

Response ID ANON-XSD3-PJ6Q-3

Submitted to **Reshaping Stroke Care - Saving Lives, Reducing Disability**
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Introduction

1 What is your name?

Name:

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4 What is your organisation and job title (if applicable)?

Organisation:

Policy Officer, British Dietetic Association (BDA). Response on behalf of the BDA Northern Ireland Board.

5 Are you responding on behalf of your organisation or as an individual?

Organisation

If replying as an individual, please indicate if you do not wish for your identity to be made public.:

Whilst not essential, it would assist the Department in analysing responses if responding on behalf of an organisation you could provide details of who your organisation represents and, where applicable, how the views of members were assembled.:

The BDA is the professional body in the UK representing the whole of the dietetic workforce – practitioners, researchers, educators, support workers and students. It is a trade union and professional body representing the professional, education, public and workplace interests of its members. Membership is open to anyone working in dietetics, in nutrition, or has an interest in diet or food, throughout the world.

In Northern Ireland, the profession is represented locally by a BDA Northern Ireland Board. This response to consultation is submitted via the BDA NI Board. A working group was formed to gather the response, with representation from dietitians working across Northern Ireland.

Consultation questions

6 Do you agree that stroke patients should be admitted as soon as possible to specialist centres to deliver the best possible outcomes?

Yes

Please use this space to expand on your answer:

BDA NI Board agrees that stroke patients should be admitted as soon as possible to specialist centres to deliver the best possible outcomes. However, we have concerns regarding travel times to these specialist centres, to ensure equal access for patients across Northern Ireland and good quality continuing care. Of note, the London experience and remodelling example provided in the consultation, was designed to ensure that no one lived more than 30 minutes from a hyper acute stroke unit. However, the options proposed in the consultation for Northern Ireland appear to be modelled on 60 minutes travel time. BDA NI Board asks for more evidence to be presented to clarify how the improvements in London and elsewhere were achieved and if they are being sustained. We also wish for other geographical areas to be looked at as Northern Ireland is not comparable to London.

BDA NI Board are concerned the options presented will result in closure of certain stroke units, some of which have been purpose built and only opened a few years. This surely represents a huge waste of public money as well as loss of highly trained and skilled staff from across the professions, including dietetics. We recognise there is existing specialist dietetic expertise in stroke care in Northern Ireland and have concerns this may be lost or diluted if options to close certain stroke units are taken.

The National Clinical Guideline for Stroke (Royal College of Physicians, 2016) recommends people with acute stroke should have their swallowing screened, by a trained healthcare professional within four hours of arrival at hospital and before being given any oral food, fluid or medication so that normal hydration is maintained. A delay in getting to hospital (60 minutes journey instead of 30 minutes) will delay the time to receive this treatment. Delays in screening, assessment and advice are associated with increased risk of stroke associated pneumonia as well as malnutrition.

BDA NI Board requests consideration is given to ensure adequate dietetic staffing levels within each of the specialist centres. We are disappointed there is no

mention within the consultation of the role of dietitians play and the service they provide in stroke care. Dietitians should be an integral part of stroke care services. The National Stroke Guideline states acute stroke services should provide multi-disciplinary care for diagnosis, treatment, early rehabilitation, prevention of complications and secondary prevention. This multi-disciplinary care includes dietetic care. The National Stroke Guideline states the recommended staffing levels for stroke specialist dietitians in both hyperacute and acute stroke units should be 0.15 WTE dietitian per five beds. There are currently variable levels of dietetic resource dedicated to stroke services throughout Northern Ireland, with significant scope for improvement.

7 Do you agree that, to deliver an effective service, staff need the opportunity to build and develop their specialist expertise?

Yes

Please use this space to expand your answer:

BDA NI Board recommends in the first instance, to deliver an effective service, it is vital that all relevant members of the stroke Multi-disciplinary Team (MDT) are present.

Dietitians are essential members of the MDT as they are able to:

- Train and support staff in the early identification and successful first line management of hydration and nutrition problems in stroke patients.
- Reduce the risk of malnutrition - On admission to hospital, malnutrition has been identified in 16-31% of stroke patients with that figure increasing to almost 50% of patients in rehabilitation centres (GEEGANAGE, C., BEAVAN, J., ELLENDER, S. and BATH, P.M., 2012. Interventions for dysphagia and nutritional support in acute and subacute stroke. The Cochrane Database of Systematic Reviews. Oct 17, vol. 10, pp. CD000323). High risk scoring MUST patients directly increase cost of hospitalisation.
- Provide experienced and skilled Malnutrition Universal Screening Tool (MUST) training and support - Nutrition screening should be conducted by trained staff using a structured tool. MUST has been validated for stroke.
- Provide specialist nutrition assessment advice and monitoring for patients with acute stroke who are at risk of malnutrition, or who are unable to maintain adequate nutrition and fluids orally, or who require tube feeding or dietary modification. The National Stroke Guideline makes a clear recommendation that these patients should be referred to a dietitian for management of the above.
- Provide expert advice on how to optimise nutrition and minimise risk within multi-disciplinary stroke team discussions and decisions on artificial nutrition, feeding at risk patients, end of life and palliative care treatments.

