

SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Agenda item: 9

DATE: February 27th 2018

Walsall Clinical Commissioning Group – Reconfiguration of Stroke Services

Presented by Simon Brake / Sarah Shingler

Summary of report

This report summarises the agreed arrangements that will be in place, as detailed in previous reports to the HOSC, to reconfigure stroke services in Walsall.

Note – throughout this report references to ‘Wolverhampton’ means the Royal Wolverhampton NHS Trust and references to ‘Walsall’ means the Walsall Healthcare NHS Trust.

Reason for Scrutiny

To assure the panel that the agreed arrangements for the delivery of future stroke services will ensure all Walsall patients receive the highest level of care, regardless of the method by which they access the Stroke Services

Recommendations

That the Committee receives the report and are assured that;

1. The arrangements for conveying stroke patients to Wolverhampton are appropriate and address the committee’s concerns regarding prompt treatment for Walsall residents.
2. The arrangements for repatriation of stroke patients back to Walsall are appropriate, and continue to provide the current high level of care.

1. Introduction

- 1.1 The National Standards for Stroke Services that have guided the reconfiguration of stroke services process indicate that to achieve the best outcomes for stroke patients they should be treated at a Hyper acute Stroke Unit (HASU) within four hours of the onset of stroke symptoms. The following arrangements will ensure that all Walsall residents who are unfortunate to experience a stroke episode will receive treatment within these national standards.
- 1.2 Additionally the arrangements for the provision of stroke rehabilitation following treatment at Wolverhampton will continue, so that patients received the same high level of care, following the re-organisation of stroke services, as they receive at present from Walsall.

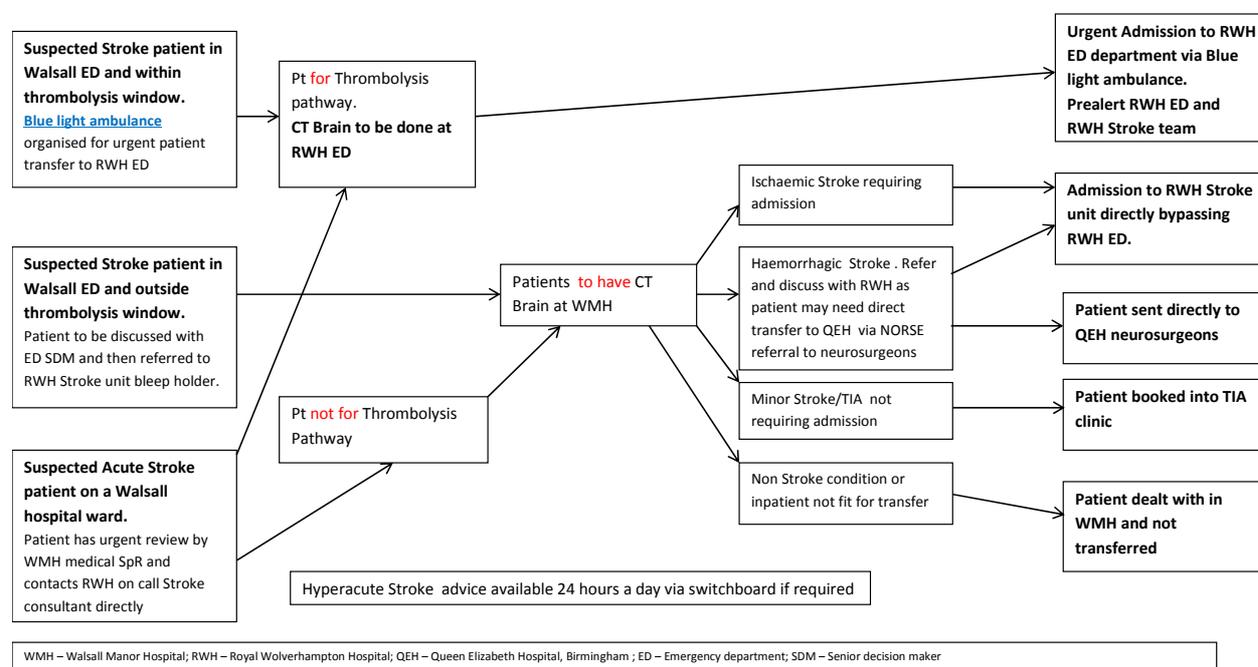
2. Stroke patients’ - conveyance to Wolverhampton.

