

Health & Adult Social Care Scrutiny Committee

26 November 2021

West Sussex Stroke Programme

Report by: Deputy Executive Managing Director/ Director of Commissioning

Summary

Focus for Scrutiny

West Sussex Health and Adult Social Care Committee (HASC) was updated regarding the overall stroke programme at a seminar in October 2020 and a further update was provided to new council members in July 2021. This report will:

- (1) Outline the latest progress regarding the West Sussex Stroke Programme following the development of the Stroke Case for Change;
 - (2) Provide an overview of the Acute Stroke Model and provide assurance of the process being followed to develop this; specifically to:
 - describe the long list of options for the development of an Acute Stroke Centre;
 - share the evaluation criteria being used to reduce the long list to a short list;
 - outline the process we are currently taking and provide assurance that the shortlisting of options process is robust, based on evidence, clinically led and inclusive;
 - advise who is involved in this shortlisting process;
 - advise the governance that will be scrutinising the process before the short list options are finally agreed.
 - (3) Provide the details of consultation and engagement work for the programme.
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1 Background and context

The aim of the West Sussex Stroke Programme is to address the gaps in service provision in the coastal area of West Sussex identified through an extensive review of stroke service that took place in 2019. The review looked at the whole stroke pathway from prevention, acute phase to rehabilitation and life after stroke services.

The aim of the programme is to ensure that local stroke services are fully compliant with national standards, achieving the highest levels of performance to deliver improved outcomes for patients.

(a) **Programme Governance**

The programme has well-established multi agency governance including the Stroke Executive Oversight Group (SEOG), Stroke Clinical Reference Group and Stroke Communications and Public Involvement Steering Group. These groups have representatives from health and social care, third sector partners and community ambassadors. The programme sits within the Integrated Stroke Delivery Network (ISDN) strategic development of stroke services across Sussex and wider tertiary centres for stroke provision.

(b) **Patient and public involvement**

A focus on patient and public involvement and reducing inequalities underpins the programme led by the Communications and Public Involvement Steering Group. The group was established to map out the required engagement activities and governance that needs to be undertaken to ensure stakeholders, stroke survivors and the public are involved at every stage of the programme. A comprehensive Equality Health Impact Assessment (EHIA) has been carried out to ensure that options for transformation are informed by the experience of local people, notably those with protected characteristics and other disadvantaged groups and communities, to ensure that any transformation plans promote equality and reduce inequalities. See section 3 for further details.

2 Proposal details

(c) **Four objectives**

The Case for Change outlines the requirement to deliver the following:

- **Prevention pathway:** A patient with Atrial Fibrillation (AF) has a 5-fold increase in the risk of stroke and 20–30% of all strokes are attributed to this arrhythmia. Not only is AF a major risk factor for stroke, but when strokes occur in association with AF, patients suffer increased levels of mortality, morbidity and disability with longer hospital stays compared with stroke patients without AF. A locally commissioned service (LCS) for Sussex has been developed for AF to enable primary care to manage the detection and on-going management of AF to reduce the incidence of stroke via patients' own GP practices. Locally the detection of AF meets nationally required targets in this area. However, the management of AF including initiation on appropriate anticoagulation treatment requires further development to reach national targets and improve outcomes for patients. The AF LCS has been agreed by the CCG and will roll out from April 2022.
- **An Early Supported Discharge Service (ESD)** for stroke survivors will be mobilised during 2021/22 in line with the agreed service model. This service will support 40% or more of people with mild and moderate stroke to return home from hospital at the earliest point and commence rehabilitation in their own place of residence. This will improve outcomes by reducing the risk of disability due to prolonged stays in hospital.

- **The Life After Stroke and Six Month Review Service** for stroke survivors will be mobilised during 2021/22. Once formally agreed by the Health & Wellbeing Board, sustainable funding will be through the Better Care Fund for the roll out of these services across the coastal areas. This service will be provided by the Stroke Association and aligned to the integrated service in the north of West Sussex, ensuring after stroke care is equitable for our whole population and meets national standards.
- **Acute Stroke model:** the aim is to deliver high quality stroke services 24 hours a day, seven days a week through the development of clinically sustainable, high quality Acute Stroke Centre (ASC), networked to a Comprehensive Stroke Centre (CSC) that provides thrombectomy and neuro surgery. ASCs will be staffed by specialists and will make sure that patients receive diagnosis and care within national quality standards. The ASCs will see the minimum number of patients required by national guidelines and reduce the number of deaths from stroke, reduce disability and improve quality of life for people who have had a stroke.

