

Getting the resources right Stroke Specialist Community Rehabilitation including Early Supported Discharge

Cathy Ingram Head of Rehabilitation

Background



Lambeth Community Health

Long length of stay in acute units

Unresponsive & fragmented stroke services

Generalist community rehab service

Long delays, multiple queues, many handoffs

Only 30% of those needing community rehab received it

Low intensity of interventions - 1 pw

Lack of understanding & effective joint working between providers

Understanding the current resources and how they are utilised



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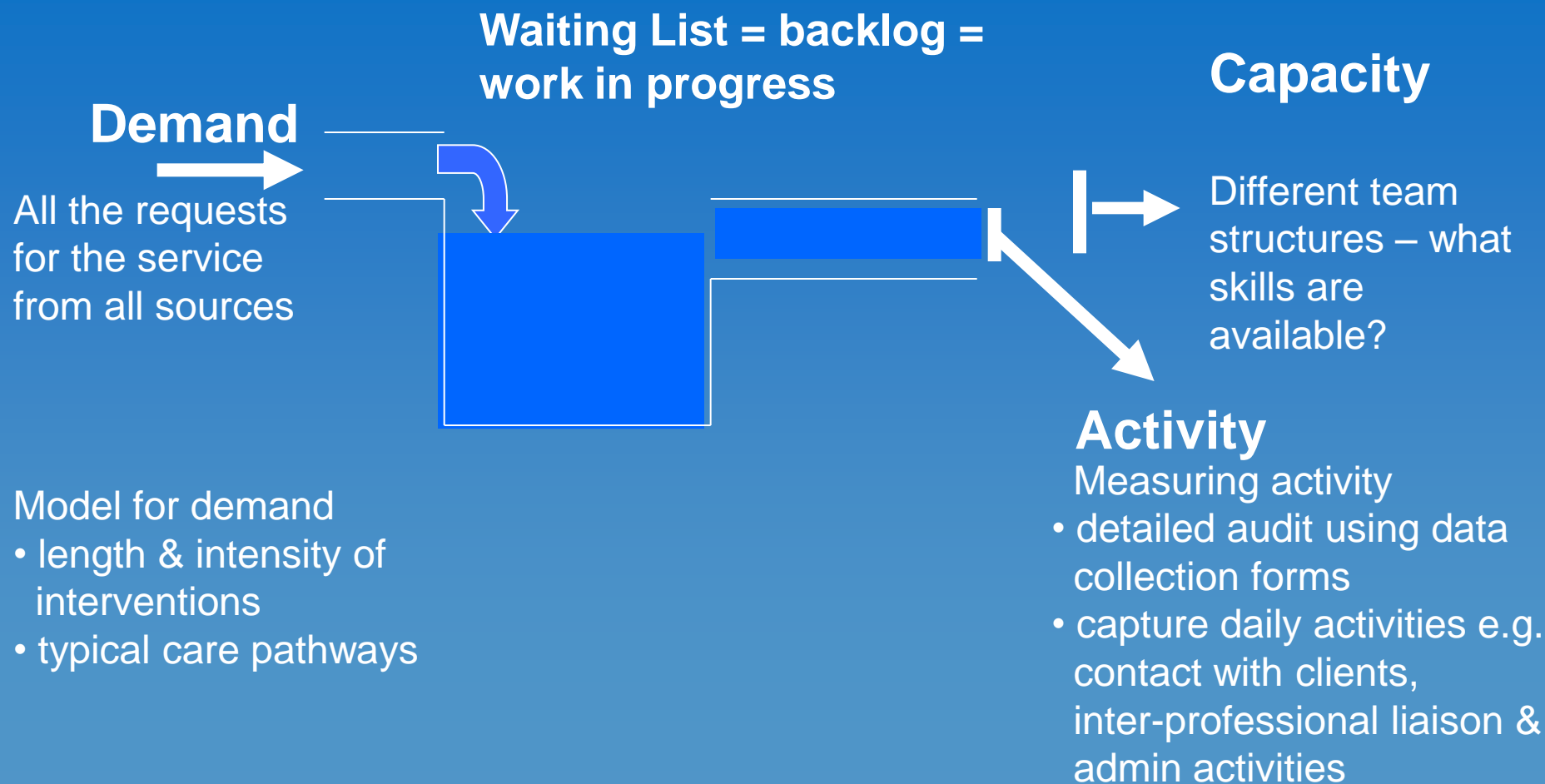
Demand and capacity analysis - staff activity & intensity

