

HYPER ACUTE STROKE SERVICES AT CHESTERFIELD ROYAL HOSPITAL: A BRIEF FOR OVERVIEW AND SCRUTINY COMMITTEE OFFICERS

Background	<p>The National Stroke Service Model describing the role of Integrated Stroke Delivery Networks was published by the NHS in May 2021 as a response to The 2019 NHS Long Term Plan. The NHS Long Term Plan identified stroke as a clinical priority for the next 10 years. Chesterfield Royal Hospital along with many other stroke service providers face significant challenges in delivering the ambition for stroke. As a response to these challenges locally in South Yorkshire and Bassetlaw major service re-design has seen the development of a regional stroke pathway to deliver hyper acute stroke services in three specialist centres. An expansion of the hyper acute stroke services at The Royal Derby Hospital following stroke service changes at the Burton Hospital site has facilitated improved access for patients.</p> <p>Service re-design and concentration of stroke services has been driven by strong evidence that interventions for stroke such as brain scanning and thrombolysis are best delivered as part of a 24/7 networked stroke services of a sufficient size to ensure expertise, efficiency and a sustainable workforce. Ensuring the availability of the appropriate workforce is perhaps the greatest challenge that stroke service providers face.</p> <p>Chesterfield Royal Hospital has been working hard to improve its stroke services and has developed a Stroke Improvement Plan to respond to the immediate challenges of:</p> <ul style="list-style-type: none"> • Staffing and workload • Improving clinical leadership and presence • Governance mechanisms <p>Progress against the improvement plan is monitored internally by the Trust's Quality Delivery Committee and Quality Assurance Committee and externally by the Clinical Commissioning Group Quality and Performance Committee, the Joined Up Care Derbyshire Long Term Condition Board and Derbyshire Stroke Delivery Group.</p>
Current Position	<p>The Trust has made significant progress in delivering the improvement plan. In terms of patient outcomes the latest 12 month rolling Hospital Standardised Mortality Ratio (HSMR) for stroke demonstrates a reducing trend with the HSMR being within the expected range since December 2019.</p> <p>There has seen significant investment in the nursing workforce including an increase in the number of Clinical Nurse Specialists to provide 7 day cover.</p> <p>A Sentinel Stroke National Audit Programme (SSNAP) data group was established meeting twice each quarter to review the SSNAP scores and to identify areas of improvement. SSNAP measures the quality and organisation of stroke care in the NHS. Chesterfield Royal Hospital and the CCG are pleased to report that the Trust SSNAP rating has improved from an overall C rating (July – September 2020) to a B rating in the last two reporting periods (October – December 2020 and January – March 2021). An 'A' or 'B' SSNAP rating is indicative of our patients receiving first class quality of care and reflects that the Trust is providing a good or excellent service in many aspects of stroke care.</p> <p>Within the improvement plan increasing doctor presence in line with national recommendations is clearly articulated. The Trust has successfully recruited a long term locum Consultant Stroke Physician; however this does not mitigate in its entirety the risk to the sustainability of the Hyper Acute Stroke Unit because of medical workforce availability.</p>

A Hyper Acute Stroke Unit provides the initial investigation, treatment (including thrombolysis, the administration of a clot busting drug) and care immediately following a stroke. As a response to this the Derbyshire Stroke Delivery Group recommended a service review and options appraisal of the Hyper Acute element of the stroke service progressed by a newly established Hyper Acute Stroke Unit Task and Finish Group.

Progress to Date

It is recognised that any discussions and any decisions regarding the future of the Hyper Acute Stroke Unit at Chesterfield Royal Hospital will have a direct or indirect impact on a number of stakeholders ranging from patients, surrounding Trusts and Ambulance Trusts. Consequently a representative task and finish group with an independent chair, Dr Deborah Lowe (NHSE/I National Clinical Director for Stroke and Getting it Right First Time Clinical Lead for Stroke) will meet monthly to agree key actions to drive the programme forward and to deliver, by September 2021, the review and option appraisal.

The task and finish group is bringing key stakeholders together to facilitate a collaborative approach to review and to ultimately improve the stroke pathway ensuring a patient-centred, evidence-based approach to the review and option appraisal process for the Hyper Acute element of the pathway. The task and finish group is benefitting from the input of all stakeholders however the contribution of the three patient representatives and a senior representative from the Stroke Association is particularly welcome and valued.

To date five meetings have taken place. At the most recent meeting on 01 September 2021 an initial set of future delivery model options were discussed and debated regarding their viability as options to fully appraise through the process. Clear criteria will need to be agreed with appropriate clinical oversight from within Joined up Care Derbyshire, resulting in the agreement of all or some of the proposed options being selected for further work up and appraisal.

To ensure effective governance and to monitor appropriate progress the group will report directly to the Derbyshire Stroke Delivery Group.

Chesterfield Royal Hospital and the CCG are keen to keep the Oversight and Scrutiny Committee up to date with progress and would welcome any feedback or questions on the information shared within this briefing document.