

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: 4 July 2017		Agenda item: 04/17	
Report title:		Improving Stroke Outcomes	
Joint Committee sponsor:		Jo Webster, Senior Responsible Officer for West Yorkshire and Harrogate and Accountable Chief Officer for Wakefield CCG	
Clinical Lead:		Dr Andy Withers, Chair of West Yorkshire and Harrogate Clinical Forum and Clinical Chair, Bradford Districts CCG	
Author:		Linda Driver, West Yorkshire and Harrogate Stroke Services Project Lead	
Presenter:		Dr Andy Withers Jo Webster	
Purpose of report: (why is this being brought to the Committee?)			
Decision		Comment	✓
Assurance	✓		
Executive summary			
<p>Stroke is the third single cause of death in the UK and has a devastating impact on people's lives, their families and carers. In view of this, work has taken place nationally and across West Yorkshire and Harrogate to improve the quality of care and outcomes for people who have had a stroke. This work includes preventing stroke happening in the first place, improving specialist care (the care you receive in the first hours and days after having a stroke), maximising the use of technology and improving after care by ensuring appropriate levels of support are available.</p> <p>Although considerable progress has been made across West Yorkshire and Harrogate, variation continues to exist and as a result further improving quality and stroke outcomes for our population was included as a key priority within the West Yorkshire and Harrogate draft Sustainability and Transformation Plan (STP) published in November 2016.</p> <p>There are challenges for the health and social care system and most importantly for stroke survivors, their families and carers. We are committed to ensuring our services can meet future demands and deal with these challenges in line with our agreed shared vision across West Yorkshire and Harrogate:</p> <p style="text-align: center;"><i>To reduce the incidence of stroke and avoidable deaths due to stroke, across the West Yorkshire health economy, minimising the long term effects and improving the quality of life for survivors. This will be achieved by providing consistently high quality care that is responsive to individual needs and</i></p>			

through encouraging healthier lifestyles and reducing inequalities in risk factors of stroke.

Establishing what service users, their families and carers and members of the public feel and experience about stroke care is very important to us. With this in mind we commissioned an independent piece of work led by Healthwatch.

Healthwatch led the initiation of a robust engagement framework which took place during February and March 2017. Over 900 people completed our engagement survey and we directly connected with over 1,500 people, providing us with many comments, all of which are very important to us and will inform our future work.

In recognition that many of our staff are or could be future users of healthcare and have witnessed first-hand the experience of service users, we felt it important to seek their views as part of this process. Regional and local media were kept informed and Health and Well-Being Boards, Governing Bodies, MP's, Joint Health Overview and Scrutiny Committee and the Regional Lay member Assurance group were also updated on the engagement work and asked to encourage people to have their say. You can read the full report at <http://bit.ly/2sjcLfa>.

Stroke is a life changing event and evidence shows the care that people receive in the first few hours can make a difference to how well they recover. This includes having specialist scans to assess the nature of the stroke and if appropriate receive clot-busting drugs (thrombolysis) delivered by specialist staff working in sustainable and resilient hyper acute and acute stroke units.

We have an ageing population and the number of people who suffer a stroke is expected to increase. We strongly believe that if we are to continue to improve quality of life, with the resources we have available we must change the way in which we deliver stroke services. We want to ensure we are making the most of our valuable skilled workforce, modern technology and equipment in order to maximise opportunities to deliver great services with good outcomes and quality for our population.

In view of this, our doctors, nurses and other health care representatives have been working together to progress this work. For example, they have built upon the work to further improve stroke quality and outcomes that has taken place previously across West Yorkshire and Harrogate and wider Yorkshire and Humber region. They have reviewed the current position of our specialist stroke services and considered the engagement findings. They have also looked at the latest available literature evidence and work taking place in other areas to improve stroke outcomes.

A Strategic Case for Change has been developed which concludes there is strong evidence that outcomes following stroke are better if people are treated in specialised centres, even if this increases travelling time following the event, and this is likely to be the case in West Yorkshire and Harrogate. Ongoing rehabilitation should, however, be provided at locations closer to where people live and they should be transferred to these as soon as possible after initial treatment. The Strategic Case for Change is attached for reference in Appendix A. A Public Summary and easy read version have also been developed and all of these

documents can be accessed at <http://bit.ly/2sjcLfa>.