Skill mix and utilisation of different grades

When and How to provide specialist skills

Understanding flow – referrals and referral management

Demand & Capacity



Principles of Demand & Capacity- Problems



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Variation – queues typically arise from fluctuations in demand and capacity

Waits are made worse by carve out – too many queues

Principles of Demand & Capacity- Methods



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Measure demand, activity, capacity and backlog

Understand variation/fluctuations in demand, activity and capacity

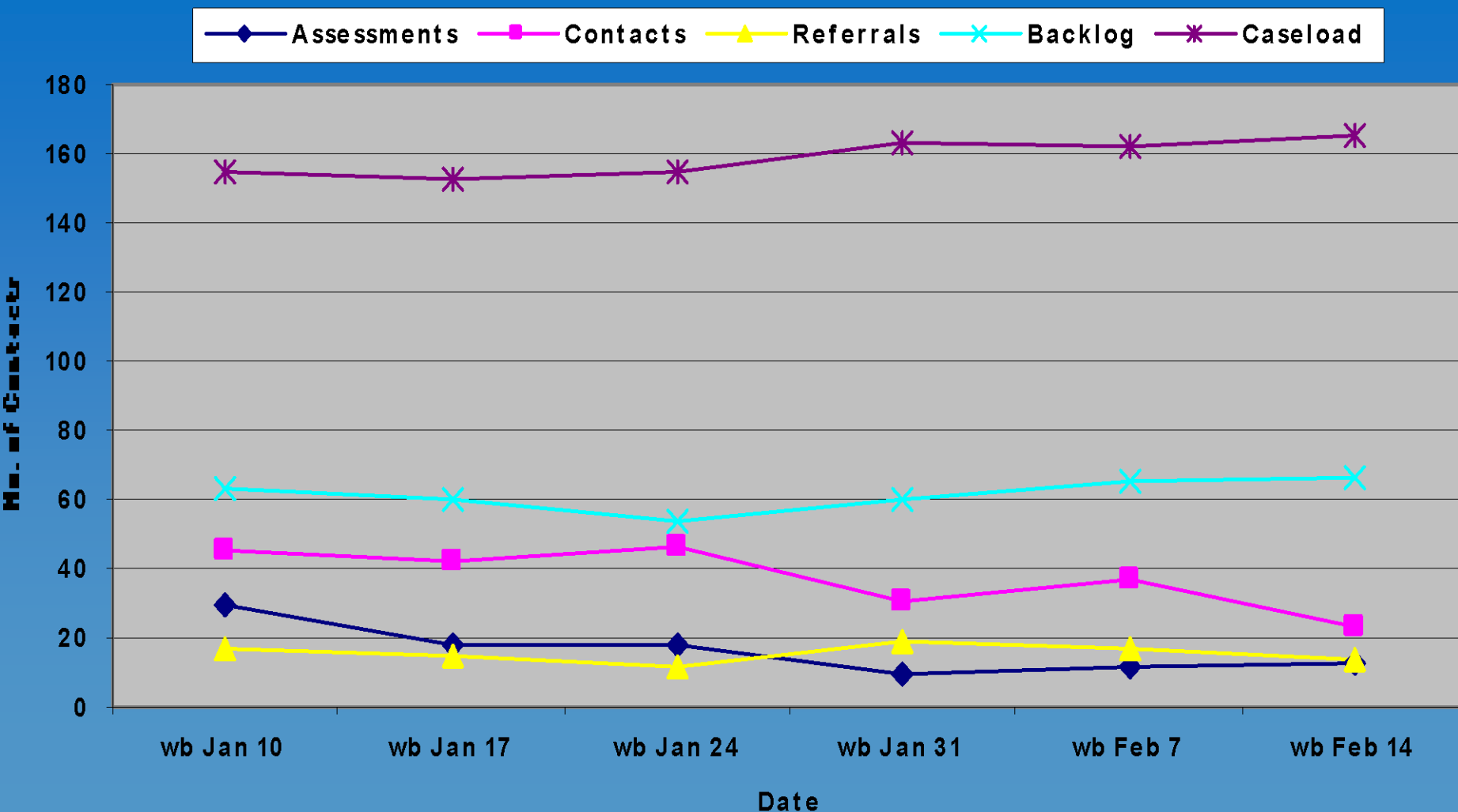
Reduce, control or smooth variation as much as possible

