



Royal College
of Physicians

Sentinel Stroke National
Audit Programme (SSNAP)

Sentinel Stroke National Audit Programme (SSNAP)

Post-acute Organisational Audit

Public Report

Phase 1: Post-acute stroke service commissioning audit

June 2015

Prepared by

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

Post-acute organisational audit

Sentinel Stroke National Audit Programme (SSNAP)
Post-acute Organisational Audit – Phase 1: Post-acute stroke service commissioning audit

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|----------------------|---|
| 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) |
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| 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 | <p>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.</p> <p>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.</p> |
| Related publications | SSNAP clinical audit reports, SSNAP Acute Organisational Audit reports, National Clinical Stroke Guideline, Royal College of Physicians 2012 |
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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)

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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.

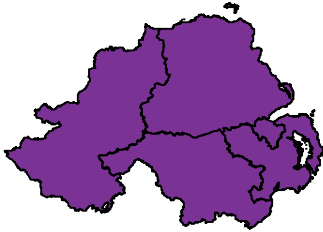
2.2 Location

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.

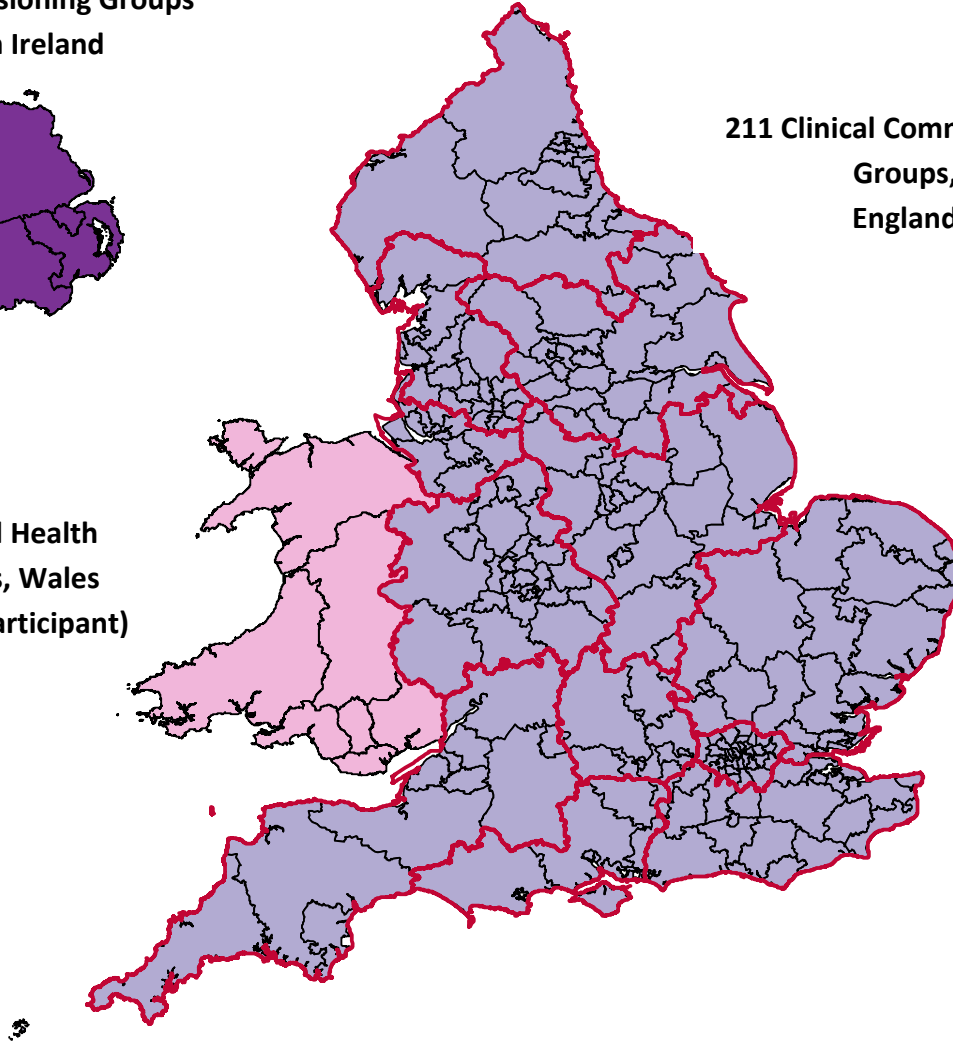
Fig 1 Participating organisations showing regional boundaries within each country

**5 Local Commissioning Groups
Northern Ireland**



**211 Clinical Commissioning Groups,
England**

**7 Local Health Boards,
Wales
(1 non participant)**



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 <i>acute providers</i> in SSNAP | 186 (84%) |
| Require participation of their <i>post-acute providers</i> 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 | 83 (37%) |
| Of these: | |
| 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.

| Service function | CCGs/LHBs/LCGs 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%) |

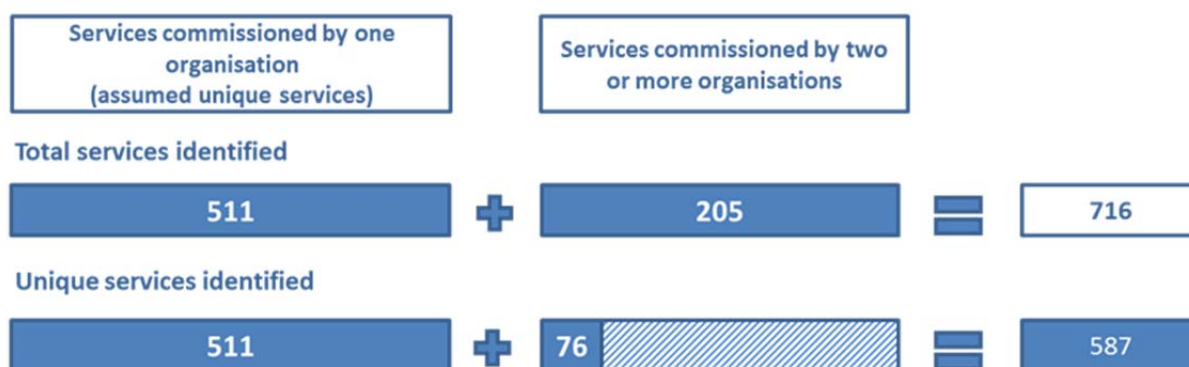
A further three services were not commissioned by the CCG, LHB or LCG which identified them but were known to be available to stroke patients within their population.

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 | n(%) |
|--|----------------|
| Commissioned by: | 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

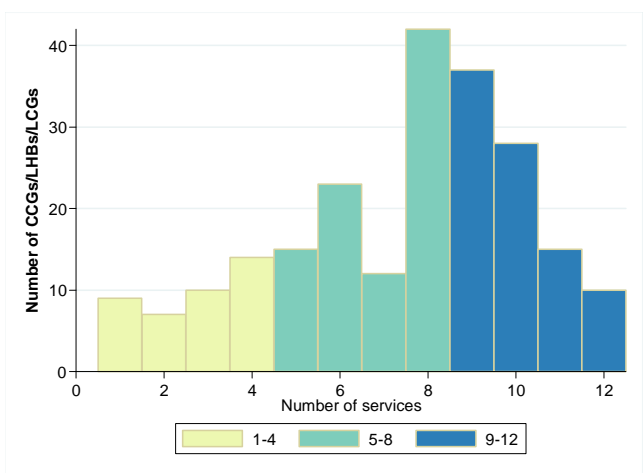
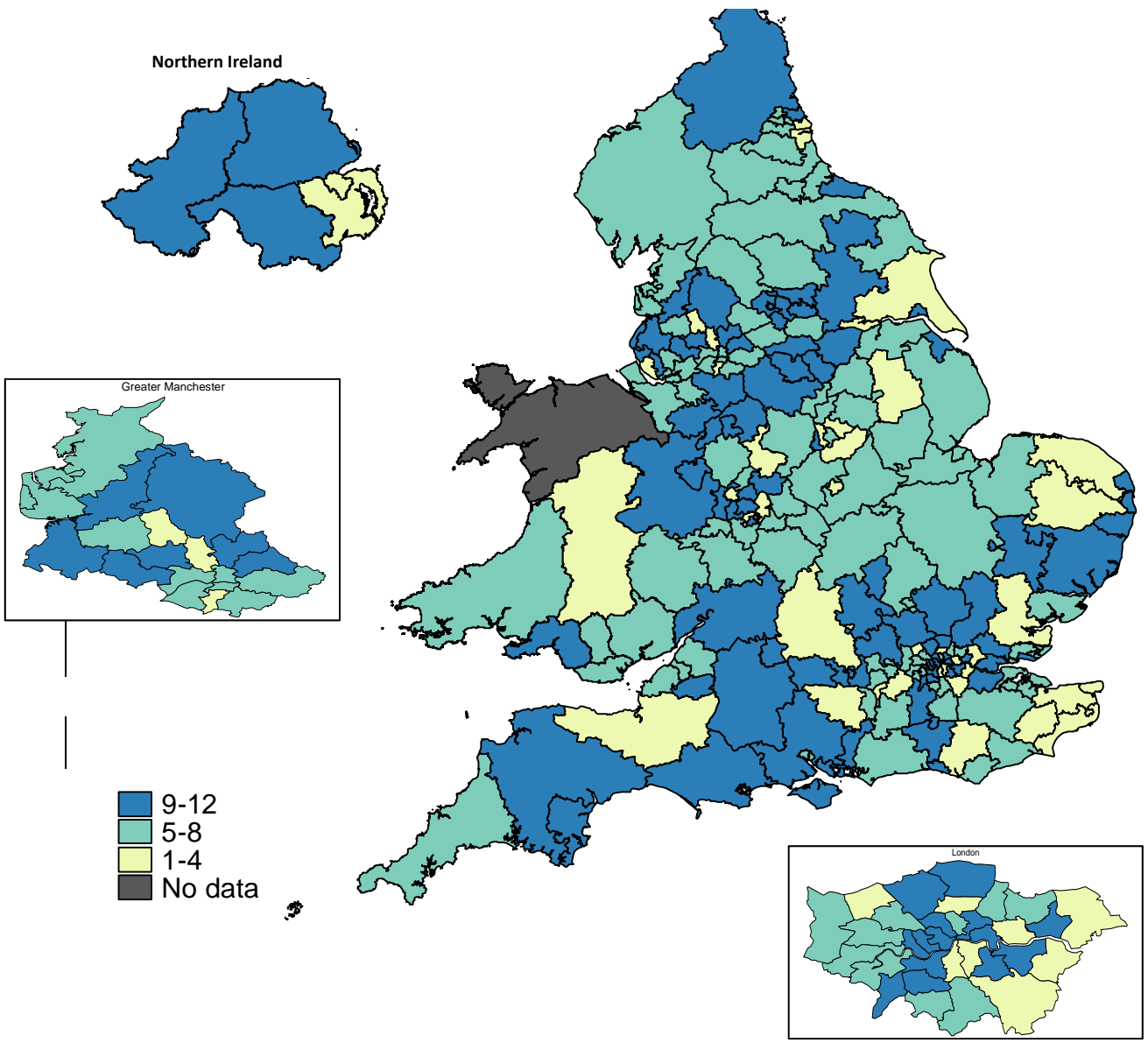


Figure 2 shows the distribution of the service functions commissioned per CCG/LHB/LCG. The number of services (1-12) has been assigned based on whether they commission at least one of each of the 12 service functions. This information can also be viewed as a map (Figure 3) with the banding colour assigned 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 <i>inpatient</i> post- acute services commissioned |
|-----------------------------------|--|
| Total | 194 |
| <i>Stroke specific</i> | 170 (88%) |
| <i>Non-stroke specific</i> | 24 (12%) |

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

Provider characteristics

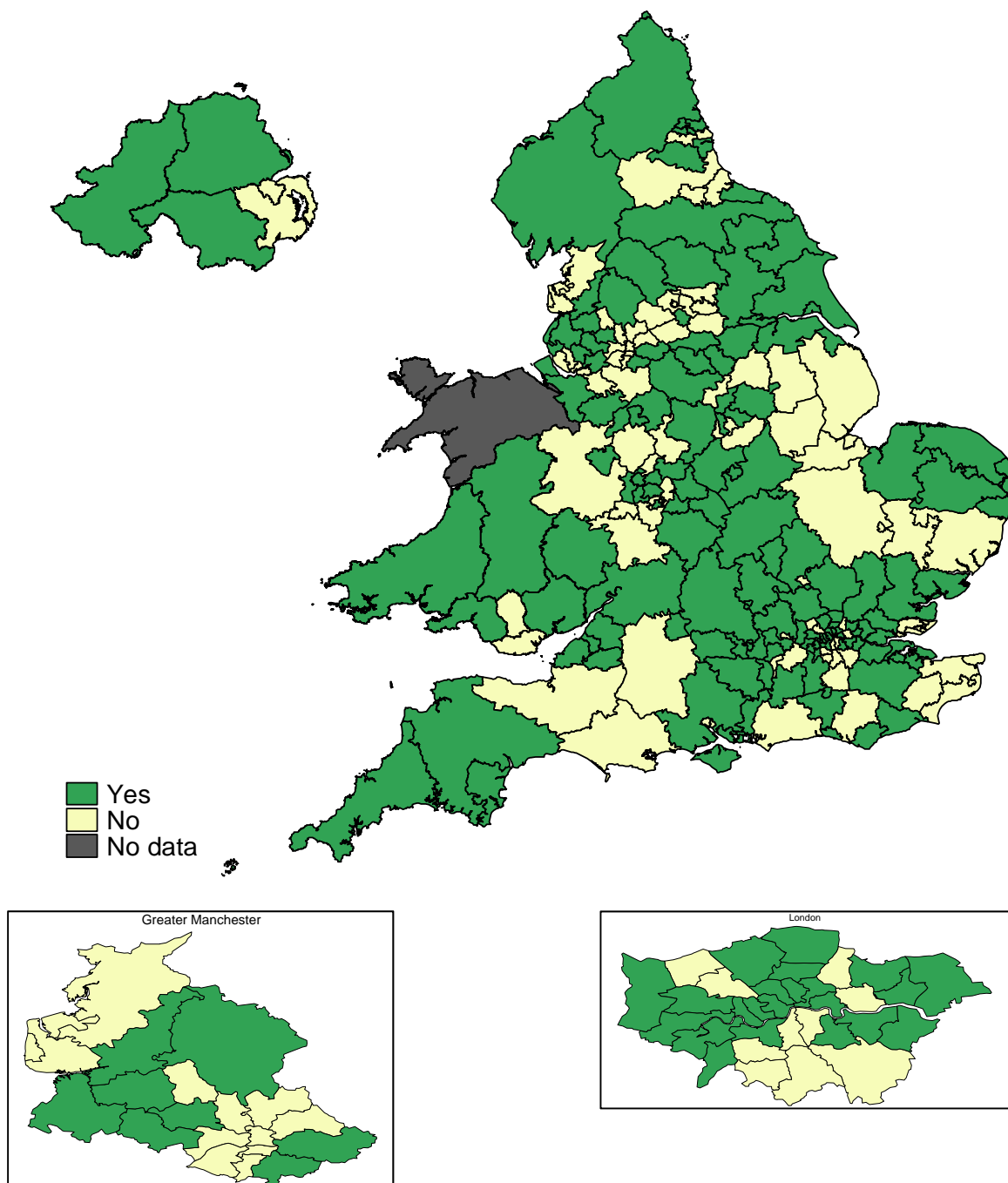
| Location of service* | n (%) |
|----------------------------|----------------|
| | N = 194 |
| Community hospital | 116 (60%) |
| Patients/Carers home | 88 (45%) |
| Care home | 56 (29%) |
| 'Other' inpatient setting | 80 (41%) |
| 'Other' outpatient setting | 57 (29%) |

