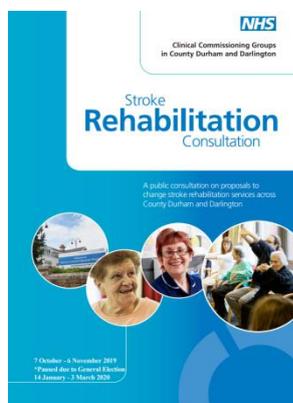


Stroke Rehabilitation Services across County Durham and Darlington

Summary Consultation Report

Purpose of this document



This document has been produced to provide an overview of the activity and feedback that was captured as part of the consultation regarding Stroke Rehabilitation Services across County Durham and Darlington.

The information contained within this report relates to the activities undertaken and responses gathered from 7 October – 1 November (when the consultation was paused due to the general election), and from 14 – 31 January 2020 when the consultation was stopped.

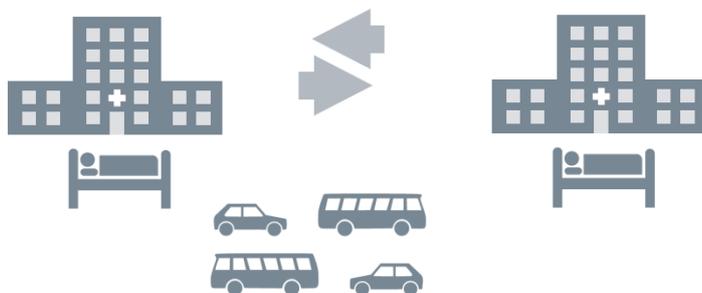
The consultation was stopped because of on-going monitoring during the winter period regarding levels of demand for inpatient beds. The information being received showed that demand continued to exceed expectations as well as the wider pressures being faced across the local health system generally. Taking this into account, the decision was taken on 31 January 2020 to stop the consultation with immediate effect and retain the current model of care. The CCG's involved are committed to ensuring that the issues raised as part of the consultation are reviewed and addressed.

Introduction

Across County Durham and Darlington a public consultation was undertaken to review Stroke Rehabilitation Services.

The consultation centred around two options being put forward:

1. Do nothing



- Continue to provide hyperacute care at Durham hospital.
- Continue to provide rehabilitation in BAH
- Splits staffing teams across two sites, requiring time away from patients to travel
- Transfers between sites can impact on quality of patient care

2. Co-locate in-patient rehabilitation care within hyperacute facility at University Hospital of North Durham and develop an effective and seamless community rehabilitation service.



Consultation activities

The information available included a [full document](#) and a [summary version](#) of the consultation document. There was also a [video produced](#) for the consultation to help articulate the information in more accessible format.

During the time before the consultation ended, efforts were made to take information out to where local people are, rather than relying on people 'coming to us'. A series of outreach events took place at a range of public venues, in order to;

- Raise awareness of the consultation
- Let people know about the public events
- Hear the views of people on the options presented

During the six weeks when the consultation was live, the CCG held one public event (of the four that were planned) as part of the face to face opportunities for conversations. At this event, staff from County Durham and Darlington NHS Foundation Trust also attended to assist the CCG within the discussions and hear people's views directly.

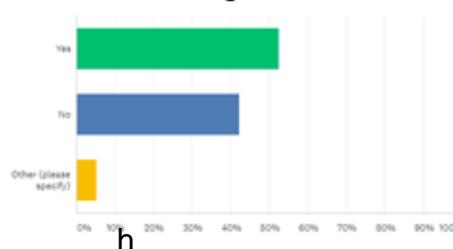
During the time the consultation was live, 16 public outreach activities were undertaken. These included attending locations such as Market days (Barnard Castle and Crook), Leisure centres (including Woodhouse Close, Shildon and Sunnysdale and Newton Aycliffe) as well as group presentations and discussions at Dene Valley Partnership and numerous Area Action Partnerships across the County.

