Friday, 28 September 2018

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP)
Specialist Stroke Care Programme Update
West Yorkshire Joint Health and Overview Scrutiny Committee

Introduction

1. Working closely with our partners, stakeholders and communities is an essential part of our stroke work and we want to keep West Yorkshire Joint Health and Overview Scrutiny Committee (JHOSC) further updated so there is the opportunity to discuss developments as they progress.

2. This report provides a further update from the JHOSC meeting held in July 2018 and will summarise our conclusions and recommendations ahead of the WY&H Joint Committee of Clinical Commissioning Group meeting which will be held in public in the autumn.

3. This area of work builds on recent discussions taken place with Overview and Scrutiny Committee Chairs (OSC) in our six local places (Bradford District and Craven; Calderdale, Harrogate - North Yorkshire Council OSC; Kirklees, Leeds and Wakefield).

Background

4. In 2016/17 there were approximately 3,700 strokes in WY&H. The Partnership's ambition is to have fewer stroke across the area, more lives saved and improved recovery outcomes.

5. WY&H currently has five hyper-acute stroke units (HASU):
   - Bradford Teaching Hospitals NHS Foundation Trust – Bradford Royal Infirmary
   - Calderdale and Huddersfield NHS Foundation Trust – Calderdale Royal Hospital
   - Harrogate and District NHS Foundation Trust
   - Leeds Teaching Hospitals NHS Trust – Leeds General Infirmary; and
   - Mid Yorkshire Hospitals NHS Trusts – Pinderfields Hospital.

6. The aims of the WY&H stroke programme are:
   - To commission 'high quality' sustainable hyper acute stroke services that are 'fit for the future'.
   - Ensure variations in hyper acute stroke care are addressed locally as soon as possible in line with agreed governance and accountability arrangements; and
   - Work together with partners and stakeholders in each of our six local places to further improve care and outcomes for people across the 'whole' of the stroke care pathway.

7. As a Partnership it is important we:
   - Provide joined up, seamless end-to-end stroke care for people
   - Implement the recommendations of the National Stroke Strategy – You can view this here.
   - Meet the service standards and specifications set by the Royal College of Physicians (RCP), NICE and the locally agreed stroke service standards
   - Ensure that stroke care delivers:
     - Improved clinical outcomes so that more people recover from a stroke
     - Sustainable services
     - Improved quality of life outcomes and an excellent patient and carer experience

- Equity of service outcomes and experience, particularly where differences in care has been highlighted.

8. Our work to date has looked at:
   - Preventing stroke happening across the area
   - How best we deliver effective care when people have a stroke
   - Ensuring there is good support and rehabilitation for people after a stroke
   - Addressing the ongoing workforce challenges across the area, especially in Harrogate.

Case for change

9. Our specialist stroke services (HASUs) need to deliver the 7-day standards which sets out an ambition that anyone who needs urgent or emergency hospital care will have access to the same level of assessment and review, tests and consultant-led support whatever day of the week.

10. Although our hospitals have been working hard to deliver safe, high quality care, differences in specialist stroke care exist. The evidence base shows that people who receive care in units that see a minimum of 600 new admissions per year are likely to have better outcomes, even if the initial travel time is increased. Ongoing rehabilitation should, however, be provided at locations closer to where people live, and they should be transferred to these as soon as possible after initial treatments.

11. Harrogate is the only hyper acute stroke service across our Partnership that does not receive the minimum number of new strokes per year. Given this, and the ongoing workforce challenges in Harrogate it is important for all West Yorkshire and Harrogate hospitals to work together on solutions that will ensure people across our area can access sustainable high quality care.

12. We have worked closely with West Yorkshire Association of Acute Trusts (Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District Foundation Trust, Leeds Teaching Hospitals NHS Trust, Mid Yorkshire Hospitals NHS Trust), York Teaching Hospital Foundation Trust. We have also worked with the West Yorkshire and Harrogate Clinical Forum, medical directors and the Yorkshire Ambulance Service who have access to the skills and expertise to advise on operational sustainability of hyper acute stroke services across the area, including Harrogate.

13. Work to date has been informed from the stroke strategic case for change and our own public and staff engagement programme.

