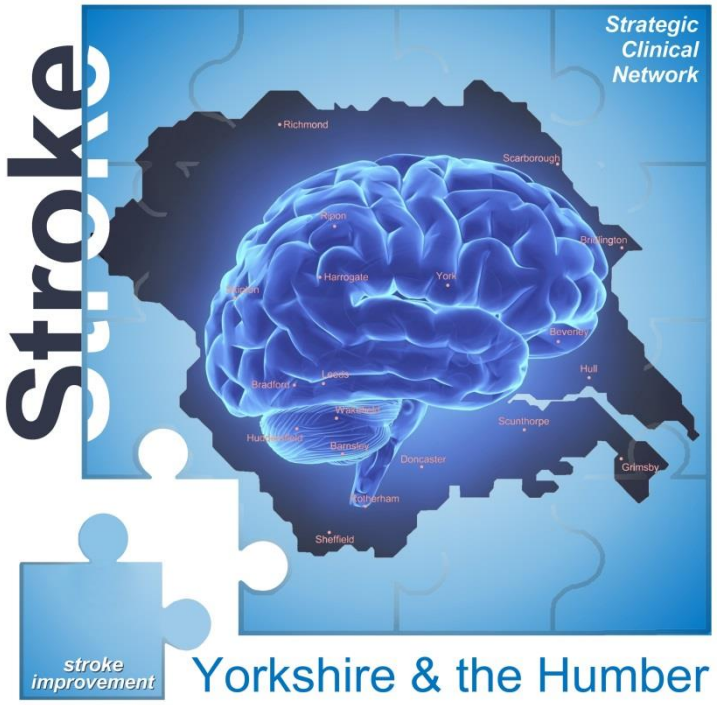

NHS

Yorkshire and the Humber Strategic Clinical Networks

Early Supported Discharge Workshop - Summary

Thursday 17th December 2015

N.B. Copies of the Slides are available here:
http://www.yhscn.nhs.uk/cardiovascular/Stroke/httpwwwyhscnnhsukcardiovascularStrokeESDphp.php

1. In Attendance:

Name	Job Title	Trust
Ashraf Ahmed	Stroke Consultant	Barnsley Hospital
Pam Bagot	Principal Physiotherapist	Harrogate and District NHS FT
John Bamford	Consultant Neurologist and Cerebrovascular Physician	Leeds Teaching Hospitals NHS FT
Sue Barnston	Specialist Stroke Nurse	Community Stroke Service - Sheffield
Laura Bates	Physio	Doncaster & Bassetlaw NHS FT
Laura Beasant	Senior Physiotherapist	Chesterfield Royal Hospital
Liz Bennington	Occupational Therapist	Bradford Teaching Hospitals NHS FT
Sarah Boul	Quality Improvement Lead	Yorkshire and the Humber SCNLes
Lesley Bradley		North Lincolnshire and Goole Hospitals
Judith Bird		Y&H SCN
Rebecca Brown	Working Together Programme Project Manager	Working Together Programme/Attain
Rebecca Campbell	Quality Improvement Manager	Yorkshire and the Humber SCN
Charlotte Coles	Commissioning & Business Manager	Leeds Community Services
Tracey Craggs	Assistant Director Operational Delivery	East Riding of Yorkshire CCG
Mike Dalton	Operational Lead	Community Stroke Service - Sheffield
Vicky Draper	Community Stroke	Harrogate &District Community Stroke Team
Rachael Dunraven	Senior Occupational Therapist	Rotherham FT
Donna Evans	Lead Nurse	Chesterfield Royal Hospital
Sue Fairhurst	Occupational Therapist	Mid Yorkshire Hospitals
Rebecca Fisher	Senior Research Fellow & Portfolio Development Manager	University of Nottingham / East Midlands AHSN

1. In Attendance (cont.):

Name	Job Title	Trust
Mikki Golodnitski	Manager of Clinical Network Services	Scarborough and Ryedale CCG
Sally Grose	Clinical Lead Occupational Therapist	Calderdale Support & Independence Team
Linda Hayward	Business Manager	Leeds Teaching Hospitals NHS FT
Kath Helliwell	Head of Commissioning	Bradford Teaching Hospitals NHS FT
Avril Henson	Team Leader	Locala
Sara Humphrey	Stroke Clinical Specialty Lead	Bradford Teaching Hospitals NHS FT
Christine Hyde	Physio Clinical Lead(Neuro)	Doncaster & Bassetlaw NHS FT
Simon Kirk	Directorate manager, Specialty Medicine	Bradford NHS FT
Meg Levers	Physiotherapist	SRCSDT
Amanda Jones	Stroke Clinical Lead	Sheffield Teaching Hospitals NHS FT
Annis Lavric	Senior Physiotherapist (Community)	Northern Lincolnshire and Goole NHS FT
Gillian Lether	Physiotherapist	Mid Yorks ESD and Neuro Community Team
Julia MacLeod	Regional Director of Operations	Stroke Association
Alison Mallett	Senior Physiotherapist	Rotherham Hospital
Peter Moore	Regional Director of Operations	Stroke Association
Chris Newberry	Stroke and Neuro Therapy Team Leader	York Teaching Hospitals NHS FT
Sue Oxley	Therapy Co-ordinator	Bradford Teaching Hospitals NHS FT
Hazel Sayers	Clinical Theme Co-ordinator	East Midlands Academic Health Science Network
Jaimie Shepherd	Stroke Pathway Clinical Manager	Doncaster Royal Infirmary
Freya Sledding	Therapy Service Manager	Airedale General Hospital
Amanda Young	Stroke Service Coordinator	Northern Lincolnshire and Goole NHS FT