* 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 <i>outpatient</i> services commissioned |
|----------------------------|---|
| Total | 154 |
| <i>Stroke specific</i> | 123 (80%) |
| <i>Non-stroke specific</i> | 31 (20%) |

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

Provider characteristics

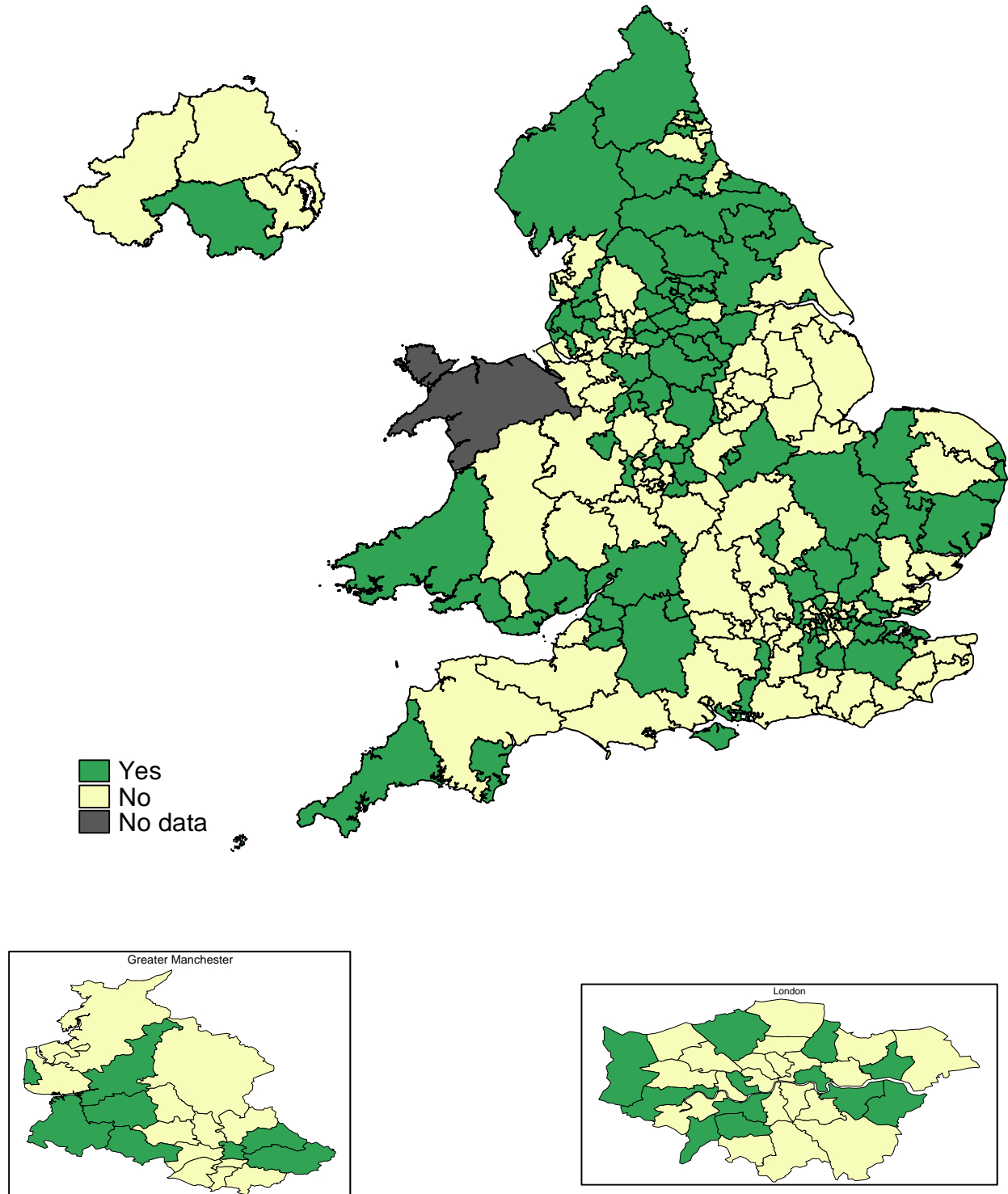
| Location of service* | n (%) |
|----------------------------|----------------|
| | N = 154 |
| Community hospital | 67 (44%) |
| Patients/Carers home | 84 (55%) |
| Care home | 56 (36%) |
| 'Other' inpatient setting | 38 (25%) |
| 'Other' outpatient setting | 96 (62%) |

* 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 |
| <i>Stroke specific</i> | 191 (92%) |
| <i>Non-stroke specific</i> | 16 (8%) |

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

Provider characteristics

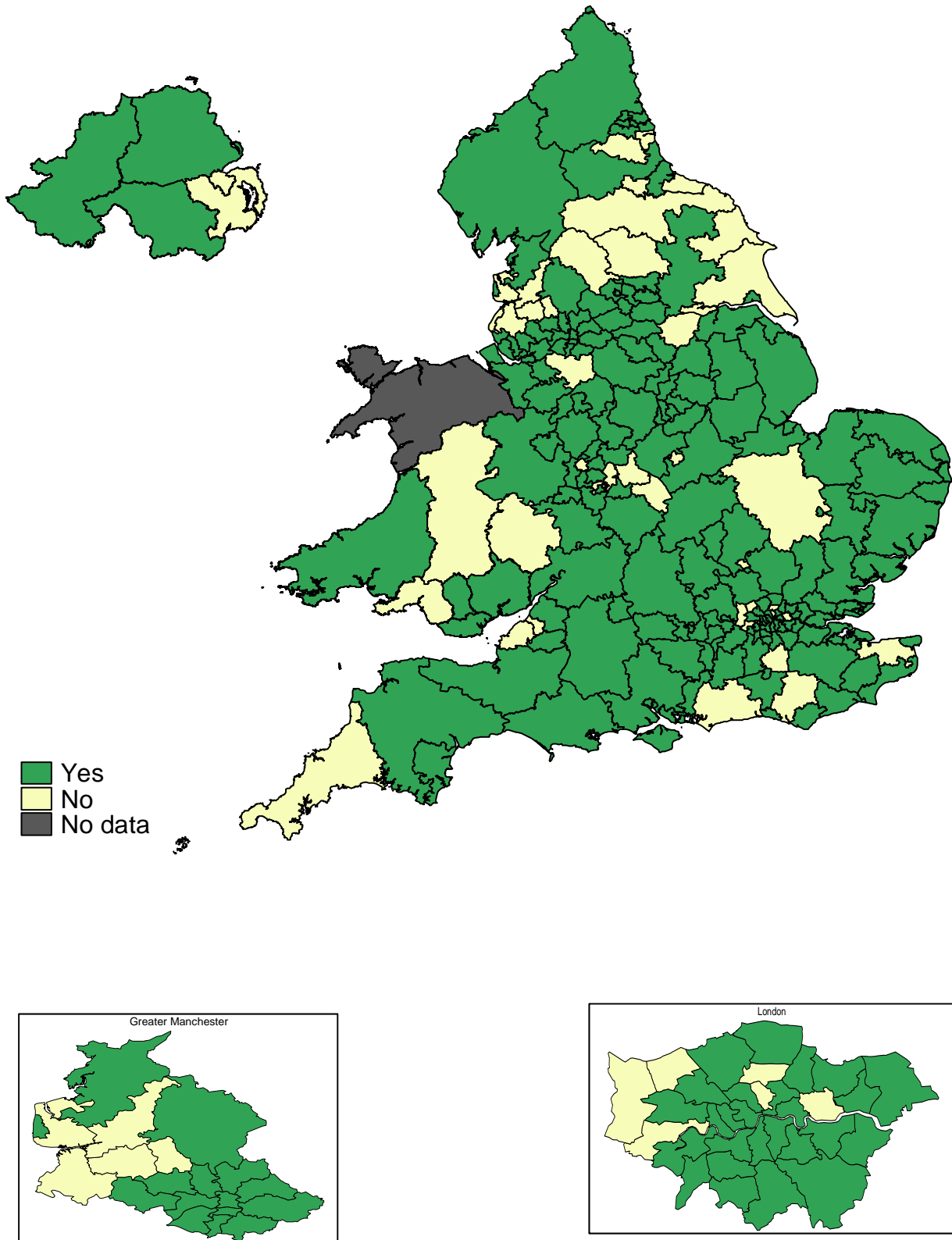
| Location of service* | n (%) |
|----------------------------|----------------|
| | N = 207 |
| Community hospital | 69 (33%) |
| Patients/Carers home | 191 (92%) |
| Care home | 108 (52%) |
| 'Other' inpatient setting | 45 (22%) |
| 'Other' outpatient setting | 58 (28%) |

* 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 |
| <i>Stroke specific</i> | 202 (79%) |
| <i>Non-stroke specific</i> | 53 (21%) |

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

Provider characteristics

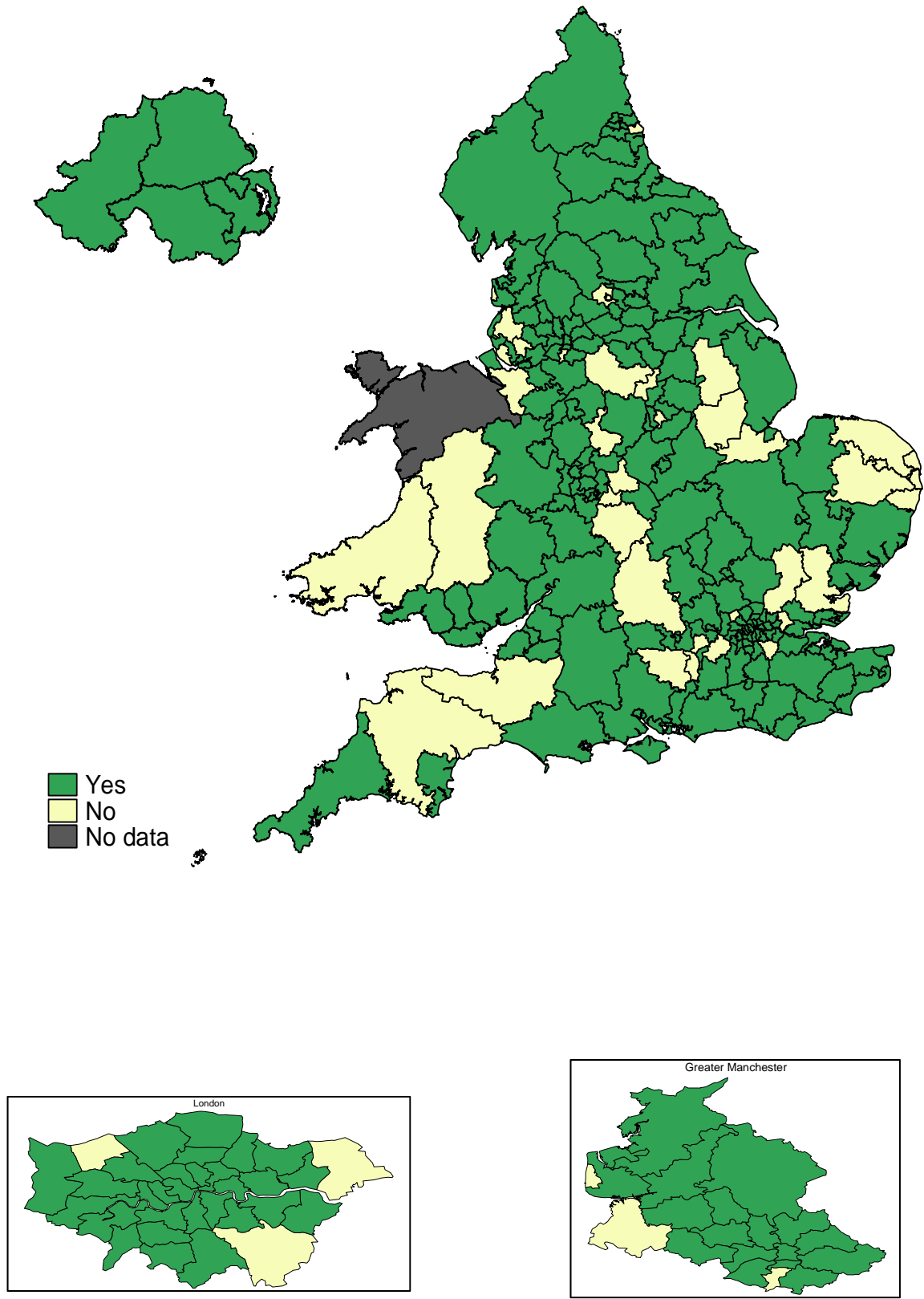
| Location of service* | n (%) |
|----------------------------|----------------|
| | N = 255 |
| Community hospital | 109 (43%) |
| Patients/Carers home | 213 (84%) |
| Care home | 126 (49%) |
| 'Other' inpatient setting | 47 (18%) |
| 'Other' outpatient setting | 92 (36%) |

