NHS Rotherham Clinical Commissioning Group

Operational Executive: 2nd November 2015

Governing Body: 4th November 2015

Review of Stroke Care Pathway

GP Lead:	**Dr Phil Birks**	**Strategic Clinical Executive GP**
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Purpose:

This report provides a summary of the stroke care pathway review attached.

Background:

The May 2015 Governing Body considered the Stroke Annual Peer Review, which was intended to provide RCCG with assurance that the local stroke care pathway is fit for purpose.

The review highlighted areas of poor performance and drew attention to gaps in the local service model.

The attached review looks at progress made since the Peer Review. It benchmarks performance against other areas and makes recommendations on future commissioning arrangements.

Analysis of key issues and of risks

1. Performance

Performance on the stroke care pathway has improved significantly since the last report to Governing Body. The service is now;

- Surpassing the target set (80%) for time spent on the stroke ward with a current YTD figure of 84%
- Meeting the target set (50%) for patients scanned within 1 hour with a current YTD figure of 52%
- Surpassing the target set (60%) for patients with stroke AF anti-coagulated on discharge with a current YTD figure of 94%

The service has also shown improvements in the ASIs that remain under target including;

- An increase in the percentage of patients admitted directly to acute stroke unit. Target set at 90% with a YTD figure of 73% in September compared to 52% in May
- An increase in performance on the percentage of patients receiving thrombolysis. Target set at 11% with a YTD figure of 4%, however the service achieved 9% in September

2. Benchmarking

The recently released atlas of variation also shows that Rotherham is performing well compared to other CCGs in South Yorkshire;

- There is significant improvement in patients being admitted to the stroke unit within 4 hours. Rotherham is higher than the median and only Sheffield, who are ranked 6th nationally, are outperforming Rotherham within the sub-region

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- Rotherham is also performing well on the proportion of patients institutionalised after stroke, outperforming all CCGs except Barnsley

One area of concern is the standard mortality ratio which is currently higher than the average mortality rate in England and the 2nd highest in the sub-region after Barnsley.

Remedial action plan and next steps

As previously reported, the Working Together Programme is considering the rationalisation of hyper-acute services. However there is currently a need for local reconfiguration to address some of the issues identified in the review. It is clear that, although there has been an improvement in performance, this is not sustainable in the medium term. It is therefore proposed that RCCG ensure that RFT progress with the following;

1. Development of a Remedial Action Plan to ensure sustainability over the winter period
2. Consider the possibilities of integration of consultant cover across a wider provider base
3. Consideration of an expansion of therapy and nursing capacity

Recommendations:

It is recommended that Governing Body:

- Notes the findings of the service review
- Receives an update in January regarding progress on remedial actions