Dietitians are the only appropriately trained healthcare professional who can assess a patient's energy, protein, micro and macro nutrient requirements and who can develop effective treatment plan in artificial feeding, modified consistency diets/fluids and food first approaches. Both the National Stroke Guideline and NICE guidelines advise that patients who cannot meet and maintain their nutritional and hydration needs orally, should be fed via a nasogastric tube within 24 hours of being admitted. Malnutrition in stroke has shown to be an indicator for poor prognosis, with increased rate of infection, poor clinical outcomes and increased mortality (HUTCHINSON, E. and WILSON, N., 2013. Acute stroke, dysphagia and nutritional support. British Journal of Community Nursing. May, vol. Suppl, pp. S26-9). Evidence has also shown that feeding from an early stage can improve survival in stroke patients (GEEGANAGE, C., BEAVAN, J., ELLENDER, S. and BATH, P.M., 2012. Interventions for dysphagia and nutritional support in acute and subacute stroke. The Cochrane Database of Systematic Reviews. Oct 17, vol. 10, pp. CD000323).

Dysphagia is common after acute stroke. Dietitians have a vital role to play in the management of dysphagia. Dysphagia patients are more than twice as likely to be malnourished. The National Stroke Guideline recommends people identified with swallowing difficulty after acute stroke should be referred to a dietitian for specialist nutritional assessment, advice and monitoring.

Dietitians work closely with Speech and Language Therapists in ensuring people with stroke who require modified food or fluid consistency have these provided in line with nationally agreed descriptors. Dietitians can reduce the length of stay in hospital by up to 5.5 days through collaborative working with Speech and Language Therapists to manage and optimise nutritional intake (Royal College of Speech and Language Therapists, 2007). Dietitians in Northern Ireland are currently contributing to regional dysphagia work streams led by the Public Health Agency.

BDA NI Board recognises the need for all members of the MDT to build and develop specialist expertise in a highly performing unit, recognising larger units do not always equal better performing. Patients who have had a stroke commonly present with other disease/co-morbidities and these also need to be considered. Staff based in highly specialist stroke units may not have the expertise in the range of conditions the patient may present with and will need to collaborate with specialist MDTs in other clinical fields.

BDA NI Board welcomes the Department of Health's commitment to undertake a workforce review as part of plans to reshape and improve stroke care. We hope this review will align with the recommendations from the Department of Health dietetic workforce review which is currently being finalised. We do have concerns however, given the Department's aim to implement the new regional model for stroke services by 2022, that adequately trained staff may not be in place within this time frame.

BDA NI Board recommends consideration is given to alternative methods for staff training, upskilling and skill maintenance such as rotation, work shadowing, etc. Protected time for training, upskilling and skill maintenance needs to be identified and secured. To build and develop their specialist expertise, dietitians are looking outside of traditional models for learning and treatment, e.g. technology and digital opportunities, including virtual clinics.

Dietitians also have a key role in building on and developing the nutrition expertise for other staff. For example, dietitians can train multi-disciplinary team members on nutrition screening, first line management of malnutrition as well as the whole nutrition pathway for stroke patients so as to provide timely and appropriate interventions.

8 Do you agree that delivering better outcomes should take priority over additional travel time?

No

Please use this space to expand your answer:

BDA NI Board agrees yes in principle, however we indicate 'No' until more evidence is provided. We would like to see the evidence that significant improvements in outcomes are achieved with additional travel times across all geographical areas. It would appear from the modelling exercise that any improvement gained in some areas of Northern Ireland are minimal and are at the expense of a deterioration in outcomes for rural population, especially in the west of the country. As well as affecting patients living in rural areas throughout Northern Ireland, the proposed changes could have a negative impact on families and carers who will have further to travel at increased costs and stress. We also have concern on the impact of increasing workloads and ability to cope in hyper acute and acute stroke units, along with the effect on the care of patients.

9 Would the availability of additional measures such as the availability of an air ambulance address your concerns about additional travel time?

No

Please use this space to expand your answer:

BDA NI Board are unable to see within the consultation any evidence that air ambulance availability will address travel concerns. We recommend a cost benefit analysis is carried out. We are concerned the current air ambulance service is 7am-7pm, with no indication of what will happen outside these times. Also, air ambulance is staffed by trauma specialists who do not necessarily have the relevant experience and skills in stroke. BDA NI Board consider the investment required to make the air ambulance service available 24/7 with equal access across the country likely to be prohibitive.

10 Which of the options do you think delivers the maximum benefit for stroke patients in NI?

Other

Please use this space to expand your answer:

BDA NI Board are unable to state a preferred option. This is an issue outside the remit of the Board.

Whatever option is chosen, BDA NI Board's key recommendation is that it offers equitable dietetic funding to ensure patient access to optimal services of dietitians in preventative, acute and rehabilitative stroke care.

