Summary

This report provides Members of the Committee with an overview of developments in the local NHS.

Recommendations

The Health Scrutiny Committee is asked to note the contents of this report.

Wards Affected:

All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None
1. Introduction

1.1 In January 2012, the Committee received a report highlighting developments in stroke services across Greater Manchester. This report updates Committee members on the developments which have been carried out over the last year.

1.2 The report is arranged in the following sections:

- Raising awareness
- Hyperacute Stroke Care
- Hospital Rehabilitation services
- Early Supported Discharge
- North West CQUIN
- External Peer Review
- The Hidden Side of Stroke
- MCC Adult Services
- Voluntary sector services

2. Raising Awareness

2.1 Committee members will be aware of the national F.A.S.T campaign to raise awareness of the symptoms of stroke. Feedback to the campaign has been positive but testing amongst south Asian communities found that the messages weren’t as clear as they could be.

2.2 In view of this, the Greater Manchester Public Health Network developed an associated campaign to increase the awareness of stroke in the South Asian community in Greater Manchester. It involved extensive work with these communities to understand their knowledge and to develop new materials based on the FAST campaign. This community engagement work resulted in a number of changes to the presentation of the material including:

- Language – use of the term ‘Brain Stroke’
- Background colour changed from black
- Change in message to add clarity, for example, ‘speech’ changed to ‘slurred speech’
- Use of different images
- Bilingual content as literature often passed from children/grandchildren to read to elders

2.3 Posters and leaflets were produced for display in GP surgeries and 120 other locations in Greater Manchester. Campaign materials produced included: shopping lists, shopping bags, pens and air fresheners (for taxis). There were community outreach events, including the Manchester Stroke Awareness Community Surgery on 14th May 2012 and the GM Health Bus for blood pressure checks.

2.4 In addition, TV adverts based on the FAST campaign were developed and pre-tested with the south Asian community. The feedback was that it increased their awareness about the signs and symptoms of stroke and the importance of calling 999. They were shown on a number of Asian channels to reach Indian, Pakistani, Bangladeshi and south Asian Communities. In total there were nearly 2,000 showings of the 40 second advert on nine different television channels. There was
also a prime time Question Time programme with a number of stroke experts answering audience member and phone-in stroke related questions.

The materials and television adverts were developed in the following languages: Urdu, Bengali, Punjabi, Gujarati, Hindustani and Sylheti.

2.5 The differences between the campaigns can be seen below. This first image is from the generic campaign:

This image is from the version targeted at south Asian communities:

Images from TV advert

Images from the leaflet

More information can be found at www.brainstroke.org.uk
3. Hyperacute stroke care

3.1 The term ‘hyperacute stroke care’ describes specialist services provided to patients within a short time (usually 24-72 hours) after the incidence of stroke. Specifically, this refers to the provision of thrombolysis, a procedure which breaks down the blood clots which have caused the stroke. Patients can only receive this treatment within the first four and a half hours since the onset of the stroke and in specialist centres.

3.2 Hyperacute stroke care is provided in 3 hospitals across Greater Manchester: a 24 hour Comprehensive Stroke Centre (CSC) based at Salford Royal Hospital NHS FT and 12 hour Primary Stroke Centres (PSCs) based at Fairfield General Hospital and Stockport NHS Foundation Trust (Stepping Hill Hospital).

3.3 The twelve month review of the Greater Manchester Integrated Stroke Service, led by the Greater Manchester and Cheshire Cardiac and Stroke Network reported in 2011 and identified that significant progress had been made in the acute care of stroke patients across Greater Manchester since the development of the three stroke centres. It showed that in-hospital stroke mortality had fallen by 5% from 23% in 2009/10 to 18% in 2010/11. However, it also recognised that services could be further improved.