The Case for Change highlights the importance of taking a 'whole system' and 'whole pathway approach' to further improving stroke care and outcomes (reflecting our agreed vision for stroke care.) This approach is in line with work taking place elsewhere e.g. Manchester and our literature review findings.

It states that as a result of the work we have done to date, we believe the information outlined in the Strategic Case for Change demonstrates that if we are to further improve the quality of our specialist stroke services, outcomes and experience for our patients further work is required to ensure that our services are resilient and 'fit for the future'.

The Strategic Case for Change recommends that we begin work to develop our proposals to determine the 'optimal' service delivery models and pathways that need to be in place across West Yorkshire and Harrogate (which is all about making the most of staff skills, latest technology and ensuring our services meet the latest standards of care to improve quality and stroke outcomes for people now and in the future.) This should be set in the context of ensuring that we are maximising the opportunities to further improve care and outcomes for our population along the 'whole stroke care pathway'.

It is important to note that our work to date has been subject to review by NHS England as part of the Stage 1 Assurance process and regular progress reports are being submitted as part of the Stage 2 Assurance process. We have also shared the Strategic Case for Change with the Yorkshire and Humber Clinical Senate and we are incorporating their feedback into our action plans.

As an agreed West Yorkshire and Harrogate STP priority work stream, this report is being presented to the West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups in order that from an assurance perspective, members can review progress of the work that has taken place to date.

It will provide Joint Committee members, the people of West Yorkshire and Harrogate and other key stakeholders with an overview of the engagement work that has taken place across West Yorkshire and Harrogate to seek the views of our population, our staff and other key stakeholders.

The report will outline the approach we have adopted to develop the Strategic Case for Change and summarise the key findings, conclusions and recommendations.

Finally from an assurance perspective this report will outline the proposed next steps and timelines.

Recommendations and next steps

West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Group members are asked to:

- Note the progress to date;
- Note the Engagement Report and Strategic Case for Change; and
- Note and comment on the next steps and timelines.

Delivering outcomes: describe how the report supports the delivery of STP outcomes (Health and wellbeing, care and quality, finance and efficiency)

We want to make sure our services are 'fit for the future' and we make the most of the skills of our valuable workforce and technology in order to maximise opportunities to improve services, quality and outcomes for local people. For example, further reducing variation and any unnecessary delays along the whole of the stroke care pathway and making more effective use of our resources.

We will be working with our local place based areas to ensure prevention strategies continue to focus on reducing the incidence of stroke and avoidable deaths due to stroke through encouraging healthier lifestyles and reducing inequalities in risk factors of stroke.

This is in line with our strategic vision for stroke and strategic vision and priorities set out in the public summary of the West Yorkshire and Harrogate Draft STP published November 2016. This described the approach we would be adopting across our health and care economy and the work that would take place with key partners to identify opportunities to address the triple aims of improving health and wellbeing, care and quality, and finance and efficiency.

For example from a health and well-being perspective we will be working with each of our six local places in Bradford District and Craven, Calderdale, Harrogate and Rural District, Kirklees, Leeds and Wakefield to reduce the number of people who die from stroke as well as reducing the number of strokes that occur. One of the ways we will do this is by further improving the way we detect and treat Atrial Fibrillation (Atrial Fibrillation causes a fast and erratic heartbeat which is a major factor of stroke.)

Examples of how we intend to address the care and quality gap include:

- Increasing the proportion of stroke patients assessed by a stroke specialist consultant physician and nurse trained in stroke management within 24 hours;
- Increasing the proportion of patients scanned within 12 hours; and
- Delivery of the new 7-day standards specific to hyper acute stroke, which sets out an ambition that anyone who needs urgent or emergency hospital care will have access to the same level of assessment and review, tests and consultant-led support whatever day of the week.

