NHS
Eastern Cheshire
Clinical Commissioning Group

GOVERNING BODY MEETING

26 November 2014

Agenda Item 2.5

Paper Title	Providing best practice stroke care in Eastern Cheshire

Purpose of paper / report

To update the Governing Body on progress on implementation of the Greater Manchester centralisation of Hyper Acute Stroke Services. This report highlights the significant improvement in health outcomes this will achieve, and the approach being taken in Eastern Cheshire including: transport provision, rehabilitation and the financial impact associated with delivering this improved clinical model.

Key points

- *Phase one of this project went live in December 2013 with time witnessed FAST positive patients (Face -Arms – Speech - Timely) within 4 hours, being conveyed to a Specialist Stroke Centre for assessment and treatment*
- *Evaluation of the stroke models in Manchester and London provides compelling evidence that access to specialist centres for **all** stroke patients improves the clinical outcomes achieved, and reduces overall length of stay in hospital*
- *The next phase of the Greater Manchester model development is to provide specialist care for **all** suspected stroke patients irrespective of the time of onset of symptoms. This phase will be completed by March 2015*
- *Local Health and Social Care partners will develop a business case for an integrated stroke rehabilitation service. This will include bed and community based services to enable people, once medically stable, to return to local services for recovery and rehabilitation*
- *The CCG's patient and public representative group, Eastern Cheshire Community HealthVoice and the Cheshire East Health and Adult Social Care Overview and Scrutiny Committee have been consulted on the proposal. The CCG will be returning to the Health and Adult Social Care Overview and Scrutiny Committee to seek formal support for the proposal on 4th December 2014.*
- *The recurrent financial impact of the proposal is **£188k for hospital based services** and recurrent tariff cost of **£66k for additional ambulance journeys**. There remains a financial risk associated with providing additional investment in capacity for North West Ambulance Service (NWAS). Discussions are ongoing with NWAS to mitigate this risk by reviewing existing performance and exploring alternative delivery models to mitigate this wider risk affecting all services.*
- *The CCG intends seeking opportunities to pilot alternative transport support for relatives/carers visiting patients admitted to one of the specialist centres during the acute phase of care.*

The Governing Body is asked to:			
Approve	☑	Decide	
Ratify			
Endorse			

Benefits / value to our population / communities

The clinical outcomes of the proposed model are evidenced to improve reductions in mortality, hospital length of stay and enabling people to recover following a stroke.

Report Author

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Contributors

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Providing best practice stroke care in Eastern Cheshire

1. Executive Summary

1.1 NHS Eastern Cheshire Clinical Commissioning Group (CCG) is working with the Association of Greater Manchester CCGs to commission best practice stroke care for the people of Eastern Cheshire in accordance with National policy and guidelines

1.2 In November 2013 the Governing Body agreed to a phased development of stroke services for the residents of Eastern Cheshire, based on the Greater Manchester model of care.

1.3 Phase one is now complete with all patients with witnessed onset of stroke symptoms within 4 hours, (hyper acute) now able to access a range of care in specialist centres at North Staffordshire, Stockport and Salford. Since the start of phase one the rates of thrombolysis provided to Eastern Cheshire residents have risen from around half the national average to just above this national average rate (from 5.8% to 12.3%).

1.4 Evaluation from models across the country provides compelling evidence that access to specialist centres for all stroke patients, rather than only those in their hyper acute stage, improves survival rates and recovery from stroke.

1.5 The next phase of the Greater Manchester development therefore is to provide specialist care for **all** suspected stroke patients irrespective of the time of onset of symptoms. This phase will be completed by March 2015.

1.6 NHS Eastern Cheshire CCG, working with Cheshire East Council, Cheshire and Wirral Partnership NHS Foundation Trust and East Cheshire NHS Trust will develop an integrated stroke rehabilitation service. This will include bed-based and integrated health and social care services to enable people, once medically stable, to return to local services for recovery and rehabilitation.