14. It is important to note that working with community care services is an important part of our work. If we are to rehabilitate people back into their communities after the first 72 hrs of specialist stroke support, as close to home as possible, having the right local care in place so people make a good recovery is essential.

Communication and engagement

15. A key principle of our communication and engagement approach is to work in partnership and build on existing communication and engagement work already in place at a local level – rather than developing new mechanisms and channels solely for the purpose of WY&H. We have:
    - Worked with Healthwatch and local communications and engagement leads across WY&H to reach over 2000 people to seek their views on the work

- Provided stroke updates to the WY&H Joint Committee of CCGs (held in public), local Overview and Scrutiny Committees/Chairs and the Joint Health Overview and Scrutiny Committee (JHOSC), the West Yorkshire and Harrogate Patient and Public Assurance Group
- A representative from the Stroke Association attends our stroke programme board and we have discussed our work with other community organisations and carers.

16. This feedback has informed a report called 'You said, we did'. You can view this here.

Preventing strokes happening – our journey so far

17. A key part of our work is preventing ill health so people can live a long and healthy life. Lots of work had already taken place in each of our six local areas to further reduce the risk factors of stroke. For example, we are working with the Academic Health Science Network to identify and roll out best practice care for people with atrial fibrillation (which causes erratic heart beat) in every GP practice, with the aim of preventing over 190 strokes over the next three years. This includes detecting, diagnosing and treating people who are at risk of stroke so that around 9 in 10 people with atrial fibrillation are managed by GPs. We are one of the first Health and Care Partnerships to address atrial fibrillation at scale in this way.

18. Twenty GP practices are taking part in the first wave of this Quality Improvement Programme and following on from discussions at the Joint Committee of CCGs (1 May 2018) the Academic Health Science Network have secured additional capacity to support more GP practices. All of our six local places have a Board clinician who provides strategic leadership and support to their clinical champions to progress the work locally.

19. Information from the Academic Health Science Network HSN Lead (position at September 2018), shows that an additional 1,718 patients with atrial fibrillation have been protected. This could prevent 46 strokes each year.

20. The WY&H Clinical Forum has also identified the potential to make significant improvements in outcomes for people with cardio vascular disease (CVD) and diabetes through joint working across the area. For example the treatment of hypertension [high blood pressure] which has the potential to reduce a further 620 strokes within three years.

21. A number of measures have been included in a stroke dashboard so that the impact on further reducing the risk factors of stroke can continue to inform further discussions with stakeholders. This includes:
    - Population health indicators – adult smoking prevalence rate; hospital admissions for alcohol related conditions, adults classed as overweight or obese
    - Prevention – atrial fibrillation (percentage of people treated), hypertension prevalence rate
    - Stroke Sentinel National Audit Programme key metrics (scanning, stroke unit, thrombolysis, specialist assessments, occupational therapy, physiotherapy, speech and language therapy, multi-disciplinary team working, standards by discharge, discharge processes)
    - Discharge and rehabilitation – e.g. assessment by specialist rehabilitation team within 72 hours, identified patients screened/assessed for discharge to the early supported discharge (ESD) service, appropriate rehabilitation programme to be started within 24 hours of discharge to ESD, patients received a review at six weeks, six months, 12 months and then annually.

Further improving hyper acute stroke care

22. Following on from the publication of the Hyper Acute Stroke Services Yorkshire and the Humber 'Blueprint' for Yorkshire and the Humber Clinical Commissioning Groups, the WY&H stroke programme completed a further review of our specialist stroke services. We:
    - Used evidence from the stroke strategic case for change to support our work. You can view this here.
    - Looked at the number of strokes being admitted to each of our services every year
    - Reviewed the Stroke Sentinel National Audit Programme information which audits the key processes that have a high impact on patient care and long term health outcomes
    - Completed a workforce baseline
    - Refreshed our equality impact assessment and stroke health needs assessment. You can view these documents here.
    - Reviewed the latest available national guidance. You can view this here.
    - Worked with the Yorkshire Ambulance Service (YAS) and York Teaching Hospital NHS Foundation Trust to complete an exercise to look at possible solutions.
    - Looked at the number of people in Harrogate who could receive HASU care in Leeds or York based on travel times.