Impact assessment (please provide a brief description, or refer to the main body of the report)

Clinical outcomes:	<p>These are as described above and outlined in the report. The Strategic Case for Change (Appendix A also refers.)</p> <p>A Strategic Case for Change Public Summary and easy read version is available for access at http://bit.ly/2sjcLfa.</p>
Public involvement:	<p>Our approach to engagement and the Engagement Report findings are included for reference by Joint Committee members, the people of West Yorkshire and Harrogate and other key stakeholders (Agenda item 3 and Agenda item 4, 4 July 2017 Joint Committee meeting refer)</p>

	<p>The Engagement Report and Strategic Case for Change are available at http://bit.ly/2sjcLfa.</p> <p>A Strategic Case for Change Public Summary and easy read version are also be available.</p>
Finance:	<p>We want to make sure our services are ‘fit for the future’ and we make the most of the skills of our valuable workforce and technology whilst maximising opportunities to improve services quality and outcomes for local people e.g. further reducing variation and any unnecessary delays along the whole of the stroke care pathway and making more effective use of our resources.</p> <p>Work is currently taking place to ensure there is a shared understanding of current hyper acute and acute costs between Commissioners and providers of these services.</p> <p>Finance will be an integral component of the work that will take place to ensure we are able to satisfy Joint Committee members, NHS England and other key stakeholders about the broader tests that will be applied to our work related to clinical outcome and risk, public acceptability and finance.</p>
Risk:	<p>A risk register is in place. It is a standing agenda item subject to review at each meeting by core members of the Stroke Task and Finish Group.</p> <p>As a West Yorkshire and Harrogate STP priority work stream, risks and actions to mitigate risks are subject to review by the West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups. The two risks which currently have a risk score of 12 are included in this report.</p> <p>The risk register is also shared with Urgent Emergency Care Network Programme Board.</p>
Conflicts of interest:	These are recorded.

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

4 July 2017

West Yorkshire and Harrogate – Improving Stroke Outcomes Report

1 Working together across West Yorkshire and Harrogate to further improve the quality of stroke care and outcomes for our population

- 1.1 Stroke is the third single cause of death in the UK and has a devastating impact on people's lives, their families and carers. In view of this, work has taken place nationally and across West Yorkshire and Harrogate to further improve the quality of care and outcomes for people who have had a stroke. This work includes preventing stroke happening in the first place, further improving specialist care (the care you receive in the first hours and days after having a stroke), making the most of new technology and improving after care.
- 1.2 Although considerable progress has been made across West Yorkshire and Harrogate, variation continues to exist and as a result further improving stroke outcomes for our population was included as a key priority within the West Yorkshire and Harrogate draft Sustainability and Transformation Plan (STP) published in November 2016.
- 1.3 The ambitions of the West Yorkshire and Harrogate STP are focused around achieving improved outcomes to address the health and well-being gap, the care and quality gap and ensure we utilise our resources effectively. The draft plan highlighted the importance of ensuring our stroke work focuses on the 'whole stroke pathway' with stroke prevention, community rehabilitation and after care support delivered in local places to meet the needs of specific populations, locally planned with a consistent approach determined by clinicians and stakeholders across West Yorkshire and Harrogate to further reduce variation and improve stroke outcomes.
- 1.4 With regard to hyper acute and acute stroke care it was agreed that a West Yorkshire and Harrogate wide approach would be required to achieve the best outcomes, share best practice, further reduce variation and achieve better outcomes for people overall.
- 1.5 From a health and well-being perspective we will be working with each of our six local places in Bradford District and Craven, Calderdale, Harrogate and Rural District, Kirklees, Leeds and Wakefield to reduce the number of people who die from stroke as well as reducing the number of strokes that occur. One of the ways we will do this is by further improving the way we detect and treat Atrial Fibrillation (Atrial Fibrillation causes a fast and erratic heartbeat which is a major factor of stroke.)

- 1.6 Examples of how we intend to address the care and quality gap include increasing the proportion of stroke patients assessed by a stroke specialist consultant physician and nurse trained in stroke management within 24 hours and increase the proportion of patients scanned within 12 hours.
- 1.7 As an agreed West Yorkshire and Harrogate STP priority work stream this report is being presented to the West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups in order that from an assurance perspective members can review progress of the work that has taken place to date.
- 1.8 It will provide Committee members, the people of West Yorkshire and Harrogate and other key stakeholders with an overview of the engagement work that has taken place across West Yorkshire and Harrogate to seek the views of our population, our staff and other key stakeholders.
- 1.9 It will outline the approach we have adopted to develop the Strategic Case for Change (Appendix A refers) and summarise the key findings, conclusion and recommendations. Finally from an assurance perspective this report will outline the proposed next steps and timelines.

