Clyde Community Stroke Team (CST)
- Renfrewshire, Inverclyde and West Dunbartonshire.

Criteria and Referral Process

- Clyde CST is a rehabilitation team consisting of Physiotherapists, Occupational Therapists and generic Support Workers, providing therapy to patients with stroke specific rehabilitation goals. The team work closely with Stroke Consultants and Specialist Stroke nurses. This service covers Renfrewshire, Inverclyde and West Dunbartonshire.

- The team will liaise with Stroke Consultants, Hospital Stroke Nurses and patient's GP as required. Clyde CST can also access Stroke Psychology service.

- Treatment plans and reviews will take place within a patient's own home.

- Patients' progress will be under ongoing review. If progress is continuing, rehabilitation will continue for up to 8 weeks. In certain circumstances, this could be extended to a maximum of 12 weeks.

Patient Group Criteria

- Patients being discharged from hospital following an acute stroke event with realistic stroke rehabilitation goals.
- Patients with a previous history of a stroke event with stroke specific rehabilitation goals.
- Patient consents to input from team.
- Age 16 years or over.
- Able to transfer independently or with assistance from 1 carer.

Referral Process

- Ward discharges – via AHP referral form.
- Community patients – via practice nurse referral form or GP letter. Fax to a single point of access at RAH for screening by Team Lead.
  
  Fax: 0141 314 6613.
  Tel: 0141 314 6832

Who can refer?

- Ward staff on discharge from hospital
- Stroke Consultant or Stroke Nurse from clinic
- GP or practice nurse at patient's annual review
- AHPs in other community rehabilitation services where there are new stroke specific issues and goals.

At the end of input the patient may require onward referral to:

- Community Rehabilitation Team via ASSERT (Renfrewshire): Tel: 0141 207 7878
  YES (Young Enablement Service) at VOL: Tel: 01389 722259;
  PDRS and Community Rehabilitation Team at IRH: Tel: 01475 505001
- Day Hospital (for patients aged ≥ 65 years who require input of more than one discipline).
- Referral to local community / leisure services e.g. Live Active.