

<b>Subject:</b>	<b>Update on progress of the Sussex Collaborative Review of Stroke Services</b>
<b>To:</b>	<b>East Sussex Health Overview and Scrutiny Committee</b>
<b>From:</b>	<b>Eastbourne, Hailsham and Seaford CCG Hastings and Rother CCG High Weald Lewes Havens CCG</b>
<b>Purpose of briefing:</b>	<b>For Information:</b> To provide the East Sussex HOSC with an update on progress of the Sussex Stroke Review. It includes an update on: <ul style="list-style-type: none"> <li>1. Context of the Review;</li> <li>2. Outputs of the Review to date;</li> <li>3. Next stages in the Review</li> </ul>
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## **1. Introduction**

- 1.1 The NHS across Sussex as a whole has an ambition for high quality, patient-focused stroke services; services which reduce mortality and improve the functional outcome for patients following stroke.
- 1.2 Improvements have been made over recent years to some of the current stroke services, particularly following reconfiguration of services in East Sussex, but Sussex commissioners and providers are in agreement that more could be done to make services even better for patients, and their carers. Collectively, the local NHS wants to further improve clinical outcomes and to reduce further the number of people dying as a result of a stroke, to improve the quality of life for people following a stroke, for example reducing disability, and make sure there is equity in access, outcome and experience across local stroke services.
- 1.3 Providers and commissioners are working together to make sure patients and carers across Sussex receive the best possible treatment at the time of their stroke, and then high quality supportive care, designed around their needs.
- 1.4 The Sussex Stroke review has been undertaken in response to concerns that were raised over performance of some current services and a lack of progress in some areas against the standards outlined in the National Stroke Strategy published in 2007. In East Sussex, where the consolidation of stroke services onto a single site at the Eastbourne District General hospital has had a positive impact on the quality of services provided, there is some room for improvement, particularly in relation to access to therapy services.

## **2. Context**

- 2.1 In January 2014 a Sussex wide strategy meeting took place with a focus on stroke. It was acknowledged by health and care systems represented at that meeting that the approach to stroke care was inconsistent across Sussex and that there were clear opportunities for improvement.
- 2.2 Acute stroke services are defined as being delivered via a Hyperacute stroke Unit (HASU) for the first 3 days and Acute Stroke Unit (ASU) for the remainder of hospital stay unless specialist inpatient rehabilitation is required. Patients are discharged to a community neurological rehabilitation team for on-going care.
- 2.3 East Sussex HOSC will be aware there is strong evidence to support the centralisation of specialist services, such as stroke as it ensures a higher quality services through care given by a skilled workforce. The centralisation can focus on just HASUs or for them to be co-located with ASUs.
- 2.4 At the Sussex wide strategy meeting East Sussex Healthcare NHS Trust (ESHT) presented their experience of single siting services from Conquest Hospital to Eastbourne District General Hospital EDGH) as part of the Trust's long term clinical strategy. They demonstrated an improvement in the operational delivery which resulted in an improvement in the national Accelerated Stroke Improvement (ASI) measures (now superseded by the Sentinel Stroke National Audit Programme (SSNAP) length of stay and in-patient mortality.
- 2.5 It was agreed at the strategy meeting to complete a Sussex wide review of current stroke services and identify how these could be improved by learning from the ESHT experience and other stroke re-configurations nationally.
- 2.6 **Local performance in East Sussex**

- The CCGs are monitoring on-going performance against the SSNAP indicators and have additionally introduced some local stretch performance targets to continue to drive continuous quality. This is because ESHT perform well with national comparators in areas such as in the proportion of patients scanned within 1hr (national average is 47.4%, ESHT 84.9%: quarter 2 figures 2015/16); the proportion of patients scanned within 12 hours (national average is 91%, ESHT 99.1%: quarter 2 figures 2015/16); the proportion of patients who spent at least 90% of their stay on a stroke unit (national average is 86.1%, ESHT 96.5%: quarter 2 figures 2015/16).
- Some challenges remain around the delivery of thrombolysis and therapy services continue to be a challenge and this is mainly due to the shortage of workforce which is a national issue.
- Brighton & Sussex University Hospitals Trust (BSUH) and Maidstone & Tunbridge Wells NHS Trust (MTW) also achieve well in some areas, but they struggle to maintain consistent scores within their current configuration. They are also experiencing similar challenges with therapy services.

### 3. **Sussex Wide Stroke review**

- 3.1 A review of best practice evidence was completed and a gap analysis against current stroke service provision in Sussex has been concluded resulting in a draft case for change document. The clinical review has evaluated the pathway from prevention to community rehabilitation with the most significant recommendation being to reconfigure some stroke services that are outside of East Sussex but which do provide for some East Sussex residents. The main four acute providers in Sussex all have co-located HASUs and ASUs. Potential reconfiguration does not apply to ESHT where this has already successfully been implemented.
- 3.2 Options are currently being developed by BSUH and by Western Sussex Hospitals NHS Foundation Trust, in conjunction with their lead commissioners, to develop thinking regarding the best clinical configuration.

