REPORT TO:	Health Policy & Performance Board
DATE:	15 November 2016
REPORTING OFFICER:	Director of Adult Social Services
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Stroke Update
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update Members of the Board on Stroke Reconfiguration in Mid–Mersey.

2.0 **RECOMMENDATION: That**

1) **Board Members understand the current clinical discussions and solutions to ensure Halton patients receive high quality stroke services;**

2) **Development of Telemedicine service across both sites for out of hours provision;**

3) **Quality Impact Assessment to be undertaken by Warrington Trust; and**

4) **Early Supported Discharge (ESD) and community provision across the patch be reviewed and uplifted as part of the discharge process and repatriation process from Whiston.**

3.0 **SUPPORTING INFORMATION**

3.1 **National Stroke Direction**

3.1.1 National Clinical Lead for stroke Professor Tony Rudd has challenged local teams to improve their SSNAP data performance by reviewing and where possible centralising their stroke services. Both London and Greater Manchester have centralised their stroke services but on a city wide basis.

3.1.2 Evidence demonstrates that patients who attend Stroke centres who take more than 6OO stroke patients per year have better outcomes, that the experience, expertise and 7 day specialist cover of higher volume centres reduce mortality and gives the patient an enhanced

journey.

3.1.3 Nationally stroke teams are aligning their stroke services with Sustainable Transformation Plan (STP) programmes and many due to sustainability issues – mainly around workforce, patient safety and inability to provide flexible 7 day working; are creating collaborative partnerships with neighbouring trusts. The aim of these partnerships is to reduce variation in service provision, so there is no post code lottery and that all patients receive the same care regardless of GP or locality.

3.2 **Workforce**

3.2.1 There is a national shortage of stroke consultants, around 40% of consultant stroke positions are vacant, many sites utilise locum cover, which means increase in stroke costs.

3.2.2 There is a national shortage of speech and language therapists, they are an integral part of the stroke rehabilitation multi-disciplinary team. Many stroke patients are left with speech or swallowing difficulties.

3.2.3 There is a national shortage of clinical psychologists, many patients following a stroke develop psychological and behavioural problems, there are many delays in accessing this service.

3.2.4 National Stroke Royal College Physicians guidance out Oct 2016. Have made some significant changes.

3.2.5 The new recommendations throw up more challenges for acute trusts:

- Every stroke patient should have a CT scan within an hour of admission (previously only patients requiring thrombolysis would have one within the hour so 15 – 20% of stroke numbers and all stroke patients should have a CT scan within 12hours).
- All TIA patients will be seen within 24 hours regardless of risk (previously only high risk patients would be seen within 24hrs and low risk patients within 7 days)
- All patients requiring Carotid surgery will have the procedure within 7 days (previously it was within 14days)

3.3 **Mid Mersey Stroke Update**

3.3.1 Warrington & Halton Hospital (WHH) take approx. 400 stroke per annum and approx. 800 stroke mimics per annum. Sentinel Stroke National Audit Programme (SSNAP) has the hospital rated at a C.

3.3.2 St Helens and Knowsley Trust (SHKT) take approx. 700 strokes per

annum and approx. 1400 stroke mimics. SSNAP has the hospital rated at an A.

3.3.3 Mid Mersey created a Stroke Board. This board has representation from CCG's, primary care, local authorities and acute providers. The Board has agreed the vision that SHKT will be a single stroke provider of acute services and that in a phased approach that all WHH acute stroke patients will be transferred to SHKT for the 1st 72 hrs of care and then repatriated either through Early Supported Discharge (ESD) teams or back to acute trust for longer more complex patients. This board is also now aligned with the Mid Mersey Alliance. Formal Governance to follow.

3.4 **Background**

3.4.1 WHH have struggled over the past 3 years with reduced consultant workforce, a decision was made in 2014 to transfer stroke patients from WHH to SHKT from 8pm – 8am, Mon – Fri for those stroke patients who require stroke thrombolysis (clot busting drug). This solution worked well and was further expanded in October 2015 to 5pm to 8am and expanded again in April to include weekend 5pm - 8am.

3.4.2 At the Mid Mersey Stroke Board, it was highlighted from November 2016, WHH would no longer be able to run an acute stroke service. They would be left with one substantive stroke consultant and 1 locum. Situation that all acute strokes would need to be transferred to SHKT needs to be done quickly. This has been an issue for last year, but has reached crisis point in July, service not sustainable.

3.5 SHKT need to find an extra 16 beds for these patients and currently also have a reduced consultant workforce, this is outstanding since February. Repatriation policy needs to be developed and agreed, existing repatriation policy not effective with hospital capacity issues. Warrington have offered a potential solution to reducing some of the workload for Whiston patients, this has yet to be formally presented and accepted. Clinical risk for WHH has been reduced by the recruitment of 2 x part time locum consultant stroke physicians which will leave 0:8 substantive consultant, 1 full time locum and 2 part time locums. Whiston staff will have 5 wte substantive consultants and 1 locum.

3.6 Telemedicine Service would benefit both sites in relation to providing a sustainable consultant presence out of hours, Telemedicine audit across Cheshire & Merseyside showed that all sites want to be involved but more local service than regional, help neighbouring trusts.

3.7 SHKT inpatient therapy team will not have sufficient workforce to deliver recommended 45 mins of each therapy time to increased

number of patients, a proposal of what is required is being completed for local trust boards.

3.8 ESD and Community teams are effective in Warrington and Halton, although do miss components from their team such as Speech and Language Therapists, Psychology, their service could be enhanced to reduce capacity in Whiston, Knowsley ESD are effective and also have a social worker sitting in their team, St Helens ESD are struggling due to being over- subscribed and under resourced, which has impacted on having a 2/3 week wait for ESD, this has impacted on Length of Stay (LoS) for those patients within the Trust. One of the main issues is lack of dedicated social worker and delays in packages of care and residential beds. Further discussion and evaluation of top 3 priorities are being agreed and a proposal is to be taken to the STP board for funding consideration.

4.0 POLICY IMPLICATIONS

4.1 No formal governance process agreed.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Finance and contracting discussions underway to work out any change to tariff or transfer of service.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None identified.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

All issues outlined in this report focus directly on this priority.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 No finance presence from the CCG's on the Board or acting on behalf of all CCG's, no formal Senior reporting officer (SRO) of the project.

No formal transformation involvement within Acute Trusts

Formal governance process to be agreed through alliance

Formal proposal is required and agreed so that public consultation and locality awareness raising takes place.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None.