

Cheshire and Merseyside Stroke and Cardiac Network

Specialist therapist group
GSF for ESD
Ruth Witham
Clinical Specialist Physiotherapist

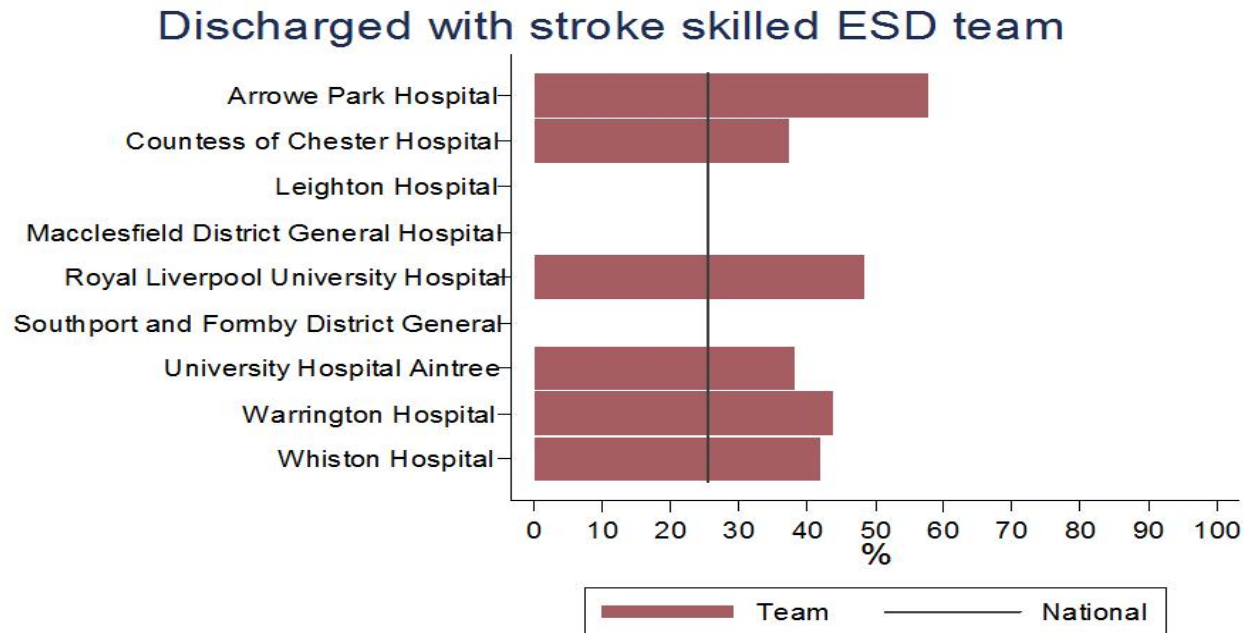
What Are We Working Towards?

- 40% of stroke patients to access ESD services with specialist stroke rehab in their own surroundings which can:
 - Reduce length of stay
 - Reduce inappropriate readmission
 - Reduce long term dependency
 - Reduce overall cost
- Targets: improvements in data reporting (submitting to SSNAP)
- Agreeing a gold standard framework

Aim of the Benchmarking Process

& Development of ESD GSF

- It was recognised in the region that there was a huge difference in the format of existing ESD services and gaps in provision for some CCGs



Source: SSNAP Jan-Mar 2014
Patient-centred results at team level for Key Indicator 10.2A