3.4 An external advisory group met in October and the following changes were recommended:

<table>
<thead>
<tr>
<th>CURRENT MODEL</th>
<th>PROPOSED MODEL</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients presenting within four hours of onset of a new stroke are transferred to one of the three Hyperacute Stroke Centres.</td>
<td>All patients presenting within 24 hours with symptoms suggestive of a new acute stroke will be transferred to a hyperacute stroke centre.</td>
<td>Low numbers of patients receiving thrombolysis compared to the London model (where all new stroke patients are transferred to a hyperacute stroke centre). Patients eligible for thrombolysis were not being transferred to a hyperacute stroke centre.</td>
</tr>
<tr>
<td>1,500 of the 4,000 new strokes each year are transferred to a hyperacute stroke centre</td>
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<tr>
<td>Patients who receive all their care at a district stroke centre have not received all the key interventions in the first 24 hours (e.g. CT scan).</td>
<td>All stroke patients would be transferred to a stroke centre able to deliver the key interventions 24/7.</td>
<td>Inequity of acute stroke care depending on where patients were admitted. Patients were more likely to receive key interventions if they were directly admitted to a Comprehensive or Primary Stroke Centre.</td>
</tr>
<tr>
<td>Comprehensive Stroke Centre: Hope Hospital, Salford</td>
<td>Comprehensive Stroke Centre: Hope Hospital, Salford (24/7);</td>
<td>Equity of acute stroke care for all patients across Greater Manchester</td>
</tr>
</tbody>
</table>
### Primary Stroke Centres:

- **Fairfield Hospital Bury**
  - (Mon-Fri, 8-8pm)
  - (24/7) 7am-11pm 7 days a week

- **Stepping Hill Hospital, Stockport**
  - (Mon-Fri, 8-8pm)
  - (24/7) 7am-11pm 7 days a week

| Patients admitted to a hyperacute stroke centre are transferred back to their usual district stroke centre after 24 hours. | Stroke patients would be transferred back to their usual district stroke centre when stable or have a short admission and discharge back to their usual place of residence with support from rehabilitation services. | Avoid repatriation of patients to a district stroke centre and a brief admission to a second hospital when a slightly longer stay at a hyperacute stroke centre would enable them to be safely discharged home with early support discharge service. (London experience is that this is 35% of patients.)

Need for equitable access to quality rehabilitation services in the post acute stage.

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3.5 There has been considerable work over the last twelve months, led by the Greater Manchester and Cheshire Cardiac and Stroke Network on behalf of NHS Greater Manchester Clinical Strategy Board, to move from the current model to the proposed model. There are a number of areas which have required detailed consideration:

- Flows of patients in the new model and the capacity required in the three centres to accommodate the change in patient numbers
- Workforce required to deliver the new model including staffing at the centres and on-call consultant rotas
- Financial modelling for the additional costs for the three hyperacute stroke centres and impact on the district stroke centres.
- The need for quality rehabilitation services to support care of stroke patients after the acute stage
- The need for Early Supported Discharge (ESD) Services across Greater Manchester to be able to discharge patients in a timely manner so patient flows through the system are maintained.
- Consistency of rehabilitation services across Greater Manchester for patients after the acute stage.
- Impact on district stroke centres for the change in patient flows and reduction in acute stroke care activity: financial,

3.6 The Clinical Strategy Board (CSB) considered the new proposals in January 2012, endorsed the case for change and the proposals to move to a centralised model for the Greater Manchester Integrated Stroke Service. The CSB have required further detailed work and analysis on the financial plans submitted by the
Comprehensive and Primary Stroke Centres to deliver the new model. They have also requested that one primary stroke centre demonstrated sustained improvement in acute stroke performance. A report was submitted to Chief Finance Officers in December 2012 and a further report is to be submitted to CSB In January 2013. A final decision may not be made until March 2013. The Comprehensive Stroke Centre has indicated it would need six months for the new model to become fully operational as staff would need to be recruited.

3.7 Workshops to inform the new model were held on 22nd June and 18th July involving clinicians, managers and stroke survivors. A patient and carer event was held on 29th June. These were arranged by the Greater Manchester and Cheshire Cardiac and Stroke Network.

