NHS

County Durham and the Tees Valley
Clinical Commissioning Groups

Improving Stroke Rehabilitation For the People of County Durham and Darlington

Health and Partnerships Scrutiny Committee

29 August 2019

Transforming lives together

Darlington Clinical Commissioning Group
Durham Dales, Easington and Sedgefield Clinical Commissioning Group
Hartlepool and Stockton-on-Tees Clinical Commissioning Group
North Durham Clinical Commissioning Group
South Tees Clinical Commissioning Group

Background

- In 2011 the local system moved to a single site model for hyperacute stroke
- Since this time there has been an improvement in outcomes for patients at the point of emergency
- It was recognised that a review of stroke rehabilitation was required as patient outcomes were not being fully realised

Vision

To develop a person-centred model of care that delivers care closer to home

To minimise variation and maximise the health outcomes of our local population

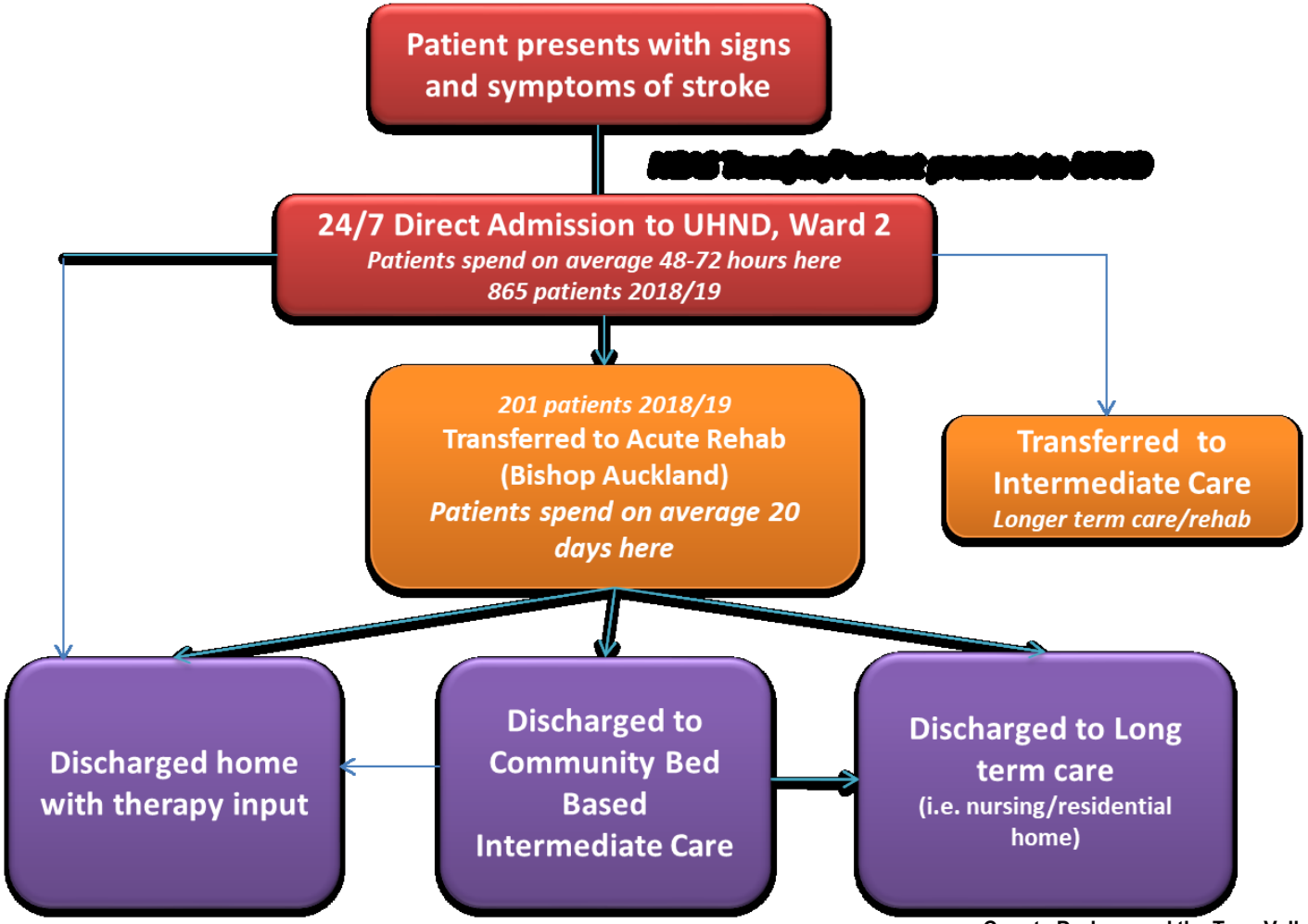
To ensure care is accessible and responsive to people's needs

