

**REPORT TO THE PBC GOVERNANCE COMMITTEE  
TO BE HELD ON: 8<sup>th</sup> April 2009**

<b>Enclosure:</b>							
<b>Subject:</b>	Seisdon stroke and neurology community rehabilitation team						
<b>Lead Director:</b>	Geraint Griffiths						
<b>Lead Officer:</b>	Liz McCourt						
<b>Recommendation:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><b>For Approval</b></td> <td style="width: 5%; text-align: center;">x</td> <td style="width: 25%;"><b>For Discussion</b></td> <td style="width: 5%;"></td> <td style="width: 20%;"><b>For Information</b></td> <td style="width: 20%;"></td> </tr> </table>	<b>For Approval</b>	x	<b>For Discussion</b>		<b>For Information</b>	
<b>For Approval</b>	x	<b>For Discussion</b>		<b>For Information</b>			

**PURPOSE OF THE REPORT:**

For PBC Governance to consider and approve the Seisdon community rehabilitation team. This service will comply with the National and PCT Stroke strategy.

**KEY POINTS:**

- Seisdon PBC district currently does not have access to a community stroke team.
- Proposal is to implement recommendations in the PCT stroke strategy at a local level.
- Seisdon has limited access to neurological conditions support in the community. Due to Seisdon's rural geography by combining the team to deliver both elements makes more effective use of staff resources.

**IMPLICATIONS:**

<b>Legal and/or Risk</b>	None
<b>Standards for Better Health</b>	D2 (a) Patients receive effective treatment and care that conform to nationally agreed best practice D2 (d) delivered by health care professionals who make clinical decisions based on evidence based practice
<b>Financial</b>	Linked to PBC West Locality Stroke implementation paper
<b>Training</b>	None
<b>PBC</b>	Service delivery has been approved by Seisdon PBC locality
<b>Other</b>	Complies with National Stroke Strategy and PCT Stroke strategy

**RECOMMENDATIONS / ACTION REQUIRED:**

PBC Governance to consider and approve

**Seisdon district stroke/neurological community rehabilitation team****Introduction**

The Department of Health published a national Stroke Strategy on 5<sup>th</sup> December 2007. Strokes are a priority for the PCT as it is a Tier 1 vital sign against which the PCT is compared for conformity to national targets. Tier 1's is a must do target.

There are several components to the stroke strategy including prevention, acute care and after care in the community. For the most part, the Seisdon area receives acute services from Dudley and Wolverhampton. Both these hospitals meet the national stroke standards.

However, the Seisdon area has no community stroke rehabilitation service and the PCT is committed to commissioning community stroke rehab teams. In addition there is also a lack of community neurological support for conditions such as Parkinson's disease, Multiple Sclerosis and Motor neurone/Huntington's disease. There are similar skill requirements for stroke and neurological rehabilitation. The focus of this paper is to propose commissioning a community team that incorporates a neurological service.

**Current stroke demand**

Estimates of the numbers of people with stroke and transient ischemic attack (TIA) can be made using a combination of age and gender specific estimates of disease prevalence rates from the Health survey for England.

**Estimated percentage prevalence by age and gender**

	16-24	25-34	35-44	45-54	55-64	65-74	75+
Men	0.1	0.4	0.3	1.2	2.2	7.5	13.3
Women	0.2	0.3	0.6	0.9	2.5	5.3	8.8

Source: Health survey for England 2003, The Stationary Office, London.

**Predicted prevalence and disease registers for stroke and TIA**

	Estimated numbers	Disease register 2006/07	Estimated %	Disease register 2006/07 %
Seisdon district	1,323	959	2.2%	1.6%

Source: GP registered populations 2008, Exeter system, South Staffordshire PCT, Quality and Outcomes Framework (QOF) for April 2006 to March 2007. QMAS database – 2006/07 data as at end of June 2007.

**Demographics**

Seisdon has an older population, which is higher than the national average. Population predictions for 2008-2018 are:

		under 54	65-74	75-84	85+	65+
Seisdon Peninsula	2008	47,491	6,362	4,126	1,263	11,751
	2018	43,658	7,934	5,663	2,034	15,631
	Change	92%	125%	137%	161%	133%

Seisdon PBC district has a considerably higher proportion of older people (19.1%) compared to other parts of the PCT and England average (16.5%). Due to the ageing population there will likely to be an increase in long term conditions and consideration needs to be given to services that will help deliver the LTC agenda and maintain people's quality of life.

Seisdon district is a rural area that has no natural centre, but several key villages. Consideration needs to be given to travelling time between villages rather than looking at the capitation split of services compared to more urban areas such as Cannock and Stafford. In addition, there are core skills/professionals required regardless of size of area being covered.

**Proposal**

To develop a stroke and neurological multi disciplinary team to work alongside the intermediate care team and Social Services to provide the following:

- Provide a rehabilitation service for stroke patients who have had a stroke and have ongoing rehabilitation needs.
- Provide care and support for long term neurological conditions that include: Parkinson's disease, Multiple Sclerosis, Motor neurone disease, Huntington's disease, Stroke, spinal cord injuries and muscular dystrophy.

