Agenda Item 8

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**6th July 2009**
By:	**Director of Law and Personnel**
Title of report:	**Review of Stroke Care in East Sussex – Response to HOSC Recommendations**
Purpose of report:	**To consider the response from the NHS and its partners to the recommendations arising from HOSC's Review of Stroke Care in East Sussex.**

RECOMMENDATIONS

HOSC is recommended:

1. **To consider and comment on the response to HOSC's recommendations from NHS East Sussex Downs and Weald/NHS Hastings and Rother on behalf of local health and social care organisations.**
2. **To agree that the Committee will schedule time at the HOSC meetings in March and September 2010 and March 2011 to continue to monitor progress against the recommendations.**

1. Background

1.1 In June 2008 HOSC established a Review Board to examine stroke care for East Sussex residents. This topic had been identified as a priority for review by the committee at a work planning seminar.

1.2 Councillors Davies, Healy, Martin and Rogers were nominated to form the Review Board. The Board subsequently agreed to invite co-opted representatives from the County Council's Adult Social Care Scrutiny Committee and the non-executive directors of NHS East Sussex Downs and Weald (ESDW)/NHS Hastings and Rother (H&R) to join the Board. It was felt that these perspectives would add to the review process and help ensure that these groups would gain increased awareness of stroke care issues and the developments required. Councillor Forster from the Adult Social Care Scrutiny Committee and John Barnes, Chairman of NHS East Sussex Downs and Weald therefore completed the Board's membership.

2. Objectives and scope of the review

2.1 The objective of the review was to assess and make recommendations on the stroke care provided to East Sussex residents, with particular focus on awareness and prevention, provision of acute services and the integrated provision of rehabilitation and long-term support.

2.2 To achieve this the Review Board:

- Researched public and professional awareness of stroke prevention and care;
- Sought the views of patients, carers and professionals in relation to current stroke services and their views on how services could be improved;
- Examined how stroke services in East Sussex compared to regional and national best practice and;
- Researched stroke prevalence and outcomes data for East Sussex, with particular reference to identifying areas of health inequality.

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3. Report and recommendations

3.1 The Review Board's findings and recommendations were outlined in the final report which was endorsed by HOSC at its meeting in March 2009. The report has therefore previously been circulated to the Committee and it is available on the HOSC website www.eastsussexhealth.org or on request from Sam White on 01273 481581 or sam.white@eastsussex.gov.uk .

3.2 HOSC agreed to request a response to the recommendations from NHS ESDW/NHS H&R who had agreed to co-ordinate the responses from other health and social care organisations through a newly established East Sussex Stroke Programme Board.

4. Response to recommendations

4.1 As requested, NHS ESDW/H&R have provided a response to the recommendations. Their covering letter is attached at appendix 1 and the full response in tabular format is attached at appendix 2.

4.2 All of the recommendations made by HOSC have been accepted by local NHS and social care organisations and are being taken forward through the multi-agency Stroke Programme Board. Details of the governance arrangements for this programme board are attached as a diagram at appendix 3. A summary of how the HOSC recommendations sit alongside other recommendations (e.g. National Stroke Strategy Quality Markers (QMs)) within each of the Programme Board's workstreams is attached for information at appendix 4.

4.3 The Stroke Programme Board has invited HOSC to nominate a Member to join the Board in order to be engaged in the detailed work of implementing the East Sussex Stroke Strategy. This provides an excellent opportunity to ensure that HOSC's recommendations are reflected in the ongoing work, and will complement HOSC's monitoring of progress through regular reports to the committee. Cllr Davies has agreed to take on this role, as Chairman of the HOSC Review Board on Stroke Care. The role will not involve participating in decisions of the Programme Board as this is not the role of HOSC, but will be in an advisory and observational capacity.

5. Issues to consider

5.1 The NHS ESDW/H&R Stroke Programme Lead, Rachel Harrington and her colleague Kate Russell, Service Improvement Project Lead will be available at the HOSC meeting to answer questions on the response to the HOSC recommendations and the ongoing work on Stroke Strategy in East Sussex. Members may wish to clarify aspects of the response or ask for further detail on specific areas of work.

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Director of Law and Personnel

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Background paper: Review of Stroke Care in East Sussex: Final Report, HOSC, March 2009.

