Somerset County Council
Scrutiny for Policies, Adults and Health Committee 2 March 2022

Fit for my Future (FFMF) Stroke Update

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Cabinet Member:
Division and Local Member:

1. Summary

1.1 Fit for my Future is a strategy for how we will support the health and wellbeing of the people of Somerset by changing the way we commission and deliver health and care services. It is jointly led by Somerset Clinical Commissioning Group and Somerset County Council and includes the main NHS provider organisations in the county.

1.2 The stroke strategy for Somerset was drafted in 2019 and provides a direction of travel for the next five years, setting out how stroke services should operate across the pathway from prevention to living with stroke. Many of the recommendations within this strategy have been implemented. This paper provides an update on the development of hospital based stroke services in Somerset.

2. Issues for consideration / Recommendations

2.1 Members are asked to note the update, provide comment and support the direction of travel for strengthening hospital based stroke services aimed at improving outcomes for the residents of Somerset.

3. Summary

3.1 Stroke is both a sudden and devastating life event and a long-term condition. It's the fourth biggest killer in the UK, and a leading cause of disability. Over recent years, there have been significant advances in proven, highly effective methods of stroke treatment and care. The NHS Long Term Plan (LTP) states stroke mortality has halved in the last two decades. However, without further action, due to changing demographics, the number of people having a stroke and stroke survivors living with disability will increase.

3.2

What is a stroke?

There are two mains types of stroke – ischaemic and haemorrhagic. About 85% of all strokes are ischaemic and 15% haemorrhagic (Stroke Association, 2017).

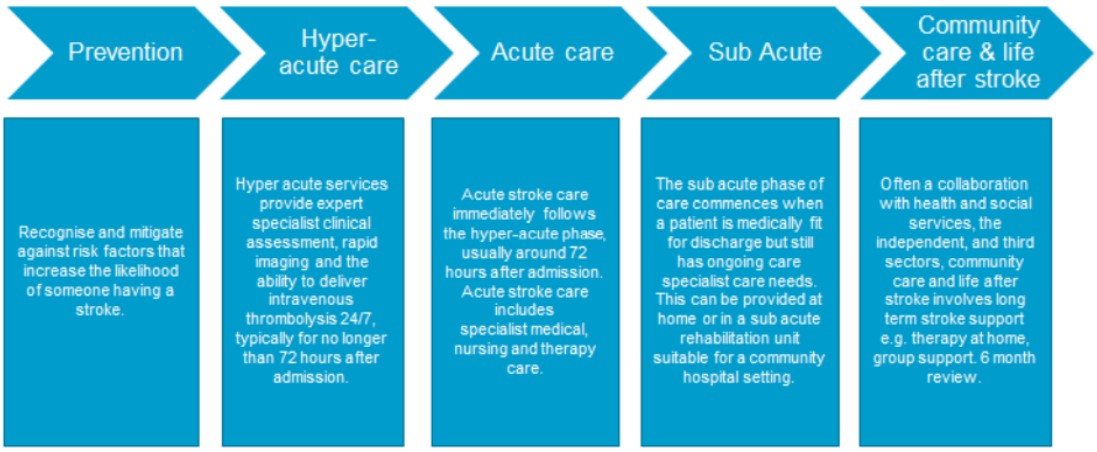
- Ischemic strokes are caused by a blockage cutting off the blood supply to the brain. This can cause damage to brain cells.
- Haemorrhagic strokes are caused when a blood vessel bursts within or on the surface of the brain. Haemorrhagic strokes are generally more severe and are associated with a considerably higher risk of dying within three months of having a stroke and beyond. When compared to ischaemic strokes, between 10-15% of people with subarachnoid haemorrhage die before reaching hospital. Subarachnoid haemorrhage is an uncommon type of stroke caused by bleeding on the surface of the brain
- Transient ischaemic attack, or TIA (often referred to as a 'mini-stroke' or 'warning stroke') is the same as a stroke, except that the symptoms last for less than 24 hours. When symptoms first start, there is no way of knowing whether someone is having a TIA or a full stroke. A TIA should be treated as seriously as a full stroke. About half of all strokes after TIA occur in the first 24 hours.

Source: The Stroke Association

3.3 It is projected that the number of strokes will increase by as much as 16% in Somerset by 2025 due to the rise in an ageing population with more complex health needs. This means that there will be an increasing demand for stroke care into the future. Stroke services in Somerset need to adapt so that the available specialist stroke workforce can provide the best possible outcomes to those that experience a stroke.

