

A proposed 'hub and spoke' model for regional post Stroke Spasticity Services

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Context for Change

- Over 7,000 strokes per year in Kent, Surrey and Sussex
- Around two thirds survive: half experience long term disability
- Spasticity affects one third of stroke survivors
- Evidence from patients and providers that current services were not easily accessible for all post stroke spasticity patients across Kent, Surrey and Sussex.

Overview

Problem

- Varied access to appropriate treatment
- Inefficient and ad-hoc use of resources
- Poor patient outcomes

Context

- Oral medication, in lieu of BoNT, may contradict therapy efforts
- Referral pathways to specialist clinics can be limited or unclear
- Trained staff operate on an ad-hoc basis, or in other pathways

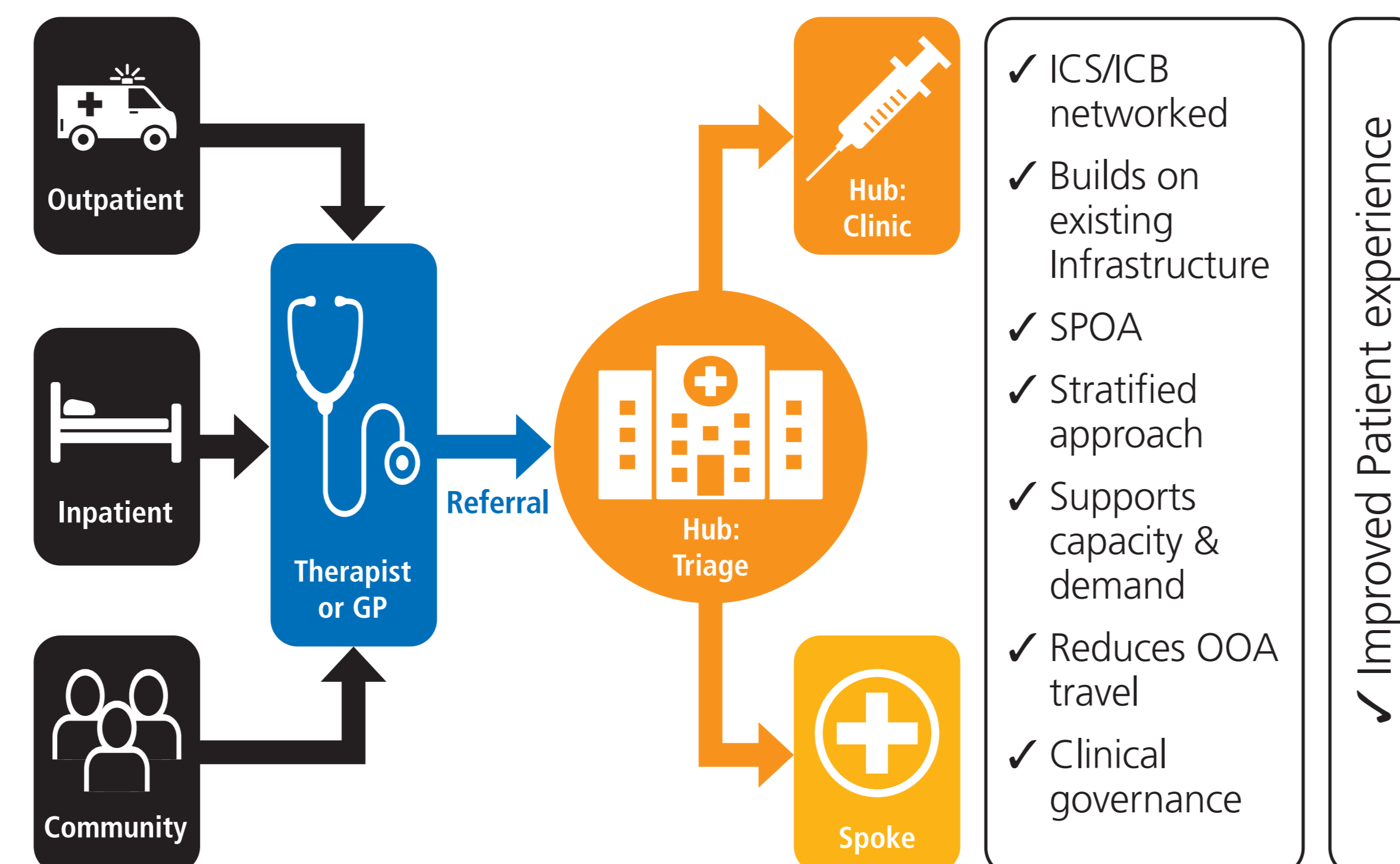
Hub & Spoke

- Centralised triage for referrals, stratifying caseload by complexity
- Meets Long Term Plan - innovative approach to rehabilitation service
- Improved data collection to better understand the local population

Quality Improvement methodology

- Collaboration with an Academic Health Sciences Network (AHSN) enabled the evaluation of current service models
- Through literature reviews and stakeholder workshops with expert opinion, modelling options for future service delivery were developed
- The evaluation included qualitative insight and a cost benefit analysis
- Formal benefits that were evaluated included reduction in informal care costs, reduction in GP hours, Quality of Life improvement, reduction in bed days and reduction in nurse hours
- This included modelling options for future service delivery, including stakeholder workshops.

