Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

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Post-acute Organisational Audit

Generic Report

Phase 1: Post-acute stroke service commissioning audit

March 2015

Prepared by

Royal College of Physicians, Clinical Effectiveness and Evaluation Unit on behalf of the Intercollegiate Stroke Working Party

Post-acute organisational audit

Document purpose	To disseminate commissioner level results for the audit of post-acute stroke services commissioned within England, Wales and Northern Ireland, which forms part of the SSNAP post-acute organisational audit.
Title	Report on Phase 1 of SSNAP Post-acute Organisational Audit 2015: Post-acute stroke service commissioning audit
Author	On behalf of the Intercollegiate Stroke Working Party (ICSWP)
Publication	March 2015
Target audience	Commissioners and providers of stroke services (Clinical Commissioning Groups (CCGs) in England, Local Commissioning Groups (LCGs) in Northern Ireland, and Local Health Boards in Wales), Strategic clinical network leads, clinicians, managers, Departments of Health and the general public
Description	This audit report has been compiled for commissioners and providers of post-acute stroke services, strategic clinical network leads, clinicians, managers involved in stroke services, and the general public. The report presents results for phase 1 of the SSNAP post-acute organisational audit of stroke services in which commissioning organisations provided information on the post-acute stroke services they commission (provide) for stroke survivors following discharge from the acute care setting. This report describes the provision of post-acute stroke services compared to recommendations for commissioners, within the National Stroke guideline. The results reflect services commissioned on **1 December 2014**. The post-acute organisational audit complements the continuous SSNAP clinical audit which reports publically every 3 months on the process and outcomes of stroke care and includes post-acute stroke teams.
Related publications	SSNAP clinical audit reports, SSNAP Acute Organisational Audit reports, National Clinical Stroke Guideline, Royal College of Physicians 2012
Contact	ssnap@rcplondon.ac.uk

HQIP
Healthcare Quality Improvement Partnership

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Report prepared by

Mrs Rachael Andrews
SSNAP Post-acute Project Manager, Clinical Effectiveness and Evaluation Unit (CEEu), Royal College of Physicians
Mrs Alex Hoffman MSc
Stroke Programme Manager, CEEU, Royal College of Physicians
Ms Sara Kavanagh MSc
SSNAP Programme Manager, CEEU, Royal College of Physicians
Mrs Rachel Otago
SSNAP Programme Manager, CEEU, Royal College of Physicians
Ms Charissa Bhasi MSc
SSNAP Project Co-ordinator, CEEU, Royal College of Physicians
Ms Lizz Paley BA
Acting Stroke Programme Intelligence Manager – Data, CEEU, Royal College of Physicians
Ms Emma Vestesson MSc
SSNAP Data Analyst, CEEU, Royal College of Physicians
Ms Victoria McCurran MPH
SSNAP Data Analyst, CEEU, Royal College of Physicians
Professor Anthony Rudd FRCP CBE
Chair of the Intercollegiate Stroke Working Party, Associate Director for Stroke (CEEU), Consultant Stroke Physician, Guy's and St Thomas' Hospital, London
Dr Geoffrey Cloud FRCP
Associate Director for Stroke (CEEU), Consultant Stroke Physician, St George's Hospital, London

Supported by

Dr Martin James FRCP
Associate Director for Stroke (CEEU), Consultant Stroke Physician, Royal Devon and Exeter Hospital, Devon
Professor Pippa Tyrrell FRCP
Associate Director for Stroke (CEEU), Senior Lecturer / Honorary Stroke Physician, University of Manchester

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The web-based data collection tool was developed by Netsolving Ltd (www.netsolving.com). Thanks are due to the many people who have participated in the SSNAP Audit of Commissioners.

Foreword

The stroke care pathway is a complex one. It begins with primary prevention including regular blood pressure checks, health checks and changes in lifestyle for those considered to be at high risk. In the event of a stroke, people need high quality treatment as soon as possible, and in order to ensure this happens hospitals now have acute specialist stroke services. These acute inpatient care facilities provide fast and up to date stroke treatments which have been proven to reduce stroke mortality and morbidity. However good the acute care, many patients will be left with impairments that require on-going treatment and support.

Little is known about the organisation and structure of care received after discharge from specialist acute inpatient services. For the first time SSNAP is attempting to understand this by carrying out a post-acute organisational audit. This is taking place in two parts. This report summarises the information provided by commissioners and health boards about what services are being commissioned and provided. It gives useful information about the number and range of services and to what extent co-commissioning with other areas or with social services is happening. It is a descriptive report. The numbers of services is not necessarily informative about the quality or indeed the coverage of the services. More services do not necessarily equate to better services. We will be contacting each of the services identified in this report to obtain further information for Phase 2 of the audit and this information will describe in much more detail what a patient might expect to receive in terms of waiting times for treatment, intensity and duration of treatment, and make-up of the team in terms of numbers and expertise of the team members.

Even though this is just the first part of the audit it does highlight some important messages summarised in the section below.

Executive Summary

Introduction

Sentinel Stroke National Audit Programme (SSNAP)
SSNAP collects data every two years on the structure and organisation of acute care and clinical data on all stroke patients admitted to hospital on a continuous basis. This clinical audit data collection extends into the community with the potential to follow the patient pathway through bed based intermediate care, domiciliary rehabilitation and up to six months after the initial stroke. It predominantly measures the processes of care but includes some outcomes including mortality and disability (Rankin score).

The aims of the SSNAP post-acute organisational audit – Phase 1

- To identify services commissioned to provide rehabilitation for stroke patients beyond the acute setting.
- To provide timely, transparent information to patients, the public and professionals about the quality of stroke care organisation in the post-acute setting locally and nationally.
- To provide commissioners with evidence of the quality of commissioned services.
- To identify where improvements to services are needed and made recommendations.

Services identified in Phase 1 of the audit will be recruited to complete a more detailed provider organisational audit (Phase 2) later in the year.

Organisation of the Audit
SSNAP is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and the Welsh Government as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and run by the Clinical Effectiveness and Evaluation unit (CEEU) of the Royal College of Physicians, London. The audit is guided by a multidisciplinary steering group responsible for the RCP Stroke Programme – the Intercollegiate Stroke Working Party (ICSWP). Details of membership of the ICSWP can be found in Appendix 1 or www.rcplondon.ac.uk/stroke.

Main Findings and Recommendations for Commissioners

1. Participation in the SSNAP inaugural organisational audit of post-acute stroke care commissioning has been excellent with 99.6% of responsible bodies providing data.

2. There is widespread variation, both by region and country, in the types of post-acute stroke care currently being provided.

3. The lack of appropriate services being commissioned raises concerns that care home residents may be being denied access to stroke rehabilitation services in some areas.

4. All commissioners are recommended to draw up consistent service specifications with their provider organisations and include participation in SSNAP clinical audit as a requirement.

5. All commissioners are recommended to support a 6 month post-stroke assessment for all patients as recommended in the National Stroke Strategy and required by the CCG Outcome Indication Set (CCG OIS).

6. All commissioners should be commissioning stroke-specific Early Supported Discharge (ESD).

7. All commissioners are recommended to consider joint health and social care collaboration to address major shortfalls in provision of emotional and psychological support after stroke and vocational rehabilitation.

8. Commissioners are recommended to participate with providers in using SSNAP data as part of a programme of managed quality service improvement.

Summary of Results

This section presents an executive summary of the findings of the audit. It consolidates the clinical commentary from the national results section (section 3) of the report. For ease of reading it does not include the full findings which are presented in the tables within the relevant section of this report.

Participation in organisational audit

- The all but complete participation from CCGs, Local Health Boards and LCGs reflects the 100% participation from clinical providers in the hospital based SSNAP acute organisational audit and is to be congratulated. This partnership and commitment between commissioners and providers towards auditing stroke care provides a firm foundation for service improvement challenges ahead.

Participation in continuous clinical audit

- Participation of post-acute services in SSNAP clinical audit has been slowly improving but is still a long way short of the nearly 100% that has been consistently demonstrated by hospital based acute stroke teams (England and Wales) since October 2013.
- With 29% of post-acute stroke services providing services for more than one commissioner, having consistent commissioned service specifications will be key for providers and such service specifications should require participation in SSNAP.

Joint Commissioning

- With the current political debates raging, the opportunity for driving improvements in post-acute stroke care through joint health and social care commissioning reform is very topical. Currently there is only joint health and social care commissioning for post-acute stroke services in 37% of areas.

Stroke leadership

- Currently close to one in four commissioning bodies do not have an allocated lead for stroke services and only 56% have a commissioning group for stroke (stroke programme board) or something similar. Stroke care requires significant investment by commissioners covering a vast range of different services and needs, from prevention to longer term care. It is important that these services are commissioned coherently without duplication or gaps that could result in poor patient outcomes. A commissioning lead for stroke will be essential to ensure high quality commissioning and services.

Variation in stroke service provision

- A portfolio of services is required to provide comprehensive post-acute stroke care. There is good evidence to demonstrate how this should be done including early supported discharge, longer term neurological rehabilitation, vocational rehabilitation,

exercise programmes, vascular risk reduction advice and support, and longer term follow-up and intervention for patients whose functional ability deteriorates. There is widespread variation nationally in commissioning a portfolio of post-stroke services with too many areas failing to commission comprehensive care.

Specialist stroke care

- The majority (78%) of services commissioned for post-acute stroke care are stroke specific which is very reassuring. Such services are provided in a variety of locations but care home residents with stroke rehabilitation needs would seem to be disadvantaged with only one third of commissioned services providing treatment to people living in care homes. Post-acute stroke services are mainly provided by acute and community NHS trusts with about 20% currently being provided by the private and voluntary sector. This is likely to change with proposed adjustments in joint health and social care commissioning but these changes should not be at the cost of losing the stroke specialism associated with such services.

Post-acute inpatient services

- With increasing pressure on acute hospital bed capacity, it is no surprise that almost two thirds of commissioners commission post-acute inpatient beds, 54% of which are provided by Acute Trusts. It is reassuring that a majority (88%) of these beds are stroke specific but currently we have no information regarding whether these beds meet the standards of high quality stroke units. High quality domiciliary services should largely remove the need to provide bed based intermediate care for stroke patients. The ideal pathway is, in the majority of cases, inpatient care on a specialist stroke unit followed by specialist treatment and care at home.

Post-acute outpatient services

- Only 45% of participating organisations in England, Wales and Northern Ireland commission outpatient post-acute stroke services (mainly referring to out-patient therapy treatment) – almost half of which were provided by Acute Trusts.

Early Supported Discharge Teams (ESD)

- ESD is commissioned by over 80% of participating organisations. There is randomised trial based evidence of the benefits of stroke specialist ESD which has informed this widespread service development. The trial that was performed comparing in-patient stroke unit care with a generic domiciliary team showed worse outcomes in patients managed at home. ESD should therefore be considered a specialist stroke service and consist of the same intensity and skill mix as available in hospital, without delay in delivery. There are 16 non-stroke specific ESD services currently being commissioned - they cannot be assumed to be equivalent.

Community Rehabilitation Teams (CRT)

- Community rehabilitation teams (CRTs) are able to pick up from ESD teams working with patients towards their long term rehabilitation goals and be available for management of longer term complications e.g. post stroke spasticity. CRTs are currently commissioned by 83% of participating organisations and provided in 62% by non-acute Trusts/provider organisations. The majority (84%) of CRTs will see patients in their own homes but only 49% of CRTs will reach into care homes.

Domiciliary only (services which treat patients within their own homes but are separate to ESD team and CRTs)

- Three-quarters of domiciliary services commissioned in the audit are stroke specific and are provided in 63% by non-acute Trusts/provider organisations. It is surprising that eight of the 110 domiciliary services will not see patients in their own home, as the word domiciliary means to 'occur within someone's home' we can only assume this is a misinterpretation of the definition 'domiciliary'. It is also surprising that 36% do not see patients in care homes. This does raise the question of how care home residents with stroke rehabilitation goals access therapy. Although such goals may not always significantly change levels of functional independence they are likely to contribute significantly to improvements in quality of life (e.g. the ability to swallow a small amount of oral intake for 'taste and pleasure' in a patient otherwise dependent on long term enteral nutrition, fed via a gastrostomy tube) and will not ever be achieved without health professional intervention and support.

Vocational Rehabilitation

- A return to work – to either paid pre-stroke employment, paid new employment or voluntary work - is a prime rehabilitation goal for many stroke patients, regardless of age. A successfully managed return to the workplace will improve self-esteem and reduce psychological morbidity after stroke. A return to paid work will also have significant financial benefits. With only 27% of CCGs commissioning vocational rehabilitation services this is a major lost opportunity nationally that needs to be addressed urgently. Such services – where they do exist – are rightly, in the main, stroke specific. Knowledge and experience of stroke related impairments and disability are pre-requisite for a successful return to work after stroke.

Psychological Support

- Unseen effects of stroke are a common source of disability and misery following stroke. Access to stroke specific psychological support is vital to diagnosing and managing such problems but 45% of participating organisations are not providing this. However, of the 122 (55%) participates that do offer psychological provision, nearly 90% of the 169 services identified in the audit provide this at a stroke specific level.

Assessments six months after stroke

- Six month assessments are essential to identify those patients who need further treatment and to ensure that services provided are appropriate to the patients' needs. They are of particular importance for checking that secondary prevention is being provided optimally. They are mandated in England as part of the CCG Outcome Indicator Set (CCG OIS). The assessments do require resource and need to be commissioned. Currently they are being provided in equal amounts between Acute and Community based providers with 12% being undertaken by a third sector provider. Only 54% of commissioners in the audit are supporting 6 month assessments and this warrants urgent action.

Individual Discipline stroke service provision

- Approximately three quarters of participating organisations commission each of physiotherapy, occupational and speech and language therapy as individual profession specific services outside of other rehabilitation or ESD teams. More than 80% of single discipline therapy services appear to be specialist in terms of being stroke specific and treat patients in a variety of locations. Only 42-44% will treat patients in a care home. It may be more effective and efficient to have all care delivered by multidisciplinary teams rather than profession specific individuals. Services can ensure that all problems are addressed efficiently. Having multiple places that a patient can be referred can be confusing to patients, carers and clinicians so however services are organised it is important that referral systems are straightforward, preferably accessing all services through a single point of contact.

Family and Carer Support Workers

- Family and carer support services are commissioned in two thirds of areas and in 57% of cases provided by a Third Sector provider (usually the Stroke Association). The role predominantly involves 'signposting' and information giving to help patients, their families and carers adjust to life after stroke. It may involve information around benefits or local peer support groups as well as helping address the frequent questions that are raised related to the uncertainty that accompanies living with the effects of stroke. Such services may reduce carer burden and add to psychological and emotional support available to stroke patients.

Section 1: Introduction and methodology

Introduction

Sentinel Stroke National Audit Programme (SSNAP)
SSNAP collects data every two years on the structure and organisation of acute care and clinical data on all stroke patients admitted to hospital on a continuous basis. This clinical audit data collection extends into the community with the potential to follow the patient pathway through bed based intermediate care, domiciliary rehabilitation and up to six months after the initial stroke. It predominantly measures the processes of care but includes some outcomes including mortality and disability (Rankin score).

The Aims of the SSNAP post-acute organisational audit – Phase 1

- To identify services commissioned to provide rehabilitation for stroke patients beyond the acute setting.
- To provide timely, transparent information to patients, the public and professionals about the quality of stroke care organisation in the post-acute setting locally and nationally.
- To provide commissioners with evidence of the quality of commissioned services.
- To identify where improvements to services are needed and made recommendations.

Based on the services identified in Phase 1 each of the services will be recruited to complete a more detailed organisational audit later in the year. This will be Phase 2.

Aims of Phase 2:

- To establish a baseline of current service organisation nationally to compare with processes of care (SSNAP clinical) and to monitor changes over time.
- To enable providers to benchmark the quality of the component elements of their service organisation nationally and regionally (e.g. ESD teams/community rehab teams).

Organisation of the Audit
SSNAP is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and the Welsh Government as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and run by the Clinical Effectiveness and Evaluation unit (CEEu) of the Royal College of Physicians, London. The audit is guided by a multidisciplinary steering group responsible for the RCP Stroke Programme – the Intercollegiate Stroke Working Party (ICSWP). Details of membership of the ICSWP can be found in Appendix 1 or www.rcplondon.ac.uk/stroke.

Note on the term 'commissioner'
A commissioner is defined as the organisation or body which funds, pays for or provides a

service which can be used by stroke survivors once they leave their acute care setting. In England, there are 211 clinical commissioning groups which undertake this role. In Northern Ireland there are 5 Local Commissioning Groups (LCGs) with a similar mandate. Due to the differences in structures of health services across countries, the term 'commissioner' is not used in Wales and the closest approximation to a CCG is a Local Health Board (LHB). LHBs provide stroke services rather than commission them. However, for simplicity and ease of reading the term commissioner or organisation will be used throughout this report unless specific regional comparisons are being made.

Availability of this report in the public domain

Individual commissioning organisation level reports will be made available to participants via the SSNAP webtool. After two weeks, information on all commissioner organisations will be available to healthcare organisations; this includes NHS England and the Care Quality Commission in England, NHS Wales (Welsh Government), the Department of Health, Social Services and Public Safety in Northern Ireland and Strategic Clinical Networks in England. Approximately two months following this it is planned to make all data public, including individual commissioner level reports on the SSNAP results portal (www.strokeaudit.org/results), in line with the transparency agenda and the procedures agreed with the funders.

How to read this report

This report presents national level data using percentages, denominators and numerators.

Evidence

No references have been quoted in this report for reasons of space. All relevant evidence and standards are available in the following:

- Stroke commissioning guide https://www.rcplondon.ac.uk/sites/default/files/documents/stroke_commissioning_guide_web.pdf within the National clinical guideline for stroke 4th edition (Royal College of Physicians, 2012) http://www.rcplondon.ac.uk/resources/stroke-guidelines
- CCG Outcome Indicator Set (CCG OIS) http://www.england.nhs.uk/ccg-ois/.

Presentation of results

Section 2 describes the characteristics of commissioners and the commissioning processes for post-acute stroke services.

Section 3 describes the findings for each service function identified in the audit in the following order post-acute inpatient services, community teams, single disciplines, vocational services, 6 month assessment services etc.

Section 4 describes national and regional comparisons.

Section 5 provides benchmarked results for each named organisation.

Methodology

Eligibility, recruitment and participation

All 211 Clinical Commissioning Groups (CCGs) in England, seven Local Health Boards (LHBs) in Wales and five Local Commissioning Groups (LCGs) in Northern Ireland were eligible to participate. Each of these 223 commissioning organisations was contacted about the audit, and asked to register their participation and identify audit leads that would be responsible for completing the audit questionnaire.

Data collection tool

Data collection was carried out using a simple web-based questionnaire via a password protected secure website between 10 November 2014 and 2 January 2015. Security and confidentiality were maintained throughout. Participants were provided with a standardised help booklet containing data definitions and context specific online help was available on the webtool. A telephone and email helpdesk was provided by the SSNAP team to answer queries. High data quality was ensured through the use of built in validations to prevented illogical data being entered. Once data entry was completed, organisations were advised to export and check their responses. No changes were permitted after 2 January 2015.

Data validation

The data were collated by analysts at the stroke programme and commissioner specific validation reports were created and returned to all participants for further checking and final sign off between 26 - 30 January 2015.

Section 2: Characteristics of the organisations commissioning stroke care

2.1 Participation

There were 223 organisations identified as being eligible to participate in the post-acute stroke service commissioning audit, with 222 (99.6%) submitting data.

Participating commissioners	Number of eligible commissioners	Total number of participants
Clinical Commissioning Groups (CCGs), England	211	211 (100%)
Welsh Local Health Boards (LHBs), Wales	7	6 (86%)
Local Commissioning Groups (LCGs), Northern Ireland	5	5 (100%)
Total	**223**	**222 (99.6%)**

Betsi Cadwaladr University Health Board was the only LHB in Wales which did not participate in the audit.

Commissioners submitted information about which post-acute stroke services they commissioned for stroke patients after discharge from the acute care setting as on **1 December 2014**.