Match capacity and demand – do this week's work this week

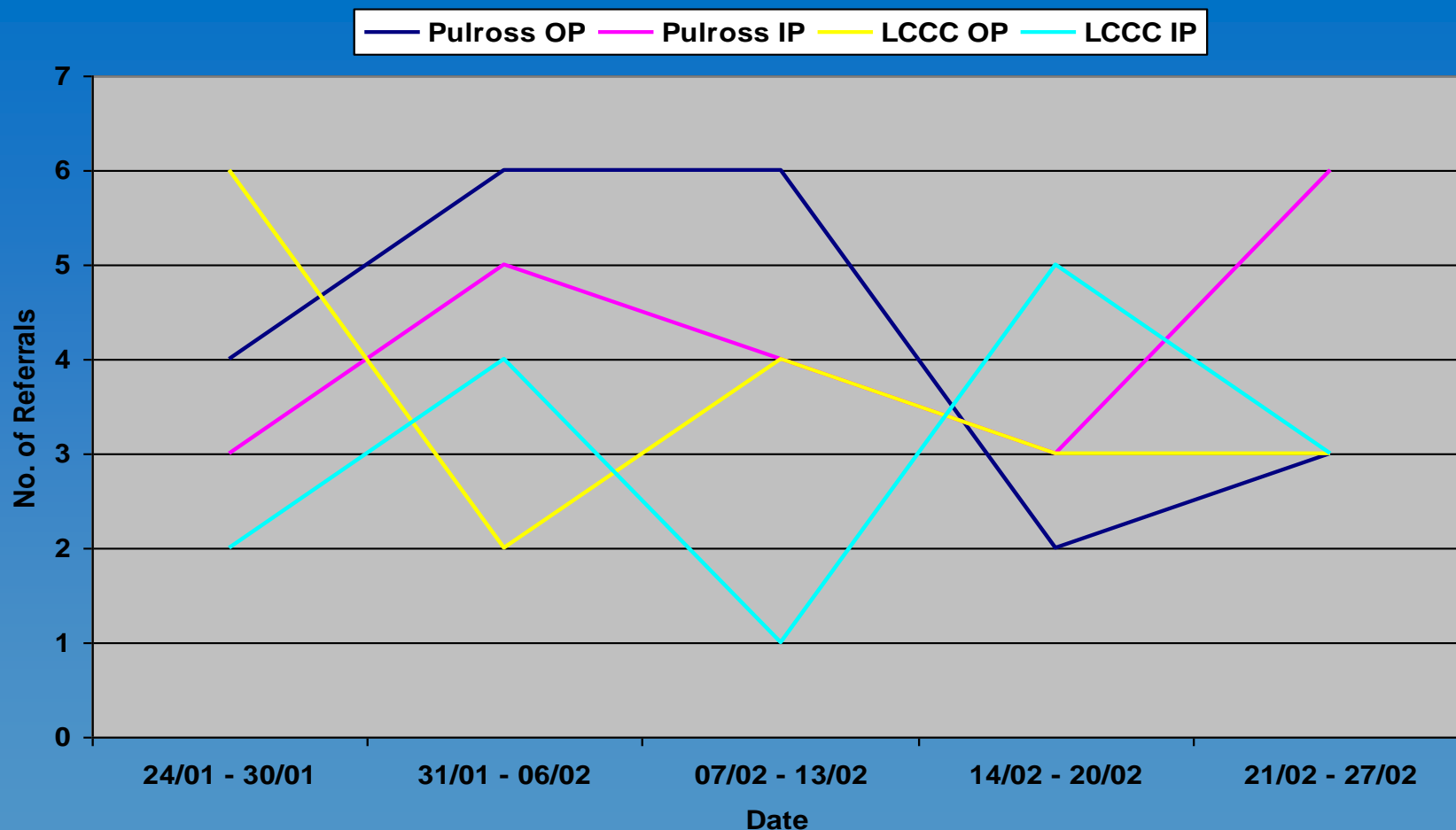
Reduce the number of queues and pool resources

Understand, plan and predict demand by segmentation, use of care pathways and scheduling

