

<b>Subject:</b>	<b>Stroke Services in Brighton and Hove</b>		
<b>Date of Meeting:</b>	<b>26 November 2014</b>		
<b>Report of:</b>	<b>Assistant Chief Executive</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Kath Vlcek</b>	<b>Tel: 29-0450</b>
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<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE**

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 BSUH has identified in its clinical strategy that improvements to stroke care are a key priority for the organisation.
- 1.1 The report outlines current provision and potential future plans in Brighton and Hove, and more widely across Sussex.

**2. RECOMMENDATIONS:**

- 2.1 That HWOSC members note the issues with the current provision of stroke care and comment on potential changes to services.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 A stroke is a blood clot affecting the brain that can cause permanent disability or death. Each year, 110,000 people in England, have a stroke and 900,000 people are living with the effects of stroke. Following stroke onset, the most critical period for intervention is the first 4.5 hours where thrombolysis (clot busting) treatment can potentially be delivered.
- 3.2 Acute stroke services require specific organisation and designation and are subject to specific national standards. CCGs in Sussex have established a collaborative team to look at how best to commission very acute services such as stroke care, where changes in one CCG area frequently have an impact on others. In January 2014, there was unanimous agreement for a Sussex-wide review of stroke services across the whole pathway including prevention, acute phase and rehabilitation taking whilst into account co-dependent services.
- 3.3 In 2012-13 in Sussex there were 2,000 acute stroke admissions. Patients attend one of six acute stroke units. BSUH has around 700 confirmed stroke admissions yearly, split 70/30 between RSCH and Princess Royal Hospitals.

The BSUH acute service comprises 2 multidisciplinary units – 22 beds at RSCH and 10 at PRH. Complex neuro-rehabilitation is provided at the Sussex Rehabilitation Centre at PRH. Transient ischaemic attack (TIA) clinics are provided within the stroke unit at RSCH. In June 2014 RSCH introduced a 7 day TIA service which can be referred into for urgent review by senior stroke doctors.

- 3.4 The latest clinical audit data shows that the RSCH stroke unit scores highly for immediate CT scanning, thrombolysis rates, stroke unit processes, early specialist assessments, and discharge, but is challenged to provide sufficient early specialist rehabilitation due to low therapy staffing or the ideal of 7 day working for all staff. More detail can be found in **Appendix One**.
- 3.5 There are a number of strategic challenges for BSUH including:
- *Immediate access to acute stroke beds, partly a factor of the general pressure on beds faced at RSCH, although the RSCH direct admission rate is above the national mean at 59.2% (National 58%)*
  - *Insufficient specialist staff, including senior nurses, therapists, psychologists and doctors to deliver the standards of care we aspire to. There are national shortages in staff in these groups who have the specific training required for acute stroke care. This impacts on :*
    - *Providing a uniform service 24 hours a day, 7 days a week*
    - *Providing all the therapeutic interventions stroke patients need*
  - *Lack of responsive Early Supported Discharge (ESD) for East Sussex patients, impacting on East Sussex patients' length of stay and our ability to rapidly discharge home with community rehabilitation. This impacts on the overall availability of stroke beds. In contrast the Brighton and Hove ESD is very responsive*
  - *Currently the service is not resourced to deliver 6 monthly patient reviews by the whole stroke team. At present we undertake a six-monthly follow up phone call by our senior stroke co-ordinator and bi-monthly multi-disciplinary evening sessions to invite patients and carers back to RSCH to review any urgent issues. In addition all patients are seen in outpatients post discharge. Patients perceive a 'gap in care' when they go home and the reality of life post stroke is more apparent. We are discussing this area of provision with local CCGs.*
  - *The challenge of running acute stroke units on two sites and providing equitable 24/7, 7/7 per week care*
- 3.6 BSUH has identified in its clinical strategy that improvements to stroke care are a key priority for the organisation. They believe significant re-organisation of services will be required to achieve this including possibly re-organisation to a single as the best approach. However, this will be a significant change to service provision which will require extensive consultation and the support of clinically-led commissioners.

At the present time, BSUH believes it is best to do this in partnership with all of the CCGs and providers of stroke care across Sussex. Changes to provision at BSUH could adversely affect other systems, so it is important to plan to improve stroke care on a larger footprint.

However, should changes not go ahead on a Sussex basis, BSUH will need to formally consider the case for change of its own service configuration in the near future. The sole and over-riding basis in such a consideration will be improving the quality of care for patients.

The Trust will need to consider the 'fit' of stroke services with other specialised care such as neurosurgery and vascular surgery, and also the impact of any changes on how it manages the limited supply of inpatient bed space at both acute sites. Any proposed changes will be duly consulted on.

#### **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

- 4.1 This report comes at the start of any change to service provision for stroke services in Brighton and Hove. No decisions have been made as to what the future service might look like; currently no options have been discounted. HWOSC has been assured that all possible options will be fully considered in due course.

#### **5. COMMUNITY ENGAGEMENT & CONSULTATION**

- 5.1 As part of the further development of plans for stroke services, proposed change will need to be discussed with commissioners, patients and the public and this will be done through the relevant consultation processes.

#### **7. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications:

- 7.1 There are no current financial implications. This will be considered by BSUH and wider when plans are developed further.

##### Legal Implications:

- 7.2 There are no current legal implications. This will be considered by BSUH and wider when plans are developed further.

##### Sustainability Implications:

- 7.3 None are known at present.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Information from BSUH