Review of Stroke Services

An update for local health Overview and Scrutiny Committees in the Black Country

12th November 2012 -Dudley

Recent History

- Local services are improving, but ....
- Stroke had been recognised by the Black Country (BC) PCT Cluster as a "challenged specialty"
- Issues related to quality and sustainability
- BC Clinical Senate asked to review ....
- Network asked to consider options for change
- Agreed that there was need to work across the BC and Birmingham/Sandwell/Solihull

SHA-wide review

- Local review now encompassed by the Midlands and East review
- The review is based on the need for services to improve across the whole pathway
- Although, most contentious in relation to the hyper-acute phase (first 72 hours)
- Poses the question - *is local always best*?
- Other services have been redesigned around hub and spoke models –

  e.g. heart attack care provided by Heart & Lung centre in Wolverhampton for the BC (Dudley, Walsall & Wolverhampton)

Population & Services

- Stroke services in BC & Bham serve a population of 2.5 – 2.8 million

- 6 provider Trusts (9 hospitals)

- Joint Network Clinical Advisory Group recommended that the population was likely to need 4 or 5 Hyper-acute stroke units (HASUs)

- HASUs deliver care for the first 72 hours, are responsive 24/7, with rapid access to specialist scans and, timely delivery of thrombolytic (clot busting) drugs

Wave 1 submission

- An iterative process of submission waves has been agreed with the SHA review team

- 1st wave (10th August 2012) – each network provided its own submission, although a joint paper was also submitted highlighting the need to work towards a BC and Bham wide solution

Overview of Wave 1 submissions

- Each provider in the Black Country (Dudley, Walsall and Wolverhampton) expressed a desire to deliver hyper-acute care

- Walsall and Wolverhampton described early work on a collaborative model for delivering a HASU

- Dudley provided a general outline of how it could deliver a range of scenarios, although there had been no direct collaboration with other areas

Wave 1 feedback

- Encouraged by a joint network approach
- Would welcome seeing a 4/5 HASU proposal (units receiving 800-1000 strokes/year)
- HASUs should not be based solely on the number of strokes, but include financial sustainability, meet workforce requirements, and achieve quality markers
- Proposals should also show a greater commitment to later parts of the pathway, including; Early Supported Discharge (ESD) *and*
- Encourage greater commissioning involvement

Wave 2 submission

- 2nd Wave (30th October)These were more detailed submissions, including financial modelling and performance indicators for existing services

- Again, each Network (BC & Bham) submitted their own proposals

- Reference was made within each proposal for the need to dovetail the two

Overview of Wave 2 submissions

- The joint proposal between Walsall and Wolverhampton was submitted by each Trust, although there was no agreement on which site should house the HASU

- Dudley submitted a proposal which demonstrated a small increase in the number of patients to be admitted, with some expected to come from the north Worcester area

Wave 2 Feedback (early) -1

- Remain supportive of the 4 or 5 HASU model for the population of the two networks, but accepted that financial modelling may suggest fewer

- Very positive about the north Black Country joint HASU proposal, but would like to see a clear decision on the HASU site – there appeared to be support from the EEAG as a whole, that Wolverhampton (RWT) had the stronger submission

- A question was asked about whether the Walsall/Wolverhampton proposal had considered a joint HASU/ASU. The Network feedback was that this hadn't been modelled, and that it was likely that there would be a need for an Acute Stroke Unit (ASU) on each site.

Wave 2 Feedback (early) -2

- Concern was expressed that the Dudley proposal was unlikely to deliver hyper-acute care to a sufficient number of patients to make the model viable and/or sustainable

- ESD services were seen to be a strength in the Black Country, although there was a question about making them consistent across the Networks

- A final comment was made that services were not simply about the structure, but need to show improved performance, outcomes, and also that they are joined up through strong clinical leadership, which will need on-going commitment through the implementation phase.

Dudley perspective

- Current service is improving, but still areas below quality standards

    - % of patients scanned within 1 hour

    - % of patients thrombolysed in 60 minutes

    - Direct admission to an ASU

•All local services are struggling to meet at least a proportion of the quality markers

The table below shows performance of services for the period April 2012 to September 2012

Measure	Target	Dudley	Walsall	Wolverhampton
AF and stroke prevention	60%	85%	53%	81%
Door to needle 60 mins	80%	44%	56%	60%
Door to needle 30 mins	n/a	16%	7%	20%
Thrombolysis	10.00%	11.00%	7.41%	15.36%
Direct access to ASU	90%	58%	78%	70%
1 hour scan	50%	35%	46%	48%
24 hour scan	100%	93%	88%	96%
90% stay	80%	90%	88%	85%
Swallow screening 4 hours	80%	91%	88%	70%
Antiplatelet 24 hours	100%	100%	88%	86%
High risk TIA 24 hours	60%	77%	83%	91%
Assessment review 6 months	95%	No data	100%	85%
Early supported discharge	40%	29%	15%	64%
Joint care planning	85%	No data	100%	100%
Timely access to psychology	40%	No data	Audit completed	No data

Service Specification

- The Stroke Review Service Specification is challenging both in terms of standards to be met, and financial sustainability *and*

- May require services to deliver to > 600 patients a year, to demonstrate a critical mass that generates an income stream that ensures efficient and sustainable services in the future

Next Steps

- 3rd wave submissions are due late Nov / Early December
- Submissions should reflect the final configuration for the Black Country and Birmingham
- Project Board feedback on final submissions will be in Jan / Feb 2013
- Any significant change in service delivery will require public consultation