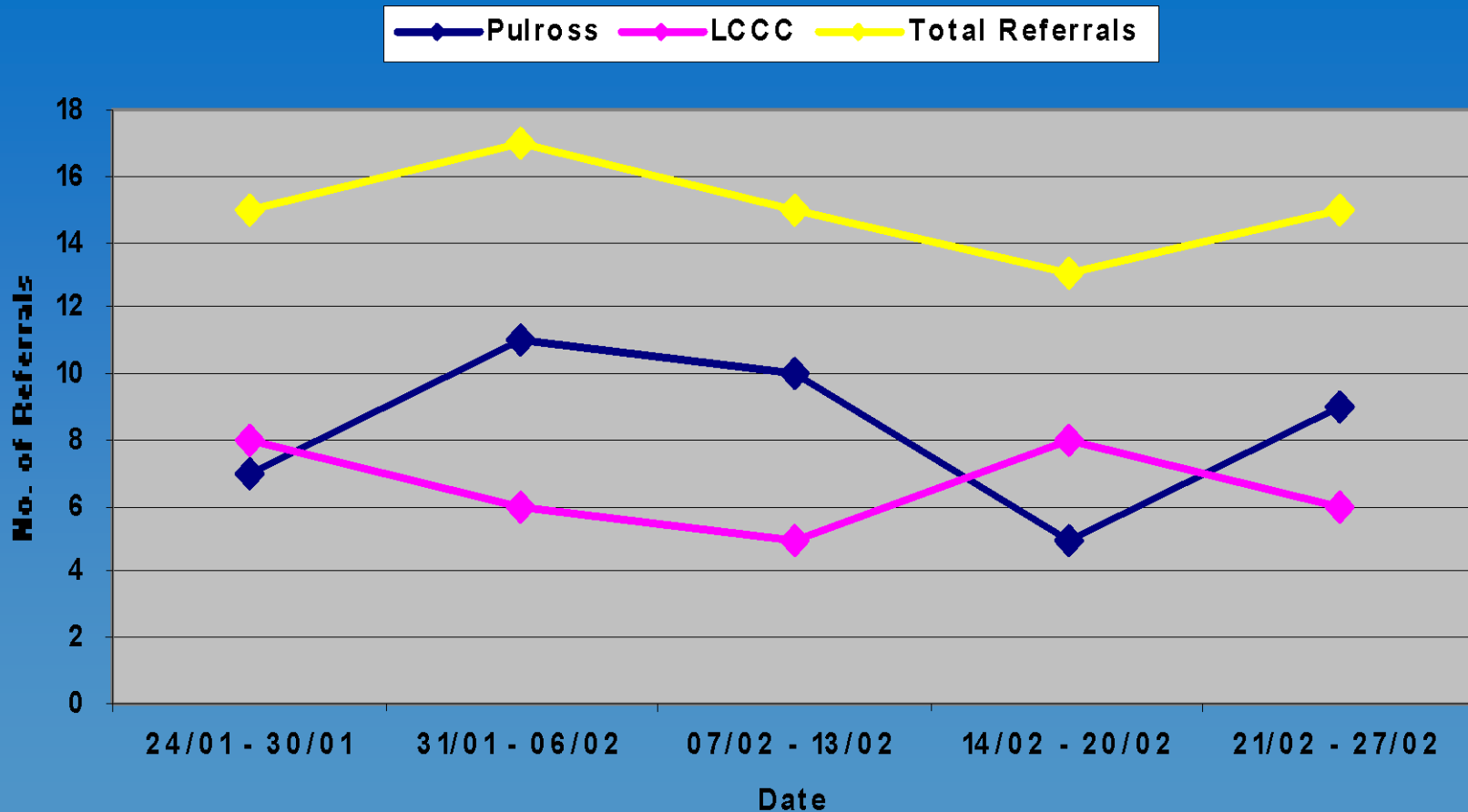
Demand, Activity & Backlog (No. of Clients)