3. Context and Y&H Position

Context

Early supported discharge (ESD) to a comprehensive stroke specialist and multidisciplinary team (which includes social care) in the community, but with a similar level of intensity to stroke unit care, can reduce long-term mortality and institutionalisation rates for up to 50 per cent of patients at lower cost (National Stroke Strategy, 2007). ESD should be considered a specialist stroke service and consist of the same intensity and skill-mix as available in hospital, without delay in delivery (National Clinical Guideline for Stroke, 2012).

The National Sentinal Stroke Audit, 2006 states "*Early supported discharge teams are effective both in terms of clinical benefit and resource use and yet only 22% of trusts have one. One of the common complaints of patients is that they feel abandoned when they leave hospital. The failure to provide specialist community stroke teams may be contributing to this perception".*

Reconfiguration of stroke services in other areas in England has identified ESD as critical to the success of hyper-acute stroke services.

Yorkshire & the Humber Position

The Yorkshire & the Humber Senate review of the Working Together (South Yorkshire) Case for Change concluded that a centralised model of HASU care is the only option that can be supported to improve patient care in line with national guidance. This needs to be considered across Y&H, with a focus on the whole pathway including ESD and repatriation.

The Strategic Clinical Network (SCN) agreed to support work across the three sub-regions and coordinate a Yorkshire and Humber approach to Hyper-Acute Stroke Services (this is being referred to as the 'Blueprint'). Standards have been agreed to support this work. Nationally , there remains significant variation in access to ESD and the Post-Acute Organisation Audit (Dec15) has highlighted that there is still considerable work to do to improve availability of ESD in Y&H.

A series of meetings were held in 2014 and a survey of current services was undertaken. This was repeated in advance of the meeting. The results further highlighted the varied position across the region.

The outcome of the initial work in 2014 was agreement to the development and implementation of an assurance framework to ensure a consistent approach to ESD Commissioning and service provision across Y&H.

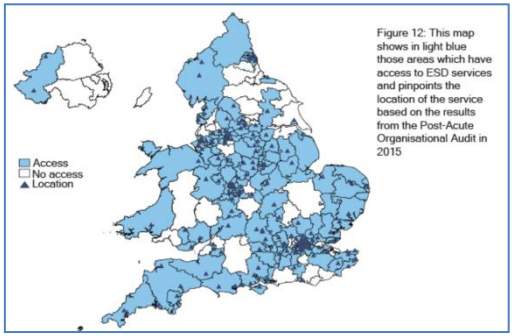

Figure 12: This map shows in light blue those areas which have access to ESD services and pinpoints the location of the service based on the results from the Post-Acute Organisational Audit in 2015

National Update

Amanda Jones, Clinical Lead, STHT, provided an overview of the updated ESD recommendations which are currently under development. The draft states that: "An ESD should provide the same skill mix and intensity of rehabilitation and care as would be available if the patient remained in a stroke unit ". The team should care nearly exclusively (this may be changed to exclusively) for stroke patients. The guidelines will also include increased emphasis on self-management and physical exercise.

4. Resources from the East Midlands

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

East Midlands Academic Health Science Network
Igniting Innovation

Service Specification and Consensus Paper:
http://www.yhscn.nhs.uk/cardiovascular/Stroke/httpwwwyhscnnhsukcardiovascularStrokeESDphp.php

Generic service specifications for community stroke rehabilitation and six month reviews:
http://emahsn.org.uk/images/Section_4_-_How_we_are_making_a_difference/Stroke/Community_Stroke_Rehab_Specification_FINAL.pdf

http://emahsn.org.uk/images/resource-hub/Stroke%206%20month%20reviews%20specification%20toolkit/Stroke%20B_Service%20specification.pdf

SSNAP activities conducted with East Midlands Service Providers and the development of a set of Help notes (adopted by RCP) for ESD and Community rehabilitation teams:
http://emahsn.org.uk/images/Section_4_-_How_we_are_making_a_difference/Stroke/Supplementory_ESD_and_CRT_SSNAP_helpnotes_web.pdf

5. Summary of Questions & Comments

Questions Raised During Presentations

Q. How do commissioners recommendations become more than recommendations?
A. We have to make the case, we need to bring more clarity to the recommendations for commissioners, we need to synthesise what we mean and outline how it may integrate with current services.
A. ESD is difficult, there is no carrot for it, we are also looking at rehab from a lot of different perspectives, currently there are too many cases for change

Comment: The challenge is how to retain stroke specificity.