1.7 Proposals have been well received by both the CCG's patient and public representative group, Eastern Cheshire Community HealthVoice and the Cheshire East Health and Adult Social Care Overview and Scrutiny Committee. The CCG will be returning to the Health and Adult Social Care Overview and Scrutiny Committee to seek formal support for the proposal on 4th December 2014.

1.8 There is a recurrent financial impact of the proposal of £188k for hospital based services and a recurrent tariff cost of £66k for additional ambulance journeys.

1.9 There is a financial risk associated with providing additional capacity for North West Ambulance Service (NWAS) to support the conveyance of people to specialist centres. Discussions are ongoing with NWAS to mitigate a potential cost pressure, which relates to emergency ambulance provision more widely. This includes a review of existing performance and exploring alternative delivery models.

1.10 Feedback from several residents highlights concerns in relation to transport for relatives/carers of patients admitted to specialist centres during the acute phase of care. The CCG is exploring solutions to this issue including the potential to work with

the voluntary sector to provide short term support.

2. Recommendation(s)

2.1 The Governing Body is asked to:

- Approve the decision for accessing specialist services for all people suspected of having a stroke
- Approve the additional hospital costs which have been modelled to a recurrent value of £188k
- Approve the known recurrent costs of £66k associated with this roll out in terms of transport
- Note the further work taking place to improve existing ambulance performance and mitigate the impact of the additional journey time/investment costs associated with this initiative.
- Support further work to pilot options to support relatives and carers travelling to specialist centres during the acute stage
- Support the development of plans for an integrated stroke rehabilitation service and note that a business plan for the integrated stroke rehabilitation service by March 2015

3. Reasons for recommendation(s)

3.1 The CCG has worked alongside our Peer CCGs in Greater Manchester to assess the evidence available showing improved outcomes for patients which can be achieved by this development of stroke services.

3.2 This evidence includes reductions in mortality and hospital length of stay as well as broader improvements in the rehabilitation of stroke survivors.

4. Peer Group Area / Town Area Affected

4.1 All

5. Population affected

5.1 All members of the population who have a stroke, or are suspected to have had a stroke.

6. Context

6.1 In December 2013 NHS Eastern Cheshire CCG re-commissioned hyper acute stroke services at three major specialist centres; Salford, Stockport and North Staffordshire, as phase one of the development of stroke services, to reflect national best practice. Those patients who suffered a stroke and had their onset of symptoms witnessed within a four hour time frame (hyper acute) were to be transferred to the nearest specialist acute centre.

6.2 A recent study in the British Medical Journal built on previous reviews of Hyper Acute Stroke Care to show the benefits of centralisation. This study reviewed the impact of the centralisation of Acute Stroke Services in Greater Manchester and London and demonstrated significant reductions in both mortality (at 3, 30 and 90 days) and

hospital length of stay following centralisation. In London the reduction in Stroke Mortality was 1.1%. The average length of stay in hospital was reduced by 2 days in Manchester and 1.8 days in London.

6.2.1 Locally initial information supports the findings of reduced length of stay. Work is underway, and ongoing, to assess mortality data.

6.3 The CCG has been working closely with the specialist centres, East Cheshire NHS Trust, NWAS and the Local Authority to plan the next phase of improvement, to take effect by March 2015

6.4 **Model of Care:**

6.4.1 Eastern Cheshire intends to commission future Stroke Services in accordance with the Greater Manchester Integrated Stroke Services model. This model describes a pathway of care provided through hub and spoke services. In addition to providing thrombolysis the 'Hub' or Comprehensive Stroke Centre (CSC) has the following characteristics:

- It should be open every day throughout the year for 24 hours per day
- It should have neurosurgical facilities available for the treatment of intracranial haemorrhage.
- It should co-ordinate the neuro-radiological input for both the comprehensive stroke centre and the two primary stroke centres.
- It should support the coordination of training, audit and clinical governance across the comprehensive stroke centre, the primary stroke centres and the district centres

6.4.2 Salford Royal and University Hospital North Staffordshire are designated CSCs.

6.4.3 Offering the same level of service as the CSC, Primary Stroke Centres (PSC) - accept patients every day but only within the hours of 7am and 11pm. Stepping Hill will be a designated PSC, for our population, by March 2015.