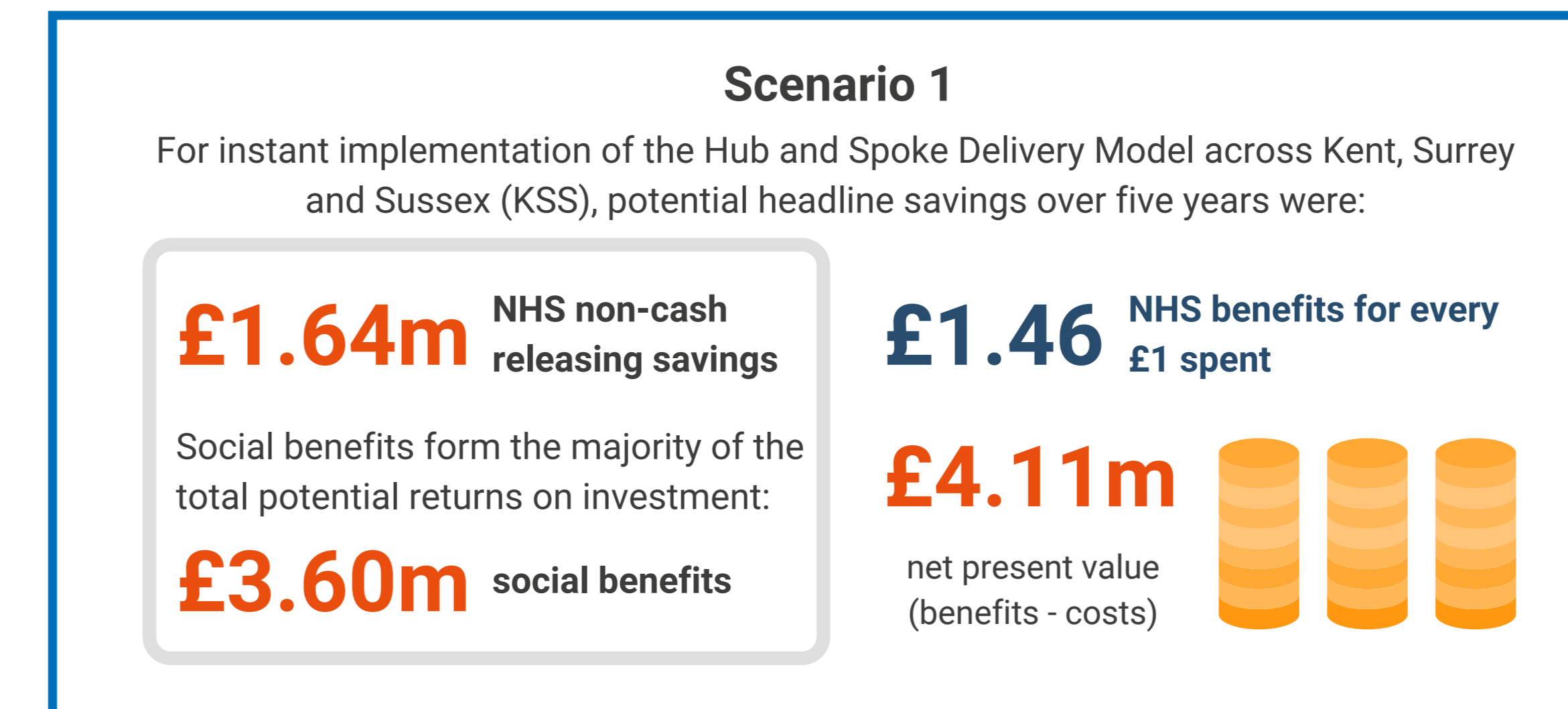
Hub and Spoke Model



- ✓ ICS/ICB networked
- ✓ Builds on existing Infrastructure
- ✓ SPOA
- ✓ Stratified approach
- ✓ Supports capacity & demand
- ✓ Reduces OOA travel
- ✓ Clinical governance

