

**Greater Manchester Stroke**

**Operational Delivery Network**

**Managed networks supporting stroke care – why every pathway needs one**

**What is an Operational Delivery Network?**

Operational Delivery Networks (ODN) were historically created under the auspices of NHS England, with examples found in major trauma, critical care and paediatrics. In 2020, new Integrated Stroke Delivery Networks (ISDN) will be established across England that will perform a similar role.

ODNs are managed networks that focus on the operational elements of service delivery including:

* Ensuring effective clinical flows and care pathways through the provider system with clinical collaboration and coordination between providers
* Taking a whole system collaborative provision approach to ensuring the delivery of safe and effective services across the patient pathway, adding value for all its stakeholders
* Improving cross-organisational multi-professional clinical engagement and patient/carer engagement to improve pathways of care
* Enabling the development of consistent provider guidance and improved service standards, ensuring a consistent patient and family experience
* Focusing on quality and effectiveness through facilitation of comparative benchmarking and auditing of services, with implementation of required improvements
* Fulfilling a key role in assuring providers and commissioners of all aspects of quality as well as coordinating provider resources to secure the best outcomes for patients across wide geographic areas
* Supporting capacity planning and activity monitoring with collaborative forecasting of demand and matching of demand and supply

The [Greater Manchester Stroke Operational Delivery Network](http://www.gmsodn.org.uk) (GMSODN) is a non-statutory body, constituted from all NHS stroke provider organisations across the region including the Ambulance Service. It is hosted by Salford Royal Foundation Trust on behalf of the other providers.

The network brings together other key stakeholders (e.g. voluntary sector, Strategic Clinical Networks, academia, Academic Health Science Networks, industry etc) to facilitate a collaborative approach to improvement of stroke services across the whole care pathway, including prevention. Its vision is to support the development of high quality and equitable stroke services, to achieve the best outcomes and experience for patients. It does this by:

* Working collaboratively with our stakeholders
* Facilitating transformational change through effective partnership working
* Being patient centred
* Encouraging the early adoption of evidence in stroke services

**How does it operate?**

The network is governed by a Board that oversees strategy and performance of the network with much of the work carried out through other meetings:

**Board** – Responsible for delivery of ODN strategy and work plan



**Patient and Carer Group** – provides advice and support for strategy and activities

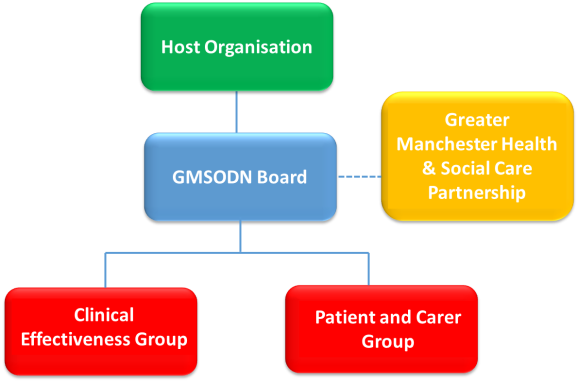
**Clinical Effectiveness Group** – Oversees service improvement work, Subgroups and task and finish groups report to it

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**Subgroups** – Includes rehabilitation, training and education subgroups and Sector Forums

**Task & Finish Groups** – Time limited groups for specific work packages/issues: continence; driving advice; secondary prevention; vocational rehabilitation; better discharge; SLT; enabling digital technology in teams; re-ablement; 6 month reviews; spasticity; FND; mood & cognition

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The network also helps facilitate peer support groups for SLT, dietitians and clinical psychology.

**How is it staffed?**

The GMSODN is managed by a [small team](http://gmsodn.org.uk/contact/) who work to empower and activate others. The full time team comprises of a Manager, Co-ordinator, Administrator (shared 50% with the [Greater Manchester Neuro Rehabilitation Operational Delivery Network](https://www.gmnrodn.org.uk/) (GMNRODN)) supported by a Hospital Clinical Lead and a Community Clinical Lead on a sessional basis. The team are based at the host organisation and travel across the region.

The network initially had two hospital leads but found that expertise in community services was critical in ensuring the post-acute care pathway was developed appropriately. Senior clinical leadership in community is often invisible, and a barrier to improvement in this setting in terms of providing a role model for local community clinicians, and also in leading improvement with commissioners and providers.

**How much does it cost?**

The GMSODN is provider funded, although other ODNs include NHS specialised commissioning or local CCG funding. The budget for 2017/18 was:

|  |  |  |  |
| --- | --- | --- | --- |
| **Pay** | **WTE** | **Grade** |  |
| ODN Manager | 1 | NHS8b |  |
| Co-ordinator | 1 | NHS7 |  |
| Administrator | 0.5 | NHS4 |  |
| Clinical Lead: Hospital | 1 PA | Consultant |  |
| Clinical Lead: Community | 0.1 | NHS8b |  |
| *Total* |  |  | *£160,000* |
|  |  |  |  |
| **Non pay** |  |  |  |
| Hosting costs |  |  | £10,000 |
| Training & education |  |  | £15,000 |
| Communication & engagement |  |  | £3,000 |
| Patient & carer involvement |  |  | £5,000 |
| IT & phones |  |  | £500 |
| Travel |  |  | £6,000 |
| Sundries |  |  | £500 |
| *Total* |  |  | *£40,000* |
|  |  |  |  |
| **Grand total** |  |  | **£200,000** |

**What does the network do?**

The ODN Board is responsible for ensuring successful delivery of the networks’ strategy and plans of work, with the Groups that feed into the Board helping deliver the outputs. The strategy helps deliver the vision of the network and can be mapped to the patient’s journey, underpinned by some cross cutting themes.

