

Development of a Community Stroke Rehabilitation Service in County Durham and Darlington

1. Background

The National Stroke Strategy was published in December 2007 and is based around a series of 20 quality markers. One of the key priorities is the delivery of specialist stroke rehabilitation;

“the care and support needed after stroke, looking at stroke-specialised rehabilitation within hospital, immediately after transfer to home or care home and for as long as it continues to be of benefit (QM10)”

Since the launch of the strategy the North of England Cardiovascular Network (NECVN) formed the Stroke Pathway for the North East (SPaNE) – Stroke Rehabilitation Group. They aimed to develop a County Durham and Darlington wide pathway for the rehabilitation of stroke survivors and their carers from the point of hospital admission to one year following discharge using, where applicable, evidence based nationally recognised guidelines. The following work was completed by the Stroke Rehabilitation Group to understand the current state of Stroke Services across County Durham and Darlington;

- Gap Analysis of Stroke Services ¹
- Review of the Models of Early Supported Discharge and Community Stroke Team ²

This work identified a number of areas that did not meet the requirements within the above standard and recommendations were made to address these gaps.

2. Aim

The aim is to develop and implement a ‘Gold Standard’ Stroke Rehabilitation Service in County Durham and Darlington (CDD) which will meet the requirements of the above standard. The development of a ‘Gold Standard’ Stroke Rehabilitation Service is a Commissioning Intention for all three Clinical Commissioning Groups in County Durham and Darlington.

4. Process

As the work being undertaken involves and impacts on all three County Durham and Darlington CCG’s the North of England Commissioning Support Unit are acting as the lead organisation in this development work. They will be supported by commissioning

¹ Report on the delivery of Stroke Rehabilitation Services following an initial gap analysis assessment against the regionally agreed minimum core standards, North of England Cardiovascular Network (2009)

² Models of Early Supported Discharge and Community Stroke Team across the NECVN Region, North East Cardiovascular Network (2011)

personnel from each of the CCG's to ensure that decisions being made are appropriate for each CCG's population. The work produced by the NECVN has been revisited to establish whether there have been any changes in the services delivered since the work was completed. An action plan is now being developed that will outline the various options to address the gaps in the service provision will be developed. This will inform the potential service models.

The funding implications of each model will be investigated. It is anticipated that non-recurrent funding will be required by each CCG to initially implement the service. Opportunities to save resources in the current pathway will be identified and where possible, will be redirected into funding the new model. The aim is to fund the new service within existing resources.

The procurement options of the proposed models will be investigated. The procurement requirements of the selected model will impact on the service implementation date.

County Durham and Darlington Foundation Trust currently host the countywide 'Stroke Strategy Implementation Group (SIG) where all elements of the stroke pathway can be discussed. Due to the changes in NHS structures over the past year this group has not been regularly held, however it has now been re-established and will take place on a bi-monthly basis. To ensure the development of Community Stroke Rehabilitation Teams can be progressed with engagement from all appropriate stakeholders/partners it is vital that links into this meeting are maintained.

As the community stroke rehabilitation works stream is a priority for all three CCG's the work will feed into the Community Services and Care Closer to Home sub group of the Clinical Programme Board. This will ensure that information required by individual CCG's will be reported via their governance arrangements. A group of core personal from NECS and the CCG's will meet regularly to ensure that the project is progressing against its milestones.

5. Key Milestones

On the 14th November 2013 a 'modelling and development event' was held in Durham with a range of stakeholders involved in the Stroke Pathway to discuss current data (appendix 1), current pathways, gaps in services and next steps. From this event the following priorities have been developed along with a list of short and long term goals (appendix 2)

Priority 1

To set up a Task and Finish group that will develop a Co-ordination Team

It was highlighted that an area of concern that causes some issues and delays in patients being discharged from hospital was that number of potential contacts/avenues for referral. This could be alleviated by having a centralised co-ordination team responsible for this activity. It is proposed that the Task and Finish group would be established in March/April 2014 and run until July 14.

