



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.

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'Significant progress is being made'
Professor Tony Rudd,
Chairman of the Stroke Services
Review
Project Board

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Here is the fourth newsletter keeping you up-to-date with the review of stroke services across the Midlands and East region.

Progress noted by Project Board

The Stroke Review Project Board met on Thursday 15th November 2012. Professor



Tony Rudd, the Chairman of the Project Board noted the significant progress being made. He said: "I would like to take this opportunity to thank everyone involved for their continuing focus on the delivery of improvements to the care of stroke patients. We have made significant progress in what are tight timescales.

Wave 2 Proposals submitted by networks

Wave 2 submissions were received in November, from all nine stroke network and each networks has been given feedback on those proposals by the External Expert Advisory Group (EEAG). The picture continues to evolve particularly around cross border working final submissions are prepared in readiness for Wave 3 submissions which are to be submitted by 15th February 2013.



Key themes identified in the proposals are:

- Improving stroke care by meeting the high level criteria, stroke standards and service specification
- Preventing strokes through public awareness programmes - e.g. through earlier diagnosis of stroke related illnesses e.g. Hypertension (high blood pressure) and Atrial Fibrillation (irregular heart beats) and FAST campaign
- Meeting Workforce, Education and Training requirements
- Access to Hyper-Acute Stroke Units, providing early treatment, quicker recovery and improved patient outcomes
- Clinical Decision to transfer patient to Acute Stroke Unit after 3 days to receive ongoing specialist stroke care
- Prompt access to Early Support Discharge/rehabilitation services and other supporting therapies e.g. speech and language
- Appropriate ongoing care in the community
- Balancing travel times with access to high quality specialist stroke care to improve outcomes for patients
- Sustainability and affordability of stroke services for the future

The aim of these improvements continues to be:

- Prevention of strokes which is as important as providing high quality stroke treatment
- To receive the right treatment as quickly as possible
- from the right specialist staff, in the right place at the right time

- Quicker recovery and better quality of life, and where appropriate high quality end of life care that offers dignity and respect to patients, their families and their carers

Modelling Update

Deloitte who have produced a Modelling Tool, which identifies a number of hypothetical service models allowing the networks to work through different scenarios to establish the stroke service proposals that will best improve the whole of the stroke patient's care.

A number of concerns have been raised when working through the different scenarios for example, cross border flows, where networks need to liaise with colleagues across borders to prevent the double counting of patients. This information also ensures that the final proposals required for Wave 3 have considered travel times, how the services are set up and whether the services are affordable and sustainability for the future.

Programme Lead Sally Standley says: "A number of concerns have been raised about the modelling tool. A workshop was held during November to help networks to better understand and use the model and further bespoke support is available from Deloitte. It is acknowledged that each network will need to make adjustments subject to their differing requirements and that the system can be complex and slow. We realise that networks need to spend time using the tool but, in doing this, it will produce the required results."

Essex Network Director, Jackie King said: "The Deloitte team are working hard with us to ensure we can get some useful information from the modelling tool either by refining the modelling tool or with the use of excel spreadsheets that have been developed to help the network.

"We are working directly with Miranda at Deloitte to refine the Essex modelling and address any inaccuracies. We are hopeful that by working in partnership we can use some aspects if not the whole model going forward."

Each network has been offered a 1 to 1 full day practical session with Miranda to support them with their modelling work. Five Networks will have had these before Christmas, and the remainder after the new year.

WHAT IS THE EEAG?

The External Expert Advisory Group (EEAG) is an independent group made up of:

- specialist stroke doctors and nurses
- related healthcare professionals
- service improvement leads
- social care representatives
- ambulance services
- patients and patient representatives

The EEAG has been set up to offer expert advice and make formal recommendations about clinical standards and arrangements needed to achieve improvements in the clinical outcomes and patient experience throughout the whole stroke patient's care pathway.



ACT FAST

Would you know if someone was having a stroke?

FACIAL weakness: Can the person smile? Has their mouth or eye drooped?

ARM weakness: Can the person raise both arms?

SPEECH problems: Can the person speak clearly and understand what you are saying?

TIME to call 999 If a person fails any one of these tests, get help immediately by dialling 999.

A speedy response can help reduce the damage to a person's brain and improve their chances of a full recovery. A delay in getting help can result in death or long-term disabilities.

Don't ignore temporary symptoms If symptoms disappear within 24 hours, the person may have had a Transient ischaemic attack (TIA) which is also called a mini-stroke. A TIA is still a medical emergency, because it can lead to a major stroke.

