Thanet Clinical Commissioning Group

Stoke rehabilitation, NHS Thanet CCG

Overview

NHS Thanet CCG commissions a Stroke Early Supported Discharge programme which facilitates early hospital discharge of patients with a newly diagnosed stroke to their home (or appropriate setting), providing specialist rehabilitation in the community.

Key elements of the service, locally

The service aims to:

- Enable patients to return to their own home, where appropriate, as soon as possible with support from a specialist multi-disciplinary rehabilitation programme and co-ordinated care pathway. This ensures patients receive optimum care and rehabilitation by working across both primary and secondary care.
- Continue to provide the patient with daily rehabilitation on the day after discharge as appropriate with review and adjustment of the rehabilitation programme appropriate to patient need.
- Provide information and knowledge/training to carers and relatives, thereby enabling and supporting them in providing ongoing care to the patient.

How services are accessed

The Stroke Early Supported Discharge programme referral is initiated following a clinical decision made by a consultant and/or following a CT scan result. The programme is available to patients aged 16 years and over whose rehabilitation needs are related to a new stroke episode. Access to the programme is via referral from the acute hospital team which is made to a single point of access within the Integrated Care Team based in the community.

To support management, criteria of entry are in place to support the patient's rehabilitation and care pathway.

The criteria are:

- Medically stable and appropriate diagnostics performed.
- Mild/moderately affected by the new stroke episode, for example, can transfer with one person or less.
- No moderate/severe cognitive impairment or dysphasia that would preclude successful rehabilitation.
- Have all care needs in place.
- Have suitable accommodation or minimal adaptations required.
- Achievable rehabilitation goals are identified and agreed with the patient and hospital staff prior to discharge into the community.
- Environment conditions are safe and suitable for rehabilitation.
- Patient is registered with an NHS GP within the locality or eligible to do so.
- Patient and/or their next of kin (or carer) agree to co-operate with the principles of rehabilitation including working in partnership with team members, carers and where appropriate voluntary services.
- GP is aware of referral to the Community Stroke Rehabilitation Team (CSRT).

Service provision

The care team is multi-agency and multi-speciality working within Thanet and includes stroke specialist nurse, neuro-clinical specialist physiotherapist, occupational therapy, speech and language therapy, dietetics, neuropsychology, rehabilitation support worker and care management.

The referrals will identify whether it is an Early Supported Discharge (ESD) patient, a Community Stroke Pathway (CSRT) patient, a patient for the specialist stroke nurse or a combination of these, and the patients care will be managed along the pathway as indicated as above.

Future developments

Following a review of the recently published stroke standards, work is underway with the East Kent Hospitals University Foundation Trust (EKHUFT) to identify and address gaps in current standards.

Thanet CCG will also be using Sentinel Stroke National Audit Programme data to support any further change management or development programmes.