



HEALTH OVERVIEW AND SCRUTINY COMMITTEE (WALSALL)	
Title	Midlands and East Stroke Review
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Purpose of Report

1. The purpose of this report is;
 - to summarise the position of the Midlands and East SHA proposals for the review of stroke services
 - to outline the process and timeline associated with review
 - to give local overview & scrutiny committees the opportunity to comment, and feedback their views and any concerns that may be raised by the review.

Background

2. Stroke is acknowledged as a major cause of mortality and long term disability, accounting for over 40,000 deaths a year in England, of which 12,000 are in the Midlands and East.
 - 2.1 The UK does not compare favourably with international performance in the management of stroke
 - 2.2 The SHA Cluster Board noted a shortfall in performance compared to national standards of best practice
 - 2.3 It was acknowledged that improvements had been made in the two national vital sign measures of; achieving 90% stay on an acute stroke unit and, management of patients with a TIA treated with 24 hours. However, it was also highlighted that there was significant underperformance in relation to the whole stroke care pathway
 - 2.4 The Cluster Board also noted the reported improvement in stroke outcomes achieved in London following reconfiguration of services, which saw a reduction in the number of hyper-acute unites (HASUs).
 - 2.5 London was reported to have 25% lower stroke mortality than the national average (2010/11) and was also out performing other regions for the stroke and TIA vital signs.

- 2.6 It was agreed that a major review of stroke services should be undertaken in NHS Midlands and East to bring about a step change improvement in stroke care across the Cluster, making clear recommendations before the SHA is abolished in March 2013. It was acknowledged that there is a significant challenge in delivering the degree of change within the timescales, especially given the organisational changes that are taking place during 2012/13, including the abolition of SHAs and PCTs and the emergence of clinical commissioning groups (CCGs).

Structure and Process of the Review

3. The review has been commissioned by NHS Midlands and East and intends to develop explicit recommendations on the strategic steer to CCGs to guide their commissioning in 2013/14
- 3.1 The review is being led by Cambridge University Health Partners (CUHP), one of the five academic health science partnerships (AHSC) in the country. Local leadership is being provided by the nine Stroke Networks across NHS Midlands and East

Project Board

- 3.2 The review is led by a Project Board, chaired by Professor Tony Rudd, Royal Colleague of Physicians Stroke Lead. Membership is representative of key stakeholders from a range of organisations across NHS Midlands and East.
- 3.3 The project Board is supported by a number of sub groups which provide greater detail on specific aspects of the review. These are;
- Data and modelling
 - Service User and Carer Forum
 - Education, Training and Workforce
 - Tariff

External Expert Advisory Group (EEAG)

- 3.4 An External Expert Advisory Group has been established; chaired by Dr Damien Jenkinson, the DH Interim Director for Stroke. The group has produced an evidence based best practice specification which covers the whole stroke pathway. The specification is the basis on which services will be measured to ensure that they are able to achieve the step change improvement in outcomes.
- 3.5 The EEAG has a strong membership and includes a combination of national expertise, and experience in the review and improvement of stroke services, in both urban and rural areas

- 3.6 Communication support and expertise is provided from the SHA, working closely with each of the Stroke Networks. Review Bulletins and “flash reports” are produced for wide circulation to stakeholders. All papers related to the review are posted on the SHAs web site https://www.eoe.nhs.uk/page.php?page_id=2266

The focus of the review

- 3.7 The following guiding principles apply:
- 3.8 It will cover the whole stroke pathway from primary prevention to end of life care
- 3.9 It will build on existing work, accepting that some areas have already started local reviews of services
- 3.10 The work will be driven and undertaken wherever possible through the 9 Stoke Networks, as they already have an infrastructure for stroke clinical engagement and, relationships with providers and commissioners.
- 3.11 Solutions may be different in different parts of the Cluster, and in particular, this is likely due to the different geographies.
- 3.12 It will draw on existing work from other parts of the country, where services have been redesigned