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Rotherham CCG

Service Review

Rotherham Stroke Care Pathway

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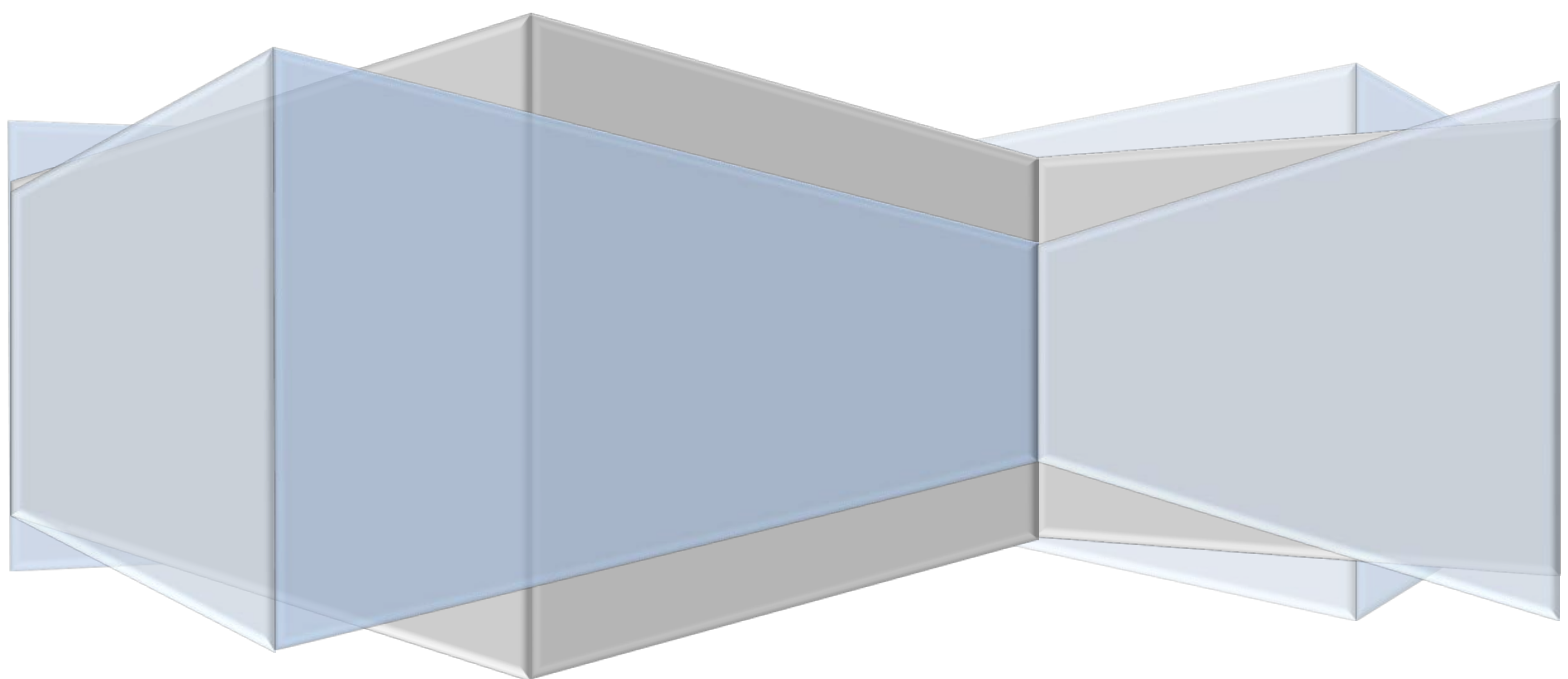


1. Introduction

In May 2015 Governing Body considered the Stroke Annual Peer Review, which was intended to provide RCCG with assurance that local stroke care pathway was fir for purpose. The review highlighted areas of poor performance and drew attention to gaps in the local service model. This review looks at progress made since the Peer Review. It benchmarks performance against other areas and makes recommendations on future commissioning arrangements.

2. Summary of Peer Review

The Peer Review of Rotherham's Stroke Care Pathway was carried out by the Yorkshire and Humber Clinical Network. It considered 5 sets of criteria to establish whether the pathway was fit for purpose.

Criteria 1: Core Criteria

Rotherham achieved all the core criteria. RFT have a dedicated Stroke Unit. The Unit carries out weekly MDT meetings. The pathway has clear clinical leadership. Continuing professional development is in place for all staff working with stroke patients. Information is provided to patients and there are formal links between the stroke service and patient organisations

Criteria 2: Workforce

Rotherham FT achieved the required nurse staffing levels for the Acute Stroke Unit, Rehabilitation and social work support.

However the review panel was concerned that there was not 24/7 specialist consultant cover on the Stroke Unit. Also, the following areas did not meet the required minimum staffing requirements; HASU (by 2.6 wte), Physiotherapy (by 0.72 wte), Dieticians (by 1.9 wte), SALT (by 0.9 wte), Occupational Therapy (by1.1 wte) and Psychology (by 2.0 wte)

Criteria 3: TIA Services

Rotherham FT achieved all the criteria for TIA Services. The service has a policy for referral of TIA patients. It is able to identify patients who are at high risk of stroke. All patients are assessed by a stroke specialist nurse or specialist physician. There is a daily service in place for high-risk TIAs and a 1 month follow up is routinely offered.

