Developing an Integrated Community Neurorehabilitation Model and Performance Outcome Framework across Greater Manchester

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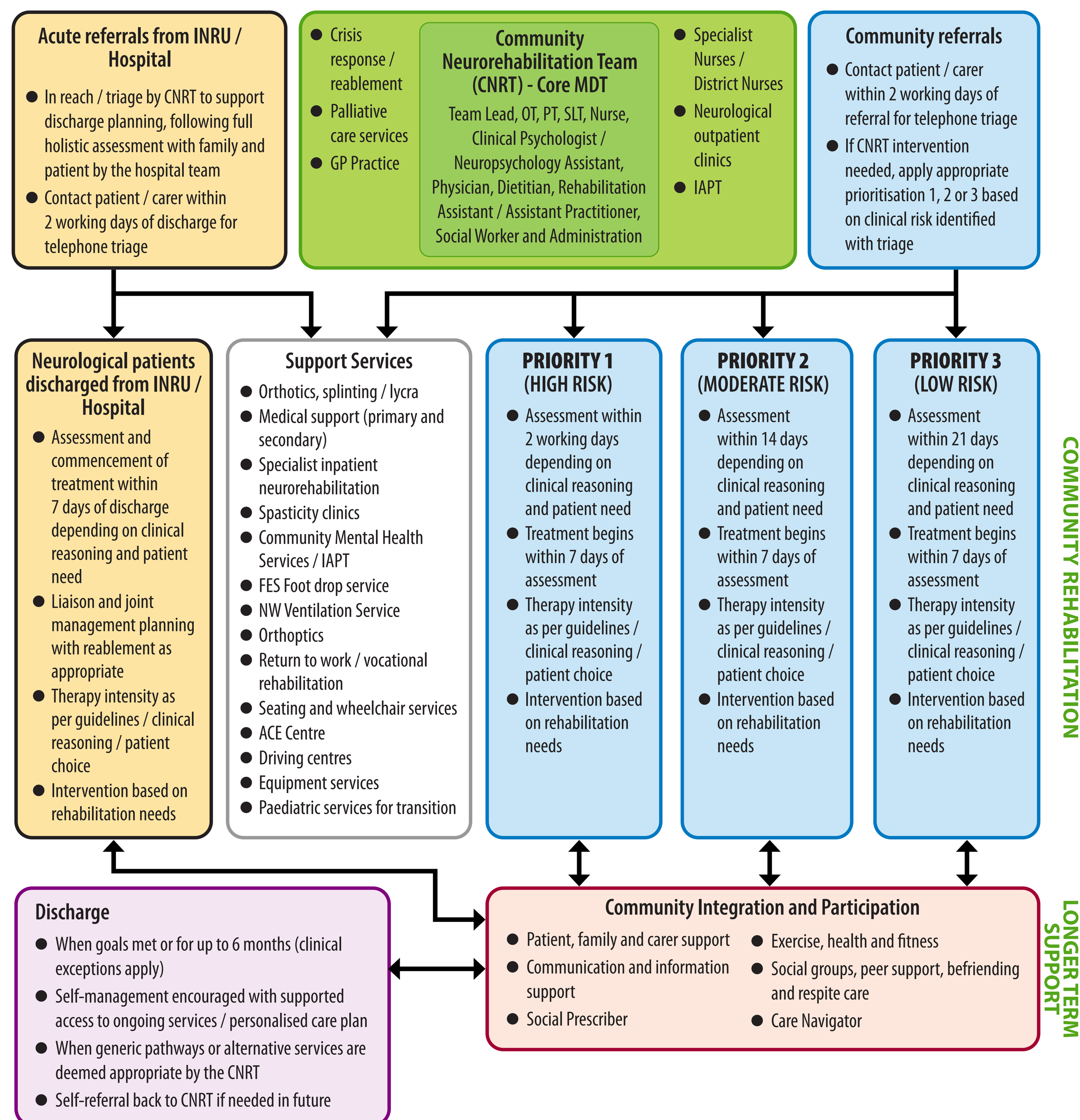
Background

Starting in 2016, the network developed service delivery models and performance outcome frameworks for community neurorehabilitation services across the 11 localities within Greater Manchester (GM). This included separate but similar models for stroke and neurorehabilitation patient cohorts.

