

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	<b>03/CVDS/0027</b>
<b>Service</b>	Communication Plus for Stroke patients with Aphasia
<b>Commissioner Lead</b>	Cardiovascular Clinical Commissioning Programme
<b>Provider Lead</b>	Dorset HealthCare University Foundation Trust
<b>Period</b>	1 April 2014 – 31 March 2015
<b>Date of Review</b>	

#### 1. Population Needs

##### 1.1 National/local context and evidence base

Cardiovascular Disease (CVD) accounts for over one third of all deaths in the UK each year. The main forms of CVD are coronary heart disease (CHD) and stroke.

In 2010, stroke was the fourth largest cause of death in the UK after cancer, heart disease and respiratory disease, causing almost 50,000 deaths.

Stroke is the leading cause of adult disability. More than half of all stroke survivors are left dependant on others for everyday activities. 33% of stroke survivors will have aphasia and 29% will suffer from depression.<sup>1</sup>

Long term rehabilitation and community support for people who have had a Stroke and their families/carers is set out in the following National and local guidance;

- The National Service Framework for Long- term Conditions. DOH 2005
- The National Stroke Strategy. DOH 2007
- Access to Life. Connect 2009.
- Life after Stroke. The Stroke Association 2012
- The National clinical guideline for Stroke, fourth edition. RCP 2012
- Cardiovascular Disease Outcomes Strategy – Improving outcomes for people with or at risk of cardiovascular disease. Department of Health, 2013
- NICE CG162: Stroke Rehabilitation. June 2013
- NHS Dorset Clinical Commissioning Group Strategy 2013 - 18

This service specification covers life after stroke for people with aphasia and links the Speech and Language Therapy pathway with communication support in the community.

Dorset healthcare are commissioned to sub contract with the Stroke Association for provision of the service and will provide the Speech and Language therapists to support the pathway

<sup>1</sup> Stroke Statistics. The Stroke association. January 2013. Accessed on line 1 July 2013.

Service users and clinicians have been actively involved in the development of this service specification during a two year project.

## 2. Outcomes

### 2.1 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	✓

### 2.2 Local defined outcomes

- Service designed around the patient
- Reducing inequalities
- Integrated care closer to home
- Improved Quality of Life Outcomes including building confidence, aiding social reintegration and supporting return to work, either paid or voluntary.

100% of patients to complete a Quality of Life questionnaire prior to beginning the communication plus modules

100% of patients to complete a Quality of Life Questionnaire on completion of communication plus module

60% of patients to complete the first module

#### **Speech and Language Therapy contacts (2 sessions per week)**

160 contacts per annum

of which there should be 80 new referrals in to the programme and 80 reviews at end of programme (some of which would be referred back in for a second programme)

#### **Stroke Association (~30 hours per week)**

4 programmes in East Dorset per annum

4 programmes in West Dorset per annum

Each programme is 10 weeks in duration

Each programme has capacity for 8-10 people (plus their carers) i.e. this will provide approximately 80 places per annum

### 3. Scope

#### 3.1 Aims and objectives of service

The aim of the service is to provide structured supported conversation groups and the facility for continuing support groups for identified patients with communication disability following a Stroke in order to improve the individual's confidence and morale whilst encouraging reintegration into society and independence.

The Service will provide an introduction, information and education for family members and carers. Family members and carers are encouraged to become active partners in the provision for that member.

The objectives of the service are;

- To help people with communication disability following a Stroke build their confidence and practice new ways of communicating in order to return to family and community life including a return to work, either paid or as a volunteer.
- To provide information, guidance and practical skills to help family members/carers to support and communicate with someone with a communication disability.
- To complement the Speech and Language Therapy service in offering long-term support in the community, closer to people's homes.
- To support service users and volunteers to facilitate longer term care.

The service will support patients to integrate back to work, family life and social activities.

#### 3.2 Service description/care pathway

All participants will be referred to the Communication plus modules for supported conversation by a Speech and Language Therapist. Agreed goals will be established with a review at the end of each block of sessions. The service will work closely with other providers of support for people with a history of stroke e.g. Community Rehabilitation Teams, Primary Care, the Stroke Association and voluntary groups and will be located in the community, close to home. Volunteers and Peer support will play an important and vital role in the successful delivery of this service. All participants will be discharged from the service with an agreed self-management plan including contact details, goals and re-referral criteria.

The Communication Plus coordinator will work closely with Speech and Language Therapists to receive referrals, discuss and agree goals or self-management plans and patient reviews. The coordinator will deliver (with the support of volunteers) a weekly block series of Supported Conversation groups consisting of a maximum of 8 participants.

Participants will have the option to take part in a second and third block if identified at review.

At the end of the programme, participants will have the opportunity to join the Continuing Support group, run by volunteers with once a month over-sight from the Communication Plus Coordinator. This group is a social group where communication is encouraged in a more relaxed environment with quizzes, games, outings etc. Participants will also have the opportunity to join other social stroke support Groups or local peer led groups.