* 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 |
| <i>Stroke specific</i> | 83 (75%) |
| <i>Non-stroke specific</i> | 27 (25%) |

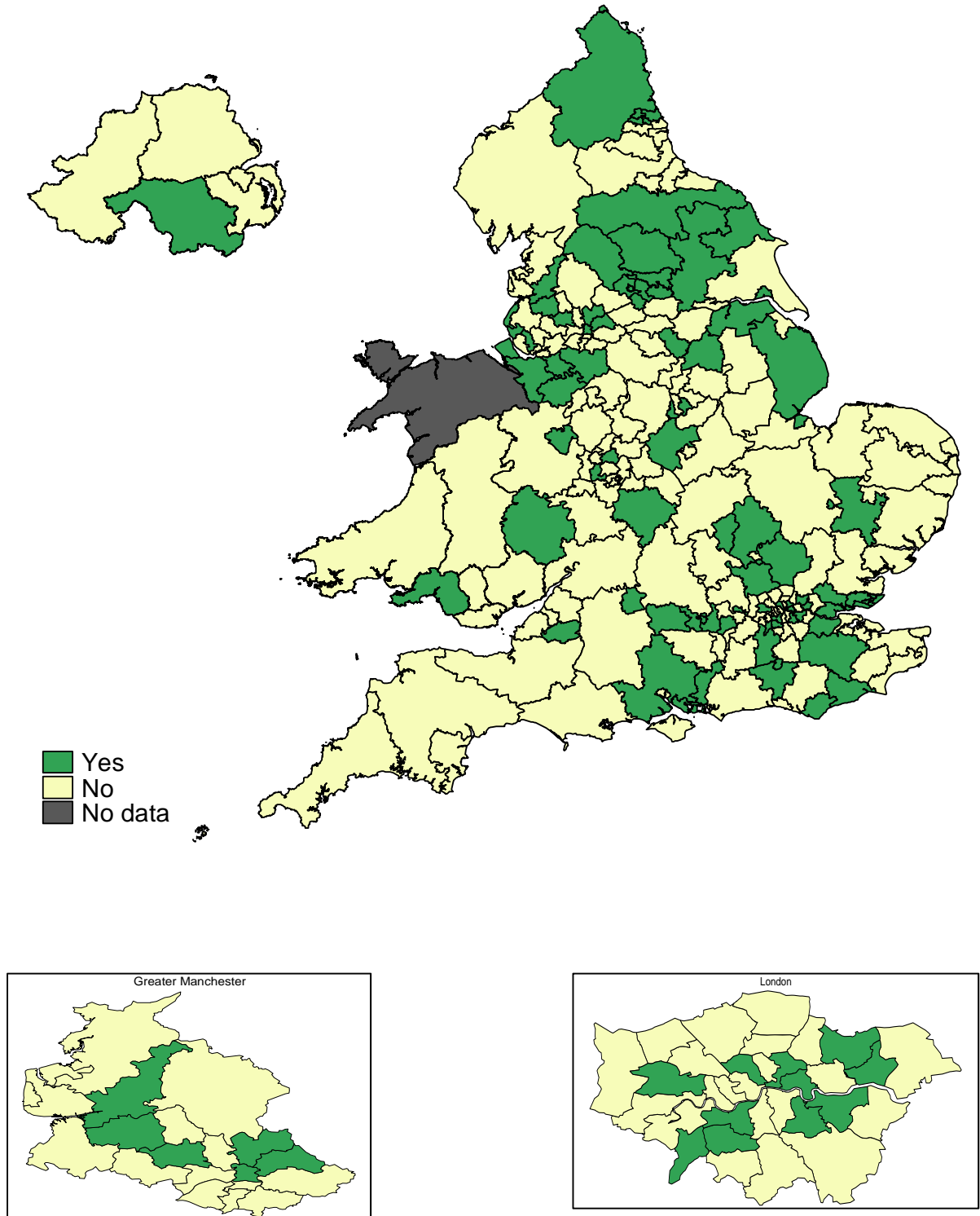
Of the 222 participating organisations 83 (37%) identified at least one domiciliary only service.

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 |
| <i>Stroke specific</i> | 63 (90%) |
| <i>Non-stroke specific</i> | 7 (10%) |

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

Provider characteristics

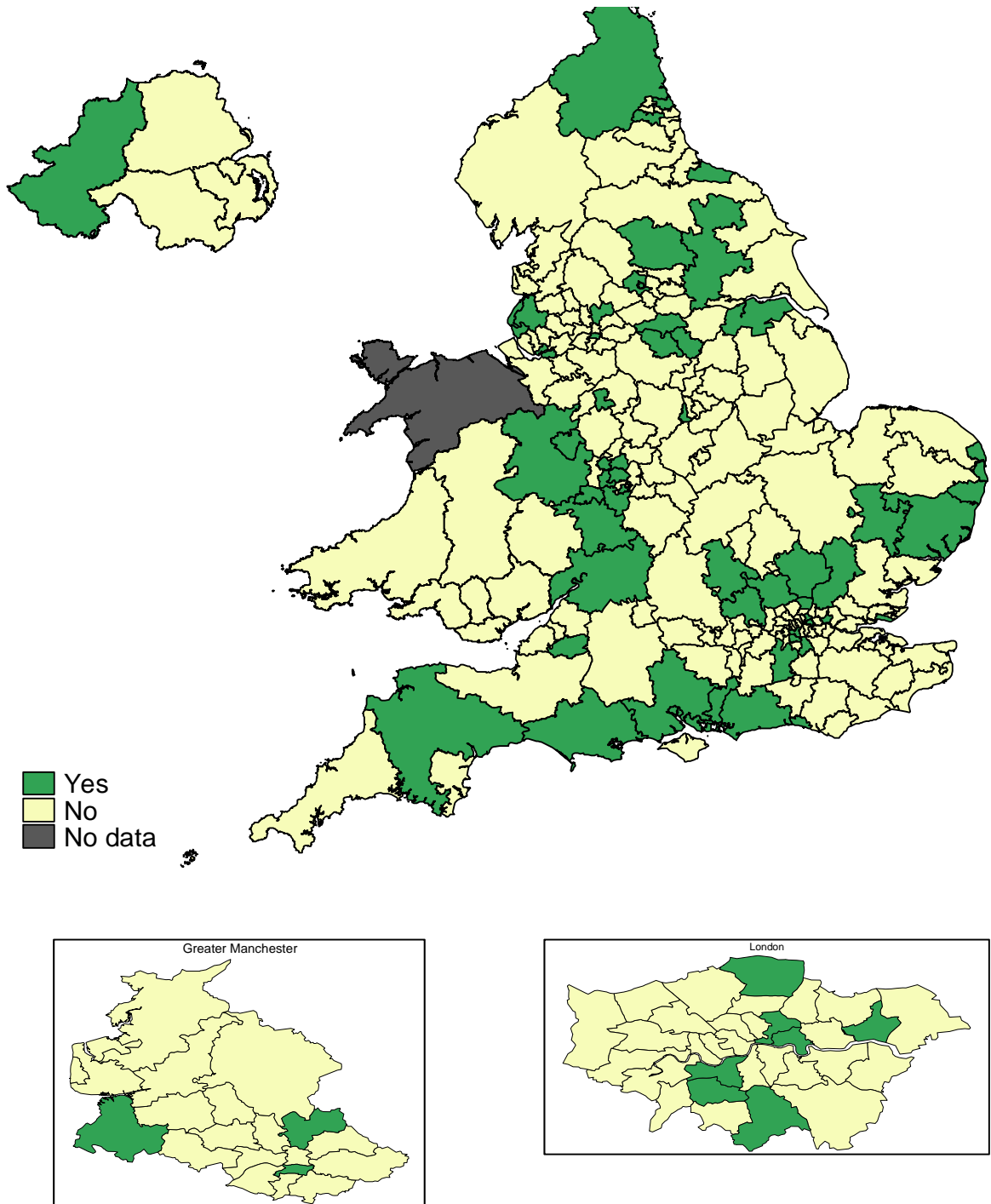
| Location of service* | n (%) |
|----------------------------|---------------|
| | N = 70 |
| Community hospital | 35 (50%) |
| Patients/Carers home | 60 (86%) |
| Care home | 43 (61%) |
| 'Other' inpatient setting | 18 (26%) |
| 'Other' outpatient setting | 34 (49%) |

* 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 |
| <i>Stroke specific</i> | 150 (89%) |
| <i>Non-stroke specific</i> | 19 (11%) |

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

Provider characteristics

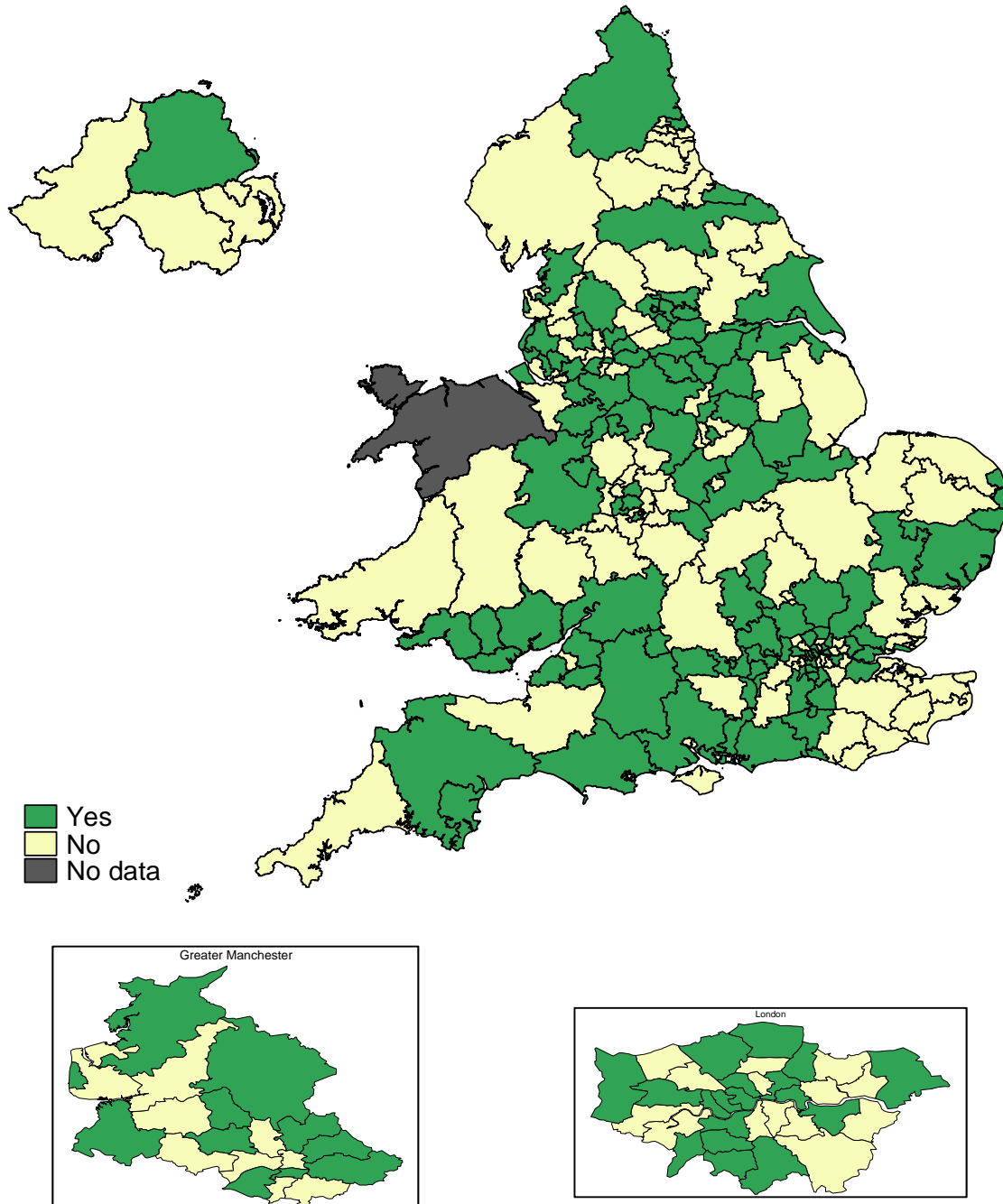
| Location of service* | n (%) |
|----------------------------|----------------|
| | N = 169 |
| Community hospital | 62 (37%) |
| Patients/Carers home | 120 (71%) |
| Care home | 78 (46%) |
| 'Other' inpatient setting | 39 (23%) |
| 'Other' outpatient setting | 79 (47%) |

* 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 |
| <i>Stroke specific</i> | 129 (93%) |
| <i>Non-stroke specific</i> | 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%) |

