hyperacute' phase of their illness. Following a period of stabilisation some patients with on-going intensive rehabilitation requirements are transferred to specialist stroke rehabilitation beds. These are located at the John Radcliffe, our community hospitals in Witney and Abingdon, and a similar unit at the Horton.

Our proposal is to move 10 stroke rehab beds from Witney to Abingdon to create a dedicated, 20-bedded ward. These beds will not close - they will be used instead for general rehabilitation, typically after an acute stay for another medical event. There is therefore no intention to reduce bed numbers in Witney - we will just change what we do with those beds.

It is preferable to do this in Abingdon rather than Witney, since the two Witney wards are each significantly larger than the required 20 beds, meaning that we would be unable to provide a dedicated stroke ward without reducing the overall number of community hospital beds.

Approximately 150 patients will be affected each year: 75 stroke patients currently treated in Witney, and a similar number of general patients currently treated in Abingdon.

Currently approximately 95% of patients that undergo rehabilitation within the Witney stroke unit are from Oxford and areas to the north and west of the county. Under our proposal, these patients (approximately 70 per annum), would be treated in Abingdon.

A similar number of inpatients who would currently be treated in Abingdon will need to use other community hospital facilities. We already offer 'generic' beds at Bicester, Didcot, Oxford City, Wallingford and Witney. We will also continue to run a 'generic' ward at Abingdon next door to the stroke ward. Patients will be offered a bed at these sites, as now, based on the first available bed.

Informal discussions have started with staff at both sites, and there is a joint project group considering the implications of the proposed changes for staff, patients and carers. It is intended that a formal staff consultation will be commenced shortly, in line with normal Trust HR standards. No redundancies will result from these proposed changes.

Oxfordshire CCG, OUH and colleagues from OCC Adult Social Care have all confirmed their support for the proposed changes. We have yet to commence formal engagement with patients/carers, stakeholder groups and HealthWatch, since we felt it appropriate to approach HOSC first. However, our intention is to engage more fully with key stakeholders following the HOSC discussion.

We plan to make these changes from 1st November.

Rationale for the Proposed Change

There are several reasons why we want to make these changes, and why we want to make them now.

- **We believe this will improve flow in the system.** It is much harder to achieve a smooth flow of patients with small patient cohorts. The average course of treatment in stroke rehab is about 30 days. This makes lining up admissions and discharges difficult when, on average, we are discharging one patient every 3 days from each site. A small delay in discharge can prevent an urgent admission, and the lack of a suitable patient on any day may mean a bed going unused. This is true for both stroke and general rehabilitation patients - locating similar patients together in larger cohorts generally makes it easier to manage flow. This is particularly pertinent at a time when there is great pressure on beds in the system due to the decant from the JR Trauma Unit, which is why we are proposing to make these changes now. We certainly need them to be in place prior to winter.
- **Workforce challenges.** Stroke therapy requires a concentration of different specialist disciplines: speech and language therapy, physiotherapy, occupational therapy and others. It also requires expert medical cover. We have been finding it extremely difficult to recruit and retain these staff across two sites. We believe that locating stroke rehab on one site will give us a much better chance of filling our staffing rosters.
- **Quality.** We want to provide high quality clinical supervision and a pathway that conforms fully to national specifications, principally the Royal College of Physicians Stroke Guidelines

(see relevant extract in the attached Appendix). This is much harder to achieve across two sites than one.

The benefits described above will address the following priorities in the Oxfordshire Health & Wellbeing strategy:

- Priority 5: Working together to improve quality and value for money.
- Priority 6: Helping adults with physical disability and long term conditions to live independently and achieve full potential.
- Priority 7: Support older people to live independently with dignity whilst reducing the need for care and support.
- Priority 8: Preventing early death and improving quality of life in later years.

We look forward to discussing our proposal with you on 14th September and very much hope that HOSC will support it.

Thank you and best regards.

Yours sincerely,

Dominic Hardisty, Chief Operating Officer and Deputy Chief Executive

Appendix: Extract from Royal College of Physicians Stroke Guidance 2016

A stroke rehabilitation unit should predominantly care for people with stroke.

A stroke rehabilitation unit should have a single multi-disciplinary team including specialists in:

- *medicine;*
- *nursing;*
- *physiotherapy;*
- *occupational therapy;*
- *speech and language therapy;*
- *dietetics;*
- *clinical neuropsychology/clinical psychology;*
- *social work;*
- *orthoptics;*
- *with easy access to pharmacy, orthotics, specialist seating, assistive technology and information, advice and support for people with stroke and their family/carers.*

A facility that provides treatment for in-patients with stroke should include:

- *a geographically-defined unit;*
- *a co-ordinated multi-disciplinary team that meets at least once a week for the exchange of information about in-patients with stroke;*
- *information, advice and support for people with stroke and their family/carers;*
- *management protocols for common problems, based upon the best available evidence;*
- *close links and protocols for the transfer of care with other in-patient stroke services, early supported discharge teams and community services;*
- *training for healthcare professionals in the specialty of stroke*