6.4.4 East Cheshire NHS Trust is a District Stroke Centre (DSC) – the 'spoke' - and will focus on the post-acute phase of the patient's pathway providing access to:

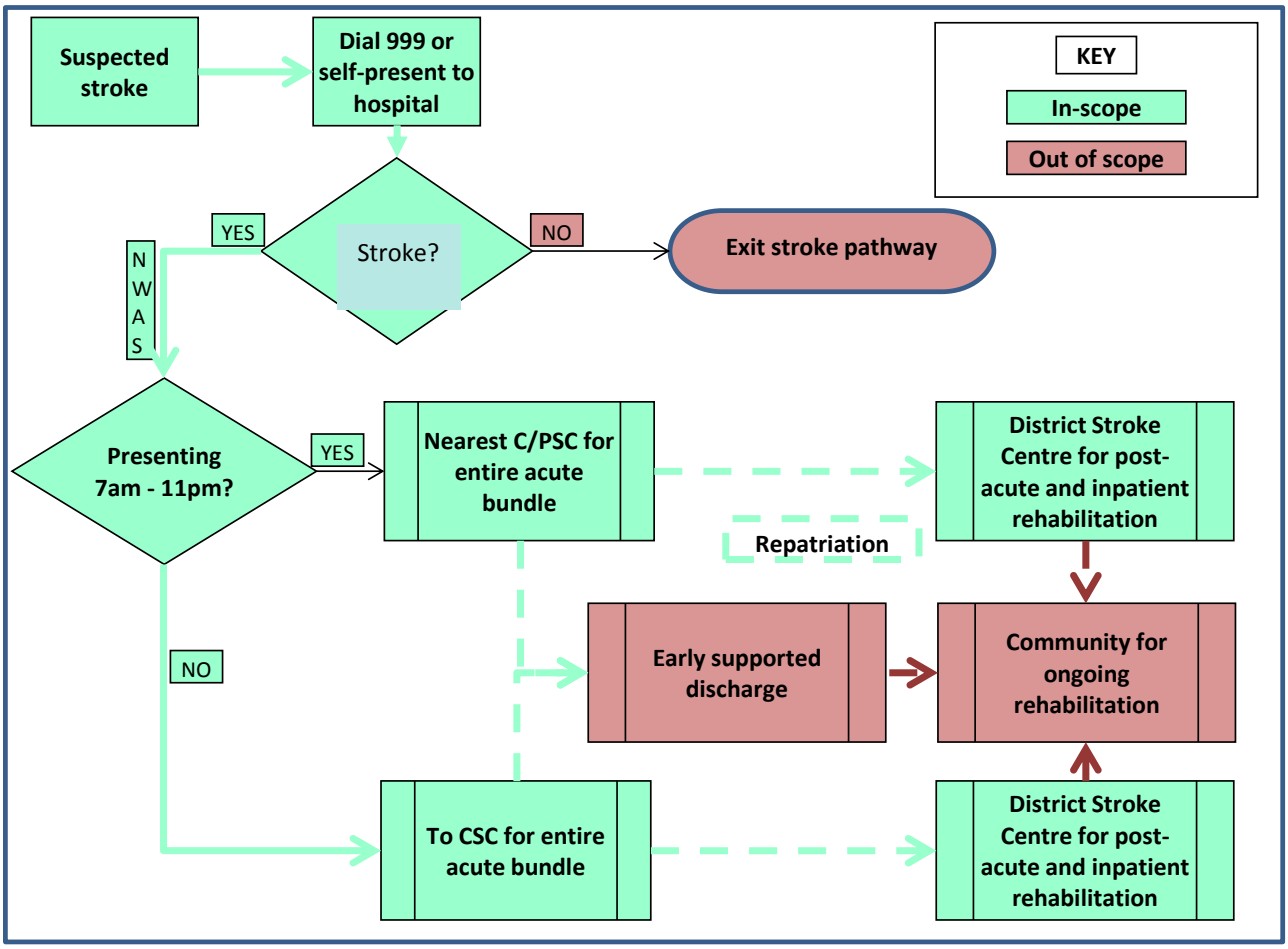
- A stroke unit with the capacity and resource to receive patients from the comprehensive and primary stroke centres as soon as the patient is ready for transfer.
- A stroke service with the capacity and resource to manage inpatient strokes and self-presenters either by transfer to the Comprehensive / Primary Stroke Centre or onsite if transfer is clinically inappropriate.