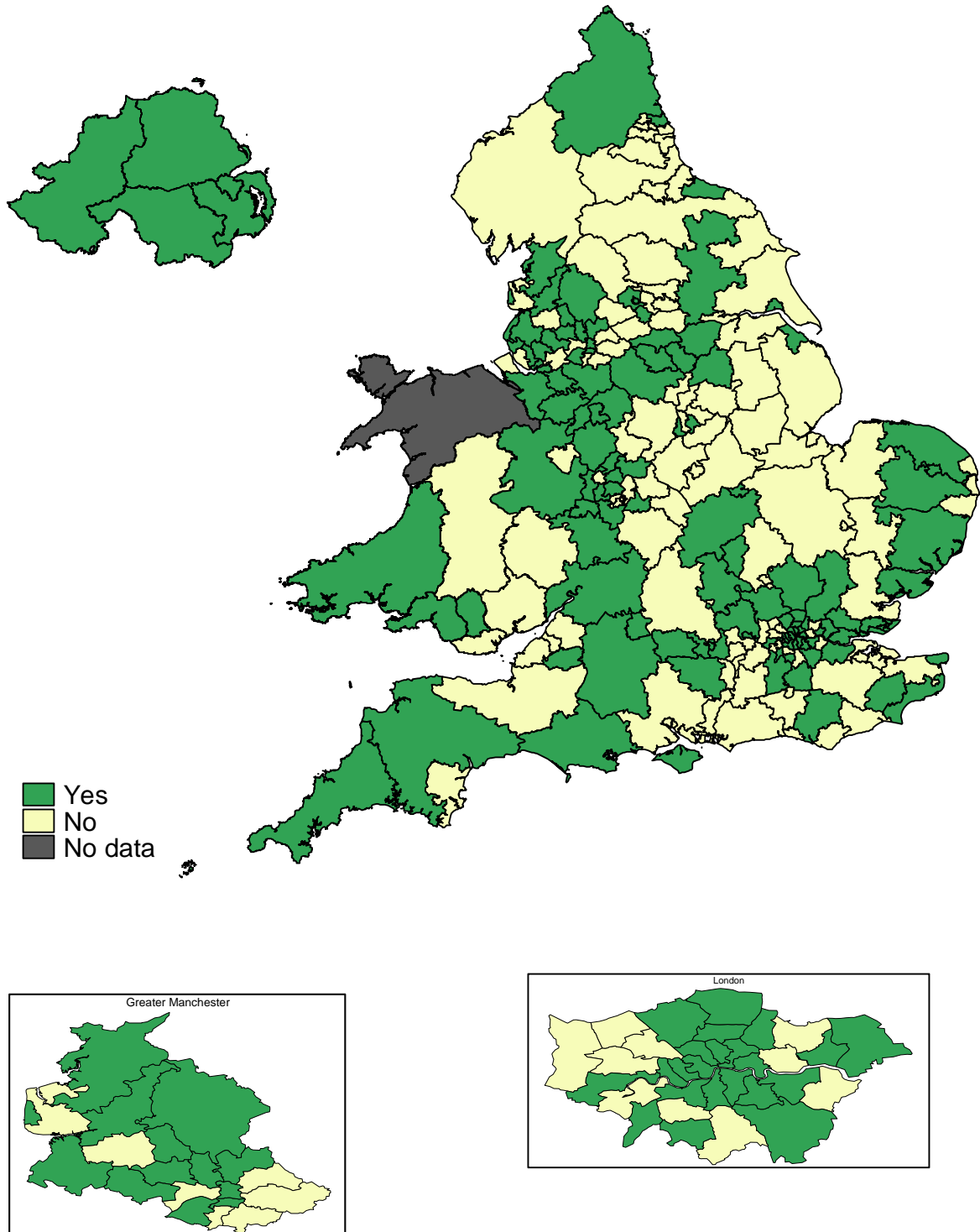
* More than one service location could be selected per post-acute team

| 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 |
| <i>Stroke specific</i> | 224 (81%) |
| <i>Non-stroke specific</i> | 52 (19%) |

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

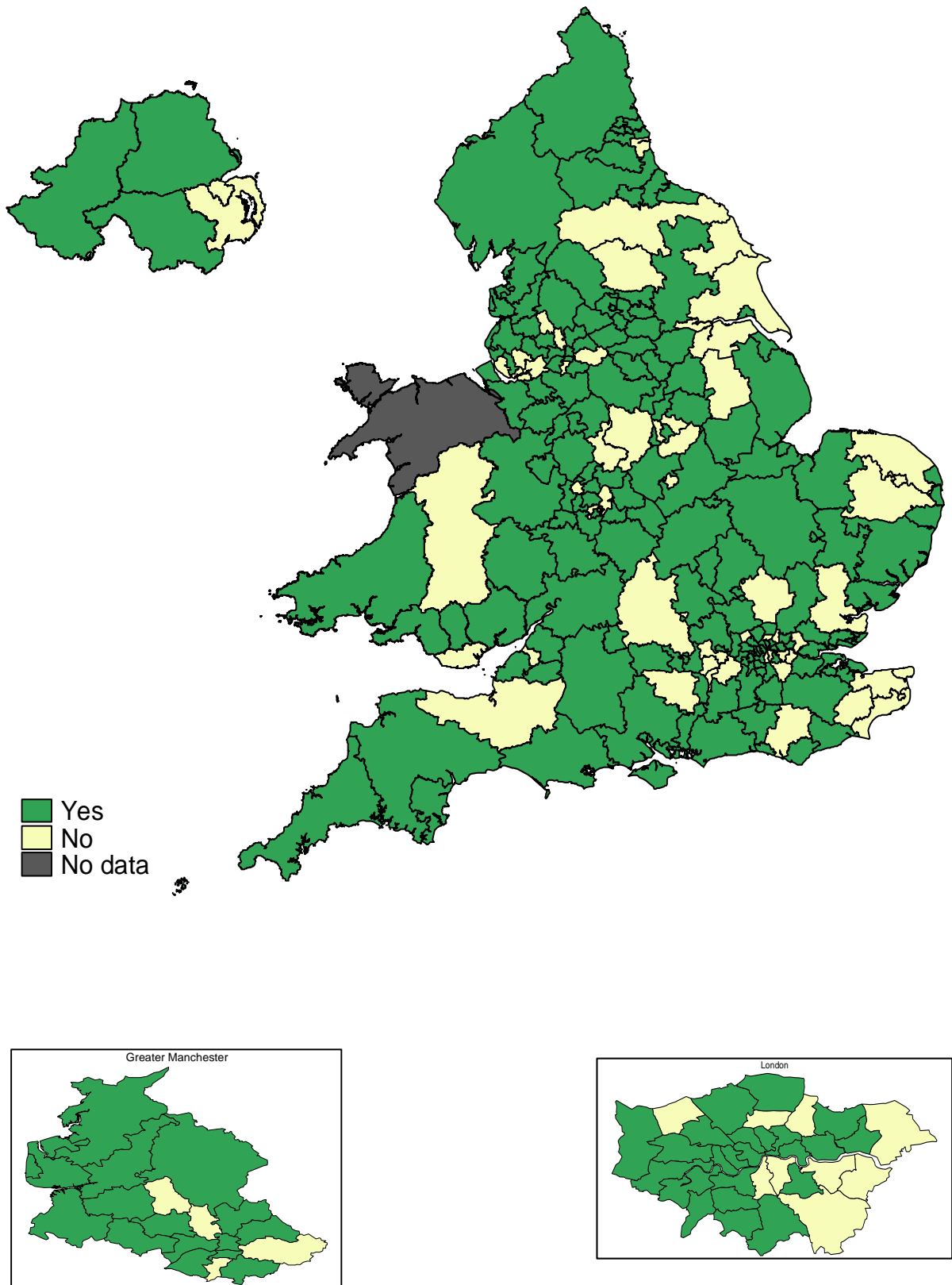
Provider characteristics

| 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 |
| <i>Stroke specific</i> | 212 (83%) |
| <i>Non-stroke specific</i> | 42 (17%) |

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

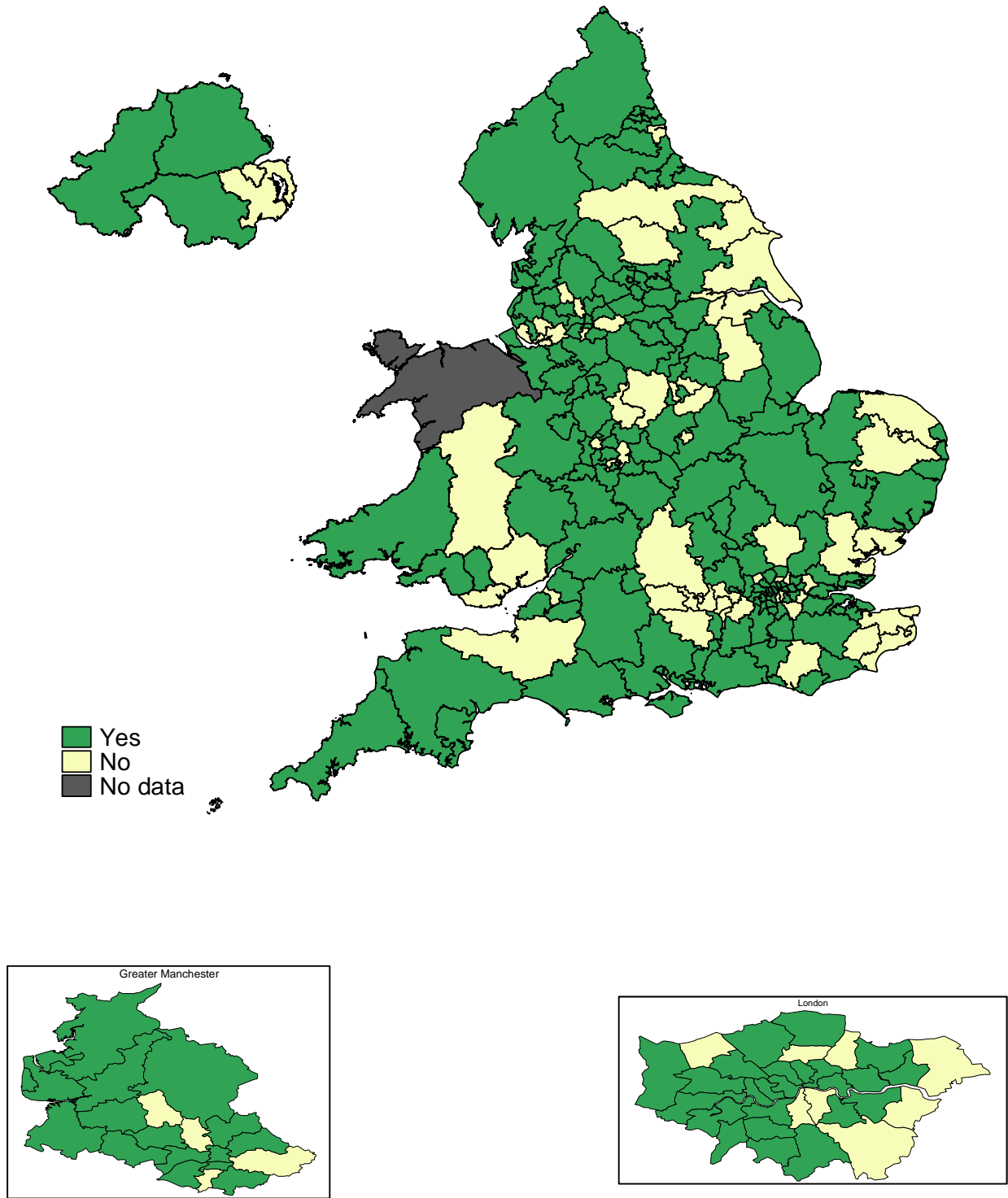
Provider characteristics

| 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 |
| <i>Stroke specific</i> | 222 (82%) |
| <i>Non-stroke specific</i> | 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%) |

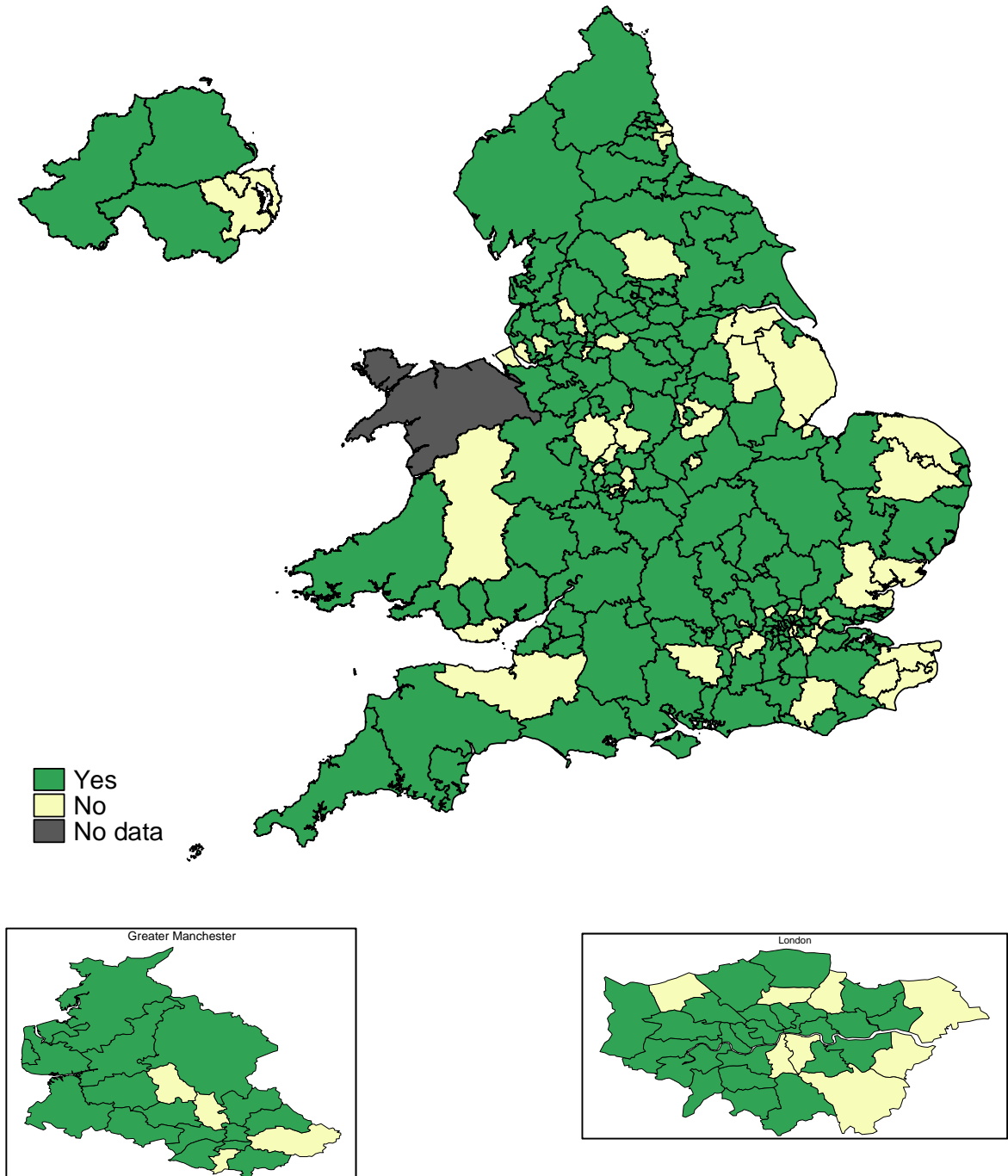
* More than one service location could be selected per post-acute team

| 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 |
| <i>Stroke specific</i> | 187 (85%) |
| <i>Non-stroke specific</i> | 33 (15%) |