East Sussex Downs & Weald
Hastings & Rother

18th June 09.

Dear Claire

Please find attached the current update to all the HOSC recommendations. I have coordinated this on behalf of all out partners.

We are now rapidly beginning to move forward with the implementation of the East Sussex-wide Stroke Strategy and have set up a new stroke programme board to oversee the implementation. I am delighted that Cllr Angharad Davies has agreed to sit on the stroke programme board.

Four work streams have been identified in order to deliver not only the 63 recommendations of the local stroke strategy but also the recommendations from the HOSC review, the Sussex – wide neuro-rehabilitation strategic commissioning framework, East Sussex Hospital Trusts Acute stroke care strategy and of course the quality indicators from the National Stroke Strategy.

I attach a diagram showing these four work streams, and also a diagram highlighting which of the work streams are responsible for each of the recommendations. I have attempted to colour code for ease of interpretation.

There are also a couple of smaller updates embedded into the HOSC table.

I look forward to attending the meeting on the 6thJuly and will hopefully be able to answer any questions arising from the updates.

With best wishes

Rachel Harrington

Stroke and LTC neuro programme lead.

Appendix 2

HOSC Review of Stroke Care - Response to Recommendations

Recommendation		To	Response	Timescale
1	**The public need to be more aware of:** **a) the causes of stroke and what the public can do to reduce risk.** **b) the symptoms of stroke and that calling 999 is the normal action to take on suspecting a stroke.** **The national awareness campaign is welcome but must be complemented by local, targeted work co-ordinated by the PCTs and involving a range of local agencies (e.g. Older People's Partnership Board). The findings from the awareness survey should be used to inform this work.**	NHS East Sussex Downs and Weald (ESDW)/NHS Hastings and Rother (H&R) and partners	**Accepted – Work Stream 1** East Sussex PCT's are working in conjunction with ESHT and Pfizer in delivering a local awareness campaign for September/October 2009. This will be in advance of the next phase of the national campaign which will be in November 2009. It will particularly target the 20 most deprived wards, where rates of stroke are highest.	. Oct 09
2	**GPs and other front line health and social care professionals need to be more effective at recognising stroke and ensuring an emergency response. It is recommended that the PCTs and Adult Social Care consider ways to increase awareness and training for community and primary care staff and ensure that clear protocols are available and followed.**	NHS ESDW/NHS H&R GPs Adult Social Care	**Accepted – Work Stream 1** As part of the local awareness campaign, it is planned that all front line health and social care staff will be receiving information around the FAST campaign.	Oct 09

Recommendation		To	Response	Timescale
3	**A robust pathway for follow-up care/secondary prevention should be put in place to ensure that all stroke and TIA patients receive regular checks, information and advice in line with National Stroke Strategy standards. This should include the maintenance of robust and consistent registers of stroke and TIA patients at all GP practices.**	NHS ESDW/NHS H&R GPs	**Accepted – Work Stream 1& 2** We have just started working with the Sussex Stroke Network to develop a Sussex -Wide Stroke register that will cover the whole pathway. The first meeting of this group will be on the 23rd July 09. Agreed data, which can be compared nationally and used to measure and improve quality, will be collected during the acute phase, rehabilitation, 6 week, 6 month and annual reviews. This will be fully accessible in primary care. Specialist TIA clinics (including reviews) have been commissioned. Problems with the recruitment of nurses to support these clinics have delayed a full launch, but this has now been resolved.	Ongoing Timescale to be agreed by September 09
4	**A mechanism should be put in place to identify those at higher risk of stroke on practice based 'at risk' registers to ensure regular health checks and preventative medicine.**	NHS ESDW/NHS H&R GPs	**Accepted – Work Stream 1** New vascular health checks are being implemented in primary care across both East Sussex PCT's, These will support other QOF targets in ensuring the proactive management of all patients at risk. The Sussex heart network is also continuing some pilot work with GP surgeries in improving identification of those people with Atrial Fibrillation (a significant risk factor for stroke) and subsequently reviewing their treatment plans	Dec 09