In 2022, in collaboration with key stakeholders, the network facilitated a comprehensive update of both models and associated performance indicators. This ensured greater alignment to aid delivery on the ground and included the latest evidence as well as experience from local clinicians delivering services.

The updated neurorehabilitation community model aligns with national guidelines and current evidence, and works alongside the performance outcome framework (Table 1). It is a multi-disciplinary, needs-led approach which provides quality standards for service delivery to facilitate equity of patient care across the region.

Figure 1: Schematic Summary of the Greater Manchester Integrated Community Neurorehabilitation Model



The Problem Being Addressed

Historically, the service offer was highly variable across the 13 community neurorehabilitation teams within GM, in terms of access criteria, clinical pathways of care and rehabilitation provision. Reviewing the model and its performance outcomes, alongside comprehensive reporting, has enhanced focus on locality services and their development.

Figure 2 highlights the landscape of services available for patients across the region when transformation commenced in 2016. One locality met the new model, 9 required investment and/or transformation and 3 offered no specialist service at all.

Figure 2: Landscape of Greater Manchester Community Neurorehabilitation Services in 2016

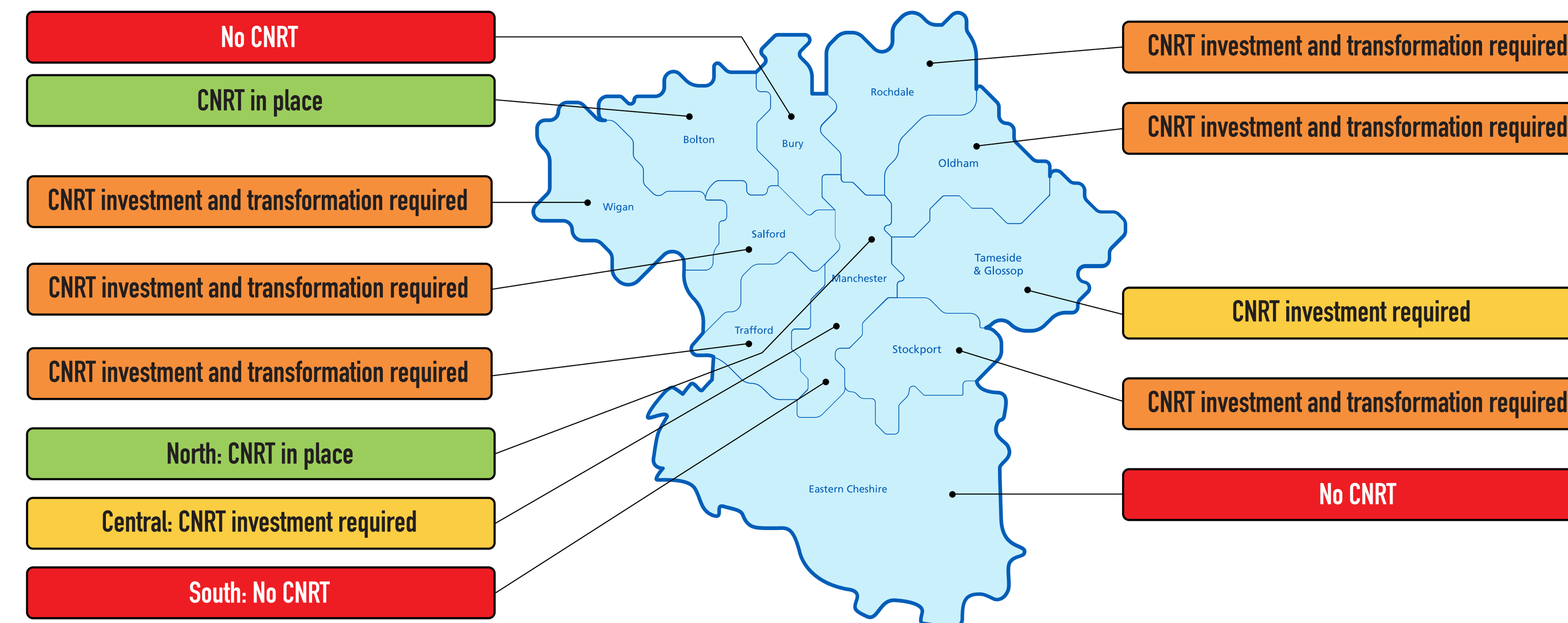
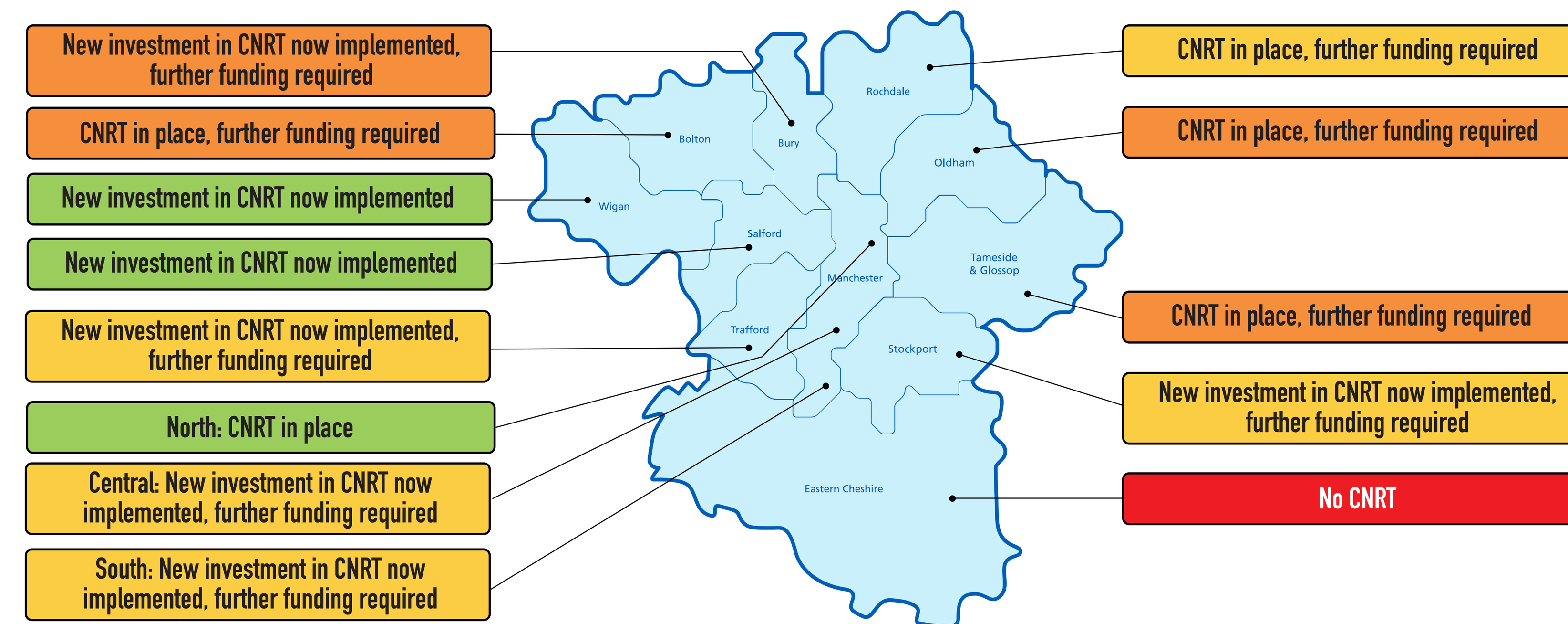


Figure 3: Transformation of Greater Manchester Community Neurorehabilitation Services in 2024



The Interventions

The model and its performance outcome framework were launched in June 2024, with implementation supported by the network. This work ran parallel with stroke, as many services treat both cohorts.