Criteria 4: Acute Stroke Services

Rotherham achieved the following criteria on Acute Stroke Services. All acute patients have access to HASU beds. There is continuous psychological monitoring in HASU. The service has contingency plans in place for scanner breakdown and there are clear acute stroke management protocols.

However, the review panel found no evidence of a completed policy on end of life care.

Criteria 5: SSNAP Data

The review panel examined Accelerated Stroke Indicators that fell within the poorest performing quartile.

- Proportion of patients scanned within 1 hour
- Proportion of stroke patients given thrombolysis
- Proportion of patients assessed by a specialist physician within 24 hours

Rotherham's stroke service also fell within the poorest performing quartile for

- Nurse assessments within 24 hours
- First therapy assessment within 24 hours
- All therapy assessments within 72 hours
- Rehabilitation goals identified within 5 days

The Governing Board acknowledged the issues highlighted by the Stroke Peer Review. The Board recognised the recent improvement in performance on the ASIs and support the remedial actions identified by Rotherham FT. It supported the proposals on Quality Premium and Local Incentive Scheme. Finally the Governing Board agreed to receive an evaluation report in the autumn setting out progress that has been made, with recommendations relating to future commissioning arrangement.

3. Current State

Rotherham FT has responded positively to the issues raised in the Peer Review. Below is a summary of actions and the impact they have made on performance.

3.1 Accelerated Stroke Indicators

Rotherham CCG monitors performance of the local stroke care pathway through the Specialised Services Performance Group. Table 1 provides a summary of local performance against national accelerated stroke indicators.

Table 1: ASI Targets

ASI	Target Description	Target	May YTD	Sept YTD
1	% of patients presenting with stroke AF anti-coagulated on discharge	60%	73%	94%
2	% of patients admitted directly to an acute stroke unit within 4 hours	90%	52%	73%
3	% of patients spending 90% of their stay on a stroke unit	80%	78%	84%
4a	% of patients scanned within 1 hour	50%	36%	52%
4b	% of patients scanned within 24 hours	100%	99%	96%
5	% of high risk TIA patients treated within 24 hrs of first contact	60%	84%	90%
6	% of patients who receive psychological support in 6 months	40%	99%	100%

ASI	Target Description	Target	May YTD	Sept YTD
7	% of patients with joint care plans on discharge from hospital	85%	100%	100%
8	% of stroke patients reviewed 6 months after leaving hospital	95%	99%	100%
L	% of patients receiving thrombolysis	11%	3%	4%

Rotherham FT is now on target to achieve 7 of the 10 accelerated stroke indicators. Of these, only 1 ASI is a major concern to commissioners. Since the peer review there has been a significant improvement in performance across all ASIs. Specifically the following actions have been taken to address those issues of most concern in May.

ASI 2: Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival

ASI 3: 90% stay on a Stroke Unit

In May these targets were not being achieved because non-elective workloads had meant that stroke beds were being used to accommodate medical outliers. To address this issue Rotherham FT implemented a new policy, setting out criteria for exceptional utilisation of the Stroke Unit beds. Medical outliers on the Stroke Unit were identified at daily bed meetings and the patient flow team were instructed to prioritise repatriation. This policy is starting to gain traction. Performance on ASI 2 has improved significantly with 73% of all patients admitted to the stroke unit within 4 hours. ASI 3 is now on target, with 84% of patients spending 90% of their time on the stroke unit.

ASI 4a: Access to Brain Imaging

Scanning rates within 1 hour are now on target. Rotherham FT carried out a process mapping exercise, which led to a revision of standard operating procedures. The use of the Emergency Department acute stroke protocol was reinforced with all staff to ensure that the stroke nurses are alerted immediately to a patient's arrival at A&E.

