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Title of innovation / initiative

- *Summarise your innovation / initiative – try to make it engaging!*

Mid Notts ICSS Stepped approach model

We have provided an Early Supported Discharge (ESD) Service in Mid Notts successfully since 2009. We have been successful at our application for catalyst funding to enable us to develop from an ESD to an Integrated Community Stroke Service (ICSS). We are taking a stepped approach to the implementation of a full ICSS which we hope will then reduce the gap in community stroke services and provide a service that is closer aligned to that of other parts of the county.
The planned start date of the project was April 2023 but some aspects of this were delayed for various reasons such as recruitment and training. The whole team have worked tirelessly and continue to do so to ensure that we make this project a success and ultimately help a greater number of stroke survivors.
As team leader for the ICSS team I would really like to highlight the success of the whole team and the excellent members of staff that have allowed for this project to be successful and to continue to grow.

Problem

- *Please clearly and concisely describe the problem that you were trying to solve.*

It has long been recognised there is a large gap in post stroke care provided within Mid Notts that is inequitable to that of the south of the county and other areas of the UK. With this staged approach we want to be able to show the benefit of providing an ICSS on social and economic burden but also show the improvement in quality of life and the need for a full ICSS to be provided for all stroke patients. This will reduce the gap in community stroke services and provide a service closer aligned to that given in other areas. Ultimately improving patient care and the pathway that they follow.
The service also recognised that 6 months reviews were not being provided, despite being recognised by the National Stroke Audit (SSNAP). Therefore as part of the project all patients coming on to the scheme are now offered a 6 month review.
The team recognised the benefit that having a wider mix of staff would have on patient care, such as having band 4 assistant practitioners which the team had never had before, it was felt that these staff members could assist with the less dependent patients ultimately having an impact on waiting list numbers. Also the plan being in the future to be able to offer weekend cover for new patients as well as patients already on the scheme therefore not delaying discharges from hospital.
The team are continuing to have a real drive on training and development, training days have been planned and successfully completed and new competencies have been developed too. Joint working is used to ensure that new staff are embedding well into the team.
The criteria has now been opened up, there is no longer a 30 day post stroke cut off to be eligible for our service and we also now accept patients that can transfer with 2 (was previously with 1) therefore we are able to assist the more dependent patients. This increase in patient numbers has been challenging at times, as obviously it is running alongside a large recruitment drive and also a large training need too, but the team have really pulled together to ensure the smooth running of the service and ultimately maintained excellent patient care.

Aim

- *What were you trying to achieve? Try and make it specific - how much and by when?*

The previous establishment of the mid-Notts ESD team was increased/is being increased to the staffing structure of an ICSS. This will be a stepped approach to the implementation of a full ICSS service delivery within the Mid Notts area. The project was expected to launch in April 2023, but some delays occurred due to recruitment, with

the criteria not being fully amended until July 2023.
The current ESD criteria has been amended to include any patients who can complete/achieve a standing transfer with 2 people (this will not include patients who require a standing hoist within this first phase of the staged approach). The discharge within 30 days post stroke and only receiving an average of six weeks input has also been removed. Patients can now receive up to 6 months of input and can also re-refer themselves back in for a stroke related need within that time.
All patients are also now offered a 6- month review.
The outcome of these changes, we hope will be a better quality of life for patients who have suffered stroke and would also reduce the social and economic burden of stroke within the Mid Notts area.
The longer-term plan is to achieve delivery of an ICSS model for all stroke patients within the Mid Notts area in line with the services provided in South Nottinghamshire and Nottingham City.

Plan

- *What did you do and how did you do it?*
- *What were the key steps / actions you took and changes you made?*
- *Did you use any improvement methodology or tools?*

- Commencement of initial rollout of changes to team (one change to criteria and 6 month reviews) commenced on 1/4/23.
- New staff commenced within the team – April/May and June dates.
- Band 4 competency days completed – 17/5/23 and another booked for 10/7/23
- Individual training sessions being completed with staff where needed.
- Computer systems (system one) continually being looked at to aid teams note writing and communications with other users of S1.
- New links with social care providers of re-enablement to have closer cross working with social care colleagues – Meetings with North and Mid Notts.
- Links with other community services
- New ways to assist with recruitment
- Discussions around new QI projects to be able to meet new stroke guidelines for therapy
- Further role out of the criteria on 1st July 2023
- Continuous monitoring of the waiting list due to increased numbers of referrals
- Ongoing recruitment still continuing to date
- Spreading the word of the new service; ie within the trust and also wider

What is being measured?