Table 1: Service Model Compliance for Greater Manchester Integrated Community Neurorehabilitation Teams

#	Service Information (Populated by GMNISDN)													
1	Locality													
2	Team name													
3	Population size													
4	Annual number of referrals including from inpatient, self and community													
	Model Compliance Indicators (Snapshot Audit Every 6 Months)													
5	Number of recommended professions in the core team (out of 12)	8	9		9	8	10	9	5	12	8	9	10	9
6	Core team staffing levels as a proportion of the specification recommendation (>85%) funded	49%	60%		54%	63%	74%	64%	62%	70%	54%	53%	69%	78%
7	Service provided for 6 days a week for high priority visits, new assessments and hospital support for discharges (Y6 or Y52 if inclusive of BH)	N	N		N	N	Y52	N	N	Y52	Y52	N	N	N
8	Service provided for up to 6 months or until goals met as per patient need	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
9	In reach into inpatient services	N	N		N	N	Y	Y	Y	Y	Y	N	Y	Y
10	Team has at least weekly formal multidisciplinary team meetings with core disciplines in attendance	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
11	Pathway 1 - Supported discharge from hospital and therapy at home	Y	Y		N	Y	Y	Y	Y	Y	Y	Y	Y	Y
12	Pathway 2 - Therapy at home - up to 6 months and beyond with treatment continuing until no further goals	Y	Y	NO SERVICE	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
13	Pathway 3 - Therapy in Residential / Nursing Home - up to 6 months and beyond with treatment continuing until no further goals	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
14	Self referral permitted	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	N	Y
15	Providing the agreed community dataset to network in timely way (twice yearly)	N	N		N	Y	Y	Y	Y	Y	Y	N	Y	Y
16	Team offers stroke training for all disciplines	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
17	Team is actively involved in research	N	Y		N	N	N	N	N	Y	Y	Y	Y	Y
18	Is there a childrens to adult transition pathway in place?	N	Y		N	N	Y	N	N	Y	Y	N	Y	Y
19	Team measuring quality of life and outcomes using appropriate measures	Y	Y		Y	Y	Y	Y	N	Y	Y	Y	Y	Y
	Compliance measures	8	10		7	9	11	9	8	13	13	9	10	12
	Model compliance	53%	67%	0%	47%	60%	73%	60%	53%	87%	87%	60%	67%	80%

Table 2: Greater Manchester Integrated Community Neurorehabilitation Performance Outcomes

Measure Description	Threshold	Data Collection Timeline
Percentage of patients triaged within 2 working days of referral	90%	Date referral received to date of triage
Percentage of high risk patients assessed within 2 working days	90%	Date of triage to date of initial assessment
Percentage of moderate risk patients assessed within 14 days	90%	Date of triage to date of initial assessment
Percentage of low risk patients assessed within 21 days	90%	Date of triage to date of initial assessment
Percentage of patients commencing treatment within 7 days of discharge from hospital (acute referrals)	90%	Date of discharge from hospital to date commencing therapy
Proportion of patients who demonstrated positive EQ5D5L following team intervention	Benchmark locally	Admission and discharge

Evaluation and Impact

The work has resulted in significant benefits for patients in the region, including:

- A clear community neurorehabilitation service model outlining needs-based, multi-disciplinary care pathways (Figure 1)
- Improved quality, efficiency, and effectiveness of service provision (Figure 3)
- Better access and equity of specialist care for GM patients (Figure 3)
- A concise performance outcome framework to benchmark services, drive development and inform future transformation (Tables 1 & 2)

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