Report to Adults, Health and Active Lifestyles Board: 20th September 2022

Title of report:	Leeds Stroke Vision & Priorities
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BACKGROUND

Colleagues from the Leeds Teaching Hospitals NHS Trust (LTHT) attended a Scrutiny Board Working Group on 26 April 2021 to inform the Board of plans to relocate the inpatient stroke rehabilitation service from Leeds General Infirmary (LGI) to Chapel Allerton Hospital (CAH).

A further update paper was sent to Scrutiny Board members in June 2021 to update on progress against the engagement plan.

Leeds Teaching Hospitals NHS Trust (LTHT), Leeds Community Healthcare (LCH) and NHS Leeds CCG (now ICB in Leeds) were invited back to the Adults, Health and Active Lifestyles Board on the 5 October 2021, to provide a further update on the ward relocation and to discuss the city's ambition for a city-wide strategy for stroke services.

Scrutiny Board members wished to receive a further update on the stroke rehabilitation ward move and be updated on the overall priorities and vision in relation to Stroke services in Leeds, later in 2022, hence this update.

AN UPDATE ON THE LEEDS STROKE VISION (PRIORITIES)

1. Progress made since last presentation to the Scrutiny Board (5th October 2021)

1.1 Inpatient stroke rehabilitation ward move from Leeds Teaching Hospitals

We are pleased to report that since the Scrutiny Board meeting in October last year, the relocation of the inpatient stroke rehabilitation service from Leeds General Infirmary (LGI) to Chapel Allerton Hospital (CAH) has taken place. The move took place in November 2021.

The new unit at CAH has 22 beds alongside an 'independence living assessment flat' which allows assessment and support with practicing independent living. This is an important way of supporting patients to regain their confidence after a stroke and help them to relearn skills to promote independence for everyday living. Space was identified in a previously unused ward at CAH, maximising use of the hospital estate and enabling the co-location of rehabilitation services once re-purposed.

Patient experience during and following the ward move has been positive, with no complaints/issues arising/being reported to the Patient Advice and Liaison (PALS) service. The NHS Friends and Family test has been used to capture patient experience as the new ward becomes fully utilised. Since December 2021, 47 patients discharged from the CAH ward have been sent a Friends and Family survey, with 76% completing the survey. 87.5% of people reported a positive rating. 6.25% gave a negative rating. Some direct quotes include:

"Was welcomed to the ward and made to feel at home. Before being moved from LGI I had been nervous"

"Smashing staff, made me very comfortable and looked after me"

"Everything was brilliant, keep up the hard work"

"Honestly, I can't thank the team on the ward enough. Such amazing people and a great support to both my uncle and myself"

Negative themes predominately relate to there being a lack of TVs and group activities.

Staff have also welcomed the move, with staff consultation on work location changes completed prior to the ward move.

Filming is scheduled during September 2022 to develop a short video for patients on setting expectations/explaining the patient journey to CAH and how the ward looks and feels, when in an acute stroke bed. This was a recommendation discussed at the October meeting and a theme from engagement on the ward move. Unfortunately filming on clinical wards has not been possible until now due to strict infection control policies as a result of Covid.

1.2 The development of a Leeds Vision (Priorities) for Stroke Services

At the October 2021 Scrutiny Board, NHS Leeds CCG (now Leeds ICB), LTHT and LCH all committed to developing a vision for stroke services for the next five years.

Development of the vision was due to commence in October 2021, via the formation of a 'Stroke Vision Task Group' which would meet monthly. Our intention back in October was to publish a first draft of the Stroke Vision by April 2022.

We are pleased to say that the Stroke Task Group is in place and has been meeting monthly since October. The task group includes stakeholder representation from LTHT, LCH, Leeds ICB, West Yorkshire ISDN, Leeds City Council (Public Health), Yorkshire Ambulance Service and primary care. Membership includes a mixture of communications and engagement staff, clinicians (medical, therapists and nurses) and managers. It is recognised that membership needs to be strengthened to include social care and the third sector.