Priority 2

Modelling of the 'new look' community teams

Again this will involve setting up a task and finish group running between July and November 14 to look at areas such as:

- Baseline/gaps
- Stroke workforce/skill mix required
- SALT provision
- Financial modelling

Initially in the short term we will be looking to develop a robust 5 day services. However it is acknowledged that 7day working is becoming a national priority and therefore this will be discussed as part of the longer term implementation

The time scales for the task and finish groups have been set to fall in line with commissioning timeframes. The aim would be to look for implementation in April 15.

Prior to moving forward the above priorities need to be agreed by the Stroke SIG. The first 2014 meeting of this group is due to take place on the 24th January.

It must also be acknowledged that Patient and Public engagement will be required during this process. Links will be made with the Stroke Association and Healthwatch to support this.

6. Risks

The following risks have been identified;

- Budget and funding implications are yet to be understood, this may influence the service model which is selected
- CCG's have varying amounts of non-recurrent funding to invest into the new service, this may influence the service model each CCG would like to implement
- If the project is not approved then patients will not be receiving a 'Gold Standard' service and the CCG's will fail to deliver on this Commissioning Intention

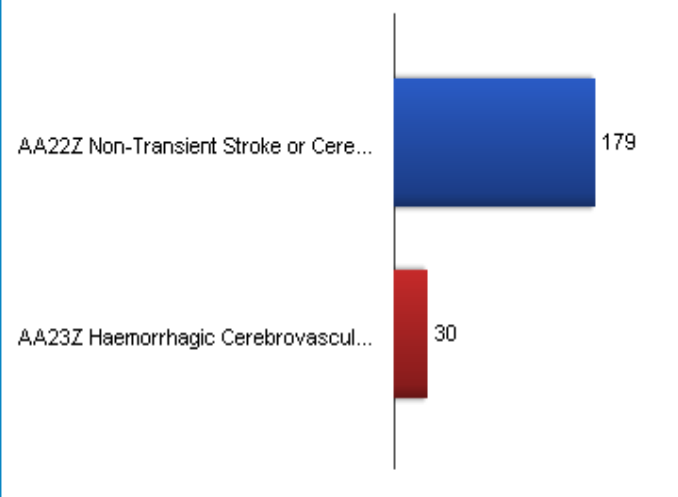
APPENDIX 1 – Data

- Year / Month
- Financial Year
- Month
- Type of Admission
- HRG
- Provider Trust
- Specialty
- CCG/Locality
- Diagnosis
- Practice

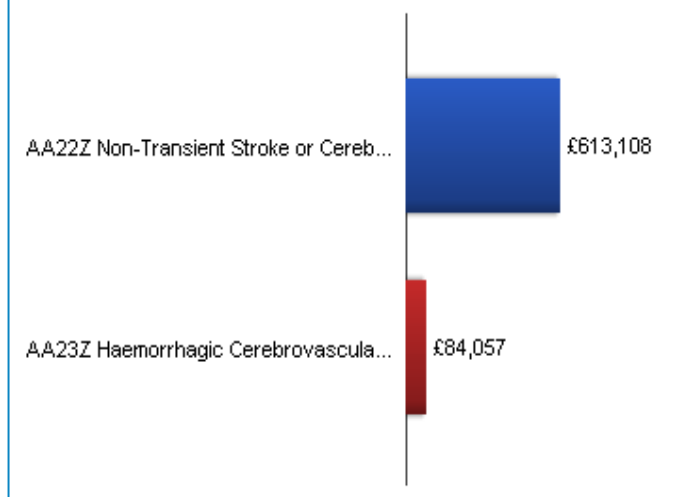
Current Selections

LocalityDesc Darlington CCG
 YearDesc 2012/13
 HRG AA22Z Non-Transient Stroke or Cerebrovascular Accident, Nervous system infections or