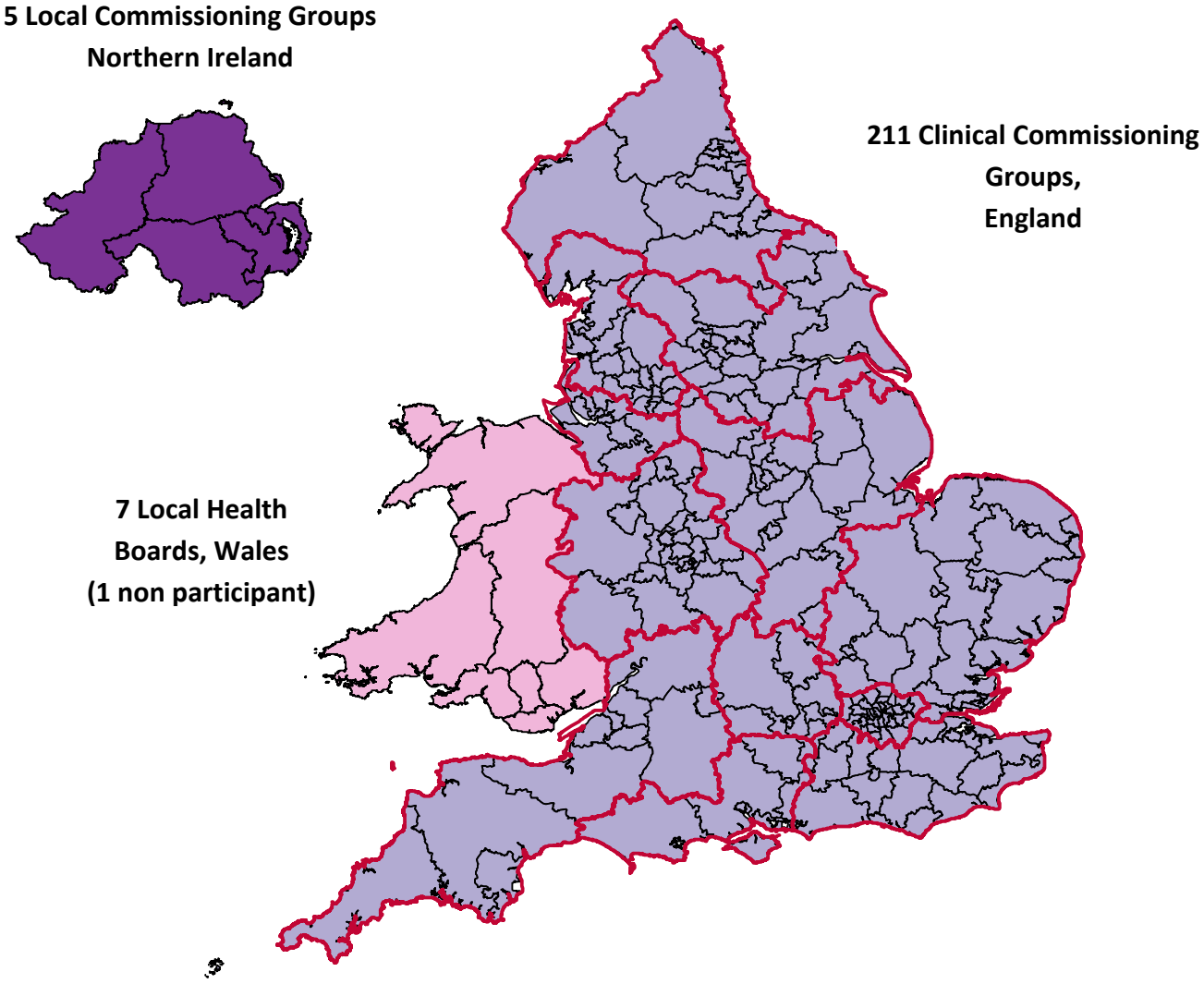
The all but complete participation from CCGs, Local Health Boards and LCGs reflects the 100% participation from clinical providers in the hospital based SSNAP acute organisational audit and is to be congratulated. This partnership and commitment between commissioners and providers towards auditing stroke care provides a firm foundation for service improvement challenges ahead.

2.2 Location

Figure 1 below gives the location of CCGs in England, LHBs in Wales and LCGs in Northern Ireland.

This map provides a reference for the geographical boundaries used in this report. A list containing named commissioner details within each country and Strategic Clinical Network (SCN) can be found in appendix 3 of this report.

Fig 1 Participating organisations showing regional boundaries within each country



2.3 Characteristics

Commissioners provided details about their organisation including clinical leadership, requirements for participation in the continuous clinical audit element of SSNAP, governance of stroke, and joint commissioning with other health organisations and social care.

Commissioner characteristics (Q2.1- Q2.4)	**n (%)** **N = 222**
Clinical leadership	
Clinical lead for stroke in the organisation	172 (77%)
Requirement of providers to participate in SSNAP clinical audit	
Require participation of their ***acute providers*** in SSNAP	186 (84%)
Require participation of their ***post-acute providers*** in SSNAP	162 (73%)
Governance Arrangements	
Commissioners who have a stroke commissioning group e.g. Programme Board for Stroke	125 (56%)

Jointly commission with social care (Q2.5)	**n (%)** **N = 222**
Commissioners who jointly commission stroke services with social care Of these:	83 (37%)
commissioned **1** service with social care	47/83 (57%)
commissioned **2** services with social care	22/83 (27%)
commissioned **3** services with social care	9/83 (11%)
commissioned **4** services with social care	4/83 (5%)
commissioned **5** or more services with social care	1/83 (1%)

Other community based stroke services (Q2.7)	**n (%)** **N = 222**
CCG/LHB/LCG who have other community based stroke services	56 (25%)
Of these:	28/56 (50%) named **1** other service
	22/56 (39%) named **2** other services
	5/56 (9%) named **3** other services
	1/56 (2%) named **4** other services

We would encourage all commissioners to require participation in SSNAP of all their commissioned providers of stroke care. At the same time, to use data from SSNAP most effectively there needs to be commissioner, as well as provider, participation in quality improvement programme boards. Currently close to one in four commissioning bodies do not have an allocated lead for stroke services and only 56% have a commissioning group for stroke (stroke programme board) or something similar. Stroke care requires significant investment by commissioners covering a vast range of different services and needs, from prevention to longer term care. It is important that these services are commissioned

coherently without duplication or gaps that could result in poor patient outcomes. A commissioning lead for stroke is likely to be essential to ensure high quality commissioning and services.
With the current political debates raging, the opportunity for driving improvements in post-acute stroke care through joint health and social care commissioning reform is very topical. Currently there is only joint health and social care commissioning in 37% of areas.

2. 4 Formal joint commissioning

Commissioners reported whether they had formal joint commissioning arrangements as part of a consortium and if so, the number of other organisations they jointly commission with.

Commissioning as part of a consortium (Q2.6)	**n (%)** **N = 222**
Organisations which commission as part of a consortium of CCGs/LHBs/LCGs	87 (39%)
Of these:	31/87 (36%) with **one** other commissioner
	27/87 (31%) with **two** other commissioners
	16/87 (18%) with **three** other commissioners
	3/87 (3%) with **four** other commissioners
	10/87 (12%) with **five** or more other commissioners

2. 5 Summary of the number of organisations which commission services for stroke patients after the acute phase

The table below shows the number of organisations commissioning (providing) at least one of each service function.

	CCGs/LHBs/LCGs
Service function	**n (%) of CCGs/LHBs/LCGs commissioning the service** **N = 222**
Post-acute inpatient care	141 (64%)
Outpatient care	99 (45%)
Early Support Discharge (ESD) team	180 (81%)
Community Rehabilitation Team (CRT)	185 (83%)
Domiciliary team (not ESD or CRT)	83 (37%)
6 month assessment provider	120 (54%)
Vocational rehabilitation	59 (27%)
Psychological support	122 (55%)
Physiotherapy team	168 (76%)
Occupational therapy	163 (73%)
Speech and language therapy	173 (78%)
Family and carer support	147 (66%)

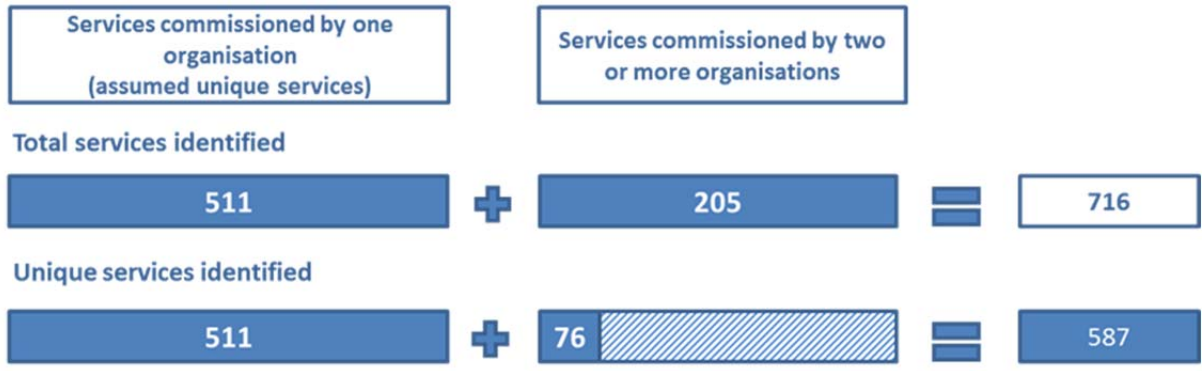
A further three services were not commissioned by the CCG, LHB or LCG which identified them but were known to be available to stroke patients within their population.

2.6 Services commissioned by one or more organisations

Of the 716 post-acute stroke services identified in the audit nearly three quarters appeared to be being commissioned by one organisation, with the remaining being commissioned by more than one.

Joint services commissioning with n of organisations **Commissioned by:**	**n(%)** **N = 716**
1 CCGs/LHBs/LCGs alone	511 (71%)
2 CCGs/LHBs/LCGs jointly	124 (17%)
3 CCGs/LHBs/LCGs jointly	48 (7%)
4 CCGs/LHBs/LCGs jointly	4 (1%)
5 or more CCGs/LHBs/LCGs jointly	29 (4%)

Based on the service commissioning information it would appear that 205 of the services identified are commissioned to provide a service by more than 1 commissioner and within the 205 there are 76 unique services. This therefore means that 587 unique post-acute stroke services have been identified in this audit. Commissioners (providers) refer to services using different terminology; consequently this is the number of services SSNAP was able to identify as being unique.



2.7 Proportion of services identified which participate in SSNAP clinical audit

There were 186 services identified in this organisational audit that were already registered on SSNAP for collection of clinical data. Of these 186 services, 61% (114) have actively participated in the SSNAP clinical audit within the last 6 months (by submitting one or more record), and 39% (72) have submitted sufficient data to be included in the latest round of clinical audit quarterly reporting (October – December 2014).

Of the remaining services identified in this audit, 320 would be eligible to participate in the SSNAP clinical audit but are not yet registered to do so. By following up these services and

encouraging them to participate, a more complete picture of post-acute care can be obtained.

Participation of post-acute services in SSNAP clinical audit has been slowly improving but is still a long way short of the nearly 100% that has been consistently demonstrated by hospital based acute stroke teams (England and Wales) since October 2013.
With 29% of post-acute stroke services providing services for more than one commissioner, having consistent commissioned service specifications will be key for provider teams and such service specifications should require participation in SSNAP.

2.8. Post-acute services

The participants were asked to confirm what functions were provided by the services they identified. Service functions included those currently measured in the SSNAP clinical audit:

- Post-acute inpatient care
- Early Supported Discharge (ESD)
- Community Rehabilitation Teams (CRT)
- Domiciliary only (not ESD or CRT) and
- Teams who provide assessments of patients 6 months after their stroke

However, data were also collected on services providing functions which are not measured in the SSNAP clinical audit but which still provide services for post-acute stroke patients. These include vocational therapy, outpatient care, psychological support (single discipline), physiotherapy (single discipline), occupational therapy (single discipline), speech and language therapy (single discipline) and family and carer support services.

Some services provide more than one function. The breakdown of functions commissioned within the 716 identified services can be found below.

Service function	Number	Stroke specific services n (%)	Generic services n (%)
Post-acute inpatient care	194	170 (88%)	24 (12%)
Outpatient care	154	123 (80%)	31 (20%)
Early Support Discharge (ESD) team	207	191 (92%)	16 (8%)
Community Rehabilitation Team (CRT)	255	202 (79%)	53 (21%)
Domiciliary team (not ESD or CRT)	110	83 (75%)	27 (25%)
6 month assessment provider	139	129 (93%)	10 (7%)
Vocational rehabilitation	70	63 (90%)	7 (10%)
Psychological support	169	150 (89%)	19 (11%)
Physiotherapy team	276	224 (81%)	52 (19%)
Occupational therapy	254	212 (83%)	42 (17%)
Speech and language therapy	270	222 (82%)	48 (18%)
Family and carer support	220	187 (85%)	33 (15%)

A portfolio of services is required to provide comprehensive post-acute stroke care. There is good evidence to demonstrate how this should be done including early supported discharge, longer term neurological rehabilitation, vocational rehabilitation, exercise programmes, vascular risk reduction advice and support, and longer term follow-up and intervention for patients whose functional ability deteriorates. There is widespread variation nationally in commissioning a portfolio of post-stroke services with too many areas failing to commission comprehensive care.

2.9 Summary of the 716 post-acute stroke services in England, Wales and Northern Ireland

Stroke specific/Generic	**n (%) of all services identified in the audit N = 716**
Stroke specific	561 (78%)
Non-stroke specific	155 (22%)

Location of service*	**n (%) of all services identified in the audit**
Community hospital	234 (33%)
Patients home	477 (67%)
Care home	235 (33%)
'Other' inpatient	133 (19%)
'Other' outpatient	251 (35%)

* More than one service location could be selected per post-acute team

Commissioned from	**n (%) of all services identified in the audit N = 716**
Acute trust	278 (39%)
Community trust	262 (37%)
Third Sector Provider	143 (20%)
Private Sector Provider	5 (1%)
Local Authority	1 (<1%)
Health Board	16 (2%)
CCG and Local Authority	1 (<1%)
Acute and Community trust	6 (1%)
Third Sector Provider and Council	1 (<1%)
Health Board and Social Services	3 (<1%)

The majority (78%) of services commissioned for post-acute stroke care are stroke specific which is very reassuring. Such services are provided in a variety of locations but care home residents with stroke rehabilitation needs would seem to be disadvantaged with only one third of commissioned services providing treatment to people in care homes. Post-acute stroke services are mainly provided by acute and community NHS trusts with about 20% currently being provided by the private and voluntary sector. This is likely to change with proposed adjustments in joint health and social care commissioning but these changes should not be at the cost of losing the stroke specialism associated with such services.

2.2.5 Distribution of service functions

Fig 2

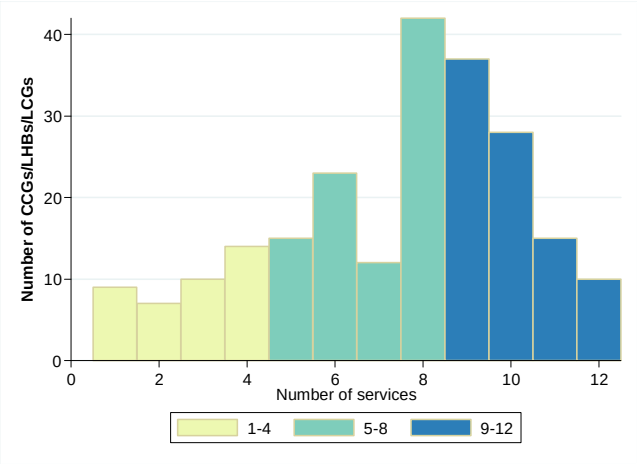
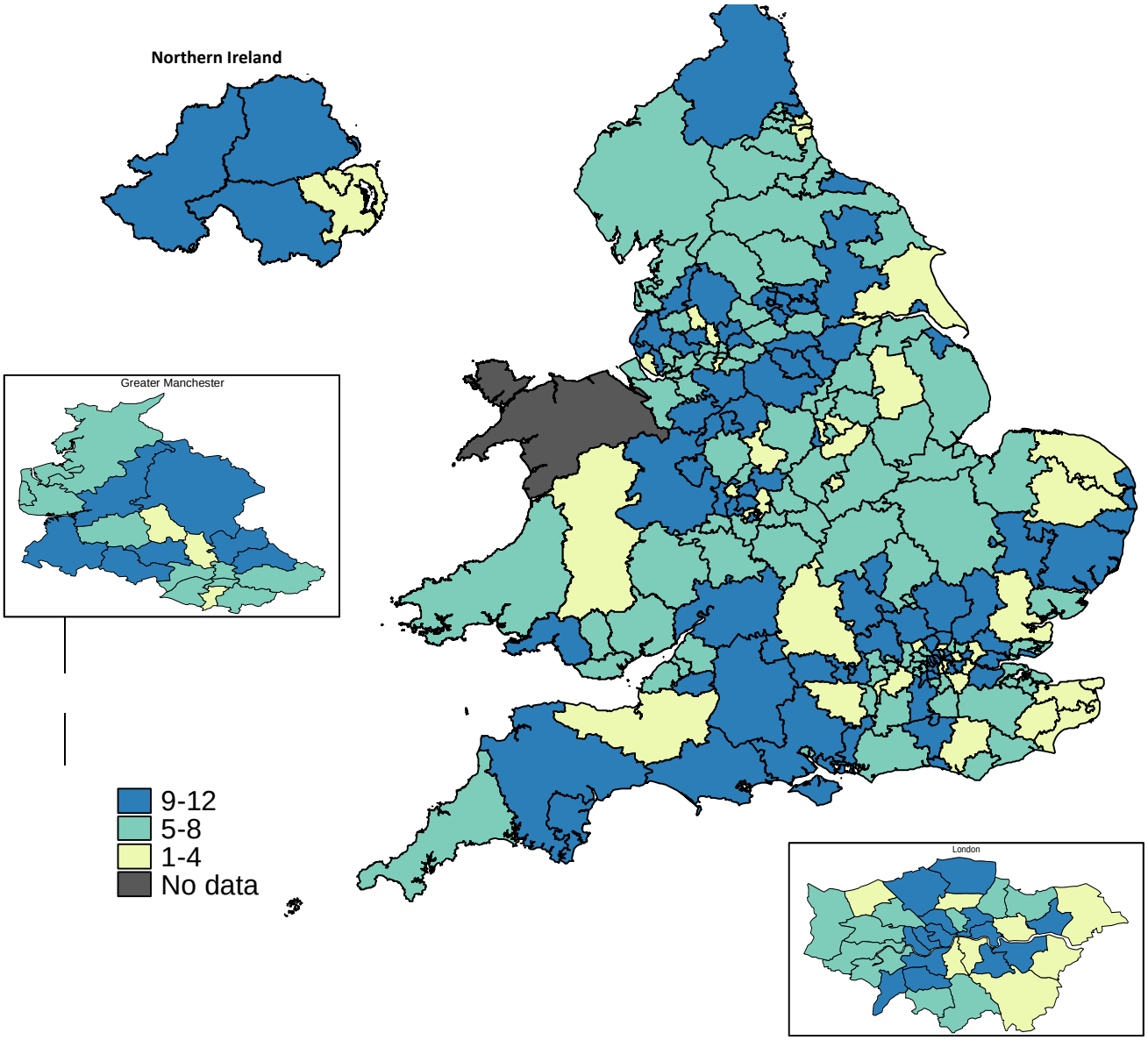


Figure 2 shows the distribution of the service functions commissioned per CCG/LHB/LCG. The number of services (1-12) has been assigned based on whether they commission at least one of each of the 12 service functions. This information can also be viewed as a map (Figure 3) with the banding colour assigned per commissioner.

Fig 3 Total number of types of stroke services commissioned by each CCG, LHB and LCG for patients following the acute phase



Section 3: Services available for stroke patients after the acute phase

Individual service function results

Maps available throughout this section show the location of services across CCGs, LHBs and LCGs which provide at least one of the specific service functions described.

3.1 Post-acute inpatient care services

This is defined as bed-based services for patients who continue to need inpatient (hospital) care and consultant access but this no longer needs to be at an acute level (they are no longer based on a HASU or SU and require rehabilitation support only). These services are often provided within places such as community hospitals and nursing homes. If within a care home, the care being received should be separate to those residing in the care home.

Service details

Post-acute inpatient care service	**Total number of *inpatient* post- acute services commissioned**
Total	194
Stroke specific	*170 (88%)*
Non-stroke specific	*24 (12%)*

Of the 222 participating organisations 141 (64%) identified at least one inpatient post-acute service.