2 Background - West Yorkshire and Harrogate

2.1 In 2015/16 there were approximately 3,600 stroke admissions into West Yorkshire Hospitals. The majority of strokes (74% of all strokes) occurred in the 65+ age group with the greatest concentration in the 75+ population (52% of all strokes). Although the numbers of people having a stroke are expected to increase in the coming years the good news is that the number of deaths related to stroke continues to decline.

2.2 Across West Yorkshire and Harrogate we have an agreed shared vision for stroke which is as follows:

To reduce the incidence of stroke and avoidable deaths due to stroke, across the West Yorkshire health economy, minimising the long term effects and improving the quality of life for survivors. This will be achieved by providing consistently high quality care that is responsive to individual needs and through encouraging healthier lifestyles and reducing inequalities in risk factors of stroke.

2.3 In line with our agreed vision, prior to the publication of the National Stroke Strategy, Hospitals within West Yorkshire and Harrogate with multiple hospital sites for admitting strokes had consolidated their hyper-acute stroke provision (which provides care up to the first 72 hours after a stroke) onto a single site. This significantly reduced the number of hospital sites admitting acute strokes. There are currently five hyper acute stroke units within West Yorkshire based at:

- Bradford Teaching Hospitals NHS Foundation Trust – Bradford Royal Infirmary;

- Calderdale & Huddersfield NHS Foundation Trust – Calderdale Royal Hospital;
- Harrogate and District NHS Foundation Trust;
- Leeds Teaching Hospitals NHS Trust – Leeds General Infirmary; and
- Mid Yorkshire Hospitals NHS Trusts – Pinderfields Hospital.

2.4 Other examples of work that has taken place across West Yorkshire and Harrogate to improve stroke outcomes are as follows:

- The Yorkshire and Humber Strategic Clinical Network for Cardiovascular Disease (CVD) delivered an extensive programme of work to facilitate improvements in services;
- Our Hospitals have participated in the Sentinel Stroke National Audit Programme (SSNAP). This aims to improve the quality of stroke care by auditing stroke services against evidence based standards to identify and support implementation of improvements; and
- Our GP's and Nurses have been working to further improve the way we detect and treat Atrial Fibrillation.

2.5 There are challenges for the health and social care system and most importantly for stroke survivors, their families and carers. This alongside an ageing population, with complex health and social care needs, means we have to change if we want to continue to further improve people's quality of life with the resources we have available.

2.6 We want to make sure our services are 'fit for the future' and make the most of the skills of our valuable workforce and new technology whilst maximising opportunities to improve quality and outcomes for local people. We also want to ensure that care across the whole stroke pathway is working effectively to meet the current and future needs of our population in line with our agreed vision.

3 What are the people of West Yorkshire and Harrogate telling us about stroke services?

3.1 Establishing what service users, their families and carers and members of the public feel and experience about stroke care is very important to us. With this in mind we commissioned an independent piece of work led by Healthwatch.

3.2 On the 23 January 2017, members of the West Yorkshire and Harrogate Stroke Task and Finish Group and a Healthwatch representative attended the Joint Health Overview and Scrutiny Committee (JHOSC) to discuss and gain their views on the approach to engagement we intended to adopt across West Yorkshire and Harrogate. On the 24 January 2017, we also attended the Regional Lay Member Assurance Group to share our proposed approach and to seek their views to inform our next steps.

3.3 Healthwatch led the initiation of a robust engagement framework which took place during February and March 2017 and was informed by the Equality

Impact Assessment (EIA). Over 900 people completed our engagement survey and we directly connected with over 1,500 people, providing us with many comments, all of which are very important to us and will inform our future work.