Q. Are the East Midlands Service Specifications available to share?
A. Yes, we are very keen not to re-invent the wheel. There are a range of resources developed in the East Midlands which could be adapted.

Q. What is the population of the East Midlands? This is useful so that comparisons can be drawn with Yorkshire and the Humber.
A. 4.533 million

Comment: Let's link in with Rebecca Fisher and build on the work undertaken in the East Midlands.

Q. How many think that their ESD Service fulfils the criteria?
A. (Wakefield): Yes
A. (Sheffield): Yes, but their definition of ESD services has changed several times.
A. (Rotherham): The Service runs with 2 people, which is not a fulfilment of the service requirements.
A. (York): The service is a bit of a half way house, and is not available to all patients.
A. (Harrogate): Not classed as an ESD Service.

Q. How different would a service model be for rural services?
A. The East Midlands team are conducting some research around this. A multidisciplinary team is still required. It may be better to have a community stroke team. Also consideration is required regarding what can be done on a regional level to develop a specialist service.

The Group also discussed:

- Generic services versus specialised services.
- Length of Stay.
- Provision of services beyond ESD.

6. Summary of Discussions

Areas considered during group discussions

- Should the ESD be time-limited- evidence is on intensive and for 6 weeks duration?
- Should it be a 7 day service?
- Should it be just for mild/moderate patients?
- Should it be a specialist service or part of a more generic intermediate care service (Better Care Fund)?
- In-reach versus out-reach?
- Are the 'ESD' services in Y&H consistent with national recommendations?
- What are the barriers & enablers to implementing ESD?
- What are the Service requirements?
- What is the scope?
- What support is required from the SCN to standardise ESD commissioning across Y&H?
    - Service Specification
    - Data and Information
    - Case for change
    - Position Statement

Key areas of discussion

- **Mild to moderate patients** i.e. how elastic is the band? Should we go beyond the evidence base on length of service? Should we be coming up with an ESD specification based on national guidance or should we come up with a generic stroke service specification? We should ask if those patients who are not getting an ESD service are getting any service? It was felt that community stroke teams do provide an ESD model with the intensity of the service provided but the staffing across specialities is not what meets the requirements of an actual ESD service.
- **Length of stay -** particularly around the 6 week pathway.
- **In-reach versus out-reach**? Some area are trying a combined model – it is working really well, especially for patient experience and continuity – this is Doncaster doing this. Staff have more confidence, and patient assessments are reduced – better handover process.
- The impact of **HASU** Reconfiguration will be result in services accessing multiple ESD teams. A reduction in HASS will increase the pressure on ESD services. They will need to work.
- **7 day services**. Harrogate patients don't want Saturday/Sunday appointments. They are offered to new patients but most patients decline weekend interventions. More clarity is required. What is a 7 day service? Same level staffing or less staffing? Feedback around 7 day working – more clarity is required.
- **Post-ESD – Time-limitations**. 6 weeks is fine as long as other services are ready to pick up where ESD leaves off. Should duration of service be based on professional judgement? There are blurred boundaries and a conflict between the service specification and professional judgement.
- **Re-accessing Services**. The group discussed patients not being able to get back into services when they need them.
- **Social work** – This is a gap in most cases.
- **Stroke Association** should be more heavily involved in ESD as it is the Stroke Association that provides a continued service. Regular reviews are essential to ensure that patients get what they need on into the future.
- **Commissioner requirements**. Different solutions for different areas. Without a tariff it is hard to incentivise
- **Specialised versus generic services** – it was felt that a specialism should be maintained – this is something that could be championed regionally. Regional training programmes are an ongoing issue.

7. Next Steps / Actions

Ref#	Next Steps	Owner	Due	Action
1	Share slides and East Midlands resources	Rebecca Campbell	Dec15	Available on SCN ESD webpage
2	Ensure ESD included within the Y&H Blueprint development and HASS Transformation work	Julia Jessop	Ongoing 2016	
3	More Clarity required regarding '7-day services'	Amanda Jones	Next Meeting	Raise as part of guideline development
4	Development of ESD service specification – Build on work from the East Midlands	Julia Jessop	Ongoing 2016	Service Specification
5	Support commissioning of ESD services and ensure incorporated in to the Y&H HASS Blueprint Work	John Bamford & Julia Jessop	Feb16	Development of case for change
6	Consideration to be given to regional education & training	John Bamford	Ongoing 2016	Discussion at CEG

8. Contacts

Yorkshire and the Humber Strategic Clinical Networks

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http://www.yhscn.nhs.uk/cardiovascular/Stroke/httpwwwyhscnnhsukcardiovascularStrokeESDphp.php