(d) **Acute Stroke model**

University Hospitals Sussex (UHSussex) provides acute stroke services at both Worthing Hospital and St. Richard's Hospital. Both hospitals have inpatient stroke beds and directly admit patients in hyper acute phase (first 72 hours after stroke) and offer rehabilitation on the wards. Although both stroke units (St. Richard's and Worthing) are well-performing neither unit achieves all or consistently meets the highest national standards set out for hyper-acute stroke provision. Acute Stroke Centres (ASCs) enable patients to have rapid access to specialist care over 24 hours, seven days per week as per the National Stroke Service Model, published May 2021. The programme is reviewing how to meet the national standards consistently for the population of the coastal area of West Sussex. It is a formal transformational change programme governed by the NHS England and Improvement Assurance Framework.

(e) **Long list of options**

The following long list of acute stroke centre service model options have been developed by an Acute Implementation Working Group led by UHSussex.

- **Option 1 - Do Nothing-** continue with two Acute Stroke Units at Worthing and St Richard's.
- **Option 2 – Set up Acute Stroke Centres** at both Worthing and St Richard's- upgrade the units at both Worthing and St Richard's to ASCs.
- **Option 3a – Set up ASC at Worthing, acute care at St Richard's-** upgrade the unit at Worthing to an ASC and post hyper-acute care at St Richard's.
- **Option 3b – Set up ASC at Worthing, Rehabilitation only in Chichester-** upgrade the unit at Worthing to an ASC and Rehabilitation services only for stroke patients in Chichester, whether acute, community or home-based.
- **Option 4a – Set up ASC at St Richard's, acute care at Worthing-** upgrade the unit at St Richard's to an ASC and post hyper-acute care at Worthing.

- **Option 4b – Set up ASC at St Richard’s, Rehabilitation only in Worthing-** upgrade the unit at St Richard’s to an ASC and Rehabilitation services only for stroke patients in Worthing, whether acute, community or home-based.

Further detail of the options has been reviewed by the SEOG and the Stroke Clinical Reference Group to describe the different elements of acute care and rehabilitation.

(f) **Evaluation criteria**

Evaluation criteria have been developed by the UHSussex Implementation Group to assess against the long list, to support the reaching of a consensus on what the final proposed short list options will be. The criteria have been categorised under the following headings and prompt questions developed to lead the conversation:

- Patient - Clinical
- Patient - Accessibility
- People - Workforce specification
- People- Recruitment and retention
- Quality
- Sustainability - Financial
- Sustainability - Environmental
- Systems and Partnerships

The options and evaluation criteria have been extensively reviewed both within UHSussex and with the multi-agency groups leading and participating in the stroke programme. The evaluation criteria have been compared to those used in other major transformation programmes requiring consultation.

Both long list model options and evaluation criteria documents have been reviewed by Stroke Clinical Reference Group (6 October 2021) and Stroke Communications and Public Involvement Steering Group (8 October 2021) and were further reviewed at an Extraordinary SEOG on 19 October 2021.

(g) **Short listing process**

The short listing process of assessing the long listed options against the evaluation criteria will commence on 18 November 2021 when the first shortlisting meeting will take place with information currently available. On this date a group whose membership is representative of all relevant stakeholders and chaired by the CCG Senior Responsible Officer for the Stroke Transformation Programme will meet. Members will include clinical, voluntary sector, workforce, finance, estates and quality representatives. We expect this shortlisting process will conclude early December 2021.

This review will create the short list of the acute service model options which will inform development of a Pre-Consultation Business Case (PCBC) which will set out the short-listed public consultation options for the future of the acute stroke model. The PCBC will be reviewed by the Kent, Surrey, Sussex and Hampshire Thames Valley Clinical Senate in March 2022. Following review, feedback and final approval by the

Clinical Senate the programme will be brought back to HASC for scrutiny and advice regarding public consultation requirements.

3 Consultation, engagement and advice

Communications and Public Involvement Steering Group designed and led an engagement programme (known publicly as Transforming Stroke Services in West Sussex) following learning from previous transformation projects to underpin the development of the stroke programme and inform further consultation.

