



Subject:	Update on progress of the Sussex Collaborative Review of Stroke Services
To:	Brighton and Hove Health Overview Scrutiny Committee
From:	Brighton and Hove CCG
Purpose of briefing:	<p>For Information: To provide the Brighton and Hove HOSC with an update on progress of the review of Sussex Stroke & Transient Ischaemic Attack (TIA) services. It includes an update on:</p> <ol style="list-style-type: none"> 1. The case for change and the development of options and action plans to address the gaps identified; 2. The latest Sentinel Stroke National Audit Programme (SSNAP) data for Apr - Jun 2015 with a comparison to Apr – Jun 2014 3. Engagement to date 4. Next steps
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Timeframes:	January 2016 – March 2016

1. Context

The NHS across Brighton and Hove, and Sussex as a whole, has an ambition for high quality, patient-focused stroke services; services which reduce mortality and improve the functional outcome for patients following stroke.

Improvements have been made over recent years to some of the current stroke services but Sussex commissioners and providers are in agreement that more could be done to make services even better for patients, and their carers. Collectively, the local NHS wants to improve clinical outcomes and reduce the number of people dying as a result of a stroke, improve the quality of life for people following a stroke, for example reducing disability, and make sure there is equity in access, outcome and experience across local stroke services.

Each year approximately 2400 people (2013/14 HES data, Capgemini Scenario modelling 2015) in Sussex are admitted to hospital as a result of a stroke and so acute stroke service are a vital part of the stroke pathway, but primary and secondary prevention and post-acute rehabilitation are just as important. Providers and commissioners are working together to make sure patients and carers across Sussex can receive the best possible treatment at the time of their stroke, and then high quality supportive care, designed around their needs.

This report provides an update to the Brighton and Hove Health Overview and Scrutiny Committee on the activity within the Sussex Stroke review to date and the next phase, with reference where possible to stroke services for the residents of Brighton and Hove.

2. Summary of Progress

- 2.1 The stroke review has been undertaken in stages the outputs of which have informed a case for change and are now supporting the development of options to address the issues raised in the case for change. The process has taken longer at each stage to ensure that data and information is robust enough to support the decision-making process. The key aim of the review is to do it right first time.
- 2.2 The **Clinical Reference Group** (CRG) has had several meetings where the key stages have been discussed, further work undertaken and then agreed. This has included:
- Collating and agreeing the national evidence base which has been used to assess the current stroke service provision in the acute and community providers;

- Providing and reviewing the baseline information on current stroke service provision for Sussex patients;
- Completing and agreeing a gap analysis comparing the national evidence base, the baseline information and SSNAP data which is currently being validated by the providers;
- Completed and agreed the Case for Change with recommendations for development of options for service change;
- Reviewed and approved the South East Cardiovascular Strategic Clinical Networks (SE CV SCN) Stroke and TIA Core Quality Standards 2014. Also approved the initial assessment of stroke units against the standards. Group suggested these standards to be used as a dashboard.
- Reviewed and acknowledged the recommendations of the South East Clinical Senate review

2.3 The **gap analysis** was completed at the end of 2014 and presented in the **case for change** in February 2015. Key issues identified were:

- No stroke unit in Sussex meets the national stroke standards or has fully implemented the Kent, Surrey and Sussex Stroke Service specification. Meeting the standards would assure that a high quality service is being provided which will provide the best clinical outcomes;
- St Richard's Hospital (SRH) does not provide a 24/7 hyper-acute Stroke Service.
- SRH and Princess Royal Hospital (PRH) do not admit the minimum 600 confirmed stroke admissions required to maintain skills and competencies as advised by the national Clinical Director for stroke and agreed by the CRG as the number. For the specialist workforce to determine confirmed strokes from non-strokes and instigate the best pathway, they need to have sufficient experience of assessing these patients, as symptoms can be similar;
- Transient Ischaemic Attack (TIA) and Early Supported Discharge (ESD) services are not all provided 7 days a week. Some areas of West Sussex do not have an ESD service at all. This results in high risk TIA patients being admitted unnecessarily for assessment at weekends and for a delay in discharge for patients who are fit enough to go home with community support;
- Workforce does not meet the required WTE standards and there are recruitment issues both locally and nationally. To ensure rapid assessment, treatment and effective rehabilitation to give the patients the best clinical outcomes, an expert workforce is required;
- Follow up is more consistent across Brighton and Hove. It vitally important for continued rehabilitation and psychological welfare;
- There is an ageing population with a significant increase expected in the 70+ age group over the next 10 years; therefore an increase in demand must be planned for. However, this is less significant for Brighton and Hove;
- Best Practice Tariff is not being achieved by the acute providers which is an extra source of income for the acute trusts;
- The management of atrial fibrillation (AF) remains challenging. AF is a high risk factor for stroke and AF related strokes are associated with significant disability.