High Variation in Demand Creating unresponsive service



Variation Reduced- when referrals combined



Pre Modernisation

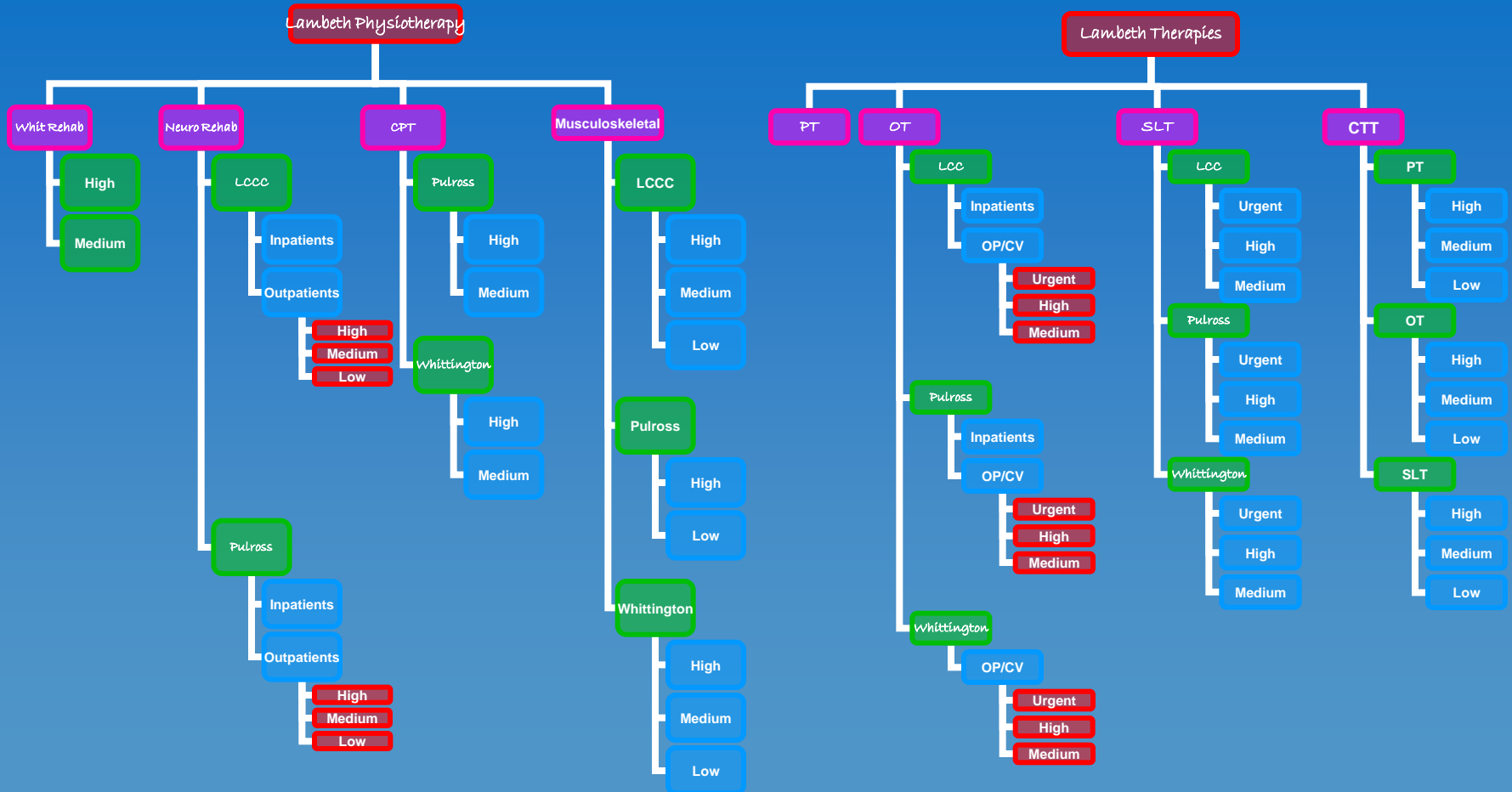
7 Teams over 3 sites

35 Therapists

44 Queues



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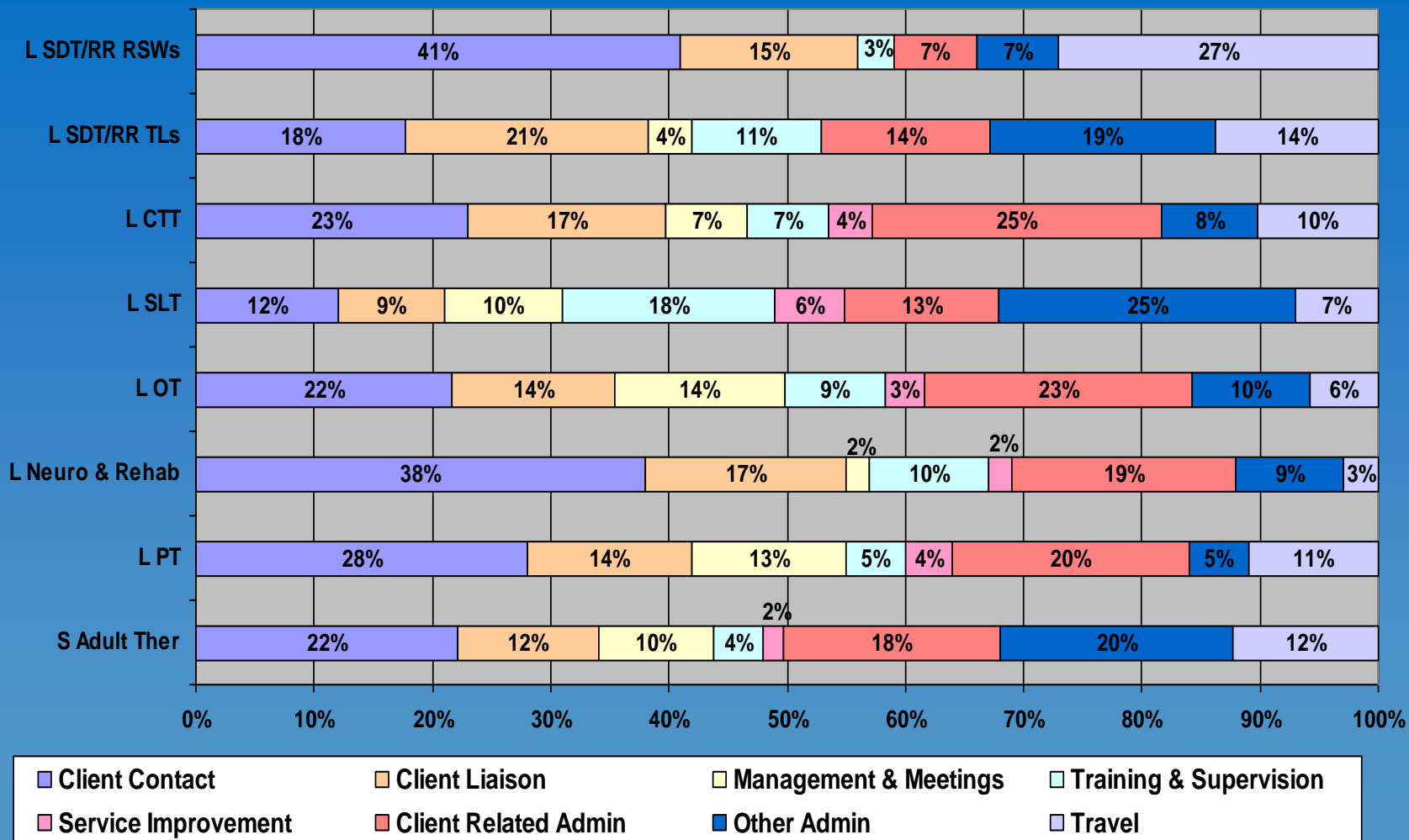


Stroke Clients spread across all teams- small proportion of each team. Scope for specialism limited

Team	Minimum	Maximum	No. of Stroke
Lambeth CPT	12/week	19/week	2-4/month
Lambeth Whittington Rehab	3/month	7/month	Unknown
Lambeth Neuro & Rehab (OP/IP)	13/week	17/week	13/month
Lambeth OT	18/week	25/week	14/month
Lambeth SLT	1/week	7/week	10/month
Lambeth CTT	1/week	6/week	1-3/month
Lambeth RR & SDT	35/month	63/month	2-6/month

Percentage of Time on Activities

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Lambeth & Southwark Teams Process Times (Minutes)

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	L PT	L SDT & RR	L Neuro OP & IC IP	L OT	L SLT
Initial Assessment	60 (60)	60 (45)	60 (60)	90 (60) CV 60 (60) OP	60 (60)
Treatment	60 (45)	45 (30)	60 (60) OP/CV 30 (30) IP	60 (60)	60 (60)
Review	60 (45)	45 (30)	50 (30)	60 (60)	60 (40)
Groups	100 (90)	/	/	120 (75)	75 (60)
Travel	20 (15)	25 (20)	30 (20)	40 (30)	30 (20)