To date a vision, ambition and key principles for joint working have been agreed:

Vision: *Working together to deliver the best outcomes for people at risk of or suffering from a stroke*

Ambition:

We will work with…

- Everyone involved with, or affected by stroke
- Staff across the city

We will strive to …

- Ensure that everyone gets the best possible care, no matter who they are, or where they live in Leeds
- Make the best use of our resources
- Be open to new ways of working

In doing so we will create a service which improves prevention, supports people at risk of stroke and provides the best possible care and recovery to those who have had a stroke

Our Principles:

We will work together with everyone involved with and affected by stroke, including staff, patients, and carers, to continuously improve services
We will focus on improving prevention and supporting people at risk of stroke in their local communities
We will work with patients and their carers to develop personal recovery support which works for them
We will share learning and use best practice
We will ensure that everyone gets the best possible care, no matter who they are, or where they live in Leeds
Our staff are important in delivering the best possible services; we will provide them with opportunities to develop their skills, working together to deliver the best possible services

We will work differently across the system and adopt appropriate new technology and new ways of working wherever possible
We will make sure that we get best value for people living in Leeds within the available resources (staff and money) so that we can commit to delivering the principles and priorities highlighted for stroke within this document
We will make the best use of our resources to enable us to keep improving in the years ahead

Key priorities that were identified back in October 2021, that have been progressed as much as possible via the Stroke Task Group/aligned citywide work in terms of delivery include:

1.2.1 Patient and Public Involvement and Stroke Awareness

An initial insight review of what we already know about people's experiences of stroke in Leeds was undertaken in November 2021 by the CCG's (now ICB in Leeds) engagement team. The review found there to be a lack of information available on how patients and their families and carers experience stroke services in Leeds. In addition, incomplete data in relation to patient demographics, means that it is unclear how different communities, and specifically those most at risk of experiencing health inequalities, are being impacted by stroke.

A comprehensive public engagement is being developed to build a picture of what is working well, and what is not, for people experiencing stroke and their families and carers, and what matters most to them about the treatment and support they receive. The findings of the engagement will provide a foundation to understanding people's (including staff) experiences in Leeds, and the opportunity to highlight any gaps or particular areas to prioritise. This engagement aims to be the beginning of the ongoing and consistent collection of patient and public feedback, helping to shape continuous service improvement.

Work on the public engagement will include:

- Completion of an Equity and Quality Impact Assessment
- Completion and implementation of an Involvement Plan for public engagement
- Ensuring relevant existing organisations, groups and networks are involved and help to inform the approach to public engagement; for example working with stroke survivors and carers to understand their experiences of care services with the West Yorkshire and Harrogate Integrated Stroke Delivery Network (ISDN).
- Delivery of the public engagement, and production of a report based on the findings, highlighting themes and any gaps or priorities.

Timescales based on communications and engagement capacity is currently being determined, however it is envisaged the engagement will be a continuous process running alongside the live vision/priorities.

An initial virtual reference group (VRG) was set up towards the end of 2021 to inform the stroke priorities work. Local third sector and peer-led support groups, networks, organisations and volunteers were invited to take part, and did, through the VRG. Representation includes The Stroke Assoication and Different Strokes. To date this group has shaped the vision, ambition and principles shared within this document. A Leeds ICB

Volunteer has also been aligned to this work to ensure that the patient and carer position is always considered.

In preparation for the wider public engagement work, the role of the VRG is being reviewed to consider how it can best add value to the engagement and to the wider vision for stroke. Established support and peer-led groups and networks across the city, and staff delivering the services, are the ones hearing from people who have had a stroke, and their families and carers. We will work collaboratively to develop effective ways for them people and patients to continue to be involved over the longer term.

1.2.2 Stroke Prevention in Leeds

A key priority in Leeds is our collaborative work on avoiding the occurrence of stroke by focusing efforts on our Cardiovascular Disease (CVD) prevention programme of work.

