Dudley Metropolitan Borough Council

NHS Sandwell and West Birmingham Clinical Commissioning Group

Agenda Item No. 7

Health Scrutiny Committee 7th November

Report of Sandwell and West Birmingham Clinical Commissioning Group

Stroke Transformation Programme

Purpose of Report

To update members on the progress Birmingham, Solihull and Black Country Stroke Transformation programme

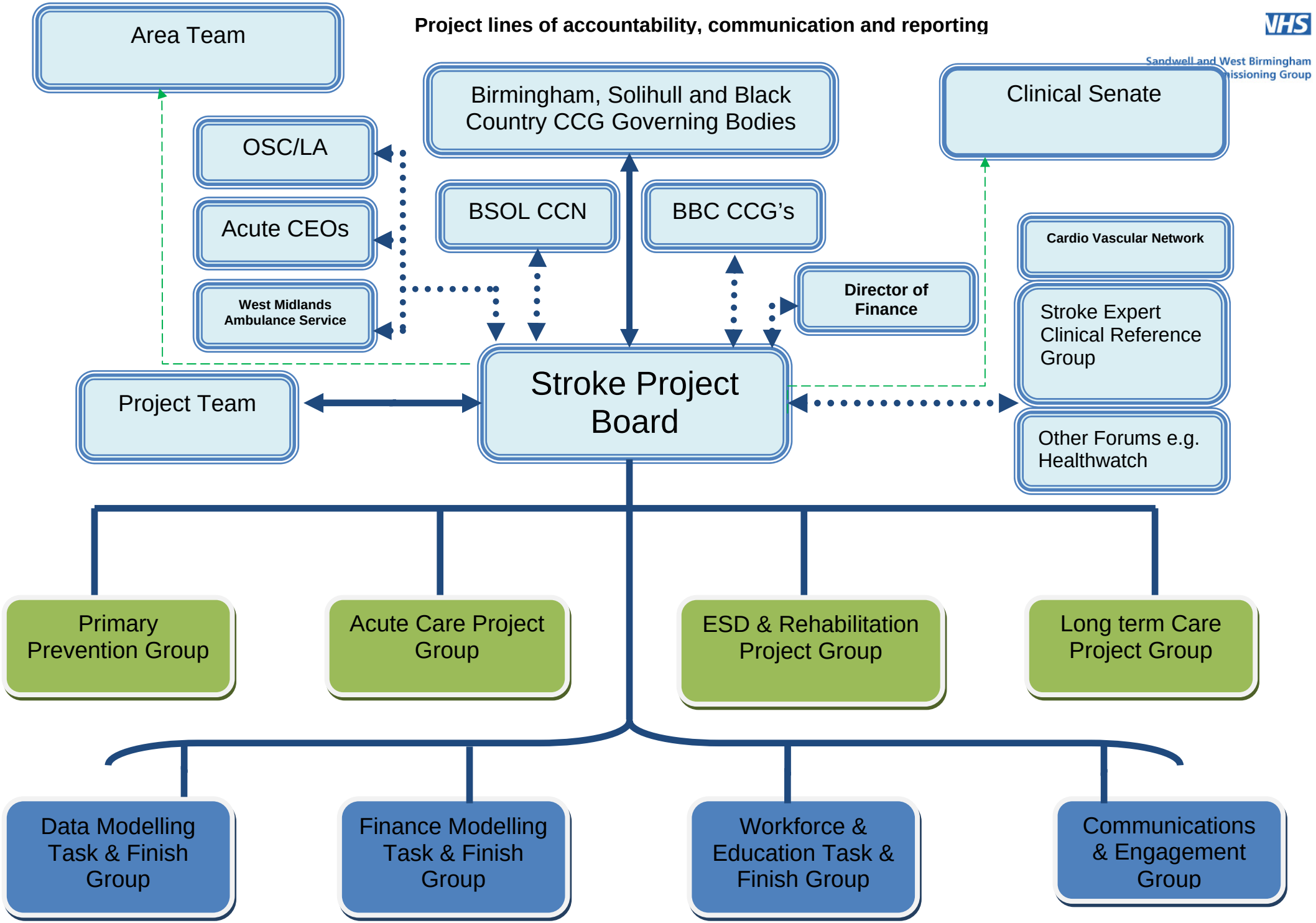
1. Introduction:

Stroke is one of the top three causes of death and the largest cause of adult disability in England, and costs the NHS over £3 billion a year. Many people suffering strokes are left with long term disability. Although there have been significant improvements in stroke services across the region over the last three years, there remains scope for further improvement across NHS Midlands and East Review; demonstrated by the gap between the regions' performance as measured against the national Integrated Performance Measures.