To develop a service which retains and attracts an excellent workforce

Scope of Review

- The scope of this service review relates to the rehabilitation elements of the pathway following an acute episode due to stroke
- This includes:
    - Community based rehabilitation
    - Hospital based rehabilitation
- CCGs and CDDFT have a major emphasis on community services focussing on
    - Prevention and maintaining independence
    - Supporting patients with long term conditions
    - Managing crisis and supporting a return to independence

Current Pathway



Quality and Performance

SSNAP Scoring Summary:	Team	University Hospital of North Durham
	Time period	Jan-Mar 2019
	SSNAP level	B
Patient-centred Domain levels:	1) Scanning	A
	2) Stroke unit	B
	3) Thrombolysis	B
	4) Specialist Assessments	B
	5) Occupational therapy	C
	6) Physiotherapy	A
	7) Speech and Language therapy	C
	8) MDT working	C
	9) Standards by discharge	A
	10) Discharge processes	C

Emergency Care Improvement Programme
Safer, faster, better care for patients

NHS Improvement

County Durham and the Tees Valley Clinical Commissioning Groups

NHS

Patient and Carer Feedback

Phase one

There were over 160 responses to the engagement exercise
Survey developed – used online and as a print out
Spoke with existing community groups
Patient survey carried out on the wards at BAH and UHND
Social media used to publicise

Phase two

Over 76% of patients or family were involved in setting their treatment goals

79 people shared their views

Letters were sent to over 190 current patients of the Stoke Association

79% of patients told us they were involved as much as they wanted to be in their discharge plan

72% of respondents said that they received continuity of care

Key Themes

- Positive experiences of hospital care
- People would value care closer to home
- Many people felt they would have benefited from more therapy input both in a hospital and community setting
- Many people felt a lack of support during discharge
- People didn't want to have to repeat 'their story' multiple times

Clinical Case for Change

Policy Context	Key Theme	Gap in Current Provision
Stroke Strategy 2007	Hand offs of care	The current pathway promotes multiple transfers of care
NHS England's Quick Guide: Discharge to Assess and benefits for older, vulnerable people.	Discharge to assess	Therapy assessment takes place within a hospital setting rather than in the person's home setting
Stroke Guidelines 2016	Equity of access to comprehensive specialist community rehabilitation	Current community based rehab services are inequitable across County Durham
SSNAP Audit 2016	Levels of recommended therapy input	Rehabilitation within the community doesn't provide the intensity required as detailed in national guidance
SSNAP Audit 2016	Levels of recommended therapy input	Patient based outcomes could be improved upon e.g. time for therapy based interventions
Stroke Specific Education Framework	Efficient use of clinical staff	Currently staff have to cover two sites, for example medical rotas for consultants are difficult to manage and sustain with limited workforce
NICE guidelines - continuity of care and relationships in adult NHS services	Continuity of care	Currently many patients are handed off to another team so patients don't have the familiarity of staff
Stroke Specific Education Framework	Effective recruitment and retention of staff	The expertise is diluted currently across two sites and staffing levels are limited – lack of contingency
Stroke Guidelines 2016	Early supported discharge	Currently not in place

GETTING IT RIGHT FIRST TIME

- **Therapy** - Increase therapy staffing on stroke unit and provision for Early Supported Discharge (ESD) to facilitate discharge and reduce Length of Stay (LoS)

