

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	03/CVDS/0005
Service	Stroke Early Supported Discharge
Commissioner Lead	CCP for Cardiovascular Disease & Stroke
Provider Lead	Helen Persey
Period	1 April 2013 to 31 March 2014
Date of Review	To be Agreed

NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	*
Domain 2	Enhancing quality of life for people with long-term conditions	*
Domain 3	Helping people to recover from episodes of ill-health or following injury	*
Domain 4	Ensuring people have a positive experience of care	*
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	*

1. Population Needs

1.1 National/local context and evidence base

Early Supported Discharge is just one aspect of the delivery of stroke specialist community rehabilitation and is particularly relevant for those patients who have suffered a mild or moderate stroke.

The National Stroke Strategy states that Early Supported Discharge teams are comprehensive stroke specialist and multidisciplinary teams, which include social care, in the community but with a similar level of intensity to stroke unit care. This will reduce long-term mortality and institutional care for up to 50% of patients and lower overall costs.

Early Supported Discharge complements other stroke services within the community and should be seen as an adjunct to these specialist services and not as standalone service. Premature discharge without specialist input would lead to an increased dependency and poor outcomes. Support later in the pathway is essential to allow a smooth and seamless flow without blockages within the early supported discharge process and on the acute ward. This in turn should aid the target of 90% of patients spending 90% of their time on a Stroke Unit.

The national and local evidence base to support the commissioning of stroke Early Supported Discharge services is as follows:

- The National Stroke Strategy, Department of Health, 2007
- Accelerated Stroke Improvement Programme, NHS Improvement, 2010
- Progress in improving Stroke Care, The National Audit Office, 2010
- Cochrane Review, 2010
- Early Supported Discharge consensus statement, CLAHRC, 2010
- Transforming Community Services Strategy, Department of Health, 2011

- Evidence from local pilot sites: Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust and Poole Hospital NHS Foundation Trust, 2012

2. Scope

2.1 Aims and objectives of service

The overall aim of the service is to deliver Early Supported Discharge for eligible stroke admissions enabling patients to return to their normal place of residence within Bournemouth, Poole and Dorset.

The main objectives of the service are:

- To provide early stroke specialist multidisciplinary rehabilitation and support in the community for those patients meeting the specified eligibility criteria.
- To ensure a seamless transfer of care from hospital and onwards to community services including social Care and voluntary services support.

2.2 Service description/care pathway

The Stroke Early Supported Discharge care pathway can be seen in Appendix 1.

The service will provide an integrated health and social care multi-professional Early Supported Discharge service for all adults over the age of 18 who are registered with a Bournemouth and Poole or Dorset GP. Providers of care will undertake intensive rehabilitation and treatments for adults and older people who have had a stroke, with support from reablement services where required.

DHUFT will be responsible for delivering ESD Stroke Services for patients discharged from Poole Hospital NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust

With the provision of an integrated Early Supported Discharge service delivered in partnership with health, social and voluntary care sectors, effective rehabilitation services will be provided to enable early supported discharge from hospital and, by improving patient outcomes, will reduce long-term dependency including new institutionalisation.

Early supported discharge services can be provided in a person's own home including residential and nursing care.

The Stroke Early Supported Discharge service will:

- deliver an integrated health and social care rehabilitation and reablement service to the patients of Bournemouth, Poole and Dorset.
- be delivered by a team which will include the following stroke specialist personnel as appropriate for individual patients:
 - Physiotherapy
 - Occupational therapy
 - Speech and language therapy
 - Nursing
 - Medical input

Therapy will be delivered at a level consistent with that received in secondary care.

- * include integrated working between secondary care, community care, primary care, social care and appropriate third sector organisations.
- * last, as a guide, between 1 day and 2 weeks, depending upon the requirements of the patient. It is recognised that the team will need to work flexibly in order to deliver the service.

- * be delivered between the hours of 8am–10pm as a minimum, in line with existing commissioned health and social care services
- * provide 7 day access to qualified therapists.
- * provide care in the usual place of residence
- * ensure a member of the team visits within 24 hours of discharge from hospital.

2.3 Population covered

Patients registered with an NHS Bournemouth and Poole or NHS Dorset GP.

DHUFT will be responsible for delivering ESD Stroke Services for patients discharged from Poole Hospital NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust

2.4 Any acceptance and exclusion criteria

All patients with a diagnosis of stroke will be considered for early supported discharge using the eligibility criteria as below:

Inclusion criteria:

- a. Medically stable – able to be medically managed in the community
- b. Nutrition established (including PEG feeding)
- c. Transfers safely – depending on home/family support situation
- d. Carer strain – a low risk of carer strain if reliant on carer for support
- e. Home environment suitable for rehabilitation
- f. Continence well managed or returned to usual level of continence
- g. Communication – able to raise alert and have basic ability to communicate (family/carer support can be taken into consideration)
- h. Medication management – system in place to safely manage medication and for those patients who still require changes that systems are in place to safely support this (e.g. outpatient appointment etc)
- i. Patient has active rehabilitation goals and is willing and able to participate
- j. Adequate cognition to maintain own safety when at home alone
- k. Barthel Index Score 10-17*

**Clinical decision making is required to determine whether a Barthel Index Score >17 should inhibit acceptance into Stroke Early Supported Discharge services.*

Exclusion criteria:

All patients being discharged to the Stroke Early Supported Discharge service must have had a diagnosis of stroke. Other neurological conditions will not be considered within the remit of this service.

2.5 Interdependencies with other services

The Stroke Early Supported Discharge service will include integrated working between secondary care, community care, primary care, social care and the appropriate third sector organisations.

3. Applicable Service Standards

3.1 Applicable national standards eg NICE, Royal College

- NICE Quality Standards for Stroke, 2010

- Accelerated Stroke Improvement Metrics, 2010
- Integrated Performance Measures, 2011/12
- NHS Operating Framework Stroke Metrics, 2012/13

3.2 Applicable local standards

4. Key Service Outcomes

The introduction of Stroke Early Supported Discharge services across Bournemouth, Poole and Dorset will deliver the following outcomes:

- Sustained achievement of the national target for the percentage of patients being directly admitted to the stroke unit
- Reduction in average inpatient length of stay for stroke
- Provision of stroke specialist rehabilitation in the community
- Sustained achievement of the national target for the percentage of patients spending 90% of their stay on a stroke unit
- Sustained achievement of the % of patients being discharged into an ESD service
- Improved patient and carer outcomes and experience
- No increase in readmissions with complications of stroke
- Overall reduction in level and cost associated with ongoing health and social care needs

5. Location of Provider Premises

The Provider's Premises are located at:

Not applicable

6. Individual Service User Placement

Not applicable

Embedded Documents

Appendix 1 ESD Pathway	 DHUFT ESD Appendix 1 Pathway
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