
Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 22 September 2014
Subject: Stroke Service Provision in Bedfordshire
Report of: Bedfordshire Clinical Commissioning Group
Summary: The report outlines the current NHS stroke service provision across the stroke pathway and provides with committee with an overview of service gaps.

Advising Officer: Dr Gail Newmarch, Director of Strategy and Redesign, BCCG
Contact Officer: Kathy Nelson, System Redesign Manager
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

1. The paper on stroke service provision will support the CBC priority to Promote health and wellbeing and protecting the vulnerable.

Financial:

2. Delivery of the stroke pathway will be within existing budgets and financial constraints. There could be some joint commissioning opportunities in relation to section 256 Health to Social care funding.

Legal:

3. There are no legal implications

Risk Management:

4. Any risks associated with commissioning plans for existing or improvements to stroke services are documented within the CCG risk register.

Staffing (including Trades Unions):

5. Not Applicable.

Equalities/Human Rights:

7. Any impact on equality or human rights will be determined through a Equality Impact Assessment if services require significant redesign.

Public Health

8. Successful delivery of the stroke pathway will have a significant impact upon the health and wellbeing of the population and reduce mortality rates and inequalities in health.

Community Safety:

9. Not Applicable.

Sustainability:

10. Not Applicable.

Procurement:

11. Not applicable.

RECOMMENDATION(S):**The Committee is asked to:-**

1. Note the services provided to people who have suffered stroke who live within Central Bedfordshire Local Authority area.

Background

12. Strokes and TIA or transient ischaemic attack (also known as a mini-stroke) are caused by a blockage cutting off the blood supply to part of the brain. Stroke is a complex and long lasting medical condition experienced by around 700 people in Central Bedfordshire each year. 6,543 people (1.49%) registered with a GP in the Bedfordshire area were recorded as stroke survivors in 2012/13.
13. Central Bedfordshire patients can access a range of services once they have had a stroke or TIA from the point of hospital admission through to inpatient and community rehabilitation and advice and support. However there is more we can do as commissioners to ensure that (a) the current services meet the need and (b) joint commissioning arrangements are formalised through the Better Care Fund agreements.
14. Bedfordshire Clinical Commissioning Group is working in partnership with system wide partners to implement the requirements of the seven phases of the stroke care pathway service specification. These phases have been broken down into the following areas:
 - Primary Prevention (Primary Care/public health)
 - Pre-Hospital (Ambulance)
 - Acute Phase (Bedford and L&D Stroke Units)
 - Community rehabilitation (SEPT Community Services/voluntary sector)
 - Long term care (ABI/ Nursing Home/supported living placements)
 - Secondary prevention (joint commissioning/public health/primary care)
 - End of life (Hospice care)
15. A service specification was agreed as an outcome of the NHS Midlands and East Stroke Review (2012). The service specification aims to build on clinical best practice and provide clarity on the system requirements for services without prescribing the service model locally. Providers are being encouraged through contracting levers to develop services to meet the service specification.

Stroke Service Provision in Bedfordshire

16. BCCG worked with the East of England Stroke Network following the review findings to further identify the gaps in provision across the whole pathway for our Bedfordshire residents. During November 2013 a workshop was held to seek the views of stakeholders on the current pathway and to identify key areas for redesign. The group agreed a programme of work against 5 key priorities:
- Provision of clinical input into decision-making process for Hyper-Acute Stroke care
 - Increased Speech and language input in the hospital setting
 - Improvements to stroke discharge including implementation of Early Supported Discharge (Rehabilitation)
 - Community Rehabilitation (Access to inpatient rehabilitation beds)
 - Secondary prevention which includes access to psychological support and 6 months review

Commissioning priorities for redesign projects

17. Hyper Acute and Acute Stroke Care (HASU)

The role of a HASU is to provide the initial investigation, treatment and care immediately following a stroke. Patients will spend an average of 72 hours in the HASU before being transferred to their local stroke unit for on-going multidisciplinary inpatient care. In the case of our local providers, Bedford, L&D and Lister Hospitals provide HASU and acute stroke beds on their stroke units.

The gap analysis undertaken as part of the review, identified issues (a) in terms of critical mass of stroke admissions to sustain this number of HASUs in such close proximity to each other and (b) workforce - in particular around consultant rotas, nursing levels and therapy input.

The East of England stroke network is leading a further piece of work that will inform any potential joint commissioning plans with neighbouring CCG's.

Access to therapy on the stroke wards is a concern with little access to speech therapy in particular. Although some improvements have been made, the Trusts need to ensure that adequate levels of therapy are provided.

18. Stroke Early Supported Discharge

The CCG initiated a tender process in January 2013 - May 2013 which was unsuccessful in securing a bidder. Since that time the CCG Delivering for Patients Board proposed that the way forward should be to ensure that this form of rehabilitation is delivered in conjunction with complex rehabilitation and not as a 'stand-alone' service. It is planned to include Early Supported Discharge with any complex rehabilitation services commissioned as part of the plans under the Central Bedfordshire Better Care Fund. The aim is to achieve delivery during 2015-16 through contract variation with an existing provider.

19. **Community stroke Pathway**

- (a) Community stroke pathway begins once patients have been discharged from hospital and covers use of the commissioned community rehab beds, access to rehab and enablement at home and a review of needs 6 months post stroke. Data shows us that nearly all patients are fully assessed on discharge and provided with a joint health and social care plan at both Bedford and L&D Hospitals. However, appropriate discharge has been an issue for providers mainly due to access to community rehab beds. This needs addressing to ensure smooth transition from acute to community services.
- (b) Access to rehab beds has been a long-standing issue with various reviews undertaken to establish the issues. There is a gap particularly for Central Bedfordshire patients being discharged from the L&D Hospital as the bed provision in the south of the county does not meet demand. This has an impact on patient flows within the hospital at times of peak demand for acute beds. There is a need to ensure that stroke patient's rehabilitation needs are included in any plans under the Central Bedfordshire Better Care Fund.

20. **Secondary Prevention**

The section 256 funding is currently being reviewed within the Central Bedfordshire Better Care Fund. There has been a commitment to fund stroke information and advice services for Central Bedfordshire patients who are admitted to Bedford or L&D Hospitals. There are opportunities to review the remit of the current service to ensure that it meets best practice guidelines.

Conclusion and Next Steps

- 21. BCCG will continue to monitor Trust Stroke action plans to ensure that performance, workforce and quality issues are addressed.
- 22. BCCG will continue to build stroke services into wider commissioning plans as part of Delivering for Patients work programme and joint commissioning plans as part of the Better Care Fund.