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Future
Hospital

Stroke rehabilitation: increasing access and improving outcomes

This Future Hospital Programme case study describes how the Torbay and South Devon NHS Foundation Trust is fulfilling their aim of achieving stroke rehabilitation 7 days a week in both the Stroke Rehabilitation Unit and surrounding areas.

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7-day services

Key recommendations

- Review the skill mix across the stroke rehabilitation team.
- Obtain patient feedback on value of 7-day services; including which days are valuable for services to operate. From here a yearly plan can be forged.
- Building the 7-day service into job plans in advance will show new starters what is expected of them.
- Volunteers can provide peer support from other people with stroke.

The challenge

In the western world, stroke is the leading cause of disability. Evidence demonstrates that the intensity and frequency of stroke rehabilitation practice is key to enhanced recovery. The National Institute for Health and Care Excellence (NICE) recommends stroke patients should attend 45 minute rehabilitation sessions five times a week. This recommendation can prove difficult to fulfil around the daily commitments of work and family life. Prior to October 2010, rehabilitation was provided over five consecutive days of the week (Monday to Friday). At the time, a survey of patients who had left the unit suggested that only 60% felt they had received enough rehabilitation. After reviewing what patients we had and the kind of treatment they needed, we decided we wanted to be able to offer a 7-day service.

Local context

The unit in South Devon services a local population of 286,000, with commissioning arrangement via Torbay & South Devon Clinical Commissioning Group. The stroke rehabilitation unit has 15 beds and provides rehabilitation post-acute care.

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Dr Rhoda Allison, Torbay and South Devon NHS Foundation Trust

Our solution

At the Torbay and South Devon NHS Foundation, we worked with staff in 2009 to review the skill mix across the stroke rehabilitation teams in order to agree a model of 7 day working. Feedback from patients was also sought to explore whether it would be worth offering a 7-day service and on which days, for example Sunday and bank holidays.

By coordinating a departmental restructure – involving the reduction of registered staff and introduction of band 3 rehabilitation support workers – the change of skill mix freed resources to enable a 7-day service. This project has redesigned services within the existing budget to provide more intensive rehabilitation, with improved outcomes, high service-user satisfaction and reduced length of stay (LOS).

We had also recognised the need to improve quality and experience outside of formal therapy. To this end, we have a team of volunteers available to provide peer support from other people with stroke.

7-day services

Outcomes

We evaluated the programme using four outcome measures:

- average LOS has fallen from 21 days to 19 days
- patient experience
- functional outcome measures/patient independence are recorded on the UK Functional Independence Measure and have stayed constant with an average score of 95/133 (range 20-133) despite the reduction in LOS
- discharge destination (home or care home) has also remained constant with 76% of patients discharged to their usual place of residence.

In 2013 the unit started entering data into the Sentinel Stroke National Audit Programme (SSNAP). This has provided continuous data on the frequency and intensity of rehabilitation and led to some further developments. The SSNAP has showed sustained improvement in both frequency and intensity of physiotherapy, speech and language therapy and occupational therapy.

All therapies were graded 'A' for four consecutive quarters of team-centred data. In the community, all patients are seen within 1 day of leaving the hospital, even if the patient has moved on to a care home. Patient experience measures have been positive with 96% of respondents 'highly likely' or 'likely' to recommend the Stroke Rehabilitation Unit (from a response rate of 70%). 100% of respondents were 'highly likely' or 'likely' to recommend the community stroke team (from a response rate of 55%).

Clinical outcomes have increased by an average of 18 points on the FIM which is clinically significant. Furthermore, there has been a reduction in average LOS by 2 days per patient over the past year.

Staffing

There were two key elements to the staff restructure:

1. The numbers of registered staff were reduced.
2. Band 3 rehabilitation support worker roles were introduced.

The band 3 rehabilitation support workers were staff able to support physiotherapy, occupational therapy, and speech and language therapy flexibly in the delivery of rehabilitation programmes. Service users and carers contribute to the training of these staff members. The funds released from the staff restructuring made weekend working possible.

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Methods

In preparation for change we;

- conducted demand and capacity modelling to identify the need for new assessments and ongoing rehabilitation
- consulted 60 people with stroke and their carers about the amount of therapy they felt they needed and how this would be provided
- measured how quickly people currently had access to assessment and the amount of therapy they received
- directed an in-depth analysis of how therapy staff used their time effectively throughout the day.

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In the UK, stroke units struggle to achieve the same amount of practice compared to European units with similar staffing. Aware of this discrepancy, my team developed links with academic institutions in Holland. A team of multi-professional staff made a trip to visit a number of stroke services in the Netherlands with the aim of learning about their therapy delivery.

There, we identified further changes we could adopt to improve our formal therapy. These included:

1. Further streamlining of administrative tasks and documentation by creating a coded menu of interventions so that therapy staff can record the code for each session rather than writing long hand notes.
2. Focusing on opportunities for people with stroke to practise in groups where they have an individual programme but one therapist can supervise several patients at the same time, rather than one to one.
3. Changing our culture so that prime therapy time is protected and meetings etc are scheduled at times when therapists will not be taken off the ward.

Key learning

We have been under great pressure to get the balance of staff right. When we removed the band 5 posts we had to ensure that the staff were not overwhelmed and training and development still matched their expectations.

In order to ensure there were no concerns about the logistics of a 7-day service, we had written our plans into job descriptions long before the service was made a reality. This was staff were aware and recognised the need for extending the service, as well as prepared for the responsibilities expected of them.

In order to alleviate concerns about the 7-day service, people were rostered in for 1 in 10 weekends initially. We expected all staff to work a minimum of 2 weekends per year and we allowed them the flexibility to manage their own time and the shifts that worked best for them. Staff are able to swap weekend shifts only if they continue to fulfil their core responsibilities within the service.

Patient feedback

In a special report on Newton Abbott Hospital for Healthwatch Devon, Gerald Phillips, who cares for his wife Debbie – a former patient on Teign Ward – said:

My wife, Debbie, has had several strokes so we're frequent users of the stroke services. All of the associated services have given us fantastic advice and support along the way and we're very grateful to all the staff as they are all so professional and so caring.

Each and every person has their own forte and they're a very tight team; we really can't sing their praises high enough, the people are second to none.

Future Hospital Programme

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What's next?

Since starting this service the previous community trust has now integrated with the acute trust. We are planning to develop 7-day stroke therapy services across the entire pathway.

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