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

Provider characteristics

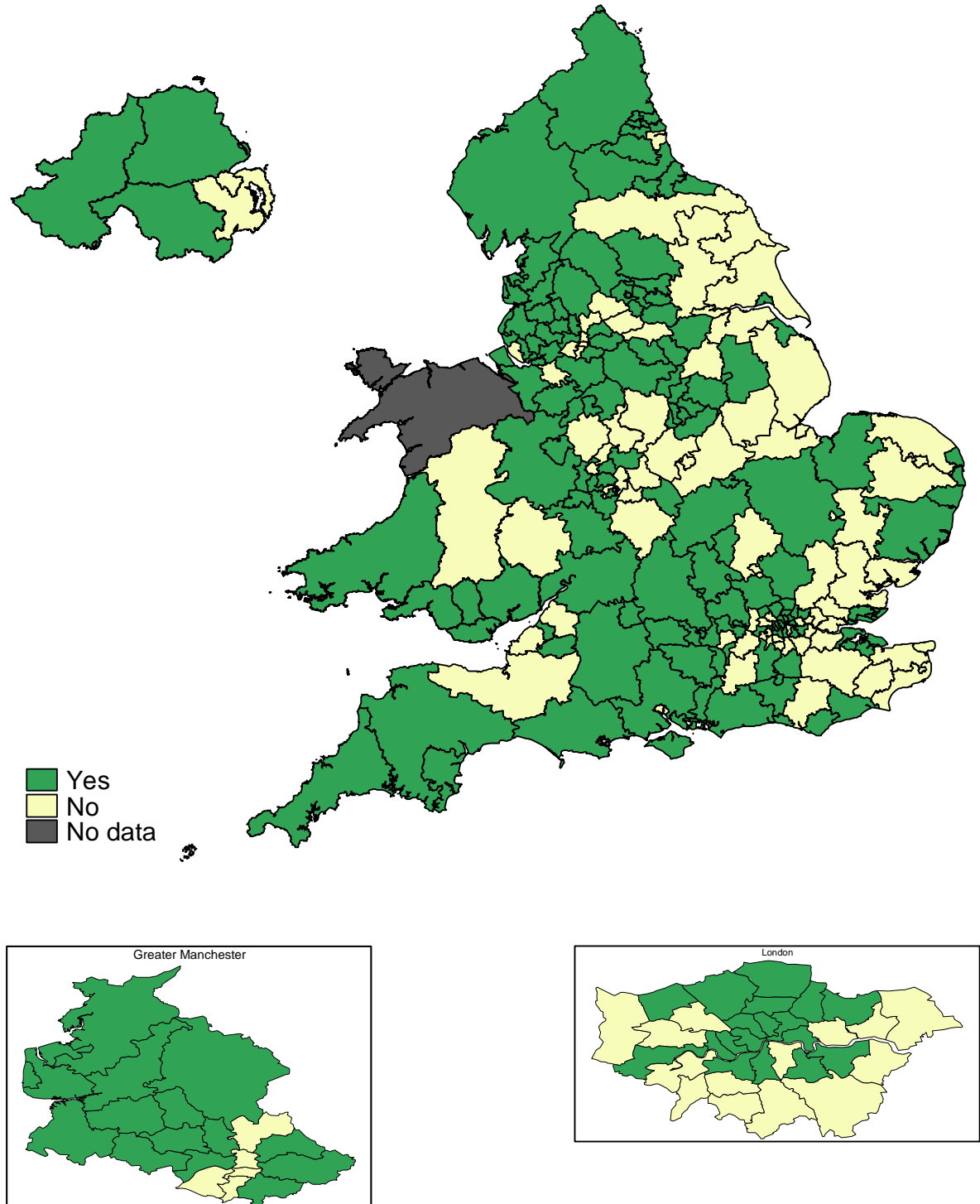
| Location of service* | n (%) |
|----------------------------|----------------|
| | N = 220 |
| Community hospital | 53 (24%) |
| Patients/Carers home | 173 (79%) |
| Care home | 77 (35%) |
| 'Other' inpatient setting | 48 (22%) |
| 'Other' outpatient setting | 98 (45%) |

* 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 | |
|----------------------|----------------|-----------------|-------------|-----------------|---------------------------|-----------------|--------------------------------|-----------------|------------------|-----------------|--------------------|-----------------|
| | 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 | |
|----------------------|---------------------------|-----------------|-----------------------|-----------------|---------------|-----------------|----------------------|-----------------|-----------------------------|-----------------|------------------------|-----------------|
| | 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%) |

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Table 4.2

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

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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%) |
| <i>Cheshire & Mersey SCN (12)</i> | 3 | 3 (100%) | 13 | 9 (69%) | 8 | 8 (100%) | 8 | 8 (100%) | 9 | 8 (89%) | 21 | 10 (48%) |
| <i>East Midlands SCN (17)</i> | 1 | 1 (100%) | 8 | 6 (75%) | 20 | 19 (95%) | 18 | 17 (94%) | 16 | 15 (94%) | 11 | 11 (100%) |
| <i>East of England SCN (19)</i> | 10 | 9 (90%) | 16 | 15 (94%) | 26 | 24 (92%) | 22 | 20 (91%) | 22 | 20 (91%) | 12 | 12 (100%) |
| <i>Greater Manchester, Lancashire & South Cumbria SCN (20)</i> | 3 | 3 (100%) | 15 | 15 (100%) | 24 | 16 (67%) | 21 | 15 (71%) | 21 | 17 (81%) | 19 | 16 (84%) |
| <i>London SCN (32)</i> | 11 | 9 (82%) | 26 | 24 (92%) | 35 | 30 (86%) | 33 | 29 (88%) | 37 | 32 (86%) | 25 | 24 (96%) |
| <i>North of England SCN (14)*</i> | 4 | 2 (50%) | 4 | 4 (100%) | 17 | 7 (41%) | 16 | 7 (44%) | 15 | 8 (53%) | 19 | 8 (42%) |
| <i>South East Coast SCN (20)</i> | 3 | 3 (100%) | 9 | 9 (100%) | 19 | 18 (95%) | 18 | 17 (94%) | 19 | 18 (95%) | 15 | 15 (100%) |
| <i>South West SCN (11)</i> | 3 | 3 (100%) | 13 | 13 (100%) | 16 | 15 (94%) | 16 | 15 (94%) | 18 | 16 (89%) | 15 | 14 (93%) |
| <i>Thames Valley SCN (11)</i> | 2 | 2 (100%) | 11 | 7 (64%) | 10 | 6 (60%) | 6 | 6 (100%) | 13 | 7 (54%) | 14 | 14 (100%) |
| <i>Wessex SCN (9)</i> | 6 | 4 (67%) | 7 | 5 (71%) | 10 | 7 (70%) | 10 | 7 (70%) | 14 | 11 (79%) | 12 | 10 (83%) |
| <i>West Midlands SCN (22)</i> | 13 | 13 (100%) | 13 | 13 (100%) | 26 | 25 (96%) | 26 | 25 (96%) | 24 | 23 (96%) | 20 | 19 (95%) |
| <i>Yorkshire & The Humber SCN (24)</i> | 10 | 10 (100%) | 26 | 22 (85%) | 43 | 29 (67%) | 41 | 29 (71%) | 41 | 29 (71%) | 21 | 19 (91%) |

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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%) |

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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%) |
| <i>Cheshire & Mersey SCN (12)</i> | <i>7 (58%)</i> | <i>4 (33%)</i> | <i>10 (83%)</i> | <i>9 (75%)</i> | <i>8 (67%)</i> | <i>9 (75%)</i> |
| <i>East Midlands SCN (17)</i> | <i>10 (59%)</i> | <i>4 (24%)</i> | <i>16 (94%)</i> | <i>13 (77%)</i> | <i>4 (24%)</i> | <i>4 (24%)</i> |
| <i>East of England SCN (19)</i> | <i>13 (68%)</i> | <i>12 (63%)</i> | <i>17 (90%)</i> | <i>13 (68%)</i> | <i>8 (42%)</i> | <i>12 (63%)</i> |
| <i>Greater Manchester, Lancashire & South Cumbria SCN (20)</i> | <i>8 (40%)</i> | <i>8 (40%)</i> | <i>15 (75%)</i> | <i>17 (85%)</i> | <i>6 (30%)</i> | <i>13 (65%)</i> |
| <i>London SCN (32)</i> | <i>22 (69%)</i> | <i>12 (38%)</i> | <i>26 (81%)</i> | <i>29 (91%)</i> | <i>11 (34%)</i> | <i>22 (69%)</i> |
| <i>North of England SCN (14)*</i> | <i>9 (64%)</i> | <i>8 (57%)</i> | <i>9 (64%)</i> | <i>13 (93%)</i> | <i>5 (36%)</i> | <i>3 (21%)</i> |
| <i>South East Coast SCN (20)</i> | <i>11 (55%)</i> | <i>6 (30%)</i> | <i>16 (80%)</i> | <i>19 (95%)</i> | <i>7 (35%)</i> | <i>7 (35%)</i> |
| <i>South West SCN (11)</i> | <i>9 (82%)</i> | <i>8 (73%)</i> | <i>8 (73%)</i> | <i>9 (82%)</i> | <i>2 (18%)</i> | <i>6 (55%)</i> |
| <i>Thames Valley SCN (11)</i> | <i>10 (91%)</i> | <i>1 (9%)</i> | <i>11 (100%)</i> | <i>9 (82%)</i> | <i>7 (64%)</i> | <i>8 (73%)</i> |
| <i>Wessex SCN (9)</i> | <i>7 (78%)</i> | <i>5 (56%)</i> | <i>9 (100%)</i> | <i>7 (78%)</i> | <i>4 (44%)</i> | <i>3 (33%)</i> |
| <i>West Midlands SCN (22)</i> | <i>14 (64%)</i> | <i>7 (32%)</i> | <i>17 (77%)</i> | <i>18 (82%)</i> | <i>5 (23%)</i> | <i>13 (59%)</i> |
| <i>Yorkshire & The Humber SCN (24)</i> | <i>14 (58%)</i> | <i>19 (79%)</i> | <i>19 (79%)</i> | <i>20 (83%)</i> | <i>14 (58%)</i> | <i>12 (50%)</i> |

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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%) |
| <i>Cheshire & Mersey SCN (12)</i> | 3 (25%) | 9 (75%) | 8 (67%) | 8 (67%) | 9 (75%) | 10 (83%) |
| <i>East Midlands SCN (20)</i> | 1 (6%) | 8 (47%) | 11 (65%) | 11 (65%) | 11 (65%) | 10 (59%) |
| <i>East of England SCN (19)</i> | 7 (37%) | 9 (47%) | 14 (74%) | 13 (68%) | 14 (74%) | 8 (42%) |
| <i>Greater Manchester, Lancashire & South Cumbria SCN (20)</i> | 3 (15%) | 11 (55%) | 16 (80%) | 16 (80%) | 16 (80%) | 15 (75%) |
| <i>London SCN (32)</i> | 7 (22%) | 18 (56%) | 23 (72%) | 24 (75%) | 24 (75%) | 18 (56%) |
| <i>North of England SCN (14)*</i> | 4 (29%) | 4 (29%) | 12 (86%) | 12 (86%) | 12 (86%) | 12 (86%) |
| <i>South East Coast SCN (20)</i> | 3 (15%) | 8 (40%) | 13 (65%) | 13 (65%) | 13 (65%) | 11 (55%) |
| <i>South West SCN (11)</i> | 3 (27%) | 8 (73%) | 9 (82%) | 9 (82%) | 10 (91%) | 8 (73%) |
| <i>Thames Valley SCN (11)</i> | 2 (18%) | 10 (91%) | 8 (73%) | 4 (36%) | 10 (91%) | 10 (91%) |
| <i>Wessex SCN (9)</i> | 6 (67%) | 6 (67%) | 8 (89%) | 8 (89%) | 8 (89%) | 8 (89%) |
| <i>West Midlands SCN (22)</i> | 11 (50%) | 9 (41%) | 19 (86%) | 19 (86%) | 17 (77%) | 13 (59%) |
| <i>Yorkshire & The Humber SCN (24)</i> | 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

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 | No | 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 | No | 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 | Yes | 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 | Yes | Yes | Yes | Yes | 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 | Yes | 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 | Yes | No | No | No | Yes | 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 | Yes | 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 | Yes | 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 | No | 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 | No | 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 | No | Yes | 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 | Yes | 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 | Yes | 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 | Yes | 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 | Yes | 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 | No | 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 | No | 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 | Yes | No | Yes | Yes | Yes | Yes | No | |
| West Hampshire CCG | | 10 | Yes | No | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | |
| Birmingham CrossCity CCG | | 1 | No | No | No | Yes | No | No | No | No | No | No | No | No | |
| West Midlands SCN | 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 | Yes | No | 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 <input type="radio"/> Outpatient care setting <input type="radio"/> Early supported discharge team <input type="radio"/> Community rehabilitation team <input type="radio"/> Domiciliary team (not ESD/CRT) <input type="radio"/> Vocational rehabilitation provider <input type="radio"/> Psychological support provider <input type="radio"/> 6 month assessment provider <input type="radio"/> Physiotherapy team <input type="radio"/> Occupational therapy team <input type="radio"/> Speech and language therapy team <input type="radio"/> Family and carer support services (e.g. Stroke Association) <input type="radio"/> | Y/N | Community hospital <input type="checkbox"/> 'Other' inpatient setting <input type="checkbox"/> 'Other' outpatient setting <input type="checkbox"/> Patient's home (or carer/family home) <input type="checkbox"/> Nursing home <input type="checkbox"/> | Acute trust <input type="radio"/> Community trust <input type="radio"/> Third sector provider <input type="radio"/> Private sector <input type="radio"/> Provider Name _____ | <input type="radio"/> Name <input type="radio"/> Job Title <input type="radio"/> Organisation Name <input type="radio"/> 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 |

Appendix 4: List of commissioners/providers by country and SCN

| 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 |

Appendix 4: List of commissioners/providers by country and SCN

| 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 |
|--|---|
| <i>Phase 1: Audit of post-acute stroke services commissioned</i> | |
| 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 |
| <i>Phase 2: Post-acute provider audit</i> | |
| 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*

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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*

Appendix 8: Teams as named by Clinical Commissioning Groups (CCGs), Local Health Boards (LHBs) and Local Commissioning Groups (LCG)