Recommendation		To	Response	Timescale
5	**When moving towards 24 hour acute stroke services, progressing the full range of specialist care is essential. This should include, but not be dominated by, 24 hour access to thrombolysis, as thrombolysis will only be appropriate for around 10% of patients.**	Sussex Stroke Network NHS ESDW/NHS H&R Hospital Trusts	**Accepted – Work Stream 2** Both ESHT (East Sussex hospital Trust) sites (Conquest and DGH) are offering thrombolysis, Monday-Friday 9-5. A paper outlining the proposals for 24 hour thrombolysis across the whole of Sussex was agreed in March 09 subject to affordability and sustainability. A copy is attached. Costed detailed proposals for implementation will be available in summer 09. 24 hour thrombolysis will be available by 2010. The focus has also been on improving hyper acute stroke management for all patients, including those that will not be suitable for thrombolysis and a draft service specification is attached covering the acute care phase.	Jan 2010 *The documents shown below provide further information and are available on request – contact 01273 481581 or sam.white@east sussex.gov.uk*  implications of 24hr service Feb 09.doc  SERVICE SPEC out of hours version 2.doc
6	**The PCTs should commission for the provision of all diagnostic investigations for stroke patients to National Stroke Strategy standards well ahead of the Strategy's 10 year timescale. Patients (and carers as appropriate) should be informed of the outcomes in a way they can understand.**	NHS ESDW/NHS H&R Hospital Trusts	**Accepted – Work Stream 2** The main diagnostic test for someone who has experienced a stroke is a CT scan. It is recommended that all stroke survivors have a scan within 24 hours of experiencing symptoms. In the sentinel audit 2008 this was only attained in 36% of patients at the Conquest and 46% at the DGH. This measure has been chosen as one of both PCT's CQUIN (Commissioning for quality and innovation) measures for this financial year and subsequently we are looking to see a significant improvement.	March 2010

Recommendation		To	Response	Timescale
			The hospital trust (ESHT) is also developing an electronic data capturing system for stroke and TIA patients which will help improve performance Improving communication with patients and their families, lies at the heart of all work streams and will be included within the detailed action plans currently being developed.	
7	**All stroke patients' discharge from hospital should be managed by the multi-specialist stroke unit team. There should be a protocol in place to ensure this happens even if, in exceptional circumstances, a patient is on another ward prior to discharge, so that they have the same access to community stroke services as patients discharged from the stroke unit.**	Hospital Trusts	**Accepted – Work Stream 3** Following on from the East Sussex wide stroke strategy, we are now in the process of developing a new service model for community rehabilitation: The current average length of stay in the acute units will be halved to 10 days. There will be two dedicated neuro-rehabilitation units. These will be mostly stroke beds but will also take people with other neurological conditions that require similar intensive rehabilitation. In addition there will be 3 community neuro-rehabilitation teams supporting stroke survivors and their families in the community. For H&R there will be one team and the specialist beds will be at the Irvine Unit. For ESDW PCT there will be 2 teams that will ensure full coverage of the PCT. The location of the inpatient unit has yet to be agreed. The community teams will in reach to ensure a smooth discharge to either community teams or beds and the acute trusts will ensure that discharge planning will start within 48 hours of admission.	To be agreed at programme board in Sept 09