The engagement programme for the stroke programme ran from June- August 2021 and gathered feedback from stroke survivors, their families, friends and carers, staff and members of the public regarding the current experience and expectations of stroke services. The methods of engagement included:

- Survey: a core survey of stroke survivors and their carers and a separate one for the public encouraging people to get further involved in giving their views.
- Online engagement: through the online platform known as EngagementHQ stories were gathered and a moderated discussion board hosted.
- Group discussions: discussions regarding stroke services with existing relevant groups.
- Semi-structured one to one interviews: more in-depth qualitative engagement with stroke survivors and/or carers/next of kin in person or virtually.

Established stroke services, stroke groups and voluntary sector partners were involved in this work.

The key themes from this engagement include:

Ambulance experience disparities

Respondents' comments on response times and the overall ambulance/paramedic experience ranged from first rate to concerning. There was a wide variety of response times and differing levels of knowledge regarding the warning signs of a potential stroke.

The need for an explicit stroke diagnosis (confirmed or suspected) shared with both stroke survivor and carers/next of kin

Respondents broadly noted that often a health professional had taken significant time before verbalising of a potential stroke diagnosis, and this was echoed by carers and next of kin. This underlines the importance of communication and dialogue throughout the stroke journey.

Levels of continuing dialogue with stroke survivors and their carers/next of kin throughout hospital stay

Following on from the previous theme, respondents were keen to emphasise the need for ongoing communication and to acknowledge that stroke survivors may need to be told repeatedly due to the effects of the initial stroke. Next of kin highlighted the need to be 'kept in the loop' as often as possible.

The need for reassurance and comprehensive care plans before leaving hospital

The most emotively charged theme to emerge from the surveys and focus groups. Many of those who had received good or excellent care to that point felt that care planning and general reassurance around 'what next' for stroke survivors was underplayed and needed more attention.

Timely transport home

The need for timely planned transport home from hospital was an area of concern and frustration and led to unintended anxiety and worry.

Patience in communicating with aphasia sufferers

Aphasia is caused by damage to parts of the brain responsible for understanding and producing language and can be caused by a stroke. It was highlighted that aphasia sufferers need time to process information and that whilst the more specialist staff are well versed in this, there are occasions in which communication is too fast for full comprehension.

Ongoing support needed to sustain local stroke clubs and drop-in groups across West Sussex

Within all the focus groups, it was made apparent how crucial locally-based stroke clubs and groups are – offering an important space for stroke survivors and carers alike. As well as strong feedback on their importance, there was collective concern around the sustainability of these clubs and groups going forward.

Ideas and solutions to increase knowledge of stroke prevention across West Sussex

There was a range of ideas and solutions to increase awareness of stroke risk factors and prevention going forward. Some strong local and asset-based ideas were shared by respondents in both surveys.

The results and insights gained from this engagement have informed the development and appraisal of options for the future of stroke services within West Sussex, most notably under the patient experience domain. It will also inform learning for the development of the public consultation.

4 Conclusion

The stroke programme is based on a comprehensive Case for Change that identifies evidence-based recommendations for improvements to the whole stroke pathway. It forms part of the wider West Sussex CCG Strategy and the Sussex ISDN developments ensuring strategic alignment across the wider regional footprint.

With established multi-agency governance and agreed timelines the programme is progressing to deliver a fully compliant stroke pathway across the prevention pathway, acute stroke model, rehabilitation and life after stroke pathways for the coastal area of West Sussex by April 2023.

The programme is underpinned by strong principle of stakeholder engagement. Detailed plans are in place informed by a comprehensive EHIA to ensure developments are informed by engagement with stroke survivors and the public including people with protected characteristics.

It is a major transformation programme, which will soon identify what the clinical model of short-listed options will be. This will be a significant step. The months of December and January will be focused on gaining opinion and agreement that the draft PCBC will be ready for the Clinical Senate review which has been set for March 2022.

Based on this report HASC is asked to:

- note the positive progress around the stroke pathways for prevention, acute stroke model and rehabilitation/ life after stroke pathways.
- note the findings of the stroke services in West Sussex engagement report.
- note the long list of options alongside the robust process that will be followed to reach a short list and develop a PCBC suitable for public discussion and scrutiny.
- HASC will provide further scrutiny and advice regarding public consultation requirements of the acute stroke model following review, feedback and final approval by the Clinical Senate.

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