Health Overview Scrutiny Committee (HOSC)

Thursday 27 June 2019, 10.00am

Title of Report: Update on Stroke Services in Worcestershire

Report author	Anita Roberts Transformation Programme Lead - Stroke and Cancer
Presented by	Mari Gay, Chief Operating Officer and Lead Executive for Quality and Performance, Worcestershire CCGs
Recommendation	HOSC are asked to note the following: • Work being taken at a Worcestershire level to improve stroke services and ensure 7-day stroke and TIA service provision; • Work being taken at an STP level to identify a sustainable 7-day service model for stroke services in Herefordshire and Worcestershire; • The original proposal developed by the STP is to create a centralised acute stroke service for Worcestershire and Herefordshire at the Worcester Royal Hospital site is no longer feasible due to capital constraints at a national level. Further work is to be undertaken to develop an alternative model for sustainable acute stroke services for the two counties.
Purpose	Assurance ☒ Decision ☐ Approval ☐ Discussion ☒ Information/noting ☐

Executive Summary

Within Worcestershire the implementation of the improvement plan for local services continues to be delivered. Stroke Sentinel National Audit Programme (SSNAP) has seen an improvement to the SSNAP level from Level D to Level C.

However, it is acknowledged that acute stroke services across Herefordshire and Worcestershire STP are currently unable to meet the clinical standards for 7-day services. As part of an STP programme, several potential service models were identified and assessed, which resulted in four potential service models being identified, with two identified for further, more detailed assessment.

The first service model is to extend existing 5-day consultant led services to 7-days at both Worcestershire Royal Hospital and Hereford Hospital. The alternative service model is for centralisation of hyper-acute and acute stroke services at the Worcestershire Royal Hospital site for both Herefordshire and Worcestershire population, with in-patient and home-based stroke rehabilitation services in both counties.

The deliverability of each service model presents significant challenges particularly around workforce (maintaining two services) and estate (centralised model). Workforce plans are currently being developed for both service models, with the outcome to develop an innovative workforce to ensure clinical sustainability and development opportunities for staff. Whilst any change of service will be subject to a consultation exercise, the preferred service model identified by the STP Stroke Programme Board and national leads for stroke is for centralisation of acute stroke services at the Worcestershire Royal Hospital site. This aims to provide sustainable acute stroke services for years to come and to support the growing demographic need.

With the challenge of inability to access capital funding, the STP Stroke Programme Board has been tasked with developing an alternative service model that will deliver the outcomes of 7-day working,

improved performance against key clinical standards and improved access to services for patients who have had a stroke.

Background

Acute Stroke services in Worcestershire have faced significant challenges around workforce and therefore delivery of key performance and clinical standards, including compliance with the four key clinical standards for 7-day service provision in Hyper Acute Stroke Services and some clinical standards identified within the Stroke Sentinel National Audit Programme (SSNAP). The Trust is currently rated as 'C' – reasonable overall - some areas require improvement. A copy of the most recent SSNAP report (Jan – March 2019) is shown in Appendix 1. This represents an improvement on previous quarterly ratings as shown.

A local Improvement Plan is in place working across the system to improve key clinical standards such as:

- Time to scan (including implementation of straight to scan pathway);
- Time to specialist stroke review;
- Time to HASU;
- Time spent on a stroke ward

The ongoing sustainability of stroke services in Worcestershire, particularly around the medical workforce, continues to be a challenge and the STP Stroke Programme Board was established to work with partners across the stroke pathway in Herefordshire and Worcestershire to identify a sustainable 7-day service model for stroke services going forward. Representation on the Programme Board includes Worcestershire Acute Hospitals NHS Trust, Wye Valley NHS Trust, Worcestershire Health and Care NHS Trust, Worcestershire CCGs, Herefordshire CCG, Powys Health Teaching Board, West Midlands Ambulance Service, Welsh Ambulance Service, Stroke Association, Public Health and Regional CVD Network.

The STP Stroke Programme Board was tasked with identifying an STP service model for stroke across the two counties to deliver the following outcomes:

- Delivery of a comprehensive, innovative and effective stroke prevention strategy to reduce the overall incidence of stroke through targeted initiatives to improve the health and wellbeing of people across Herefordshire and Worcestershire;
- Delivery of a 7-day TIA Service for patients across Herefordshire and Worcestershire;
- Delivery of an acute based stroke service that is available 24 hours 7 days a week with access to specialist staff and equipment at all times;
- Ensuring a robust and sustainable workforce plan is in place across the stroke pathway in line with the national guidelines and which uses technology to support staff in delivery high quality stroke care;
- Delivery of stroke services that meet all key quality and performance standards, including access to scan within one hour of admission; access to thrombolysis 24-hours a day, 7 days a week; access to HASU within 4-hours, 90% of hospital stay on a specialist stroke ward, access to Early Supported Discharge and multi-disciplinary assessment 7-days a week;
- Supporting achievement of an overall high grade ('A' or 'B') for SSNAP performance across both acute and community based stroke services.

Four potential service models were identified by the Programme Board. A high level assessment of the service models was undertaken on the following:

- Quality;
- Accessibility;
- Deliverability;
- Strategic fit.

As a result of the high level assessment, two of the service models were excluded on the grounds of deliverability and/or failure to deliver on key clinical standards/requirements.