### 4. **Outputs from the Review to date**

- 4.1 The stroke review across Sussex has been undertaken in stages, the outputs of which have informed a case for change for some areas and are now supporting the development of options to address the issues raised in the case for change. It has also highlighted some areas where improvement could be made across all services.
- 4.2 Outputs have been:
- **Review of best practice evidence** - collated and agreed via a Clinical Reference Group.
  - **Gap analysis** – current service provision measured against best practice. Key gaps:
    - No stroke unit in Sussex fully meets the all of the national stroke standards or has fully implemented the Kent, Surrey and Sussex Stroke Service specification. Meeting all the standards would assure that a high quality service is being provided which will provide the best clinical outcomes;
    - Not all units provide a 24/7 hyper-acute Stroke Service, although BSUH and ESHT do;
    - Not all HASUs admit the minimum 600 confirmed stroke admissions required to maintain skills and competencies with the exception of ESHT which achieves this now that services are co-located at EDGH;
    - Transient Ischaemic Attack (TIA) and Early Supported Discharge (ESD) services are not all provided 7 days a week. This is achieved in ESHT and at Royal Sussex County Hospital.
    - Workforce does not meet the required WTE standards and there are recruitment issues both locally and nationally. To ensure rapid assessment, treatment and effective rehabilitation to give the patients the best clinical outcomes, an expert workforce is required;
    - Follow up is currently variable, including in East Sussex. Follow up post discharge in the community is vitally important for continued rehabilitation and psychological welfare;
    - There is an ageing population with a significant increase expected in the 70+ age group over the next 10 years, therefore an increase in demand must be planned for;
    - Stroke prevention has been included in the review. Atrial Fibrillation (AF) in particular is a high risk factor for stroke and AF related strokes are associated with significant

disability. The identification and management of AF remains challenging as people are not necessarily aware they have an arrhythmia and when it is identified, anti-coagulation therapy can be difficult to establish.

- **Development of proposals**

- This review and the subsequent case for change is informing proposals currently being developed by Brighton and Sussex University Hospitals NHS Trust (BSUH) and Western Sussex Hospitals NHS Foundation Trust (WSHFT); it is possible these may involve reconfiguration proposals and a full programme of engagement will inform this. These are anticipated at the end of April 2016. A Central Sussex Stroke Programme Board has been established to support BSUH and the community providers with developing their services and to oversee the development of options in response to the review. High Weald Lewes Havens CCG are members of this board.
- Robust programme governance arrangements are in place including independent clinical oversight.
- It should be noted that services delivered at EDGH are not subject to further review given the previous reconfiguration. Services delivered at East Surrey Hospital (ESH) are not subject to change due to the co-dependencies with Surrey.

#### 4.3 Impact on East Sussex

- A **new service specification** had been developed by the South East Cardiovascular Strategic Clinical Network based on the NHS Midlands and East specification that has since been incorporated into an NHS England toolkit on how to review stroke services. This will help all organisations as there are now specific recommendations around workforce. ESHT will be ensuring action is developed to address this.
- **SSNAP data** has been analysed at each quarter. SSNAP data is a useful data source to assess areas of the stroke pathway where there are improvement opportunities. The ambition is for all stroke services to achieve a score of A across all the domains and all providers continues to work towards this. SSNAP scores range from A to E. Currently EDGH and RSCH are achieving an overall score of C (it should be noted that EDGH scores consistently highly in some of the domains such as Scanning and access to stroke unit) whilst Princess Royal Hospital and Tunbridge Wells Hospital are a D. Performance is regularly reported to the relevant CCG Governing Bodies. The CCGs currently oversee action to improve ESHT performance across all SSNAP domains as relevant. Improvements and learning from this will be fed back into the Sussex review. Surrey & Sussex Healthcare NHS Trust (SASH) which is responsible for East Surrey Hospital (ESH) is also developing a plan to improve performance against SSNAP).
- High Weald Lewes Havens CCG will continue to develop their community neuro rehabilitation pathway with their new provider, Sussex Community NHS Trust. The gap analysis highlighted that this service was not fully available with their previous community provider. The rest of East Sussex has access to a community neuro rehabilitation team.

## 5. Kent Stroke review

5.1 Kent currently has seven providers delivering acute stroke services. They are undertaking a detailed appraisal on a 3, 4 and 5 site model. Each model has scenarios that could deliver improved stroke services. Tunbridge Wells Hospital is an option in each of the models. The 5 site model looks increasingly more challenging and in a 3 and 4 site model, we have considered the impact on the Sussex patients when putting together the configurations based on travel time for patients.

5.2 NHS High Weald Lewes Havens are involved in this review.

## 6. Next steps

- BSUH and WSHFT have agreed to develop proposals in conjunction with their lead commissioners by mid-April;
- SASH and ESHT have agreed to present action plans addressing any issues noted in the review by mid-April. For ESHT this will be their continued action plans to improve against SNAAP targets which Eastbourne, Hailsham & Seaford (EHS) and Hastings & Rother (HR) CCGs currently monitor monthly.
- Recommended options would be submitted to the relevant CCG Governing Bodies in May 2016

for agreement to progress to consultation if required. For East Sussex this will involve High Weald Lewes Havens CCG only because of their patient pathways that include services provide by BSUH.

- HOSC will be kept informed of recommended options and any decision to be made regarding public consultation in May/June 2016.