3.3 Following the 2019 stroke strategy, we are taking forward the recommendation about the provision of acute hospital-based services providing stroke care. This specifically includes Hyper Acute Stroke Units (HASU) and Transient Ischaemic Attack (TIA) services. Provision for both services are required to meet National Stroke Guidance[1] to maximise outcomes for patients. Currently Somerset has HASU and TIA services at both Musgrove Park and Yeovil District Hospitals. A review of neuro rehabilitation services is underway in parallel to the acute stroke work. This aims to ensure improved equity of access across the county, as services are currently centred around the Taunton region.

3.4 Hyper-acute stroke care provides the initial, most complex care in the 72 hours after a stroke event.



[1] NICE guidelines on Stroke and transient ischaemic attack in over 16s: diagnosis and initial management, 2019, available at: Stroke and transient ischaemic attack in over 16s: diagnosis and initial management (nice.org.uk)

3.5 Acute stroke care is not considered optimal in Somerset for the following reasons:

Demand for stroke care will increase and the specialist stroke workforce available to provide care is limited

- The local population is growing, getting older and living with more complex long term health conditions
- There will be an increasing number of strokes in the local population and certain groups are more likely to have a stroke
- The workforce available to provide specialist stroke care is limited
- A new way of delivering specialist stroke care is needed that ensures that those most at risk have equitable access to specialist services
- Somerset needs to maximise the way in which the available specialist stroke workforce is deployed to achieve the highest outcomes possible for patients

The provision of acute stroke services currently does not meet National Guidance resulting in variable outcomes for patients

- Although clinical quality of services shows that both services perform relatively well against many of the key national indicators across the whole stroke pathway, both acute providers perform less well in the hyperacute and acute phase standards
- Rates of thrombolysis and thrombectomy are below national standards, leading to poorer clinical outcomes for Somerset stroke patients.
- Centralising acute stroke care will improve clinical outcomes for patients
- Creating a single specialist stroke workforce will increase the quality of care that is given and enhance flow throughout the stroke care pathway
- Reconfiguring services is an opportunity to commission more equitable services which are in line with national best practice.

There are variations in provision of care and access to specialist services in Somerset

- Stroke services provision is inequitable across Somerset
- There is a shortage of specialist stroke doctors and nurses
- The challenge of correcting the historical variations in services is significant and requires the local healthcare system to change the way that stroke services are organised
- If Somerset does not act now there is a significant risk that the gap in workforce availability will get worse

Poorer outcomes from stroke result in higher financial costs for health and care

- There is currently a poor correlation between the money spent on stroke and the outcomes achieved
- Somerset can bring greater value to patients by spending NHS money on stroke services differently
- There is opportunity to reduce the long-term care costs associated with disability by reconfiguring services and giving more people in Somerset rapid and equitable access to those interventions that provide the best outcomes

3.6 To address this, we have reconvened the Stroke Transformation Steering Group and have been meeting monthly to discuss the updates following publication of the Stroke

Strategy and to develop the case for change for service reconfiguration.

Progress update:

- Development of pre-engagement activities including a Communications and Engagement plan. Working closely with the Stroke Association to identify people with lived experience of stroke to be members of the steering group
- Creation of a stakeholder group of key voluntary sector and people with lived experience of stroke representatives. They will be invited to a pre-engagement event in mid-March to discuss the possible options.
- Equalities Impact Assessment (EIA) created and being used actively to identify who might be impacted by any proposed solutions
- Case for Change created and is currently being reviewed by the steering group. Includes options for further consideration as part of the Pre-Consultation Business Case (PCBC)
- HASU/ TIA pathway mapping session planned for 1st March 2022 to go through possible options in detail with the steering group to inform the Clinical Model and PCBC. In addition to Somerset system representation this session will include input from people with lived experience of stroke, the Stroke Association, Dorset system and SWASFT as key stakeholders.

4. Next steps:

4.1

- Finalise the Clinical Model of care and how it interacts with other parts of stroke and TIA care
- Following the pre-engagement event in March to invite representatives to be part of a reference group to work with us to refine and test the options to ensure patients and public are working with us to co-create solutions.
- Implement the Communications and Engagement plan, ensuring that we involve the wider public in our thinking. This includes sharing the potential solutions for HASUs and TIA services to the public later in the year.

5. Background Papers

5.1 Background papers can be found on the Fit for My Future website www.fitformyfuture.org.uk.