Provider characteristics

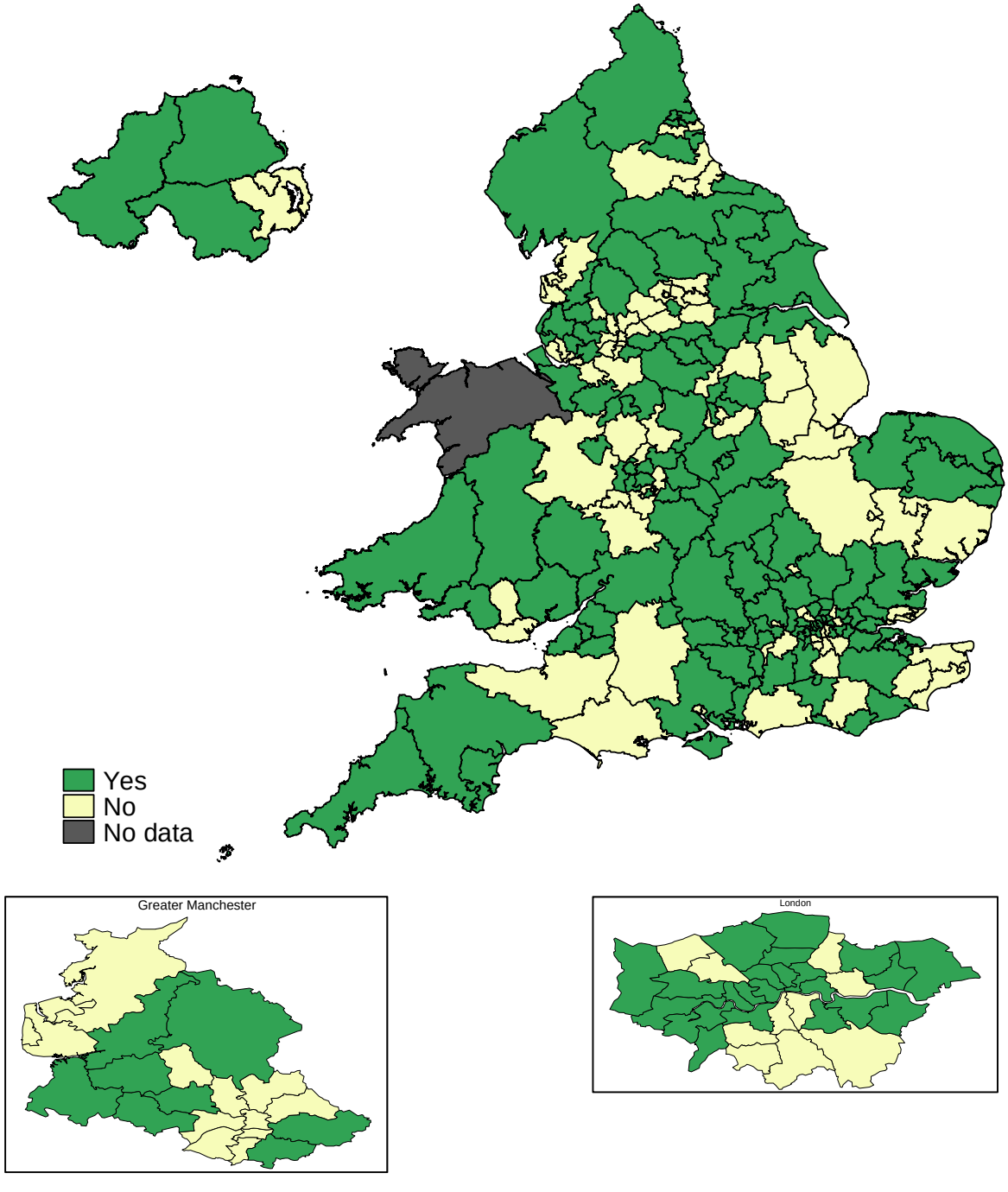
Location of service*	**n (%)** **N = 194**
Community hospital	116 (60%)
Patients/Carers home	88 (45%)
Care home	56 (29%)
'Other' inpatient setting	80 (41%)
'Other' outpatient setting	57 (29%)

* More than one service location could be selected per post-acute team

Commissioned from	**n (%)** **N = 194**
Acute trust	105 (54%)
Community Trust	75 (39%)
Third sector provider	7 (4%)
Private sector provider	2 (1%)
Local Authority	1 (1%)
Health Board	2 (1%)
CCG and Local Authority	0 (0%)
Acute and community trust	2 (1%)
Third Sector Provider and Council	0 (0%)
Health Board and Social Services	0 (0%)

With increasing pressure on acute hospital bed capacity, it is no surprise that almost two thirds of commissioners commission post-acute inpatient beds, 54% of which are provided by Acute Trusts. It is reassuring that a majority (88%) of these beds are stroke specific but currently we have no information regarding whether these beds meet the standards of high quality stroke units. High quality domiciliary services should largely remove the need to provide bed based intermediate care for stroke patients. The ideal pathway is, in the majority of cases, inpatient care on a specialist stroke unit followed by specialist treatment and care at home.

Fig 4 Inpatient services commissioned by CCG, LHB and LCGs for stroke patients after acute phase



3.2 Outpatient services

This is defined as any health care service provided to a patient who is not admitted to a bed-based facility. Outpatient care may be provided in a doctor's office, clinic or hospital outpatient department and appointments are normally necessary.

Service details

Outpatient care services	**Total number of *outpatient* services commissioned**
Total	154
Stroke specific	*123 (80%)*
Non-stroke specific	*31 (20%)*

Of the 222 participating organisations 99 (45%) identified at least one outpatient service.

Provider characteristics

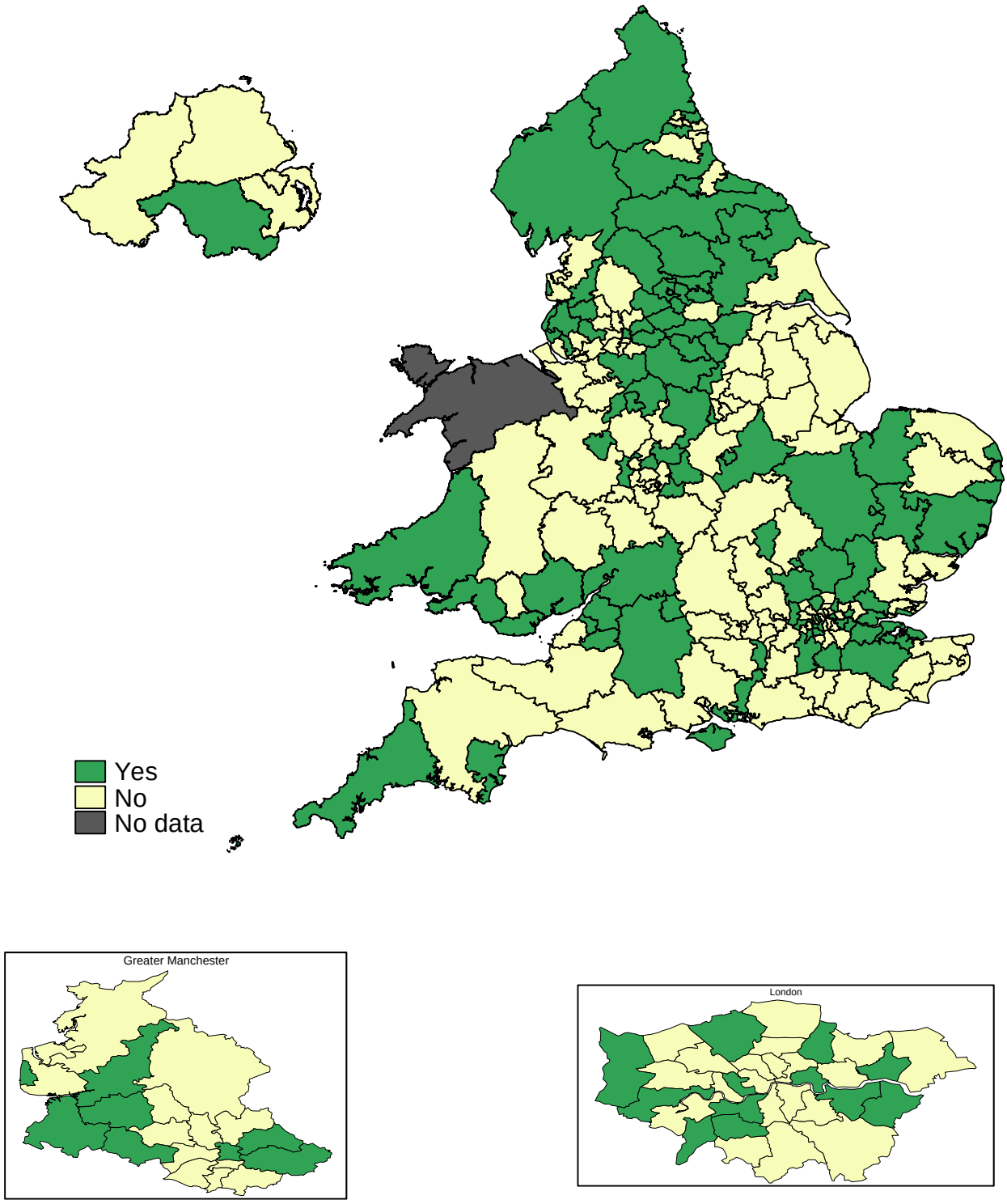
Location of service*	**n (%)** **N = 154**
Community hospital	67 (44%)
Patients/Carers home	84 (55%)
Care home	56 (36%)
'Other' inpatient setting	38 (25%)
'Other' outpatient setting	96 (62%)

* More than one service location could be selected per post-acute team

Commissioned from	**n (%)** **N = 154**
Acute trust	75 (49%)
Community Trust	64 (42%)
Third sector provider	4 (3%)
Private sector provider	0 (0%)
Local Authority	0 (0%)
Health Board	8 (5%)
CCG and Local Authority	0 (0%)
Acute and community trust	3 (2%)
Third Sector Provider and Council	0 (0%)
Health Board and Social Services	0 (0%)

Only 45% of participating organisations in England, Wales and Northern Ireland commission outpatient post-acute stroke services (mainly referring to out-patient therapy treatment) – almost half of which were provided by Acute Trusts.

Fig 5 Outpatient services commissioned by CCG, LHB and LCGs for stroke patients after the acute phase



3.3 Early Supported Discharge (ESD) teams

This is defined as general or stroke specific services who provide multi-disciplinary rehabilitation to stroke patients at home at the same intensity as inpatient care.

Service details

Early Supported Discharge (ESD)	Total number of services commissioned
Total	207
Stroke specific	*191 (92%)*
Non-stroke specific	*16 (8%)*

Of the 222 participating organisations 180 (81%) identified at least one ESD service.

Provider characteristics

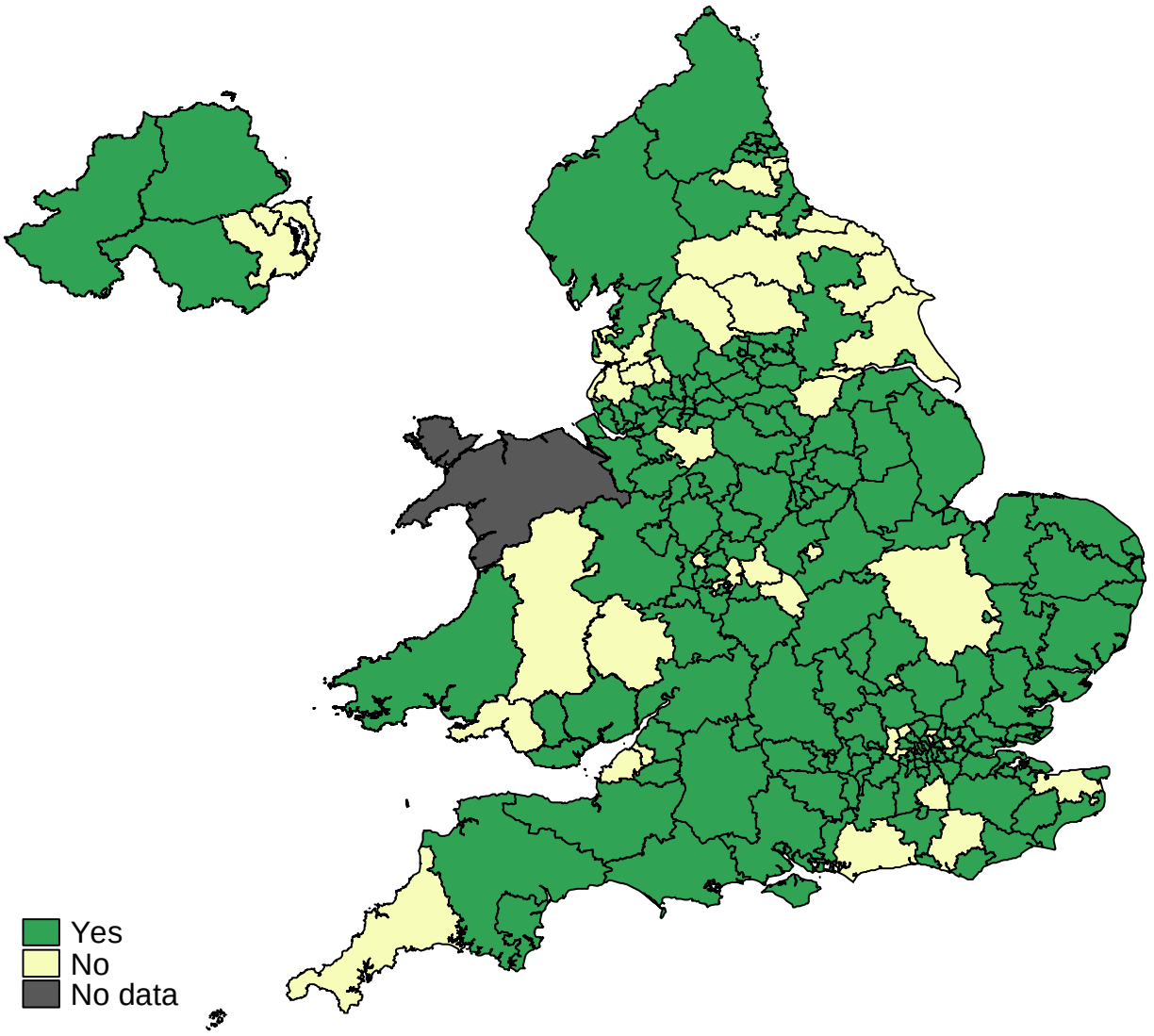
Location of service*	n (%) N = 207
Community hospital	69 (33%)
Patients/Carers home	191 (92%)
Care home	108 (52%)
'Other' inpatient setting	45 (22%)
'Other' outpatient setting	58 (28%)

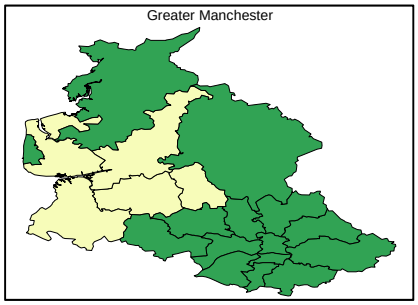
* More than one service location could be selected per post-acute team

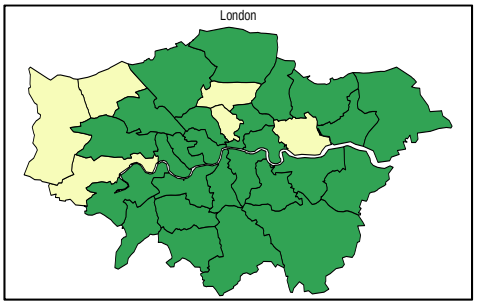
Commissioned from	n (%) N = 207
Acute trust	103 (50%)
Community Trust	95 (46%)
Third sector provider	2 (1%)
Private sector provider	2 (1%)
Local Authority	0 (0%)
Health Board	0 (0%)
CCG and Local Authority	0 (0%)
Acute and community trust	5 (2%)
Third Sector Provider and Council	0 (0%)
Health Board and Social Services	0 (0%)

ESD is commissioned by over 80% of participating organisations. There is randomised trial based evidence of the benefits of stroke specialist ESD which has informed this widespread service development. The trial that was performed comparing in-patient stroke unit care with a generic domiciliary team showed worse outcomes in patients managed at home. ESD should therefore be considered a specialist stroke service and consist of the same intensity and skill mix as available in hospital, without delay in delivery. There are 16 non-stroke specific ESD services currently being commissioned – they cannot be assumed to be equivalent.

Fig 6 Early Supported Discharge teams commissioned by CCG, LHB and LCG for stroke patients after acute phase







3.4 Community Rehabilitation Teams (CRT)

This is defined as general or stroke specific services which caters for patients who are able to return home following inpatient rehabilitation.

Service details

Community Rehabilitation Team	Total number of services commissioned
Total	255
Stroke specific	*202 (79%)*
Non-stroke specific	*53 (21%)*

Of the 222 participating organisations 185 (83%) identified at least one CRT service.

Provider characteristics

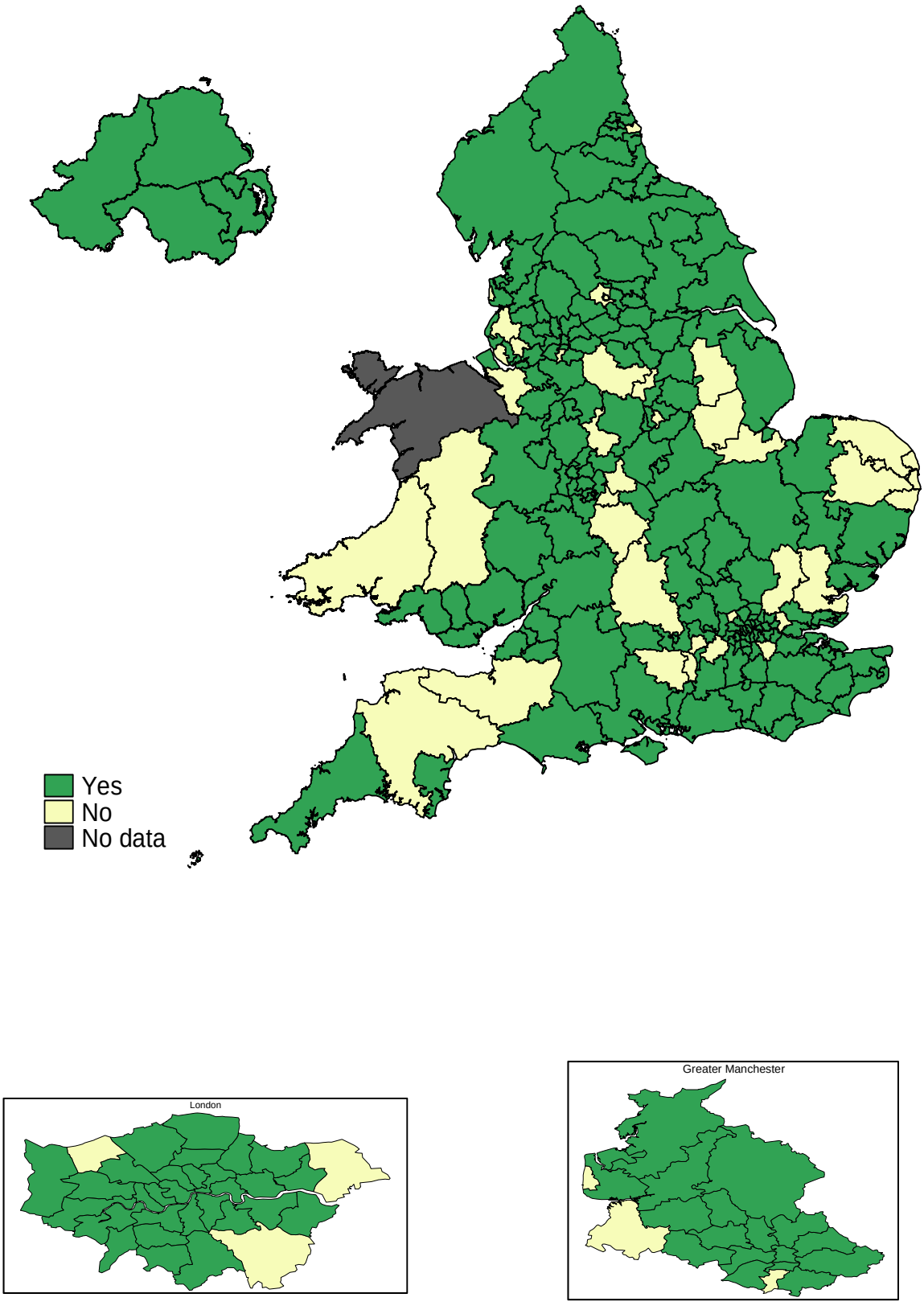
Location of service*	**n (%) N = 255**
Community hospital	109 (43%)
Patients/Carers home	213 (84%)
Care home	126 (49%)
'Other' inpatient setting	47 (18%)
'Other' outpatient setting	92 (36%)

* More than one service location could be selected per post-acute team

Commissioned from	**n (%) N = 255**
Acute trust	96 (38%)
Community Trust	132 (52%)
Third sector provider	14 (5%)
Private sector provider	2 (1%)
Local Authority	0 (0%)
Health Board	5 (2%)
CCG and Local Authority	0 (0%)
Acute and community trust	6 (2%)
Third Sector Provider and Council	0 (0%)
Health Board and Social Services	0 (0%)

Community rehabilitation teams (CRTs) are able to pick up from ESD teams working with patients towards their long term rehabilitation goals and be available for management of longer term complications e.g. post stroke spasticity. CRTs are currently commissioned by 83% of participating organisations and provided in 62% by non-acute Trusts/provider organisations. The majority (84%) of CRTs will see patients in their own homes but only 49% of CRTs will in reach into care homes.

