

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

### Introduction

1. Providing the best stroke services possible across West Yorkshire and Harrogate to further improve quality and stroke outcomes is a priority for us all and something we are committed to achieving through the work that has been taking place in each of our six local areas (Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield).
2. Working closely with our partners, stakeholders and communities is an essential part of our stroke work and we want to keep Leeds Overview and Scrutiny Board updated so there is the opportunity to discuss developments as they progress.

### Background

3. In 2016/17 there were approximately 3,700 strokes in West Yorkshire and Harrogate. The Partnership's ambition is to have fewer stroke across the area, more lives saved, reduced delays and improved recovery outcomes. Our aim is to improve quality outcomes for people requiring stroke care, ensuring that services are resilient and 'fit for the future'.
4. Stroke care is one of the priority areas of work highlighted in the draft [West Yorkshire and Harrogate Sustainability and Transformation Plan \(STP\)](#) published in November 2016. It is also highlighted in "[Our next steps to better health and care for everyone](#)" document published in January 2018.
5. WY&H has five hyper-acute stroke units (HASU), based in:
  - 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. Over the past 16 months we have been looking at how we:
  - prevent strokes happening across the area
  - deliver effective care when people have a stroke
  - ensure there is good support and rehabilitation for people after a stroke
  - address the ongoing workforce challenges across the area, especially in Harrogate.

### Case for change

7. Our specialist stroke services 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.

8. Although our hospitals have been working hard to deliver safe, high quality care, differences in specialist stroke care exist. And we need to urgently address this.
9. We are using evidence from the stroke strategic case for change and our own engagement programme to support this work. For example, there is strong evidence that outcomes following stroke are better if people are treated in specialised centres, which treat a minimum number of strokes per year, even if this increases travelling time. This is also in line with the 7 day hospital standards specific to hyper acute stroke. In parallel, ongoing care and support should be provided at locations closer to where people live and they should be transferred to these services as soon as possible after initial treatment.
10. It's 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**

11. We have provided regular stroke updates to the West Yorkshire and Harrogate Joint Committee of CCGs (held in public) and the Joint Health Overview and Scrutiny Committee (JHOSC), the West Yorkshire and Harrogate Patient and Public Assurance Group and to the people of West Yorkshire and Harrogate via various communication channels.
12. We have:
  - worked collaboratively with Healthwatch and local communications and engagement leads.
  - engaged with people in 2017 to seek their views on stroke care – these findings helped lay the foundation for our work to date
  - had conversations in public to further develop our work in February, March and May 2018.
13. The Stroke Association is represented on our stroke programme board and we have discussed our work with other VCS organisations and carers. We also have a patient representative on our Stroke Programme Group.

### **Preventing strokes happening and improving stroke care across the whole care pathway**

14. Conversations across West Yorkshire and Harrogate has highlighted the importance of ensuring our stroke work also focuses on the 'whole stroke pathway'. This includes stroke prevention, community rehabilitation and after care support delivered in local places to meet the needs of people, locally planned with a consistent approach determined by clinicians and key stakeholders working together across the area to further reduce variations and improve quality and stroke outcomes. This has included:
  - rolling out best practice care for people with atrial fibrillation 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 with the best local treatments available to save people's lives; and
  - progressing work associated with the wider cardio-vascular disease agenda to ensure there is continued focus on further reducing other risk factors linked to stroke. For example the treatment of hypertension [high blood pressure] which has the potential to reduce a further 620 strokes within three years.

## **Our work with clinicians**

15. Working with the clinical experts (and reflecting national guidance and the views of the Clinical Senate) we have:
- developed a standardised hyper acute stroke care pathway
  - agreed a set of key clinical standards/guidelines which are being included in a service specification e.g. all patients with suspected stroke should receive a brain scan within 1hr of arrival at hospital; and
  - developing a standardised policy to ensure people return as close to home as quickly possible.

## **Workforce**

17. It is important that we continue to support our staff and make the most of their valuable skills and expertise so that we can maximise opportunities to further improve quality and outcomes for the people. We have:
- completed a workforce baseline assessment of our current specialist stroke services
  - The Local Workforce Action Board stroke lead has also conducted a workforce survey to seek the views of our specialist stroke services staff. This information is informing discussions to re-establish the stroke clinical network and progress actions to further improve workforce engagement, retention and the sharing of best practice to improve quality outcomes.

## **What next?**

18. The next steps will be informed by discussions with local Overview and Scrutiny Committees, NHS England and the Yorkshire and Humber Clinical Senate. Further discussions with the public will take place as appropriate.

## **Contact details**

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