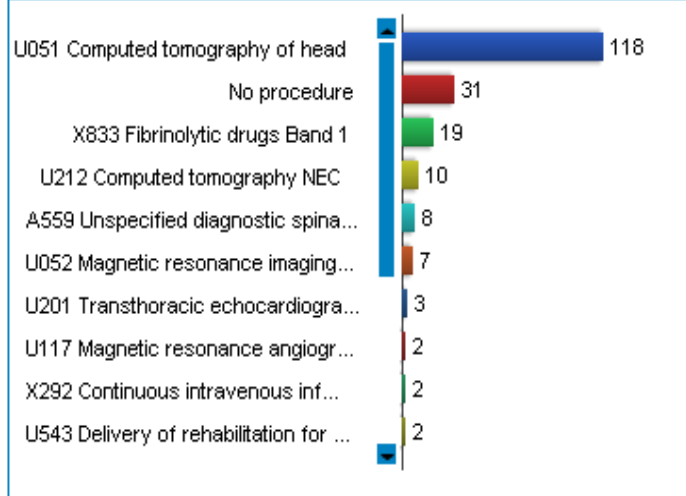
Spells by HRG



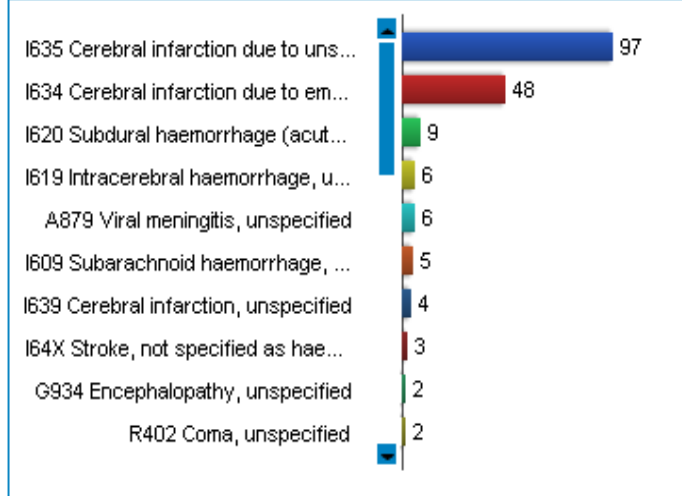
Cost of spells by HRG













Spells by procedure





Spells by diagnosis




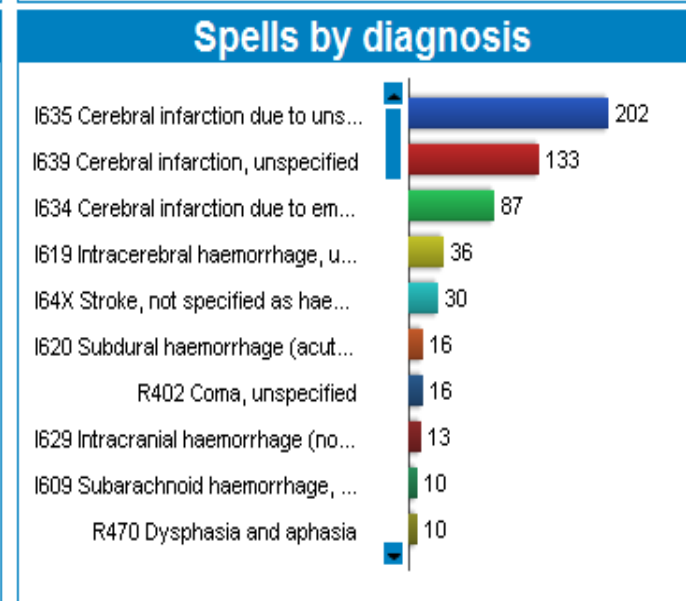
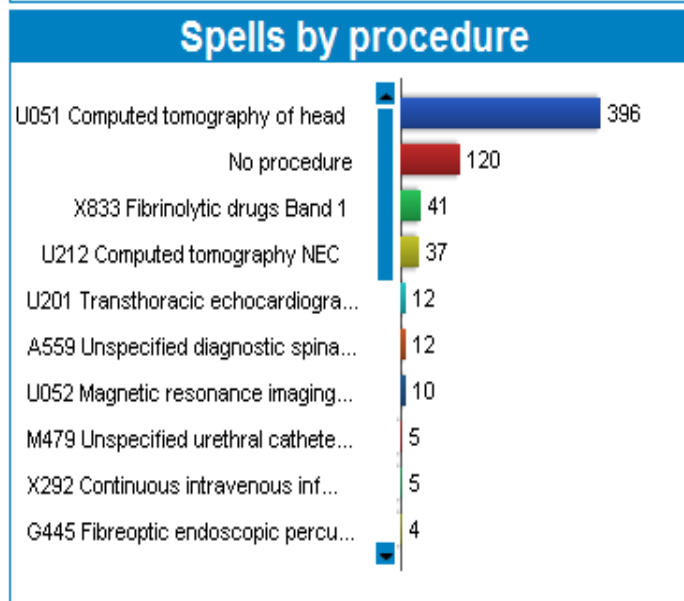