Fig 7 Community rehabilitation teams commissioned by CCG, LHB and LCGs for stroke patients after acute phase



3.5 Domiciliary only (not ESD or CRT)

This is defined as services which provide post-acute rehabilitation at the patients' home and is not an ESD or CRT team.

Service details

Domiciliary teams	Total number of services commissioned
Total	110
Stroke specific	*83 (75%)*
Non-stroke specific	*27 (25%)*

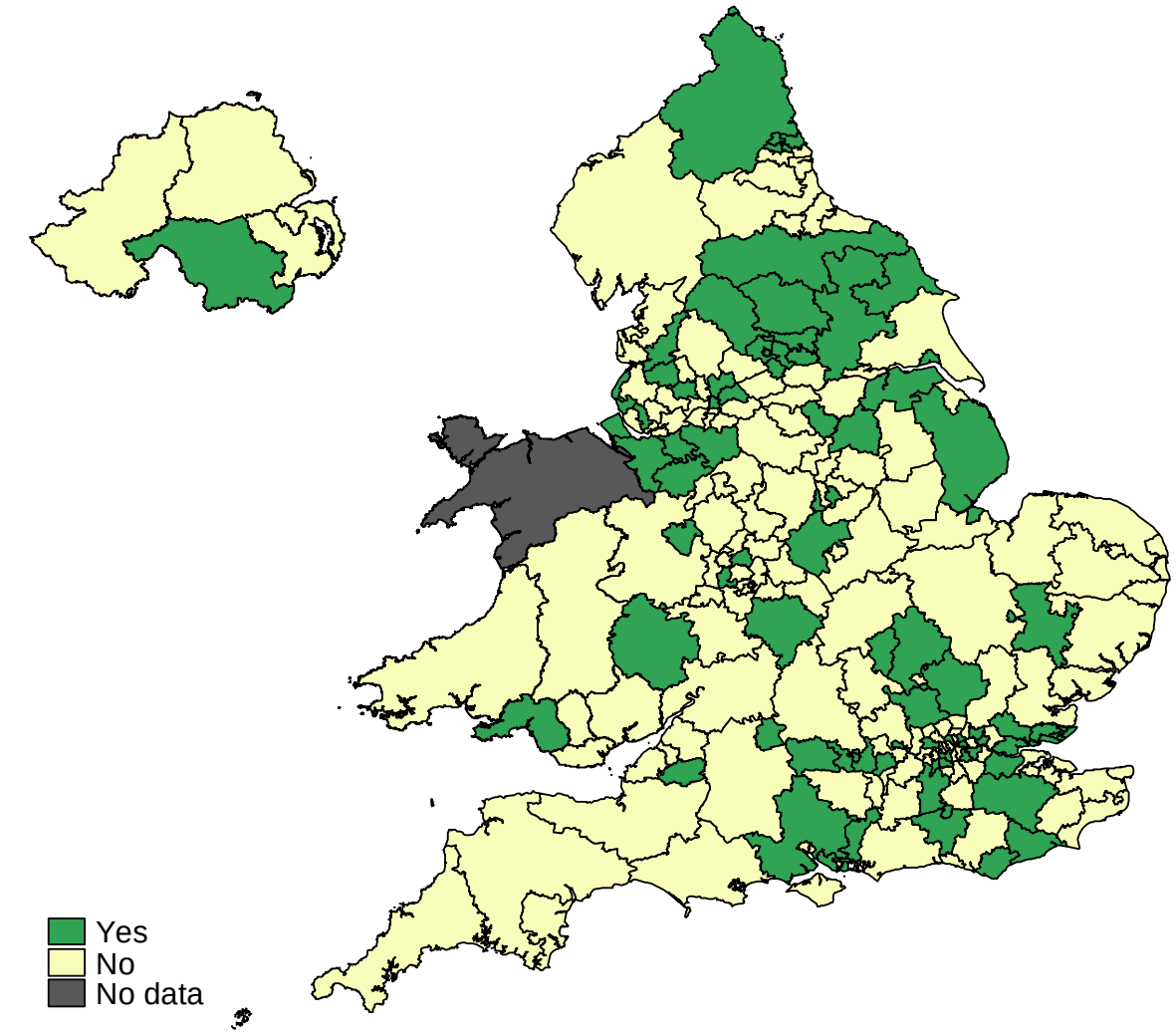
Of the 222 participating organisations 83 (37%) identified at least one domiciliary only service.

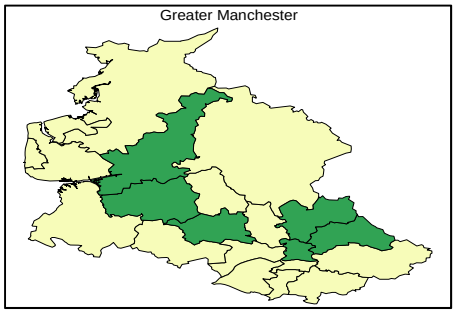
Provider characteristics

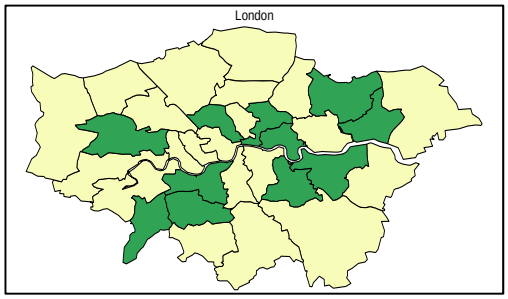
Location of service*	**n (%)** **N = 110**
Community hospital	43 (39%)
Patients/Carers home	102 (93%)
Care home	70 (64%)
'Other' inpatient setting	18 (16%)
'Other' outpatient setting	46 (42%)
* More than one service location could be selected per post-acute team	
Commissioned from	**n (%)** **N = 110**
Acute trust	41 (37%)
Community Trust	55 (50%)
Third sector provider	5 (5%)
Private sector provider	1 (1%)
Local Authority	1 (1%)
Health Board	1 (1%)
CCG and Local Authority	0 (0%)
Acute and community trust	3 (3%)
Third Sector Provider and Council	0 (0%)
Health Board and Social Services	3 (3%)

Three-quarters of domiciliary only services commissioned in the audit are stroke specific and are provided in 63% by non-acute Trusts/provider organisations. It is surprising that eight of the 110 domiciliary only services will not see patients in their own home, as the word domiciliary means to 'occur within someone's home' we can only assume this is a mistake in the data. It is also surprising that 36% do not see patients in care home. This does raise the question of how care home residents with stroke rehabilitation goals access therapy. Although such goals may not always significantly change levels of functional independence, they are likely to contribute significantly to improvements in quality of life (e.g. the ability to swallow a small amount of oral intake for 'taste and pleasure' in a patient otherwise dependent on long term enteral nutrition, fed via a gastrostomy tube) and will never be achieved without health professional intervention and support.

Fig 8 Domiciliary teams (not ESD/CRT) commissioned by CCG, LHB and LCGs for stroke patients after the acute phase







3.6 Vocational rehabilitation services

This is defined as a service which supports someone with a health problem to stay at, return to and remain in work.

Service details

Vocational rehabilitation services	Total number of services commissioned
Total	70
Stroke specific	*63 (90%)*
Non-stroke specific	*7 (10%)*

Of the 222 participating organisations 59 (27%) identified at least one vocational rehabilitation service.

Provider characteristics

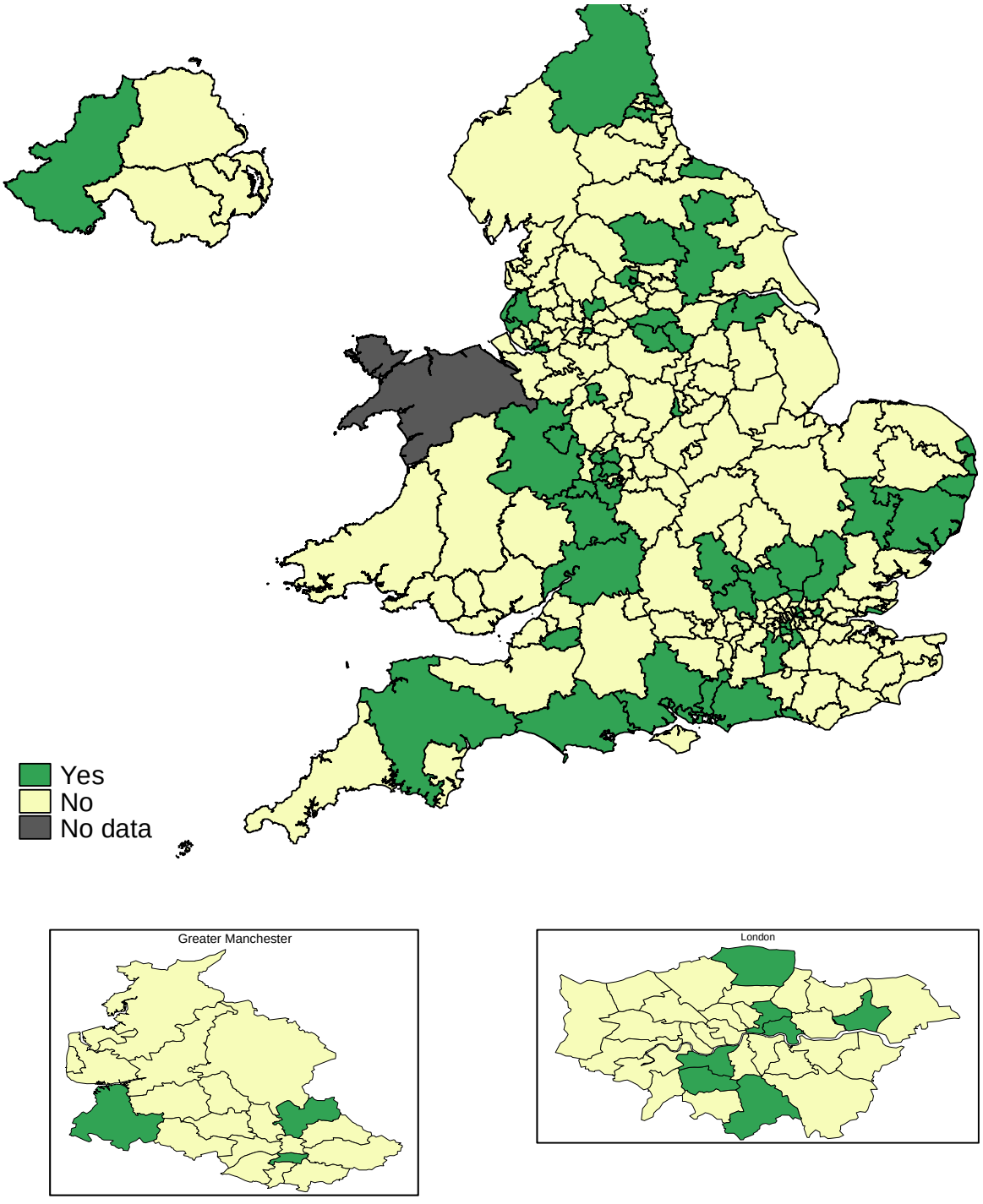
Location of service*	n (%) N = 70
Community hospital	35 (50%)
Patients/Carers home	60 (86%)
Care home	43 (61%)
'Other' inpatient setting	18 (26%)
'Other' outpatient setting	34 (49%)

* More than one service location could be selected per post-acute team

Commissioned from	n (%) N = 70
Acute trust	33 (47%)
Community Trust	26 (37%)
Third sector provider	9 (13%)
Private sector provider	1 (1%)
Local Authority	0 (0%)
Health Board	0 (0%)
CCG and Local Authority	0 (0%)
Acute and community trust	1 (1%)
Third Sector Provider and Council	0 (0%)
Health Board and Social Services	0 (0%)

A return to work – to either paid pre-stroke employment, paid new employment or voluntary work - is a prime rehabilitation goal for many stroke patients, regardless of age. A successfully managed return to the workplace will improve self-esteem and reduce psychological morbidity after stroke. A return to paid work will also have significant financial benefits. With only 27% of CCGs, LHBs and LCGs commissioning vocational rehabilitation services this is a major lost opportunity nationally that needs to be addressed urgently. Such services – where they do exist – are rightly, in the main, stroke specific. Knowledge and experience of stroke related impairments and disability are pre-requisite for a successful return to work after stroke.

Fig 9 Vocational rehabilitation services commissioned by CCG, LHB and LCGs for stroke patients after the acute phase



* Vocational rehabilitation services only available in Northern locality of Northern, Eastern and Western Devon CCG

3.7 Psychological support providers

This is defined as a post-acute provider which offers psychologist support to patients once they have left acute care. This can include treatment for depression and/or cognitive impairment and is not part of an ESD, CRT or any other service function.

Service details

Psychological support services	Total number of services commissioned
Total	169
Stroke specific	*150 (89%)*
Non-stroke specific	*19 (11%)*

Of the 222 participating organisations 122 (55%) identified at least one psychological support service.

Provider characteristics

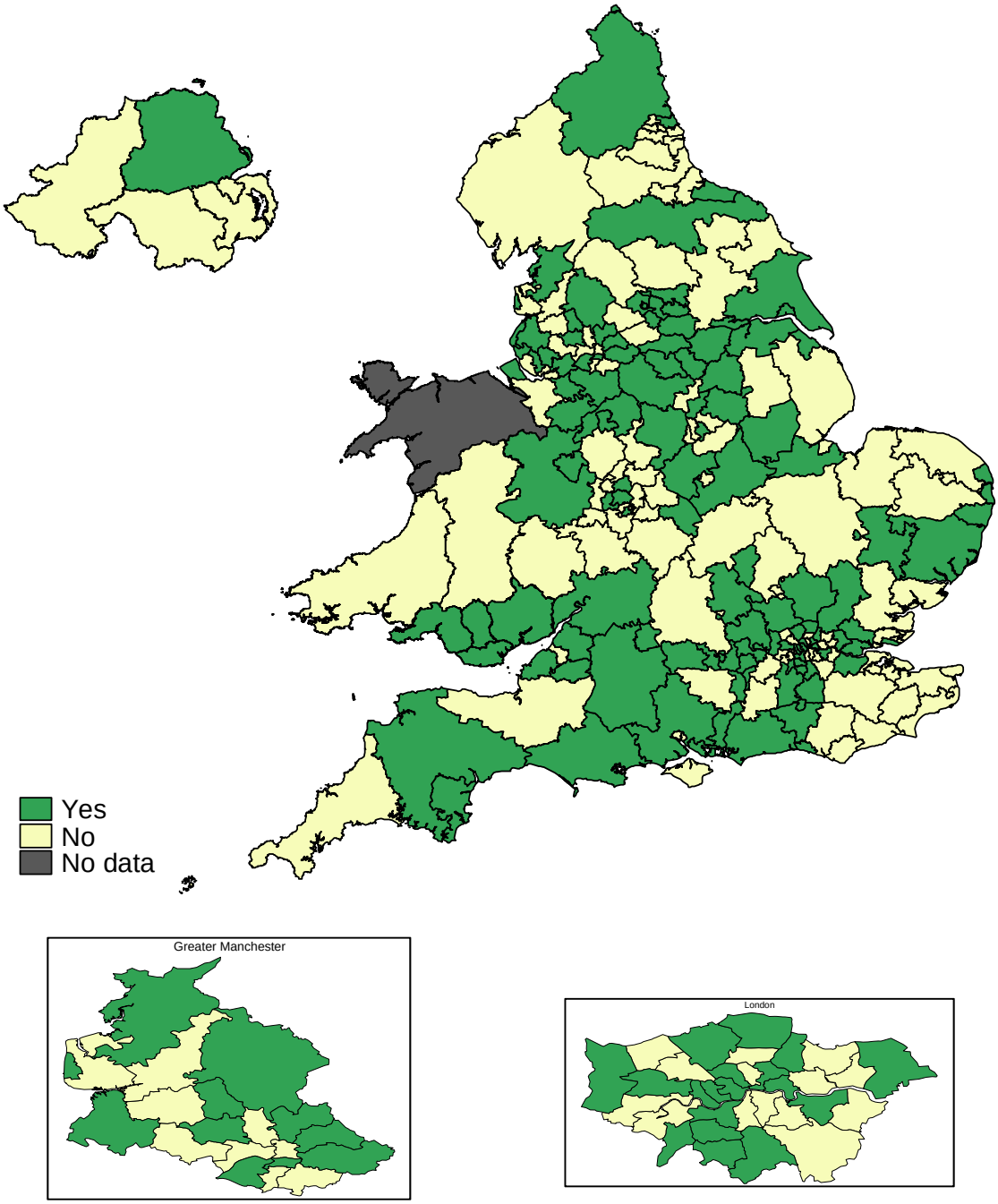
Location of service*	**n (%)** **N = 169**
Community hospital	62 (37%)
Patients/Carers home	120 (71%)
Care home	78 (46%)
'Other' inpatient setting	39 (23%)
'Other' outpatient setting	79 (47%)

* More than one service location could be selected per post-acute team

Commissioned from	**n (%)** **N = 169**
Acute trust	73 (43%)
Community Trust	73 (43%)
Third sector provider	19 (11%)
Private sector provider	1 (1%)
CCG and Local Authority	0 (0%)
Both acute and community trust	1 (1%)
Local Authority	0 (0%)
Third Sector Provider and Community Hospital	0 (0%)
Health Board	2 (1%)
Health Board and Social Services	0 (0%)

Unseen effects of stroke are a common source of disability and misery following stroke. Access to stroke specific psychological support is vital to diagnosing and managing such problems but 45% of participating organisations are not providing this. However, of the 122 (55%) participates that do offer psychological provision, nearly 90% of the 169 services identified in the audit provide this at a stroke specific level.

Figure 10. Psychological Support services commissioned by CCG, LHB and LCGs for stroke patients after the acute phase



* Psychological support only available in Northern and Western localities of Northern, Eastern and Western Devon CCG.

3.8 Six month assessment providers

This is defined as providers who carry out a 6 month outcome assessment of patients only and are not part of a ESD, CRT or any other service function.

Six month follow up assessments are an essential part of the stroke patient pathway, ensuring that the patients' needs have been met, their progress reviewed and future goals set if further support is needed. Commissioners in England are encouraged to ensure that 6 month assessment reviews are made available within their area and that these are recorded on the SSNAP clinical audit tool as part of the CCG Outcomes Indicator Set (CCGOIS).

Service details

Six month assessment providers	Total number of services commissioned
Total	139
Stroke specific	*129 (93%)*
Non-stroke specific	*10 (7%)*

Of the 222 participating organisations 120 (54%) identified at least one six month assessment provider service.