Comments were also captured through the online questionnaire (276 responses at the point the consultation was stopped) in relation to the options presented as well as wider views people had in relation to the care provided.

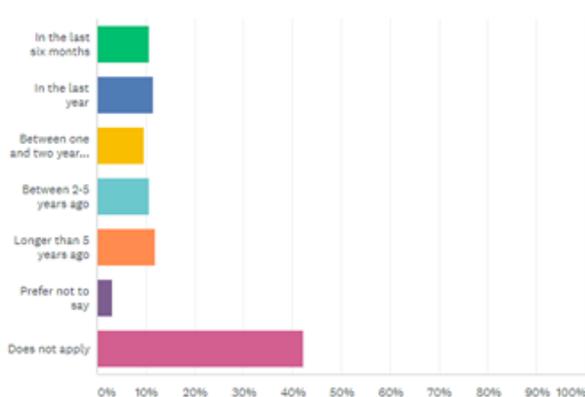
Summary of questionnaire responses

From the questionnaire responses, over half of respondents had personally been a Stroke Patient 52% (n = 138). Whereas 42% had not (n = 111) and 5% (n=14) said other and had been a patient at another hospital or they'd supported a friend.

Q1. Have you or a family member been a stroke Patient within County Durham and Darlington?



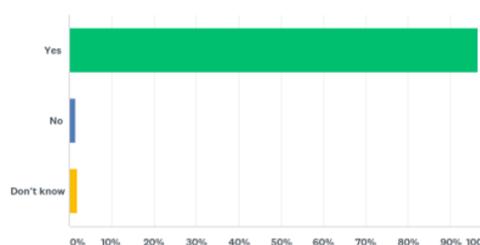
Q2. If you or a family member have used stroke rehabilitation services provided by County Durham and Darlington Foundation Trust, how long ago was it?



When asked about how long ago it was when patients had used the Stroke Rehabilitation services in County Durham, the responses showed that it was almost evenly spread over the past five years. Nearly half of respondents 45% (n=114) said they prefer not to say or it does not apply and seven people gave a reason for their response and they were NHS staff who have worked within stroke services.

Almost 11% (n=27) had used the services in the last six months, in the past year 12% (n=29), between one and two years ago 10% (n=24), between two and five years 11% (n=27), longer than 5 years ago 12% (n=30).

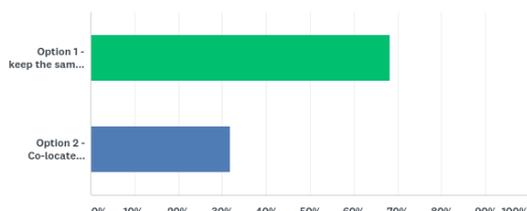
Q3 Do you understand the proposals? Please ensure you have read the consultation document for an explanation of the proposals.



There was also a clear majority (97%, n = 249) of respondents stating that they understood the proposals and the information that has been made available.

In response to question 4, participants were able to identify their preference between the two options presented in the consultation.

Q4 Based on the information available, what is your preferred option ?



There was a strong proportion of respondents, 68% (n =170), who supported the CCG preferred 'Option one', to keep the service model the same as it currently is. With the remaining 32% (n = 79) of the responses stating they preferred 'Option two' to Co-locate in-patient rehabilitation care within the hyperacute facility (UHND) and develop an effective and seamless community rehabilitation service.

Question 5 asked respondents to help clarify why they had made the particular choice in terms of the two options available.