**The benefits of a community rehabilitation team are:**

- Reduce number of avoidable admissions to secondary care
- Plan early and timely discharge from secondary care services
- Maximise independent living and avoid admission to long term care

**The aims of the service are:**

- Working at primary level supporting healthy lifestyle choices; in order that the burden of long term disease is reduced
- To provide active interventions that will promote independence and halt or slow down long term disease progression.

These may be addressed in the individual's own home and/or local community. The aim is to encourage a better quality of life.

**The neurological support offered will be:**

- Help to relearn skills needed to carry out everyday activities
- Assessment and advice on walking and getting on/off furniture eg beds, chairs, toilets etc
- Exercise programmes tailored to individual needs
- Advice on management fatigue

**Who is service for:**

The hospital in reach service will work with Dudley and Wolverhampton hospitals to identify South Staffordshire PCT patients who are medically fit for discharge.

**For stroke patients:**

- Who are medically stable and could benefit from rehabilitation
- Require assessment/intervention
- Are motivated to participate in the rehabilitation process
- Comply with national stroke strategy quality markers (appendix 1)

**Suggested staffing to include:**

- Occupational therapist
- Physiotherapist
- Speech and language therapist
- Rehabilitation technicians
- Psychology
- Dietician
- Stroke nurse
- Administration support

**Long term conditions – neurological**

There is currently no community service for neurology diseases. Due to Seisdon's geography one way forward is to have a specialist nurse that will cover neurological diseases and provide an educational role and support to people living with MS, Parkinson's disease etc. This role would need to work closely with practices, intermediate care, Social Services and community rehabilitation team.

**Their role would include:**

- Treatment of specific symptoms
- Monitoring the patient's status to assess whether hospital re-admission is absolutely necessary or their medications need to be changed
- Offer advice and support to other professionals and provide education and up skilling for practice nurses, district nurses and other professionals
- Advice on medication
- Specialist monitoring and give advice
- Providing emotional support to cope with a terminal condition and declining quality of life
- Provide telephone support and self help support to patients and their carers/families.
- Work with consultants and specialist nurses at Wolverhampton and Dudley hospital.

**Neurology admitted hospital admissions for 07/08 & 08/09 (April – August)**

There are no specific HRGs for neurological diseases. To ascertain the potential current secondary care usage an analysis was undertaken of ICD10 diagnosis codes. However, it is difficult to distinguish whether the patient was admitted due to a neurology disease or if the patient was admitted for another reason and the neurological disease was coded as secondary information. This analysis should be used as a rough guide only.

Area	07/08 PbR activity	07/08 Cost £	08/09 PbR Apr- Aug activity	08/09 Apr-Aug Cost £
Motor neuron	3	3,080	2	4,777
Multi Sclerosis	26	48,927	4	5,935
Parkinson's disease	44	121,741	8	29,439
Totals	80	192,519	18	57,779

**Estimated costs for a specialist and support worker are:**

Costs	Band	Wte	Cost £
Long term neurological conditions/stroke specialist nurse	7	1.00	47,556
Health care assistant (LTC)	3	0.50	10,994
Non pay – travel etc			5,000
Total estimated costs		1.50	63,550

**Options available**

Due to the potential budgetary amount involved for 3 teams (Seisdon, Cannock and Stafford) the community rehabilitation team has to go through a tender process. Therefore costs and staffing levels have not been shown.

The LTC specialist nurse is being treated as an extension to the intermediate care contract.

**Patient and Public involvement**

Seisdon PBC has recently carried out a healthcare survey to ascertain any gaps or issues in health services. Strokes were one of the areas that people were dissatisfied with, in particular ongoing care and information/advice for their condition.

**Standards**

This complies with the following National Service Frameworks

- NSF for older people
- NSF for neurological long term conditions
- NSF LTC (2005)
- MS NICE guidelines (2003)
- Parkinson's disease NICE guidelines (2006)

The Darzi Long term conditions groups also supports LTC nurses, stroke and neurology community rehabilitation.

## Appendix 1

### Stroke Specific Quality Standards

The community service has to comply with the National Stroke Strategy (2007) and must be able to demonstrate compliance with the following quality markers:

- QM2 effective assessment and management of vascular risk factors, together with improving information and advice on lifestyle and treatment options
- QM4 involving individuals and their carers in developing and monitoring services
- QM10 stroke specialised rehabilitation
- QM11 active end of life care
- QM12 transfer of care
- QM13 A range of services to be available locally to support individual long term needs of people who have a stroke and their carers
- QM14 post stroke reviews (health, social care and secondary prevention needs)

In order to offer timely service urgent referrals need to be responded to on the same day. Non urgent referrals need to be seen within 2-4 weeks (maximum waits unless patient choice dictates otherwise).