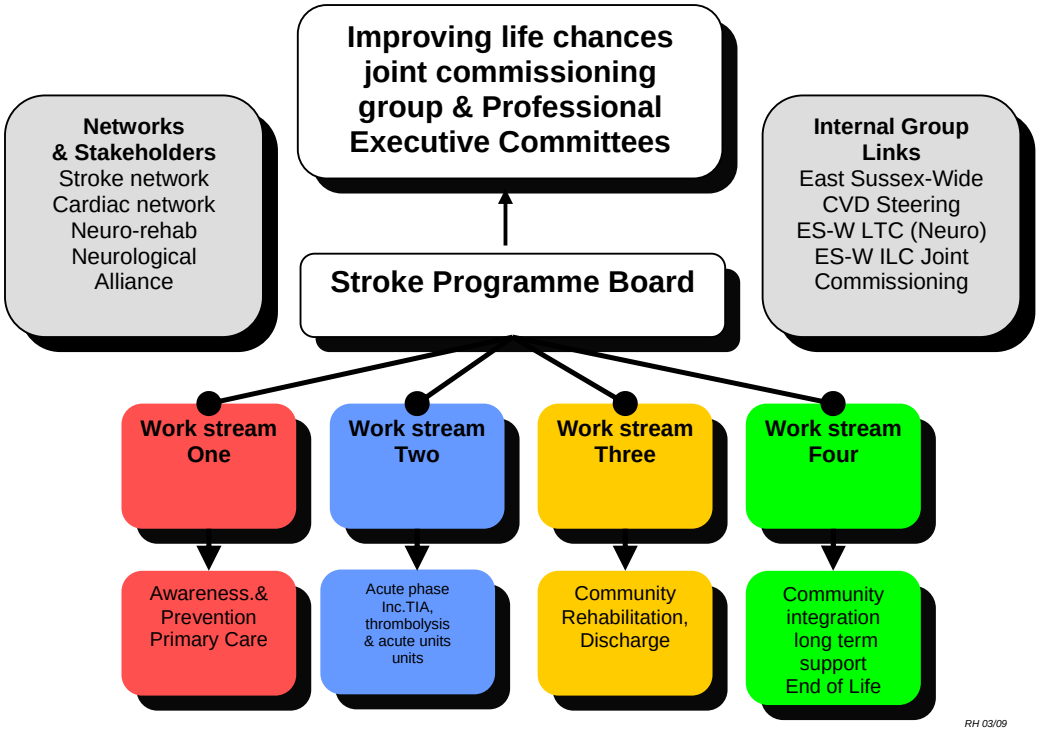
Recommendation		To	Response	Timescale
8	**Rapid access to the specialist stroke team is crucial. Acute Trusts should have strategies in place to proactively 'pull' stroke patients into their stroke units. Ideally, there should be a dedicated A&E bay for stroke, a stroke co-ordinator monitoring admissions to ensure they reach the stroke team and all stroke patients should be allocated to a stroke specialist consultant who will oversee their care.**	Hospital Trusts	**Accepted - Work Stream 2** It is extremely important that wherever possible all people with a stroke are admitted directly from A&E to a specialist acute stroke unit and not onto other wards. By reducing overall length of stay we will be aiming to ensure that at least 90% of stroke patients are directly admitted into an acute stroke unit	2010/2011
9	**Urgent action should be taken to remedy all staffing shortages and to bring staffing standards up to National Stroke Strategy guidelines.**	NHS ESDW/NHS H&R Hospital Trusts	**Accepted - All Work Streams** We also need to ensure the staff are all equipped with the skills needed to provide high quality stroke care. The new national stroke specific education framework will support us in this.	ongoing
10	**Patients should have access to a phased process of rehabilitation, including availability of inpatient rehabilitation between the acute and community care settings. The PCTs should commission additional and improved community inpatient rehabilitation. This should support consistent access and standards across East Sussex, based on analysis of need.**	NHS ESDW/NHS H&R	**Accepted - Work Stream 3** Please see response to number 7	

Recommendation		To	Response	Timescale
11	**There must be options available for longer-term rehabilitation. A pathway for patients requiring 'slow-stream' rehabilitation should be developed, supported by appropriate bed provision based on needs analysis.**	NHS ESDW/NHS H&R	**Accepted - Work Stream 3** This is very important. There will be some stroke survivors for whom it is not always appropriate to be admitted into the specialist rehabilitation units and also not to stay in the acute stroke units. A new pathway will be developed to enable these people to access appropriate care closer to home, whilst also being monitored and accessing specialist rehabilitation if needed.	2010 Detailed plans to be agreed Sept 2009
12	**The Sussex Stroke Network should consider the provision of a Sussex-wide service for young stroke survivors and those needing specialist rehabilitation. Longer travel times may be necessary for such specialist care but the need to travel outside Sussex should be avoided.**	Sussex Stroke Network	**Accepted - Work Stream 2 & 3** We will be working with the network, to ensure that all people in East Sussex who experience a stroke have appropriate rehabilitation opportunities. We are also working closely with the new Sussex rehabilitation centre at PRH and with the development of specialist community rehabilitation units and teams, more younger stroke survivors will be able to access appropriate rehabilitation for their needs within Sussex	2010 Detailed plans to be agreed Sept 2009
13	**The debate on whether stroke or neurological community rehabilitation team models are best practice should be resolved. A consistent patient pathway and model of community rehabilitation for stroke patients should then be introduced across East Sussex. Priority should be given to the north of the county which currently has no specialist service. Additional resources will be required to**	NHS ESDW/NHS H&R	**Accepted - Work Stream 3** The East Sussex wide stroke strategy and the Sussex neuro- rehabilitation strategic commissioning framework has set out a vision for specialist neuro- rehabilitation teams Sussex -Wide. We are now developing a service specification for these teams which will cover the whole of East Sussex as described previously.	Agreement at September programme board.