Table 1: Highlights some of the typical explanations given by individuals regarding why they supported Option 1 or Option 2:

Those who supported 'Option 1'	Those who supported 'Option 2'
<i>Don't think there will be any benefit. Is there enough space in Durham hospital for a whole new ward?</i>	<i>All stroke services provided in one location enables specialist stroke services be delivered, in theory, seamlessly</i>
<i>The (BAH) stroke unit was purposely set up to provide excellent rehab with kitchen facilities. Physio all on the ward. Moving to Durham will not give the same facilities on the ward. You will also lose excellent staff.</i>	<i>If the community rehabilitation is effective and properly resourced it should mean better outcomes for patients.</i>
<i>Bishop hospital is a perfectly good hospital to run this service. There is enough car parking space and not too busy. UHND is a very busy hospital and putting this other service here will make it really busy.</i>	<i>I think there are huge advantages to everything being on one site.</i>
<i>Easily accessed by all areas. Why break something that's not broken!!! (To save money never mind the patients) Now patients would have to travel further. No acute services at Bishop Auckland therefore keep acute service at UHND (if bed available) which is not always the case.</i>	<i>I believe that it is beneficial for patients to recover, in their own homes. Although UHND does provide excellent initial treatment, after 24 hours recovery from a stroke is mainly rest. Why take up a valuable hospital bed, when patients would rather be in their own home with support.</i>

Question 6 allowed individuals to provide any comments they had in relation to **any barriers** they saw regarding the preferred option - Co-locate in-patient rehabilitation care within hyperacute facility (UHND) and develop an effective and seamless community rehabilitation service.

These centred around themes such as;

- *Travel to Durham can be really difficult as we discovered when a family member was there.*
- *The traffic and parking are awful to deal with at such emotional times. For me, patients want to get home. If this change can help them do that it is a good thing*
- *Transport if you live out of the area*
- *It is a busy hospital, not appropriate for calming environment.*
- *Stroke patients cannot concentrate or focus especially they have already problems with understanding or talking. Staff cannot spend more time with patient because they will be pulled out to another ward where there are under staff also.*
- *Ward 2 is a small ward for the therapists like gym, kitchen, and speech session. Visitors and staff have easy accessed for parking at BAH.*

The final qualitative question, encouraged respondents to identify anything else that they wanted to suggest for consideration. The responses to this question were largely commenting on the desire to see services retained on ward 2 at Bishop Auckland Hospital:

- *Improvements in staffing levels in community teams to offer rehab*
- *It's bloody lonely when you're stuck in hospital miles from home and your family can't afford to visit you. When you feel so isolated it's easy for destructive and depressive thoughts so slip in to your head. You can't fully recover physically if you're mental health is taking a battering at the same time. Besides UHND is over worked as it is*
- *Keep the family informed about progress and treatment - especially if patient refuses treatment without good reason. there should be longer term physio for patient*
- *Listen to opinion of staff and patients directly affected*
- *More financial and clinical data to support the proposal.*
- *UHND is a badly designed and ill thought out layout with not enough space or services for staff or patients. Parking is horrendous and the hospital has not got the space to accommodate the current number of hyperactive beds as well as the current number of rehabilitation beds.*
- *Yes, cost and is this not supposed to be about patient care, how can this be when having to reduce beds to accommodate this*

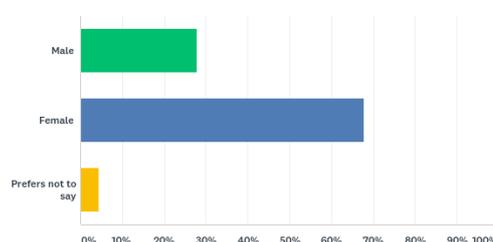
- *As I experienced as a stroke patient at UHND if you are not an acute case there is little focus on you and care is lacking. For example at discharge medication thrust into my hand and told take these with no explanation as to why; tests not done that had to be requested later; no explanation as to what follow up would happen.*

Appendix 1:

