

Background	<p>Effective treatment of stroke can prevent long-term disability and save lives. Stroke services in Bedfordshire are fragmented with gaps in key elements of an integrated stroke pathway. Currently, placements are spot purchased, which is not cost effective and levels of quality provision and outcomes cannot be effectively monitored. The aim is to address this inequality in stroke care provision for patients who require longer length of rehabilitation or have more complex needs than the current SEPT community bed admission criteria allows. Stroke ESD would alleviate some of the need for spot purchased beds and maximize patients independence by providing intense rehabilitation in their place of residence and improve outcomes for stroke patients. ESD provides an early, intensive rehabilitation service for stroke patients and meets the national best practice stroke rehabilitation guidelines.</p> <p>With the introduction of this service patients will be able to leave hospital more quickly and return to their own homes so that they maximise independence as quickly as possible after their stroke</p>		
Objectives	<ul style="list-style-type: none"> • Agree principles and implement a stroke early supported discharge service • Reduce length of stay in hospital for stroke patients • Improve outcomes for stroke patients including activities of daily living (ADL) • Increase access to rehab in community • To provide support to family members and carers 		
Scope	Within Scope	Discharge home or care home with intensive rehab for those suitable for ESD	
	Outside Scope	Patients not suitable for ESD and require longer in patient rehabilitation Patients who require access to community bed prior to rehab at home	
Constraints	Capacity to deliver full vision of enhanced ESD for more complex patients (slow stream rehabilitation)		
Assumptions	<ul style="list-style-type: none"> • Acute and community providers will work to deliver this ambition • ESD will be delivered as part of the community transformation in 2016/17 year • Joint working across health and social care in the acute setting • Funding approved for complex patients 		
Risks	<ul style="list-style-type: none"> • National gaps in recruitment of some therapy areas i.e. speech and language therapy mean that we might not be able to recruit the necessary staff • Limited availability of integrated pathways will delay securing the desired outcomes 	Mitigation	<ul style="list-style-type: none"> • Work with Health Education East on workforce development • Multidisciplinary neuro-rehab team established and developing integrated care pathways for stroke care.
Deliverables	<ul style="list-style-type: none"> • An agreed criteria for ESD suitable patients – September 2016 • Integrated discharge pathway that facilitates early discharges - September 2016 • Service specification – June 2016 • Recruitment of ESD Team - October 2016 • Access to 7 day rehabilitation for stroke patients - October 2016 • Rehabilitation pathway development - April – October 2016 		
National Conditions	<ul style="list-style-type: none"> • Investment in Out of Hospital NHS Services • Protecting Social Care • Joint approach to assessments in care planning • Reduction in DTOCS • Seven day services 		National Metrics <ul style="list-style-type: none"> • Effectiveness of Reablement 91 days following discharge • Reduction in DTOC • Reduced length of stay for stroke • Number accessing ESD and discharged with joint care plan