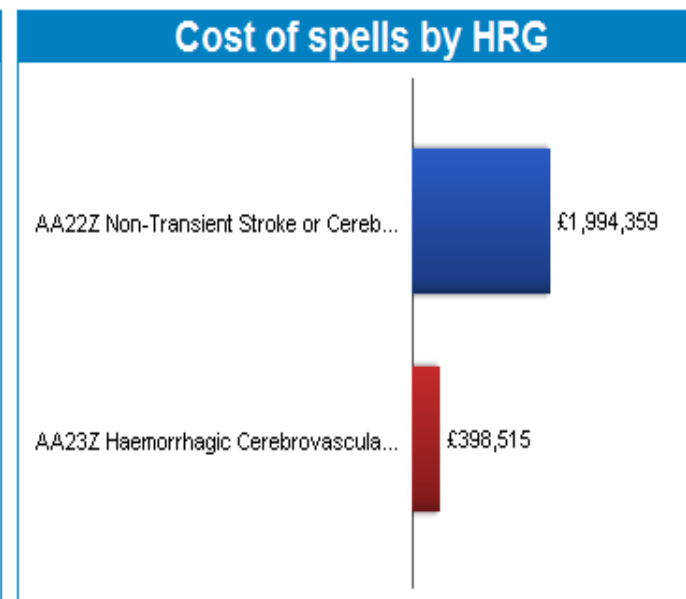
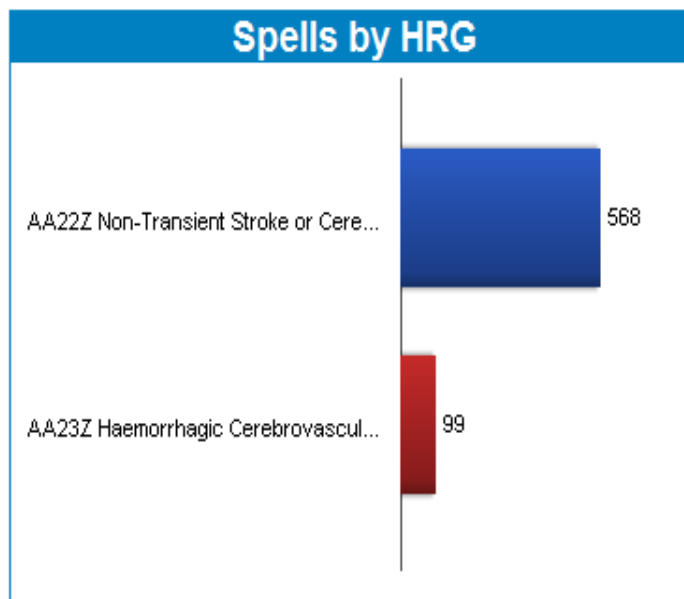
-  Year / Month
-  Financial Year
-  Month
-  Type of Admission
-  HRG
-  Provider Trust
-  Specialty
-  CCG/Locality
-  Diagnosis
-  Practice

