

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: Monday 21st March 2016

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WARD(S): All

FOR COMMENT & CONSIDERATION

EAST BERKSHIRE CCGs' STROKE SERVICE RECONFIGURATION PROJECT

1. Purpose of Report

The purpose of this report is to inform and engage with the Committee about proposed plans to reconfigure the way acute stroke services are delivered in East Berkshire and particularly in Windsor, Maidenhead and Slough.

2. Recommendation/Proposed Action

The Panel is requested to scrutinise and comment on the proposed service reconfiguration plans.

The proposed plans are to reconfigure stroke services in East Berkshire to deliver a modified version of the 'London Model', which ensures that all suspected stroke patients are conveyed to a Hyper Acute Stroke Unit (HASU) for their care. The Thames Valley Clinical Senate has endorsed this reconfiguration in East Berkshire.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

3(a) Slough Joint Wellbeing Strategy Priorities – (Compulsory Section)

The proposed action relates to the Slough Joint Wellbeing Strategy priority of Health, as patients who receive the optimal level of stroke care in a Hyper Acute Stroke Unit will have improved health outcomes and better chance of recovery and better quality of life following a stroke.

The proposed action will impact positively on patients' health by reducing mortality rates resulting from stroke and increase the life expectancy of patients who suffer a stroke; these are indicators in the JSNA.

3(b) **Five Year Plan Outcomes (Compulsory Section)**

The proposed action will help to deliver the NHS Five Year Plan Outcome that more people will take responsibility and manage their own health, care and support needs. Patients that are conveyed directly to a Hyper Acute Stroke Unit for their care if they are suspected of having suffered a stroke are more likely to make a better recovery following a stroke, which will result in them being more independent and they will need to rely less on health and social care services.

4. **Other Implications**

4(a) **Financial**

There are no financial implications of the proposed action, as a National Tariff is payable for acute stroke services.

4(b) **Risk Management**

Risk	Mitigation
Patients and relatives may object to the reconfiguration plans due to the additional distance they would have to travel to Wycombe Hospital.	To mitigate the risk, comprehensive patient engagement is planned and ongoing.
Wexham Park Hospital may not offer in-patient rehabilitation services as a stand-alone stroke service for local patients,	The East Berkshire Stroke Steering Group is exploring options with other providers.
HASU providers may not have sufficient capacity to meet the additional activity demands	We are carrying out detailed modelling and having meetings with our proposed HASU providers to ensure capacity is in place.

4(c) **Human Rights and Other Legal Implications**

There are no Human Rights or legal implications.

4(d) **Workforce**

There is potentially an impact on the Frimley North (Wexham Park Hospital) workforce, due to the services delivered by the Trust changing. The implications of this will be managed by Frimley Health.

5. Supporting Information

The National Stroke Strategy, published in 2007 by the Department of Health, collated the key evidence and outlined what was needed to be achieved to create effective stroke services in England. It identified major stages in the stroke patient's pathway and established quality markers that need to be delivered for stroke patients. The strategy recognised the potential benefits for all patients if effective early treatment and fast rapid access to acute stroke specialist services were provided.

"Time is brain" and the first 72 hours care is vital to ensure the optimum clinical outcome. This needs to be underpinned by an effective whole system pathway for assessment, discharge and repatriation to local stroke services, subsequent rehabilitation and longer term support.

It has been recommended by the British Association of Stroke Physicians (BASP) and Royal College of Physicians (RCP) that all suspected acute stroke patients should be admitted directly to a Hyper Acute Stroke Unit (HASU) to ensure the best possible health outcomes for stroke patients. HASUs bring experts and equipment under one roof to provide world-class treatment 24 hours a day, reducing mortality rates and long-term disability.

5.1. Current Provision of Stroke Care in East Berkshire

Currently, patients who live in Ascot, Maidenhead or Bracknell are most likely to go to Frimley Park Hospital in Camberley or the Royal Berkshire Hospital in Reading. Both hospitals offer excellent stroke services and the decision on which hospital patients go to will be based on a number of factors, including the speed at which patients can be transported there. Both the Royal Berkshire Hospital and Frimley Park Hospital are Hyper-Acute Stroke Units (HASU), so when patients are being seen at either hospital site, this is in line with clinical recommendations.