In Leeds we have established a CVD Steering Group, and a number of workstreams all designed to increase the prevention of CVD and stroke under our Long-Term Conditions population board. The steering group and workstreams include representation from all partners in Leeds, including LTHT, LCH, LYPFT, Primary Care, etc.

CVD Prevention workstreams and their priorities in 22/23 are summarised below:

Anti-coagulation and Thrombosis

In Leeds we are working hard to implement NHS England's Detect, Protect and Perfect programme which is designed to prevent atrial fibrillation (AF) related strokes.

Every year in Leeds about 280 people get admitted to hospital with a stroke, with AF (based on data submitted to The Sentinel Stroke National Audit Programme – (SSNAP) - 2021-2022). More than two thirds of these people, despite being known to have AF before their stroke, are not receiving anticoagulation of any sort.

Stroke caused by AF tends to be severe and is associated with significant mortality and morbidity. Detecting AF through opportunistic pulse checks is essential, with significant education underway with primary care on the importance of AF detection in Leeds. In April 2022, all GP practices were provided with training via Target education sessions.

Once AF is detected, we are prioritising protect and perfect models of delivery in Leeds. Details of this/the toolkit are available at:detect-protect-perfect-london-af-toolkit-062017.pdf (stroke.org.uk). It is anticipated that by increasing our detection of AF (detect), increasing prescribing of anticoagulation (protect) and focusing on improving the quality of prescribing and monitoring of anticoagulation (perfect) we will reduce the number of AF related deaths, strokes and major bleeds.

We are currently piloting AF multi-disciplinary teams (MDTs) to support primary care in ensuring patients are adequately anti-coagulated through the provision of education, expert knowledge and advice and guidance.

Our priority is to evaluate the MDT approach, and expand/provide it permanently in Leeds to support medicines optimisation of anticoagulation.

We also know that many people do not always take their medication as prescribed. It is estimated that between a third and half of people on long term treatment do not take their medicines correctly, contributing in turn to the human and economic burden of chronic, long-term illness. We are conducting a research project in Leeds to establish the scale of poor adherence to anticoagulant treatment, understand barriers to good adherence and develop ways we can overcome these barriers to support people to get the most out of their treatment.

Hypertension

High blood pressure is a major risk factor for stroke. High blood pressure adds to the heart's workload and damages arteries and organs over time. Compared to people whose blood pressure is normal, people with high blood pressure are more likely to have a stroke. Over 50% of people experiencing a stroke in Leeds have a diagnosis of hypertension.

We are working to identify and diagnose hypertension earlier in Leeds, through:

- The roll-out of Blood Pressure Monitoring@Home schemes (2,800 blood pressure monitors issued in 2021/2022 alone in Leeds), to support people in diagnosis and self-management at home.
- Providing opportunistic blood pressure testing/case finding opportunities by working with local employers and the third sector to target hard-to-reach communities, with a focus on health inequalities.

We are working to improve hypertension treatment and ensure that people diagnosed with hypertension are treated to target (are on the correct medication and reviewed regularly). Through our joint working with the Yorkshire and Humber Academic Health Sciences Network (YHAHSN) on the Healthy Hearts Programme we have provided a number of resources in primary care to help identify patients who may benefit from optimisation of hypertension. We have also identified methods to improve their therapy, including clinical searches, simplified treatment guidance, education and training and patient resources.

Cholesterol and lipid Management

High cholesterol is when there is too much of a fatty substance called cholesterol in the blood. It's mainly caused by eating fatty food, not exercising enough, being overweight, smoking and drinking alcohol. It also has a genetic component (familial hypercholesterolaemia). Too much cholesterol can block blood vessels causing heart problems or a stroke.

In Leeds we are working with two Primary Care Networks (PCNs) (Crossgates and West Leeds) to deliver and pilot an MDT and tiered model to the medicines optimisation of lipids to treat cholesterol as below:

- Support tier 1 (practice-based care) to deliver gold standard lipid optimisation for oral therapies, including addressing the initial needs of someone with statin intolerance and ensuring access to lesser-known lipid therapies such as Bempedoic acid.
- Support tier 2 (PCN level care) to review ongoing care for people with statin intolerance and to initiate, where appropriate the injectable therapy, Inclisiran
- Support tier 3 (integrated care) to develop an 'advice and guidance' service for more complex and high-risk patients that need a greater level of expertise and input.