Provider characteristics

Location of service*	**n (%)** **N = 139**
Community hospital	47 (34%)
Patients/Carers home	115 (83%)
Care home	71 (51%)
'Other' inpatient setting	33 (24%)
'Other' outpatient setting	63 (45%)

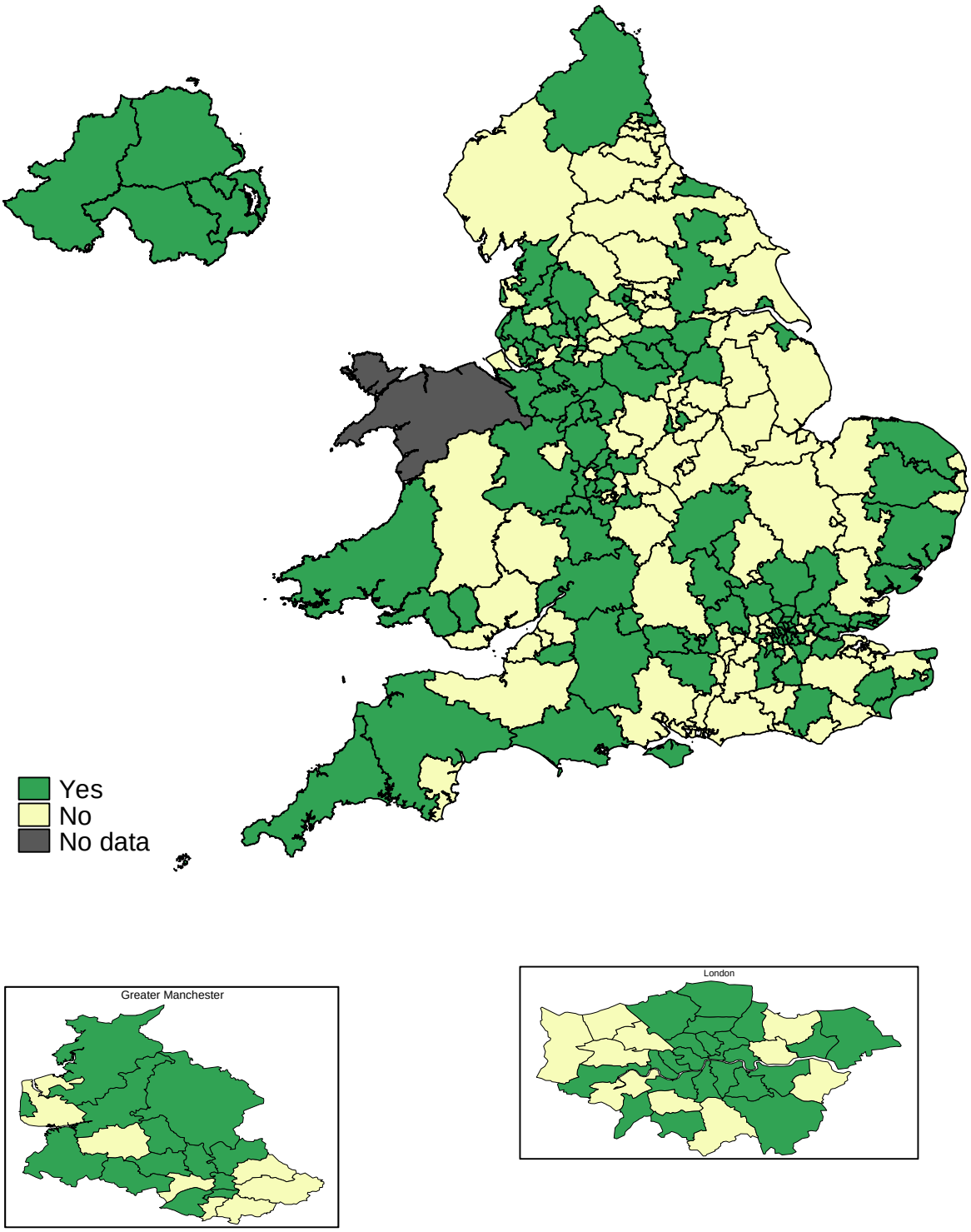
* More than one service location could be selected per post-acute team

Commissioned from	**n (%)** **N = 139**
Acute trust	56 (40%)
Community Trust	58 (42%)
Third sector provider	17 (12%)
Private sector provider	1 (1%)
Local Authority	0 (0%)
Health Board	1 (1%)
CCG and Local Authority	0 (0%)
Acute and community trust	6 (4%)
Third Sector Provider and Council	0 (0%)
Health Board and Social Services	0 (0%)

Six month assessments are essential to identify those patients who need further treatment and to ensure that services provided are appropriate to the patients' needs. They are of particular importance for checking that secondary prevention is being provided optimally.

They are mandated in England as part of the CCG Outcome Indicator Set (CCGOIS). The assessments do require resource and need to be commissioned. Currently they are being provided in equal amounts between Acute and Community based providers with 12% being undertaken by a third sector provider. Only 54% of commissioners in the audit are supporting 6 month assessments and this warrants urgent action.

Fig 11 Six month assessment providers commissioned by CCG, LHB and LCGs for stroke patients after the acute phase



3.9 Physiotherapy services

A service which offers physiotherapy services only and is not part of an ESD, CRT or any other service function.

Service details

Physiotherapy services	Total number of services commissioned
Total	276
Stroke specific	*224 (81%)*
Non-stroke specific	*52 (19%)*

Of the 222 participating organisations 168 (76%) identified at least one physiotherapy service.

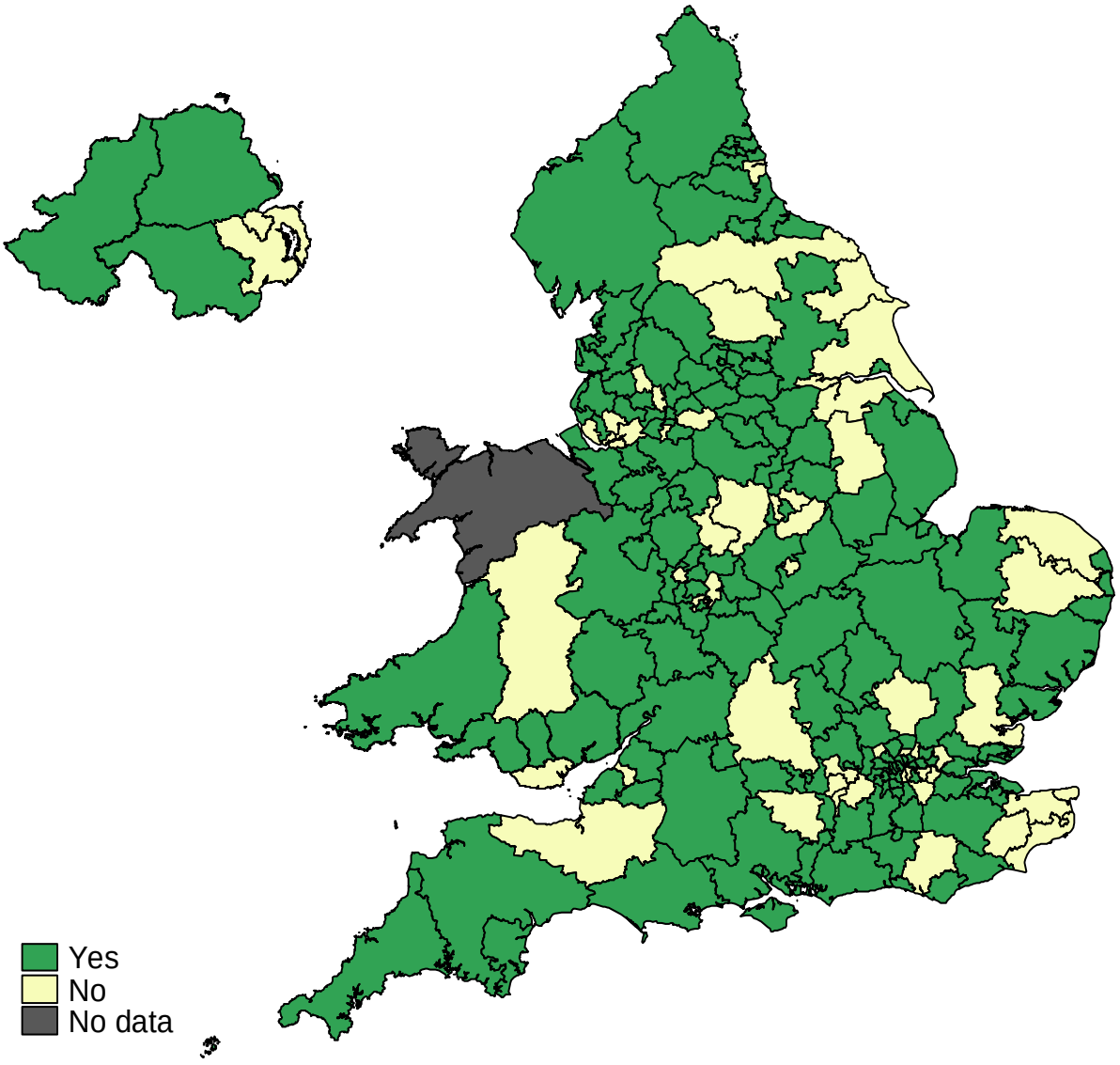
Provider characteristics

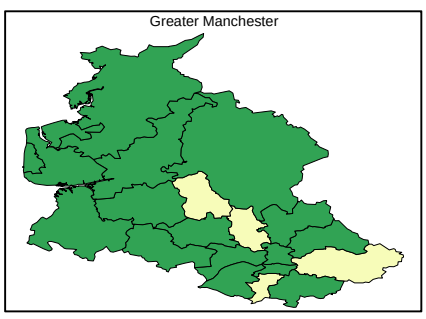
Location of service*	n (%) N = 276
Community hospital	109 (39%)
Patients/Carers home	186 (67%)
Care home	116 (42%)
'Other' inpatient setting	61 (22%)
'Other' outpatient setting	108 (39%)

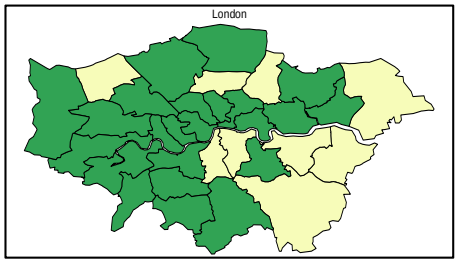
* More than one service location could be selected per post-acute team

Commissioned from	n (%) N = 276
Acute trust	127 (46%)
Community Trust	124 (45%)
Third sector provider	7 (3%)
Private sector provider	4 (1%)
Local Authority	0 (0%)
Health Board	8 (3%)
CCG and Local Authority	0 (%)
Acute and community trust	6 (2%)
Third Sector Provider and Council	0 (0%)
Health Board and Social Services	0 (0%)

Fig 12 Physiotherapy services commissioned by CCG, LHB and LCGs for stroke patients after the acute phase







3.10 Occupational therapy services

This is defined as a service which offers occupational therapy services only and is not part of an ESD, CRT or any other service function.

Service details

Occupational therapy services	Total number of services commissioned
Total	254
Stroke specific	*212 (83%)*
Non-stroke specific	*42 (17%)*

Of the 222 participating organisations 163 (73%) identified at least one occupational therapy service.

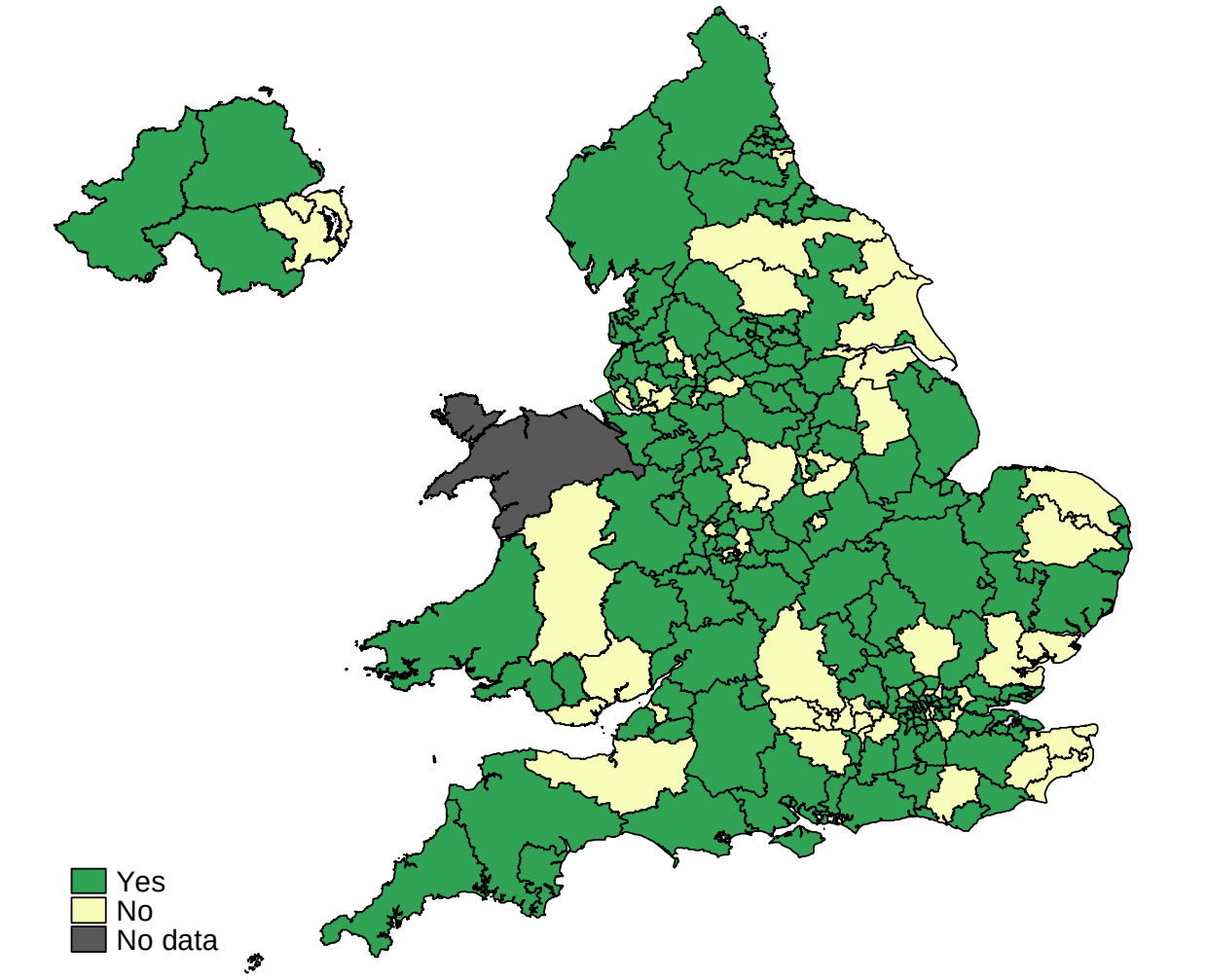
Provider characteristics

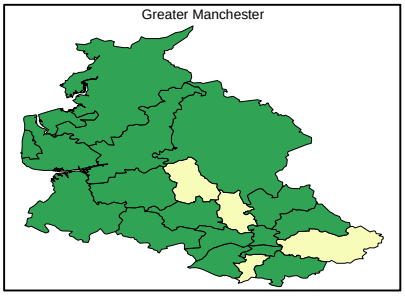
Location of service*	**n (%)** **N = 254**
Community hospital	100 (39%)
Patients/Carers home	177 (70%)
Care home	107 (42%)
'Other' inpatient setting	59 (23%)
'Other' outpatient setting	90 (35%)

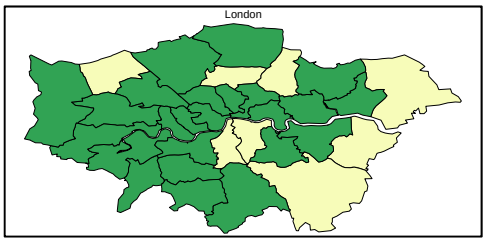
* More than one service location could be selected per post-acute team

Commissioned from	**n (%)** **N = 254**
Acute trust	116 (46%)
Community Trust	116 (46%)
Third sector provider	5 (2%)
Private sector provider	4 (2%)
Local Authority	0 (0%)
Health Board	7 (3%)
CCG and Local Authority	0 (0%)
Both acute and community trust	6 (2%)
Third Sector Provider and Council	0 (0%)
Health Board and Social Services	0 (0%)

Fig 13 Occupational therapy services commissioned by CCG, LHB and LCGs for stroke patients after the acute phase







3.11 Speech and language therapy teams

This is defined as a service which offers speech and language therapy services only and is not part of an ESD, CRT or any other service function.

Service details

Speech and Language therapy services	Total number of services commissioned
Total	270
Stroke specific	*222 (82%)*
Non-stroke specific	*48 (18%)*

Of the 222 participating organisations 173 (78%) identified at least one speech and language therapy service.

Provider characteristics

Location of service*	n (%) N = 270
Community hospital	112 (41%)
Patients/Carers home	193 (71%)
Care home	119 (44%)
'Other' inpatient setting	56 (21%)
'Other' outpatient setting	102 (38%)

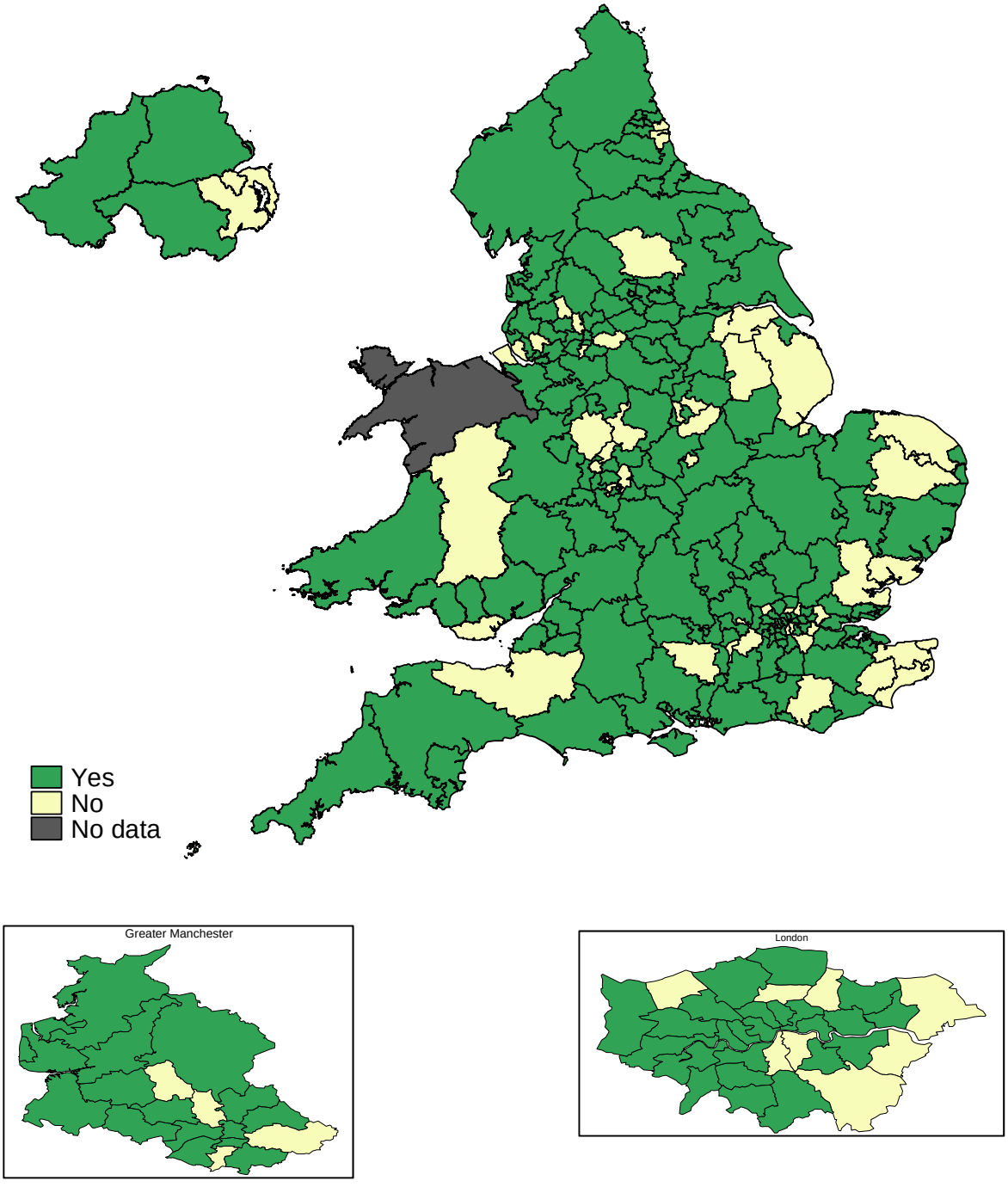
* More than one service location could be selected per post-acute team

Commissioned from	n (%) N = 270
Acute trust	124 (46%)
Community Trust	111 (41%)
Third sector provider	17 (6%)
Private sector provider	4 (1%)
Local Authority	0 (0%)
Health Board	8 (3%)
CCG and Local Authority	0 (0%)
Third Sector Provider and Council	0 (0%)
Acute and community trust	6 (2%)
Health Board and Social Services	0 (0%)

Approximately three quarters of participating organisations commission each of physiotherapy, occupational and speech and language therapy as individual profession specific services outside of other rehabilitation or ESD teams. More than 80% of single discipline therapy teams appear to be specialist in terms of being stroke specific and treat patients in a variety of locations. Only 42-44% will treat patients in a care home. It may be more effective and efficient to have all care delivered by multidisciplinary teams rather than profession specific individuals. Teams can ensure that all problems are addressed efficiently. Having multiple places that a patient can be referred can be confusing to patients, carers

and clinicians so however services are organised it is important that referral systems are straightforward, preferably accessing all services through a single point of contact.