Recommendation		To	Response	Timescale
	enable existing teams to meet demand, to expand their remit if appropriate, and to establish a team in the north.			
14	**Community neuro-psychologist/psychological counsellor roles should be developed to provide rapid response to referrals from community teams and inpatient units.**	NHS ESDW/NHS H&R	**Accepted - Work Stream 3** We have met with the Sussex Lead psychologist. It is important to have psychology support in the community and to each of the neuro-rehabilitation teams. The psychologists should be able to in-reach to the units but be based in the community to support stroke survivors and their families over the longer term. The psychologists will also support staff in the teams and the volunteers recruited to provide peer volunteer schemes and facilitate the exercise and education schemes.	2010 Detailed plans to be agreed Sept 2009
15	**A county-wide approach is needed to cope with deterioration or crises. This should incorporate clear information for patients and carers on what to do and availability of rapid response, short-term, nursing and social care.**	NHS ESDW/NHS H&R Adult Social Care	**Accepted - Work Stream 3 & 4** We need to ensure that if needed stroke survivors and their families are able to access appropriate services including further rehabilitation as required. All stroke survivors will be offered an annual review and as part of this review they will be encouraged to update their personal care plan, this will include named contacts for rapid response.	2010 To be agreed in Sept 09

Recommendation		To	Response	Timescale
16	**On returning home or to residential care, patients and carers should have access to a single contact point (a 'helpline') for questions or concerns about their condition or care. This must be available on an ongoing basis, not just while receiving rehabilitation and advice should be available from specialist, qualified staff.**	NHS ESDW/NHS H&R	**Accepted - Work Stream 3** All stroke survivors and their families will be given a clear single contact point when returning home. After their specialist rehabilitation phase, they will be supported by the new community support service and will be offered both an 8 week course in a local venue and also peer volunteer support. These services will be coordinated by a local paid support worker employed by the third sector who will be the point of access. This person will be located with each of the specialist neuro-rehabilitation teams to ensure seamless transfer of care.	2010 Detailed plans to be agreed once tendering process completed
17	**Support commissioned from the voluntary sector should be on a county-wide basis, and ensure that *all* stroke patients are identified and assisted to access support if required.**	NHS ESDW/NHS H&R Adult Social Care	**Accepted - Work Stream 4** All stroke survivors will be offered peer volunteer support, a community stroke scheme (8 weeks in a local venue and comprising of exercise and interactive education, including support for carers) Those people with communication problems will be offered additional support. This new service has been commissioned East Sussex wide. It is envisaged that there will be 3 paid support workers who will coordinate these services and they will each be based with the specialist neuro-rehabilitation teams	2010 Detailed plans to be agreed once tendering process completed
18	**The Health Overview and Scrutiny Committee should develop a plan to ensure the findings of this review are shared widely with key groups in East Sussex.**	Health Overview and Scrutiny Committee (HOSC)	Accepted – a communications plan was developed following the HOSC meeting in March 2009. The plan has largely been implemented and will be completed by August 2009. Any further opportunities will be taken up and recorded on the plan as and when they arise.	By August 2009

