**Expression of Interest in the Enhanced Specification and Measures for Stroke Rehabilitation and Discharge Support**

This proforma gives background and instructions as to the strategic direction and investment in stroke rehabilitation nationally and how to apply to be a part of the phase one pilots within stroke care. This will concentrate initially on **Early Supported Discharge** extension for stroke patients and **Community Stroke Rehabilitation**.

## Submitting Expression of Interest and Process for Acceptance as a Phase One Pilot

Please complete all sections within the form below starting from **Expression of Interest** and submit your expression of interest **by close of 27th January 2020** to yourregional NHS England and NHS Improvement lead. Should you need the contact details of your regional NHSE / I lead please contact the NHSE / I Clinical Policy Unit at [england.clinicalpolicy@nhs.net](mailto:england.clinicalpolicy@nhs.net). Subsequently, updated expressions of interest may be developed with regional colleagues, and submitted to the national team, up to 3 February 2020.

Expressions of Interest for services servicing a wider population size of 300,000 to 2.5million will be welcomed and must be supported by the mobilisation plan.

Applications will be reviewed and further discussion may be sought during January to aid the decision making process. Those who have expressed interest will be notified of the outcome of this process by 10th February 2020.

## Background

The NHS Long Term Plan milestone for stroke rehabilitation states:

“By 2020 we will begin improved post-hospital stroke rehabilitation models, with full roll-out over the period of this Long Term Plan.”

The following paragraph is from the NHS Long Term Plan section about stroke.

***LTP 3.77*** Implementation and further development of higher intensity care models for stroke rehabilitation are expected to show significant savings that can be reinvested in improved patient care. This includes reductions in hospital admissions and ongoing healthcare provision. Out of hospital, more integrated and higher intensity rehabilitation for people recovering from stroke, delivered in partnership with voluntary organisations, including the Stroke Association, will support improved outcomes to six months and beyond. The existing national stroke audit (SSNAP) provides high quality information on the acute and inpatient rehabilitation care of stroke patients to improve stroke services. An update to SSNAP will provide a comprehensive dataset that meets the needs of clinicians, commissioners and patients by describing the quality of care provided for stroke patients from symptom onset through to rehabilitation and ongoing care.

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>

## What should the NHS stroke rehabilitation pilot sites achieve?

Patients, carers, clinicians and academics strongly feel that clinical outcomes and patient experience could be improved if community stroke rehabilitation services were in place to address the physical, psychological and social needs of stroke survivors.

The stroke rehabilitation pilot sites will implement a community stroke rehabilitation service (guided by nationally produced evidence-based specifications) as set out below. The evaluation of service delivery, process and patient outcomes will inform the future national stroke service strategy. The intention is that this work will improve functional outcomes and improved quality of life for those patients who have experienced a stroke. If needs are adequately addressed at an early stage either in hospital or post discharge, this could potentially be cost saving to health and social services in the longer term as well as lead to improved recovery from stroke.

The stroke rehabilitation pilot sites will test an integrated post-acute rehabilitation service with ease of movement between early supported discharge (ESD) and community rehabilitation pathways leading to clear and robust evidence in relation to its impact for the individual and the system. Any financial benefits as a result of the pilot activity will be retained by the local system. The evaluation of the pilots may also inform the development of rehabilitation models, in England, for other long term conditions.

Which services should a stroke rehabilitation pilot site provide?