Tariff and Finance Sub Group

The Tariff sub-group has now merged with the Finance group, which is being supported by Jon Cook, Head of Reconfiguration for the Midlands and East SHA Cluster. Isobel Scoffield and Stephanie Watson from the SHA's finance team are helping the networks, providers and commissioners to prepare the financial requirements for the Wave 3 submissions. This work will be featured in the next newsletter.

'Making decisions for the benefit of all patients'



Norman Phillips, is one of the three patient representatives on the Stroke Review Project Board. Norman was a design technology teacher until he had a stroke in 2003 which left him with hemiplegia on the left side now gives talks to students at Birmingham and Coventry Universities about having a stroke and living with the effects. He has also allowed physiotherapy students to examine him so they have experience of working with patients and feeling muscle tone and spasticity.

After becoming a member of a local Different Strokes group Norman became involved with the West Midlands Stroke Research Network, the Birmingham CLAHRC Theme 7 Project and the Coventry and Warwickshire Cardiovascular Network. Norman was the PPI member of the Health Foundation 'Closing the Gap' Project team and has sat on several committees involved in developing stroke services. With this experience Norman was asked to be part of the Stroke Review Project Board representing the views of patients, carers and stroke survivors.

Talking about his role as one of the patient representatives for the Stroke Review Project Board Norman says: "As a patient representative on the project board, I have witnessed the progress that has been made in the treatment of stroke since my stroke in 2003. The NHS in the Midlands and East have been required to look at the services that they offer and where they are located.

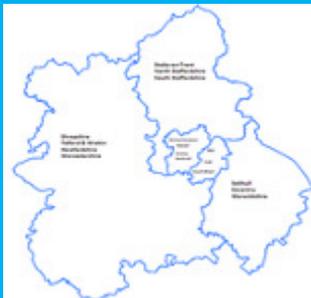
"The Board have developed a specification based on the National Stroke Strategy that will lead to equality of treatment and care across the whole region. This will hopefully lead to the end of what some patients might have regarded as a post code lottery in the care of stroke patients.

"The new plans in developing Hyper-Acute Stroke Units (HASUs) and Acute Stroke Units (ASUs) will involve some patients travelling to access specialist treatment in the initial stages. However after the initial 'acute' treatment patients will then be moved on to a ASU closer to home to continue with their planned care.

"The aim of the review is for the local healthcare system and local authorities to look carefully at the patient pathway in terms of treatment, location and costs so that all patients receive the best quality of treatment at all stages of their care, having had a stroke.

"As one of the PPI representatives my voice and that of the other stroke service users is always heard and listened to. Since having had a stroke and living with the effects for nearly ten years, practical experience of the NHS and coping with difficulties it throws up in daily life is valuable insight to help the Board and wider NHS make decisions for the benefit of all patients.

THE NINE STROKE NETWORKS



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

HOW TO GET INVOLVED?

We aim 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 or chris.capewell@wmsc.nhs.uk

TELEPHONE: 0121 695 2583 / 2483

WRITE TO:

Chris Capewell,
NHS Midlands & East Stroke
Services Review
c/o Specialised Commissioning,
127 Hagley Road,
Birmingham B16 0LD

[Opportunity to discuss proposals welcomed by CCGs](#)

Clinical Commissioning Groups (CCGs) from Herefordshire and Worcestershire have welcomed the opportunity to participate in discussions facilitated by the Stroke Network in order to develop high quality stroke services across the two counties.

Herefordshire & Worcestershire Cardiac & Stroke Network facilitated an Option Appraisal Event on 18th October for key stakeholders including representation from Powys Local Health Board. Approximately 20 per cent of stroke patients admitted to Hereford Hospital are from Wales.



The event focused on the options for provision of Hyper-Acute and Acute stroke services as follows:

Option 1

Hyper-Acute Stroke Units and Acute Stroke Units at Hereford Hospital and Worcester Royal Hospital

Option 2

Hyper-Acute Stroke Unit at Hereford Hospital and Acute Stroke Units at Hereford and Worcester Hospitals

Option 3

Hyper-Acute Stroke Unit at Worcester Royal and Acute Stroke Units at Hereford & Worcester Hospitals.

As commissioners and providers in Worcestershire have already agreed to centralise Hyper-Acute and Acute stroke services at Worcestershire Royal Hospital, with the

proposal being discussed and agreed with Worcestershire's Health Overview and Scrutiny Committee and the Midlands and East Strategic Health Authority, Option 2 (above) was considered not viable.

