

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

17 OCTOBER 2022

UPDATE ON STROKE SERVICES

Summary

1. The Health Overview and Scrutiny Committee is to receive an overview of Stroke Services in Worcestershire including challenges to service provision and work being undertaken to ensure that everyone who accesses services in Herefordshire and Worcestershire will have the best opportunity to survive and thrive after stroke.
2. Representatives from Herefordshire and Worcestershire Integrated Care System have been invited to the meeting.

Background

3. Stroke is a serious, life-threatening condition. It is the leading cause of death and disability in the UK with around 32,000 stroke related deaths in England every year. Around, one in six people will have a stroke during their lifetime, and it is estimated that around 30% of people who have a stroke will go on to experience another at some point.¹
4. With speedy access 7 days a week to the right specialist treatment, care and support, people can go on to live full and independent lives. NHS Herefordshire and Worcestershire (NHS HW) has ambitions to ensure that high quality stroke and TIA (transient ischaemic attack or 'mini stroke') services are delivered both now and in the future across Herefordshire and Worcestershire.
5. To achieve this, NHS HW is looking at the way stroke and TIA services are organised and run in the area, so that everyone who accesses services in Herefordshire and Worcestershire will have the best opportunity to survive and thrive after stroke.
6. To help describe the way stroke services are delivered across Herefordshire and Worcestershire and highlight the challenges faced in delivering a sustainable service, an Improving stroke services across Herefordshire and Worcestershire – Issues Paper (Appendix 1) has been produced. This Issues Paper also sets out a number of potential solutions and describes the next steps of public engagement that will be carried out to further inform those models.

Issues for the HOSC to Consider

Current service arrangement

¹ www.gov.uk

7. In Herefordshire and Worcestershire, stroke services are provided by Worcestershire Acute Hospitals NHS Trust, Wye Valley NHS Trust and Herefordshire and Worcestershire Health and Care NHS Trust:

- Worcestershire Acute Hospitals NHS Trust (WAHT) – provides Hyper Acute and Acute Stroke Services and TIA clinics at the Worcestershire Royal Hospital
- Wye Valley NHS Trust (WVT) – provides Hyper Acute and Acute Stroke Services, TIA clinics, in-patient stroke specialist rehabilitation (all at Herefordshire County Hospital) and the Community Stroke Service (including Early Supported Discharge) countywide
- Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT) – provider of Community in-patient stroke specialist rehabilitation at Evesham Community Hospital and Community Stroke Service (including Early Supported Discharge) countywide
- Residents of Powys receive a wide range of services close to home from Powys Teaching Health Board (PTHB), including in-patient stroke specialist rehabilitation at Breconshire War Memorial Hospital and community stroke services (including Early Supported Discharge).

8. The Stroke Association is also commissioned as part of the Worcestershire stroke rehabilitation offer to patients and provides communication and holistic support to stroke survivors and their carers.

9. In 2021-22, approximately 70% of people in Worcestershire who had a stroke were admitted to Worcestershire Royal Hospital (WRH). Around 96% of people in Herefordshire and c. 35% people in Powys who had a stroke were admitted to Hereford County Hospital (HCH).

10. Patients from Herefordshire and Worcestershire also accessed acute stroke services outside of the area including University Hospitals Birmingham NHS Trust² (Worcestershire and Herefordshire patients) (4.4%), Gloucestershire Hospitals NHS Foundation Trust (1.1%) and Dudley Group of Hospitals NHS Trust (2.1%).

