

# **Standardising Acute and Specialised Care Community Neuro Rehab Service – Implementation Update**

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## **Setting the Scene**

### **Bury Locality Drivers & Greater Manchester (GM) Drivers**

## **Background - GM Community Neuro Rehab Provision Review**

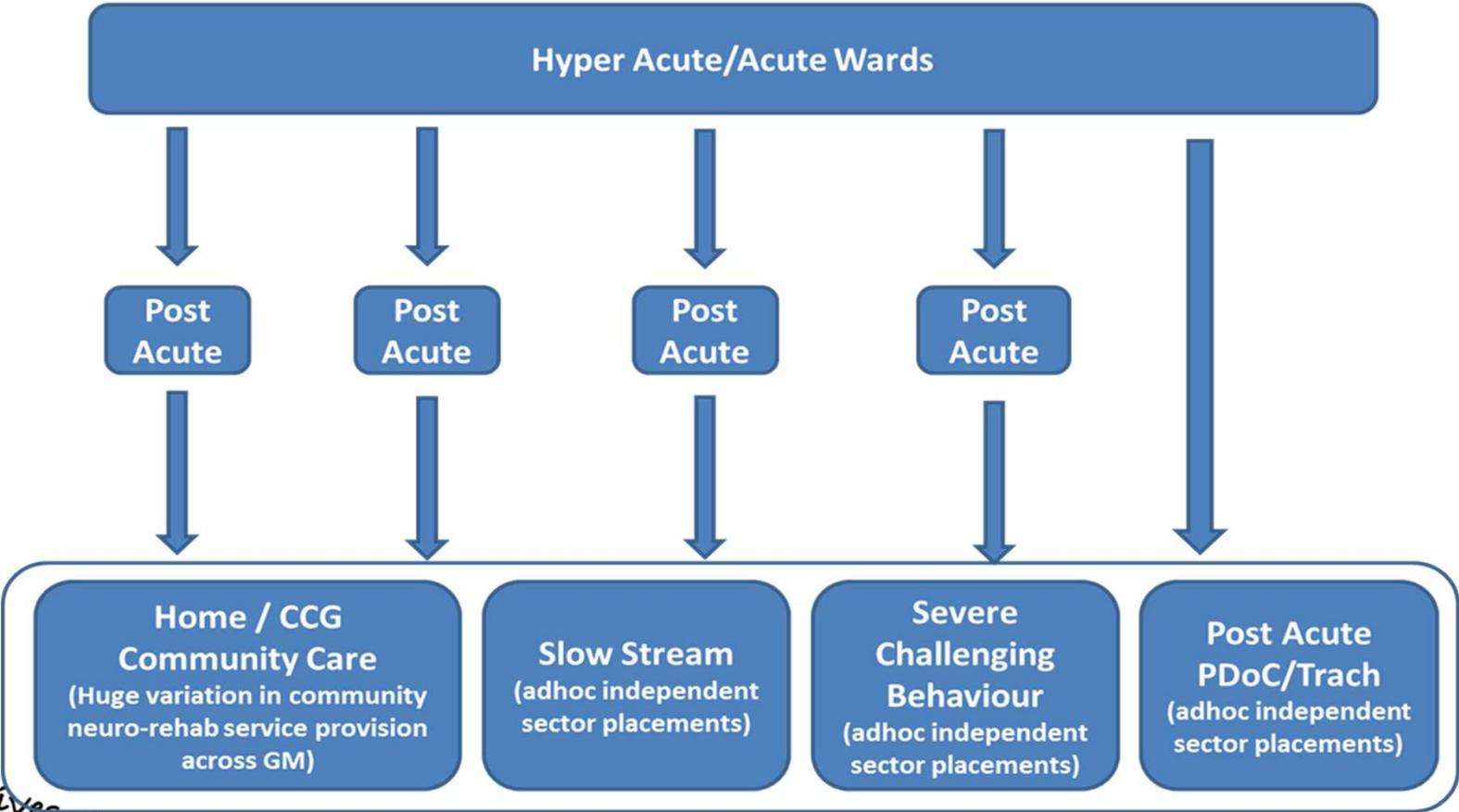
- In 2016 the GM Operational Delivery Network (ODN) carried out a detailed review of community rehabilitation services in all GM localities serving Stroke and Neuro patient groups, to obtain a picture of the current levels of provision.
- Review informed the development of GM Service Specifications for Neuro-Rehabilitation and Stroke.
- ODN prescribed a recommended staffing model for stroke and neuro rehabilitation and a service delivery model.
- ODN undertook a benchmarking exercise to determine how the current provision in GM localities compared against the specification.
- **Key recommendation Bury CCG** - *to give consideration to how people with neurological conditions access specialist neuro-rehabilitation in the community, as well as the broader impact on other health and social care services and the local economy, as a result of the lack of specialist community neuro-rehabilitation services.*