## Pathway

- Participants will be referred to the Communication Plus 'Supported Conversation' group by a Speech and Language Therapist.
- The Communication Plus coordinator will agree individualised goals with each participant, their family/carer and Speech and Language Therapist.
- The group will be led by the Communication Plus coordinator with a maximum of two volunteers trained in Supported Conversation.
- Participants to attend 10-12 sessions.
- During the block, clients will be encouraged to develop independence with their chosen goals, aims and opportunities, returning to pre stroke hobbies, clubs or starting new ventures. Volunteers will be assisting with these initiatives.
- Participants of the group will take home a weekly summary enabling them to share the content of the session with their carer.
- Goals will be reviewed after each programme block.
- Participants can access a further two blocks according to need.
- Participants will be discharged from the service with a self-management plan which has been jointly agreed with the patient, their family/carer, the Communication Plus Coordinator and Speech and Language Therapist.
- Participants may access other stroke support groups and communication support groups alongside attendance at the Supported Conversation groups.
- Participants may be introduced to stroke support groups and communication support groups following discharge from the Supported Conversation groups.

### 3.3 Population Covered

Stroke patients and carers registered with an NHS Dorset Clinical Commissioning Group GP.

### 3.4 Any acceptance and exclusion criteria.

#### Referral criteria & sources

- Referrals will be sourced from Speech and Language Therapists.
- Participants will possess the capacity to work on an intense programme of work.
- Participants and family/carers must be motivated to fully embrace the programme and its objectives.
- Participants, their family and carers will agree goals with the Speech and Language Therapist and Communication Plus coordinator.

#### Exclusion Criteria

- Those with no confirmed diagnosis of stroke
- People from outside the NHS Dorset CCG area
- The proposed participant has over riding cognitive problems
- The proposed participant is unable to fully commit to the process

### 3.5 Interdependence with other services/providers

There will be a close working relationship with family and carers, Speech and Language

Therapists, Stroke Specialist and generic Community Rehabilitation Teams, Primary Care practitioners including GPs and Community Matrons, other support services for Stroke patients and carers, The Stroke Association, Dorset Stroke Network, NHS Dorset CCG and Dorset County Council.

#### **Interdependencies**

- Participants and family/carers
- Speech and Language Therapists
- Acute Stroke Units
- Primary care
- Community rehabilitation services and Long Term conditions services
- The Stroke Association
- Support groups for those who have had a stroke and their carers
- The Cardiovascular Clinical Commissioning Programme of the NHS Dorset Clinical Commissioning Group
- Dorset County Council commissioners

### **4. Applicable Service Standards**

#### **4.1 Applicable national standards (eg NICE)**

- The National Stroke Strategy. DOH 2007
- Access to Life. Connect 2009.
- Life after Stroke. The Stroke Association 2012
- The National clinical guideline for Stroke, fourth edition. RCP 2012
- Cardiovascular Disease Outcomes Strategy – Improving outcomes for people with or at risk of cardiovascular disease. Department of Health, 2013
- NICE CG162: Stroke Rehabilitation. June 2013

#### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

- The National clinical guideline for Stroke, fourth edition. RCP 2012
- NHS Outcomes Framework 2013- 2014

#### **4.3 Applicable local standards**

The three data metrics that the provider of the communication plus service will be expected to report on a regular basis are:

- Clinical outcomes and process
- Patient related outcome measures
- Patient experience

The provider is required to submit monitoring reports on a quarterly basis to the commissioner, which includes the following data:

	QTR 1	QTR 2	QTR 3	QTR 4
Number of patients referred to Communication Plus supported conversation modules				
Number of patients completed Quality of Life questionnaire prior to beginning the communication plus modules				
Number of patients completed one communication plus module				
Number of patients completed Quality of Life Questionnaire on completion of communication plus module				
Number of Improved Patient Reported Outcome measures; Confidence levels Integration into family/social/work life				
Number of patients offered a home visit				
Number of patients discharged with a self-management plan				
Number of patients referred to continuing support groups				
Number of patients referred for 2 <sup>nd</sup>				

module				
Number of patients referred for a 3 <sup>rd</sup> module				
<ul style="list-style-type: none"> <li>Completed is defined as attending &gt; 60% of the programme</li> </ul> <p>Review meetings with the Senior Programme Lead of the Cardiovascular Clinical Commissioning Programme, NHS Dorset CCG shall be held on a quarterly basis.</p>				
<b>5. Applicable quality requirements and CQUIN goals</b>				
<p><b>5.1 Applicable quality requirements (See Schedule 4 Parts A-D)</b></p> <p><b>5.2 Applicable CQUIN goals (See Schedule 4 Part E)</b></p>				
<b>6. Location of Provider Premises</b>				
<p><b>The Provider's Premises are located at:</b></p> <p>This service is to be provided for patients registered with a Dorset Clinical Commissioning Group GP and will be delivered in appropriate venues to meet the needs of people living in the localities of North Dorset, Mid Dorset, West Dorset, Weymouth and Portland.</p> <p>Delivered within either;</p> <ul style="list-style-type: none"> <li>A group environment close to home</li> <li>Individually supported at home by a volunteer</li> </ul>				
<b>7. Individual Service User Placement</b>				