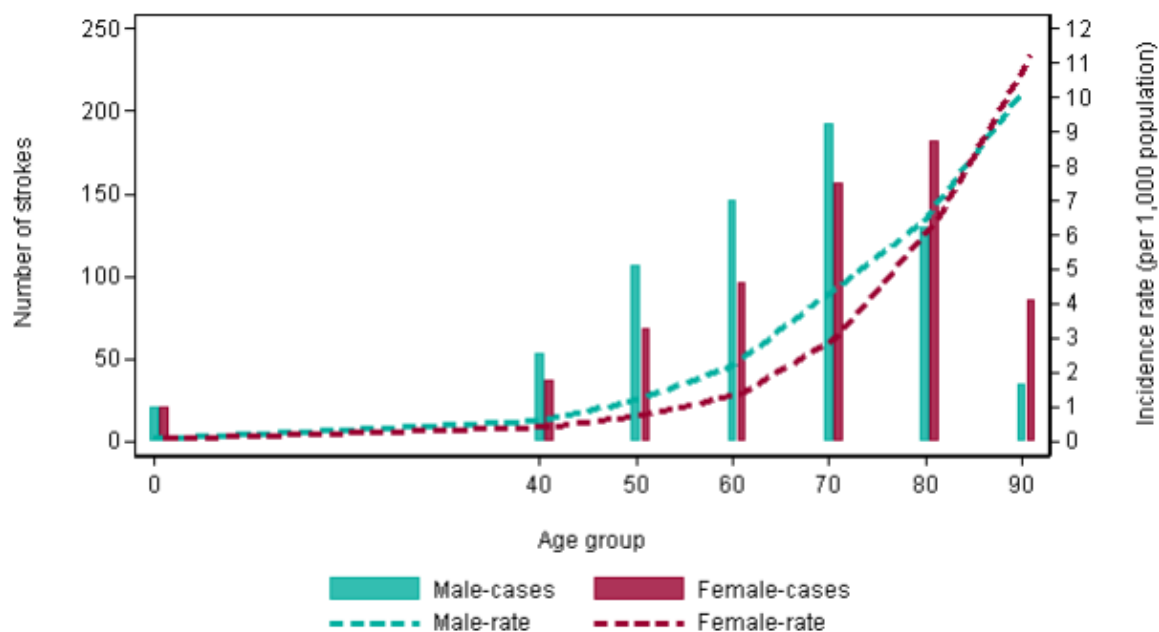
11. The majority of stroke patients admitted to Worcestershire Royal Hospital and Hereford County Hospital are from Herefordshire and Worcestershire (WRH 92.6% and HCH 92.8%), with a small number of admissions to HCH from patients outside of the county boundaries, including Powys (56 average admissions to HCH per year).

A case for change

12. More people are at risk of having a stroke because the population of Herefordshire and Worcestershire is growing, getting older and living with more long-term health conditions. The graph below shows how the incidence of stroke increases as people get older for the reasons outlined above, most significantly after the age of 60 years.

Diagram 1: Number of strokes and age-specific rates per 1,000 population, by gender, 2016 (Stroke Incident Briefing Document 2018).

² University Hospitals Birmingham NHS FT is the designated Comprehensive Stroke Centre for Herefordshire and Worcestershire providing access to thrombectomy.



13. Herefordshire and Worcestershire's healthcare teams work hard to provide high quality care to stroke and TIA patients at every stage of the pathway to ensure the best possible clinical outcome for that patient.

14. Across Herefordshire and Worcestershire there are however several challenges in doing this, especially at stages two and three of the stroke pathway (emergency treatment and ongoing acute hospital treatment and care), including the ability to recruit the staff with the specialist stroke skills required to ensure timely assessment, investigation and treatment of patients with a suspected stroke over 7-day services. By considering re-organising services everyone can be given the best opportunity to survive and thrive after a stroke. Advantages of re-organising services include:

- More lives could be saved and more people helped to live well after stroke. The evidence shows that prompt access to assessment, investigation and time critical treatments followed by admission to a dedicated, centralised stroke unit (as mentioned in the NHS Long Term Plan and also known as a Hyper-Acute Stroke Unit or HASU), improves outcomes for people following a stroke, enabling them to go home quicker and go on living fuller lives.
- Everyone could have access to our specialist teams and treatments 24 hours a day, 7 days a week. This would happen regardless of where people live, or when they require treatment and care.
- The National Standards for Stroke Care could be met. Increasingly, there are new and specialised treatments to reduce brain damage and disability after a stroke. These require highly skilled staff and the latest technology and services. As local expertise is currently spread over two sites, the system is unable to offer 7-day access to this level of service at both hospital sites. The UK national audit programme grades Herefordshire and Worcestershire hospitals between B and D at the moment, with A being the best grade. NHSHW wants to change this and improve the quality of care for everyone in the area.