Our priority is to evaluate the MDT approach and expand/provide it permanently in Leeds to support medicines optimisation of cholesterol. The pilots will give us a rich understanding of the barriers to lipid optimisation and to model what interventions and resource might be necessary across the whole city to improve lipid optimisation.

As part of the research project to improve our ability to improve adherence to anticoagulants, we are also looking at adherence to statins, a type of lipid-lowering therapy which, despite well documented benefits, is often associated with poor adherence.

The CVD Steering Group is also working closely with the Leeds City Council's Long Term Conditions team, which is responsible for the NHS Health Check offer in Leeds. Health Checks are designed to help prevent diabetes, heart disease, kidney disease, stroke and dementia.

1.2.3 Improved 6-month review offer to improve patient care and SSNAP performance

One of the national stroke service ambitions is that all stroke survivors are appropriately offered a comprehensive holistic and person-centred review six months after their stroke, and that this is documented on The SSNAP, in line with the 2019/20 Commissioning for Quality and Innovation (CQUIN): Six-month reviews for stroke survivors. Data from six-month reviews should then be used to inform local needs mapping, workforce, and service improvement planning (NHSE 2021).

The Leeds Community Stroke Rehabilitation Team (CSRT) had been offering a six-month review service in conjunction with the Stroke Association to all patients referred to their service for stroke rehabilitation, which equates to approximately 50% of stroke survivors in Leeds. This service offered a home visit (pre pandemic) and telephone review since 2020. The aim of six-month reviews is to identify any immediate risks and needs which require support or signposting to enable patients to return to as near as possible to their previous roles/lives and to reduce the risk of future strokes (secondary prevention). In 2021/22, over 20% of people experiencing a stroke in Leeds had previously had a stroke or Transient Ischemic Attack (TIA). People who have had one stroke are at a very high risk of having a second stroke and we should be doing everything we can to reduce this risk as much as possible.

Our aim is to increase the number of patients offered a six-month review from 50% to 100% in Leeds. To achieve this, the following stepped approach has been agreed:

1. Continuation of stroke association offer whilst undertaking an evaluation of the model/previous models (delivery in-house)
2. Scoping work to map demand for six-month review offer (patients currently not offered reviews, i.e. TIA patients (sometimes called a mini stroke) and patients not referred into LCH rehabilitation
3. Process mapping of potential referral pathway routes for all patients including those currently not captured to inform standard operating procedure
4. Costing and development of a business case for a new model together with confirmation of agreed sourcing strategy
5. Evaluation and flow of review themes to inform local needs mapping, workforce and service improvement planning longer-term (patient feedback essential)

1.2.4 Improving Thrombectomy Access

A key priority of LTHT is to continue to improve access to thrombectomy. Approximately 80 patients within the region have been treated in the last year with Mechanical Thrombectomy (MT), on a Monday to Friday, 08:00 – 16:00 basis. We aim to continue to increase this number in Leeds and regionally and are working towards a service delivery model that will provide 24/7 cover. The Integrated Stroke Delivery Networks (ISDN) and our West Yorkshire ISDN have coordinated and completed work across Thrombolysis and Thrombectomy services, working with neighbouring ISDNs in Humber Coast and Vale, North East and North Cumbia and South Yorkshire and Bassetlaw to support a quality review into thrombectomy delivery. The Quality Reviews are a collaboration between Getting It Right First Time (GIRFT), the National Stroke Programme at NHSE, The Sentinel Stroke National Audit Programme (SSNAP), Specialised Commissioning and the Promoting Effective and Rapid Stroke Care (PEARS) research programme. Leeds has actively contributed to these so that a sustainable system plan can be agreed, including the development of an educational strategy and a stroke workforce strategy covering the West Yorkshire and Harrogate ISDN, and regionally in collaboration with neighbouring ISDNs.

