

*The Coventry and Warwickshire Cardiovascular Network e-Newsletter is available for information to health professionals with an interest in stroke care. To subscribe or unsubscribe, please contact Genevieve Gardner, network administrator.*

### **Issue 5 – February 2013**

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**Read about the latest developments in the review of stroke services taking place across the midlands and east region.**

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#### ARE YOU AT RISK OF A STROKE?

Who is at risk?

Anyone can have a stroke. Every year, around 150,000 people in the UK have a stroke. That's one person every five minutes. Stroke is the third most common cause of death in the UK.

**Strokes happen to younger people too.**

## Latest update from the Project Board



The latest update from the Project Board, which took place on Tuesday 29th January 2013 continues to highlight the hard work that is taking place across the Midlands and East region. The nine clinical networks and their partner organisations are continuing to work towards a step change improvement to ensure that stroke patients wherever they live have access to high quality stroke care that is safe, sustainable and affordable for the future.

The next and final meeting of the Project Board will be on 4 March 2013, and will focus on summarising the outcome of the Stroke Review, with a position statement for each Network area.

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Although most people who have a stroke are older, around a quarter of strokes happen in younger people. It is estimated that over 20,000 people under 65 have a stroke every year, and stroke also happens to children and babies.

### **Some parts of the population are at increased risk.**

Although men have a higher risk of stroke women are one and a half times as likely to die from stroke as men. Middle-aged women are also at an increased risk of having stroke than men within the same age group.

People of South Asian or African-Caribbean origin in the UK are at increased risk of stroke. For example, people of African-Caribbean origin are twice as likely to have a stroke as people of European origin, and they also tend to have their first stroke at a younger age.

### **You can reduce your risk of stroke**

Your chances of having a stroke reduce by making simple lifestyle changes for example:

- getting your blood pressure checked regularly
- check to see if you have atrial fibrillation - a type of irregular heartbeat. A doctor or nurse will need to check if you have an irregular heartbeat
- get help for stress and depression which can impact on your body  
stop smoking. Call the NHS Stop Smoking Helpline on 0800 022 4332 any day from 7am to 11pm for help
- reduce the amount of alcohol you drink. Men should have no more than 3 to 4 units a day and women no more than 2 to 3 units a day. A unit of alcohol is a small glass of wine, a single measure of spirits or half a pint of weak beer or lager
- eating healthier can reduce the risk of stroke
- taking more exercise which is an important part of stroke prevention. Regular physical exercise helps to lower your blood pressure, balance fats in your body and improves your ability to handle insulation

## Local decision-making process to improve care for stroke patients

The Nine Stroke Networks across the Midlands and East region are continuing to work with the hospital trusts, patients, patient groups and clinical commissioning groups to develop plans that will deliver high quality stroke services, 24 hours a day, 365 days of the year.

The aim to ensure that stroke patients have access to the best care possible across the whole of the region and that these services are safe, sustainable, and affordable for the future.

Decisions about the configuration of stroke care will be made by the local CCG commissioners. These decisions are made locally, although the review is taking place on a regional basis.

The individual local health systems also need to consider cross border flows, and the most appropriate use of NHS resources between them.

The Stroke Review process will make detailed recommendations for commissioners about how their systems can deliver best practice most effectively.

In late February 2013, the Review's External Expert Advisory Group (EEAG) will give feedback on local systems' proposals, which are being coordinated by the Stroke networks.

The EEAG has a membership of experts drawn from across the country reflecting the whole pathway, chaired by the Department of Health and NHS Improvement stroke lead, and supported by the Royal College of Physicians' stroke lead.

An overview of the proposals covering the whole of NHS Midlands and East will be presented to the NHS Midlands and East SHA Board in March 2013 for information, and to guide the legacy work that will be carried forward into 2013/2014 after the SHA has been abolished.

## Next Steps

### February 2013

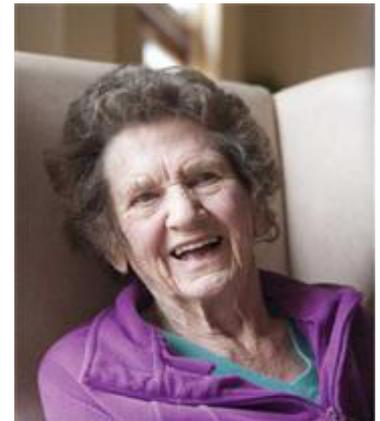
- Final plans for local systems submitted
- EEAG feeds back on local systems' proposals

### March 2013

- Summary of each systems proposals presented to NHS Midlands and East SHA Board for information

### April 2013

- Legacy Report submitted to new NHS Commissioning Board, its area teams and CCGs with next steps for each system
  - Commissioners to lead implementation/further detailed work up of plans (each system will be at different stages)
  - Commissioners continue to actively engage with key local stakeholders.
  - Consultation undertaken where significant changes to services are identified including the development of Integrated Impact Assessment report.
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## Latest update from Tariff and Finance Group

### Acute Stroke Finance and Tariff Testing

Further work has been taking place on the acute stroke finance and tariff testing regarding the system excel model that was demonstrated during a webinar held at the end of January 2013.