- **Consider ring fenced stroke therapy or Combined Stroke unit (acute and rehab) at single site**

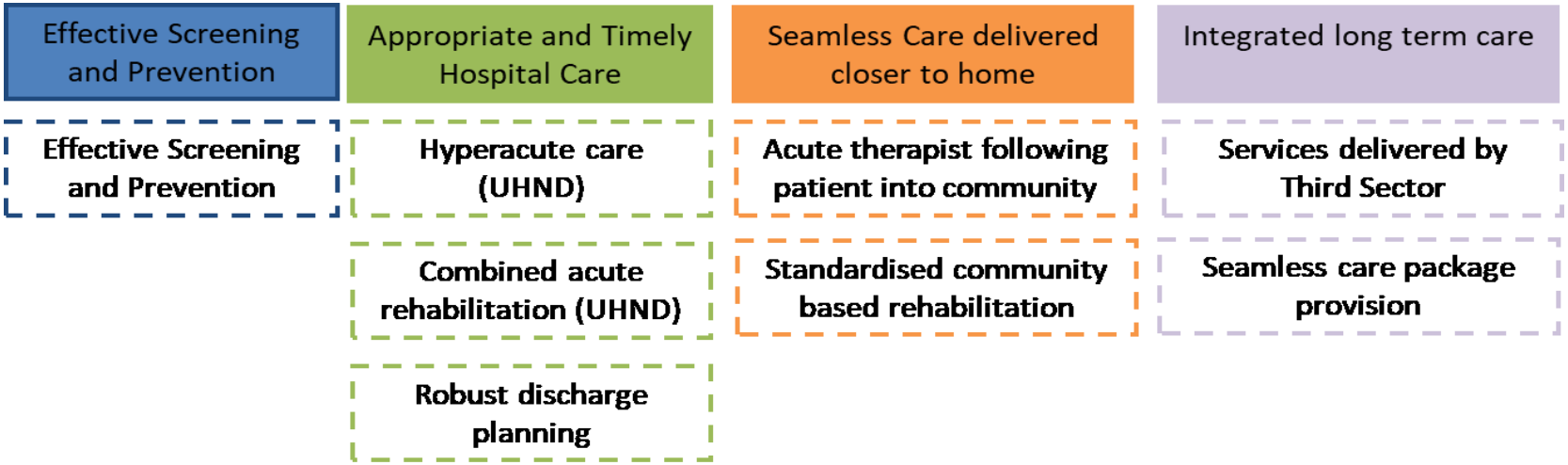
- **Consultant Cover** - Review of split site working to improve efficiency of medical workforce cover.