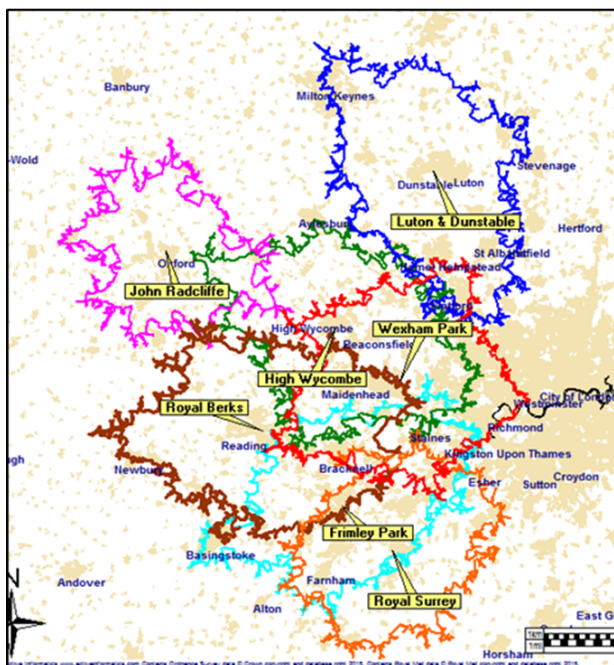
However, the vast majority of stroke patients from Windsor, Slough and also some areas of Maidenhead are likely to be treated at Wexham Park Hospital which is part of the NHS Frimley Health Foundation Trust; this site is which is not a HASU. Since Frimley Health NHS Foundation Trust has acquired the Wexham Park Hospital site, there have been significant improvements to quality across many services but concerns remain about the quality of the stroke services. Quality indicators are monitored by the CCG as well as nationally through the Royal College of Physicians' Sentinel Stroke National Audit Programme (SSNAP) indicators.

Following on from Wexham Park Hospital's performance against these indicators, the CCGs' discussions with the provider and agreed that they would not be able to provide a HASU level of service and as such, patient

outcomes would not be provided at the standard we require. Treatment of stroke patients does not, therefore, currently follow best practice, as all stroke patients should first be admitted to a Hyper-Acute Stroke Unit (HASU) for assessment and initial treatment following a stroke.

In order to ensure that Windsor, Maidenhead and Slough patients also receive the optimal standard of care should they suffer a stroke, it is proposed that they should be treated at the nearest HASU, which for the majority of Windsor, Maidenhead and Slough patients is Wycombe Hospital. For patients resident in the Windsor area who are closer to Frimley Park Hospital, which is also a HASU, they would continue to be transported there.

21 min isochrones - Wexham Park and Surrounding HASUs



HASU	21min isochrone border colour
Wexham Park	Red
Luton & Dunstable	Dark Blue
Royal Surrey	Orange
Frimley Park	Light Blue
Royal Berks	Brown
High Wycombe	Green
John Radcliffe	Pink

As illustrated by the isochrone map above, the patients of Slough and East Berkshire are all within 21 minutes of a HASU. For Slough patients, the closest HASU will be Wycombe Hospital.

5.2. Proposed Plan

The proposed plan is therefore to reconfigure stroke services in East Berkshire to deliver a modified version of the 'London Model', which ensures that all suspected stroke patients are conveyed to a Hyper Acute Stroke Unit (HASU) for their care.

For Windsor, Maidenhead and Slough patients, the proposed plans would mean the following-

- Patients who would have previously been conveyed to Wexham Park Hospital would in future be conveyed to the nearest HASU, which for the majority of these patients will be at Wycombe Hospital;
- Patients would remain at the HASU for the duration of the acute stage of their care – 7-10 days;
- Patients would then be transferred to an in-patient stroke rehabilitation or neuro rehabilitation unit closer to where they live;
- Wexham Park Hospital would no longer provide an acute stroke unit. Once Windsor, Maidenhead and Slough patients have completed the acute stage of their care, they will complete in-patient rehabilitation at a local centre.

On 26th May 2015, the Thames Valley Clinical Senate undertook a Stage 1 Clinical Review of the principle of the proposed move to the London model. They found that the evidence to support the move was robust and the proposal was therefore supported.

5.3. How many patients will be affected?

In 2014/15, 176 patients from the Slough CCG area were admitted to Wexham Park Hospital for stroke. In future, the assumption will be that approximately 80% of these stroke patients will be transported to Wycombe Hospital, and the remainder will be transported to the other neighbouring HASUs either Frimley Park Hospital or Royal Berkshire Hospital.