Recommendation		To	Response	Timescale
19	**Mechanisms should be established to ensure the ongoing active involvement of patients and carers in the implementation and evaluation of the stroke strategy. The Health Overview and Scrutiny Committee should indicate its willingness to participate in this process.**	NHS ESDW/NHS H&R Health Overview and Scrutiny Committee	**NHS ESDWH&R response:** **Accepted – All Work Streams** We are really keen to continue the active involvement of stroke survivors and their families and carers in this redesign. A proposal for ongoing engagement will be discussed at the next stroke programme board. The Sussex stroke network is also proposing to set up a patient/carer forum and this will link with local engagement plans. **HOSC response:** Accepted – HOSC agreed its willingness to participate by adopting this recommendation in March 2009. Cllr Davies has agreed to joint the Programme Board on HOSC's behalf.	**NHS ESDW/H&R action**: To be discussed at stroke programme board sept 09 **HOSC action**: complete
20	**The Health Overview and Scrutiny Committee should monitor progress against the recommendations in this report, and wider aspects of the PCTs' stroke strategy in 6, 12 and 18 months from its publication. The Committee should make use of the South East Coast stroke dashboard as part of this monitoring.**	Health Overview and Scrutiny Committee	Accepted – time will be set aside at HOSC meetings in March and November 2010 and June 2011 for monitoring reports to be considered.	To be completed by June 2011


Improving life chances joint commissioning group & Professional Executive Committees
Networks & Stakeholders
Stroke network
Cardiac network
Neuro-rehab
Neurological Alliance
Internal Group Links
East Sussex-Wide CVD Steering
ES-W LTC (Neuro)
ES-W ILC Joint Commissioning
Stroke Programme Board
Work stream One
Work stream Two
Work stream Three
Work stream Four
Awareness.& Prevention Primary Care
Acute phase Inc.TIA, thrombolysis & acute units units
Community Rehabilitation, Discharge
Community integration long term support End of Life
RH 03/09

	Prevention & Awareness	Pre-hospital	Acute Phase (TIA & Stroke)	Rehabilitation	Longer Term Care	End Of Life
Work streams	***Workstream 1*** *DH Campaigns* *Atrial Fibrillation* *Vascular Screening* *Health Needs Assessment* *Primary care 6/52 & 6/12 review*	***Workstream 1 (links to 2)*** *Ambulance* *GP Out of Hours* *NHS Direct* *FAST* *TIA interface*	***Workstream 2*** *TIA/Thrombolysis* *Admission/A&E* *Imaging/ diagnostics* *Acute stroke units* *Plus tertiary- neuro surgery*	***Workstream 3*** *Secondary Care/ Community discharge and interface* *Neuro rehabilitation teams, community beds. Slow stream.*	***Workstream 4*** *Longer term Community support and integration* *Vocational Rehabilitation* *Annual review*	***Workstream 4 (links to all)*** *Support and Palliative Care*
Indicators & Documents						
1. National Strategy (20 quality markers)	**QM1-4,14,17-20**	**QM3,4,7,18,19, 20**	**QM3-6,8,9,17-20**	**QM3,4,10,17,18, 19, 20**	**QM3,4,12-20**	**QM3,4,11,17-20**
2. East Sussex Strategy (63 recommendations)	**ES1-5,6-11,59-63**	**ES17,20,25-28,59-63**	**ES18,19,21-24,29-36**	**ES37-48**	**ES12-16,51-63**	**ES 49,50**
3. ESHT acute Strategy (14 recommendations)	**ESHT 8**		**ESHT 1-7,9-12,14**	**ESHT 13,14,59-63**		
4. HOSC review (17 recommendations)	**HOSC 1,2,3,4.**		**HOSC 5,6,8,9.**	**HOSC 7, 9, 10-14.**	**HOSC 15, 16, 17**	**HOSC 15**
5. Neuro-rehab framework (27 recommendations)	**NR 14,22,23**	**NR22,23**	**NR 7,16,22,23**	**NR 1-27**	**NR12,13,22, 23**	**NR 22,23**
National and Local data sets.	*QOF Data* *SEC dashboard,* *SEPHO clinical indicators* *Incidence* *Risk Factors* *Assett*	*SECAMB data* *Local data* *Date and Time of Onset Symptoms* *Sentinel Audit* *NHS Direct* *Dashboard*	*Assett* *Sentinel Audit* *Local data -HES* *Vital Signs* *SITSMOST* *Endarterectomy* *Vascular surgery audit* *Dashboard /indicators* *SEC Dashboard*	*Sentinel Audit* *Local Data*	*Prevalence data* *QOF* *Indicators (place of discharge)* *LAA data*	*Local data*