Current Selections

LocalityDesc  DDES-Durham Dales,
 DDES-Easington, DDES-Sedgefield

YearDesc  2012/13

HRG  AA22Z Non-Transient Stroke or Cerebrovascular



- Year / Month
- Financial Year
- Month
- Type of Admission
- HRG
- Provider Trust
- Specialty
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- Diagnosis
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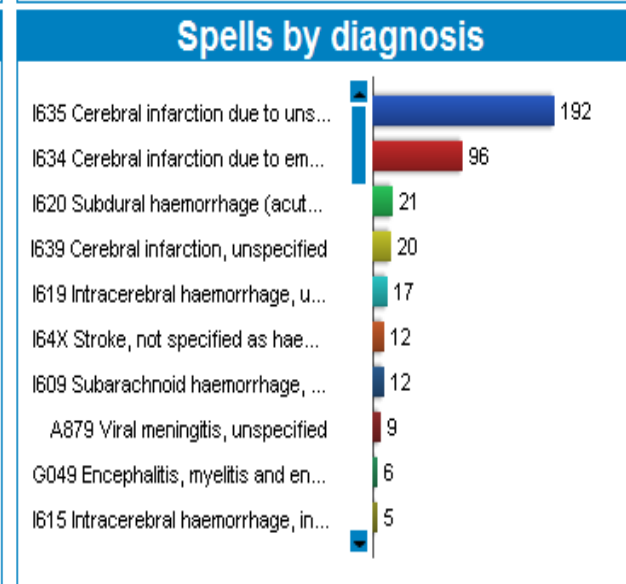
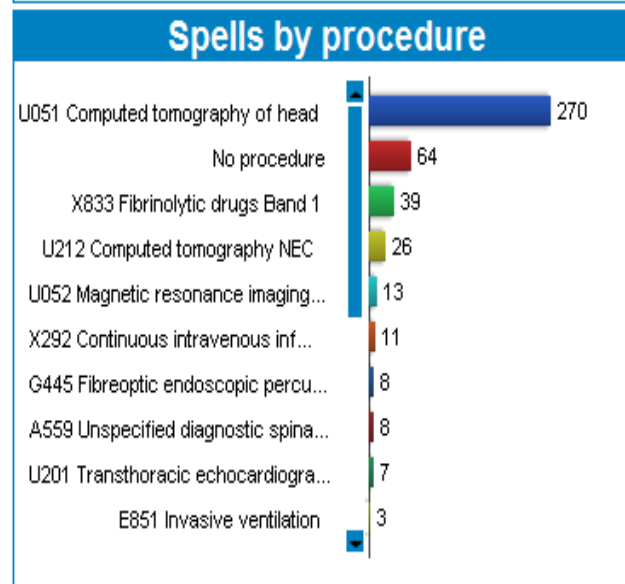
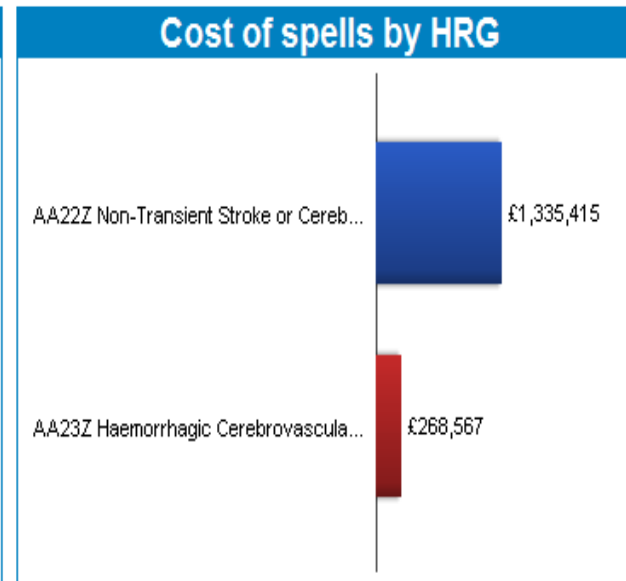
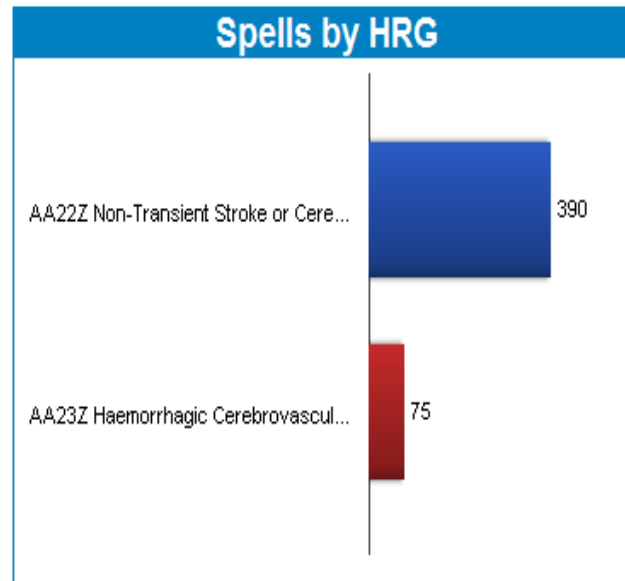
Current Selections