Fig 14 Speech and Language Therapy services commissioned by CCG, LHB and LCGs for stroke patients after the acute phase



3.12 Family and carer support services (e.g. Stroke Association)

This is defined as a service which is commissioned to provide on-going support to stroke survivors and their families and carers.

Service details

Family and carer support services	Total number of services commissioned
Total	220
Stroke specific	*187 (85%)*
Non-stroke specific	*33 (15%)*

Of the 222 participating organisations 147 (66%) identified at least one family and carer support service.

Provider characteristics

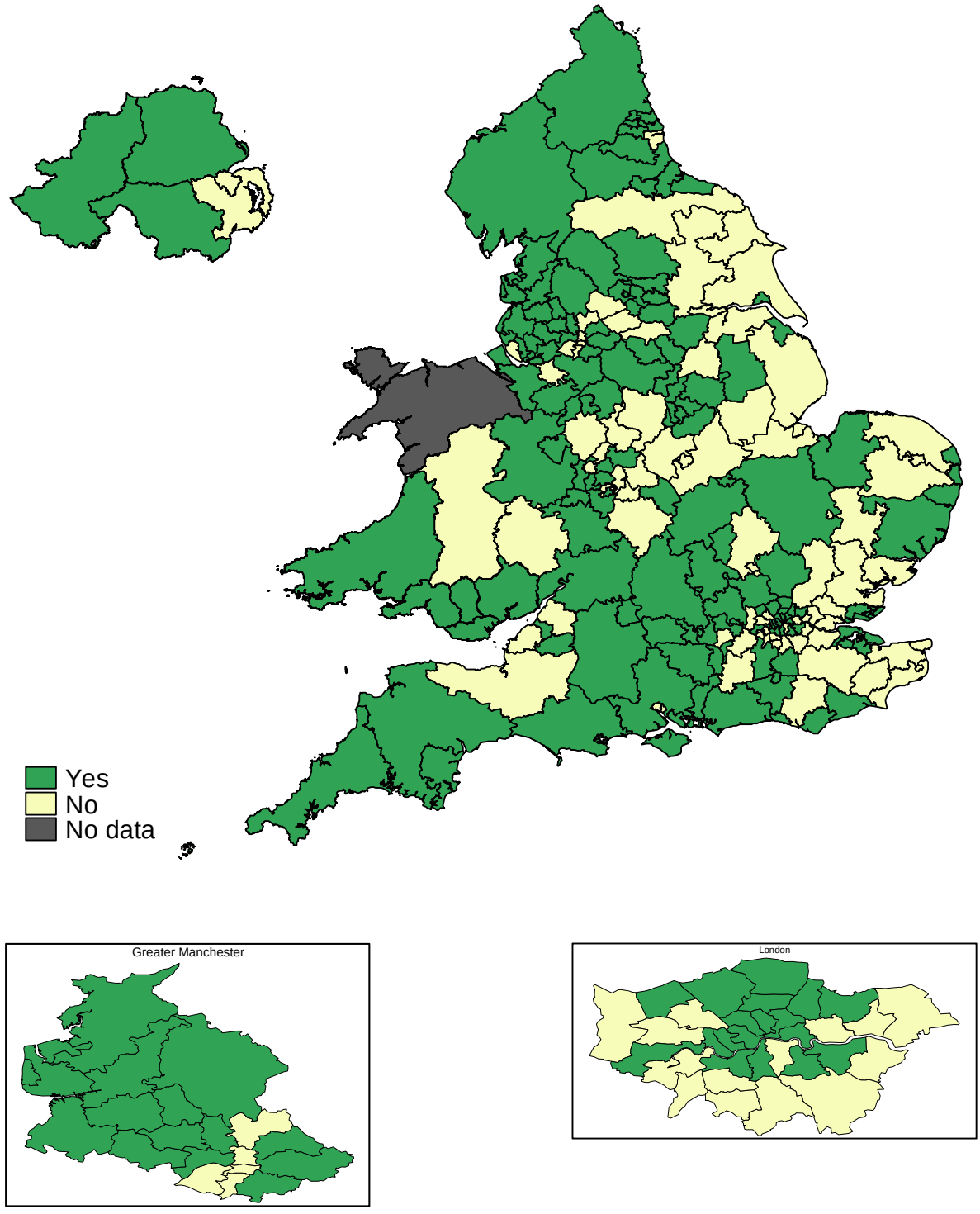
Location of service*	**n (%)** **N = 220**
Community hospital	53 (24%)
Patients/Carers home	173 (79%)
Care home	77 (35%)
'Other' inpatient setting	48 (22%)
'Other' outpatient setting	98 (45%)

* More than one service location could be selected per post-acute team

Commissioned from	**n (%)** **N = 220**
Acute trust	39 (18%)
Community Trust	47 (21%)
Third sector provider	126 (57%)
Private sector provider	0 (0%)
Local Authority	0 (0%)
Health Board	0 (0%)
CCG and Local Authority	1 (<1%)
Acute and community trust	6 (3%)
Third sector provider and Local Authority	1 (<1%)

Family and carer support services are commissioned in two thirds of areas and in 57% of cases provided by a Third Sector provider (usually the Stroke Association). The role predominantly involves 'signposting' and information giving to help patients, their families and carers adjust to life after stroke. It may involve information around benefits or local peer support groups as well as helping address the frequent questions that are raised related to the uncertainty that accompanies living with the effects of stroke. Such services may reduce carer burden and add to psychological and emotional support available to stroke patients.

Fig 15 Family and carer support services commissioned by CCG, LHB and LCGs for stroke patients after the acute phase



4. Country and regional comparisons

This section gives national figures for post-acute services commissioned in England, Wales and Northern Ireland at **1 December 2014**. Data for England are also broken down by SCN region to enable regional comparison.

4.1 Total number of services commissioned

Table 4.1 shows the total number of each service function commissioned within each country and further broken down by SCN region within England in table 4.2. The number and percentage which are stroke specific is also given.

Table 4.1

Country	Inpatient Care		Outpatients		Early Supported Discharge		Community Rehabilitation Teams		Domiciliary only		6 month assessment	
N of CCG/LHB/LCGs	Total	Stroke Specific	Total	Stroke Specific	Total	Stroke Specific	Total	Stroke Specific	Total	Stroke Specific	Total	Stroke Specific
England (211)	177	153 (86%)	134	103 (77%)	198	182 (92%)	237	191 (81%)	103	79 (77%)	127	117 (92%)
Wales (6)	12	12 (100%)	18	18 (100%)	4	4 (100%)	10	3 (30%)	4	1 (25%)	4	4 (100%)
Northern Ireland (5)	5	5 (100%)	2	2 (100%)	5	5 (100%)	8	8 (100%)	3	3 (100%)	8	8 (100%)
Country	Vocational Rehabilitation		Psychological Support		Physiotherapy		Occupational Therapy		Speech and Language Therapy		Family & Carer Support	
N of CCG/LHB/LCGs	Total	Stroke Specific	Total	Stroke Specific	Total	Stroke Specific	Total	Stroke Specific	Total	Stroke Specific	Total	Stroke Specific
England (211)	69	62 (90%)	161	142 (88%)	254	204 (80%)	235	195 (83%)	249	204 (82%)	204	172 (84%)
Wales (6)	0	0 (0%)	6	6 (100%)	13	11 (85%)	10	8 (80%)	12	9 (75%)	7	6 (86%)
Northern Ireland (5)	1	1 (100%)	2	2 (100%)	9	9 (100%)	9	9 (100%)	9	9 (100%)	9	9 (100%)

Table 4.2

Strategic Clinical Network	Inpatient care		Outpatient		Early Supported Discharge		Community Rehabilitation Team		Domiciliary Team only		6 month assessment Team	
within England	Total	Stroke Specific	All	Stroke Specific	All	Stroke Specific	All	Stroke Specific	Total	Stroke Specific	Total	Stroke Specific
England (211)	177	153 (86%)	134	103 (77%)	198	182 (92%)	237	191 (81%)	103	79 (77%)	127	117 (92%)
Cheshire & Mersey SCN (12)	*7*	*6 (86%)*	*4*	*4 (100%)*	*13*	*13 (100%)*	*9*	*9 (100%)*	*8*	*8 (100%)*	*9*	*8 (89%)*
East Midlands SCN (17)	*11*	*11 (100%)*	*7*	*7 (100%)*	*18*	*18 (100%)*	*22*	*18 (82%)*	*6*	*5 (83%)*	*4*	*4 (100%)*
East of England SCN (19)	*14*	*13 (93%)*	*14*	*13 (93%)*	*17*	*17 (100%)*	*20*	*16 (80%)*	*11*	*8 (73%)*	*14*	*14 (100%)*
Greater Manchester, Lancashire & South Cumbria SCN (20)	*10*	*7 (70%)*	*15*	*8 (53%)*	*16*	*16 (100%)*	*21*	*16 (76%)*	*12*	*6 (50%)*	*14*	*14 (100%)*
London SCN (32)	*27*	*27 (100%)*	*12*	*11 (92%)*	*30*	*28 (93%)*	*36*	*33 (92%)*	*12*	*11 (92%)*	*25*	*23 (92%)*
*North of England SCN (14)**	*12*	*7 (58%)*	*9*	*5 (56%)*	*10*	*4 (40%)*	*17*	*11 (65%)*	*5*	*3 (60%)*	*3*	*3 (100%)*
South East Coast SCN (20)	*13*	*12 (92%)*	*6*	*6 (100%)*	*17*	*16 (94%)*	*25*	*22 (88%)*	*7*	*7 (100%)*	*8*	*8 (100%)*
South West SCN (11)	*18*	*15 (83%)*	*16*	*12 (75%)*	*12*	*12 (100%)*	*12*	*8 (67%)*	*2*	*2 (100%)*	*6*	*6 (100%)*
Thames Valley SCN (11)	*14*	*8 (57%)*	*2*	*2 (100%)*	*14*	*10 (71%)*	*13*	*7 (54%)*	*7*	*2 (29%)*	*11*	*7 (64%)*
Wessex SCN (9)	*12*	*11 (92%)*	*5*	*4 (80%)*	*12*	*10 (83%)*	*9*	*5 (56%)*	*5*	*3 (60%)*	*3*	*1 (33%)*
West Midlands SCN (22)	*21*	*21 (100%)*	*7*	*7 (100%)*	*18*	*17 (94%)*	*27*	*27 (100%)*	*5*	*5 (100%)*	*14*	*14 (100%)*
Yorkshire & The Humber SCN (24)	*18*	*15 (83%)*	*37*	*24 (65%)*	*21*	*21 (100%)*	*26*	*19 (73%)*	*23*	*19 (83%)*	*16*	*15 (94%)*

Table 4.2 cont.

County/Region	Vocational Rehabilitation		Psychological Support		Physiotherapy		Occupational Therapy		Speech & Language Therapy		Family & Carer Support	
within England	Total	Stroke Specific	Total	Stroke Specific	Total	Stroke Specific	Total	Stroke Specific	Total	Stroke Specific	Total	Stroke Specific
England (211)	69	62 (90%)	161	142 (88%)	254	204 (80%)	235	195 (83%)	249	204 (82%)	204	172 (84%)
Cheshire & Mersey SCN (12)	*3*	*3 (100%)*	*13*	*9 (69%)*	*8*	*8 (100%)*	*8*	*8 (100%)*	*9*	*8 (89%)*	*21*	*10 (48%)*
East Midlands SCN (17)	*1*	*1 (100%)*	*8*	*6 (75%)*	*20*	*19 (95%)*	*18*	*17 (94%)*	*16*	*15 (94%)*	*11*	*11 (100%)*
East of England SCN (19)	*10*	*9 (90%)*	*16*	*15 (94%)*	*26*	*24 (92%)*	*22*	*20 (91%)*	*22*	*20 (91%)*	*12*	*12 (100%)*
Greater Manchester, Lancashire & South Cumbria SCN (20)	*3*	*3 (100%)*	*15*	*15 (100%)*	*24*	*16 (67%)*	*21*	*15 (71%)*	*21*	*17 (81%)*	*19*	*16 (84%)*
London SCN (32)	*11*	*9 (82%)*	*26*	*24 (92%)*	*35*	*30 (86%)*	*33*	*29 (88%)*	*37*	*32 (86%)*	*25*	*24 (96%)*
*North of England SCN (14)**	*4*	*2 (50%)*	*4*	*4 (100%)*	*17*	*7 (41%)*	*16*	*7 (44%)*	*15*	*8 (53%)*	*19*	*8 (42%)*
South East Coast SCN (20)	*3*	*3 (100%)*	*9*	*9 (100%)*	*19*	*18 (95%)*	*18*	*17 (94%)*	*19*	*18 (95%)*	*15*	*15 (100%)*
South West SCN (11)	*3*	*3 (100%)*	*13*	*13 (100%)*	*16*	*15 (94%)*	*16*	*15 (94%)*	*18*	*16 (89%)*	*15*	*14 (93%)*
Thames Valley SCN(11)	*2*	*2 (100%)*	*11*	*7 (64%)*	*10*	*6 (60%)*	*6*	*6 (100%)*	*13*	*7 (54%)*	*14*	*14 (100%)*
Wessex SCN (9)	*6*	*4 (67%)*	*7*	*5 (71%)*	*10*	*7 (70%)*	*10*	*7 (70%)*	*14*	*11 (79%)*	*12*	*10 (83%)*
West Midlands SCN (22)	*13*	*13 (100%)*	*13*	*13 (100%)*	*26*	*25 (96%)*	*26*	*25 (96%)*	*24*	*23 (96%)*	*20*	*19 (95%)*
Yorkshire & The Humber SCN (24)	*10*	*10 (100%)*	*26*	*22 (85%)*	*43*	*29 (67%)*	*41*	*29 (71%)*	*41*	*29 (71%)*	*21*	*19 (91%)*

Table 4.3 shows the total number of commissioners and percentage of commissioners providing each service function within each country and further broken down by SCN region within England in table 4.4.

Table 4.3

County/Region	Inpatient	Outpatient	Early Supported Discharge	Community Rehabilitation Team	Domiciliary Team	6 month Assessment Team
England (211)	134 (64%)	94 (45%)	173 (82%)	176 (83%)	81 (38%)	112 (53%)
Wales (6)	4 (67%)	4 (67%)	4 (67%)	4 (67%)	1 (17%)	3 (50%)
Northern Ireland (5)	3 (60%)	1 (20%)	3 (60%)	5 (100%)	1 (20%)	5 (100%)
County/Region	**Vocational Rehabilitation**	**Psychology**	**Physiotherapy**	**Occupational Therapy**	**Speech and Language Therapy**	**Family & Carer Support**
England (211)	58 (27%)	117 (55%)	161 (76%)	157 (74%)	166 (79%)	139 (66%)
Wales (6)	0 (0%)	4 (67%)	4 (67%)	3 (50%)	4 (67%)	5 (83%)
Northern Ireland (5)	1 (20%)	1 (20%)	3 (60%)	3 (60%)	3 (60%)	3 (60%)

Table 4.4

Regions Strategic Clinical Networks In England	Inpatient	Outpatient	Early Supported Discharge Team	Community Rehabilitation Team	Domiciliary Team	6 month Assessment
England (211)	134 (64%)	94 (45%)	173 (82%)	176 (83%)	81 (38%)	112 (53%)
Cheshire & Mersey SCN (12)	*7 (58%)*	*4 (33%)*	*10 (83%)*	*9 (75%)*	*8 (67%)*	*9 (75%)*
East Midlands SCN (17)	*10 (59%)*	*4 (24%)*	*16 (94%)*	*13 (77%)*	*4 (24%)*	*4 (24%)*
East of England SCN (19)	*13 (68%)*	*12 (63%)*	*17 (90%)*	*13 (68%)*	*8 (42%)*	*12 (63%)*
Greater Manchester, Lancashire & South Cumbria SCN (20)	*8 (40%)*	*8 (40%)*	*15 (75%)*	*17 (85%)*	*6 (30%)*	*13 (65%)*
London SCN (32)	*22 (69%)*	*12 (38%)*	*26 (81%)*	*29 (91%)*	*11 (34%)*	*22 (69%)*
*North of England SCN (14)**	*9 (64%)*	*8 (57%)*	*9 (64%)*	*13 (93%)*	*5 (36%)*	*3 (21%)*
South East Coast SCN (20)	*11 (55%)*	*6 (30%)*	*16 (80%)*	*19 (95%)*	*7 (35%)*	*7 (35%)*
South West SCN (11)	*9 (82%)*	*8 (73%)*	*8 (73%)*	*9 (82%)*	*2 (18%)*	*6 (55%)*
Thames Valley SCN (11)	*10 (91%)*	*1 (9%)*	*11 (100%)*	*9 (82%)*	*7 (64%)*	*8 (73%)*
Wessex SCN (9)	*7 (78%)*	*5 (56%)*	*9 (100%)*	*7 (78%)*	*4 (44%)*	*3 (33%)*
West Midlands SCN (22)	*14 (64%)*	*7 (32%)*	*17 (77%)*	*18 (82%)*	*5 (23%)*	*13 (59%)*
Yorkshire & The Humber SCN (24)	*14 (58%)*	*19 (79%)*	*19 (79%)*	*20 (83%)*	*14 (58%)*	*12 (50%)*

Table 4.4 cont.

Regions Strategic Clinical Networks In England	Vocational Rehabilitation	Psychology	Physiotherapy	Occupational Therapy	Speech and Language Therapy	Family Carer Support
England (211)	58 (27%)	117 (55%)	161 (76%)	157 (74%)	166 (79%)	139 (66%)
Cheshire & Mersey SCN (12)	*3 (25%)*	*9 (75%)*	*8 (67%)*	*8 (67%)*	*9 (75%)*	*10 (83%)*
East Midlands SCN (17)	*1 (6%)*	*8 (47%)*	*11 (65%)*	*11 (65%)*	*11 (65%)*	*10 (59%)*
East of England SCN (19)	*7 (37%)*	*9 (47%)*	*14 (74%)*	*13 (68%)*	*14 (74%)*	*8 (42%)*
Greater Manchester, Lancashire & South Cumbria SCN (20)	*3 (15%)*	*11 (55%)*	*16 (80%)*	*16 (80%)*	*16 (80%)*	*15 (75%)*
London SCN (32)	*7 (22%)*	*18 (56%)*	*23 (72%)*	*24 (75%)*	*24 (75%)*	*18 (56%)*
*North of England SCN (14)**	*4 (29%)*	*4 (29%)*	*12 (86%)*	*12 (86%)*	*12 (86%)*	*12 (86%)*
South East Coast SCN (20)	*3 (15%)*	*8 (40%)*	*13 (65%)*	*13 (65%)*	*13 (65%)*	*11 (55%)*
South West SCN (11)	*3 (27%)*	*8 (73%)*	*9 (82%)*	*9 (82%)*	*10 (91%)*	*8 (73%)*
Thames Valley SCN (11)	*2 (18%)*	*10 (91%)*	*8 (73%)*	*4 (36%)*	*10 (91%)*	*10 (91%)*
Wessex SCN (9)	*6 (67%)*	*6 (67%)*	*8 (89%)*	*8 (89%)*	*8 (89%)*	*8 (89%)*
West Midlands SCN (22)	*11 (50%)*	*9 (41%)*	*19 (86%)*	*19 (86%)*	*17 (77%)*	*13 (59%)*
Yorkshire & The Humber SCN (24)	*8 (33%)*	*17 (71%)*	*20 (83%)*	*20 (83%)*	*22 (92%)*	*16 (68%)*

* One CCG (Cumbria) which crosses two SCN boundaries has been placed with the North of England SCN due to the majority of its population being located within this region

5: Commissioner (Provider) specific results

Commissioning concise guide for stroke services

2.4.1 Commissioning rehabilitation services

A. Commissioning organisations should commission:

- an inpatient stroke unit capable of delivering stroke rehabilitation as recommended in the
- *National clinical guideline for stroke*, fourth edition, 2012 for all people with stroke admitted to hospital
- early supported discharge to deliver stroke specialist rehabilitation at home or in a care home
- rehabilitation services capable of meeting the specific health, social and vocational needs of people of all ages
- services capable of delivering specialist rehabilitation in outpatient and community settings in liaison with inpatient services, as recommended in the *National clinical guideline for stroke*, fourth edition, 2012.

B. In addition to commissioning an overall stroke rehabilitation service, commissioners should ensure that they specify within it, or commission separately, services capable of meeting all needs identified following assessments by members of the specialist stroke teams.

C. Commissioners should ensure that patients who have had a stroke can gain specialist advice and treatments in relation to:

- driving
- work
- advocacy.