We are aware that systems are at very different stages in testing the financial viability for their proposals and Isobel Scoffield and Stephanie Watson have been giving feedback to local systems on their interim finance returns. Isobel and Stephanie wanted to develop a way of supporting systems in understanding this, and offering support in testing the viability of the local configuration proposals.

With this in mind, they have developed a modelling tool to help some systems to test the viability of their current and proposed scenarios for stroke configuration. This is an optional tool. It complements other modelling already underway in each system which has been coordinated by the networks. It is suggested that this tool can be used across systems, as opposed to by individual providers.

For more information contact Stephanie Watson: [stephaniewatson@nhs.net](mailto:stephaniewatson@nhs.net) or Isobel Scoffield: [isobel.scoffield@westmidlands.nhs.uk](mailto:isobel.scoffield@westmidlands.nhs.uk)

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## TALK TO TONY



### What will happen with the Stroke Review after the 1st April 2013?

The review of stroke services by the NHS Midlands and East Strategic Health Authority (SHA) will be completed in March 2013, and will have identified what improvements are needed to improve stroke care, looking at the whole of the stroke patients' pathway, for each of the areas covered by the nine cardiac and stroke networks. An overview of the proposals will be presented to the NHS Midlands and East SHA in March 2013 for information and to continue to guide the work that will be carried forward by local commissioners in 2013/2014, following the abolition of the SHA.

A legacy report will be produced and submitted to the new NHS Commissioning Board, its Area Teams and the CCGs that will outline the steps required for each system to implement improvements in stroke care across the whole pathway.

From April 1st 2013, this work will be led by the local CCG commissioners, who will be supported by the Strategic Clinical Networks (SCNs). This work will also link with the local education and training boards, (LETBs). These are committees of Health Education England, the organisation that will work with commissioners and provider trusts to identify and anticipate the specialist workforce requirements to achieve high quality care for stroke patients.

Local commissioners will continue to engage with their stakeholders and where any significant service change is identified, public consultation will be undertaken.

Some areas may also choose to implement all of the changes at the same time, or may implement the changes in stages. An example, where changes might be introduced at the same time would be the introduction of Early Supported Discharge (ESD) services where there is a need to work in partnership with social care. By

implementing all the changes at the same time to both health and social care services - using ESD services would reduce the stroke patient's length of stay in hospital.

Local implementation plans may proceed at different paces however commissioners are committed to improvements in the care that stroke patients receive with the aim of delivering high quality care wherever patients in the midlands and east may need to access that care.



### What's happening to clinical networks?

The NHS Commissioning Board Authority has set out its plan for a small number of national networks to improve health services for specific patient groups or conditions. Called strategic clinical networks, these organisations will build on the success of network activity in the NHS which, over the last 10 years, has led to significant improvements in the delivery of patient care.

Strategic clinical networks hosted and funded by the NHS Commissioning Board (NHS CB), will cover conditions or patient groups where improvements can be made through an integrated, whole system approach. These networks will help local commissioners of NHS care to reduce unwarranted variation in services and

encourage innovation.

The conditions or patient groups chosen for the first strategic clinical networks are:

- Cancer
- Cardiovascular disease (including cardiac, stroke, diabetes and renal disease)
- Maternity and children's services
- Mental health, dementia and neurological conditions

Full details of strategic clinical networks can be read in [The Way Forward – Strategic clinical networks published by the Board Authority](#) and the supporting document The Way Forward – Frequently Asked Questions

<http://www.commissioningboard.nhs.uk/files/2012/10/cn-faq.pdf>

### Cardiovascular Strategic Clinical Network Managers appointed

We are pleased to announce the appointments of the Cardiovascular SCN network managers:

**East of England: Candy Jeffries** (currently Network Director for the Bedfordshire, Hertfordshire and Milton Keynes Heart and Stroke Network)

**East Midlands: Jo James** (currently Assistant Director for stroke for the East Midlands Cardiovascular network)

**West Midlands: Rob Wilson** (currently Network Director for the Coventry and Warwickshire Cardiovascular Network)

Rob Wilson says: "Both my colleagues and I have been involved in the Stroke Review since the start. That background knowledge will ensure consistency as we move forward into the new structures which will be beneficial for all involved. This will probably be even more important as this work is handed over to the CCGs as we move into the next stages of the review."

The new Strategic Clinical Networks will have a key role in supporting local commissioners in taking their plans/implementation of agreed plans to the next stage.

## Carers as 'Partners in Care'



The NHS is committed to working in partnership with patients, their families, carers and representatives. This has been recognised in the NHS Constitution, where it acknowledges the huge value of unpaid care given by carers.

Local authorities also have a statutory responsibility to provide a Carers needs Assessment. It is particularly important when dealing with stroke that support is identified for the family carer at the earliest opportunity. Carers will not fully understand what a physical and emotional journey they are about to embark on, when caring for someone who has had a stroke. If they are linked in they also have the choice to access support in their own right.

