Warwickshire Health and Wellbeing Board
20 January 2016
Progress report on the Redesign and Improvement of Stroke Services
From the SRO, Andrea Green, Chief Officer, NHS Warwickshire North CCG

Recommendation

That the Warwickshire Health and Wellbeing Board receive a progress report on the redesign and improvement of Stroke services across Coventry and Warwickshire.

That Members note the revised timescale for completion of the pre-consultation business case, which if approved and NHS England confirm assurance, will be issued for public consultation now after May 2016.

Members are also asked to note that the project is in the final critical (high risk) phase of ensuring commissioners and providers can propose a clinically and financially sustainable pre-consultation business case, some of which depends on the most timely flow out of health services into social care, community services and care packages.

Background

As part of the regional approach to improve Stroke services, the NHS Midlands and East issued a comprehensive Stroke Service Specification. This is a fully integrated, end to end pathway for pre-hospital, assessment, treatment, rehabilitation, and long term care.

In April 2014, Warwickshire and Coventry Clinical Commissioners (CCGs) initiated a project to improve local services for those who have a Stroke, or have a Transient Ischemic Attack (TIA – sometimes known as a mini stroke).

The CCGs established a project governance structure that ensured full engagement of the patient and carer voice, local clinical leaders for Stroke care, Warwickshire County and Coventry City Council officers, the Stroke Association with expert patient/carer group as the patient voice in the Project. At this time the CCG also established an Expert Advisory Panel with national and regional clinical stroke experts. A summary of some key facts is included at Appendix 1.

Status Report

The CCGs are concluding the review and production of proposals for improvement, the proposals have been presented to the Adult Social Care and Health Scrutiny Committee in September 2015, and to the Stroke Project Patient Participation Advisory Group in October 2016, and secured support from both with some advice for inclusion in the mobilisation plan.

The CCGs and Clinical Leads are in the process of presenting the proposals to the West Midlands Clinical Senate, as part of the Stage II, Clinical Assurance of proposals for change. The review commenced on 14 January 2016, with the SRO presenting the proposals to the panel of experts, and will be completed with a report expected by mid March 2016. The WM Clinical Senate is an independent clinical review panel of experts with a role to

- Assess the strength of the clinical case for change

- Check alignment with clinical guidelines and best practice
- Ensure a full range of options have been considered and that potential risks are identified and mitigated
- Assess alignment between the proposed change and strategic commissioning intentions
- Identify key areas where there is no need to repeat work which has been undertaken, ensure independent and impartial input to the Board and meet the formal requirements within the framework to which the Clinical Senate must adhere.
- Assess the scope of the review across the whole of the stroke pathway
- Assess the clinical case for change for the proposed future stroke model and future hyper-acute stroke configuration proposal in order to provide clinical assurance and sign off from the West Midlands Clinical Senate.

Within the project we have established a Clinical and Operational Group, who have the role of completing agreement of how best to support patient transfer across the pathway to home wherever possible. This group includes a lead from Coventry and Warwickshire social care providers, this link is critical to maintain the most appropriate use of the specialist clinical stroke services proposed at UHCW, and the bedded rehabilitation proposed in SWFT and GEH.

The CCGs are working to complete the pre-consultation business case. The outcome for the Clinical Senate review in March, will need to be considered in respect of the proposals and case for change, then NHS England will need to complete their Stage III Assurance review and the CCGs agree a final version of the pre-consultation business case, before a public consultation can commence.

The project is now in a critical phase of making sure that the clinical and financial sustainability of the proposals are secure to offer the improved stroke service. Although this is taking longer than was originally planned, the time is needed as the 2012 specification for stroke services has been updated, and the guidance for best practice of Transient Ischemic Attacks (mini strokes) management has been updated, both of which have an impact on the proposals and costs.

Appendix 1 Key facts.

Third largest killer in the UK and the largest cause of adult disability.

- The brain equivalent of a heart attack - ischemic; haemorrhagic; TIA
- NAO estimated direct care costs c£3-4.4billion, rising to c£8-8.9Billion if informal care costs and those to the wider economy included
- Effective primary and secondary prevention has significantly reduced mortality from Stroke
- Population growth and ageing and most recent evidence of more younger people having a Stroke
- Recognised national shortfall of Consultant Stroke Specialists, c163 post (BASP 2011)