2.4 **The modelling** of 'what if' scenarios undertaken by Capgemini has been completed, following four iterations to ensure the most accurate data was used. The CRG completed several assessments of the data. Some scenarios have been noted to be impossible to implement given the results to criteria based on conveyance times, repatriation activity, admission activity and bed capacity required. The modelling outputs have provided additional information for the Providers and Commissioners to support their development of the options for change. It does not provide the solutions to the gaps in service, but is a tool to highlight the potential impact in different scenarios. The key outcomes from the modelling meeting were 1 site, 2 site, 6 sites did not work due to activity and capacity.

2.5 The case for change recommended the **development of options and action plans** to support the improvement of Stroke services in Sussex. From the outset it was agreed that services delivered at Eastbourne DGH (EDGH) would remain and during the process of review it has been agreed that East Surrey Hospital (ESH) would remain. This was due to EDGH single-siting their services three years previously following public consultation and for ESH the co-dependencies with Surrey. Therefore, action plans were required from these organisations to demonstrate how they would meet the stroke standards. For WSHT and BSUH there would be a requirement to develop options they would potentially involve reconfiguration of services. The CRG felt that the

- providers were best placed to develop the options as they were aware of how this would fit strategically with their trusts and any other plans. However, the providers have been asked to work in conjunction with their commissioners. The CRG are maintaining an overview in order to highlight implications of different options that the providers will need to consider and mitigate.
- 2.6 A **new service specification** had been developed by the SE CV SCN based on the NHS Midlands and East specification that has since been incorporated into an NHS England toolkit on how to review stroke services. The previous specification had become out of date in light of new evidence. The new service specification will be part of any contracts from April 2016.
 - 2.7 The **Finance Group** developed a finance model to support the options development. They have also developed criteria for assessing the financial implications of any recommended options.
 - 2.8 **Engagement** has been key to the review work undertaken so far. Patient and carers have been involved in the CRG, looking at current stroke service provision and agreeing the case for change. Listening to patients, carers and the public has been key to the work to date, and people have been encouraged to give their feedback on current services via an online and paper survey. To date there have been more than 400 responses across Sussex. Focus groups have also been completed at established support groups in the local community, such as stroke clubs and in public places such as shopping and leisure centres. Where appropriate one-to-one interviews have also taken place. The engagement has focused around what is important to people about stroke services and how they would feel if a service was not located at their local hospital.
 - 2.9 Ensuring that local communities are informed about the Sussex-wide stroke review has also been a clear priority. Information is available on the CCG websites and a large section of information is available on the Sussex Collaborative website. The local NHS is also trying to work with the local media to help to ensure people are kept up-to-date of the latest developments with regards to this project.
 - 2.10 The CRG meetings have seen an attendance of up to 50 representatives from across acute, community, local authority, voluntary sector as well as Patients/Carers.
 - 2.11 Briefings on progress have been provided to the CCGs and the HASC/HOSCs. There continues to be collaborative working with Surrey and Kent CCGs regarding their stroke reviews.
 - 2.12 **SSNAP data** has been analysed as each quarter has been published. SSNAP data is a useful data source to assess areas of the stroke pathway where improvement needs to be a focus. The ambition is for all stroke services to achieve a score of A across all the domains. Current SSNAP data has demonstrated much improvement generally across the stroke services in Sussex. This shows that improvement work being undertaken in the stroke units is having a positive effect. However, there remains concern around some of the domains, particularly relating to therapies in the acute phase. There is acknowledgement amongst the providers that they have achieved as much as they can without fundamental change. Appendix 1 shows the current data for July to September 2016 from SSNAP for the 10 domains compared to the data in the same quarter in 2015.
 - 2.13 One of the objectives of the stroke review was to look at the whole pathway including **Stroke Prevention**. A lot of initiatives on reducing the risk of cardiovascular disease are being implemented by Public Health. The significant risk factor for stroke is Atrial Fibrillation. A review of current management of AF has highlighted that management is variable and not enough to meet the new NICE Quality standards. The review has provided recommendations to each CCG on how to address this.
 - 2.14 Brighton and Hove CCG has taken onboard the recommendations around **AF management** and is now embarking on a review of current service delivery, actively working with the work of the collaborative to outline options to improve the management of AF and achieve opportunities around stroke prevention.
 - 2.15 An **Equality and Human Rights Analysis** is being drafted to ensure that any current impacts on the population have been highlighted and then once the options have been identified, it will be revisited to ensure that there is no discrimination against any of the protected characteristics and where some risk is identified, mitigating actions are agreed. Information on local residents has been predominantly taken from the Brighton and Hove JSNA.
 - 2.16 Each CCG will be outlining in its commissioning intentions that a review of stroke services is being undertaken and the recommendations will be reviewed with assessment on potential impact.
 - 2.17 Following an independent review by the South East Clinical Senate which recommended more commissioner involvement, a **Central Sussex Stroke Programme Board** is being established to