The outcome of the event was to pursue Option 1 as the preferred option. A Stroke pathway RIE Event for stakeholders was held in Worcestershire on 29th November to map the pathway from discharge from acute stroke services. This enabled gaps in provision and blockages to be identified and action plans put in place to strengthen the stroke patient's pathway.

Dr Andy Watts GP Chair of Herefordshire CCG, (pictured) who was at the event says: "Providing acute stroke services within crucial time limits and with sufficient quality standards is a big challenge for Herefordshire and the wider area of Powys. Working with Worcestershire though our local network has provided an opportunity to look at innovative ways of delivering a service that meets the desired standards – we are optimistic this can be delivered now."



[Kate Burley, Network Director, Staffordshire and Shropshire Heart and Stroke Network](#)

Since the onset of the national stroke strategy in 2007 the Shropshire and Staffordshire Heart & Stroke Network have made great advancement in working towards the achievements needed to see our already quality stroke services improve even further.

Many improvements to stroke services and stroke care have been realised. One such example has seen the introduction of 24/7 thrombolysis for Hyper-Acute Stroke patients becoming available across the whole of Staffordshire and Shropshire as well as into South Cheshire, this includes a rota of 15 stroke specialist clinicians who are instrumental in its success, making it one of only a few networks nationally who have implemented telemedicine effectively to date.

In the form of a multi-disciplinary team (MDT) approach, we are privileged to have an excellent forum of engaged clinicians who are all dedicated to improving care for their patients. Through their commitment and work we have been able to set up our Stroke Advisory Group (SAG) which now has over 100 members. We have established sub groups have been set up to enhance the process of the review including proactive local health economy boards, commissioning teams, Health Overview and Scrutiny Committee meetings, Users & Carers involvement and Commissioning Support Group meetings. These stakeholder groups are working well with full engagement into supporting the review across the whole patient pathway.

The regional stroke review is an important driver which will ensure that we build on existing services, guarantee benefits for patients and our population and continue to improve quality in the standards of care, whilst safeguarding sustainability for the future.

[Jackie King, Network Director, Essex Cardiac and Stroke Network](#)

Stroke services within the Essex Network have developed considerably since 2007; these developments have included major developments in hyper-acute care and developments in community care including the implementation of ESD.

These changes have been made possible with the commitment and advice provided by a strong stroke clinical advisory group led by the networks stroke clinical lead Dr Tony O'Brien. Similarly our stroke commissioner group, representing the 7 CCGs has proven effective collaborating with providers, demonstrating commitment to implement improved stroke services in line with national guidance. Stroke services in Essex are generally performing well, however there is scope to improve so that all our patients receive excellent care 7 days a week. Particular challenges facing stroke services are maintenance of a specialist workforce 24/7.

The Essex Network has embraced the stroke review and is using the stroke specification to review the standard of all its stroke services across the whole pathway.

Wherever possible it is the desire of the Essex Network to ensure patients receive excellent stroke care as close to home as possible. However, we recognise that to enable compliance against the stroke specification both clinically and financially there will be a need for collaboration of some hyper-acute services. To do this, the Essex Stroke Commissioners Group is undertaking an options appraisal to identify a preferred position across Essex. This process is now reaching a conclusion, with the aim to reach a preferred option for consultation by February 2013

[Sustainable and affordable for the future](#)



The NHS has to ensure that decisions made are supported by robust evidence and that services made the best use of public money. With this in mind a Return on Investment (ROI) toolkit has been produced. The toolkit includes an evidence base of the return of investment including cost effectiveness of each element of the stroke pathway and includes all of the cost of care categories for stroke management e.g. direct medical and non medical care costs e.g. patient time and travel costs plus indirect costs like not being able to work because of illness as well as intangible psychological costs for example pain.

Benefits identified show a return for other organisations, for example in social care. This could be when early intervention and treatment is provided by NHS organisations which then result in a reduction in non-medical costs and indirect costs in social care with lower levels of dependency meaning less investment needed for the patient's care package / respite care / residential home care costs. The toolkit has been circulated to networks to share with commissioners and is also available on the NHS East of England's website.

For more information about this contact Rachel Webb - email: rachelwebb2@nhs.net)

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এই তথ্যটি অন্য কোন মাধ্যমে পেতে চাইলে দয়া করে
নীচে দেয়া নম্বরে ফোন করুন।

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