Local Indicator: Number of patients who receive thrombolysis following acute stroke

The main reasons for poor take-up of thrombolysis are late presentation and lack of information on onset time. TRFT now provides an audit of reasons for non-thrombolysis. They report that all patients who did not receive thrombolysis were excluded for legitimate reasons and have provided patient level details at relevant performance meetings to evidence this. Data on all patients presenting with no time of onset is being systematically collected and reviewed monthly through Stroke Business Meetings and local performance meetings.

Presentations on the acute stroke pathway and TIAs have been presented at GP events to raise awareness. Emergency Department and Stroke Unit processes have been reviewed at Thrombolysis MDT meetings.

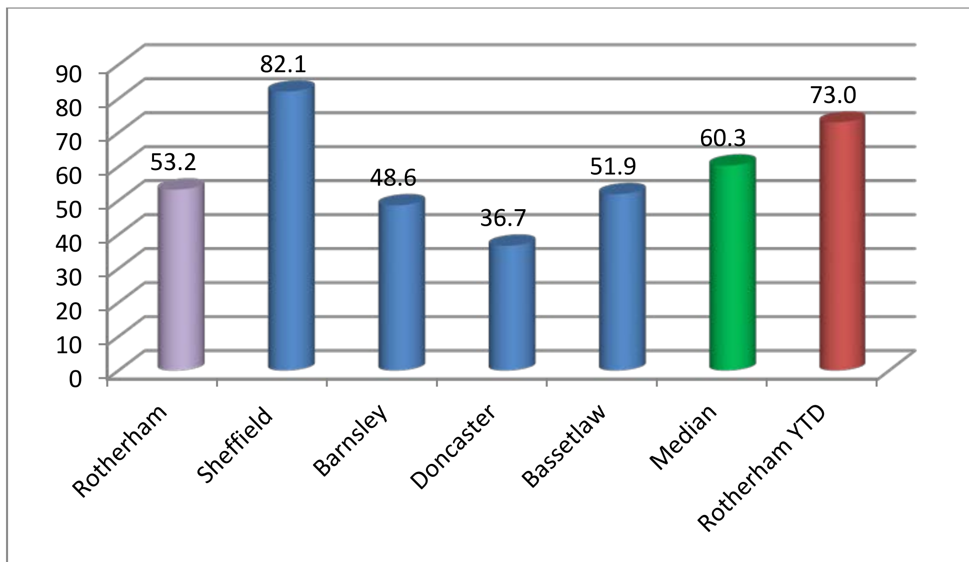
3.2 Atlas of Variation in Healthcare

The Atlas of variation in Healthcare benchmarks CCGs on a rage of care pathways for 13/14. It incorporates 2 stroke indicators;

- Proportion of stroke patients admitted to stroke unit <4 hours
- Proportion of people prescribed anti-coagulation after a stroke
- Proportion of patients discharged to institutional care after a stroke

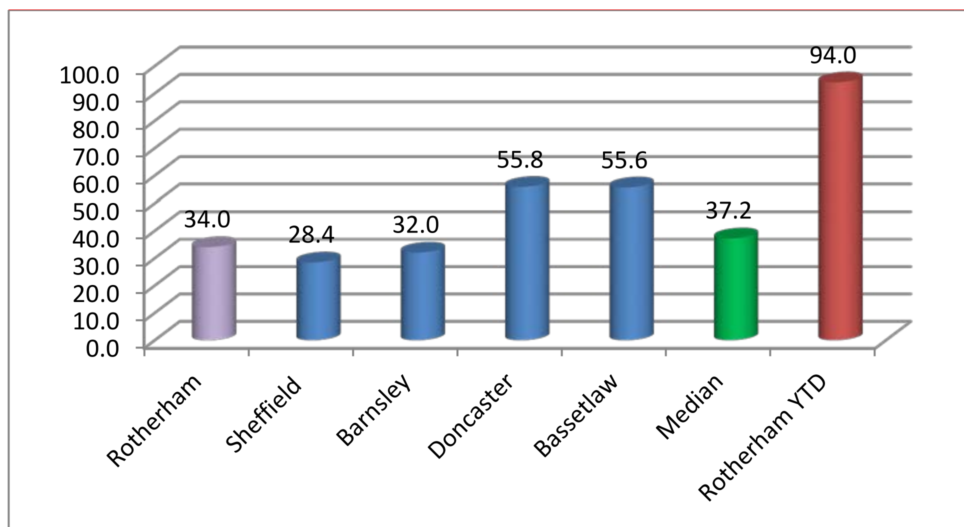
Figures 1-3 show how Rotherham performs on these indicators relative to other CCGs in South Yorkshire.