## **Background – GM Acute Service Reconfiguration**

- As part of the GM acute services configuration work, a model involving the hyper acute service at Salford Royal Foundation Trust (SRFT), together with three intermediate neuro Rehabilitation inpatient units supported by a defined service in each community, has been agreed across GM as the way forward.
- Service specifications for all three elements of the pathway have been agreed by commissioners across GM.
- In order to enable the hyper acute and intermediate tiers to fulfil their potential; each locality is required to have a compliant community offer.

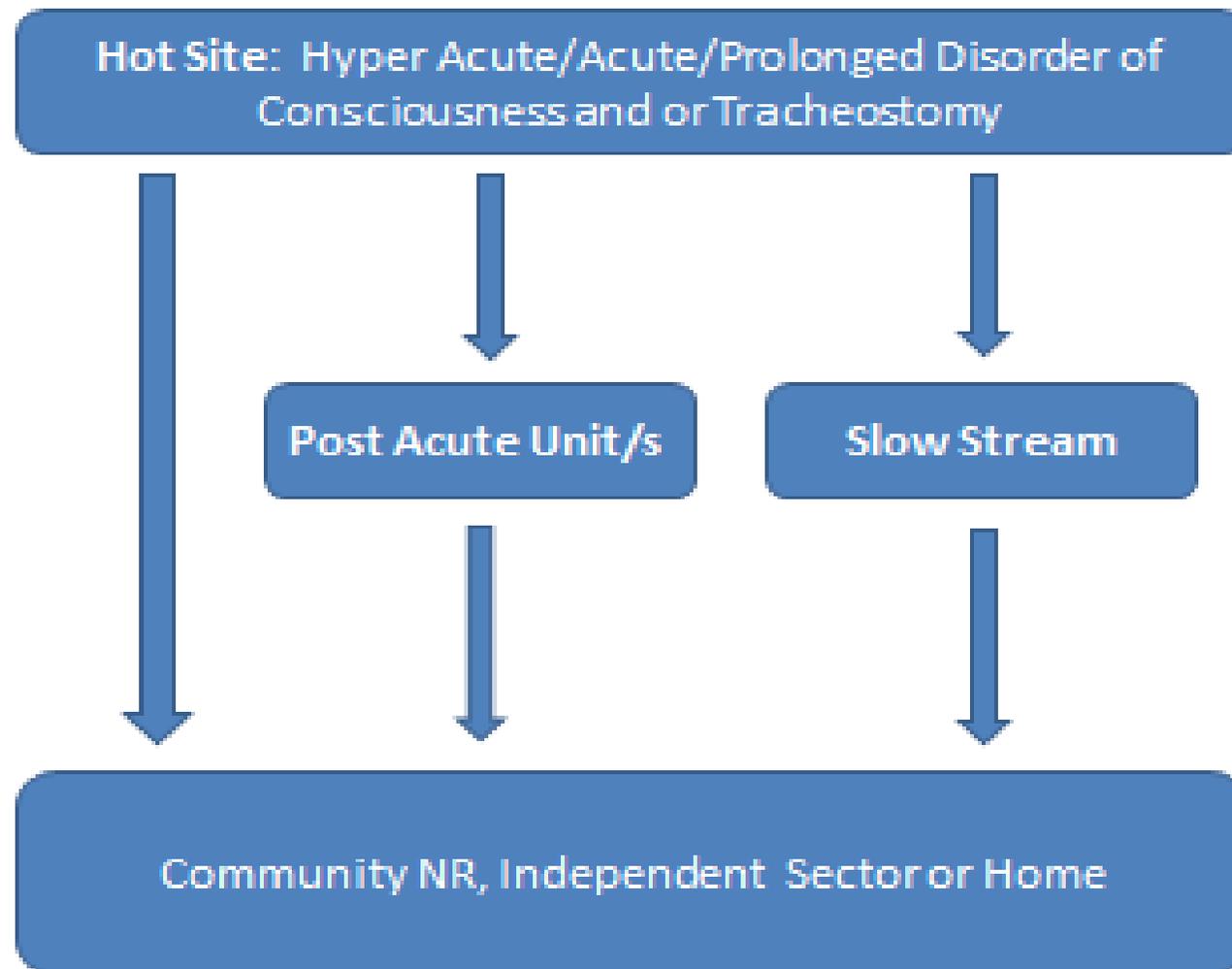
# Current GM Model of Neuro Rehab

Variation in Service Eligibility Criteria; Variation in Provision; Lack of Access to Hyper Acute/Acute from DGH beds outside of Salford; Long waits to access ALL services



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## Model of Care



## Summary of Key Components - GM Model

The Model of Care for GM Neuro-Rehabilitation has been designed to meet the needs of patients and the service by:

- Developing a single provider model and streamlining commissioning arrangements;
- Delivering the service to agreed standards and with the agreed adjacent clinical co-dependent services;
- Implementing a complex discharge team pan-GM (approved);
- Providing single managed care of patients with a neurological condition and a tracheostomy and/or Prolonged Disorder of Consciousness (PDoC);
- Improving commissioning arrangements for case by case patients;
- Commissioning and providing Community Neuro-Rehabilitation services according to the GM Community Neuro-Rehabilitation Service Specification in every locality of GM; and
- Developing a clinical governance structure to oversee the whole of the Neuro-Rehabilitation pathway.



*Bury Clinical Commissioning Group*

**Bury CCG**

**Locality Developments - Post GM Review**

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## **NHS Bury CCG – Commissioning Intention**

- Business Case approved for the development of a Community Neuro Rehabilitation Service - Clinical Cabinet Meeting, October 2018.