The previous Cardiovascular Network and the NHS Midlands and East Cluster Strategic Health Authority coordinated a review of stroke and TIA services to identify how it could achieve a step change improvement in clinical outcomes and patient experience. The SHA and Network review concluded that there is evidence to suggest that changing the specification of the stroke care pathway in Birmingham, Solihull and the Black Country could lead to improved outcomes for patients. An important part of this relates to the hyper-acute phase of the pathway. The evidence suggests that there is a minimum best practice service specification that all hyper-acute stroke units should achieve if they are to provide optimal care to patients. This centres on the timeliness of response and requires 24/7 consultants on call as well as access to rapid scanning and thrombolysis services.

There has been an agreement from the Birmingham, Solihull and Black Country CCGs that Sandwell and West Birmingham CCG (SWB CCG) will lead the Stroke Transformation Programme and will host the Stroke CCG Project Board to provide the strategic steer for the programme. The decision on the future placement of hyper-acute and acute stroke centres will sit with respective CCG governing bodies however the role of the project board will be to advice and recommend the optimum solution for hyper-acute placement.

Project lines of accountability, communication and reporting



2. Programme Aims:

To successfully deliver the following expected outcomes of the Stroke Transformation Programme:

- Ensure efficient, safe and equitable services that deliver the intended improvement in outcomes for patients are available and
- Ensure outputs and outcomes can be measured, in terms of patient experience and by the reduction in mortality and disability.

The Programme will be conducted in order to determine the highest quality of Service (within specified constraints) and seek the most economically advantageous service configuration for hyper-acute sites for the Birmingham, Solihull and Black Country CCGs.

2.1 Objectives:

The programme team is expected to support the Birmingham, Solihull and Black Country CCGs:

- Ensure the consistent understanding and commitment from all key stakeholders to the aims and objectives of the review including securing the support of each constituent CCG for the process and ensure that CCG boards are kept abreast of progress and emerging issues which may have local implications
- Ensure key options for delivery of the standards set out in the service specification are identified, together with the implications for commissioners as well as for both the designated and non designated providers, and so that robust and transparent decisions can be made by CCGs on future delivery, and these are built into their future commissioning/ contracting processes.
- Ensure the preferred models are future proofed and underpinned by effective prediction of changes in prevalence and also the expected impact of primary prevention programmes and that they are also in alignment with the models of service delivery across the wider West Midlands and bordering CCGs
- Support the implementation of an approach that makes best use of available fixed and human resources within the system/organisations, including identifying and managing any risks
- Ensure the NHS Area Team have confidence that the local programme will deliver its objectives

2.2 Outcomes of programme:

- Reduction in stroke mortality rates
- Reduction in average length of stay
- Reduction in stroke re-admissions
- Achievement of 90% stay on stroke ward
- Increase in the number of patients receiving thrombolysis
- Achievement of diagnosis and treatment for high risk TIA within 24hrs
- Increase in the number of patients discharged to their normal place of residency

3. Scope and Exclusions

Clinical scope

The Midlands and East Service Specification divides the pathway into eight phases and specifies the standards to be achieved in each. These are:-

- Primary prevention
- Pre-hospital
- Acute phase
  - Hyper-acute unit (HASU) services
  - Acute stroke (ASU) services
  - Transient Ischaemic Attack (TIA) services
  - Tertiary care
- In-hospital rehabilitation
- Community rehabilitation (including Early Supported Discharge)
- Long term care and support
- Secondary prevention
- End of Life

Outside scope

Tertiary care (neuro-surgical referral), and strokes occurring in children, are both outside the direct scope of the project.