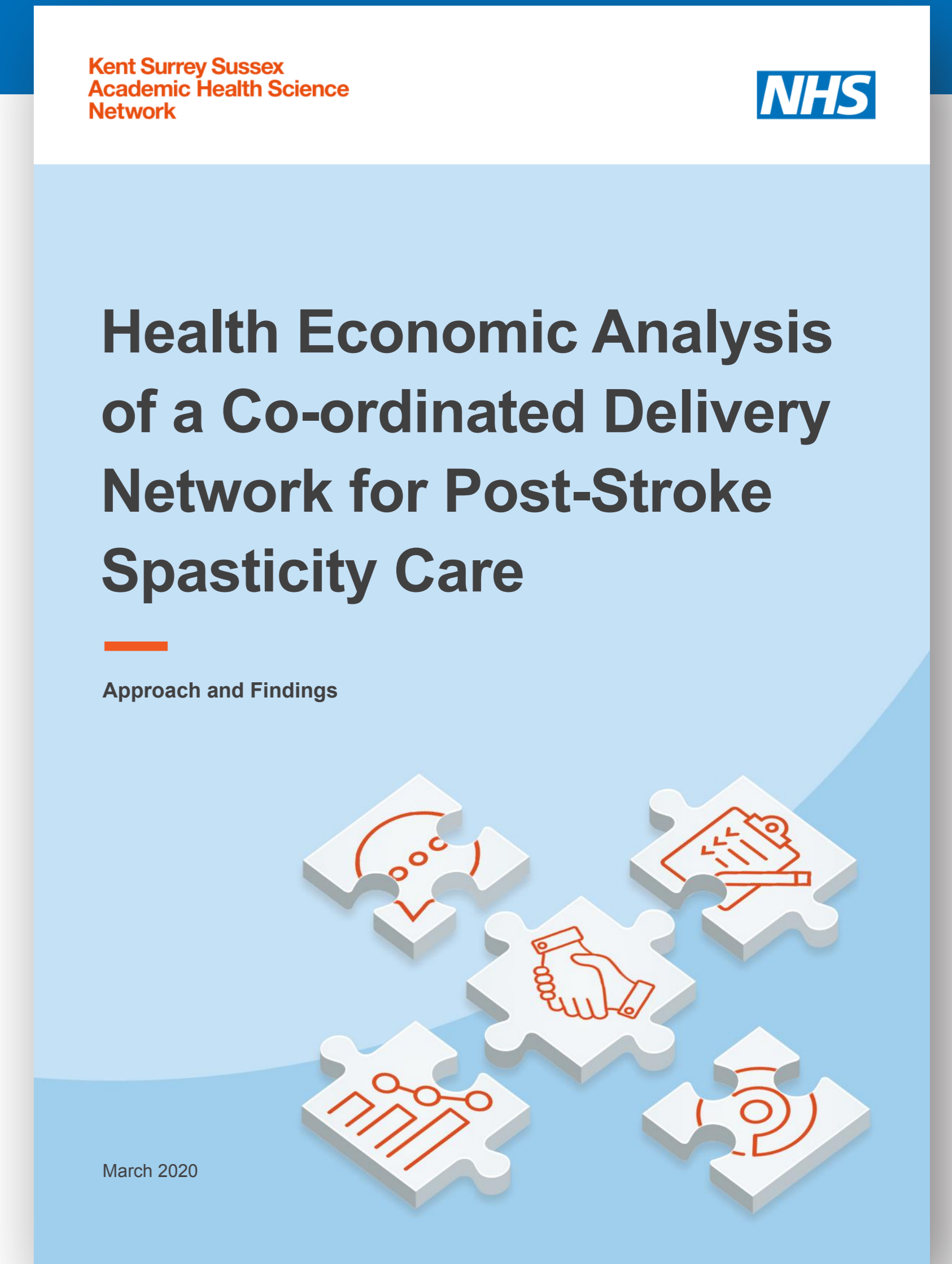
Impact

- The project developed guidance documentation to support future service provision within Integrated Stroke Delivery Networks within the South East of England.
- The evaluation found that implementation of a hub and spoke model across Kent, Surrey and Sussex had significant potential savings



- The hub and spoke model would also offer an ICS networked approach building on existing infrastructure, Single Point of Access, a stratified approach that would support demand and capacity, education in out of area travel and improved clinical governance
- The improvements from the model would result in significant improvement in patient outcomes and experience.

To find out more, scan here:



Take Away messages

- Difficulty in attributing complications and sequelae to spasticity has made potential benefits hard to quantify
- Limited data availability has meant literature reviews have been used to inform assumptions
- Modelling focused only on new stroke cases and did not include a large population of stroke cases.
- The 'what next' is unknown and there has been limited progression with Specialised Commissioning