1.2.5 Recovering from / Living with Covid

The Stroke teams continue to recover and manage patient need within the constraints of the continuing pandemic. Engagement with the workforce has been undertaken to inform internal 'covid strategies. Themes/reflections from engagement include:

- Hospital discharges are more complex with additional risks, however joint working and collaboration between LCH and LTHT has improved, with increased communication between teams. Digital solutions for strengthening this communication are to be explored as part of our priorities.
- As a result of complex discharges, there is a recognition of reduced patient confidence/independence and our system work is essential in addressing this. A system wide workshop is being organised for early October to define and map opportunities for Early Supported Discharge and community stroke services in line with the new NHS England National Stroke Model for Integrated Community Services published February 2022.
- There is growing need and a recognition that offers of mental health support need to be provided to patients, and onward referrals made sooner. Peer support offers require development and will form a key priority. LCH are working to ensure that patients with lower risk presentation have alternative offers of support including referral directly to the Stroke Association, including 'After Stroke' Education Groups for patients who benefit from support with self-management.

As above, good progress has been made on elements of the vision/priorities, however, there have been challenges and delays as outlined in section 2. Please also note, that over the course of the 10 months, we have agreed not to refer to this work as a formal strategy, but as a clear vision with agreed system priorities.

2. Challenges faced and impacts/risks to patients / health inequality

Whilst several immediate stroke priorities have been taken forward/are progressing, the work on writing the stroke vision/priorities document for publication and agreeing / progressing future priorities has been delayed due to the impact of Covid.

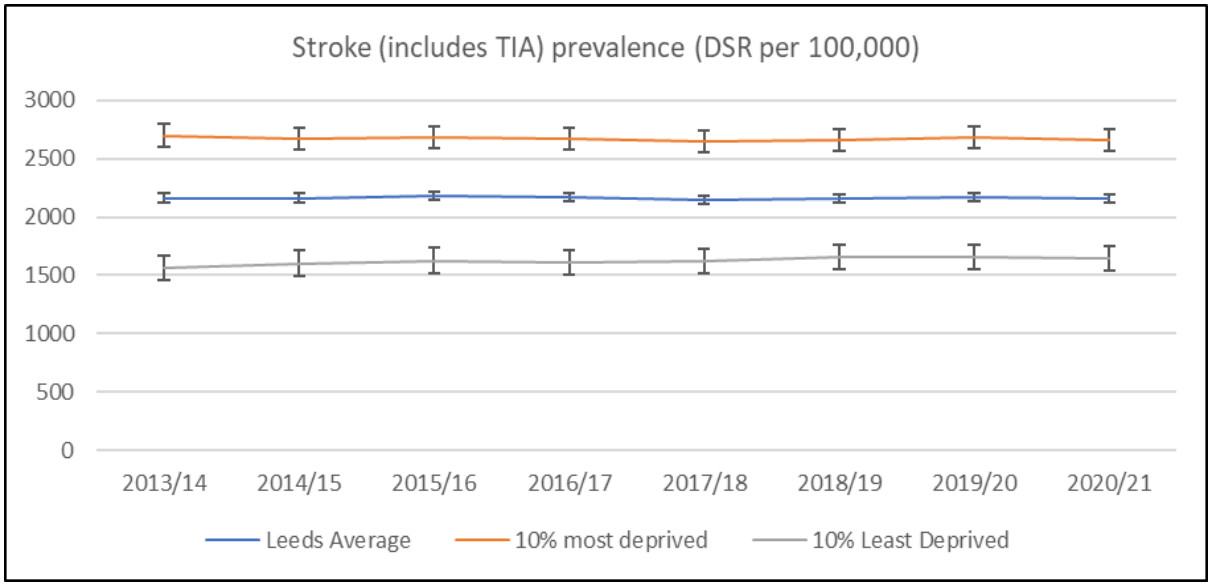
The Omicron Covid 19 variant placed capacity constraints on the stroke teams; with clinical delivery being prioritised and non-essential meetings being stood down. In addition, over the last few months, there have been a number of staff absences due to Covid/Long-Covid, and therefore planned face-to-face workshops/events to progress this work have had to be stood down.