- 3.4 In recognition that many of our staff are or could be future users of healthcare and have witnessed first-hand the experience of service users, we felt it important to seek their views as part of this process. Regional and local media were kept informed and Health and Well-Being Boards, Governing Bodies, MP's, Joint Health Overview and Scrutiny Committee and the Regional Lay Member Reference Group were also updated on the engagement work and asked to encourage people to have their say.
- 3.5 This work is in line with our Stroke Communications, Engagement and Equality Strategy. The key findings from the engagement work have been captured in the Healthwatch Stroke Services Engagement Report which sets out the findings from this important piece of work. You can read the full report at <http://bit.ly/2sjcLfa>.
- 3.6 A snap shot of some of the comments we received include:
- Many people said that they would travel further if it meant they were able to receive the best treatment and to be treated by specialists; however, they wanted their rehabilitation to be available closer to home. Although some people were worried that if they had to travel further the extra journey time could negatively affect their health, and would make it more difficult for their family to visit them;
 - Those who had experienced a stroke described the excellent levels of care that they received in hospital, from being seen quickly, to accessing the most appropriate treatments and being kept informed throughout. They talked about staff being willing to help, whilst recognising that some were extremely busy. It was also felt that there should not be a difference in care during the week and at the weekend;
 - Many described how stroke can be a life changing event which can be difficult for the patient and their families to deal with. It was felt that there was a need to ensure that the patient and their family are provided with the appropriate levels of emotional support and advice;
 - The valuable role of voluntary and community organisations specialising in stroke support, particularly on hospital wards, was recognised in the report; and
 - Many felt that there was a need to raise awareness of the signs and symptoms of a stroke, and what to do if you think someone is having a stroke.
- 3.7 The engagement work also highlighted concerns that a decision had already been made to reduce the number of hyper-acute stroke units. **It is therefore important to note that no decision at this stage of our review process**

has been made to reduce the number of units across West Yorkshire and Harrogate.

4 Strategic Case for Change - why do we need to change?

- 4.1 Stroke is a life changing event and evidence shows the care that people receive in the first few hours can make a difference to how well they recover. This includes having specialist scans to assess the nature of the stroke and if appropriate receive clot-busting drugs (thrombolysis) delivered by specialist staff working in sustainable and resilient hyper acute and acute stroke units.
- 4.2 We have an ageing population and the number of people who suffer a stroke is also expected to increase. We therefore believe that if we are to continue to improve people's quality of life, with the resources we have available, we must change the way in which we deliver stroke services to ensure we are making the most of our valuable skilled workforce, modern technology and equipment in order to maximise opportunities to further improve stroke outcomes and quality for our population.
- 4.3 *The NHS 5 Year Forward View* published in October 2014, sets out a clear direction for the NHS, showing why change is needed and what it will look like. It states that, for some services, there is a compelling case for greater concentration of care. It also highlights the strong relationship between the number of patients and the quality of care, derived from the greater experience these more practiced clinicians have, access to costly specialised facilities and equipment, and the greater standardisation of care that tends to occur.
- 4.4 In view of this, doctors, nurses, medical directors and other health professionals across West Yorkshire and Harrogate have been working with partners such as Yorkshire Ambulance Service, West Yorkshire Association of Acute Trusts, Clinical Commissioners and other key stakeholders to review the current position of our specialist stroke services. Our work to date has made reference to the growing number of examples across the United Kingdom (UK) where commissioners (who are responsible for ensuring services are in place to meet the health needs of our population), and Hospital providers are working together to improve access to specialist stroke inpatient care, where patients are taken to specialist units rather than the nearest hospital.
- 4.5 This focus is being driven from a national level and originates from the concentration of specialist stroke services that occurred in 2010 across two metropolitan areas of England (Greater Manchester and London) and from supporting international research. This suggests that specialist centres can improve the provision of evidence based care e.g. by improving access to specialist care and thrombolysis (clot-busting drugs), the latter of which, when undertaken more frequently, can lead to better outcomes.
- 4.6 Our specialist stroke services will also need to deliver the new 7 day standards, which sets out an ambition that anyone who needs urgent or emergency hospital care will have access to the same level of assessment and review, tests and consultant-led support whatever day of the week.

- 4.7 This work has informed the development of a Strategic Case for Change and Section 5 and Section 6 below provide an overview of the key findings, conclusions and recommendation outlined within it. The Strategic Case for Change is attached for reference in Appendix A. A Public Summary and easy read version have also been developed and all of these documents can be accessed at <http://bit.ly/2sjcLfa>.