- Integrated Stroke and Neuro Rehabilitation Service supported, building on the existing well performing Bury Stroke Service, commissioned from Pennine Care Foundation Trust (PCFT).
- Initial Target Cohort approx. 100 patients – complex neuro patients from Floyd Unit Rochdale and acute settings requiring Rehabilitation.
- Working towards alignment with the GM Service Specification.
- Local service capacity to be enhanced over a period of time, based on levels of actual local need, as opposed to estimated levels of need.
- Integrated service will enhanced outcomes for Bury Neurology patients, improve patient experience and drive up quality.

## **Rationale for a Local Service**

- Reduced hospital waiting times and positive impact on flow across the system - supporting people to return home as early as possible and reducing length of stay in acute beds.
- Proactive management of neuro patients with in reach into inpatient Rehabilitation services (NHS and Private Providers) - to draw people out of hospital and support a seamless transition from inpatient to community services.
- Work with individuals and their families - develop goals for patients that are specific, measurable, realistic and achievable and timely through a coordinated, holistic, MDT approach.
- Enhanced offer for Stroke patients – addresses the gaps identified in the ODN review of Stroke Services against the GM Specification.
- Bury CCG compliant with the acute reconfiguration work being undertaken across GM.

# **Bury CCG**

## **Community Neuro Rehab Service Model**

## **Bury CCG Locality Model - Who Will the Neuro Rehab Team See?**

- Complex neuro patients requiring 3 disciplines or more who live at home.
- This would likely include the following patient groups:-
  - Floyd Unit patients
  - Salford Royal Foundation Trust Neurological patients
  - Traumatic Brain Injury
  - Complex disorders e.g. Guillain Barre Syndrome
- This patient cohort would consist of highly complex patients best served by an MDT approach having co-ordinated timely input from a specialist team.