Cheshire and Mersey SCN

	Aintree (ESD)	CWP (ESD)	5BP/St Helens & Halton (ESD)	**Knowsley (ESD and community)	**Southport & Ormskirk (community neuro only)	RLBUHT (ESD)	Warrington & Halton (ESD)	Wirral (ESD)
Population served	250366	242764	186743	149108	119080	195355	125700	320295
Pathway length	12 wks	6 wks	6-8 wks	No defined limit	No defined limit	6 months	3-6 wks	12 wks
Number of referrals per year	264	184	154	250 (approx. 72 on ESD pathway)			180	324
Band 5 Physio			1					
Band 6 Physio	1.5		1	1	(1)	1.5	1.5	1
Band 7 Physio		1.5		1	(1)	1		0.5
Band 6 OT	0.68	1		1	(0.64)	1.5	0.5	1.6
Band 7 OT	1		0.6	1	(1.19)	1	1	1
Band 5 SALT						*		*
Band 6 SALT	1		0.5	0.4	*	*		*
Band 7 SALT		0.5			*	*		*
Band 6 Dietitian	0.5					*		
Band 7 Dietitian						*		
Social Worker				1				
Band 5 Nurse				0.2				
Band 6 Nurse		1					0.5	
Band 7 Nurse						0.8		
Band 3 Assistant	3	2						1.8
Band 4 Assistant		1	1	3	*	4	*	1
Support from consultant at MDT meetings						Y		Y
Other		Rotational OT and tem co- ordinator						

	Role	Referrals per year	Recommended staffing levels (wte) based on consensus document (2010) for a five day service	Actual staffing levels	Time over which patients can access the service
Aintree/South Sefton	Physio	264	2.64	1.5	12 weeks
	OT		2.64	1.68	
	SLT		1.32	1	
CWP	Physio	184	1.84	1.5	6 weeks
	OT		1.84	1	
	SLT		0.92	0.5	
5BP/St Helens and Halton	Physio	154	1.54	2	6-8 weeks
	OT		1.54	0.6	
	SLT		0.77	0.5	
*Knowsley	Physio	250	2.5	2	No defined limit
? delete	OT		2.5	2	
	SLT		1.25	0.5	
RLBUHT	Physio				6 months
	OT				
	SLT				
Warrington and Halton	Physio	180	1.8	1.5	3-6 weeks
	OT		1.8	1.5	
	SLT		0.9	0	
Wirral	Physio	324	3.24	1.5	12 weeks
	OT		3.24	2.6	
	SLT		1.62	SLT input not allocated in wte	

Common Themes from Benchmarking Exercise

- Variation in length of service from 6 weeks to 6 months (dependant on community provision)
- Variation in number of referrals dependant on availability of longer term community services.
- No service had the recommended level of staff particularly in SALT

GSF for ESD

- Specialist therapy group decided to try and gain some consensus around 'what makes an excellent ESD SERVICE'
- Needed to recognise the variation in ESD services around the region and the reasons for this ie services influenced by the whole pathway
- Used existing evidence base. Direct liaison with Dr Rebecca Fisher (University of Nottingham, CLAHRC)
- National guidelines (Stroke Strategy, RCP guidelines)
- National & International research evidence (Langhorne, ESD consensus document)

Models of Service Delivery

- Local consideration should be given to how ESD fits within the entire pathway, therefore models may vary, but all should provide same level of quality.
- Inreach vs Outreach.
- Access to 7 day service.
- Referral Criteria.
- Length of Pathway.

Measuring Quality, Performance and Outcomes

- Collection for SSNAP.
- Minimum 40% supported on ESD pathway.
- Reduction/maintenance of LOS.
- Visit at home within 24 hours.
- Goals agreed within 72 hours.
- 45 minutes of each relevant therapy.
- Patient satisfaction questionnaire.
- Functional outcome measures.

Benefits Of Producing the GSF

- Benchmarking exercise allowed a gap analysis of ESD provision across CMSCN
- Informed local commissioning arrangements
- Since the GSF was completed and circulated
 - one CCG has commenced ESD,
 - one has extended its provision and invested in SALT
 - one is in discussions with its local acute trust about commissioning a new ESD service.
- If this happens there will be complete ESD Coverage across the network .

A Commissioners' Perspective on the GSF

- Provides clear guidance and criteria re aims of ESD
- Access to ESD services (Referral criteria)
- Defines outcome measures in line with SSNAP
- Open about need for flexibility around local circumstances and geography
- Useful and practical resource to support the commissioning process
 - Not suggesting rigid one size fits all.

A Commissioners' Perspective on the GSF

However...

- Need to consider whole pathway to ensure guidance used with other standards and outcomes.
- Need to ensure integrated with other local support services.
- Need to ensure smooth and appropriate transitions between services from a patient perspective.

Credits

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