The Process of the review

- 3.13 The EEAG had produced an evidenced based best practice specification which covers the whole stroke pathway, divided into 8 phases. The specification sets out the expected features of care provided at each point on the pathway, the workforce requirements, and performance monitoring standards.
- 3.14 The specification was reviewed by each of the networks before being signed off and officially launched in June 2012
- 3.15 The timescale for the review has been recognised as challenging, and changes have been made to the original timetable to allow submissions from providers to be reviewed by the EEAG through an iterative 3 wave process.
- 3.16 Final proposals are due to be submitted in December, with EEAG recommendations on the proposals in January 2013. The recommendations will be received by the Project Board in February.
- 3.17 If any of the agreed proposals constitute major change in service delivery, a process of formal consultation will be required. The timescale within the revised project plan is that this will commence in April 2013.

Timeline for the review

3.18 The key stages of the timeline are listed below.

- **June 2012** – EEAG develops the Stroke Services Specification
- **June to August 2012** – A six week period during which local systems respond to the specification
- **August 2012** – (1st Wave). Providers in conjunction with their local Stroke Network provide outline summaries of how they will meet the specification, including any changes to the existing pathway and patient flows.
- **October 2012** – (2nd wave). Providers in conjunction with their Stroke Networks submit detailed submissions, including financial returns showing a whole system approach to the delivery of future stroke services within their network area
- **December 2012** - (3rd wave). Final submissions completed for review by the EEAG.
- **January 2013** – Formal recommendation of the EEAG on system responses.
- **February 2013** – Project Board meeting to receive final recommendations of the EEAG
- **April 2013** – Public Consultation on any major change to existing services

Criteria against which the EEAG will make its recommendations

3.19 The criteria to be used by the EEAG on the final submissions are listed below:

- a) Services configurations meet best practice and can demonstrate
 - Improvement in outcomes e.g. 30 day mortality
 - Improvement in quality of life outcomes e.g. Level of disability at 30 days
 - Improvement in patient experience of stroke services e.g. patient satisfaction of rehabilitation services
- b) Services are cost effective and financially sustainable
- c) Service provision is geographically and socio-economically equitable
- d) Services effectively manage population flows into and out of area
- e) Services support the whole stroke pathway
- f) Services are co-ordinated by local networks demonstrating collaboration between providers along the whole patient pathway
- g) Stroke service configurations support the delivery of other, in particular acute, services

h) Services are clinically sustainable

Engagement of Overview and Scrutiny Committees (OSCs)

4. Stroke Networks will provide information to their respective OSCs and support local commissioners in engaging with their individual OSCs.
- 4.1 OSCs are invited to comment on the high level criteria above

Evaluation

5. Work has been done to establish a baseline position so that the impact of the review can be evaluated in terms of improving outcomes and return on investment.

Recommendation

6. Overview and Scrutiny Committees are asked to:
 - Be aware of the arrangements for the stroke review
 - Note that the primary points of contact are their local commissioners (PCTs and CCGs) and their local Stroke Network
 - Note that if consultation is required this will be determined in January/February 2013. Consultation may not be required across the whole Cluster, and it is proposed that any consultation will only be undertaken in areas where significant change is recommended.
 - Comment on the high level criteria

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List of background papers

The service specification produced as part of the review is based upon a comprehensive and current evidence base and agreed best practice, including:

- National Stroke Strategy (2007) Department of Health.
- National Clinical Guidelines for Stroke (2012) Royal College of Physicians

- Quality Standards Programme: Stroke (2010) National Institute for Clinical Excellence.
- Stroke Service Standards (2010) British Association of Stroke Physicians
- Quality and Outcomes Framework for 2012/13 (2011) NHS Employers.
- The NHS Outcomes Framework 2012/13 (2011) Department of Health.
- A Public Health Outcomes Framework for England 2013-2016 (2012) Department of Health.
- The 2012/13 Adult Social Care Outcomes Framework (2012) Department of Health
- Supporting Life after stroke (2011) Care Quality Commission