11 Are there additional options that we have not considered?

Yes

Please use this space to expand your answer:

BDA NI Board are conscious the consultation focuses on the reshaping of hospital services and acute care and does not outline or focus on prevention and aftercare.

Addressing lifestyle factors plays a key role in preventing stroke. This includes smoking cessation, healthy eating, maintaining a healthy body weight, reducing high blood pressure and taking regular exercise. BDA NI Board would like to highlight the role of dietitians in primary prevention of stroke. Across Northern Ireland, dietitians are involved in numerous public health nutrition programmes which promote a healthier lifestyle and reduce stroke. Regional dietetic led programmes, e.g. Cook It!, Food Values, Good Food Toolkit, Choose to Lose; all address measures to prevent stroke by increasing fruit and vegetables intake, reducing salt intake, increasing intake of omega 3 fats and maintaining a healthy weight.

The Royal College of Physicians evidence-based guidelines for the secondary prevention of stroke recommend that all patients who have had a stroke or transient ischaemic attack should receive dietary advice (Hookway C., Gomes F. and Weekes C.E. (2014) Royal College of Physicians Intercollegiate Stroke Working Party evidence-based guidelines for the secondary prevention of stroke through nutritional or dietary modification. J Hum Nutr Diet. doi: 10.1111/jhn.12248). Dietitians are involved in providing individual advice and group education in weight management and diabetes in secondary prevention of stroke, although the level of dietetic resource dedicated to secondary prevention of stroke is currently variable across Northern Ireland. Dietitians in the Western area of NI are an integral part of a multi-disciplinary team delivering, 'Our Hearts Our Minds' programme. This programme is targeted at people with established cardiovascular disease or those who are a high risk of developing the disease.

Significant additional investment is required to be secured to ensure that people affected by stroke have the support they need to rebuild their lives. In relation to rehabilitation, BDA NI Board would like to draw attention to the considerable contribution dietitians make in improving the outcomes of stroke patients undergoing rehabilitation by ensuring they receive adequate nutrition to achieve their physical goals. This refers to both inpatient rehabilitation as well as rehabilitation and long-term support in the community. The National Stroke Guideline recommends a stroke rehabilitation unit should have a single multi-disciplinary team including specialists in dietetics. Good nutrition can promote wound healing, optimise the immune system, improve mood and help achieve a healthy weight to help with mobility.

The consultation document makes reference that up to 40% of stroke survivors may be suitable for 'Early Supported Discharge' which replicates the specialist stroke therapy normally provided in hospital within the home environment. The National Stroke Guideline recommends a stroke early supported discharge team should be organised as a single multi-disciplinary team including specialists with easy access to dietetics. BDA NI Board recommend early supported discharge should be available seven days a week with equality of access to dedicated dietetic input across Northern Ireland. Where the service is available, benefit has been demonstrated by having regular dietetic review and combined input with speech and language therapy. Benefit is both in patient care as well as cost savings.

The NI Stroke Association's report, 'Struggling to recover', indicates 85% of carers felt unprepared for patient to come home, also 45% of all stroke survivors felt abandoned when they left hospital. Dietary information, advice and support for people with stroke, their family and/or carers is essential to advance recovery. BDA NI Board recommend clear protocols need to be developed to ensure consistency of dietary information and advice for family and carers. Dietitians have a central role to ensure nutritional advice is evidence based, relevant and appropriate.

Equality & Human Rights

12 Are any of the options set out in the consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the 1998 Act?

Yes

Please use this space to expand your answer:

For all the options, there is a risk of adverse impact on service provision for persons with disability or those with dependants in isolated rural areas. These groups will likely find it harder to access services than other groups. We would also like to highlight the potential negative impact for older people in relation to travel to stroke care facilities, either as patients themselves or as family/carers.

13 Are you aware of any indication or evidence - qualitative or quantitative - that any of the options set out in the consultation document may have an adverse impact on equality of opportunity or on good relations?

Yes

Please use this space to expand your answer:

Travel time for some patients would be the greatest inequality, particularly those in western and southern areas of Northern Ireland.

14 Is there an opportunity to better promote equality of opportunity or good relations?

Yes

Please use this space to expand your answer:

Greater personal and public involvement is required to ensure the views of the Northern Ireland population are heard and understood. Open and transparent two-way communication is required during all stages of proposed change and transformation of services.

15 Are there any aspects of the proposals in the consultation where potential human rights violations may occur?

No

Please use this space to expand your answer:

Rural Impact

16 Are the actions/proposals set out in this consultation document likely to have an adverse impact on rural areas?

Yes

If yes, please provide comment on how these adverse impacts could be reduced or alleviated.:

There will be an adverse impact on rural areas in relation to travel time, especially if patients are not seen within 60 minutes. This issue and impact for rural communities appears to be the level of confidence people living rural communities can have that the benefits of providing quality expert service, with further travel time, outweigh accessing services locally.