6.4.5 East Cheshire NHS Trust will be required to receive patients back from specialist centres once they have completed their acute phase of care. Capacity modelling within specialist centres is based on a 72 hour length of stay and any delay in transfer will compromise the flow of patients through the system. The specialist centres will give prior warning to East Cheshire NHS Trust of patients requiring repatriation, allowing a

bed or community placement to be protected in order to support the patient being transferred back.

6.4.6 Figure 1 below shows the proposed pathway for future service provision via the Hub and Spoke model of care:

Figure 1: Project scope and proposed stroke pathway



6.4.7 The final phase of developing stroke services, which is highlighted in Figure 1 as 'out of scope', relates to an aligned piece of work being undertaken by NHS Eastern Cheshire CCG. In partnership with East Cheshire NHS Trust, Cheshire & Wirral Partnership NHS Foundation Trust, Third Sector Partners and Cheshire East Council we will develop a specification and business case for an integrated stroke rehabilitation service. There is agreement for this to be one of the early schemes delivered through the nationally mandated 'Better Care Fund' creating a unique opportunity for pump priming a new service. The benefit of this approach will be the opportunty to transition safely into a new service by allowing short term 'double running' of both hospital in patient and supported early discharge. The aim is to provide sustainable funding of this service through costs savings from reduced length of stay in hospital which will support bed

closures.

7. Finance

7.1 The development of the Hyper Acute model does have a financial consequence with the modelling undertaken indicating an additional recurrent cost of £188k to implement this model. This modelling uses a tariff developed by the Greater Manchester Programme through working with the three "specialist" centres and the District Stroke Centres. The additional quantum of cost supports investment on the infrastructure required to deliver this enhanced clinical model.

7.2 There is a financial risk associated with providing additional capacity for North West Ambulance Service (NWAS) to support the conveyance of people to specialist centres. The confirmed impact of the modelling of additional journeys is a recurrent cost of £66k. However, this figure does not reflect a wider challenge around the current levels of performance of NWAS in meeting the national standards for Emergency Transport, with the additional journeys created by implementing this new model. Discussions are ongoing with NWAS to reduce the potential impact of addressing this risk.

7.3 The impact of stroke can be life changing and therefore effective treatment and rehabilitation will mitigate these costs. For example an individual requiring continuing health care and complex care packages resulting from a stroke is likely to cost over £50k per annum.

8. Quality and Patient Experience

8.1 The Association of Greater Manchester CCGs has been working with the Greater Manchester and Cheshire Cardiac and Stroke Network to develop clinically led service specifications for specialsit and District Stroke Centres.

8.2 The revised specifications will raise the standards expected within our local stroke services, in line with national best practice.

8.3 The CCG is working to develop an enhanced "integrated" rehabilitation service with local stakeholders which will significantly enhance the services available to our population.

8.4 The development of an integrated Stroke rehabilitation service will optimise outcomes for stroke survivors and reduce length of stay in hospital. It will also lead to improved recovery which will reduce the need for complex care packages.

8.5 The commissioning of this service will demonstrate that there are a number of existing gaps in service provision in Eastern Cheshire, such as community rehabilitation and psychological therapies. A business case is being developed to demonstrate the longer term return on investment, and the benefits of joint funding and risk sharing with the local council.

9. Consultation and Engagement (Public/Patient/Carer/Clinical/Staff)

9.1 The CCG has discussed the proposals with HealthVoice, Cheshire East Health and Adult Social Care Overview and Scrutiny Committee, our peer CCGs in Greater Manchester as well as our local provider, East Cheshire NHS Trust.