- 2.1 Walsall residents who request an ambulance via the 999 system at the onset of stroke symptoms will be conveyed by blue light to Wolverhampton directly. West

Midlands Ambulance Service (WMAS) data shows that the majority of Walsall residents fall within the 25 minute drive time zone to Wolverhampton.

- 2.2 The issue of transporting patients, who either self-present displaying stroke symptoms at Walsall Manor or are already an inpatient at the hospital (ward transferred), to Wolverhampton as quickly as possible was considered at length by a Clinical Pathways Stroke Working Group, set up as part of the re-configuration process, that comprised of acute and community stroke clinicians from both Walsall and Wolverhampton Hospital Trusts as well as the Emergency Department (ED) consultant at Walsall ED.
- 2.3 The group devised and agreed a protocol for Walsall ED to follow when presented with such patients to promote a speedy diagnosis of patient symptoms, including dialogue with the on duty stroke consultant at Wolverhampton as and when necessary. The following diagram gives a schematic view of the agreed pathway which ensures that such stroke patients are dealt with efficiently and quickly conveyed by blue light to Wolverhampton for treatment. WMAS have also taken account of this cohort of patients and final discussions are taking place with the CCG and WMAS to confirm the additional resources will be in place ready for the transfer of acute stroke services to Wolverhampton in April 2018.

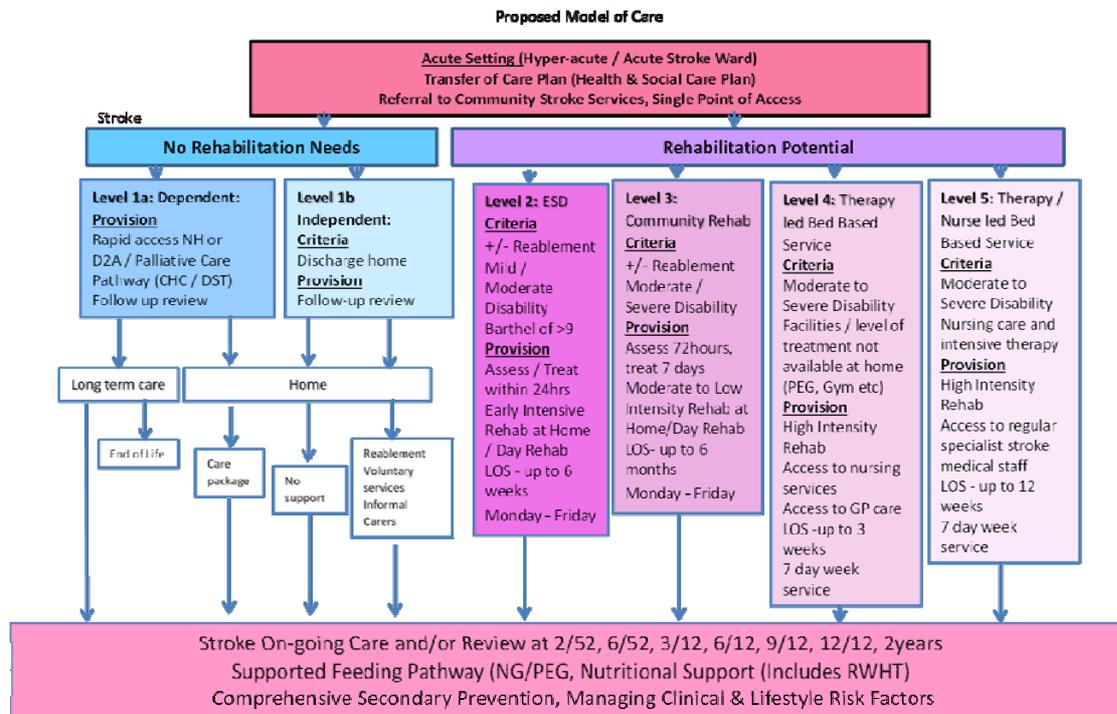
Stroke patients admitted from Walsall hospital