Population scope

It is expected that this work will require a solution that takes in both Birmingham and Solihull and the Black Country.
Therefore the work will focus on the:-

- Population registered with GPs within the boundaries of the seven CCGs of Birmingham and Black Country (BBC)
- People who live within the 7 CCGs but who are not registered with a GP

- People who access emergency health care services within BBC either on an ad hoc basis, or based upon traditional referral flow (catchments of acute organisations)

4. Interdependencies

Successful delivery is interdependent with a number of other factors and actions. These include :

- Collaboration, agreement and support from all CCGs
- Information received from providers
- Multi-agency commitment to the review
- Recruitment of sufficient programme resource to support delivery
- Ability to agree a restructured revised payment mechanism with all providers

5. Approach and Next Steps:

It is recognised that each of the phases with the services specification will have a number of specific standards to be delivered and so will need to be treated as a specific project, with clear timescales and distinct actions and responsibilities. However it is intended these will all form part of an overall interlinked programme of work, with oversight by the Birmingham, Solihull and Black Country CCG Stroke Project Board, which will ensure overall connectivity and that an integrated pathway of care is in place.
The programme will be designed into two specific strands as follows:

5.1 Strand A:

This strand will support an options appraisal for future hyper acute and acute phase sector configuration. It is recognised will be complex and contentious and will therefore require the most capacity and focus. Areas of the project that fall into this category are the Acute Phase, where some challenging improvements within current resources need to be achieved. This phase includes:-

- Pre-Hospital Phase
- Hyper-acute services
- Acute stroke services
- TIA services

As above, it is also recognised that the programme will require a solution that takes in both Birmingham and the Black Country and also acknowledges other neighbouring economies.

In addition managing the interface between the acute phase and the rehabilitation phase, and the rehabilitation and long term care phases may also provide challenges.

Key Milestones:

Milestone	**Owner**	**Timeframe**
Agree vision, scope and outcome of programme	Stroke Project Board	October 2013
Development and implementation of Communication plan	Communication & Engagement Group	October 2013 onwards
Agree Criteria for HASU/ASU and TIA	Stroke Project Board	October-December 2013
Agree principles for options appraisal	Stroke Project Board	October-December 2013
Agree decision making process to support option appraisal	Stroke Project Board	October-December 2013
Seek expression of interest from existing providers for HASU/ASU and TIA service provision including capacity and capability to meet current services and increased volumes to support the scoping of the optimum HASU model configuration	Project team	November – January 2013
Baseline Data including Public Health and SSNAP data sets	Primary Prevention Sub-Group	October – December 2013
Activity Modelling	Modelling Sub-group	October 2013 – March 2014
Financial Modelling	Financial modelling sub-group	October 2013 – March 2014
Public and Patient Engagement	Communication and Engagement Sub-group	November 2013 onwards
Draft case for change	Project Team	April 2014
Appraisal of optimum options for HASU configuration by Project Board and Independent Clinical Advisory Team	Stroke Project Board & Independent Clinical Advisory Team	April – June 2014
Cost Benefit Analysis	Independent team	June 2014

Approve case for change and recommendation of optimum model for HASU configuration	Stroke Project Board	August 2014
Agree optimum model for HASU configuration	CCG Governing Bodies	August – September 2014
Formal Public Consultation (if a decision to reduce the HASU sites is made)	Communication & Engagement Group and Project Team	12 weeks

The programme will also be subjected to regular Department of Health Gateway Reviews to ensure that the programme has a robust framework to achieve key objectives and outcomes**.**

5.2 Strand B:

A review in partnership with lead CCG representatives in collaboration with the respective provider organisation to understand current service provision against the standards and criteria set out in the service specification. The role of the programme team will be to support the gap analysis and recommendation to achieve best practice. Respective funding for local service change will need to be agreed with each individual CCG and respective provider.

Stages:

- Mapping of current service delivery against the service specification and gaps for all phases:

o A review of stroke service in partnership with each CCG and lead provider
- Understand current service provision for each phase and support the collection of information to enable decision making process
- Carry out a gap analysis with recommendations to achieve service specification criteria
- Understand financial envelope for Pbr and local payment mechanism for each phase
- Engagement with key stakeholders including OSC
- Carry out public consultation where appropriate
- Agree action plan to achieve services specification standards

Milestones: to be agreed with CCG leads

Finance

To be scoped as part of the programme case for change

Law

Section 111 of the Local Government Act, 1972, enables the Council to do anything, which is calculated to facilitate or is conducive or incidental to the discharge of its functions.

Health and Social Care Act 2012 provides for Local Authority members to review and scrutinise health improvement services with the particular aim of securing even better health outcomes across communities.

Equality

To be carried out as part of the programme case for change

Recommendation:

The Dudley OSC is asked to:

a) Note the scope and approach of the Stroke Reconfiguration Programme
b) Note the key project milestones