

**HILLSIDE SECTION 31 BOARD**  
**13<sup>TH</sup> MARCH 2006**

**PROPOSAL FOR THE DEVELOPMENT OF STROKE SERVICES IN**  
**HEREFORDSHIRE**

**1. INTRODUCTION**

A review of Stroke Services in Herefordshire took place in autumn 2005 conducted by Dr. Colin Jenkins (Consultant Geriatrician with an interest in Stroke Services) and Trish Jay (Director of Clinical Development and Lead Executive Nurse). This review looked at current services against the Standards for Stroke Services set out in the Older People's National Service Framework Chapter 5. A document was produced regarding the review and proposals on developing the services within the current resources available.

From this review a formal proposal document has been developed (attachment 1). The proposals do have an impact on the current remit of the Hillside Intermediate Care Unit.

**2. CONSULTATION TO DATE**

2.1 Discussions have been taking place with the Council in relation to the proposal to allocate (but not ring-fence) stroke rehabilitation beds for Herefordshire in Hillside Intermediate Care Unit. The Council have indicated their support for the change, but have required the following action to occur:

- The allocated beds will not be ring fenced only to stroke patients
- That the maximum length of stay of six weeks will apply to stroke patients
- That the 'step up' care pathway will be developed and supported by the PCT
- That a review of access to community hospital beds by members of the MDT be carried out in tandem with the development of stroke services at Hillside'

2.2 The proposal paper in its Draft 3c form has been sent to Councillor Stuart Thomas as Chair of the Overview & Scrutiny Committee asking for his consideration. Any service changes do need to go through the Overview & Scrutiny Committee to determine whether a full public consultation is required. It is noted that this is a service development within current resources and there will be an enhanced level of stroke rehabilitation across the county using the same number of beds, however for some City patients there may be the requirement to have intermediate care within Community Hospitals rather than in Hillside. Outlined in the paper (in paragraph 4.4.2) is clarification on how the beds could be used in the future.

- 2.3 The proposal paper in its Draft 3c form has also been sent to the Patient & Public Involvement Forum.

### **3. CONSEQUENCES ON HILLSIDE INTERMEDIATE CARE UNIT**

- 3.1 The proposal to have allocated beds for stroke rehabilitation at Hillside Intermediate Care Unit is a pragmatic solution to using the current resources we have across Community Hospitals and intermediate care provision in Herefordshire. The implications on bed usage have been explicitly reviewed and conclude that 12 beds would be required at any one time.

This proposal would centralise stroke rehabilitation and enable an improved service to patients within the county with this condition. The rationale for proposing Hillside included the following:

- Hillside already has 7 days a week therapy provision (whereas the other units do not)
- Hillside is specially developed for intermediate care and has these facilities available
- Being a central City location then the distance of travel for patients across the county is more equal than if it was located in the north or the south of the county
- Expert consultant medical support for stroke patients can be provided through the current contract of consultant medical support to Hillside
- The City & Rural South locality areas equate to 56% of the population and therefore 6-7 stroke patients should already be admitted to Hillside at any one time.

- 3.2 The proposed model would result in:

#### *Intermediate Care*

- Hillside will remain an intermediate care unit, discharging people within six weeks after a period of intense rehabilitation; it will also be equipped with the specialism and support to work with stroke patients.
- Step up admissions into Hillside will continue to be implemented to realise the benefits of this approach.
- The reduction in six beds for the City & South Rural patients would be mitigated by full use of all 22 beds, access to community hospital beds (as current practice), and a review of access arrangements by other members of the Multi-disciplinary Team directly to all 126 intermediate care/community hospital beds.

#### *Stroke Services*

- Intensive rehabilitation at Hillside would be targeted at stroke patients who could benefit from short term intensive rehabilitation

(no more than 6 weeks). (31% of all acute stroke admissions – 98 people per year)

- Some severe stroke patients may benefit from a period of intense rehabilitation after a period in the community hospital and some people who have gone home will benefit from a subsequent spell of rehabilitation (estimated as additional 27 people per year)
- *Patients who needed longer term rehabilitation would still be discharged from the County Hospital to community hospitals as at present. (21% of admissions – 67 people per year).*

3.3 It is anticipated that redesigning the allocation of beds across all the Community Hospitals/intermediate care facilities directly provided by the PCT, would enable increased capacity for in-patient intermediate care rather than reduced capacity. This would also be supported by a review of access arrangements by other members of the Multi-disciplinary Team, following clinical approval, directly to all 126 intermediate care/community hospital beds. The rationale for the mitigation is as follows:

3.4 The Council have proposed that, whilst step up admission processes are being developed across the county, and the review of access to community hospital beds, that there is an interim reduction in the Council's contribution to Hillside Intermediate Care Section 31 budget of £80k to support the expansion of temporary intermediate care beds at Orchard House.

In the longer term it is noted that an increase in beds across the county will not be required as centralising stroke rehabilitation will result in a reduced length of stay for patients, hence releasing future beds.

#### 4. RECOMMENDATIONS

The Hillside Section 31 Board is asked to:

- Consider the proposal for the change of use for Hillside beds, noting that it would have a countywide function for stroke rehabilitation
- Consider the proposal by the Council to reduce the contribution to the Section 31 pooled fund for the running of Hillside for an interim period of time

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