This section provides you with the equivalent of your own commissioner (provider) level executive summary. It gives a comprehensive overview of the post-acute stroke services you commission (provide), supported by some additional information about those services and specifically about your organisation.

It also identifies what appear to be gaps in your post-acute stroke service commissioning (provision). However, SSNAP understands that due to differences in geography, population size and requirements the need for these gaps to be filled will differ for each commissioner (provider).

5.1 Post-Acute stroke services commissioned (provided)

From the data provided for <NAME> it would appear you commission (provide) the following services:

Table 5.1

Service name (please be aware that some service names have been amended to include the locality).	Post-acute inpatient	Outpatient	Early Supported Discharge	Community Rehabilitation Team	Domiciliary (not ESD/CRT)	6 month assessment
Number of services per category	0	1	0	2	0	0
N (%) of commissioners nationally who commission 1 or more of each category	141 (64%)	99 (45%)	180 (81%)	185 (83%)	83 (37%)	120 (54%)

Table 5.1 cont.

Service name (please be aware that some service names have been amended to include the locality).	Vocational Therapy	Psychological support*	Physiotherapy*	Occupational Therapy*	Speech and Language Therapy*	Family and Carer Support Service
Number of services per category	0	0	2	1	1	1
N (%) of commissioners nationally who commission 1 or more of each category	59 (27%)	122 (55%)	168 (76%)	163 (73%)	173 (78%)	147 (66%)

* Single discipline

According to the audit you do not commission any of the following:

Total number of categories commissioned (max 12):

Table 5.2 characteristics of the services you commission (provide)

Service name (please be aware that some service names have been amended to include the locality).	**Stroke/Neuro Specific**	**Location**[†]	**Commissioned from**	**Provider name**
National totals	Stroke specific 561 (78%) Non-stroke specific 155 (22%)	Community hospital 234 (33%) Patients home 477 (67%) Nursing home 235 (33%) 'Other' inpatient 133 (19%) 'Other' outpatient 251 (35%)	Acute trust 278 (39%) Community trust 262 (37%) Third Sector Provider 143 (20%) Private Sector 5 (1%) Health Board 16 (2%) Local Authority 1 (0.1%) CCG and Local Authority 1 (0.1%) Acute and Community trust 6 (1%) Third Sector Provider and Community trust 1 (0.1%) Health Board and Social Services 3 (0.4%)	

[†] *Location Key: C=Community, I=Inpatient, O=Outpatient, H=Patient's home, N=Nursing Home*

5.2 About your organisation

The tables below contains information about your organisation and these characteristics benchmarked against the national average.

Table 5.3

Participation in SSNAP and clinical leads and commissioning groups for stroke	National	Your CCG
You have a clinical lead for stroke (Q2.1)	172 (77%)	
You require your acute providers to participate in SSNAP (Q2.2)	186 (84%)	
You require your post-acute providers to participate in SSNAP (Q2.3)	162 (73%)	
You have a commissioning group for stroke (Q2.4)	125 (56%)	

Table 5.4

Joint commissioner with Social Care	National	Your CCG
You have joint commissioning of stroke services with social care (Q2.5)	83 (37%)	
If yes, these are:		

Table 5.5

Other post-acute based stroke services	National	Your CCG
You have other community based stroke services (Q2.7)	56 (25%)	
If yes, these are:		

5.3 Commissioning as part of a consortium of CCGs, LHBs or LCGs.

Commissioners (providers) were asked to provide details of other CCGs, LHBs and LCGs they commission their post-acute stroke services with as part of a consortium.

Table 5.6

Commissioning as part of a consortium	National	Your CCG
You commission stroke services as part of a consortium of CCGs/Healthboards/ LCGs	87 (39%)	
If yes, this was with:		

Appendix 1: Post-acute Stroke Service Commissioning Audit- Summary Spreadsheet

SCN Region/Country	Service Function Information	Total number of service functions commissioned (at least one of each)	Inpatient	Outpatient	Early Supported Discharge (ESD)	Community Rehabilitation Team (CRT)	Domiciliary only (not ESD/CRT)	6 Month Assessment Provider	Vocational rehabilitation	Psychological support	Physiotherapy	Occupational Therapy	Speech and Language Therapy	Family and Carer Support Service
	Commissioner (Local Health Board) name													
Cheshire & Mersey SCN	Eastern Cheshire CCG	9	No	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Halton CCG	6	No	No	Yes	Yes	No	Yes	Yes	No	No	No	Yes	Yes
	Knowsley CCG	10	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Liverpool CCG	1	No	No	Yes	No	No	No	No	No	No	No	No	No
	South Cheshire CCG	10	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	South Sefton CCG	12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Southport and Formby CCG	11	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	St Helens CCG	5	Yes	No	Yes	No	No	Yes	No	Yes	No	No	No	Yes
	Vale Royal CCG	8	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
	Warrington CCG	6	Yes	No	Yes	Yes	No	No	No	Yes	No	No	Yes	Yes
	West Cheshire CCG	8	Yes	No	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Wirral CCG	8	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes
East Midlands SCN	Corby CCG	8	Yes	No	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes
	East Leicestershire and Rutland CCG	8	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	No
	Erewash CCG	10	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
	Leicester City CCG	3	Yes	Yes	No	Yes	No	No	No	No	No	No	No	No
	Lincolnshire East CCG	5	No	No	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No
	Lincolnshire West CCG	2	No	No	Yes	No	No	No	No	No	No	No	No	Yes
	Mansfield and Ashfield CCG	8	Yes	No	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes
	Nene CCG	8	Yes	No	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes
	Newark and Sherwood CCG	8	Yes	No	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes
	Nottingham City CCG	8	No	No	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Nottingham North and East CCG	4	Yes	No	Yes	Yes	No	No	No	No	No	No	No	Yes
	Nottingham West CCG	4	Yes	No	Yes	Yes	No	No	No	No	No	No	No	Yes
	Rushcliffe CCG	3	No	No	Yes	Yes	No	No	No	No	No	No	No	Yes
	South Lincolnshire CCG	5	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	No
	South West Lincolnshire CCG	5	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	No
	Southern Derbyshire CCG	6	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	Yes	No
	West Leicestershire CCG	8	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No
East of England SCN	Basildon and Brentwood CCG	10	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
	Bedfordshire CCG	7	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No
	Cambridgeshire and Peterborough CCG	6	No	Yes	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes
	Castle Point and Rochford CCG	8	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	East and North Hertfordshire CCG	10	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	Great Yarmouth and Waveney CCG	9	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes
	Herts Valleys CCG	12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Ipswich and East Suffolk CCG	10	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Luton CCG	5	No	Yes	No	Yes	No	No	No	No	Yes	Yes	Yes	No
	Mid Essex CCG	2	Yes	No	Yes	No	No	No	No	No	No	No	No	No
	North East Essex CCG	5	Yes	No	Yes	Yes	No	Yes	No	No	Yes	No	No	No
	North Norfolk CCG	3	Yes	No	Yes	No	No	Yes	No	No	No	No	No	No
	Norwich CCG	3	Yes	No	Yes	No	No	Yes	No	No	No	No	No	No
	South Norfolk CCG	3	Yes	No	Yes	No	No	Yes	No	No	No	No	No	No
	Southend CCG	11	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Thurrock CCG	10	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
	West Essex CCG	9	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No
	West Norfolk CCG	8	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes
	West Suffolk CCG	9	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No
Greater Manchester, Lancashire & South Cumbria SCN	Blackburn with Darwen CCG	4	No	No	No	Yes	No	Yes	No	Yes	No	No	No	Yes
	Blackpool CCG	8	No	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	Bolton CCG	10	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Bury CCG	4	No	No	Yes	Yes	No	Yes	No	No	No	No	No	Yes
	Central Manchester CCG	8	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No
	Chorley and South Ribble CCG	8	Yes	Yes	No	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes
	East Lancashire CCG	9	Yes	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	Fylde and Wyre CCG	5	No	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes
	Greater Preston CCG	9	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Heywood, Middleton and Rochdale CCG	9	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
	Lancashire North CCG	8	No	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	North Manchester CCG	8	No	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
	Oldham CCG	9	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes
	Salford CCG	6	No	No	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes
	South Manchester CCG	1	No	No	Yes	No	No	No	No	No	No	No	No	No
	Stockport CCG	7	Yes	No	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes
	Tameside and Glossop CCG	6	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No	Yes

SCN Region/Country	Service Function Information	Total number of service functions commissioned (at least one of each)	Inpatient	Outpatient	Early Supported Discharge (ESD)	Community Rehabilitation Team (CRT)	Domiciliary only (not ESD/CRT)	6 Month Assessment Provider	Vocational rehabilitation	Psychological support	Physiotherapy	Occupational Therapy	Speech and Language Therapy	Family and Carer Support Service
	Commissioner (Local Health Board) name													
Greater Manchester, Lancashire & South Cumbria SCN	Trafford CCG	7	No	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	No
	West Lancashire CCG	9	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Wigan Borough CCG	9	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes
London SCN	Barking and Dagenham CCG	10	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No
	Barnet CCG	10	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	Bexley CCG	4	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No
	Brent CCG	5	No	No	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No
	Bromley CCG	2	No	No	Yes	No	No	Yes	No	No	No	No	No	No
	Camden CCG	10	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Central London (Westminster) CCG	9	Yes	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	City and Hackney CCG	11	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Croydon CCG	7	No	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	No
	Ealing CCG	8	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No
	Enfield CCG	10	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Greenwich CCG	10	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes
	Hammersmith and Fulham CCG	9	Yes	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	Haringey CCG	4	Yes	No	No	Yes	No	Yes	No	No	No	No	No	Yes
	Harrow CCG	1	No	No	No	No	No	No	No	No	No	No	No	Yes
	Havering CCG	4	Yes	No	Yes	No	No	Yes	No	Yes	No	No	No	No
	Hillingdon CCG	7	Yes	Yes	No	Yes	No	No	No	Yes	Yes	Yes	Yes	No
	Hounslow CCG	8	Yes	Yes	No	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes
	Islington CCG	7	Yes	No	No	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes
	Kingston CCG	10	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
	Lambeth CCG	4	No	No	Yes	Yes	No	Yes	No	No	No	No	No	Yes
	Lewisham CCG	9	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Merton CCG	9	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No
	Newham CCG	4	No	No	No	Yes	No	No	No	No	Yes	Yes	Yes	No
	Redbridge CCG	8	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes
	Richmond CCG	6	Yes	No	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No
	Southwark CCG	3	No	No	Yes	Yes	No	Yes	No	No	No	No	No	No
	Sutton CCG	7	No	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	No
	Tower Hamlets CCG	12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Waltham Forest CCG	6	No	Yes	Yes	Yes	No	Yes	No	Yes	No	No	No	Yes
	Wandsworth CCG	12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	West London CCG	10	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
North of England SCN	Cumbria CCG***	8	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes
	Darlington CCG	6	No	Yes	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes
	Durham Dales, Easington and Sedgefield CCG	7	No	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes
	Gateshead CCG	8	No	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes
	Hambleton, Richmondshire and Whitby CCG	6	Yes	Yes	No	Yes	Yes	No	No	Yes	No	No	Yes	No
	Hartlepool and Stockton-on-Tees CCG	6	No	No	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes
	Newcastle North and East CCG	8	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes
	Newcastle West CCG	8	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes
	North Durham CCG	6	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes
	North Tyneside CCG	12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Northumberland CCG	12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	South Tees CCG	10	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	South Tyneside CCG	4	No	No	Yes	No	No	No	No	No	Yes	Yes	No	Yes
	Sunderland CCG	2	Yes	No	No	Yes	No	No	No	No	No	No	No	No
South East Coast SCN	Ashford CCG	3	No	No	Yes	Yes	No	Yes	No	No	No	No	No	No
	Brighton and Hove CCG	9	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes
	Canterbury and Coastal CCG	1	No	No	No	Yes	No	No	No	No	No	No	No	No
	Coastal West Sussex CCG	7	No	No	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes
	Crawley CCG	9	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes
	Dartford, Gravesham and Swanley CCG	10	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
	East Surrey CCG	8	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	Eastbourne, Hailsham and Seaford CCG	8	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes
	Guildford and Waverley CCG	6	Yes	No	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No
	Hastings and Rother CCG	8	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes
	High Weald Lewes Havens CCG	2	No	No	No	Yes	No	Yes	No	No	No	No	No	No
	Horsham and Mid Sussex CCG	9	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes
	Medway CCG	8	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes
	North West Surrey CCG	1	No	No	Yes	No	No	No	No	No	No	No	No	No
	South Kent Coast CCG	3	No	No	Yes	Yes	No	Yes	No	No	No	No	No	No
	Surrey Downs CCG	12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Surrey Heath CCG	4	No	No	Yes	Yes	No	No	No	Yes	No	No	No	Yes
	Swale CCG	8	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes
	Thanet CCG	3	No	No	Yes	Yes	No	Yes	No	No	No	No	No	No

SCN Region/Country	Service Function Information	Total number of service functions commissioned (at least one of each)	Inpatient	Outpatient	Early Supported Discharge (ESD)	Community Rehabilitation Team (CRT)	Domiciliary only (not ESD/CRT)	6 Month Assessment Provider	Vocational rehabilitation	Psychological support	Physiotherapy	Occupational Therapy	Speech and Language Therapy	Family and Carer Support Service
	Commissioner (Local Health Board) name													
South West SCN	West Kent CCG	8	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No
	Bath and North East Somerset CCG	12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Bristol CCG	5	Yes	Yes	No	Yes	No	No	No	No	No	No	Yes	Yes
	Gloucestershire CCG	11	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Kernow CCG	8	Yes	Yes	No	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes
	North Somerset CCG	6	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	No
	Northern, Eastern and Western Devon CCG	9	Yes	No	Yes	No	No	Yes	Yes*	Yes**	Yes	Yes	Yes	Yes
	Somerset CCG	1	No	No	Yes	No	No	No	No	No	No	No	No	No
	South Devon and Torbay CCG	9	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes
	South Gloucestershire CCG	8	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	No
	Swindon CCG	11	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Wiltshire CCG	9	No	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
Thames Valley SCN	Aylesbury Vale CCG	10	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Bracknell and Ascot CCG	5	Yes	No	Yes	No	Yes	No	No	Yes	No	No	Yes	No
	Chiltern CCG	10	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Milton Keynes CCG	11	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Newbury and District CCG	9	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
	North and West Reading CCG	9	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
	Oxfordshire CCG	4	Yes	No	Yes	No	No	No	No	No	No	No	Yes	Yes
	Slough CCG	8	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes
	South Reading CCG	9	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
	Windsor, Ascot and Maidenhead CCG	6	Yes	No	Yes	Yes	No	No	No	Yes	No	No	Yes	Yes
	Wokingham CCG	9	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Wessex SCN	Dorset CCG	9	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Fareham and Gosport CCG	11	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
	Isle of Wight CCG	9	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes
	North East Hampshire and Farnham CCG	8	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes
	North Hampshire CCG	4	Yes	No	Yes	No	No	Yes	No	No	No	No	No	Yes
	Portsmouth CCG	11	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
	South Eastern Hampshire CCG	11	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
	Southampton CCG	6	No	No	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	No
	West Hampshire CCG	10	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
West Midlands SCN	Birmingham CrossCity CCG	1	No	No	No	Yes	No	No	No	No	No	No	No	No
	Birmingham South and Central CCG	9	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes
	Cannock Chase CCG	5	No	No	Yes	Yes	No	Yes	No	No	Yes	Yes	No	No
	Coventry and Rugby CCG	7	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes
	Dudley CCG	11	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	East Staffordshire CCG	1	No	No	Yes	No	No	No	No	No	No	No	No	No
	Herefordshire CCG	6	Yes	No	No	Yes	Yes	No	No	No	Yes	Yes	Yes	No
	North Staffordshire CCG	10	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	Redditch and Bromsgrove CCG	8	No	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes
	Sandwell and West Birmingham CCG	10	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Shropshire CCG	9	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Solihull CCG	7	Yes	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes	No
	South East Staffordshire and Seisdon Peninsula CCG	9	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes
	South Warwickshire CCG	6	Yes	No	Yes	No	Yes	No	No	No	Yes	Yes	Yes	No
	South Worcestershire CCG	8	No	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes
	Stafford and Surrounds CCG	5	No	No	Yes	Yes	No	Yes	No	No	Yes	Yes	No	No
	Stoke on Trent CCG	11	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Telford and Wrekin CCG	11	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
	Walsall CCG	12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Warwickshire North CCG	5	Yes	Yes	No	No	No	No	No	No	Yes	Yes	Yes	No
	Wolverhampton City CCG	3	Yes	No	No	Yes	No	No	Yes	No	No	No	No	No
	Wyre Forest CCG	8	No	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes
Yorkshire & The Humber SCN	Airedale, Wharfedale and Craven CCG	8	Yes	Yes	No	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes
	Barnsley CCG	10	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No
	Bassetlaw CCG	8	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
	Bradford City CCG	10	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Bradford Districts CCG	10	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Calderdale CCG	6	No	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No
	Doncaster CCG	9	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	East Riding of Yorkshire CCG	4	Yes	No	No	Yes	No	No	No	Yes	No	No	Yes	No
	Greater Huddersfield CCG	6	No	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No
	Hardwick CCG	6	No	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes
	Harrogate and Rural District CCG	6	Yes	Yes	No	Yes	Yes	No	Yes	No	No	No	No	Yes
	Hull CCG	11	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Leeds North CCG	9	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes
	Leeds South and East CCG	9	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes

SCN Region/Country	Service Function Information	Total number of service functions commissioned (at least one of each)	Inpatient	Outpatient	Early Supported Discharge (ESD)	Community Rehabilitation Team (CRT)	Domiciliary only (not ESD/CRT)	6 Month Assessment Provider	Vocational rehabilitation	Psychological support	Physiotherapy	Occupational Therapy	Speech and Language Therapy	Family and Carer Support Service
	Commissioner (Local Health Board) name													
Yorkshire & The Humber SCN	Leeds West CCG	9	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes
	North Derbyshire CCG	9	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	North East Lincolnshire CCG	9	Yes	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	North Kirklees CCG	11	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	North Lincolnshire CCG	6	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No
	Rotherham CCG	12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Scarborough and Ryedale CCG	5	Yes	Yes	No	Yes	Yes	No	No	No	No	No	Yes	No
	Sheffield CCG	11	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Vale of York CCG	10	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No
	Wakefield CCG	7	No	No	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes
Northern Ireland	Belfast Local Commissioning Group	2	No	No	No	Yes	No	Yes	No	No	No	No	No	No
	Northern Local Commissioning Group	9	Yes	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	South Eastern Local Commissioning Group	2	No	No	No	Yes	No	Yes	No	No	No	No	No	No
	Southern Local Commissioning Group	10	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Western Local Commissioning Group	9	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes
Wales	Abertawe Bro Morgannwg Local Health Board	10	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Aneurin Bevan Local Health Board	8	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	Yes
	Cardiff and Vale Local Health Board	5	No	Yes	Yes	Yes	No	No	No	Yes	No	No	No	Yes
	Cwm Taf Local Health Board	8	No	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	Hywel Dda Local Health Board	8	Yes	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes	Yes
	Powys Local Health Board	1	Yes	No	No	No	No	No	No	No	No	No	No	No

* Vocational rehabilitation only available within the Northern locality of Northern, Eastern and Western Devon CCG
** Psychological support only available within the Northern and Western localities of Northern, Eastern and Western Devon CCG
*** Cumbria CCG which crosses two SCN boundaries has been placed within the North of England SCN due to the majority of its population being located within this region

Appendix 2: Membership of the Intercollegiate Stroke Working Party

Chair

Professor Anthony Rudd, Professor of Stroke Medicine, King's College London; Consultant Stroke Physician, Guy's and St Thomas' NHS Foundation Trust

Associate directors from the Stroke Programme at the Royal College of Physicians

Professor Pippa Tyrrell, Professor of Stroke Medicine, University of Manchester; Consultant Stroke Physician, Salford Royal NHS Foundation Trust

Dr Geoffrey Cloud, Consultant Stroke Physician, Honorary Senior Lecturer Clinical Neuroscience, St George's University Hospitals NHS Foundation Trust, London

Dr Martin James, Consultant Stroke Physician, Royal Devon and Exeter NHS Foundation Trust; Honorary Associate Professor, University of Exeter Medical School

List of Members

Association of Chartered Physiotherapists in Neurology
Dr Nicola Hancock, Lecturer in Physiotherapy, School of Health Sciences, University of East Anglia

AGILE – Professional Network of the Chartered Society of Physiotherapy
Mrs Louise McGregor, Allied Health Professional Therapy Consultant, St George's University Hospitals NHS Trust, London