ensure that BSUH are being supported in finalising their options for service reconfigurations. At present there are two options being considered further: a single co-located unit at PRH or a single co-located unit at the Royal Sussex County Hospital.

3. Next steps

- Establish the Central Sussex Stroke Programme Board
- Acute providers to submit final options and action plans by end February
- A further independent review of the options by the South East Clinical Senate, chaired by Professor Tony Rudd – NHS England National Clinical Director for Stroke, is anticipated in March 2016
- A Sussex wide impact assessment of the submitted options will be completed by the Sussex Collaborative in March 2016 to ascertain if there are any significant detrimental impacts on the population and neighbouring organisations.
- The Sussex Clinical Commissioning Executive Committee will discuss the recommended options in April/May 2016 with a view to being taken back to CCG Governing Bodies soon after.
- HOSC will be informed of recommended options and decision to be made regarding public consultation in April/May 2016.



Appendix 1

Comparison of SSNAP Data from Quarter 1 2014-15 to Quarter 1 2015 - 2016

Colour	Level
	A (>80)
	B (70-80)
	C (60-70)

Colour	Level
	D (40-60)
	E (<40)
	* (Insufficient Data)

Quarterly report April - June 2015 Domain scores overview	Trust	Team	Overall score	Domain 1	Domain 2	Domain 3	Domain 4	Domain 5	Domain 6	Domain 7	Domain 8	Domain 9	Domain 10
				Scanning	Stroke Unit	Thrombolysis	Specialist Assessments	Occupational Therapy	Physio	SaLT	MDT Working	Standards by discharge	Discharge processes
BSUH	PRH		D	A	C	D	D	D	B	C	E	D	C
	RSCH		D	A	C	D	A	E	D	D	D	B	C
ESHT	EDGH		C	A	B	C	B	C	C	E	E	B	A
WSHT	SRH		C	C	C	B	B	B	D	C	D	A	D
	Worthing		B	B	B	B	A	B	A	D	D	A	C
SaSH	ESH		D	A	E	D	B	C	C	C	C	B	D

Patient-centred KI level	Case ascertainment band	Audit Compliance band	Patient-centred SSNAP overall level
D	B	A	D
D	A	A	D
C	A	B	C
C	A	A	C
B	A	A	B
C	A	B	D

Quarterly report Apr - June 2014	Trust	Team	Overall score	Domain 1	Domain 2	Domain 3	Domain 4	Domain 5	Domain 6	Domain 7	Domain 8	Domain 9	Domain 10
				Scanning	Stroke Unit	Thrombolysis	Specialist Assessments	Occupational Therapy	Physio	SaLT	MDT Working	Standards by discharge	Discharge processes
BSUH	PRH		D	A	B	C	D	D	D	C	D	D	E
	RSCH		D	A	C	D	B	C	D	C	D	B	B
ESHT	EDGH		D	A	B	C	C	D	C	E	E	C	D
WSHT	SRH		D	E	D	C	D	C	D	E	D	B	D
	Worthing		D	D	B	A	C	C	B	C	D	B	D
SaSH	ESH		C	B	C	C	B	A	A	C	C	B	B

Patient-centred KI level	Case ascertainment band	Audit Compliance band	Patient-centred SSNAP overall level
D	A	A	D
C	A	B	D
D	A	D	D
D	B	B	E
C	B	B	D
B	A	B	C