- Patient feedback
- Recording of standard dataset through SSNAP and compare performance against national standards
- Outcome measures – Functional Outcome Measures (Barthel, MRS, Nottingham ADL) Relevant outcome measures (ie Berg)
- Additional outcome measures ie FIM FAM
- 6-month reviews (using evidence-based tool) for all patients that come through the ICSS.
- Impact on social care; ie reduction in care packages or dependency

Benefits

- *What were the benefits of the innovation / initiative for patient experience, staff satisfaction, health outcomes and costs?*
- *If you can quantify the improvement or savings please also include numbers – this can help others produce a business case. If you have patient or colleague quotes, you can also include these here.*

Clinical evidence for rehabilitation for the more complex stroke patients is minimal currently. The staged approach of an ICSS should evidence the reduced ongoing long-term cost of caring for this patient group and should demonstrate a reduction in readmission and GP appointments for this population through better rehabilitation and education in the patient's own environment.
Reduction in social care need / costing
Reducing health inequalities as increasing caseload to wider population of Mid Notts.
Increasing quality of service for all patients
Increased secondary care prevention and education
6-month reviews being completed
A seamless pathway will be more efficient and effective in achieving patient outcomes, and providing the right care at the right time, getting it right first time. There will be less risk of patients deteriorating whilst waiting for ongoing rehabilitation, manage anxieties of the patients and their carers and reduce the need for patients to access primary care for stroke related issues.

Measures

- *Please share any measures that you used to discover if your initiative resulted in an improvement.*
    - Patient feedback - continuing to develop patient feedback questionnaire and also offering all patients an additional feedback phone call if they wish
    - Recording of standard dataset through SSNAP and compare performance against national standards
    - Outcome measures – Functional Outcome Measures (Barthel, MRS, Nottingham ADL) Relevant outcome measures (ie Berg)
    - Additional outcome measures ie FIM FAM
    - 6-month reviews (using evidence-based tool) for all patients that come through the ICSS.
    - Impact on Social Care (reduction in care packages) and keeping a local record of package of care reductions.

Resources / team

- *What did you need to make the change (equipment, budget etc)?*
- *Who was involved in making the change – did you involve patients and carers?*
- *Did you use evidence or build on ideas from other trusts or organisations?*

- *Successful in gaining external funding*
- *Backing from the trust for ongoing funding after the initial period*
- *Recruitment – large emphasis on this, tried to really advertise the posts wider and have an improve recruitment drive following initial difficulties*
- *Changes to all systems such as IT systems – still ongoing as the team continues to develop*
- *Patient engagement – continuing to work on our patient feedback and offering patients feedback phone calls*
- *Trying to spread the word of our new service; within the trust but also wider ie UK stroke forum etc*

- *Using evidence from National Stroke Guidelines ie staffing structure etc*

Key learning

- *What have you learnt from this project?*
- *What would you do differently if you did it again? What would you do the same?*

Learning points

- *Recruitment very time consuming*
- *Large amount of training needs*
- *Potentially need even more of a stepped approach*

What has gone well?

- New staff integrating well into the team and continue to do so
- Training of new staff is going well and have good engagement from all staff. Setting training days and joint working for teaching is ongoing
- Team on board with collection of new data and changes to IT systems now in place (notes and diaries)
- Team contributing to continued service development and ideas for changes within the team.
- Trust engagement continues to go well.
- Liaison with social care and forging closer links with them.
- Forging links with other community areas such as leisure centres etc is going very well
- The proactive way the whole team have pulled together to work as a seamless service and the way new staff have been welcomed to the team. The way, as team leader I have been supported by all team members to make this project a success.

Tips for others

- *Who else can benefit from this work?*
- *What advice would you give to others doing the same thing?*

- *Other teams trying to set up an ICSS*
- *Stepped approach works well*
- *Allow enough time for recruitment and training*
- *Accept that it can be trial and error at times and continuous change will be needed*
- *Need a real team approach where everyone works together; ultimately that is what is continuing to ensure that our project is successful.*

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Date of innovation / initiative: **……April 2023……..**

Do you have any attachments?

- “A picture is worth a thousand words". Are there any photos or graphics that could help bring your story to life?
- Are there any supporting materials, documents, communications or other outputs that you used or produced that you could share to prevent others reinventing them?

If so, please upload them to the Fab site with this completed template.