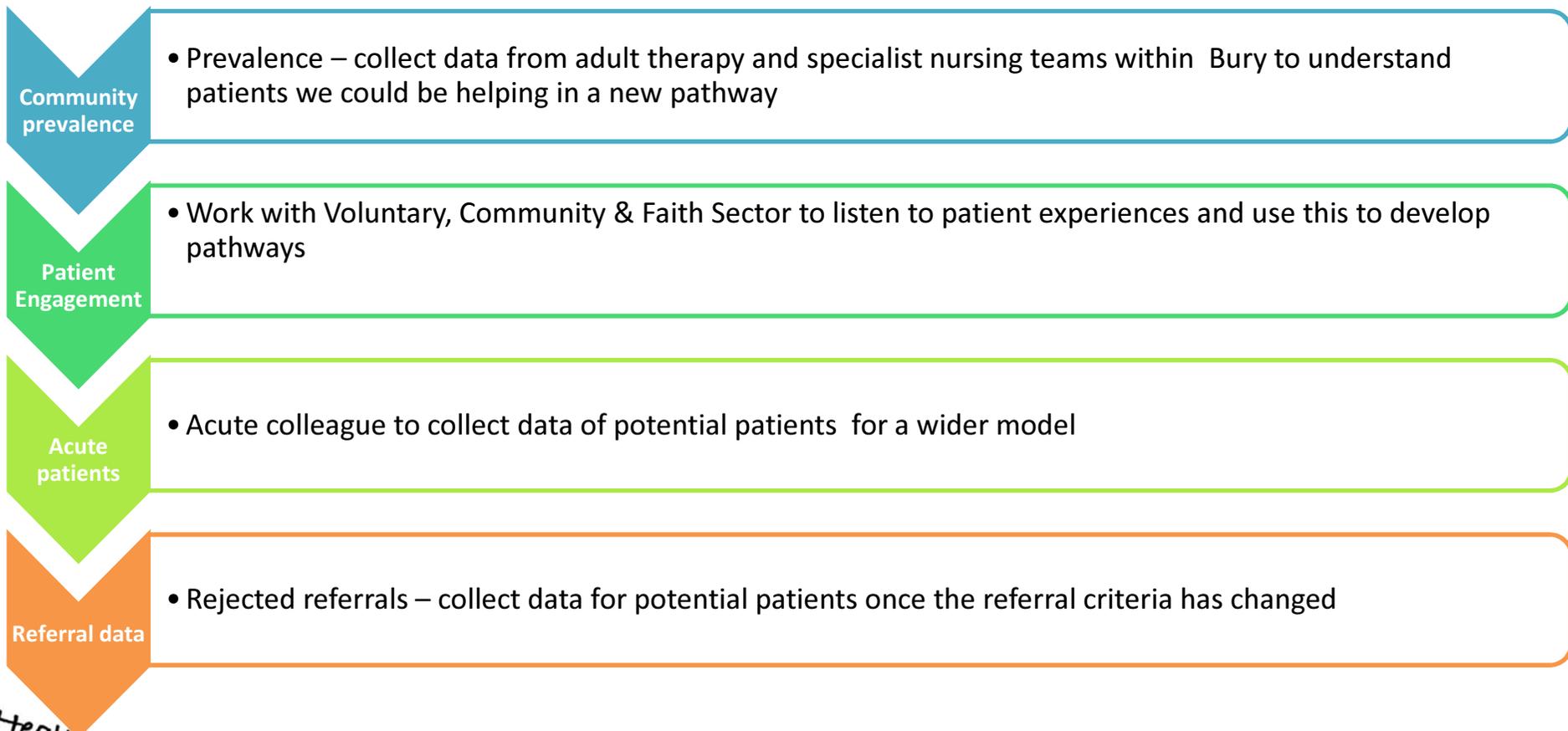
## Benefits of the New Pathway for Patients

- This pathway would have a large impact on patients at home with complex conditions.
- This patient cohort are most in need of specialist intervention and would be best served by this MDT approach which would result in them having co-ordinated timely input from a specialist team.
- The facilitated discharge from an inpatient unit would mean the patient could have a shorter and less intense care package with less likelihood of becoming institutionalised.

## How We Will Develop the Model and Move Forward – With Partners



## How We Will Develop the Model and Move Forward – With Data



## **Locality - Next Steps**

- New Service Model Launching 1<sup>st</sup> June 2019
- Steering Group being established – ongoing monitoring/evaluation to inform the future delivery model.
- Working with ODN to ensure alignment with GM work stream.
- Plans to enhance the model in line with demand to be developed to inform 2020/2021 Commissioning Intentions.



***Bury Clinical Commissioning Group***

Thank you

Any Questions?

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