LocalityDesc N Durham-Derwentside, N Durham-Durham & CLS

YearDesc 2012/13

HRG AA22Z Non-Transient Stroke or Cerebrovascular

Navigation bar with arrows and a central indicator.



Stroke Referrals to Community Services

Easington Community Stroke Rehab Team

April 2012 – March 2013

197 Referrals	16 referrals per month
94 six month reviews	8 reviews per month

April 2013 – September 2013

109 Referrals	18 referrals per month
94 six month reviews	16 reviews per month

Darlington Stroke and Neuro Team

April 2012 – March 2013

89 Referrals	7.4 referrals per month
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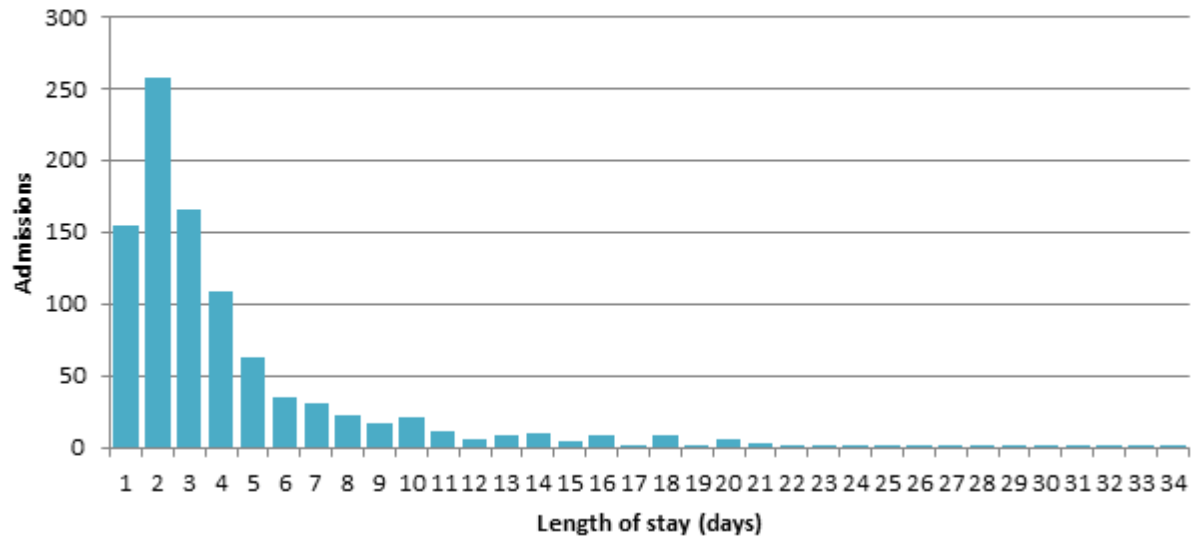
April 2013 – October 2013