23. We have had further conversations with the public, clinical experts, our staff and other stakeholders to inform our options appraisal process. For example we held a series of events in February, March and May 2018 to seek people's views on the development of evaluation criteria and weightings. A copy of the engagement report findings can be found here.

Improving stroke care across the 'whole care pathway'

24. In view of the above and in advance of the publication of the National Stroke Plan (due autumn 2018), we have produced a draft service specification covering the whole stroke pathway. This sets out the key standards and service outcomes for each part of the pathway.

25. Local areas may deliver different approaches and are responsible for commissioning services to meet the needs of local people. The draft specification is being circulated to stakeholders so they can review and determine what further actions (if any) will be needed locally to deliver these outcomes. We are also seeking their views over the coming months on adopting a standardised 'whole pathway' stroke service specification across WY&H.

Our work with clinicians

26. Local clinicians and health care professionals have taken a lead role in the development of clinical standards, standardised care pathways and policies (reflecting national guidelines and feedback from our engagement work).

27. We have worked with clinical experts in the Yorkshire and Humber Clinical Senate, the National Stroke Lead and clinical experts in other areas e.g. Humber Coast and Vale, Manchester, South Yorkshire and Bassetlaw and the South East Stroke Network.

28. Work is underway to finalise these documents with a view to them being in place across all hyper acute stroke services from April 2019.

Workforce

29. Our ambition is for hospitals to work together so we make the most of staff skills and new technology to improve people's quality of life. For example in June 2018 the Brain Attack Team at Leeds Teaching Hospitals NHS Trusts launched a new service which provides specialist treatment for people across the area who have suffered a life-threatening stroke. People who have received clot-busting drugs that failed to remove the clot can be transferred to Leeds for a procedure known as mechanical thrombectomy (clot retrieval), whilst allowing them to be discharged back to the referring hospital the same day. This is the result of a co-ordinated approach between stroke nurses, neuro radiologists, consultants and other professionals working across the area.

30. It is also important that we continue to support our staff and make the most of their valuable skills and expertise. We have:
    - Completed a workforce baseline assessment of our specialist stroke services
    - Worked with the Local Workforce Action Board (LWAB) stroke lead to carry out a workforce survey to seek the views of our specialist stroke services staff. This is informing discussions to re-establish the stroke clinical network and progress actions to further improve workforce engagement, retention and the sharing of good practice.

31. The LWAB recently supported a £20,000 non-recurrent funding bid submitted by the WY&H stroke programme to re-establish the stroke clinical network across the area so that we can further support, develop and retain our skilled workforce now and in the future. This is in addition to promoting the development of skills, sharing good practice and supporting the wellbeing of staff so we retain our existing workforce and attract new recruits. This programme will begin early 2019 and a network conference will take place in October 2019.

Technology developments

32. Technology is a key enabler to supporting our staff in delivering improved care and outcomes for the people of WY&H. The Yorkshire Ambulance Service (YAS) is in the process of deploying an Electronic Patient Record (EPR). The EPR will provide further information to the crew. Further work is underway to explore other opportunities, for e.g. the use of apps to support assessment of stroke on route.

Assurance

33. We have shared the outcome of all our work to date with NHS England, Yorkshire and Humber Clinical Senate and National Clinical Director. We have also kept the Joint Committee of the Clinical Commissioning Groups, Public and Patient Involvement Assurance Group fully informed.

To summarise

34. We have engaged with over 2000 people as part of our public engagement work, this has included the views of people who have had a stroke, and their carers.