1. Stroke rehabilitation pilot sites will develop and evaluate the delivery of integrated community stroke rehabilitation services drawing together elements of physical, psychological and vocational rehabilitation within the community. Service specifications about required components of the stroke pathway have been developed by the NHSE Long Term Plan Stroke Rehabilitation and Ongoing Care Working Group and Integrated Stroke Delivery Networked Task and Finish Group. These are available on the FutureNHS Stroke Community Network site. If you are not an existing member please email [england.clinicalpolicy@nhs.net](mailto:england.clinicalpolicy@nhs.net) to request access.
2. Each stroke rehabilitation pilot site will develop an integrated and comprehensive approach to stroke rehabilitation and support following hospital discharge for all people with a disability after stroke (including those discharged to residential care or nursing care). An area wishing to become a stroke rehabilitation pilot site should already have inpatient stroke and early supported discharge (ESD) service(s), and these will work closely with any new service infrastructure to develop and extend the stroke care pathway. A stroke rehabilitation pilot site may wish to further develop the early supported discharge service(s) which they provide.
3. **The stroke pilot sites will develop the overall pathway of stroke rehabilitation in phases.** 
   1. **In year one of the service development (2020/2021), clear focus on delivery of a seven-day comprehensive step down (including ESD and community stroke) rehabilitation service will be essential.**
   2. **It is recognised that pilot sites may wish to approach the provision of capacity differently in terms of staff and skills needed to meet the performance and interventions required.**
   3. **Stroke rehabilitation pilot sites should however have clear proposals that ensure that from the start of year two (2021/2022) psychological and vocational rehabilitation are being addressed throughout the rehabilitation pathway.**
   4. **Expected to maintain patient level data and tracking for the purposes of evaluation of the pilots and entire pathway**
4. A stroke rehabilitation pilot site will be expected to provide a stroke specialist rehabilitation service which can provide physical, psychological and vocational rehabilitation and support for stroke survivors for a minimum of six months (and ideally longer if still beneficial to the patient) post hospital discharge. This part of the service specification is dependent on sufficient collection of baseline data based on outcomes and implementation of year one comprehensive step down.
5. As psychology and vocational rehabilitation is often underrepresented in a stroke unit and in early supported discharge teams, stroke rehabilitation pilot sites should consider how they enhance psychological and vocational rehabilitation across the whole stroke care pathway.
6. The stroke rehabilitation pilot sites should provide services which use patient centred goal setting, self-management and which consider innovative ways of working e.g. use of technology, group work. They should also consider how they will address any health inequalities, such as the needs of disadvantaged or rural communities; and how to address the needs of stroke patients with multiple comorbidities.
7. Each stroke rehabilitation pilot site will need to develop a robust system for transfer of care, when needed, from stroke specialist services to generic rehabilitation and care.
8. There should be a clear and easily accessible pathway for stroke survivors and non-specialist services to re-contact stroke specialist services if needed. This may include a ‘stroke helpline’. The stroke specialist service should provide training and guidance to non-specialist services
9. Each stroke rehabilitation pilot service will undertake six-month post stroke reviews with all stroke survivors. Further development may be needed to ensure that six month reviews focus upon what is important to stroke survivors. Data from these reviews should be used to inform local need mapping, workforce and service improvement planning for 2020 and beyond.

<https://www.england.nhs.uk/wp-content/uploads/2019/04/cquin-1920-6-month-reviews-for-stroke-survivors-guidance.pdf>

SSNAP will be extended to collect data from all community stroke rehabilitation services. Stroke rehabilitation pilot sites will be expected to be early contributors to this new component of national audit. Local data sources will also be used to inform the ongoing evaluation of the pilots.

## The support offer from NHS England and NHS Improvement

1. NHS England and NHS Improvement aims to provide a fixed level of funding covering at least 2020/21 and 2021/22. The total fund available is expected to be £2.3million in year one. The level of funding each successful pilot site will receive will subject to agreement as part of the application process. Funding will be subject to the agreement of a Memorandum of Understanding (MoU) and provided in four waves (through adjustment to a lead CCGs allocation). Continuation of funding will require achievement of agreed milestones throughout the period. The main focus of funds from NHS England and NHS improvement should be on additional workforce (pay) costs, however data will also be collected on non-pay costs to ensure the full cost of the change required to deliver the pilot is available. The final number of phase one pilot sites will depend on the number and quality of the applications and the population of the pilot sites. Phase one pilot sites will start on the 1 April 2020. We would wish to continue funding the first phase of pilot sites into a second year with a view to possible continuation for a longer period.
2. NHS England and Improvement will provide support and guidance from the Clinical Policy Unit (CPU) programme team up to and throughout implementation. If there is interpretation or agreement required in, for example, mobilisation, pathway interface agreement and / or data mode of analytics.
3. Access to “other pilot areas” area on the Future NHS stroke community network website for each pilot site supporting the requirement to share lessons learned, and enhanced opportunities to collaborate on developments.
4. We will support a data collection workshop in relation to drafting a Stroke Sentinel National Audit Programme (SSNAP) section 9 template to facilitate data collection in a standardised format across the initial pilot sites**.**
5. Benefits to the system (including any financial savings) as a result of the pilot activity will be retained by the local system.