England

Airedale, Wharfedale and Craven CCG

Airedale NHS Foundation Trust Stroke service
 Airedale, Wharfedale and Craven Carers Resource (Skipton)
 Ashford CCG
 Ashford 6 Month Assessment Team (C335)
 Ashford Community Stroke Rehab Service
 Ashford Early Support Team (C235)

Aylesbury Vale CCG

Buckinghamshire Aphasia/Communication Rehabilitation and Support
 Buckinghamshire Community Neuro-rehabilitation Service (CNRS)
 Buckinghamshire Early Support Discharge Team
 Buckinghamshire Neuro-unit
 Buckinghamshire Stroke Support Services

Barking and Dagenham CCG

Barking, Havering, Redbridge University Hospital Trust ESD
 North East London Foundation Trust ESD
 North East London Foundation Trust Inpatient

Barnet CCG

Barnet Early Supported Discharge Service
 Barnet Stroke Support Services

Barnsley CCG

South West Yorkshire Partnership NHS Foundation Trust Stroke Services

Basildon and Brentwood CCG

South West Essex Stroke Hub Team (NELFT) - Community rehab
 South West Essex Stroke Hub Team (NELFT) - Domiciliary team
 South West Essex Stroke Hub Team (NELFT) - Early Supported Discharge
 South West Essex Stroke Hub Team (NELFT) - Inpatient care
 South West Essex Stroke Hub Team (NELFT) - Outpatient care
 South West Essex Stroke Hub Team (NELFT) - Physio, OT and SALT
 South West Essex Stroke Hub Team (NELFT) - Psychological support
 South West Essex Stroke Hub Team (NELFT) - Six month assessment

Bassetlaw CCG

Bassetlaw Early Supported Discharge Team

Bath and North East Somerset CCG

Bath and North East Somerset Community Neuro and Stroke Services

Bedfordshire CCG

Bedfordshire Rehab and Enablement team (South Essex PT)

Bexley CCG

Bexley Integrated Specialist Neurorehabilitation service (Sidcup)

Birmingham CrossCity CCG

Birmingham Community Health Care NHS Trust/ Mosely Hall Hospital

Birmingham South and Central CCG

Birmingham South and Central Community Rehabilitation
 Birmingham South and Central Early Supported Discharge
 Birmingham South and Central Family and Carer Support Services
 Birmingham South and Central Inpatient Rehabilitation

Blackburn with Darwen CCG

Blackburn with Darwen Community Stroke Team

Blackpool CCG

Blackpool Community Neuro Team
 Blackpool Early Supported Discharge Team
 Blackpool Occupational Therapy Service
 Blackpool Physiotherapy Service
 Blackpool Speech and Language Therapy Service
 Blackpool Stroke Matron
 Stroke Association - Blackpool

Bolton CCG

Bolton FT Community Stroke Team

Bracknell and Ascot CCG

Berkshire Healthcare Foundation Trust ESD
 Bracknell Community Rehab beds
 Bracknell Forest Community Response and Reablement
 Farnham and Ted Bradley unit Rehabilitation beds

Bradford City CCG

Bradford District and Bradford City Community Speech and Language Therapy
 Bradford Districts and Bradford City Acute Care Stroke Follow Up Care
 Bradford Districts and Bradford City Early Supported Discharge Service
 Bradford Districts and Bradford City Improving Access to Psychological Therapies (IAPT)
 Bradford Districts and Bradford City Neuro-rehabilitation Team
 Bradford districts and Bradford City Stroke Support Service

Bradford Districts CCG

Bradford Districts and Bradford City Acute Care Stroke Follow Up
 Bradford Districts and Bradford City Community Speech and Language Therapy
 Bradford Districts and Bradford City Early Support Discharge Service
 Bradford Districts and Bradford City Improving Access to Psychological Therapies
 Bradford Districts and Bradford City Neuro rehabilitation Team
 Bradford districts and Bradford City Stroke Support Service

Brent CCG

Brent STARRS - Short-Term Assessment, Rehabilitation and Reablement Service
 Robertson Unit at Willesden Centre for Health and Care

Appendix 8: Teams as named by Clinical Commissioning Groups (CCGs), Local Health Boards (LHBs) and Local Commissioning Groups (LCG)

Brighton and Hove CCG

Brighton and Hove Community Neuro Rehabilitation Team
Sussex Rehabilitation Centre at Princess Royal Hospital (In patient Care)

Bristol CCG

Bristol Area Stroke Foundation
Bristol Intermediate Care and Reablement
North Bristol Adult Speech and Language Therapy Outpatient/ Community Service
North Bristol Trust Stroke Rehabilitation Unit
South Bristol Stroke Rehabilitation
UH Bristol Adult Speech and language Therapy Outpatient Community service
University Hospitals Bristol Stroke Clinic

Bromley CCG

Bromley Specialist Community Rehabilitation Team

Bury CCG

Bury Early Supported Discharge Team
Bury Stroke Team
Bury-Community Rehabilitation Team

Calderdale CCG

Calderdale Early Supported Discharge
Calderdale Hospital FT Rehab team
Calderdale Hospital Stroke Outpatient Clinic
Cambridgeshire and Peterborough CCG
Cambridgeshire and Peterborough Specialist Neuro Rehab Service
Stroke Association Cambridgeshire Information Advice and Support service

Camden CCG

Camden (CNWL FT) - Early Supported Discharge Team
Camden (CNWL FT) - Stroke and Neuro Rehab Inpatients Service - Oakwood Ward
Camden (CNWL FT) Community Based Stroke & Neuro Rehab Team

Cannock Chase CCG

Stafford and Cannock community Stroke Service
Canterbury and Coastal CCG
Canterbury Community Stroke Rehab Team (C233)
Herne Bay Community Stroke Rehab Team (C234)

Castle Point and Rochford CCG

South East Essex Community Service Integrated Stroke Team
South East Essex Stroke Early Supported Discharge

Central London (Westminster) CCG

Albany Rehabilitation Unit
Healthwatch Stroke Project Group (Triborough Stroke Focus Group)
London Specialist Commissioning Group
Westminster Stroke Services

Central Manchester CCG

Central Manchester Community Rehab
Central Manchester ESD Team

Central Manchester Psychology Service

Chiltern CCG

Buckinghamshire Aphasia/Communication Rehabilitation and Support
Buckinghamshire Community Neuro-rehabilitation Service (CNRS)
Buckinghamshire Early Support Discharge Team
Buckinghamshire Neuro-rehabilitation Unit (BNRU)
Buckinghamshire Stroke Transfer of Care Coordinator (South)
Bucks Stroke Support

Chorley and South Ribble CCG

Central and West Lancs Carers
Central Lancs Community Nursing Team
Lancashire Community Equipment and Resource Service
Lancashire Community Neurological Services
Lancashire Community Rehabilitation
Lancashire Continence Service
Lancashire Nutrition and Dietetics Services
Midlands and Lancashire NHS Continuing Healthcare and NHS Funded Nursing Care

City and Hackney CCG

City and Hackney Regional Neurological Rehabilitation Unit
City and Hackney TLC stroke project
Hackney Adult Community Rehab Team
Hackney Therapy at Home

Coastal West Sussex CCG

Coastal West Sussex - Chichester and Midhurst Family and Carer Support Service
West Sussex Coastal (South) Community Neuro Rehab Team
West Sussex Coastal (West) Neuro Rehab Team

Corby CCG

Northamptonshire Community Stroke Beds
Northamptonshire Community Stroke Team

Coventry and Rugby CCG

Coventry and Warwickshire Stroke Association
Coventry Community Neuro-Rehab Service
University Hospitals of Coventry and Warwickshire Inpatient Rehab (Mulberry Unit)

Crawley CCG

Crawley Communication Support (South East Coast)
Crawley Family and Carer Support Services (South East Coast)
Sussex Community Neuro-rehab Team (North)
Sussex Rehab Centre
Sussex Stroke Rehabilitation Ward

Croydon CCG

Croydon Community Neuro Rehabilitation Team
Croydon Domiciliary Physiotherapy Service
Croydon Domiciliary Speech and Language Therapy Service
Croydon Neuro Outpatient Physiotherapy Service

Appendix 8: Teams as named by Clinical Commissioning Groups (CCGs), Local Health Boards (LHBs) and Local Commissioning Groups (LCG)

Croydon Neuro Psychology Service

Croydon Outpatient Speech and Language Therapy Service

Croydon Stroke Rehabilitation team

Cumbria CCG

Cumbria Partnership Trust

North Cumbria Acute Hospital- West Cumberland Hospital

North Cumbria Acute Trust-Cumberland Infirmary

Stroke Association

University Hospitals of Morecambe Bay

Darlington CCG

County Durham and Darlington (CDFT) community stroke team

The Stroke Association

The Responsive Integrated Assessment Care Team (Riact)

Dartford, Gravesham and Swanley CCG

Dartford, Gravesham & Swanley Community Stroke Service (Gravesham Hosp)

Doncaster CCG

Doncaster carers service (Stroke) Age UK

Doncaster Community Rehabilitation Team

Doncaster Early supported discharge team

Doncaster Occupational Therapy Services

Doncaster Physiotherapy Services

Doncaster Psychological Support Provider

Doncaster Speech & Language Therapy Services

Doncaster Stroke Support club

Montagu Hospital Rehab unit, Mexborough

Outpatient care, Montagu Hospital, Mexborough

Dorset CCG

Bournemouth Hospital ESD

Dorset Healthcare NHSFT ESD

Dudley CCG

Dudley Intermediate Care and Step down facilities

Dudley Psychology and Counselling Services

Dudley Rehabilitation Service

Dudley Stroke Association - 6 week, 6 months and 12 months post stroke reviews

Dudley Stroke Association - Family and Carer support Worker

Durham Dales, Easington and Sedgfield CCG

Durham Dales, Easington and Sedgfield Stroke community rehab team

The Stroke Association

Ealing CCG

Ealing ENable Service

Ealing Neuro rehabilitation

East and North Hertfordshire CCG

East & North Herts Stroke Early Supported Discharge Service

East of England Life After Stroke Service LAS

Hertfordshire Community Services

Hertfordshire Neuro-Rehabilitation Service

Hertfordshire Partnership Foundation Trust - IAPT

East Lancashire CCG

East Lancashire Community Rehab Stroke Team

East Lancashire, Pendle Community Hospital in patient stroke rehab

East Lancs/Stroke Association: Information advice & support service, communication support service

East Leicestershire and Rutland CCG

East Leicestershire and Rutland Community Inpatient Stroke Rehabilitation

East Leicestershire and Rutland Early Supported Discharge Team

East Leicestershire and Rutland Improving Access to Psychological Therapies (IAPT) (Nottinghamshire)

East Leicestershire and Rutland Therapy Services (Leicester Partnership)

East Leicestershire and Rutland Therapy Services (Uni.Hosp of Leicestershire)

East Riding of Yorkshire CCG

East Riding Community Hospital Inpatient Ward

East Riding of Yorkshire Community Mental Health Services

East Riding of Yorkshire Community Stroke Team

East Riding of Yorkshire Dietetics Service

East Riding of Yorkshire Neighbourhood Care Services

East Riding of Yorkshire Speech and Language Therapy Service

East Staffordshire CCG

East Staffordshire Early Supported Discharge Community Stroke Team

East Surrey CCG

East Surrey First Community Health and Care Community Neuro Rehab Team

Eastbourne, Hailsham and Seaford CCG

East Sussex Healthcare Trust Community Stroke Team

Eastern Cheshire CCG

East Cheshire Trust Community Rehab

East Cheshire Trust Outpatient Team

Eastern Cheshire Stroke Association

Enfield CCG

Enfield Community Stroke Rehabilitation Services and ESD

Enfield Improving Access to Psychological Therapies (IAPT) Service

Enfield In-Patient Stroke Rehabilitation Service

Enfield Stroke Navigator Service

Erewash CCG

Erewash Community Rehabilitation

Erewash Early Supportive Stroke Discharge Team

Erewash Outpatient Service

Fareham and Gosport CCG

Buckinghamshire Stroke Association: Communication Support

Portsmouth Hospitals Trust Early Supported Discharge (ESD)

Fylde and Wyre CCG

Fylde and Wyre Speech and Language Therapy (Blackpool)

Appendix 8: Teams as named by Clinical Commissioning Groups (CCGs), Local Health Boards (LHBs) and Local Commissioning Groups (LCG)

Fylde and Wyre Neuro Physiotherapy Services (Blackpool)
Fylde and Wyre Occupational and Physiotherapy (Blackpool)
Manchester Life After Stroke Service

Gateshead CCG

Gateshead Age UK
Gateshead Carers Association
Gateshead Intermediate Care Team
Gateshead Nurse-lead Stokr Outpatient Service
Gateshead Stroke Association
Gateshead Therapy Services
Gateshead Vocational Rehabilitation

Gloucestershire CCG

Gloucestershire Community Occupational Therapy Service
Gloucestershire Community Physiotherapy Service
Gloucestershire Community Speech and Language Service
Gloucestershire Community Stroke Specialist Nurse Service
Gloucestershire Conversation Partner Scheme
Gloucestershire Life After Stroke Programme
Gloucestershire Peer Befriending Service
Gloucestershire Stroke Early Supported Discharge Team

Great Yarmouth and Waveney CCG

Great Yarmouth and Waveney ICANHO neuro rehab (Stowmarket)
Great Yarmouth Stroke association support service
James Paget University Hospital ESD team

Greater Huddersfield CCG

Calderdale and Huddersfield Stroke Early Supported Discharge
Calderdale Royal Hospital Stroke Outpatient Clinic
Greater Huddersfield Community Rehab

Greater Preston CCG

Central Lancs Community Nursing Teams
Lancashire Community Equipment and Resource Service
Lancashire Community Neurological Services
Lancashire Community Rehabilitation
Lancashire Continence Service
Lancashire Nutrition and Dietetics Service
Lancashire Teaching Hospitals
Manchester Stroke Association - Life After Stroke Service
Midlands and Lancashire NHS Continuing Healthcare and NHS Funded Nursing Care

Greenwich CCG

Oxleas Community Service- Early Support Discharge Team

Guildford and Waverley CCG

Surrey Early Supported Discharge

Halton CCG

Halton Community Stroke Services

Halton Early Supported Discharge Service (StHK)

Halton Early Supported Discharge Service (WHHFT)

Manchester Stroke Association - Information, Advice and Support and Communication Support Services