5.4. Engagement to date

We have discussed this project at various public forums, including Windsor, Ascot and Maidenhead CCG Governing Body meeting, the WAM and BA CCG Operational Leadership Teams, the Windsor & Maidenhead Adult Services and Health Overview & Scrutiny Panel and the East Berkshire Community Partnership Forum.

There is also information on the Slough CCG website. Engagement has been received positively to date and we will continue to present the clinical evidence and listen as much as we talk, to all groups including patients, carers and the public.

5.5. Benefits for Slough Patients

We believe that there will be significant benefits for the patients of Slough, as they will receive the optimal level of care enabling the best possible health outcomes. There will also be continuity of care, as all of the acute phase of their stroke care will be delivered at one site, without the need to be transferred after the initial 72 hours.

The objectives below address in more detail the benefits we want to achieve for our patients.

5.6. Objectives of the Service Reconfiguration

The objectives are to:

- Improve the outcomes of stroke patients, by reducing the levels of mortality and disability following a stroke;
- Improve patients' experience and to enhance their recovery following a stroke;
- Have a service based on an accepted international and national evidence base;
- Have equity of access to the service across the region;
- Have equity of quality of care;
- Provide a fully integrated acute stroke service;
- Implement the recommendations of the National Stroke Strategy in relation to acute care;
- Ensure specifications are in line with Royal College of Physicians and NICE guidelines;
- Have 24/7 screening, consultant and other specialist support available on HASU sites;
- Have rehabilitation services that include high-quality Physiotherapy; Speech and Language Therapy; Psychological support and Occupational Therapy;
- Give all patients access to appropriate multi-disciplinary team skills and have a comprehensive health and social care plan upon discharge, with a named person to contact;
- Have all eligible patients be supported post-discharge from hospital with high-quality Early Supported Discharge (ESD) services, including psychological support and other further rehabilitation if needed;
- Have a seamless service from an acute hospital to a rehabilitation unit with the appropriate level of support at each stage.

5.7. Implications Arising from the Proposal

The implications of Windsor, Maidenhead and Slough patients being treated at Wycombe Hospital is that friends and relatives may have further to travel to Wycombe Hospital to visit them whilst they receive their care, however the clinical benefits justify this, as receiving care in a Hyper-Acute Stroke Unit has been proven to result in better clinic outcomes for patients.

6. Comments of Other Committees

We presented the proposed service reconfiguration plans to the Windsor & Maidenhead Adult Services and Health Overview & Scrutiny Panel on the 2nd February 2016. The committee noted and commented on the reconfiguration and asked for assurance that we would manage the risks associated with the plans, such as ensuring sufficient hospital capacity, but otherwise supported the proposal.

The proposed plans have also been presented to the 3 East Berkshire CCG Operational Leadership Teams (Slough, Windsor, Ascot & Maidenhead and Bracknell & Ascot CCGs). All 3 committees supported the proposed plans.

7. Conclusion

This project has been developed through the East Berkshire Stroke Steering group that includes GP representation from Windsor, Ascot and Maidenhead, Slough and Bracknell and Ascot CCGs. We also have a representative from the Stroke Association and a stroke consultant from the Thames Valley Clinical Senate and Wycombe Hospital. This group recommends that the London Model be implemented in East Berkshire for the reasons outlined above.

The evidence is very clear that patients have a better chance of surviving and recovering from a stroke if they are treated with the optimal quality of care at a specialist stroke unit as soon as possible after the stroke has taken place.

The type of care and treatment received at this crucial time can affect the extent and speed of recovery of each stroke survivor.

The next steps are for the East Berkshire CCGs to continue to carry out extensive patient and stakeholder engagement, including consulting with local patient groups and partnership boards and holding a patient engagement event, where patients will be invited to share their thoughts on the proposed service redesign. The next patient engagement event will be held on 17th March at the Centre in Slough, where the Community Partnership Forum will be used to fully engage with stroke survivors and carers on the proposed service reconfiguration.

The Stroke Steering Group is currently in discussions with providers to agree the details of the reconfiguration.

Subject to this, patient and stakeholder engagement, we are aiming to implement the new model by Autumn 2016.

8. Background Papers

1 – The National Stroke Strategy 2007

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081062