Figure 1: Proportion of stroke patients admitted to stroke unit < 4 hours



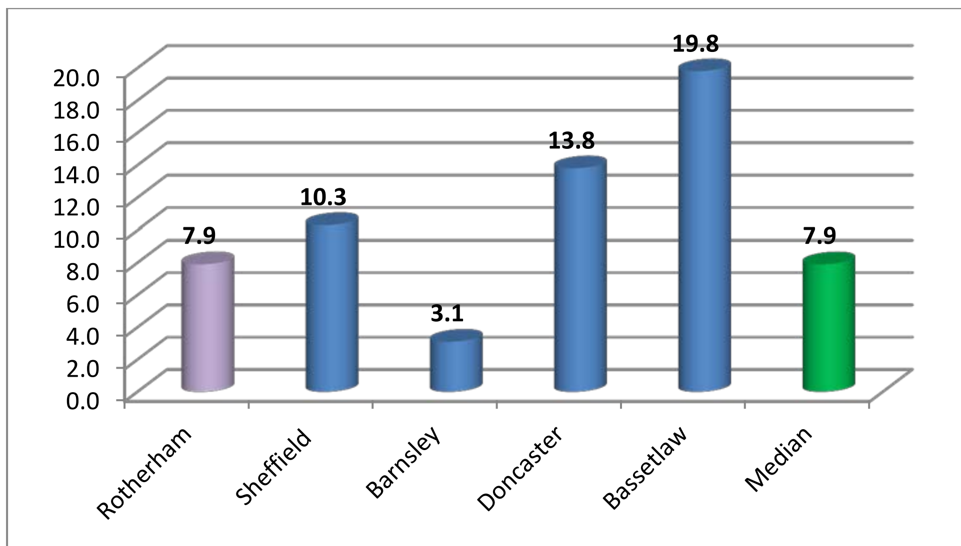
Rotherham's performance on patients being admitted to the stroke unit within 4 hours is significantly higher than the median and steadily improving. Only Sheffield, currently ranked 6th nationally, is outperforming Rotherham within the sub-region.

Figure 2 % of patients with atrial fibrillation prescribed anti-coagulation prior to stroke



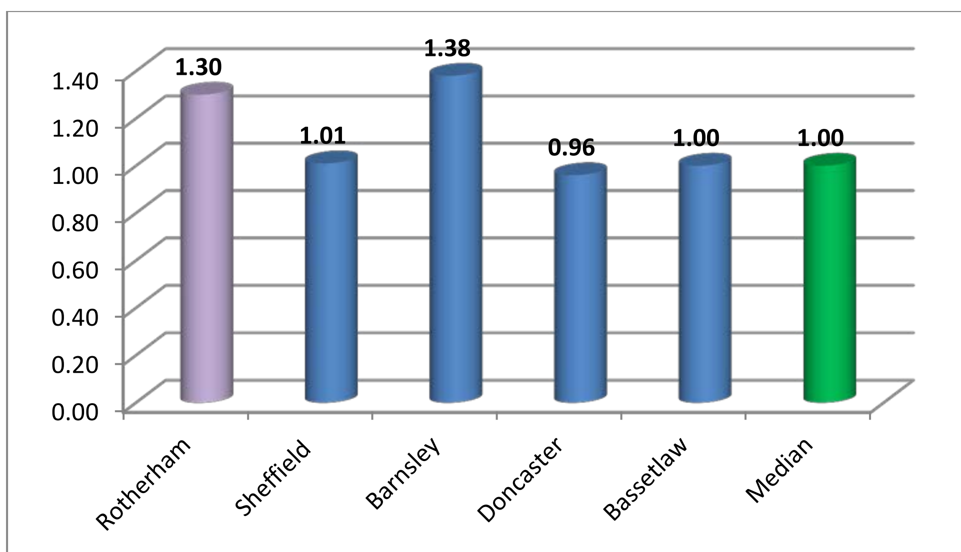
Rotherham's performance on patients with atrial fibrillation being prescribed anti-coagulation is now significantly higher than the median in the Atlas of Variation. There has been a significant improvement since 2013/14. Rotherham increased its rate of prescribing from 34%, just below the media, to 94%.