5 What is the Strategic Case for Change telling us?

- 5.1 Our doctors and other health care professionals across West Yorkshire and Harrogate have built on the work that has taken place previously with the Strategic Clinical Network, the Yorkshire and Humber Clinical Senate, our consultants, doctors and other health care professionals across West Yorkshire and Harrogate and the wider Yorkshire and Humber Region. The recurring key themes, from all the work that has taken place to date, which have informed the Strategic Case for Change, are as follows:

- We need a more consistent approach to prevention across West Yorkshire and Harrogate so that people receive information and advice to make informed decisions about their health – this will help reduce stroke incidents for some people;
- Depending on where you live, some people have better experiences and access to specialist services than others;
- Further work is needed to reduce differences in the services people receive, so that no matter where people live and what time of day they are admitted to hospital, they are able to receive high quality stroke services;
- By looking at the way we deliver care after a stroke, we can maximise the opportunities to further improve quality of life for people whilst also reducing a person's chance of living with a disability afterwards;
- We have five hyper acute stroke units in West Yorkshire and Harrogate. In view of the need to meet new standards (including specialist early supported discharge every day and access to new technology), further work is needed to ensure all our services are 'fit for the future', can achieve the quality standards, maintain great outcomes and be sustainable;
- We want to ensure we make the most of the skills of our valuable workforce and retain and recruit the skilled workforce we need to maximise opportunities to further improve quality and outcomes for our population;
- There is strong evidence that outcomes following stroke are better if people are treated in specialised centres, even if this increases travelling time following the event, and this is likely to be the case in West Yorkshire and Harrogate;
- We know that most people with a suspected stroke arrive at hospital by ambulance and we need to work closely with our ambulance staff who

provide assessment and treatment as they convey people to the right hospital for their medical needs;

- Ongoing specialist care should be provided at locations closer to where people live, and people should be transferred to these as soon as possible after initial treatment;
- We need to ensure care and support following a stroke is the best it can be in hospital and in the community, this includes access to speech and language therapy, physiotherapy, occupational therapy, psychology and social care;
- We also need to look more closely at the support given by voluntary and community organisations that provide support to those who have had a stroke and their carers; and
- Adopting a 'whole pathway' approach to the provision of stroke services is crucial to further improving the quality of services and maximising clinical outcomes for our population.

6 Strategic Case for Change – conclusions and recommendations

Conclusion

- 6.1 There is strong evidence that outcomes following stroke are better if people are treated in specialised centres, even if this increases travelling time following the event, and this is likely to be the case in West Yorkshire & Harrogate. Ongoing rehabilitation should, however, be provided at locations closer to where people live and they should be transferred to these as soon as possible after initial treatment.
- 6.2 The importance of taking a 'whole system' and 'whole pathway approach' to improving stroke care has also been highlighted through discussions with our local clinicians and other key stakeholders (reflecting our agreed vision for stroke care.) This approach is in line with work taking place elsewhere e.g. Manchester and our literature review findings.
- 6.3 Across West Yorkshire and Harrogate, significant work has already taken place in our Hospitals and our Ambulance Service to improve the quality of care and outcomes for stroke. Work has also taken place across our local areas to further reduce the risk of stroke through the implementation of a range of initiatives e.g. Atrial Fibrillation and Hypertension pathway developments and implementation of prevention strategies.
- 6.4 The outcome of our work, to date, suggests that in order to further improve quality and stroke outcomes for our patients further work is now required to determine the 'optimal' service delivery models across the West Yorkshire and Harrogate footprint so that our services are 'fit for the future' (which is all about making the most of our workforce skills, latest technology and ensuring our services meet the latest standards of care for people now and in the future.)

- 6.5 Our work to date has been supported by the Strategic Clinical Network, which included consultants and doctors and other clinical and non-clinical stakeholders across West Yorkshire and Harrogate.
- 6.6 The recommendations made are in line with new models of care described in the NHS 5 Year Forward View, work taking place in other areas such as Manchester and London, and our strategic vision and priorities set out in the public summary of the West Yorkshire and Harrogate Draft Sustainability and Transformation Plan published November 2016.