## Criteria for expression of interest process

* Must have full agreement from the following partner organisations at executive level and have provided evidence within application

*Note: across all areas where the pilot will be implemented i.e. if this is across multiple CCGs in an STP all Executive level agreement must be submitted*

* + Executive Director(s) of Commissioning responsible for stroke care
  + Executive Director(s) of Acute Care Provider(s)
  + Executive Director(s) of Community Care Provision
  + Where any private provision supports delivery of stroke rehabilitation – agreement from their Executive Director(s)
  + Executive Director(s) of Local Authorities for care provision and placement where appropriate
* Be compliant with thrombolysis and mechanical thrombectomy SSNAP level B care over the past 12 months consistently.
* Cover a total population of minimum 300,000 and a maximum of 2.5 million. The Memorandum of understanding (MOU) will be with the Accountable Officer of a single lead CCG (‘the lead organisation’) however applications are welcomed from groups to ensure the population size is covered.
* The initial MOU will apply to the first financial years funding and there will be a review point to ensure that services are being delivered.
* The application should confirm that the geographical area will have all component parts of a stroke rehabilitation pathway within its current service provision i.e. acute management including thrombolysis, inpatient acute rehabilitation, Early Supported Discharge, community stroke rehabilitation – it is recognised that some rehabilitation services may not be completely bespoke to stroke i.e. neurological rehabilitation services within community, however specific knowledge and experience of stroke is essential
* The acute and/or community provider(s) in the geography should not currently be under any sanction or special measures specifically with regard to stroke care.

## Expression of interest form

Name Email Telephone

Address

**Do you feel you meet the Enhanced Specification and Measures for Stroke Rehabilitation criteria?**

Yes No

1. Do you have clear agreement

from all partners required within criteria?

1. Do you have any Performance (including formal

Performance) notices issues which would

impede your participation?

1. You have submitted a clear financial plan for

all additional resource and a clear viable

mobilisation plan?

|  |
| --- |
| **Why do you wish to be involved with the national stroke rehabilitation pilot?** |
| (up to 500 words) |
| **Please describe your current work around stroke improvement (specifically across ESD and Community services but including all pathway development) within your area and how this is enhanced by the pilot and improved beyond the duration of the pilot.** |
| (up to 500 words) |
| **Please describe to us, based on your mobilisation, where you will source your clinical capacity from including contingencies where necessary** |
| (up to 500 words) |
| **Please describe the joint governance arrangements you have to oversee the pilot including consistent provision of the core data set. How will cross organisational provision be represented in engagement with NHSE & I oversight i.e. what representation will be within the monthly meetings to speak on behalf of the pilot?** |
| (up to 500 words) |
| **Describe how you will provide value for money within the additional support that the pilot funds will make available to your population. If successful, how will you ensure the service continues to operate after the end of the pilot?** |
| (up to 500 words) |
| **Describe your project management infrastructure and data analysis including resources to manage this. Please include how you will provide monthly assurance and reporting back to NHS England and NHS Improvement** |
| (up to 500 words) |

**Review criteria:**

Responses to this and the mobilisation plan will be reviewed for clarity on

* how you will deliver your programme of work
* the breakdown of costs and how it will demonstrate value for money
* the rationale for the breakdown of costs
* how you will manage risk.

Regional input will be involved in the decision making progress.