- **6 month reviews** - To ensure data is captured on the SSNAP system

Options Appraisal

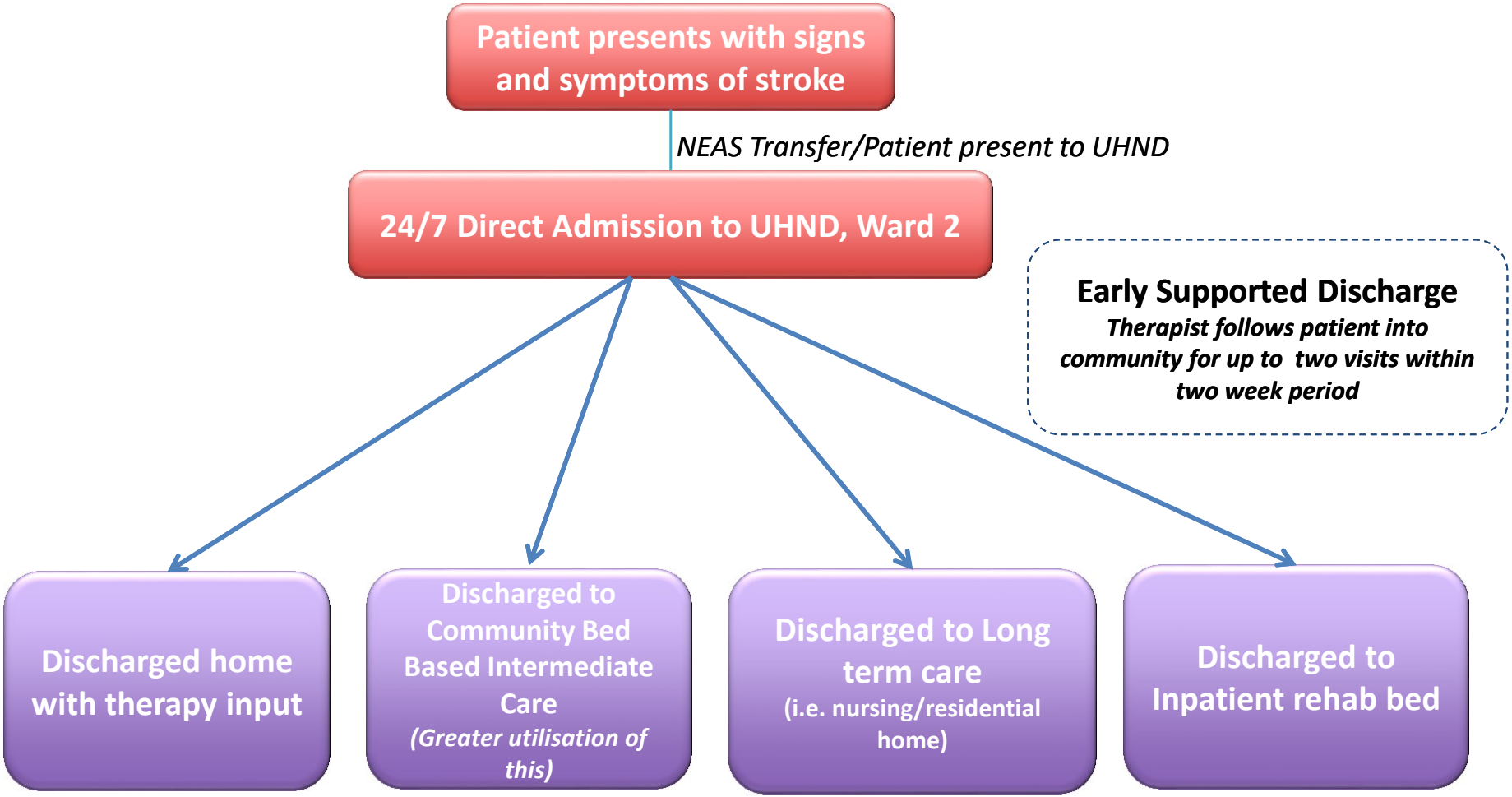
Clinical quality	Maintains or improves clinical outcomes; timely and appropriate services; minimises clinical risk	Patient, Public and carer Engagement – Experience and Feedback
Sustainability/flexibility	Ability to meet current and future demands in activity; ability to respond to local/regional/national service changes	
Equity of access	Reasonable access for urban and rural populations	
Efficiency	Delivers patient pathways that are evidence based; supports the delivery though access to resources	
Workforce	Provides environments which support the recruitment/retention of staff; supports clinical staffing arrangements	
Functional suitability	Provides environments suitable for delivery of care; clinical adjacencies with other relevant services/dependencies e.g. imaging	
Acceptability	Acceptable to service users, carers, relatives, other significant partners	
Cost effectiveness	Provides value for money	

Proposed Future Model



- To consolidate acute rehabilitation onto the Specialist Stroke Unit at UHND
- To provide robust discharge planning and implementation with seamless transition into the community
- Robust community rehabilitation services which are proactive and based on need

Proposed Pathway



What this would mean for patients in Darlington

- Equity of specialist inpatient stroke rehabilitation
- High quality and sustainable workforce available to deliver care in the the most appropriate setting
- A seamless transition into the community supported by Early Supported Discharge
- Community based services which are responsive to need
- Work in collaboration with the Stroke Association to ensure enhanced support for patients and carers is maximised as part of the pathway.

Next Steps

- Public document on proposals to be developed
- Public consultation planned – 7 October 2019 for 10 week
- NHSE assurance process to be followed
- Outcome of consultation to be considered by CCGs and Trust in the new year
- Ongoing communication with OSCs on progress