Strategic Case for Change recommendations

- 6.7 As a result of the work we have done to date, we believe the information outlined in the Strategic Case for Change demonstrates that if we are to further improve the quality of our specialist stroke services, outcomes and experience for our patients further work is required to ensure that our services are resilient and 'fit for the future'.
- 6.8 In view of this, it recommends that we begin work to develop our proposals to determine the 'optimal' service delivery models and pathways that need to be in place across West Yorkshire and Harrogate. This should be set in the context of ensuring that we are maximising the opportunities to further improve care and outcomes for our population along the whole stroke care pathway.

Strategic Case for Change – assurance, support from clinical commissioners and other key stakeholders

- 6.9 A range of mechanisms have been in place to ensure there have been appropriate levels of engagement and involvement with our health care professionals and other key stakeholders. For example Stroke Task and Finish Group members, Clinical Commissioning Group clinical and executive leads, Clinical Forum members, West Yorkshire Association of Acute Trust Medical Directors and executive leads have all informed the development of the Strategic Case for Change, conclusions and recommendations prior to its approval.
- 6.10 NHS England reviewed the Strategic Case for Change as part of the Stage 1 NHS Assurance process and they receive monthly updates as part of the Stage 2 Assurance process.
- 6.11 Yorkshire and Humber Clinical Senate members were also asked to review the Case for Change and as requested have provided feedback on areas we should focus on to inform our next steps.
- 6.12 In addition to the above we have had further discussions with our clinicians and other health care professionals who are currently working in our hyper acute and acute stroke services and Yorkshire Ambulance Services. It is important to note our clinicians and other health care professionals who attended the first provider clinical workshop have identified a number of areas which could be implemented at the earliest opportunity (subject to approval through the appropriate governance routes)

6.13 These include:

- Reviewing and implementing more standardised stroke care pathways across West Yorkshire and Harrogate; and
- 'Piloting' more effective use of technology between our hospitals and the Yorkshire Ambulance service to provide earlier assessments for our patients.

6.14 Their clinical expertise has also informed the next steps summarised in Section 8 of this briefing.

7 Risks

7.1 The risk register for the stroke project is reviewed and updated by the Stroke Task and Finish Group at every meeting and reported to the Urgent and Emergency Care Steering Group and Joint Committee in line with the agreed governance arrangements.

7.2 Joint Committee members are asked to note that there are currently two risks on the risk register with a score of 12, these are as follows:

- Risk 5 (impact score 4, probability score 3, total score 12) - There is a risk that providers may not be able to implement the latest stroke guidelines due to lack of available and appropriately skilled workforce able to deliver new models of care resulting in continued variance in stroke outcomes across the West Yorkshire & Harrogate footprint; and
- Risk 6 (impact score 4, probability score 3, total score 12) - There is a risk existing hyper acute stroke services across the West Yorkshire and Harrogate may experience operational resilience issues due to inability to recruit and retain appropriately skilled workforce during the transformation period, resulting in emergency commissioning arrangements being implemented in advance of new models of care being approved and implemented.

7.3 Workforce is one of the key drivers for change. Actions to ensure we are supporting and making the most of our valuable staff and are able to retain and recruit the skilled workforce we need are therefore key to mitigating the risks outlined above.

7.4 As part of the risk register review clinical representatives who are core members of the Stroke Task and Finish Group also provide early alert of any workforce pressures that may need to be addressed via other contractual routes in advance of the development of 'optimal' service delivery models.

8 Next steps and timelines

8.1 Providing the best stroke services possible across West Yorkshire and Harrogate to further improve quality and stroke outcomes is a priority for us all and something we are committed to achieving.

8.2 In line with our Stroke Communication, Engagement and Equality Strategy over the next few months we will be having more conversations with our staff, partners, public, communities and stakeholders as we develop options to inform the next phase of our work. This work will include the following:

- Further targeted work to gain the views of our protected groups referenced in the Equality Impact Assessment (EIA) as being more likely to be impacted by any proposed changes and ensure patient stories are captured as part of this work.