The STP Stroke Programme Board supported centralisation as the 'preferred' service model in terms of deliverability, but also recommended further assessment of extending existing services to 7-days to assess deliverability. Further work has been undertaken to confirm the following:

- The detail of the centralised service model;
- The pathways within the centralised service model, including TIA, mimic, thrombectomy, stroke rehabilitation and deteriorating patient pathways;
- The capacity requirements for both service models based on predicted incidence of stroke across the STP by 2025;
- Travel time analysis on baseline times (current services) and impact on travel times for patients, relatives and carers under the centralised service model;
- Quality and equality impact assessments at a county level for both service models;

As the 'preferred' model, the STP Stroke Programme Board requested a Clinical Senate Review to help refine the service model and pathways, as well as to advise with regard to the development of a sustainable workforce strategy, including the use of digital technology (telemedicine) to support remote decision-making and management of patients, as well as supporting the potential development of consultant networks to build resilience in to the system. The review started May 2019 but has been paused following the national announcement there is unlikely to be any capital available at present. This will allow the STP Stroke Programme Board time to confirm the preferred model for stroke services across the two counties and how this can be achieved in the absence of significant capital investment. In addition, this work will set out the workforce requirements of the preferred service model and the overall revenue implications of the proposed changes.

Issues and options

The Table below outlines the key risks and issues to the work programme. A Risk Register is also maintained by the STP Stroke Programme Board and at a local level to identify the strategic and operational risks, the mitigating actions to be or being taken and expected impact on the risk.

Current service provision:

Issue	Actions
Workforce: The medical workforce across both acute hospital sites is currently insufficient to support 7-day services and extremely vulnerable in terms of service sustainability.	Business continuity plans in place across the STP. Recent Quality Summit outlined a partnership response to address short term capacity issues around consultant workforce at Hereford Hospital. Other actions include development of ACP therapist role, additional investment in ESD services, implementation of telemedicine to support consultant network across the STP and appointment of joint posts particularly around medical workforce. STP workforce plan is being developed for two county and centralised service models, with increased opportunity for extended roles and rotational posts. This is a medium – long term solution to deliver a clinically sustainable and resilient workforce across the STP.

Sustainability: From July 2019, the medical workforce at Hereford Hospital will be predominantly reliant on locums and support from Worcestershire through telemedicine. Worcestershire medical workforce is currently 3.6wte substantive with further 0.6wte substantive consultant from July 2019.	Ongoing recruitment plans in place across the STP including joint posts to secure substantive posts. Telemedicine solution identified (kit purchased and IT infrastructure required for support telemedicine being developed) – reliance dependent on locum position at Hereford Hospital.

Appendix 1: Worcestershire Acute Hospitals NHS Trust Stroke Sentinel National Audit Programme Quarterly Report April 2018 – March 2019

SSNAP Scoring Summary:	Team type	Routinely admitting team	Routinely admitting team	Routinely admitting team	Routinely admitting team
	Trust	Worcestershire Acute Hospitals NHS Trust	Worcestershire Acute Hospitals NHS Trust	Worcestershire Acute Hospitals NHS Trust	Worcestershire Acute Hospitals NHS Trust
	Time period	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
	SSNAP level	D	D	D	C
	SSNAP score	54	48.6	54.2	60.8
	Case ascertainment band	A	A	A	A
	Audit compliance band	C	C	B	B
	Combined Total Key Indicator level	C	D	D	C
	Combined Total Key Indicator score	60	54	57	64
Number of records completed:	*Team-centred post-72h all teams cohort*	*234*	*250*	*226*	*215*
Patient-centred KI levels:					
Patient-centred Domain levels:	1) Scanning	B	C	C	B
	2) Stroke unit	E	E	E	E
	3) Thrombolysis	D	D	D	D
	4) Specialist Assessments	C	D	D	C
	5) Occupational therapy	A	A	A	A
	6) Physiotherapy	A	A	A	B
	7) Speech and Language therapy	D	E	C	C
	8) MDT working	D	E	D	C
	9) Standards by discharge	C	B	B	B
	10) Discharge processes	C	C	C	C
Patient-centred KI level	Patient-centred Total KI level	C	D	C	C
	Patient-centred Total KI score	60	54	60	64
Patient-centred SSNAP level	Patient-centred SSNAP level (after adjustments)	D	D	D	C
	Patient-centred SSNAP score	54	48.6	57	60.8
Team-centred KI levels:					
Team-centred Domain levels:	1) Scanning	B	C	C	B
	2) Stroke unit	E	E	E	E
	3) Thrombolysis	D	D	D	D
	4) Specialist Assessments	C	D	D	C
	5) Occupational therapy	A	A	A	A
	6) Physiotherapy	A	A	B	A
	7) Speech and Language therapy	D	D	C	B
	8) MDT working	C	E	D	C
	9) Standards by discharge	C	C	C	C
	10) Discharge processes	D	C	D	D
Team-centred KI level	Team-centred Total KI level	C	D	D	C
	Team-centred Total KI score	60	54	54	64
Team-centred SSNAP level	Team-centred SSNAP level (after adjustments)	D	D	D	C
	Team-centred SSNAP score	54	48.6	51.3	60.8

On behalf of:
NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG