

## **REPORT TO: Health and Adult Social Care Overview and Scrutiny Committee**

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**Date of Meeting:** 9 June 2016  
**Report of:** Associate Director of Commissioning  
**Subject/Title:** Commissioning best practice stroke care for the people of Eastern Cheshire  
**Responsible Body:** NHS Eastern Cheshire Clinical Commissioning Group

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### **1.0 Report Summary**

- 1.1 Last year 311 people in Eastern Cheshire suffered a stroke which has a devastating and lasting impact on people's lives and on the nation's health and economy.
- 1.2 Strokes are a blood clot or bleed in the brain which can leave lasting damage, affecting mobility, cognition, sight and/or communication. The effects can include speech loss, physical disability, loss of cognitive and communication skills, depression and other mental health problems.
- 1.3 Whilst 145 patients received inpatient treatment at East Cheshire NHS Trust, of these 82 received all their hospital care on the Macclesfield site with a further 63 transferred back to Macclesfield from specialist centres. The numbers of patients receiving their initial care at a specialist centre has continued to rise through the year meaning that the proportion of people receiving all care at East Cheshire Trust would be much lower in 2016-17.
- 1.4 Of the 276 people who survive the stroke there are 125 who would benefit from a programme of specialised community rehabilitation which is currently not available for the people of Eastern Cheshire to access.
- 1.5 In October 2016 East Cheshire NHS Trust notified Eastern Cheshire Clinical Commissioning Group (ECCCG) of their intention to withdraw from the provision of acute Stroke 'in patient' care from 1<sup>st</sup> April 2016. This decision was taken as the Trust identified they were unable to provide the service to the required national clinical standards due to an inability to recruit specialist stroke personnel to their service.
- 1.6 ECCCG has secured an interim solution until October 1<sup>st</sup> 2016 with the last patients entering the service in September 2016 to allow new arrangements for stroke care to be agreed. This 6 month arrangement has incurred an additional £800,000 cost to the CCG to cover the costs requested by East Cheshire Trust to continue providing

the service for this period and, to Stockport Foundation Trust to provide additional clinical support to the service.

- 1.7 ECCCCG has identified two clear options for the re- provision of this service from October 16 onwards:
- 1.8 Option one would see a new provider of care operating on the Macclesfield Hospital site at an additional cost of approximately £1.7 million pounds.
- 1.9 Option two would be to transfer all hospital inpatient care to our two existing main specialist centres at Stockport Foundation Trust and University Hospital North Midlands (Royal Stoke).
- 1.10 Both options are conditional on the delivery of a specialist stroke community rehabilitation service. This includes a period of intensive therapy at home for approximately 40% of stroke survivors to facilitate timely discharge home and reduce the time stroke survivors need to spend in hospital.

## **2.0 Recommendation**

- 2.1 Having considered the clinical and financial impact of both options, Eastern Cheshire CCG recommends option two: deliver all inpatient care from the two main existing specialist centres.
- 2.2 Eastern Cheshire CCG is to work with the specialist centres to commission an evidence based specialist community stroke rehabilitation service to maximise the recovery potential of stroke survivors and reduce the time spent in hospital.

## **3.0 Reasons for Recommendation**

- 3.1 There is strong evidence that inpatient care within a specialist centre and access to specialist community stroke rehabilitation services results in less deaths and better recovery for stroke survivors.
- 3.2 The proposed cost of renting space at the Macclesfield hospital facility carries an additional worst case financial pressure of £1.7m. It is recognised however that there will also be transitional cost pressures in implementing the required additional capacity at the specialist centres although a final agreement with Stockport and University Hospital North Midland Midlands has not yet been reached. Any additional costs will need to be recovered which would require significant savings to be identified from elsewhere in the CCG commissioning budgets.

## **4.0 Wards Affected**

- 4.1 All wards covered by Eastern Cheshire CCG. We will continue to work with University Hospital North Midlands for patients with a Congleton and Holmes Chapel

post code with the remainder of the Eastern Cheshire CCG population accessing acute in-patient care at Stockport Foundation Trust.

## **5.0 Background**

- 5.1 Each Year approximately 311 people in Eastern Cheshire will suffer a stroke of which 35 people will not survive to leave hospital.
- 5.2 In accordance with national best practice, all Eastern Cheshire patients who present with signs of a stroke are taken directly to one of three major specialist acute centres; Salford, Stockport and Stoke where they receive care for up to 72 hours.
- 5.3 For those people who survived a stroke in 2015-16, 155 will go home after their immediate treatment and 82 received further acute/rehabilitation at East Cheshire Trust for the remainder of their hospital in-patient care.
- 5.4 There is currently no specialist community stroke rehabilitation service available to the people of Eastern Cheshire which results in longer stays in hospital and poorer long term outcomes.
- 5.5 In October 2015 East Cheshire NHS Trust indicated their intention to cease providing acute and inpatient rehabilitation stroke services with effect from 1<sup>st</sup> April 2016.
- 5.6 As a responsible commissioner, and at a considerable additional cost, Eastern Cheshire CCG has agreed an interim solution with East Cheshire Trust to enable clinically safe services to continue on site for 6 months whilst options are developed for future provision and allow patient and public consultation to take place.

## **Options**

- 5.7 Two possible options are presented here for consideration, with option two preferred:
- 5.8 **Option one: Alternative provider on East Cheshire Trust site**

### Pros

- Relatives/carers do not have to travel to visit in patients

### Cons

- Macclesfield site costs include a significant financial pressure which will have to be recovered by cuts in funding to other services
- Limited access to specialist facilities, interventions and expertise particularly overnight and weekends where it is not feasible to have specialists on site at all times
- Patients need to be transported by ambulance if ongoing hospital care is needed after their diagnosis and treatment in the specialist centre
- Poorer long term outcomes for patients
- Unable to invest in community rehabilitation services

- Length of hospital stay would be longer with higher risk of infection and mortality
- Difficulties recruiting staff to work in “outlying site” compared to “specialist site”

#### 5.9 **Option two: combine hyper acute and acute care in specialist centres and commission a specialist rehabilitation service to expedite discharge home**

##### Pros

- Significant improvement in patient outcomes and recovery
- Specialist staff available on site 24 hours per day 7 days per week
- Length of hospital stay would be shorter with lower risk of infection and mortality
- Affordability
- Funding can be released to fund specialist community rehabilitation service
- Continuity of care and less moves between sites for the patient during their treatment
- Consistent with national strategy for “local sector based” stroke care

##### Cons

- Travelling to visit patients may be more difficult for relatives/carers

#### **Evidence Base**

##### 5.10 National picture

- Every year approximately 110,000 people in England have a stroke.
- Stroke is the third largest cause of death in England, causing 7% of deaths.
- 20-30% of people who have a stroke will die within a month
- 25% of strokes occur in people who are under the age of 65
- There are over 900,000 people living in England who have had a stroke
- Stroke is the single largest cause of adult disability. 300,000 people in England live with moderate to severe disability as a result of stroke
- People from certain ethnic minorities are at a higher risk of stroke

##### 5.11 Local picture

- Across Eastern Cheshire 311 people have a stroke each year, the incidence between males and females is the same.
- 50% (156) of people are over 80 years of age
- 10% (31) of people recover with no or very minimal lasting disability
- Of those who survive, 199 will need an ongoing period of hospital inpatient care

- 70% (218) of stroke survivors would benefit from some level of rehabilitation
- 40% (125) would be eligible for intensive rehabilitation at home, reducing their time in hospital

## 5.12 Acute in patient Care

5.12.1 Research findings show that access to specialist centres for stroke patients increases both survival rates and recovery from disability and that is due to access to a range of interventions, including but not exclusively clot busting therapies and expert care from specialist multi professional teams (Hunter et al 2013, Davie et al 2013, Morris et al 2014).

5.12.2 *The evidence therefore supports option two, transferring all inpatient care to existing major specialist centres will result in improved outcomes for stroke survivors.*

5.12.3 In September 2016 East Cheshire Trust will not be the providers of acute stroke care for the people of Eastern Cheshire. Whilst modelling work is required to confirm exactly how many beds are required moving forward it is likely to reduce significantly from the 28 currently within the stroke unit. To support the safe care of people at East Cheshire Trust during the planning phase Stockport FT will provide interim support to ensure the service continues on site, whilst they create the physical capacity to take on the acute service from September at Stepping Hill.

5.12.4 Eastern Cheshire CCG has agreed to fund East Cheshire Trust £800,000 to utilise facilities on site to ensure services are safe and sustainable. This amounts to an annual increase of £1.7 million for stroke services to retain the East Cheshire Hospital site.

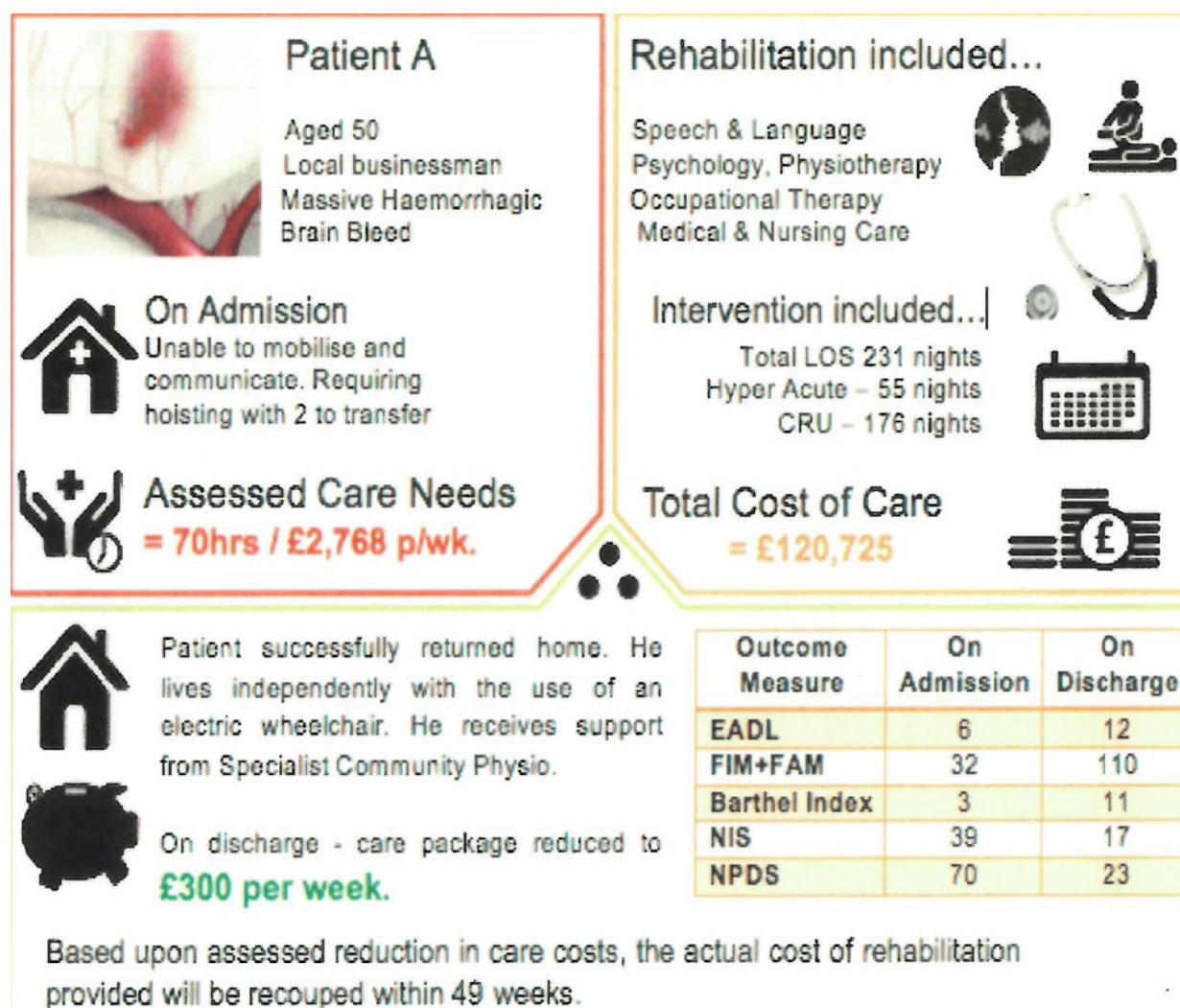
5.12.5 *Given the financial constraints currently identified by the CCG and the evidence of poorer outcomes for patients, this additional investment is not considered to constitute value for money and therefore supports option two, transferring all inpatient care to existing major specialist centres will result in improved outcomes for stroke survivors.*

## 5.13 Specialist Community Stroke Rehabilitation

5.13.1 The existing average length of time a stroke survivor spends in East Cheshire Trust is 36.5 days. Stockport Foundation Trust have indicated that with access to integrated specialist community stroke rehabilitation this could reduce to at least 17 days (Greater Manchester average) and University Hospital North Midlands are projecting even shorter length of stay.

5.13.2 The cost of rehabilitation needs to be considered alongside the option of providing traditional care at the point of discharge from hospital. In the real example give below the high initial cost is off set against the annual cost of caring for someone for 25+ years.

5.13.3 The example clearly supports the proposal of an integrated approach to provision as the assessed care needs would be both health and social care.



#### 5.14 Patient and Public engagement

The CCG will work in partnership with the stroke association to conduct patient and public engagement events both to test the options identified and shape the approach to the development of the specialist community stroke rehabilitation service.

#### 5.15 Clinical Engagement

The CCG has worked closely with the clinical network on the development of plans for stroke services. Proposals will be presented to the Member practices for the CCG at their meeting in June 2016.

#### 5.16 Partnership working

The development of rehabilitation services will be in partnership with Cheshire East Council and is a key priority for Joint Commissioning and the

urgent care partnership (system resilience group) five point improvement plan.

## **6.0 References**

- 6.1 Hunter RM, Davie C, Rudd A, Thompson A, Walker H, Thomson N, Mountford J, Schwamm L, Deanfield J, Thompson K, Dewan B, Mistry M, Quoraishi S, Morris S (2013) 'Impact on clinical and cost outcomes of a centralized approach to acute stroke care in London: a comparative effectiveness before and after model'.
- 6.2 Davie C, Hunter RM, Mountford J, Morris S (2013) London's Hyperacute Stroke Units Improve Outcomes and Lower Costs. Available from <https://hbr.org/2013/11/londons-hyperacutestroke-units-improve-outcomes-and-lower-costs>.
- 6.3 Morris S, Hunter RM, Ramsay AI, Boaden R, McKeivitt C, Perry C, Pursani N, Rudd AG, Schwamm LH, Turner SJ, Tyrrell PJ, Wolfe CD1, Fulop NJ (2014) 'Impact of centralising acute stroke services in English metropolitan areas on mortality and length of hospital stay: difference-in-differences analysis'. BMJ 349, g4757

## **11.0 Access to Information**

The background papers relating to this report can be inspected by contacting the report writer:

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