

27th June 2016

Jane Randall-Smith
Chief Officer
Healthwatch Shropshire
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Dear Jane

Re: Stroke Rehabilitation Services for Shropshire Patients

I am writing in response to your letter of the 14th June 2016, regarding stroke rehabilitation services for Shropshire Patients and your email that was sent on the 16th of June 2016 requesting clarification of SaTH's provision for stroke services on the RSH site.

Your initial letter and the report you kindly shared with me, raised concerns about the small number of patients who were being repatriated to the RSH site which was less than the number originally proposed via the stroke review. This issue has been superseded by this immediate change in service provision; however I can assure you that this is an issue that the CCG will address as part of our discussions with the Trust regarding stroke provision for Shropshire patients.

As we discussed, I have made specific enquiries to the Trust regarding the concerns you have raised in your email in order to be able to provide you with a response as given below:

1. Was I Aware of the Proposed Change in Provision?

I had heard informally that some changes were being proposed regarding stroke provision across both sites. I asked for a position on this from the Trust during the last Contract Review Board (CRB) with the Trust on the 9th of June. I was advised that the Trust were having to consider their options regarding the service provision due to workforce issues. I asked for a formal statement to be shared with Commissioners prior to any service change and a detailed plan of what was being proposed. I received a response from the Trust on the 17th of June. I asked a series of questions which I then received a response to on the 20th of June.

2. Do I know If and When It Is Being Introduced?

In summary, it seems that further to the immediate resignation of one of the stroke Consultants. The service has had to review its current configuration to ensure patient safety. The plan is that from the 20th of June, the two Stroke Consultants based at RSH (who already work across both sites) will increase their sessions to full time at PRH to enable the hyper acute/acute stroke units to function safely. This means that in the short term stroke patients who reside in Shropshire won't be repatriated to the RSH unit if they require longer term bed based rehabilitation.

3. Do I Know How Long It Might Last For?

I have been assured that the Trust is still actively trying to recruit to the vacant post. The Trust is also trying to recruit a locum to cover this position as an interim arrangement. If they are successful in recruiting to locum cover, the service could be reinstated as soon as that person was available. If this isn't possible, then the timescales would be linked to a successful recruitment process which would likely take a minimum of three months.

4. Can I Reassure You That There Will Be Enough Capacity On The PRH site For Shropshire patients As Well As Telford & Wrekin Patients?

I have been advised that the number of patients who currently transfer from PRH to RSH equates to 3-4 per week. The Trust plan to expand the current Early Supported Discharge (ESD) programme for stroke patients to provide additional capacity and opportunities for patients to receive their rehabilitation at home. This in turn would create capacity on the ward to 'house' the additional patients as required. The CCG have asked for a specific stroke performance meeting to be established with the provider to allow commissioners to maintain oversight of this provision during this time. It should be noted that the Trust acknowledges the concerns raised regarding the change in provision but have made this decision based upon having to make the best use of a limited workforce and a desire to maintain a safe and effective hyperacute/acute stroke provision as a priority.

5. Do I Know How This is Being Communicated To Patients and Families?

I have been assured that patients and their families will be advised of the necessity for their care to be provided on the PRH site further to the acute episode of care. Again, this is something commissioners will address via the stroke service specific meeting.

6. Have I Been Given A Risk Assessment?

No, this has not been shared with Commissioners. I have however been advised that *'a paper outlining the risks to the service was presented to (SaTH) Exec Directors 7th June and an assessment made on the need to consult which was agreed. However the sudden loss of 1 of the remaining stroke consultants on 15th June meant that on 20th June we only has 2 consultants to run a 2 site service model. The greatest need was to protect the hyperacute/acute service. This incident serves to underline the workforce fragility issues which SaTH faces every week and the need for us to be able to progress the SOC and move to OBC'*.

7. Am I Aware Of Any Negative Impact Upon Patient Outcomes?

From the information provided by SaTH in response to my questions, I would agree with the Trust that considering the significant workforce challenge that they have following the departure of one of their Consultants, ensuring the delivery of a hyper acute/acute service is the priority – we know that the first 24 hours after having a stroke are the most important for the optimisation of recovery. I do have some concerns about the overall capacity of the service but am assured by the response from the Trust in addressing this issue by expanding the ESD offer. Commissioners will maintain oversight of this provision via the dedicated stroke service review meetings that will be established. I have shared the proposed change to the service provision with the CCG's Executive Lead for Quality who will also review the service to ensure patient outcomes are not affected by this change.

Your initial letter also referenced specialist neuro rehabilitation in the context of stroke provision and in particular, access to the Community Neuro Rehabilitation Team (CRNT).

I can confirm that the CCG commissions a neuro rehab (CRNT) service from Shropshire Community Health NHS Trust. The service has been in place for many years (previously known as Shropshire Enablement Team (SET)) and that the specification for this service does indeed include an age limit for access. I can assure you that commissioners share this concern and that in fact, the commissioning team is in the process of completing a review of this service and one of the key recommendations we will make is that any age restrictions associated with the service needs to be removed. This report will be presented to our committee's in July/August.

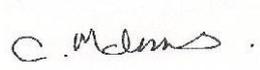
So you are aware, the CCG also commissions a variety of other services, generally on a 'case by case' basis for patients requiring specialist neurological rehabilitation, this allows us to ensure bespoke packages of care are arranged to suit the patients' needs. It should be noted that further to the reconfiguration of the NHS in 2013, the commissioning responsibility for specialist neurological rehabilitation is split between CCG's and NHS England. The CCG has always held the position of determining what is in the best interest of the patient first and foremost while working with NHS England the responsible commissioner status. In an attempt to make this clearer for our provider organisations and to ensure that we minimize any potential delays for patients in accessing specialist rehabilitation, commissioners are in the process of developing a specific pathway for specialist neuro rehabilitation (in line with the outcome of the CRNT service review). This will be presented to the CCG's Clinical Assurance Panel (CAP) in August 2016.

I would also like to take the opportunity to share with you that I have raised my concerns with the Trust regarding what I would consider to be poor communication with both commissioners and the public/patients that we collectively represent. I have received an apology from the Trust for this, it seems the operational teams involved have been understandably focussed on addressing the service issues and hadn't considered the potential wider implications of how their actions could be interpreted – particularly in light of Future Fit and Community Fit. Clearly the Chief Executive and Chief Operating Officer for the Trust are now involved and will ensure

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this is considered in any further communication regarding this temporary change in service.

Kind regards

A handwritten signature in black ink, appearing to read 'C. McInnes'.

Carol McInnes
Head of Programmes & Service Design