Association of British Neurologists
Dr Gavin Young, Consultant Neurologist, The James Cook University Hospital, South Tees Hospitals NHS Foundation Trust

British Association of Stroke Physicians
Dr Neil Baldwin, Consultant Stroke Physician, Wye Valley NHS Trust
Dr Damian Jenkinson, Consultant in Stroke Medicine, Dorset County Hospital

British Society of Rehabilitation Medicine/Society for Research in Rehabilitation
Professor Derick Wade, Consultant in Rehabilitation Medicine, The Oxford Centre for Enablement

British Geriatrics Society
Professor Helen Rodgers, Professor of Stroke Care, Newcastle University

British and Irish Orthoptic Society
Dr Fiona Rowe, Reader in Orthoptics and Health Services Research, University of Liverpool

British Psychological Society
Dr Audrey Bowen, The Stroke Association John Marshall Memorial Reader in Psychology, University of Manchester

Dr Jason Price, Consultant Clinical Neuropsychologist, The James Cook University Hospital
Dr Shirley Thomas, University of Nottingham

British Society of Neuroradiologists
Dr Andrew Clifton, Interventional Neuroradiologist, St George's University Hospitals NHS Foundation Trust, London

Chartered Society of Physiotherapy
Dr Cherry Kilbride, Senior Lecturer in Physiotherapy, Institute of Health, Environment and Societies, Brunel University, London

Clinical Lead for Wales
Dr Phil Jones, Consultant Physician, Hywel Dda University Health Board

The Cochrane Stroke Group
Professor Peter Langhorne, Professor of Stroke Care Medicine, University of Glasgow

College of Occupational Therapists and Special Section Neurological Practice
Professor Avril Drummond, Professor of Healthcare Research, University of Nottingham
Mrs Karen Clements, Lead Occupational Therapist – Stroke Rehabilitation Unit, Royal Derby Hospital

Health Economics Advice
Professor Anita Patel, Chair in Health Economics, Queen Mary University of London

NIMAST (Northern Ireland)
Dr Michael Power, Consultant Physician Ulster Hospital Belfast, Founder and Committee Member NIMAST

Patient representative
Mr Robert Norbury

Patient representative
Mr Stephen Simpson

Patient representative
Ms Marney Williams

Public Health England/Royal College of Physicians
Dr Benjamin Bray, Clinical Research Fellow, Kings College London

Royal College of Nursing
Mrs Diana Day, Stroke Consultant Nurse, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust
Dr Amanda Jones, Stroke Nurse Consultant, Sheffield Teaching Hospitals NHS Foundation Trust

Royal College of Nursing
Dr Christopher Burton, Senior Research Fellow in Evidence Based Practice, Bangor University

Royal College of Radiologists
Prof Philip White, Hon Consultant Neuroradiologist, Newcastle Upon Tyne Hospitals NHS Foundation Trust

Royal College of Speech & Language Therapists
Ms Rosemary Cunningham, Speech and Language Therapy Team Manager, Royal Derby Hospital (Derbyshire Community Health Services Foundation Trust)

Royal College of Speech & Language Therapists
Dr Sue Pownall, Head of speech and Language Therapy, Sheffield Teaching Hospitals NHS Foundation Trust

Southern Health and Social Care Trust
Dr Michael McCormick, Consultant Geriatrician, Southern Health & Social care trust

Stroke Association
Mr Jon Barrick, Chief Executive, Stroke Association
Mr Dominic Brand, Director of Marketing and External Affairs, Stroke Association

University of Sheffield
Professor Pam Enderby, Professor of Rehabilitation, University of Sheffield

Appendix 3: SSNAP Post-acute stroke service commissioning audit questionnaire

SSNAP Organisational Audit of Post-Acute Services

The Sentinel Stroke National Audit Programme (SSNAP) has been commissioned to deliver an organisational audit of post-acute services. This will be undertaken in two phases. Phase 1 involves asking CCGs to identify what services are commissioned for stroke patients when they leave acute care. This information will inform Phase 2 which will involve auditing post-acute providers directly about the care they provide for stroke patients.

Phase 1 – Audit of CCGs

We are interested in identifying the post-acute services commissioned for stroke patients in your CCG in inpatient and outpatient settings, in patients' homes, and in nursing homes/care homes. We will also ask you to identify services which provide vocational rehabilitation, psychological support and 6 month follow up assessments in addition to asking some general questions about your CCG.

Definition of post-acute service

We define post-acute services as ANY service which follows acute in-patient care. It includes any post-acute services which provides medical and/or emotional needs and support to people who have been discharged from traditional hospital but who continue to need medical or general support.

SECTION 1: Services within your CCG/LHB/LCG

Please provide details of **ALL** post-acute services which treat stroke patients in your CCG/LHB/LCG (complete one sub form per service)

Full name of service e.g. Somewhere ESD Team	**Service category** (select all that apply)	**Does this service provide stroke/neurology specific care?**	**Location where service is provided** (select all that apply)	**Commissioned from**	**Details of main contact** (for each post-acute service)
	Post-acute inpatient care setting ○ Outpatient care setting ○ Early supported discharge team ○ Community rehabilitation team ○ Domiciliary team (not ESD/CRT) ○ Vocational rehabilitation provider ○ Psychological support provider ○ 6 month assessment provider ○ Physiotherapy team ○ Occupational therapy team ○ Speech and language therapy team ○ Family and carer support services (e.g. Stroke Association) ○	Y/N	Community hospital ☐ 'Other' inpatient setting ☐ 'Other' outpatient setting ☐ Patient's home (or carer/family home) ☐ Nursing home ☐	Acute trust ○ Community trust ○ Third sector provider ○ Private sector ○ Provider Name _____	Name Job Title Organisation Name Address Email Phone

SECTION 2: About your CCG/LHB/LCG

2.1 Is there a clinical lead for stroke in your CCG/LHB/LCG? Yes ○ No ○

If yes, please give contact details

Name……Email……

2.2 Do you require participation of acute providers in SSNAP? Yes ○ No ○

2.3 Do you require participation of post-acute providers in SSNAP? Yes ○ No ○

2.4 Do you have a stroke commissioning group e.g. Programme Board for Stroke Yes ○ No ○

2.5 Do you have any joint commissioning of stroke services with social care in Health and Wellbeing Boards? Yes ○ No ○

If yes, please list e.g. specialist stroke exercise programmes and peer-support programmes, carers support, local directory of services for stroke patients

……

2.6 Do you commission stroke services as part of a consortium of commissioners?

If yes, please list the CCGs/LHBs/LCGs

……..

2.7 Are there any other community based stroke services, not already covered in Section 1, which you currently commission and you want to tell us about?

Please list ……

Appendix 4: List of commissioners/providers (participants and non) by country and SCN region

Commissioner Name	Country
Participants	
Cheshire and Mersey Strategic Clinical Network & Senate	
Eastern Cheshire CCG	England
Halton CCG	England
Knowsley CCG	England
Liverpool CCG	England
South Cheshire CCG	England
South Sefton CCG	England
Southport and Formby CCG	England
St Helens CCG	England
Vale Royal CCG	England
Warrington CCG	England
West Cheshire CCG	England
Wirral CCG	England
East Midlands Strategic Clinical Networks & Senate	
Corby CCG	England
East Leicestershire and Rutland CCG	England
Erewash CCG	England
Leicester City CCG	England
Lincolnshire East CCG	England
Lincolnshire West CCG	England
Mansfield and Ashfield CCG	England
Nene CCG	England
Newark and Sherwood CCG	England
Nottingham City CCG	England
Nottingham North and East CCG	England
Nottingham West CCG	England
Rushcliffe CCG	England
South Lincolnshire CCG	England
South West Lincolnshire CCG	England
Southern Derbyshire CCG	England
West Leicestershire CCG	England

East of England Strategic Clinical Networks & Senate	
Basildon and Brentwood CCG	England
Bedfordshire CCG	England
Cambridgeshire and Peterborough CCG	England
Castle Point and Rochford CCG	England
East and North Hertfordshire CCG	England
Great Yarmouth and Waveney CCG	England
Herts Valleys CCG	England
Ipswich and East Suffolk CCG	England
Luton CCG	England
Mid Essex CCG	England
North East Essex CCG	England
North Norfolk CCG	England
Norwich CCG	England
South Norfolk CCG	England
Southend CCG	England
Thurrock CCG	England
West Essex CCG	England
West Norfolk CCG	England
West Suffolk CCG	England
Greater Manchester, Lancashire & South Cumbria Strategic Clinical Networks & Senate	
Blackburn with Darwen CCG	England
Blackpool CCG	England
Bolton CCG	England
Bury CCG	England
Central Manchester CCG	England
Chorley and South Ribble CCG	England
East Lancashire CCG	England
Fylde and Wyre CCG	England
Greater Preston CCG	England
Heywood, Middleton and Rochdale CCG	England
Lancashire North CCG	England
North Manchester CCG	England
Oldham CCG	England
Salford CCG	England
South Manchester CCG	England
Stockport CCG	England
Tameside and Glossop CCG	England
Trafford CCG	England
West Lancashire CCG	England
Wigan Borough CCG	England

Greater Manchester, Lancashire & South Cumbria Strategic Clinical Networks & Senate & North of England Strategic Clinical Networks & Senate	
Cumbria CCG	England

London Strategic Clinical Networks & Senate	
Barking and Dagenham CCG	England
Barnet CCG	England
Bexley CCG	England
Brent CCG	England
Bromley CCG	England
Camden CCG	England
Central London (Westminster) CCG	England
City and Hackney CCG	England
Croydon CCG	England
Ealing CCG	England
Enfield CCG	England
Greenwich CCG	England
Hammersmith and Fulham CCG	England
Haringey CCG	England
Harrow CCG	England
Havering CCG	England
Hillingdon CCG	England
Hounslow CCG	England
Islington CCG	England
Kingston CCG	England
Lambeth CCG	England
Lewisham CCG	England
Merton CCG	England
Newham CCG	England
Redbridge CCG	England
Richmond CCG	England
Southwark CCG	England
Sutton CCG	England
Tower Hamlets CCG	England
Waltham Forest CCG	England
Wandsworth CCG	England
West London CCG	England

North of England Strategic Clinical Networks & Senate	
Darlington CCG	England
Durham Dales, Easington and Sedgefield CCG	England
Gateshead CCG	England
Hambleton, Richmondshire and Whitby CCG	England
Hartlepool and Stockton-On-Tees CCG	England
Newcastle North and East CCG	England
Newcastle West CCG	England
North Durham CCG	England
North Tyneside CCG	England
Northumberland CCG	England
South Tees CCG	England
South Tyneside CCG	England
Sunderland CCG	England
South East Coast Strategic Clinical Networks & Senate	
Ashford CCG	England
Brighton and Hove CCG	England
Canterbury and Coastal CCG	England
Coastal West Sussex CCG	England
Crawley CCG	England
Dartford, Gravesham and Swanley CCG	England
East Surrey CCG	England
Eastbourne, Hailsham and Seaford CCG	England
Guildford and Waverley CCG	England
Hastings and Rother CCG	England
High Weald Lewes Havens CCG	England
Horsham and Mid Sussex CCG	England
Medway CCG	England
North West Surrey CCG	England
South Kent Coast CCG	England
Surrey Downs CCG	England
Surrey Heath CCG	England
Swale CCG	England
Thanet CCG	England
West Kent CCG	England

South West Strategic Clinical Networks & Senate	
Bath and North East Somerset CCG	England
Bristol CCG	England
Gloucestershire CCG	England
Kernow CCG	England
North Somerset CCG	England
Northern, Eastern and Western Devon CCG	England
Somerset CCG	England
South Devon and Torbay CCG	England
South Gloucestershire CCG	England
Swindon CCG	England
Wiltshire CCG	England
Thames Valley Strategic Clinical Networks & Senate	
Aylesbury Vale CCG	England
Bracknell and Ascot CCG	England
Chiltern CCG	England
Milton Keynes CCG	England
Newbury and District CCG	England
North and West Reading CCG	England
Oxfordshire CCG	England
Slough CCG	England
South Reading CCG	England
Windsor, Ascot and Maidenhead CCG	England
Wokingham CCG	England
Wessex Strategic Clinical Networks & Senate	
Dorset CCG	England
Fareham and Gosport CCG	England
Isle of Wight CCG	England
North East Hampshire and Farnham CCG	England
North Hampshire CCG	England
Portsmouth CCG	England
South Eastern Hampshire CCG	England
Southampton CCG	England
West Hampshire CCG	England

West Midlands Strategic Clinical Networks & Senate	
Birmingham CrossCity CCG	England
Birmingham South and Central CCG	England
Cannock Chase CCG	England
Coventry and Rugby CCG	England
Dudley CCG	England
East Staffordshire CCG	England
Herefordshire CCG	England
North Staffordshire CCG	England
Redditch and Bromsgrove CCG	England
Sandwell and West Birmingham CCG	England
Shropshire CCG	England
Solihull CCG	England
South East Staffordshire and Seisdon Peninsula CCG	England
South Warwickshire CCG	England
South Worcestershire CCG	England
Stafford and Surrounds CCG	England
Stoke on Trent CCG	England
Telford and Wrekin CCG	England
Walsall CCG	England
Warwickshire North CCG	England
Wolverhampton City CCG	England
Wyre Forest CCG	England
Yorkshire & The Humber Strategic Clinical Networks & Senate	
Airedale, Wharfedale and Craven CCG	England
Barnsley CCG	England
Bassetlaw CCG	England
Bradford City CCG	England
Bradford Districts CCG	England
Calderdale CCG	England
Doncaster CCG	England
East Riding of Yorkshire CCG	England
Greater Huddersfield CCG	England
Hardwick CCG	England
Harrogate and Rural District CCG	England
Hull CCG	England
Leeds North CCG	England
Leeds South and East CCG	England
Leeds West CCG	England
North Derbyshire CCG	England
North East Lincolnshire CCG	England
North Kirklees CCG	England
North Lincolnshire CCG	England
Rotherham CCG	England
Scarborough and Ryedale CCG	England
Sheffield CCG	England
Vale of York CCG	England
Wakefield CCG	England

Northern Ireland	
Belfast Local Commissioning Group	Northern Ireland
Northern Local Commissioning Group	Northern Ireland
South Eastern Local Commissioning Group	Northern Ireland
Southern Local Commissioning Group	Northern Ireland
Western Local Commissioning Group	Northern Ireland
Wales	
Abertawe Bro Morgannwg	Wales
Aneurin Bevan University Health Board	Wales
Cardiff & Vale University Health Board	Wales
Cwm Taf University Health Board	Wales
Hywel Dda University Health Board	Wales
Powys Teaching Health Board	Wales

Non-participants	
Betsi Cadwaladr University Health Board	Wales

Appendix 5: SSNAP Resources for Commissioners

SSNAP Resources for Commissioners

SSNAP has worked to ensure that commissioners receive timely and meaningful information about the care being provided to their patients. Commissioner specific data produced from the continuous SSNAP clinical audit is made available on the SSNAP webtool on a quarterly basis. This information can be used by commissioners to benchmark the performance of their teams with those across the country and help to inform change and the commissioning process. These outputs include:

Commissioner Dashboards

Commissioner and Health Board specific dashboards are produced on a 3 monthly basis to report on the stroke measures within the CCG Outcome Indicator Set (OIS). These enable commissioners and Health Boards to see 'at a glance' the results of the CCG OIS stroke measures for patients within their area benchmarked against all other commissioners (England, Wales and Northern Ireland). They also give details on the teams which treat patients from a CCG, Health Board or Local Commissioning Group (LCG) and the SSNAP level they achieved. More recently they have also included 30 day mortality data, reporting back to commissioners on their expected number of deaths (based on patients with a known stroke type) against the number of observed deaths.

Commissioner results portfolio

Commissioner results portfolios are produced for each individual commissioner for CCG OIS measures and all SSNAP key indicators.

Team level reports

SSNAP produces and disseminates team level reports on a quarterly basis. Full and summary results for the entire stroke pathway for teams within each commissioning or Health Board area are available on the SSNAP webtool.

All commissioner resources can be obtained from www.strokeaudit.org/results.

Appendix 6: Background to the SSNAP Post-Acute Organisational Audit

SSNAP Post-acute organisational audit

Detail on the staffing and structures for acute stroke care and services have been collected routinely via national stroke audits delivered by the RCP Stroke Programme since 1998, however, there has been limited opportunity to expand this data collection to the post-acute setting. Consequently, bed-based and domiciliary stroke services in the community have so far been largely provided without consistent benchmarking. The introduction of the Sentinel Stroke National Audit Programme (SSNAP) offers a unique opportunity to measure the quality of stroke service organisation in the post-acute phase and to enable clinicians, managers and commissioners to examine and review their existing services and the local pathway of rehabilitation in the community.

The Aims of the SSNAP post-acute organisational audit

- To identify services commissioned to provide rehabilitation for stroke patients beyond the acute setting
- To measure the extent to which specialist stroke rehabilitation is being organised by these services in comparison with the evidence-based standards in RCP and NICE stroke guidelines
- To establish a baseline of current service organisation nationally to compare with processes of care (SSNAP clinical) and to monitor changes over time
- To enable providers to benchmark the quality of the component elements of their service organisation nationally and regionally (e.g. ESD teams/community rehab teams)
- To identify where improvements to services are needed and make recommendations
- To provide timely, transparent information to patients and the public about the quality of stroke care organisation in the post-acute setting locally and nationally
- To provide commissioners with evidence of the quality of commissioned services.

The need for a post-acute organisational audit

The need to audit stroke services in the post-acute setting has been highlighted by:

1. The National Audit Office (NAO) whose reported 'Progress in Improving Healthcare' (2010) reported that "improvements in acute care are not yet matched by progress in delivering more effective post hospital support for stroke survivors and their carers. There is a need for better joint working between health and social care, community care and care homes and other services including benefits and employment services."
2. Recent reports which have indicated that there is a wide variation in the availability of rehabilitation and post-acute services (RCP 2012, Care Quality Commission (CQC) 2011, Healthcare for London 2009) with some areas having early supported discharge services , responsive community stroke rehabilitation teams and vocational rehabilitation services which demonstrate good outcomes and value for money. Other areas have no dedicated community stroke service and are without access to even generic rehabilitation teams. This inequality of access to services results in variation in patient experience and outcomes. The Care Quality Commission (2011) reported across a number of aspects of ESD and community rehabilitation services and concluded: 'The overall picture is one of inconsistency, waits between transfer home and commencing community rehabilitation and lack of specialist access.'

3. Patient engagement which has shown rehabilitation is often a neglected part of the stroke pathway, and this is an area where stroke survivors and their carers feel they have been let down the most (CQC 2011). Similarly, the NAO reported around only half of patients receive rehabilitation services that meet their needs in the first six months after discharge, falling to around a fifth of patients in the six to twelve months after discharge (NAO 2010).

In order to address these needs SSNAP proposed and has been commissioned to carry out a two-pronged organisational audit of post-acute stroke services at commissioner and provider level. This audit will determine the extent to which they meet required standards, and inform decisions about where improvements are required. The phased approach to this audit will include:

1. an audit of commissioners (Phase 1) and
2. a post-acute provider audit (Phase 2)

Together, these two unique audits will help to produce a national picture of the services available for stroke survivors once they leave hospital, their structures and what processes they follow, enable national and regional benchmarking, and allow informed recommendations to be made for the improvement of these services.

Timescales for the audit process

Audit activity	**Timescale**
Phase 1: Audit of post-acute stroke services commissioned	
Registration	September – November 2014
Data collection	November – December 2014 (ended on 2 January 2015)
Data checking and validation report production	January 2015
National and commissioner specific results made available to commissioners via SSNAP webtool	March 2015
National and commissioner specific results made available to healthcare organisations	April 2015
National and commissioner specific results made public and available nationally	June 2015
Phase 2: Post-acute provider audit	
Registration	February – March 2015
Data collection	April – May 2015
Data checking and validation process	June 2015
National and team level results made available to teams via SSNAP webtool	Autumn 2015

Appendix 7: Piloter Acknowledgements

The Royal College of Physicians stroke programme and the Intercollegiate Stroke Working Party thank all who participated in the online piloting and development of Phase 1 of the inaugural post-acute care organisational audit.

Suzanne Findler
Commissioning manager, *North Staffordshire CCG* and *Stoke-on-Trent CCG*

Rawan Hamdan
Clinical commissioning manager- Long Term Conditions, *Central Manchester CCG*

Ruth Hunter
Partnership commissioning manager, *St Helens CCG*

Carol Massey
Commissioning manager, *Northern, Eastern and Western Devon CCG*

Elaine Randall
Service development manager, *Coastal West Sussex CCG*