Key: No. = 80th Percentile (No.) = Average

Redesign process



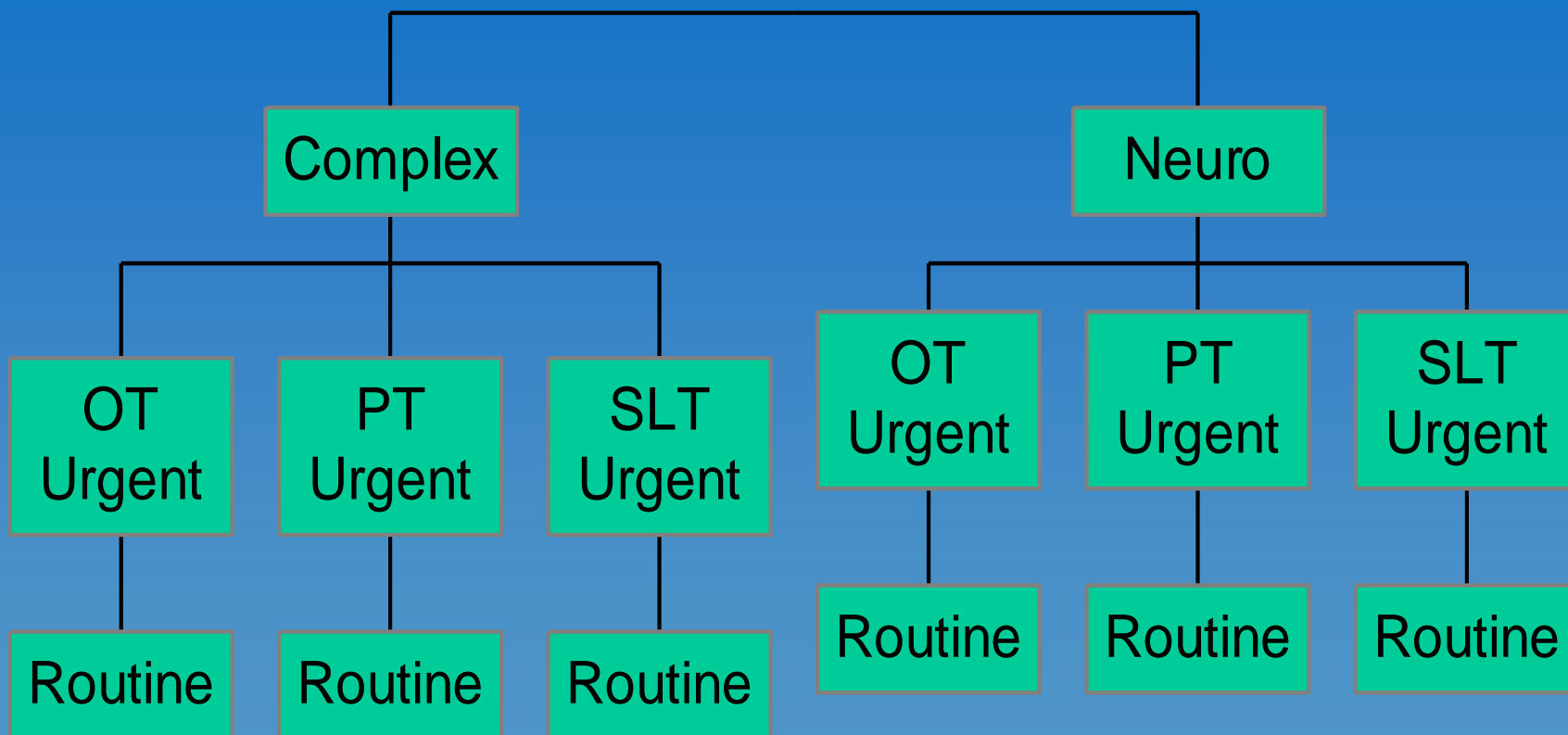
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- Reorganisation into 2 pathways (neuro & complex) – getting rid of access barriers
- SPA (Single point of access) referral hub
- Team around the patient – flexible resources
- Review of skill mix & specialist skills
- 7 day working with RSWs (Rehab Support Workers)
- Development of stroke competencies & training
- Relationship building & collaborative working
- Clear patient journey / stroke pathway development