8.3 Other work will include the following:

- A review of existing stroke pathways to identify opportunities to further improve pathways with a view to adopting a more consistent approach across West Yorkshire and Harrogate and where possible Yorkshire and Humber Region;
- A review of how technology is currently being used by our clinicians and other health care professionals to support existing services and care pathway/s and to identify opportunities to further maximise the use of technology e.g. to assist with providing earlier assessment and treatment for our patients;
- Development of clinical model options to inform the next phase of our work;
- Working with NHS England Specialised Services colleagues to ensure the impact of mechanical thrombectomy service developments (clot retrieval procedure) informs the development of our options: and
- Continued dialogue with colleagues in South Yorkshire and Bassetlaw, Humber Coast and Vale and wider Yorkshire and Humber region to ensure the impact of developments across the wider Yorkshire and Humber Region remain aligned and impacts of any proposed options are understood e.g. to understand the impact of cross boundary flow of patients.

8.4 As outlined previously it is important that work also continues to take place to maximise the opportunities to prevent stroke and improve outcomes and quality for our population across the whole of the stroke care pathway. In order to do this we intend to:

- Commence further discussion with our clinicians, other health care professionals, public health and other key stakeholders in each of our six local place based areas at the very earliest opportunity in Q2 2017/18 to establish whether the prevention, Atrial Fibrillation and Hypertension interventions are delivering the intended benefits to our population in line with previous projections: and
- Ensure there is a shared understanding of the position across West Yorkshire and Harrogate in relation to timely access and availability of

early supported discharge (ESD), community rehabilitation, end of life, longer term care and voluntary care sector provision.

- 8.5 It is our intention to expand the core membership of the Stroke Task and Finish Group to include a patient representative. Discussions have commenced with the Regional Lay Member Assurance Group and communication and engagement colleagues to define the role and responsibilities with a view to a patient representative joining the Stroke Task and Finish Group at the very earliest opportunity.
- 8.6 As part of the NHS England Assurance process, monthly progress reports are submitted to NHS England and further discussion will take place with them during October/November 2017/18 as part of the Stage 2 NHS England Assurance process to discuss progress and next steps.
- 8.7 It is envisaged the next progress report to the Joint Committee will be presented at the November 2017/18 meeting with a view to requesting Joint Committee members to make a decision on the readiness to consult.
- 8.8 For ease of reference Table 1 provides a high level overview of the key actions and timelines associated with this project.

Table 1

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Apr – Jun 2017	Jul – Sep 2017	Oct – Dec 2017	Jan – Mar 2018
Equality Impact Assessment (EIA) - the EIA will be subject to ongoing review and update				
Engagement - targeted further engagement to gain the views of protected groups and capture patient stories (phase 1 communication and engagement plan)		July/Aug 2017		
Phase 2 Communication and Engagement - action plan refresh (subject to ongoing review and update)				
Review existing stroke pathways and highlight opportunities to standardise across the West Yorkshire and Harrogate and where appropriate across the wider Yorkshire and Humber region		August 2017		
Making more effective use of technology - review and identify options to 'pilot' (subject to appropriate governance)		August 2017		
Development of clinical model options to inform the next phase of work (quality and outcomes, workforce, travel , activity including MIMICs and costs analysis)		Aug/Sept 2017		

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Apr – Jun 2017	Jul – Sep 2017	Oct – Dec 2017	Jan – Mar 2018
Impact of NHS England Mechanical Thrombectomy service developments are understood and inform clinical model options				
Continued dialogue with South Yorkshire and Bassetlaw, Humber Coast and Vale				
Discussions with each local place based areas to agree next steps (Prevention, Atrial Fibrillation and Hypertension)		July/Aug 2017		
Discussions with local placed based areas to understand current position of early supported discharge, community rehabilitation, end of life care and voluntary care sector provision				
Decision – Joint Committee - On readiness to consult			November 2017 meeting	
Stage 2 Assurance – NHS England			Oct/Nov 2017	
Consultation (As appropriate)				To Be Confirmed

9 Recommendations

9.1 West Yorkshire and Harrogate Joint Committee of CCG's members are asked to:

- Note the progress to date;
- Note the Engagement Report and Strategic Case for Change; and
- Note and comment on the next steps and timelines.

Linda Driver
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19 June 2017