Carol Watson who cares for her husband David, who had a stroke in 2004, says: "When David was taken ill I struggled to find out what support was available for us. I didn't know what services and help were available, or who to go to at the different organisations. A Carers Needs Assessment would have made a big difference."

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## WORKING TOGETHER TO IMPROVE STROKE CARE

The nine stroke networks in the Midlands and East region are:

- Anglia
- Bedfordshire and Hertfordshire
- Birmingham, Sandwell and Solihull
- Black Country
- Coventry and Warwickshire
- East Midlands
- Essex
- Herefordshire and Worcestershire
- Shropshire and Staffordshire



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## HOW TO GET INVOLVED?

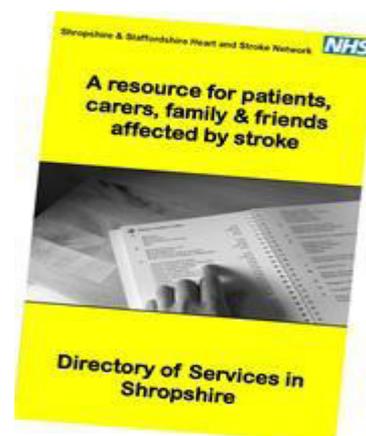
Our aim is to keep you informed on a regular basis about the review of stroke services across the Midlands and East. If you have any queries or comments please get in touch:

EMAIL: [alida.farmer@nhs.net](mailto:alida.farmer@nhs.net) or [chris.capewell@wmisc.nhs.uk](mailto:chris.capewell@wmisc.nhs.uk)

## Spotlight on Patient and Public Engagement and Experience

### Directory of Services in Shropshire.

Shropshire and Staffordshire Heart and Stroke Network have developed and published an excellent resource for patients, family and friends affected by stroke. Its aim is to provide help, advice and support to allow individuals to self care. Research shows that supporting self care can improve health outcomes and increase patient satisfaction.



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The handbook has been produced in collaboration between NHS staff working in stroke services, patients and carers across Shropshire and is supported by Shropshire County PCT.

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**If your first language is not English or you would like this information in a different format please call on the number below**

**0121 695 2583 or 0121 695 2483**

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إذا لم تكن الإنجليزية لغتك الأم و إذا كنت ترغب في الحصول على هذه المعلومات في شكل مختلف، الرجاء الإتصال على الرقم المحدد أدناه.

আপনার প্রথম ভাষা ইংরেজী না হলে অথবা  
এই তথ্যটি অন্য কোন মাধ্যমে পেতে চাইলে দয়া করে  
নীচে দেয়া নম্বরে ফোন করুন।

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اگر زبان اول شما انگلیسی نیست و یا می خواهید متن این اطلاعات را به شکل دیگری دریافت کنید لطفاً به شماره پایین تلفن کنید.

Si votre langue maternelle n'est pas l'anglais, ou si vous souhaitez avoir ces informations dans un format différent, veuillez appeler le numéro ci-dessous.

જો તમારી પહેલી ભાષા અંગ્રેજી ન હોય, અથવા તમને આ માહિતી બીજા કોઈ સ્વરૂપમાં જોઈતી હોય તો મહેરબાની કરીને નીચેના નંબર પર ફોન કરો.

यदि आपकी मातृ-भाषा अंग्रेजी नहीं है या आपको यह जानकारी किसी और रूपांक में चाहिए तो कृपया नीचे दीये नंबर पर फोन करें.

ئەگەر ئینگلیزی زماڻی یەكەمی تۆنیه یاخود ھەز دەكەیت ئەم زانیاریە بە شیوازیکی تر وەربگیریت تکیاھ تەلەفۆن بکە بۆ ئەو ژمارەیی خوارەوھ.

که ستاسی لومرئی ژبه انگلیسی نه ده یا تاسی غواری ددی معلومات متن په بل شکل ترلاسه کری مهربانی وکړی په لاندنی شمیره تېلفون وکړی.

Jeżeli język angielski nie jest Państwa językiem ojczystym lub chcieliby Państwo otrzymać te informacje w innym formacie, prosimy zadzwonić pod numer podany poniżej.

ਜੇ ਤੁਹਾਡੀ ਮੁੱਖ ਬੋਲੀ ਅੰਗਰੇਜ਼ੀ ਨਹੀਂ ਹੈ, ਜਾਂ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਬਣਤਰ ਵਿੱਚ ਹਾਸਲ ਕਰਨਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ ਉੱਤੇ ਫ਼ੋਨ ਕਰੋ।

Dacă engleza nu este limba dumneavoastră maternă sau dacă doriți aceste informații într-un alt format, sunați vă rugăm la numărul de mai jos.

Haddii aysan luqaddaada koowaad Af-Ingiriiska aheyn ama aad jeclaan laheyd macluumaadkan oo qaab kale ah, fadlan soo wac lambarka hoose.

اگر آپکی مادری زبان انگریزی نہیں ہے یا آپ اس معلومات کو دوسرے نمونے میں حاصل کرنا چاہتے ہیں تو براہ مہربانی نیچے دیئے گئے نمبر پر رابطہ کریں۔

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