Hambleton, Richmondshire and Whitby CCG

Hambleton and Richmondshire and Whitby Speech and Language Therapy Service
South Tees Stroke Team

Hammersmith and Fulham CCG

Hammersmith and Fulham Community Stroke Services (ESD)
Hammersmith and Fulham Stroke Association
Healthwatch Stroke Project Group (Triborough Stroke Focus Group)
London Specialist Commissioning Group

Hardwick CCG

Cavendish Hospital Outpatient and Community Physiotherapy Community Rehabilitation Team
Chesterfield Royal Hospital Stroke Early Supported Discharge Team
Clay Cross Hospital Stroke Services Co-ordinator
Claycross Hospital Outpatient Physiotherapy and Occupational Therapy Services
Derbyshire Community Rehabilitation Team
Derbyshire Speech and Language Therapy
Derbyshire Stroke Association - Stroke Association Information Advice and Support
Dronfield Health Centre - Outreach Service
Kings Mill Hospital Out-Patient Therapy
North Derbyshire Stroke Support Group
Nottingham Stroke Association Family and Carer Support Service
Sherwood Forest Hospitals Early Supported Discharge Team
Walton Hospital Speech and Language Therapy Service for North Derbyshire

Haringey CCG

Haringey Age UK Stroke Club
Haringey Integrated Community Therapy Team (ICTT, Whittington)
Homerton Stroke Rehab Beds (Graham Ward)

Harrogate and Rural District CCG

Harrogate Community Stroke Team
Leeds Stroke Association

Harrow CCG

Harrow Stroke Association

Hartlepool and Stockton-on-Tees CCG

Hartlepool and Stockton Community Integrated Assessment Team
Hartlepool Stroke Club
Hartlepool Stroke Service

Hastings and Rother CCG

East Sussex Healthcare Trust Community Stroke Team

Havering CCG

Barking, Havering and Redbridge University Trust ESD
Hornchurch Age Concern
North East London Foundation Trust ESD

Appendix 8: Teams as named by Clinical Commissioning Groups (CCGs), Local Health Boards (LHBs) and Local Commissioning Groups (LCG)

North East London Foundation Trust Inpatient

Herefordshire CCG

Hillside inpatient rehabilitataion unit, as part of Wye Valley NHS Trust

Wye Valley Community Stroke Rehab team (Hereford)

Herts Valleys CCG

Hertfordshire Stroke Association

Herts Valleys CCG Community Stroke/Neurological Rehabilitation Unit

Herts Valleys CCG ESD Team

Herts Valleys CCG Neurological Service

Heywood, Middleton and Rochdale CCG

Heywood, Middleton and Rochdale Early Supported Discharge Team

Heywood, Middleton and Rochdale Neuro Rehabilitation

High Weald Lewes Havens CCG

East Sussex Stroke Association - Long Term Community Stroke Support Service

High Weald Lewes Havens Community Stroke Rehabilitation Service

High Weald Lewes Havens Joint Community Rehabilitation Team

Hillingdon CCG

Alderbourne Unit (based at Hillingdon Hospital)

Hillingdon Community Rehabilitation service

Horsham and Mid Sussex CCG

Maidstone Communication Support Service

Maidstone Family and Carer Support Service

Sussex Community Neuro-rehab Team (North)

Sussex Rehab Centre

Sussex Stroke Rehabilitation Ward

Hounslow CCG

Hounslow and Richmond Community Healthcare Trust (HRCH) Community Timely Discharge Neuro Rehab Team

Hull CCG

Hull Integrated Community Stroke Service

Ipswich and East Suffolk CCG

Icanho Suffolk

Suffolk Community Health

Suffolk Stroke Early Supported Discharge Service

Isle of Wight CCG

Isle Of Wight Early discharge team

Islington CCG

Islington early supported discharge service

Kernow CCG

Cornwall Community Stroke Service

Kingston CCG

Kingston Your Healthcare CIC - Community Neuro Rehabilitation Team (CNRT)

Knowsley CCG

Knowsley Communication Support Service

KNOWSLEY COMMUNITY CARDIOVASCULAR SERVICE

Knowsley Information, Advice and Support (Stroke Association)

Lambeth CCG

Lambeth Community Stroke Rehabilitation Team

Lambeth ESD Team

Lambeth Six Month Assessment Provider

Lambeth Stroke Advice and Support Service

Lancashire North CCG

Lancashire North Community Stroke Service

Leeds North CCG

Leeds Community Healthcare NHS Trust Community Stroke Service

Leeds South and East CCG

Leeds Community Healthcare NHS Trust Community Stroke Service

Leeds West CCG

Leeds Community Healthcare NHS Trust Community Stroke Service

Leicester City CCG

Leicester Royal Infirmary, Department of Stroke Medicine

Lewisham CCG

Lewisham Integrated Stroke Team

Lewisham Stroke Assoication

Lincolnshire East CCG

Lincolnshire East Assisted Discharge Stroke Service

Lincolnshire West CCG

Lincolnshire Early Supported Stroke Discharge Team

Lincolnshire West Stroke association Family & Carer Support Workers

Liverpool CCG

Aintree University Hospitals ESD Team

The Royal Liverpool and Broadgreen University Hospitals NHS Trust ESD Team

Luton CCG

Headway Luton

Luton Community Assessment and Rehabilitation Team

The Luton & Dunstable Hospital NHS Foundation Trust

Mansfield and Ashfield CCG

Sherwood Forest Hospitals NHS Foundation Trust Stroke ESD Team

Sherwood Forest Hospitals NHS Foundations Trust Stroke Rehabilitation Unit

Medway CCG

Medway Community Healthcare Stroke Service

Stroke Association family and carer support service

Merton CCG

Sutton and Merton Community Nerology Team

Sutton and Merton Community Services Early Supported Discharge

Mid Essex CCG

Mid Essex Stroke Rehabilitation - Early Supported Discharge Service and Inpatient Beds

Milton Keynes CCG

Milton Keynes Early Stroke Rehabilitation Team - ESRT

Appendix 8: Teams as named by Clinical Commissioning Groups (CCGs), Local Health Boards (LHBs) and Local Commissioning Groups (LCG)

Milton Keynes Foundation Trust Hospital Acute Stroke Unit

Nene CCG

Northamptonshire Community Stroke Team

Northamptonshire Stroke Community Beds

Newark and Sherwood CCG

Sherwood Forest Hospitals NHS Foundation Trust ESD Service

Sherwood Forest Hospitals NHS Foundation Trust Stroke Rehabilitation Unit

Newbury and District CCG

Berkshire Health Community Based Neurological Rehabilitation Team (CBNRT)

Newbury Stroke Care

Stroke Association (Reading & Wokingham)

Newcastle North and East CCG

Newcastle Age UK

Newcastle Carers

Newcastle Community Services

Newcastle West CCG

Newcastle Age UK

Newcastle Carers

Newcastle Community Services

Newham CCG

East London NHS Foundation Trust

North and West Reading CCG

Berkshire Health Community Based Neurological Rehabilitation Team (CBNRT)

Stroke Association (Reading & Wokingham)

North Derbyshire CCG

Bolsover Hospital Community Rehabilitation Services

Cavendish Hospital Community Rehabilitation Services (Derbyshire)

Chesterfield Royal Hospital Stroke Rehabilitation Unit

Chestershire Royal Hospital Stroke Early Supported Discharge Team

Clay Cross Hospital Community Rehabilitation Services

Derbyshire Stroke Association Information Advice & Support

Dronfield Health Centre - Outreach Service

East Cheshire Hospital NHS Trust Stroke Service

Ilkeston Hospiotal Community Rehabilitation Services (Derbyshire)

Manchester Royal Infirmary Stroke Unit (Rehabilitation)

North Derbyshire Stroke Support Group

Salford Royal Hospital NHS Foundation Trust Stroke Unit (Rehabilitation)

Stepping Hill Hospital Stroke Service

Stroke Services Coordinator

University Hospital of South Manchester Stroke Rehabilitation Unit

Walton Hospital Community Rehabilitation Services

North Durham CCG

Derwentside Community rehabilitation team

Durham and Chester-le-Street Community Rehabilitation Team

Gateshead Stroke Association - Information, advice and support service, aphasia support

North East Essex CCG

Anglian Community Enterprise (ACE) 6 Month Assessment Team

Anglian Community Enterprise (ACE) Clacton Hospital - Kate Grant Ward

Anglian Community Enterprise (ACE) Community Rehabilitation Service Clacton & Tendring

Anglian Community Enterprise (ACE) NE Essex Early Supported Discharge Team

Colchester Hospital (CHUFT) 6 Month Assessment Team

Colchester Hospital (CHUFT) Community Team Colchester Neuro Rehabilitation

North East Hampshire and Farnham CCG

Frimley Park Hospital Integrated Stroke Service

Stroke Association Communication Support

North East Lincolnshire CCG

North East Lincs Communication Support Service

North East Lincs ESD Service

North East Lincs Information, Advice & Support Service

The Beacon Rehab Unit (Cleethorpes)

North Hampshire CCG

Basingstoke Stroke Association (Hampshire)

Hampshire Hospital NHS Foundation Trust Stroke Team

Hampshire Hospitals NHS FT Early Supported discharge team

North Kirklees CCG

Kirklees Community Rehabilitation Team

Kirklees Early Supported Discharge Team

Kirklees Reablement Service

Kirklees Stoke Information, advice and support service

Mid Yorkshire Hospitals Trust Speech and Language Team

North Lincolnshire CCG

N Lincolnshire Stroke Team including N Lincolnshire Community Rehabilitation Team

North Manchester CCG

North Manchester Community Stroke Rehabilitation Team

North Norfolk CCG

Norfolk Community Health and Care NHS Trust

North Somerset CCG

Clevedon Community Hospital

North Staffordshire CCG

North Staffordshire Family & Carer Support Service

Staffordshire Community Stroke Service

North Tyneside CCG

Northmbria Healthcare NHS Trust Specialist Stroke Service

North West Surrey CCG

North West Surry Early Supported Discharge Team (Chertsey)

Northern, Eastern and Western Devon CCG

NEW Devon Eastern Locality: ESD (Exeter, Woodbury, Exmouth and Budleigh)

NEW Devon Eastern Locality: Inpatient Rehabilitation Beds (Ottery St Mary)

Appendix 8: Teams as named by Clinical Commissioning Groups (CCGs), Local Health Boards (LHBs) and Local Commissioning Groups (LCG)

NEW Devon Eastern Locality: Peer Support

NEW Devon Northern Locality: Bideford Community Hospital (NDHT)

NEW Devon Northern Locality: North Devon Stroke ESD Team

NEW Devon Northern Locality: Peer Support

NEW Devon Western Locality: Mount Gould Stroke Rehabilitation Unit

NEW Devon Western Locality: ESD

NEW Devon Western Locality: Peer Support

NEW Devon Western Locality: Stroke Follow Up and Review Service

Northumberland CCG

Northumbria Healthcare Foundation Trust

Norwich CCG

Norfolk Community Health and Care NHS Trust

Nottingham City CCG

Nottingham City Community Stroke Discharge and rehabilitation team

Nottingham City Stroke Association information advice and support service

Nottingham North and East CCG

Nottingham City Hospital Inpatient Rehab

Nottingham Early Supported Discharge

Nottingham Information and Advice Service

Nottingham North and East Community Rehab

Stroke Ability Nottingham

Nottingham West CCG

Nottingham City Hospital Inpatient Rehab

Nottingham Community Rehabilitation (Stapleford)

Nottingham Information Advice and Support Service

Nottingham Stroke ESD

Oldham CCG

Oldham ESD and stroke rehab

Oxfordshire CCG

Abingdon stroke rehab unit

Horton rehab unit

Oxford City and NE Locality Stroke ESD

Oxford Community Stroke review service

South East Oxon ESD

Southampton Stroke association communication support service

Witney stroke rehab unit

Portsmouth CCG

Buckinghamshire Stroke Association: Communication Support

Portsmouth Hospitals Trust Early Supported Discharge (ESD)

Redbridge CCG

North East London Foundation Trust Community Stroke Rehab

Redditch and Bromsgrove CCG

Bromsgrove Stroke Association (Worcestershire)

Worcestershire Community Stroke Service

Worcestershire County wide ESD Service via the Community Stroke Service

Richmond CCG

Richmond Community Neuro rehab (Hounslow and Richmond)

Richmond Community neuro rehab ESD (Hounslow and Richmond)

Teddington Memorial Hospital Inpatients (mild stroke)

Rotherham CCG

Rotherham Integrated Stroke and TIA Service

Rotherham Stroke Association

Rushcliffe CCG

Nottingham Stroke Association

Rushcliffe Community Rehab

Rushcliffe Early Supported Discharge

Rushcliffe Stroke Ability (Nottingham)

Salford CCG

Salford Community Neuro Rehab Service

Salford Community Stroke Service

Sandwell and West Birmingham CCG

Bromsgrove Stroke Association - Long Term Care and Support

Moseley Hall Inpatient Rehabilitation

Sandwell and West Birmingham Early Supported Discharge Team

Sandwell and West Birmingham Inpatient Rehabilitation

Sandwell and West Birmingham Integrated Care Service

Scarborough and Ryedale CCG

Scarborough Speech and Language Therapy

Scarborough Stroke Rehabilitation Service

Sheffield CCG

Beech Hill intermediate care stroke beds

Sheffield Active Recovery

Sheffield Assessment and Rehabilitation Centre

Sheffield Psychology service

Sheffield Speech and Language Therapy (Conversation Partners)

Sheffield Stroke association

Shropshire CCG

Shrewsbury and Telford Hospital Early Supported Discharge Service

Shropshire Community Neuro Rehab Team

Shropshire Headway

Shropshire Stroke Association Worker

Slough CCG

Berkshire Health Foundation Trust (BHFT) - Stroke

Heatherwood and Wexham Park Hospitals NHS Foundation Trust - Stroke

Slough RRR (Reablement, Rehabilitation and Recovery)

Solihull CCG

Heart of England FT Stroke Team

Somerset CCG

Appendix 8: Teams as named by Clinical Commissioning Groups (CCGs), Local Health Boards (LHBs) and Local Commissioning Groups (LCG)