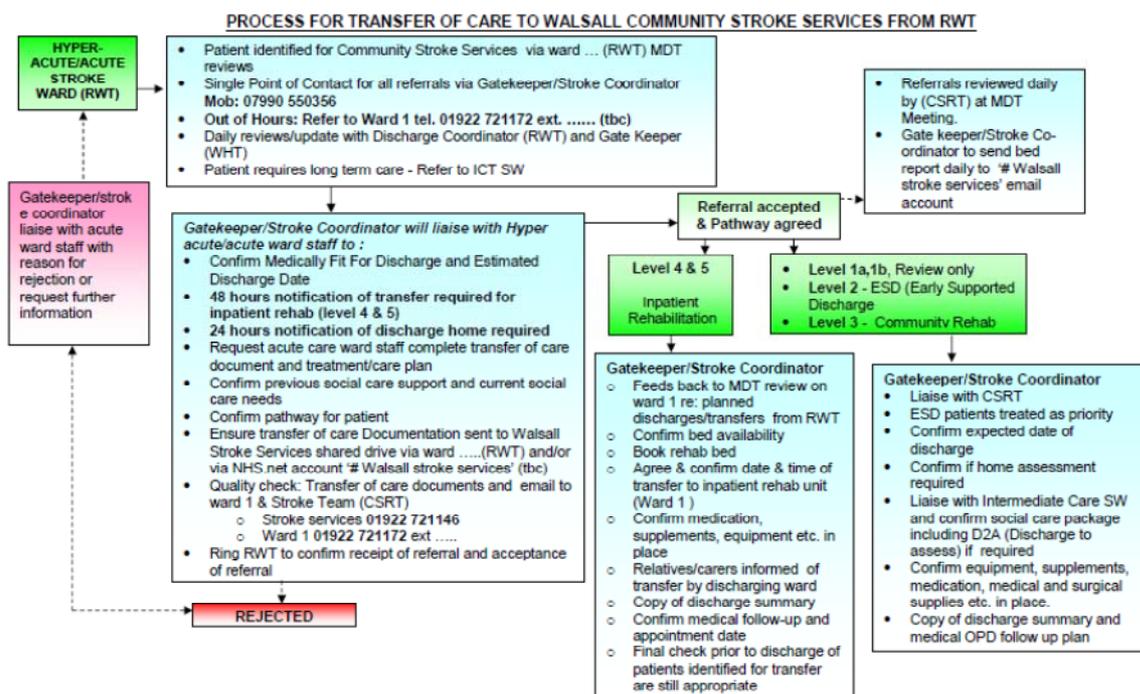
- 2.4 It was concluded that the number of walk-in/ ward transferred patients per year would result in, on average, one case every five days needing to be conveyed by blue light ambulance to the stroke unit at Wolverhampton.

3. Stroke Rehabilitation Services

3.1 The following table describes the levels of care patient would receive on discharge from the stroke unit at Wolverhampton, depending upon their level of need. Walsall Social Care has been involved in the formulation of this plan and has had discussions with Wolverhampton regarding the discharge protocol.



3.2 Both Trusts have agreed a protocol to safely transfer patients from Wolverhampton to Walsall stroke rehabilitation services, and which is explained in the following diagram



- 3.3 For Levels 1, 2 and 3 there is no change to the existing level of service provided by Walsall, other than the patient will be transferred from Wolverhampton. There will be some changes, however to the way in which levels 4 and 5 are delivered by Walsall. Currently Level 5 patients receive their stroke rehabilitation at Walsall Manor hospital whilst level 4 patients receive care at Holly Bank House. From April 2018 the care for both level 4 and 5 patients will be phased in over a period of time. Phase one means that level 4 and 5 patients will receive their care at Walsall Manor hospital, utilising the stroke wards for this purpose.
- 3.4 In readiness to implement phase two Walsall will need identify an appropriate setting for the care of level 4 and 5 patients, ensure the building and staffing meet the national standards for these levels of care, is appropriate for the patients' needs, and to plan the safe transfer of patients to the new facility.

4. West Midlands Clinical Senate and NHS England

- 4.1 The plans for the hyper- acute and acute parts of the pathway (delivered by Wolverhampton) and the stroke rehabilitation services Levels 1 to 3, and Levels 4 and 5 under phase one of the plan described above (delivered by Walsall), have received assurance from both the West Midlands Clinical Senate and the NHS England assurance process.
- 4.2 Phase two of the rehabilitation services for level 4 and 5 patients would have to receive further approval by the WM Clinical Senate before implementation could take place.

5. Next Steps

- 5.1 The Project Board that is overseeing this project continues to meet regularly to ensure the transfer of hyper-acute and acute stroke service takes place on April 11th 2018.
- 5.2 The Clinical Pathways Stroke Working Group referred to in paragraph 2.2 continues to meet on a frequent basis to advise and assist in the implementation of the whole stroke pathway.
- 5.3 Walsall Healthcare NHS Trust is continuing to undertake the necessary work to implement phase two of the stroke rehabilitation plan.

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