3.8 The new centralised model for acute stroke care will be dependent on patient flows through acute stroke care to rehabilitation services. This resulted in a focus on stroke specialist rehabilitation services across Greater Manchester: inpatient rehabilitation and Early Supported Discharge Services.

4. **Hospital-based rehabilitation**

4.1 Greater Manchester Standards for Stroke Rehabilitation have been agreed by the Network. These are for use by local commissioners to support consistency in the quality and standards of Stroke Rehabilitations Services in each acute trust for patients who are repatriated from a hyperacute centre.

4.2 There is also the requirement for services to use the same assessment tools so that patients can be transferred between services and avoid or minimise duplication of assessments. This has been supported by the G-MASTER project which has produced an assessment toolkit for stroke rehabilitation professionals. This is supported by all acute trust in Greater Manchester.

4.3 All acute trusts in Greater Manchester have participated in a rehabilitation service improvement programme, ImpReS, which has been led by the Greater Manchester and Cheshire Cardiac and Stroke Network. Each site had the option of increasing meaningful therapeutic activity that patients participate in whilst in rehabilitations services or streamlining patient flow through the stroke pathway. Each participating site demonstrated changes at the end of this project.

5. **Early supported Discharge (ESD)**

5.1 Early Supported Discharge Services provide rehabilitation in a patient’s usual place of residence at the same intensity as an inpatient setting. The national recommendations are for 45 minutes therapy a day in each of the therapies required. This service is usually time limited for six weeks.

5.2 To support the new Greater Manchester Integrated Stroke Services new model, external peer reviews of all stroke centres were arranged to look at rehabilitation services across Greater Manchester. These were carried out between July and November 2012. The members of the external review team were: Dr Damien Jenkinson, Interim National Clinical Director for Stroke and Consultant Stroke
Physician, and Tracy Walker, Clinical Specialist Occupational Therapist/Clinical Lead for Stroke Service Lancashire Care NHS FT.

5.3 One of the themes that emerged from the external review was the need for consistent Early Supported Discharge (ESD) Services across Greater Manchester, irrespective of where a patient was admitted. This will require the same entry criteria for all services and the same service provision. Accepted estimates are that 40% of patients are eligible for ESD services. It has been agreed that the entry criteria for Early Supported Discharge Services will be:

- Registered GP population
- Age 19 years or over (as this is consistent with the national tariff)
- Medically stable
- Able to transfer with assistance of one person

The Network has produced a service specification for commissioners to support this.

5.4 The report submitted to the CSB in January 2013 will include the need for investment to support the development of Early Supported Discharge Services.

6. North West CQUIN for Stroke

6.1 The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers’ income to the achievement of local quality improvement goals. Specific Stroke CQUINs have been developed across the North West to drive improvement in stroke services.

6.2 For 2011-12 and 2012-13 the CQUIN has focused on key interventions in acute stroke care as measured by the Stroke Improvement National Audit Programme (SINAP). These incentivise:

- Admission to the stroke unit within 4 hours
- Swallow screen for patients within 24 hours
- Brain scan for patients within 24 hours
- Aspirin within 24 hours
- Physio assessment within 72 hours
- OT assessment within 72 hours
- Weighed at least once

There was also a composite score where acute trusts are rewarded for delivering all the key measures for a patient.

6.3 In Manchester, the Clinical Commissioning Groups (CCGs) have prioritised the improvement of stroke services, and have developed additional CQUIN measures for the Manchester Trusts. Achievement of these targets, alongside other contractual Key Performance Indicators, is monitored on a monthly basis with their local acute trust. In addition, each CCG has included the need to improve ESD and rehabilitation services within their commissioning plans.
7. External Peer review

7.1 As a result of the twelve month review, NHS Greater Manchester Clinical Commissioning Board requested that external reviews be carried out of all Acute Trusts across Greater Manchester to look at Rehabilitation services. This happened in July 2012. In addition, an external peer review was carried out on the overall stroke service provided at Central Manchester Foundation Trust (CMFT) in December 2011.