Developing potential solutions

15. To find solutions to address the challenges outlined, a variety of ways have been looked at and these have been considered with partners at the ICS Stroke Programme Board, the members of which include:

- NHS Herefordshire and Worcestershire ICB
- Worcestershire Acute Hospitals NHS Trust
- Wye Valley NHS Trust
- West Midlands Ambulance Service University NHS Foundation Trust
- Welsh Ambulance Service NHS Trust
- Powys Teaching Health Board
- Herefordshire and Worcestershire Health and Care NHS Trust
- Stroke Association
- A patient representative
- Healthwatch Herefordshire (observer)
- Healthwatch Worcestershire (observer)
- Powys Community Health Council (observer)

16. NHSHW has explored how the national guidelines can be met across all organisations and sustain this level of service into the future. This work has been in development since 2017 but was paused in early 2020. The current potential solutions for Acute and Hyper-Acute stroke services are:

Potential Solution	Hyper Acute Stroke Unit (HASU)	Acute Stroke Unit (ASU)
1 – no change to current service	7-day units on two sites - Herefordshire County Hospital (HCH) and Worcestershire Royal Hospital (WRH). Not 24/7 specialist stroke consultant cover.	7-day units on two sites - Herefordshire County Hospital (HCH) and Worcestershire Royal Hospital (WRH). Not 24/7 specialist stroke consultant cover.
2	7-day unit at one site.	7-day units at two sites.
3	No HASU unit on HCH or WRH sites – HASU site outside of Herefordshire and Worcestershire.	No ASU unit on HCH or WRH sites – ASU site outside of Herefordshire and Worcestershire.
4	24/7day unit on one site with stroke specialist consultant cover - potentially WRH	24/7day unit on one site with stroke specialist consultant cover - potentially WRH

17. An options appraisal has been conducted on the above options, with potential solution number 4 being the preferred clinical model (which would see the single site being Worcestershire Royal Hospital).

Next steps

18. NHSW wants to reflect on stroke services, and the journey so far, and ask patients and stakeholders for their views. An engagement exercise is currently underway (running to 11 November 2022) where feedback will be sought on the potential solutions and people asked whether there is anything that has been missed.

19. During this period of engagement, there will also be an online survey to collate feedback, and paper copies will also be made available. The Issues Paper will be available in Welsh and Easy Read, and other languages and formats will be available on request. A number of focus groups are planned within Herefordshire, Worcestershire and Powys. Engagement will include working with the voluntary and community sector to speak with stroke survivors and their carers to discuss their views on the issues and potential solutions.

20. As part of this reflection, NHSW will also be reviewing key project documents such as the transport modelling, population modelling, workforce planning and the Equality Impact Assessment.

21. Work will then be undertaken with people, communities, and stakeholders to reassess the options and how these are evaluated, which will include consideration of the location of services and the impact on other areas of the pathway including rehabilitation.

22. This work will be considered by the Stroke Programme Board before taking any potential solutions to the next stages of NHS governance and onwards through the service change process. This would include carrying out a full public consultation on any proposed changes ahead of a final decision being made.

Purpose of the Meeting

23. The HOSC is asked to:

- Consider and comment on the information provided with regard to stroke services across Herefordshire and Worcestershire
- Receive assurance that wider public engagement will be undertaken to further inform possible solutions.

Supporting Information

Appendix 1 – Improving stroke services across Herefordshire and Worcestershire – Issues Paper

Specific Contact Points for this report

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Background Papers

In the opinion of the proper officer (in this case, the Democratic Governance and Scrutiny Manager) there are no background papers relating to the subject matter of this report.

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