**Agreement from parties to be involved**

Executive Director(s) of Commissioning responsible for stroke care

*Note: repeat outline below where required for all parties and organisations where the stroke pilot is proposed to be implemented.*

|  |  |
| --- | --- |
| Executive Director(s) of Commissioning  responsible for stroke care | Executive Director(s) of Acute Care Provider(s) |
| Organisation…………………………………………  Designation………………………………………….  Signature……………………………………………. | Organisation…………………………………………  Designation………………………………………….  Signature……………………………………………. |
| Executive Director(s) of Community Care Provision | Executive Director(s) of Local Authorities for care provision and placement where appropriate |
| Organisation…………………………………………  Designation………………………………………….  Signature……………………………………………. | Organisation…………………………………………  Designation………………………………………….  Signature……………………………………………. |
| Where any private provision supports delivery of stroke rehabilitation – agreement from their Executive Director(s) | Executive director (Other) |
| Organisation…………………………………………  Designation………………………………………….  Signature……………………………………………. | Organisation…………………………………………  Designation………………………………………….  Signature……………………………………………. |
| Executive Director (Other) | Executive Director (Other) |
| Organisation…………………………………………  Designation………………………………………….  Signature……………………………………………. | Organisation…………………………………………  Designation………………………………………….  Signature……………………………………………. |

The following data will be required monthly for the evaluation process. The formulation of individual items within this list is not final – we expect some wording to be amended by the stroke audit provider, and the provider of external evaluation.

**Data Collection – Early Support Discharge**

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| --- | --- | --- | --- | --- | --- | --- |
| **Measure description** | **Threshold** | **Current Performance** | **Data source** | **Data collection tool** | **Data collection timeline** | **Comment** |
| Percentage of patients referred seen within 24 hours for an assessment | 40% |  | Local data | Local data | Within 3 days of referral to service | Previous NICE Standard |
| Percentage of patients receiving daily face to face, (PT, OT, SLT, Psychology, nurse and rehab assistant combined) | Benchmark locally |  | Local data | Local data | Continuous/by discharge from service | Requires additional data collection to SSNAP |
| Percentage of patient days under the care of this team on which therapy (PT, OT, SLT, Psychology, nurse and rehab assistant combined) is received by the patient | Benchmark locally |  | Local data | Local data | Continuous/by discharge from service | Requires additional data collection to SSNAP |
| Measures of patient improvement - % number of patients that have improved | Benchmark locally |  | Local data | MRS1 | **Admission** to and **discharge** from service | Requires additional data collection to SSNAP |
| Barthel Score, |
| NEADL2 |
| Measure of Patient Experience using the updated Friends and Family Test question from April 2020[[1]](#footnote-1) – with 2-3 locally agreed additional questions from provided list (list to be agreed)[[2]](#footnote-2) | Benchmark locally |  | Local data | FFT | Continuous (at any point in patient journey) with monthly requirement to submit data from mandated question | Additional questions may require additional data collection |
| Percentage of adults who have access to a clinical psychologist with expertise in stroke rehabilitation and who is part of the core multidisciplinary stroke rehabilitation team and F2F Contact per patient per week | 85% |  | SSNAP | SSNAP | Discharge from hospital | NICE Standard 3 |
| Percentage of patients who were screened for mood disturbance or had a cognitive assessment under the care of this service | 90% |  | Local data | Local data | Discharge from service | In SSNAP |

**Data Collection – Stroke Community Rehabilitation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Measure description** | **Threshold** | **Current Performance** | **Data source** | **Data collection tool** | **Data collection timeline** | **Comment** |
| Percentage of patients referred seen within 72 hours for an assessment | 60% |  | Local data | Local data | Within 3 days of referral to service | Previous NICE Standard |
| Percentage of patients receiving daily, 3xweek and 1x week therapy (PT, OT, SLT, Psychology, nurse and rehab assistant combined) | Benchmark locally |  | Local data | Local data | Continuous /by discharge from service | Requires additional data collection to SSNAP |
| Percentage of patient days under the care of this team on which therapy (PT, OT, SLT, Psychology, nurse and rehab assistant combined) is received by the patient | Benchmark locally |  | Local data | Local data | Continuous /by discharge from service | Requires additional data collection to SSNAP |
| Measures of patient improvement - % number of patients that have improved | Benchmark locally |  | Local data | MRS1 | **Admission** to and **discharge** from service | Requires additional data collection to SSNAP |
| Barthel Score, |
| NEADL2 |
| Measure of Patient Experience using the updated Friends and Family Test question from April 2020[[3]](#footnote-3) – with 2-3 locally agreed additional questions from provided list (list to be agreed)[[4]](#footnote-4) | Benchmark locally |  | Local data | FFT | Continuous (at any point in patient journey) with monthly requirement to submit data from mandated question | Additional questions may require additional data collection |
| Percentage of adults who have access to a clinical psychologist with expertise in stroke rehabilitation and who is part of the core multidisciplinary stroke rehabilitation team and F2F Contact per patient per week | *85%* |  | *SSNAP* | *SSNAP* | *Discharge from hospital* | *NICE Standard 3* |
| Percentage of patients who were screened for mood disturbance or had a cognitive assessment under the care of this service | 90% |  | Local data | Local data | Discharge from service | In SSNAP |