Somerset Early Supported Discharge Service

South Cheshire CCG

South Cheshire and Vale Royal Specialist Community Stroke Rehabilitation Team

South Devon and Torbay CCG

Exeter Stroke Association

South Devon Healthcare Acute Stroke Team

Torbay and Southern Devon Health & Care community hospital and ESD service

South East Staffordshire and Seisdon Peninsula CCG

Bromsgrove Stroke Association - Stroke and Family Support

Burton Community Trust - Samuel Johnson Hospital

New Cross Hospital Community Stroke Team (Wolverhampton)

Staffordshire and Stoke on Trent Specialist Stroke Nurses & Community Rehabilitation Team

West Park Rehabilitation

South Eastern Hampshire CCG

Buckinghamshire Stroke Association: Communication Support

Portsmouth Hospitals Trust Early Supported Discharge (ESD)

South Gloucestershire CCG

North Bristol NHS Trust

South Gloucestershire Sirona Community Health

University Hospitals Bristol NHS Foundation Trust

South Kent Coast CCG

Dover / Deal 6 Month Assessment Team

Dover / Deal Community Stroke Rehab Service

Dover / Deal Early Supported Discharge Team

Shepway 6 Month Assessment Team

Shepway Community Stroke Rehab Service

Shepway Early Supported Discharge Team

South Lincolnshire CCG

Lincolnshire Assisted Discharge Stroke Service

South Manchester CCG

University Hospitals of South Manchester ESD Service (SMCCG Patients)

South Norfolk CCG

Norfolk Community Health and Care NHS Trust

South Reading CCG

Berkshire Health Community Based Neurological. Rehabilitation Team (CBNRT)

Stroke Association (Reading & Wokingham)

South Sefton CCG

Aintree Hospital Stroke/Neuro Rehabilitation Team

South Tees CCG

Middlesbrough Stroke Activity Group

Momentum Skills North East

South Tees Community Rehab

South Tees Hospitals Inpatient Care South Tees NHS FT Outpatients

South Tyneside CCG

Carers Association South Tyneside (CAST)

Gateshead Stroke Association - South Tyneside

South Tyneside Discharge and Intermediate Care Teams

South Tyneside Occupational Therapy

South Tyneside Physiotherapy - Stroke Service

South Warwickshire CCG

Feldon Ward Community Stroke Unit

South Warwickshire Community Emergency Response Team

South Warwickshire Integrated Health Team's

South Warwickshire Stroke Community Rehab Ward

Worcester Community Stroke Team

South West Lincolnshire CCG

South West Lincolnshire Community Stroke Discharge Service

South Worcestershire CCG

Bromsgrove Stroke Association

Worcestershire Community Stroke Services (South)

Worcestershire County wide ESD Service

Southampton CCG

Southampton Community Stroke (part of Solent Neurological Rehabilitation Services)

Southend CCG

South East Essex Community Stroke Service

South East Essex ESD Team

Southend Stroke Outpatient, community rehab and physio team

Southern Derbyshire CCG

Amber Valley Early Supported Stroke Discharge Team

Amber Valley Integrated Community Rehab and Intermediate care teams

Derby City Community therapy and Intermediate care teams

Derby City Early supported stroke discharge team

Derby Neuro out patient service

Derby Stroke Rehabilitation Unit

Ripley Neuro out patients

Royal Derby Hospital Clinical Neuropsychology

South Dales and South Derbyshire Integrated Community rehab and Intermediate care teams

South Derbyshire and South Dales Community specialist OT

South Derbyshire and South Dales Early Supported Stroke Discharge

South Derbyshire and South Dales Neuro out patients

Southern Derbyshire Communication Support service

Southern Derbyshire Community Speech and Language Therapy

Southern Derbyshire Stroke Coordinator

Southport and Formby CCG

Southport and Ormskirk Stroke/Neuro Rehabilitation

Southwark CCG

Southwark 6 month assessment

Southwark Community Stroke Rehab Team

Appendix 8: Teams as named by Clinical Commissioning Groups (CCGs), Local Health Boards (LHBs) and Local Commissioning Groups (LCG)

Southwark ESD Team

St Helens CCG

halton Early Supported Discharge Team

St Helens 6 Month Assessment

St Helens Advice to People with Disabilities Service

St Helens Carer Services

St Helens Comm support Service and Stroke Information, Advice and Support Services

St Helens Counselling and Befriending Service

St Helens Counselling Service

St Helens Early Supported Discharge for Stroke

St Helens Hospice End of Life Services and Lymphoedema Service

St Helens Hospice Services Willowbrook

St Helens Intermediate Care

St Helens Senior Voice Service

St Helens Specialist Early Intervention and Prevention Service

St Helens Stroke Support Health Improvement Team council commissioned

St Helens Support to Achieve Better Health and Wellbeing Service

Stafford and Surrounds CCG

Stafford and Cannock community Stroke Service

Stockport CCG

Manchester Stroke Association

Stockport Adult Community Therapy Team

Stoke on Trent CCG

Staffordshire Community Stroke Service

Stoke on Trent Communication Plus Service (Bromsgrove)

Stoke on Trent Life After Stroke Programme (Bromsgrove)

Sunderland CCG

Sunderland Community Stroke Rehab Team

Surrey Downs CCG

Central Surrey Health Community Neuro Rehab Service

Surrey Heath CCG

Frimley Park Hospital Stroke Rehabilitation

Surrey Heath VLC Ltd Community Rehabilitation

Surrey Strpke Support Worker

Sutton CCG

Sutton and Merton Early Supported Discharge Team

Swale CCG

Maidstone Stroke Association Family and Carer Support Service

Medway Community Healthcare Stroke Service

Swindon CCG

SEQOL Community Stroke Team, Swindon

Stroke Association, Swindon

Swindon Intermediate Care Centre (SwICC)

Swindon LIFT Psychology service

Tameside and Glossop CCG

Tameside and Glossop Community Neuro Rehab Team

Tameside and Glossop Stroke Association FSW

Telford and Wrekin CCG

Shropshire Early Supported Discharge team

Telford and Wrekin Enablement Service

Thanet CCG

Thanet 6 month assessment team (C335)

Thanet Community Stroke Rehab Service (C345)

Thanet Early Supported Discharge Team (C235)

Thurrock CCG

South West Essex Stroke Hub Team, NELFT

Tower Hamlets CCG

Tower Hamlets Community Stroke Rehabilitation Service

Trafford CCG

Trafford Community Neuro Rehab team (Pennine Care)

Trafford ESD team (CMFT)

Trafford ESD team (UHSM)

Vale of York CCG

York Hospital Community Stroke Discharge Team

Vale Royal CCG

South Cheshire and Vale Royal Specialist Stroke Community Rehabilitation Team

Wakefield CCG

Wakefield Clinical Psychology

Wakefield Health and Wellbeing Development Team

Wakefield MY Therapy Community Rehabilitation Service

Wakefield Speech and Language Therapy

Wakefield Stroke Support Service

Walsall CCG

Walsall Healthcare Trust Stroke Services

Waltham Forest CCG

Waltham Forest Community Stroke Team

Wandsworth CCG

St Georges Hospital Therapy Team

Wandsworth Communication Support Service

Wandsworth Community Neuro Rehab Team

Wandsworth Stroke Association

Warrington CCG

Warrington ESD Team

Warrington Stoke Association

Warwickshire North CCG

Warwickshire North Stroke Outreach

West Cheshire CCG

Chester Stroke Association - 6 month reviews

Appendix 8: Teams as named by Clinical Commissioning Groups (CCGs), Local Health Boards (LHBs) and Local Commissioning Groups (LCG)

Countess of Chester Hospital Stroke ESD
 Manchester Stroke Association - Communication Support
 Manchester Stroke Association - Information and Advice Service

West Essex CCG

West Essex - Homerton outreach
 West Essex stroke rehabilitation - South Essex Partnership Trust

West Hampshire CCG

Christchurch Hospital Stroke Rehabilitation Unit
 Hampshire Hospitals Speech and Language Therapy service
 Hampshire Hospitals Winchester Re-ablement Team
 Hampshire Stroke Association Communication Support (Southampton)
 Lymington Hospital Stroke Rehabilitation Unit
 Solent Community Neurological Team (CNT)
 Solent Community Stroke Team
 Southern Health Community Care Teams
 Southern Health Community Stroke Team
 Southern Health Rehabilitation Psychology Service
 Twyford Stroke Unit
 Winchester ESD Team

West Kent CCG

Maidstone & Tunbridge Wells NHS Trust

West Lancashire CCG

Lancashire Care Healthy Lifestyles Team
 Southport & Ormskirk Community Neuro Rehab Team
 Southport & Ormskirk Outpatients
 Southport & Ormskirk Post Acute Inpatient Team
 Southport & Ormskirk Stroke Association Support
 West Leicestershire CCG
 Leicester Community Stroke Rehabilitation (beds)
 Leicester Partnership Trust - Domiciliary Therapy
 University Hospitals of Leicester ESD Team

West London CCG

Albany Rehabilitation Unit
 Central London Dysphasia / Peer Support Service
 Healthwatch Stroke Project Group (Triborough Stroke Focus Group)
 Kensington and Chelsea Community Stroke Services
 London Specialist Commissioning Group

Wales

Abertawe Bro Morgannwg Health Board

ABMUHB dietetics service
 ABMUHB Stroke Association family support service
 Bridgend domiciliary service
 Bridgend 6 month review team
 Bridgend Community resource team

West London Stroke Exercise (Portobello Green)

West Norfolk CCG

Norfolk Community Health and Care (NCH&C) Adult Speech and Language Therapy
 Norfolk Community Health and Care (NCH&C) Rehabilitation Service (Physiotherapy and OT)
 Norfolk Community Health and Care (NCH&C) Specialist Community Neurological Nurse
 Queen Elizabeth Hospital Intensive Rehabilitation Team (King's Lynn)

West Suffolk CCG

Icanho Suffolk
 Suffolk Community Health
 Suffolk Early Supported Discharge Service

Wigan Borough CCG

Wigan Community Stroke Services

Wiltshire CCG

Wiltshire Stroke Co-ordinator (Swindon)
 Windsor, Ascot and Maidenhead CCG
 Berkshire Healthcare FT Early Supported Discharge Team
 Berkshire Healthcare FT Neurological Rehabilitation
 Berkshire Healthcare FT Neuropsychology
 Berkshire Healthcare FT Rehabilitation beds
 Berkshire Healthcare FT Speech and Language Therapy
 Royal Borough of Windsor and Maidenhead Stroke Coordinator

Wirral CCG

Wirral ESD Service
 Wirral Information, Advice and Support Service
 Wirral Neuropsychology Service

Wokingham CCG

Berkshire Health Community Based Neurological Rehabilitation Team (CBNRT)
 Reading & Wokingham Stroke Association

Wolverhampton City CCG

Royal Wolverhampton Community Rehabilitation
 Royal Wolverhampton Early Supported Discharge Team
 Royal Wolverhampton Inpatient Rehabilitation

Wyre Forest CCG

Bromsgrove Stroke Association
 Worcestershire Community Stroke Service (North)
 Worcestershire County Wde ESD Service

Bridgend inpatient rehabilitation setting
 Bridgend Locality outpatient setting
 Bridgend Physiotherapy outpatient department
 Neath Port Talbot Community Intergrated Intermediate Services Team
 Neath Port Talbot Domiciliary Service
 Neath Port Talbot Hospital

Appendix 8: Teams as named by Clinical Commissioning Groups (CCGs), Local Health Boards (LHBs) and Local Commissioning Groups (LCG)

Neath Port Talbot outpatients setting
Neath Port Talbot physiotherapy department
Neath Port Talbot Speech and Language therapy outpatients
Powys Reablement Team
Singleton Hospital Swansea locality rehabilitation ward
Swansea Community Resource Team
Swansea Domiciliary Team
Swansea locality 6 Months follow up team
Swansea locality neurorehabilitation physio outpatients
Swansea Locality outpatients setting
Swansea occupational therapy service
Swansea Speech and Language Outpatients department
Swansea Stroke Club

Aneurin Bevan Health Board

Aneurin Bevan UHB Clinical Psychology
Aneurin Bevan UHB Community Neurological Rehabilitation Service
Aneurin Bevan UHB Neuro-physiotherapy Outpatient Service (6 Sites)
Aneurin Bevan UHB Speech and Language Therapy Outpatient Service
Aneurin Bevan UHB Community Reablement Team
Chepstow Community Hospital, Caerwent Rehab Ward
Chepstow Community Hospital, Stroke Prevention Clinic
County Hospital, Cedar Ward, Community stroke rehab ward
Nevill Hall Hospital Rapid Access TIA Clinic
Nevill Hall Hospital, 1/2 Gilwern ward, Stroke Unit
Nevill Hall Hospital, Stroke Follow up Clinic
St Woolos Hospital Ruperra Ward Community Rehab
St Woolos Rapid Access TIA Clinic

Northern Ireland

Belfast Local Commissioning Group

Belfast Trust Community Stroke Team

Northern Local Commissioning Group

Mid Ulster Hospital
Northern Health and Social Care Trust Community Stroke Teams
Whiteabbey Hospital

South Eastern Local Commissioning Group

South Eastern Community Stroke Team

Southern Local Commissioning Group

Lurgan Hospital
South Tyrone Hospital (Loane House)
Southern LCG Community Stroke / ESD Teams (3 teams)

Western Local Commissioning Group

Tyrone County Hospital
Western Trust Community Rehab Stroke (South)
Western Trust Community Rehab Stroke Team (North)

St Woolos Stroke Prevention Clinic
Stroke Association Cymru
Stroke Education Programme (Torfaen only)
Ysbyty Aneurin Bevan, Tyleri Ward, Stroke Rehab Ward
Ysbyty Ystrad Fawr; Bargoed Ward, Community Stroke Rehab Ward
Cardiff and Vale Health Board
Cardiff & Vale ESD team
Cardiff and Vale University Health Board
Cardiff and Vale University Health Board Carers Support Patient Experience
Cardiff North & West Locality
Cardiff South & East Locality
Cardiff Stroke Association
Vale of Glamorgan Locality
Cwm Taf Health Board
Cwm Taf Clinical Psychology
Cwm Taf ESD
Cwm Taf Occupational Therapy
Cwm Taf Physiotherapy
Cwm Taf SALT
Cwm Taf Stroke Care Nursing Team
Rhondda Cynon Taf Reablement Team
Stroke Association Service for Cwm Taf
Hywel Dda Health Board
Hywel Dda Stroke Services
Powys Health Board
Brecon Hospital
Newtown Hospital