32 Referrals	4.6 referrals per month
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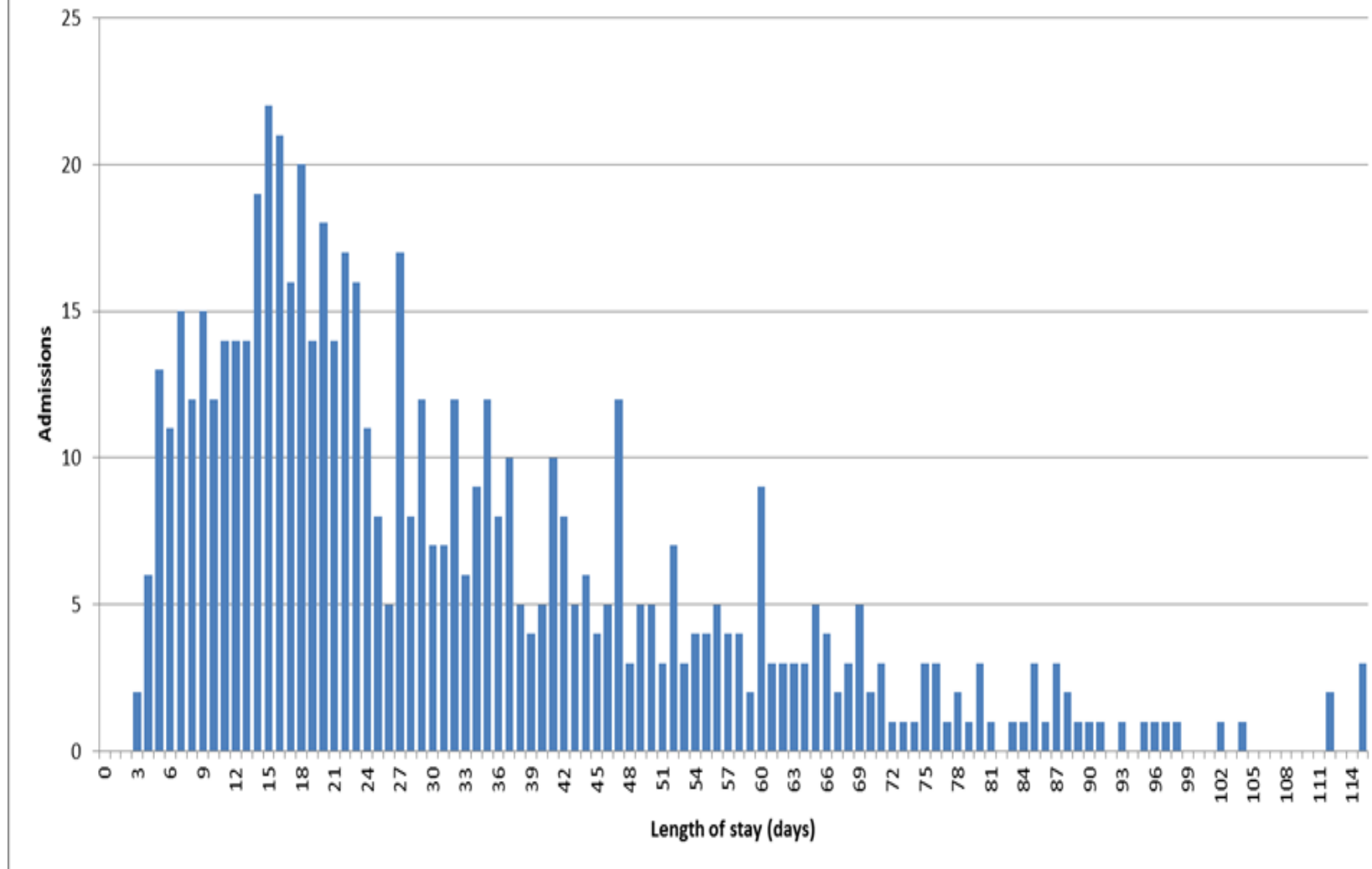
Derwentside, Durham & CLS Rehab Teams

Average Referral Rate	17 referrals per month
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Length of stay - EMG stroke patients at UHND (2011/12-)



Length of stay - EMG stroke patients at BAGH (2011/12-)



APPENDIX 2

Short term goals

- Co-ordination Team (hub)
- Scope basic current community staffing levels in all localities
- Find and Fill Gaps in provision
- Patient Survey to find unfulfilled needs
- Appointments systems review and find best fit for centralised system
- Incorporate social care into model
- SALT provision needs to be provided across whole area

Longer term goals

- Psychology provision needs to be provided across the whole area
- Implementation of information sharing system and protocols
- Explore concept of 7 day working