1 Modified Rankin Scale,

2 Nottingham Extended ADL

**Data Collection – Global impact measures**

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| --- | --- | --- | --- | --- | --- | --- |
| **Measure description** | **Threshold** | **Current Performance** | **Data source** | **Data collection tool** | **Data collection timeline** | **Comment** |
| Measure of input from social services: changes in care package | Benchmark locally |  | Local data | Local data | **Admission** to and **discharge** from service | Requires additional data |
| HRG contact acute contact within first 6 months | Benchmark locally |  | Local data | Local data | Acute Hospital contact |  |
| Total Costs from HRG contact within time period from date of Acute discharge to date of post 6 months after admission to Comm Rehab team | Benchmark locally |  | Local data | Local data | Acute hospital contact |  |
| Staff and Patient availability to support personalised goal setting framework and metrics with Personalisation team | Active Development |  | Active Development | Active Development | Based on Personalisation team Project Plan, agreed with pilot sites |  |

**Key Intervention delivery data (SSNAP Clinical Audit, Team centred ESD and CRT or additional fields)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure description** | **Threshold** | **Data source** | **Data collection tool** | **Data reporting** | **Comment** |
| Number of stroke patients admitted to the team | Benchmark nationally | SSNAP | quarterly | quarterly | In SSNAP |
| Number of days from inpatient discharge to first direct contact with this team, where this is the first team following an inpatient stay | Benchmark nationally | SSNAP | quarterly | quarterly | In SSNAP |
| Number of days at this team until rehabilitation goals are set | Benchmark nationally | SSNAP | quarterly | quarterly | In SSNAP |
| Length of stay at this team | Benchmark nationally | SSNAP | SSNAP | quarterly | In SSNAP |
| On how many days did the patient receive this therapy/care across their total stay in this team? For each discipline:  PT, OT, SLT, Psychology, Nursing, rehab assistant | Benchmark nationally | SSNAP | SSNAP | quarterly | Additional field required |
| % of the patient’s days under the care of this team on which PT, OT, SLT, Psychology, Nursing, rehab assistant (for each discipline)  is received by the patient | Benchmark nationally | SSNAP | SSNAP | quarterly | Additional field required |
| How many minutes of this therapy/care did the patient receive during their stay in this team?  PT, OT, SLT, Psychology, Nursing, rehab assistant | Benchmark nationally | SSNAP | SSNAP | quarterly | Additional field required |
| Number of minutes per day on which OT, PT, SLT, Psychology, Nursing, rehab assistant is received | Benchmark nationally | SSNAP | SSNAP | quarterly | Additional field required |
| What level of therapy/care did the patient need? (PT, OT, SLT, Psychology, Nursing, rehab assistant combined\*)  Daily, 3xweek, 1xweek | Benchmark locally | Local data | Local data | Monthly | Additional field required |
| What level of therapy/care did the patient receive? (PT, OT, SLT, Psychology, nursing, rehab assistant combined\*)  Daily, 3xweek, 1xweek | Benchmark locally | Local data | Local data | Monthly | Additional field required |

1. To be “overall, how was your experience of our service?” [↑](#footnote-ref-1)
2. To include “where your own needs and wishes taken into account when planning your rehabilitation?” [↑](#footnote-ref-2)
3. To be “overall, how was your experience of our service?” [↑](#footnote-ref-3)
4. To include “where your own needs and wishes taken into account when planning your rehabilitation?” [↑](#footnote-ref-4)