

Wednesday, 01 August 2018

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) Specialist Stroke Care Programme Update Kirklees Overview and Scrutiny Committee

Introduction

1. Providing the best stroke services possible across West Yorkshire and Harrogate to further improve quality and stroke outcomes is a priority for us all and something we are committed to achieving through the work that has been taking place in each of our six local areas (Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield).
2. Working closely with our partners, stakeholders and communities is an essential part of our stroke work and we want to keep Kirklees Overview and Scrutiny Board updated so there is the opportunity to discuss developments as they progress.

Background

3. In 2016/17 there were approximately 3,700 strokes in West Yorkshire and Harrogate. The Partnership's ambition is to have fewer stroke across the area, more lives saved, reduced delays and improved recovery outcomes. Our aim is to improve quality outcomes for people requiring stroke care, ensuring that services are resilient and 'fit for the future'.
4. Stroke care is one of the priority areas of work highlighted in the draft [West Yorkshire and Harrogate Sustainability and Transformation Plan \(STP\)](#) published in November 2016. It is also highlighted in "[Our next steps to better health and care for everyone](#)" document published in January 2018.
5. WY&H has five hyper-acute stroke units (HASU), based in:
 - Bradford Teaching Hospitals NHS Foundation Trust – Bradford Royal Infirmary
 - Calderdale and Huddersfield NHS Foundation Trust – Calderdale Royal Hospital
 - Harrogate and District NHS Foundation Trust
 - Leeds Teaching Hospitals NHS Trust – Leeds General Infirmary; and
 - Mid Yorkshire Hospitals NHS Trusts – Pinderfields Hospital.
6. Our work has included looking at how we:
 - prevent strokes happening across the area
 - deliver effective care when people have a stroke
 - ensure there is good support and rehabilitation for people after a stroke
 - address the ongoing workforce challenges across the area

Case for change

7. Our specialist stroke services need to deliver the 7-day standards which sets out an ambition that anyone who needs urgent or emergency hospital care will have access to the same level of assessment and review, tests and consultant-led support whatever day of the week.

8. Although work has taken place to further improve the quality of care people receive, differences in specialist stroke care exist. For example, the evidence base shows that people who receive care in units that see a minimum of 600 new admissions per year are likely to have better outcomes, even if the initial travel time is increased. As one of the smaller units, Harrogate is the only stroke service across our Partnership that does not receive this minimum number of new strokes.
9. Given this, and the ongoing workforce challenges, it will be important for all West Yorkshire and Harrogate providers to work together on solutions that will ensure people across our area can access a sustainable high quality service in line with nationally agreed standards of practice. It is not expected that there will be any negative changes to the care provided to people living in Kirklees as a result of this work.
10. We have worked closely with West Yorkshire Association of Acute Trusts, West Yorkshire and Harrogate Clinical Forum, medical directors and the Yorkshire Ambulance Service who have access to the skills and expertise we need to advise on operational sustainability of the HASU services across the area. All have been part of ongoing conversations.
11. We are using evidence from the stroke strategic case for change and our own engagement programme to support this work. This is also in line with the 7 day hospital standards specific to hyper acute stroke. In parallel, ongoing care and support should be provided at locations closer to where people live and they should be transferred to these services as soon as possible after initial treatment.
12. It's important to note that working with community care services is an important part of our work. If we are to rehabilitate people back into their communities after the first 72 hrs of specialist stroke support, as close to home as possible, having the right local care in place so people make a good recovery is essential.

Communication and engagement

13. We have provided regular stroke updates to the West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups (held in public); the Joint Health Overview and Scrutiny Committee (JHOSC); local Overview and Scrutiny Committees; the West Yorkshire and Harrogate Patient and Public Assurance Group and to the people of West Yorkshire and Harrogate via various communication channels.
14. We have:
 - worked collaboratively with Healthwatch and local communications and engagement leads.
 - engaged with people in 2017 to seek their views on stroke care – these findings helped lay the foundation for our work to date
 - had conversations in public to further develop our work in February, March and May 2018.
15. The Stroke Association is represented on our stroke programme board and we have discussed our work with other VCS organisations and carers. We also have a patient representative on our Stroke Programme Group.

Preventing strokes happening and improving stroke care across the whole care pathway

16. A key part of our work is preventing ill health so people can live a long and healthy life. Work across West Yorkshire and Harrogate via the Clinical Forum and Joint Committee of the Clinical Commissioning Groups has highlighted the importance of stroke prevention, community

rehabilitation and after care support delivered in our six local places (Bradford District and Craven; Calderdale, Harrogate, Leeds, Kirklees and Wakefield). This is especially important given that we have an ageing population and people are living with multiple long term conditions for longer.

17. We are rolling out best practice care for people with atrial fibrillation (AF) in every GP practice, with the aim of preventing over 190 strokes over the next three years. This includes detecting, diagnosing and treating people who are at risk of stroke so that around 9 in 10 people with atrial fibrillation are managed by GPs with the best local treatments available to save people's lives.
18. We are reducing other risk factors linked to stroke. For example the treatment of hypertension (high blood pressure) which has the potential to reduce a further 620 strokes within three years.

Standards of good practice across the whole of the stroke pathway

19. We have also produced a draft service specification covering the whole of the stroke pathway, which sets out key standards and service outcomes for each part of the pathway. This includes specific outcomes in relation to the rehabilitation, community services and end of life care.
20. We will share the draft specification with key stakeholders in each of our six local areas so they can review and determine what further actions (if any) will be needed locally to deliver these outcomes. We will also seek their views on adopting a standardised pathway for stroke service specification across West Yorkshire and Harrogate.
21. It's important to note that local areas may deliver different approaches and each of our six local areas are responsible for commissioning these services to meet the needs of their local population.

Rehabilitation and community care

22. There are a number of standards and service outcomes in which relate to rehabilitation, community care and end of life care which have informed the development of our draft whole care pathway service specification. We are at the beginning of our conversations with each of our local areas and mapping work may be required to look at care closer to home, to identify and share good practice and inform the next steps.

Workforce

23. It is important that we continue to support our staff and make the most of their valuable skills and expertise so that we can maximise opportunities to further improve quality and outcomes for the people. We have completed a workforce baseline assessment of our current specialist stroke services. The Local Workforce Action Board stroke lead has also conducted a workforce survey to seek the views of our specialist stroke services staff. This information is informing discussions to re-establish the stroke clinical network and progress actions to further improve workforce engagement, retention and the sharing of best practice to improve quality outcomes.

What next?

24. The next steps will be informed by discussions with North Yorkshire County Council Overview and Scrutiny Committee, West Yorkshire Overview and Scrutiny Committee, NHS England and the Yorkshire and Humber Clinical Senate.

25. There is no intention to consult with the public across the whole of West Yorkshire – including Kirklees. We don't envisage any changes to the Hyper Acute Stroke Unit at Calderdale and Huddersfield NHS Foundation Trust – Calderdale Royal Hospital.
26. The Joint Committee of the Clinical Commissioning Groups will meet in public on the 6 November. A stroke update will be given.
27. We will continue to work with our six local places (Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds, Wakefield) around rehabilitation and community care.

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