35. Although our hospitals have been working hard to deliver safe, high quality care, differences in specialist stroke care exist; with due regard to the evidence base showing that people who receive care in units that see a minimum of 600 new admissions per year are likely to have better outcomes, we need to address this in Harrogate as soon as possible. This is being discussed with our WYAAT colleagues, Harrogate and Rural District Clinical Commissioning Group, York District NHS Foundation Trust and NHS England – any decision will be made locally

36. We have completed a review of our specialist stroke services, scenario modelling and option appraisal. We are recommending the service delivery model for hyper acute stroke care across WY&H has four hyper acute stroke units. These will be in:
    - Bradford Teaching Hospitals NHS Foundation Trust – Bradford Royal Infirmary
    - Calderdale and Huddersfield NHS Foundation Trust – Calderdale Royal Hospital
    - Leeds Teaching Hospitals NHS Trust – Leeds General Infirmary; and
    - Mid Yorkshire Hospitals NHS Trusts – Pinderfields Hospital

    It is important to note that conversations have taken place with York Teaching Hospital NHS Foundation Trust around the number of people living in Harrogate who will receive HASU care in Leeds or York based on travel times.

37. Local operational workforce pressures at Harrogate are being worked through locally in line with agreed governance arrangement.

38. There is no requirement or plan to further engage or consult with the public across the whole of West Yorkshire.

39. In line with feedback from our engagement, and reflecting national guidelines, we have developed a standard hyper acute stroke pathway and service specification which includes the key clinical standards our services should be achieving to further improve stroke care and outcomes for the people of WY&H. We will be recommending all commissioners utilise this specification when commissioning hyper acute stroke care.

40. In view of this we are recommending the WY&H Stroke Clinical Network and each of our local areas continue to review progress against the key measures included in the stroke dashboard and the stroke health needs assessment, so they can agree (where appropriate) actions to reduce the risk factors of stroke and improve care across the whole pathway.

    We will also be asking each of our six local places to consider the draft whole pathways service specification to determine what actions (if any) are required to deliver the key standards - with a view to having a whole pathway service specification in place across WY&H at the earliest opportunity.

41. We have secured non recurrent Local Workforce Action Board (LWAB) funding to re-establish the stroke clinical network so that we can further support, develop and retain our skilled workforce. We will also be recommending that mechanisms are in place to ensure the WY&H stroke clinical network is established and sustainable.

42. Discussions have taken place with all OSC Chairs. This includes conversations with the Leeds OSC around the potential number of people in need of hyper acute stroke care from the Harrogate area.

43. Our work is all about improving stroke care and outcomes for the people of WY&H. We have made good progress in relation to meeting our objectives; however we recognise that further work is needed to implement the developments outlined in this report, including ongoing conversations with North Yorkshire County Council OSC regarding Harrogate.

Conclusions

44. Although our hospitals have been working hard to deliver safe, high quality care, differences in specialist stroke care exist and we need to address the variation and consistency gap as soon as possible. Harrogate is the only stroke service across our partnership which does not receive the minimum number of 600 new strokes per year.

45. We have completed our options appraisal process and the outcome of our work shows the 'optimal' service delivery model for hyper acute stroke care across WY&H.

46. As outlined in this report, possible solutions to address workforce pressures at Harrogate are being worked through locally in line with agreed governance arrangements. Conversations continue with North Yorkshire County Council Overview and Scrutiny Committee and other local stakeholders.

47. In view of this from a WY&H stroke programme perspective there is no requirement or plan to further engage or consult with the public across the whole of West Yorkshire.

Recommendations

48 Joint Health Overview and Scrutiny Committee members are asked to:

- Note the 'optimal' service delivery model for hyper acute stroke care
- Support there is no requirement or plan to further engage or consult across the whole of West Yorkshire
- Support the recommendation to commission a standard hyper acute stroke service pathway and service specification across WY&H
- Support the recommendation to re-establish a stroke clinical network across WY&H
- Note the work underway to further improve quality and outcomes across the whole of the stroke pathway for the people of WY&H; and
- Acknowledge that plans for Harrogate will be led locally and not via the WY&H Partnership.

What next

49. The next steps will be informed by further discussions with North Yorkshire County Council Overview and Scrutiny Committee (2 November 2018), NHS England, West Yorkshire Association of Acute Trusts; YAS and WY&H Joint Committee of the Clinical Commissioning Groups. Further conversations with the public will take place in Harrogate as appropriate. These conversations will be led locally.

50. We recognise that local OSCs have an important role in driving forward the standards in the commissioning specifications regarding preventing strokes and further improving stroke care across the whole of the care pathway. Local health care leaders will continue to keep their OSCs updated.

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