7.2 CMFT – Manchester Royal Infirmary

Recommendations:
- Ensure direct admission of stroke patients to the Acute Stroke Unit and not the Medical Admissions Unit
- Increase Medical staffing levels
- Increase level of psychology input
- Dedicated social worker input to reducing delayed discharges.
- Extend the input from the ESD service
- Identify patients early who were eligible for ESD
- Reviewing ESD provision in line with national recommendations and the Greater Manchester Service Specification
- Establish clear pathways for discharge and use of other community teams
- Streamline documentation used for the transfer of care to the community
- Review length of stay
- Introduce measures to assess patient outcomes

Actions so far include:
- A full time consultant stroke physician has been appointed following the departure of the long term locum
- A policy for direct admission to the acute stroke unit has been implemented and patients are accessing the Acute Stroke Unit quicker
- A stroke assessment team has been developed to assess patients presenting to the emergency department who may have had a stroke. This has reduced delays in time to first assessment by a member of the stroke team

7.3 UHSM - Wythenshawe Hospital

Recommendations:
- Staffing levels good and working towards seven day working
- Speed up admission to the stroke unit
- Clarify pathways out of hospital for people with stroke
- Increase staffing of consultant medical staff
- Increased focus on ESD

Actions so far include:
- UHSM had bid successfully for monies from NHSNW to develop community stroke services as there has been no provision for stroke rehabilitation out for hospital. Post discharge stroke care has been delivered by Active Case Managers supported by the consultant.
Manchester City Council  
Health Scrutiny Committee  
10 January 2013

- UHSM have appointed therapy staff to the ESD pilot which will support patient registered with a south Manchester GP only who are admitted to UHSM.
- A further stroke consultant is being recruited in 2013

7.4 PAHT - North Manchester General Hospital

Recommendations:
- Need for ESD services to be available for all patients across Pennine Acute Trust sites
- Improve access to the stroke unit
- ESD service provision needed to be a priority
- Need to explore provision of psychology support.
- Staff working in hospital should have experience of working in community as greater understanding would reduce number of home visits and speed up discharge planning.

Actions so far include:
- The stroke service had recently moved to two adjacent wards, male and female, with improved rehab environment.
- Implementing 6 month review of stroke patients

8. Hidden Side of Stroke – GM HIEC project

8.1 ‘The Hidden Side of Stroke’ is an education and training project funded by the Greater Manchester HIEC. It addresses the cognitive (thinking and information processing) and emotional problems that can be caused by a stroke. The training is based around videos of stroke survivors and their carers talking about the problems they face and also suggests some practical tips. The original training was accredited by the UK Forum for Stroke training and was aimed at health and social care
professionals who are not stroke specialists but who have contact with people who have had a stroke. The training has been well received and been promoted nationally by the Stroke Improvement Programme. Stroke Services have been using the training for their staff.

8.2 Stroke survivors and their families have found the training to be very helpful. Additional funding was allocated by the Greater Manchester HIEC and an edited version ‘A guide for those affected by stroke’ has been developed. Discussions have taken place with the Stroke Association who are keen to make this resource available through their national website.

The project lead is Dr Helen Hosker and the stroke specialist psychologist supporting the project is Dr Nicola Kitching. The training materials are available on the GM HIEC website (http://www.gmhiec.org.uk/training-materials/view/the-hidden-side-of-stroke).

9. MCC Adult services

9.1 Whilst this paper focuses on the developments of NHS services, Manchester City Council’ Adult services, in particular the Reablement teams, provide a range of support and care to Manchester residents. These staff are being trained in the specific needs of stroke survivors via the ‘Hidden Side of Stroke’ project mentioned above.

10. Voluntary Sector

10.1 Similarly, voluntary sector agencies, in particular The Stroke Association, provide support and advice to stroke survivors. Examples of projects funded locally include:

- A Stroke Association Emotional Resilience Programme funded by Public Health Development Monies.
- A Stroke Association Information Advice Support Co-ordinator funded by Central CCG.