

THINK PHYSIO

act local

The NHS Long Term Plan and Stroke

The NHS Long Term Plan commits to reshaping the NHS over the next decade with a strong focus on rehabilitation. Physiotherapy has a strong role to play in this.

This briefing highlights the commitments in the Long Term Plan for stroke rehabilitation.

“Implementation and further development of higher intensity care models for stroke rehabilitation are expected to show significant savings that can be reinvested in improved patient care. This includes reductions in hospital admissions and ongoing healthcare provision.

Out of hospital, more integrated and higher intensity rehabilitation for people recovering from stroke, delivered in partnership with voluntary organisations including the Stroke Association, will support improved outcomes to six months and beyond.

The existing national stroke audit (SSNAP) provides high quality information on the acute and inpatient rehabilitation care of stroke patients to improve stroke services. An update to SSNAP will provide a comprehensive dataset that meets the needs of clinicians, commissioners and patients by describing the quality of care provided for stroke patients from symptom onset through to rehabilitation and ongoing care.”

NHS England Long Term Plan para 3.77

The CSP and the Association of Chartered Physiotherapists in Neurology (ACPIN) are engaging with NHS England and stakeholders like the Stroke Association, to influence the national direction being given to put this into practice.

But the important decisions about what services are funded, and how these will be redesigned will be made locally, by commissioners and providers organised in Sustainability and Transformation Partnerships (STPs).

During 2019 STPs are required to produce five-year plans setting out how they will do this. **To achieve the potential improvements in stroke rehabilitation, physiotherapy needs a voice in this.**

Long Term Plan commitments on stroke rehabilitation

The Long Term Plan promises higher intensity care models of stroke rehabilitation, with a particular focus on rehab outside of hospitals.

Stroke rehabilitation is one of the areas that the plan says must see early change, with improvements in post hospital stroke rehabilitation by 2020.

The CSP and ACPIN want to ensure not only that the commitments on stroke rehabilitation are fully realised, but that they also support greater investment in rehabilitation for patients with all neurological conditions.

Long Term vision for community rehabilitation

The Long Term Plan promises development of integrated community and primary healthcare services nationwide, with multidisciplinary teams operating out of community hubs.

To deliver for stroke patients, these need to be properly resourced and set up as part of the stroke pathway, with active involvement of neuro physiotherapists in their design.

Key messages from the CSP and ACPIN on the stroke rehabilitation pathway

- **Local rehabilitation systems** needs to be considered as a whole, embedded from admission – adopting a symptoms and needs based approach to service and pathway design
- **Stroke rehabilitation** is similar to other neuro rehabilitation and should be brought together
- **A neuro rehabilitation team** needs to be embedded as part of this overall rehab system
- **Treatment plans** should direct patients to the most appropriate rehab support for them, delivered by multi-disciplinary community rehab teams drawing on both clinical and non-clinical skills and utilising community assets as appropriate
- **Ongoing rehabilitation** in the community needs to be continuous, with no gaps
- **Smooth and timely** referral to rehabilitation services is essential, supported by Early Supported Discharge services
- **Community rehab teams** needs to have open access to neuro rehab teams to ensure hand over systems are working, for specialist advice, training and if necessary for referrals back in
- **Self-management** of neurological condition needs to be implemented from the start of the rehabilitation journey to empower individuals to aspire to live well and manage their own neurological condition
- **Emphasis on partnerships** with local authorities and third sector agencies supporting individuals to access appropriate exercise facilities is key
- **Addressing the needs** of those individuals with a life-limiting neurological condition by the inclusion of neuro-palliative care services and support is essential.

There are many examples of excellent services and models of rehabilitation pathways that demonstrate all of these features. Members working with such services have a key role to play in communicating the success of these.

Demonstrating population need for stroke rehab

To achieve the expansion of rehabilitation services needed by stroke and other neuro patients, physiotherapy clinicians must be able to show what the need is in their area.

All rehabilitation needs of the population should be part of the local review of needs to inform STP plans. This includes needs shown in the national audit for stroke (as well as audits for pulmonary rehab, cardiovascular rehab and hip fracture).

Assessment of population need should take greater consideration of the fact that much of the population has more than one condition contributing to their rehab needs, and that many of the symptoms rehabilitation is seeking to address are common across a number of conditions.

Demonstrating impact of rehabilitation for stroke survivors

Physiotherapy clinicians also need to demonstrate the impact of their service on stroke patients, and what the impact would be if they were able to develop and expand.

Priority areas to demonstrate impact will include:

- **Mortality** and morbidity indicators
- **Participation** and completion rates
- **Levels** of independence and disability
- **Ability** to manage common co-morbidities – such as depression
- **Time** spent in hospital and readmissions
- **Health** inequality in the population.

Developing the rehabilitation workforce

All STP areas have a Local Workforce Action Board, and they will be developing workforce plans for delivery of the Long Term Plan in your area.

To develop rehabilitation services for stroke patients, there also needs to be an expansion and development of the rehabilitation workforce. Central to this are physiotherapists and support workers.

Year on year there are growing number of physiotherapy graduates in England. This growth needs to be translated into posts through gradual expansion of the rehabilitation workforce.

Supporting the continuation of growth in physiotherapy education to supply the NHS and expanding posts needs should form part of local workforce plans.

As important is investing in the existing workforce. This includes neurological physiotherapists with unique skills and experience that enables them to provide comprehensive rehabilitation for people with co-morbidities, and bring this experience to Clinical Specialist, leadership and commissioning roles.

It also includes developing advanced practice physiotherapy skills, including non-medical prescribing, to deploy in community settings, to deal with complexity of multiple conditions.

Another priority is the investment in support workers to take on higher levels of responsibility – for example through training in exercise prescribing and coaching skills.

This growth and development of the physiotherapy workforce to deliver the promises made on stroke rehabilitation needs to be reflected in local workforce plans and staffing decisions by employers.

A CSP briefing on physiotherapy workforce requirements to deliver the Long Term Plan for England is due to be published at a later date.

What can you do?

- **Find out** how Long Term Plans are being developed in your STP area
- **Find out** how your employer is feeding into Local Workforce Action Board plans and how to influence this
- **Find out** if AHP clinical leads are part of these planning processes and make contact with them to see how you can work together
- **Where AHP clinicians** are not part of the discussion, **push** for them to be
- **Share ideas** with other CSP members through your networks, such as on [iCSP](#)
- **See ACPIN publication** Headlines [newsletter](#), ACPIN [website](#) and ACPIN social media or talk to them direct
- **Share case studies** of service design through the CSP's [Innovations Database](#)
- **See CSP evidence briefing** [Physiotherapy Works for Stroke Rehabilitation](#).

If you want more information about taking forward the Long Term Plan contact the CSP's Campaigns and Regional Engagement Team cre@csp.org.uk or see the [CSP's Long Term Plan](#) member briefing

You can also speak with the [ACPIN](#), and keep an eye on their newsletter and social media for the latest updates.