We notified the Scrutiny chair of these delays in February. There have been further challenges as a result of CCG to ICB structure changes (with effect 1st July), and an identified need to align our identified priorities and outcomes for stroke with those being developed by system population boards, in this case the long-term conditions Population Board.

As identified via this update, immediate priorities have continued to be progressed/have been implemented, i.e. the CAH Ward move. Revised timescales for publication of the vision/priorities document are detailed in **section 3**. The delay to publication does not present a great risk for the system/patients/health inequalities as the work and activities are underway despite the challenges as above.

This focused work and commitment as a system to a stroke vision and priorities is allowing us the time to place a spotlight on emerging data and health inequalities, enabling us to understand need and where to focus our efforts. An example of this, can be seen through data analysis work undertaken on stroke prevalence within the city.

<u>Stroke Data with a Health Inequalities Lens</u>



The table above shows the stroke prevalence in Leeds by GP practice registration and Index of Multiple Deprivation (IMD), with the rates of stroke standardised to to take into account age differences between areas. It shows that there are statistically signfiicant higher rates of stroke

in the 10% most deprived GP practice areas of Leeds when compared to both the Leeds average and 10% least deprived. This means that people in the 10% most deprived areas are having more stokes at younger ages than those in the 10% least deprived areas. Further exploration of this is required, with a focus on prevention and awareness within our most deprived areas of Leeds. This data is essential in informing our future priorities, with time needed to digest it and plan in greater detail; a true population health approach.

An immediate priority that has been challenging/delayed in terms of a solution/progressing is how stroke outliers are managed within LTHT.

Due to the current prevalence of stroke and the existing capacity and demand restraints in LTHT, some stroke patients are managed outside of the dedicated stroke bed base on non-stroke wards. This is always after their acute and hyperacute phase, during the rehabilitation phase of their treatment, and will occur whilst patients await a bed for stroke rehabilitation. Pre-pandemic measures to support these patients with appropriate input of therapies included the development of a peripatetic team to review and support therapy teams on non-stroke wards.

During the pandemic, with the associated ward changes in response to changing Covid-19 inpatient demand, the omicron covid variant in early 2022 and the continued system flow crisis across the country, outlier Stroke numbers have always fluctuated between c.15 to 30 patients. Over recent months these have rarely dropped below 30 and have peaked recently at 48 patients.

There is no simple solution to this problem due to the highly complex nature of stroke care and the multiagency nature of managing this condition from index event to recovery. A long-term solution has not yet been agreed but LTHT are exploring plans to co-locate a number of Neuroscience wards together at the LGI, on a single floor allowing for a focussed support offer to Stroke patients across a wider, but more geographically condensed, bed base. This will improve therapy, medical and specialist nursing support to the stroke population in hospital and support reducing the overall length of stay for these patients. It will also allow closer and more effective links to the community-based services and social care services to improve collaborations and in-reach. This work is currently being considered by the LTHT Executive Team / Board.

3. Revised implementation plans/ next steps

The next steps and timeline for developing and publishing our vision/priorities are:

- Continued development via the Stroke Task Group
- A draft of our vision/priorities document to be shared with the Leeds Long Term Conditions Population Board in November 2022 following review and agreement by partners; LTHT, LCH and Leeds City Council. The Population Board includes systemwide membership including Healthwatch.
- The development of an implementation plan, detailing current and future priorities (and ownership) to accompany the vision/priorities document; this will also conclude continuous engagement plans once developed
- Any further revisions/updates to be made in December prior to publication in January 2023

4. Conclusions

4.1. Scrutiny members are asked to acknowledge the positive work and priorities progressed to date despite the challenging climate

4.2. Scrutiny members are asked to note the revised timescales as documented.