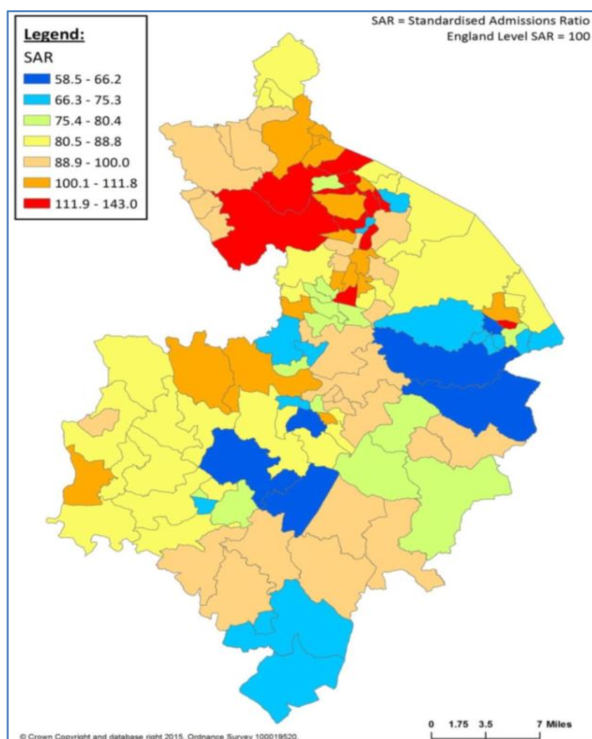
Overview

- Perceptions of stroke have recently shifted from an inevitable consequence of old age to a potentially preventable and sometimes treatable disease.
- Modelling of future trends in stroke prevalence indicates that numbers will increase in the coming decades.
- New treatments have improved the care of some types of stroke, but not others.
- Services are being restructured nationwide, but provision is not uniform, and there are challenges to providing urgent specialist care in rural areas.
- Difficulties persist with the provision of long-term support and care for survivors, with many unable to re-engage with society and achieve a good quality of life.

The prevalence of stroke, and the configuration of local services.

Figure 1 shows the emergency hospital admissions over 5 years (2008/9 – 2012/13) compared with the resident population in each ward. The largest ratio of emergency admissions to the resident population were from 11 wards, 7 within Nuneaton & Bedworth, 2 in North Warwickshire, I in Coventry and 1 in Rugby.

Figure 2 shows the current configuration of acute hospital services and stroke rehabilitation beds at Leamington and Rugby St Cross. As well as the hospital based care, South Warwickshire NHS Foundation Trust (SWFT) and George Eliot Hospital NHS Trust (GEH) have stroke outreach teams to support patients discharge home and to provide some rehabilitation. The Stroke Association are also commissioned in some areas to support discharge home.



Acute
6 HASU
61 Acute

26
Stroke
rehab
beds

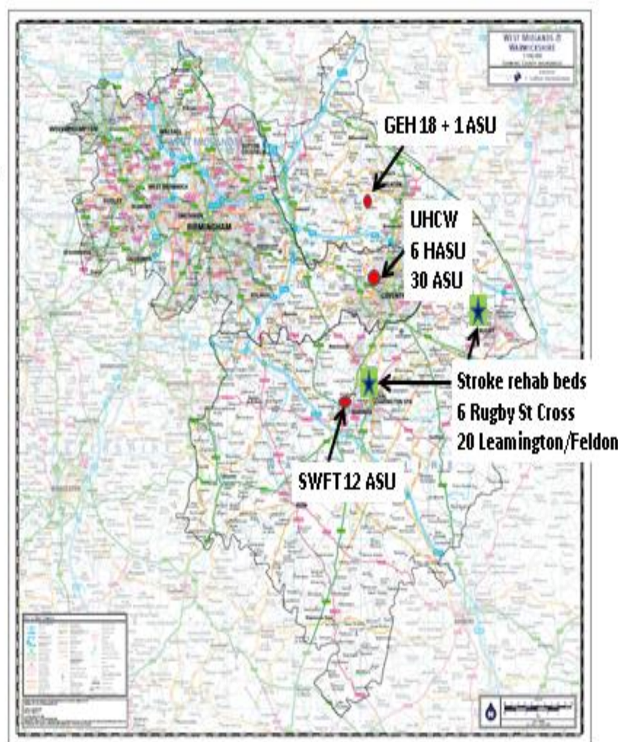


Figure 1: Emergency Stroke Hospital Admissions SAR 2008/9 – 2012/13, Coventry and Warwickshire. Source: Public Health Warwickshire Intelligence Team.

Figure 2: Map and location of Hyper acute unit at UHCW, Acute Stroke Units at UHCW, GEH and SWFT Warwick Hospital plus Stroke rehab beds

HASU – Hyperacute Stroke Unit; **ASU** – Acute Stroke Unit; Each type of service has very specific workforce, equipment, and service standards to meet, in order to be defined as either type of unit.

Where people live closer to, or have faster travel time to a specialist hospital outside the County and City boundary, they receive care from specialist hospitals other than University Hospital Coventry and Warwickshire NHS Trust (UHCW), such as Heart of England NHS Foundation Trust, Worcester Acute Hospitals NHS Trust etc. In the review, it has been assumed that there will be no change to this.