The main focus of the network in its first year of operation was supporting, sustaining and measuring the performance of the re-designed acute pathway, however, work in year has broadened to include service improvement of the pre-hospital pathway, community services, as well as the prevention of stroke.

Current areas of work are outlined in our strategy and work plan with previous work detailed in our annual reports:

1. **Prevention**

[Secondary prevention](http://gmsodn.org.uk/secondary-prevention/) focuses on:

* Ensuring stroke units discharge patients according to the clinical guideline for stroke
* Ensuring appropriate information for managing risk is passed effectively between clinical teams
* Ensuring stroke patients are seen by a primary care or community clinician by 2 weeks after discharge following a stroke, to review their risks and take action if needed

Work seeks to empower patients to self-manage and take ownership of their own risk and ties in with relevant local and national public health initiatives.

1. **Pre-hospital**

Stroke can be difficult to diagnose and can result in patients being taken to the wrong hospital if recognition of stroke is poor. Incorrect conveyance can also occur if ambulance crews do not comply with the requirements of the Greater Manchester stroke pathway. The training and education of ambulance staff in the symptoms of stroke and the stroke pathway is key to ensuring the correct conveyance of patients to hospitals in the region, reducing the number of stroke “mimics”.

1. **Hospital stroke care**

The fully [centralised acute care pathway](http://gmsodn.org.uk/pathway/) in Greater Manchester launched in 2015. The network continues to focus on its development and refinement, including:

* Using [SSNAP](https://www.strokeaudit.org/) information and other audits to assess pathway performance and inform service improvements
* Ensuring patient flow is maintained through effective repatriation and reducing delayed discharges
* Improvements in [management of ICH](https://gmsodn.org.uk/acute-bundle-of-care-for-intracerebral-haemorrhage-abc-ich-project/)
* Improving handover of information between clinical teams
* Improving [rehabilitation care](https://gmsodn.org.uk/rehabilitation/)
* Implementing a regional Intra Arterial Thrombectomy service and [7 day TIA services](https://gmsodn.org.uk/transient-ischaemic-attack-tia/)

1. **Community rehabilitation**

There is significant variation in the support provided by specialist community services in the region. The GMSODN is undertaking [transformation](https://gmsodn.org.uk/project/improving-community-rehabilitation-services/) by implementing an integrated model of specialist community care in conjunction with the GMNRODN.



The network has developed and implemented outcome measures that will enable benchmarking and assessment of community services across the region. It will use these data to inform service improvements with providers and commissioners to help drive change as there is limited data available for community at present.



Other work to improve community services supported by the Rehabilitation subgroup includes:

[6 month reviews](https://gmsodn.org.uk/6-month-reviews/)

[Digital health & technology](https://gmsodn.org.uk/digital-health/)

[Driving advice](https://gmsodn.org.uk/driving/)

[Multi-Disciplinary Team (MDT) working](https://gmsodn.org.uk/mdt-working/)

[Sleep and post stroke fatigue](https://gmsodn.org.uk/sleep-and-post-stroke-fatigue/)

[Spasticity management](https://gmsodn.org.uk/spasticity/)

[Visual impairment](https://gmsodn.org.uk/visual-impairment/)

[Vocational rehabilitation](https://gmsodn.org.uk/vocational-rehabilitation-2/)

[Voluntary services directory](https://gmsodn.org.uk/voluntary-services-directory/)

Other cross cutting work:

1. **Engagement and communication**

Effective engagement is key to a successful network, helping to facilitate collaboration and a system wide approach. The GMSODN supports [meetings and events](http://gmsodn.org.uk/events/) that bring stakeholders together, communicates via Twitter (@GMStrokeODN), publishes a regular [online bulletin](http://gmsodn.org.uk/news/our-bulletin/) and keep its [website](http://www.gmsodn.org.uk) up to date.

1. **Patient and care involvement**

The [GMSODN Patient and Carer Group](https://gmsodn.org.uk/project/involving-patients-and-carers/) was established in 2016, and comprises of members with different experiences of stroke from across the region. It is chaired by the patient Co-Chair of the Board and facilitated by a voluntary sector expert. The group meets 4 times a year and helps support the work of the network in a wide range of areas such advising on implementation of services or on the appropriate format/language of public facing materials such as posters. The group actively also helps direct the strategy and plans of the ODN. The GMSODN also works very closely with Stroke Association and three local voluntary sector organisations supporting stroke survivors and carers.

1. **Training and education**

The GMSODN Training and Education subgroup is responsible for ensuring there is an ongoing [regional programme of training events](http://gmsodn.org.uk/training-education-gm-stroke-training-programme-and-local-events/) for experienced local staff. There is now co-ordination of Trust led [introductory training](http://gmsodn.org.uk/training-education-gm-stroke-training-programme-and-local-events/) days to share the administrative burden across local organisations whilst maximising opportunities for new starters. The network also maintains a [website for training and education](http://gmsodn.org.uk/training-education/) that signposts to other resources, events and has information on competency frameworks.

An [online training tool](https://greatermanchestercares.co.uk/theme/dynamic/login.php) has been developed and is hosted on a Moodle platform with training packages for a range of professionals.