9.2 Whilst proposals have been well received by both HealthVoice and the Cheshire East Health and Adult Social Care Overview and Scrutiny Committee, feedback from several residents highlight concerns in relation to transport for relatives/carers of patients taken to specialist centres. The CCG is exploring solutions to this issue including the potential to work with the voluntary sector to provide short term transport support to relatives/carers.

9.3 The Manchester Programme Team has undertaken a wide range of consultation activities in order to support development of the new service specifications. This included a questionnaire earlier this calendar year which received a range of feedback including the need to consider transport concerns and lack of rehabilitation in the community.

10. Equality

10.1 The Manchester Programme Team undertook a full equality impact assessment (EIA). This EIA has had a mitigation plan developed to ensure that any opportunities to develop the service model are taken as part of this roll out.

11. Legal

11.1 There are no perceived legal implications of this change. Stakeholders have been actively involved throughout the process.

12. Communication

12.1 The changes have so far been discussed with HealthVoice, Health and Adult Social Care Overview and Scrutiny Committee and our local providers. Subject to Governing Body approval the CCG will work closely with the Manchester Programme Team to implement a full communication plan in order to:

- Raise awareness of the revised models with both the public and our service providers
- Ensure the public are fully aware of approaches to support stroke prevention, what to look for to identify a stroke, what to do if you suspect a stroke.

13. Access to further information

13.1 For further information relating to this report contact:

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14. Glossary of Terms

CSC	Comprehensive Stroke Centre • open every day throughout the year for 24 hours per day • neurosurgical facilities available for the treatment of intracranial haemorrhage. • co-ordinate the neuro-radiological input for both the comprehensive stroke centre and the two primary stroke centres. • support the coordination of training, audit and clinical governance across the comprehensive stroke centre, the primary stroke centres and the district centres
DSC	District Stroke Centre (DSC) will focus on the post-acute phase of the patients pathway providing access to: • A stroke unit with the capacity and resource to receive patients from the comprehensive and primary stroke centres as soon as the patient is ready for transfer. • A stroke service with the capacity and resource to manage inpatient strokes and self-presenters either by transfer to the Comprehensive / Primary Stroke Centre or onsite if transfer is clinically inappropriate.
ECT	East Cheshire NHS Trust
EIA	Equality Impact Assessment
HealthVoice	East Cheshire Community HealthVoice: the CCG's patient and public representative group
Hyper acute	Within four hours
NWAS	North West Ambulance Service
PSC	Primary Stroke Centres (PSC) accept patients every day but only within the hours of 7am and 11pm

Governance

Prior Committee Approval / Link to other Committees

CCG Five Year Strategic Plan programme of work this report is linked to			
Caring Together		Quality Improvement	
Mental Health & Alcohol		Other	☑

CCG Five Year Strategic Plan ambitions addressed by this report			
Increase the number of our citizens having a positive experience of care	☑	Increase the proportion of older people living independently at home and who feel supported to manage their condition	☑
Reduce the inequalities in health and social care across Eastern Cheshire	☑	Improve the health-related quality of life of our citizens with one or more long term conditions, including mental health conditions	☑
Ensure our citizens access care to the highest standard and are protected from avoidable harm	☑	Secure additional years of life for the citizens of Eastern Cheshire with treatable mental and physical health conditions	☑
Ensure that all those living in Eastern Cheshire should be supported by new, better integrated community services	☑		

Key Implications of this report – please indicate			
Strategic	☑	Consultation & Engagement	☑
Finance	☑	Equality	☑
Quality & Patient Experience	☑	Legal	☑
Staff / Workforce	☑		

CCG Values supported by this report – please indicate			
Valuing People	☑	Innovation	☑
Working Together	☑	Quality	☑
Investing Responsibly	☑		

NHS Constitution Values supported by this report – please indicate			
Working together for patients	☑	Compassion	☑
Respect and dignity	☑	Improving lives	☑
Commitment to quality of care	☑	Everyone counts	☑