Consultant Stroke Physician
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1. Stroke Units
2. Early Supported Discharge
3. Out Patient Stroke Services
4. Community Occupational Therapy

Characteristics of Acute Stroke Units
- Continuous physiological monitoring 81%
- Access to scanning <3h of admission 99%
- Direct admission from A&E 24%
- Specialist ward round 7/week 11%
- Acute stroke protocols/guidelines 99%
- Nurses swallow-screen trained 88%
- Nurses trained in stroke assessment 90%
- All 42%

Adapted from Gilligan et al 2005
**Stroke and TIA Vital Signs**

**Trajectory to Target**

NB: A definition change in Q1 08/09 means that direct comparisons with previous quarters may not necessarily be valid.

<table>
<thead>
<tr>
<th>TIA</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
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**Stroke Desired Position**

- 90% stay on stroke unit

**TIA Desired Position**

- High risk TIA treated <24h

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**Amount of Therapy Received**

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Provided on Applicable Days</th>
<th>National</th>
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<tbody>
<tr>
<td>PHYSIOTHERAPY</td>
<td>45 min and above</td>
<td>32%</td>
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<tr>
<td></td>
<td>Less than 20 min</td>
<td>33%</td>
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<tr>
<td>OCCUPATIONAL THERAPY</td>
<td>45 min and above</td>
<td>31%</td>
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<td></td>
<td>Less than 20 min</td>
<td>42%</td>
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<tr>
<td>SPEECH &amp; LANGUAGE THERAPY</td>
<td>45 min and above</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>Less than 20 min</td>
<td>64%</td>
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**Key Message**

Therapy time should be spent delivering direct patient care, and administrative work should be kept to a minimum.

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**London: Productivity**

- Average length of stay
- HASU destination on discharge

Average total length of stay: fallen from 15 days in 2009/10 to 11.5 days in 2010/11 YTD.

35% of patients discharged home from HASUs. Estimate at beginning of project was 20%, and national mean is 15% at 3 days.

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**Early Supported Discharge**

- **Purpose**: Improve outcomes, accelerate discharge home from hospital and provide rehabilitation and support in the home setting.
- Only 18% PCTs report fully-specified ESD.
- Fear of costs of ‘double running’
- Requires shared, patient-centred vision and trust.

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**Main Areas of Accelerated Work**

- Proportion of patients supported by a stroke skilled Early Supported Discharge team (40% by April 2011)
- Presence of a stroke skilled Early Supported Discharge team

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Conventional Stroke Services

Rehabilitation
Support

Hospital Acute Rehabilitation
Home Support

Early Supported Discharge (ESD)

Hospital Acute Rehabilitation
Home Rehabilitation Support

ESD team: PT, OT, SW, nursing etc

Admission Discharge Review

Acute Rehabilitation Support

Quality and Productivity of ESD

Savings identified from change in pathway
- Reduced LoS before Trim Point
  - unbundle tariff and PCT/other provider fund
  - acute provider with ‘vertical integration’
- Reduction in excess bed-day costs beyond Trim Point
- Reduction of beds/re-use of beds for elective work income
- Residential/nursing home costs

Outpatient Service Trialists

To assess the effects of therapy based rehabilitation services targeted towards stroke patients resident in the community within one year of stroke onset.

The exact form (e.g. domiciliary, day hospital, outpatient clinic) was recorded but not used as an exclusion criterion.

Compared with conventional care (i.e. normal practice or no routine intervention).

- 14 trials
- Heterogeneous interventions
- Including 1617 patients

Outpatient Service Trialists

“Patients receiving rehabilitation at home within one year of stroke onset are more likely to have a better outcome, in terms of independence and achievement of maximum level of function in all aspects of daily life.”


Tariff Unbundling to Support ESD
East Midlands Network

Unbundled Tariff for AA22Z Based Upon Length of Stay

£

<table>
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<th>Price</th>
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<td>0</td>
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</tr>
<tr>
<td>1</td>
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<td>2</td>
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</tr>
<tr>
<td>9</td>
<td>5,000.00</td>
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Length of Stay
Outpatient Service Trialists

Personal ADL

Extended ADL

Workforce: Key facts

• Only 25% stroke units have adequate staffing levels
• Patchy access to psychologists, dieticians and social care
• Only 20% recommended number of stroke physicians
• UKFST and SSEF addressing issues of:
  – No nationally-recognised stroke-specialist courses or competences for nurses or AHPs
  – Many staff in traditional undisciplinary roles without training in leadership and effective teamworking

Home-Based or Centre-Based Rehabilitation for Community Dwellers?

Barthel Index at 6-8 weeks post-intervention

Barthel Index at 3-6 months post-intervention

Care home residents

Provision

• 486,000 beds in UK, majority private sector (54% single home ownership)
• Projected demand 1.5million by 2050

Residents

• Typically female >80 years, previously living alone in rented accommodation
• >50% dementia, other degenerative disease or vascular disease, ~25% stroke/TIA.
• 76% require assistance with mobility or are immobile
• 71% are incontinent.
A Survey of Immobility Related Complications After Stroke

Residents with stroke
- Contractures: 59 (48%)
- Pressure sores: 24 (20%)
- Shoulder pain: 59 (48%)
- Falls: 80 (66%)
- Other pain: 59 (48%)

Occupational Therapy in Care Homes (OTCH) trial

Webpage updated, covering:
- National policy
- Key issues
- Training
- Reviews & specialist input
- Making the case
- Case studies

Skills for Care - QCF competencies for stroke

Psychological Care After Stroke

Reaching Consensus
- Modified Delphi technique
- Review existing literature
- Draft initial statements
- Consensus Panel
- Consensus document

Stroke Rehabilitation And Community Care
- Slick to the evidence base
- Emphasise intensive, task-orientated therapy
- Be Innovative!