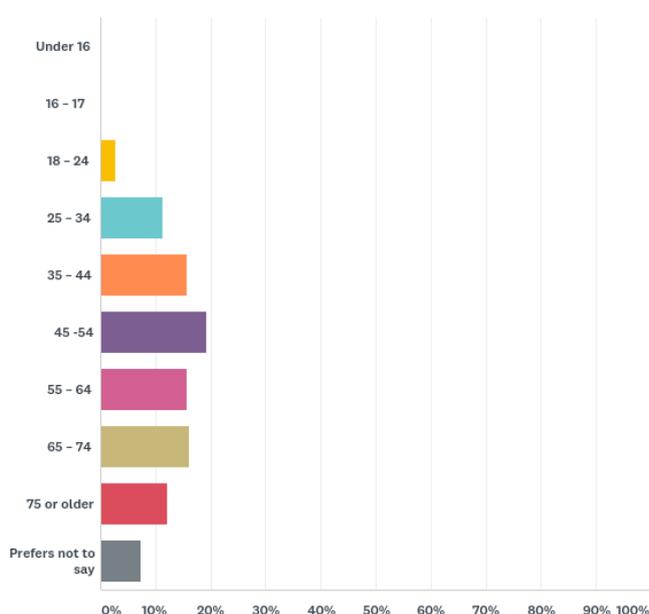
About the respondents

From the responses gathered through the online questionnaire, the vast number were from women – 68% (n = 168).

Q9 Do you identify as:



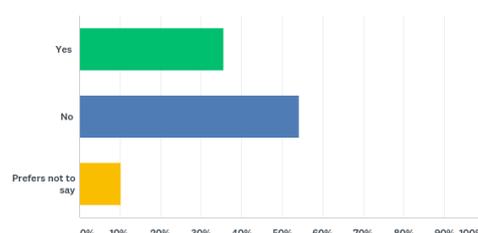
Q10 What is your age?



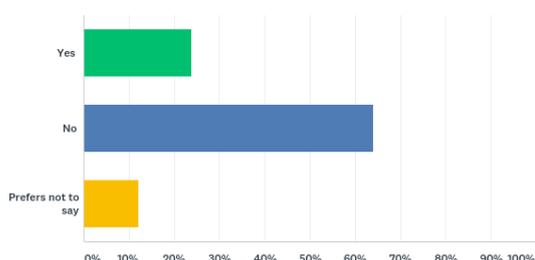
There has been a reasonable spread of responses from people of different ages (shown left). The greatest identified age range with 19% of the online responses was those aged 45-54 (n = 48), followed by 65-74 years with 16% (n = 40). Closely followed by the age ranges 35-44 years 16% (n=39) and 55-64 years 16% (n=39).

Respondents have also informed us that 36% (n = 87) of respondents do have a long term disability or health condition where as 54% (n=132) do not. Just over 10% (n = 25), preferred not to share this information.

Q13 Do you have a disability, long term illness or health condition?



Q14 Do you have any caring responsibilities for a friend or family member



When asked whether or not respondents had any caring responsibilities, over 64% (n=153) said they did not whereas 24% (n = 57) stated

they did. While we also saw a further 12% (n = 29) decline to provide this information.

Overwhelmingly, 95% (n=233) of respondents identified as being White English 95% (n = 233). In relation to individuals identified sexual orientation, heterosexual accounted for 80% of the responses (n = 194), with Gay man, Bi-sexual and other' / prefer not to provide this information being identified by 20% of respondents (n = 48).

Over 50% (n=127) stated that their religion was Christianity and with the remainder saying they preferred not to say or no religion.

A large proportion of respondents gave details of the first four digits of their postcode which is extremely useful in seeing where patients reside. From the 190 responses the table below shows where patients live and which CCG area.

CCG	Postcodes	Count	Percentage %
North Durham CCG	DH1, DH2, DH3, DH4, DH7 9, DH8, DH9 7	23	12
DDES CCG	DH6, DL11, DL12, DL13, DL14, DL15,DL16, DL17, DL4, DL5, SR7, SR8, TS21, TS29	118	62
Darlington CCG	DL1, DL2, DL3, DL10, DL11	39	21
Other CCG area	DH5,NE3, NE38, NE61, TS16, TS19, TS26, TS7, TS8	10	5