Stroke & ESD is part of Neuro Pathway service – urgent

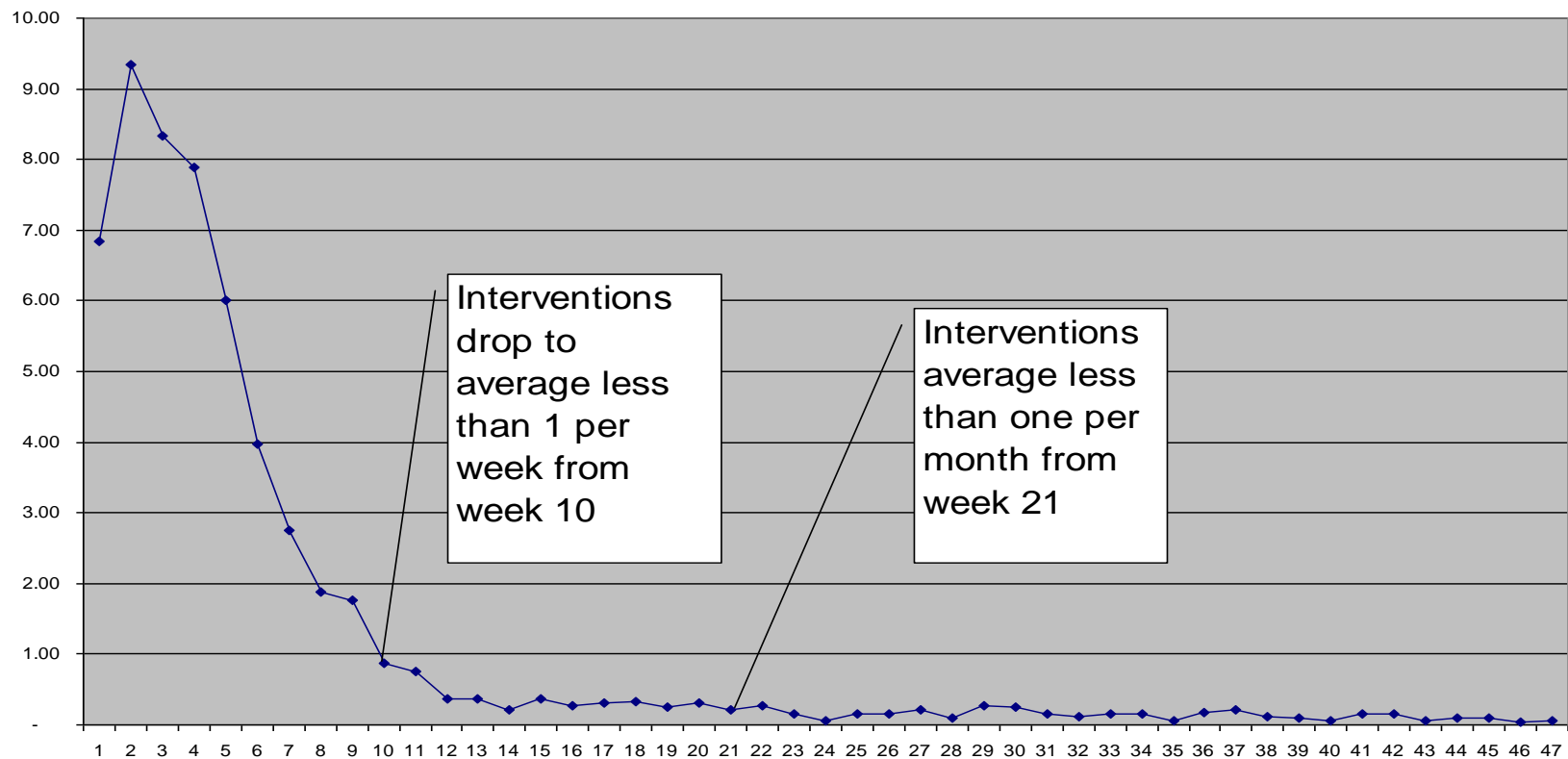
1 point of access - 12 queues

New System



Intensity of interventions

Average Intensity of face to face interventions all ESD patients discharged to team
Team interventions include PT, OT, SLT, RSW.



Building Stroke Specialist Capacity & Competence in the Community



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Implement and embed stroke competency framework

- ✓ All staff have level of stroke care competence
- ✓ Phased approach (link to workforce)

Enhanced clinical support and advice

- ✓ Access to expert guidance and advice
- ✓ Joint working as a vehicle for enhancing skills

Promoting best practice

- ✓ Access to innovation, best practice, new and existing evidence bases
- ✓ Promote local innovations

Redesign process



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- Single specialist team, no handoffs, specialist skills
- Development of in-reach
- Weekly community stroke MDM with outreach consultant
- Central timetabling
- Co-ordination & communication with carers
- Patient Handbook
- Clear patient journey / stroke pathway development

What's different about this service?



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- Gained capacity & efficiency through re-design
- Able to be responsive to patients immediately on discharge, within 24hrs
- Offer specialist care within the usual service provision, without having a separate stroke team.
- Able to tailor the intensity of the service provision to patients need.
- Evaluated qualitatively and financially as cost - effective

Any Questions



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