Figure 3: Proportion of patients institutionalised after stroke



Rotherham is also performing well on the proportion of patienst institutionalised after stroke. We outperform all CCGs except Barnsley and are currently the median CCG nationally.

Figure 4: Standard mortality ratio 30 days post stroke



One area of concern for Rotherham is its standard mortality ratio on mortality. This is currently 38% higher than the average mortality rate in England. We are the have the 2nd highest standard mortality ratio in the sub-region.

4. Key Issues

Performance on the stroke care pathway has improved since the last report to Governing Board. The service is now achieving the target on the proportion of patients spending 90% of time on stroke and the proportion of patients scanned within 1 hour. All other KPIs are also being achieved. The recently released Atlas of Variation shows that Rotherham is performing well compared to other CCGs in South Yorkshire.

However, there are a number of issues which need to be addressed before commissioners are assured that the current care pathway is sustainable.

1. Sustaining current performance

RFT has committed additional resources to support the stroke care pathway and improve performance. Although successful it may not be possible to sustain this level of input. There is a developing issue on the current target for carrying out scans within 24 hours. This is scheduled to be changed so that stroke services have to carry out 100% of scans within 12 hours. RFT senior managers have informed commissioners that this target will be difficult to achieve within current resources.

2. Implementing recommendations from peer review

A number of the recommendations from the Peer Review have not yet been implemented. Rotherham's stroke service is struggling to carry out assessments within the recommended time frames;

- Nurse assessments within 24 hours
- First therapy assessment within 24 hours
- All therapy assessments within 72 hours
- Rehabilitation goals identified within 5 days

3. Consultant cover

RFT currently have issues with consultant cover. The lead consultant on stroke is currently on long term sickness. It has been difficult to difficult to find a replacement and provide the levels of consultant cover recommended in the peer review

5. Future Development

The Working Together Programme is considering rationalisation of hyper-acute services. This is a longer tem plan for stroke services in the region and Rotherham CCG is fully engaged in network discussions.

However there is currently a need for local reconfiguration to address some of the issues identified in this report. It is clear that, although there has been an improvement in performance, this is not sustainable in the medium term. It is therefore proposed that RCCG and RFT work together on the following areas;

1. Remedial Action Plan

It is proposed that RFT develop a remedial action plan aimed at maintaining performance on the stroke care pathway over the winter period. This would include details of additional capacity required, timescales for introducing additional therapy and nursing assessments, transitional arrangements for consultant cover, assurance on ring-fence of acute stroke beds and escalation processes.

2. Integration of consultant cover

It is proposed that RFT colleagues consider options with neighbouring FTs on integrating consultant cover for the stroke care pathway. There is a strong argument for working with the Northern General Hospital, developing a pool of consultants who work across both hospitals. This would improve prospects of recruitment and ensure that both hospitals had appropriate cover arrangements

2. Business case – therapy services

It is proposed that RFT consider appropriate investment in therapy services to meet the requirements set out in national guidance. This will ensure that the timeframes identified in the peer review for therapy assessments are met. Additional investment in therapy services will improve patient outcomes and reduce length of stay in the stroke unit.