

Report to Joint Health Overview and Scrutiny Committee for South Yorkshire, Derbyshire, Nottinghamshire and Wakefield 7 November 2019

Report of: Marianna Hargreaves

Subject: **Update:** Hyper Acute Stroke Services

Author of Report: Marianna Hargreaves, Transformation Programme Lead, South Yorkshire and Bassetlaw Integrated Care System

Summary:

- After a comprehensive review of hyper acute stroke services across South Yorkshire and Bassetlaw a strong clinical case for change underpinned the development of a new HASU model.
- The changes were successfully enacted in Rotherham as planned on 1st July, with the Rotherham HASU ceasing operation.
- The changes were more recently enacted in Barnsley as planned on 1st October, with the Barnsley HASU ceasing operation.
- Early feedback from patients and their families to staff on the ground has been positive. Upon successfully enacting the changes all partners continue to be committed to realising the full benefits for patients.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	X
Other	

The Scrutiny Committee is being asked to:

Consider the recommendations of the report.

Background Papers:

<https://www.healthandcaretogethersyb.co.uk/what-we-do/working-together-network/regional-stroke-service>

Category of Report: OPEN

**Report of Programme Lead: Update: Hyper Acute Stroke
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

7th November 2019

1. Purpose

To update the Joint Health Overview and Scrutiny Committee on the implementation of the new South Yorkshire and Bassetlaw model of hyper acute stroke care (HASU).

2. Background

- 2.1 After a comprehensive review of hyper acute stroke services across South Yorkshire and Bassetlaw a strong clinical case for change underpinned the development of a new model to improve access to high quality urgent specialist stroke care, informed by the evidence to improve outcomes for patients.
- 2.2 The model included a Stroke Managed Clinical Network to support the development of networked provision and the consolidation of hyper acute stroke care at Doncaster Royal Infirmary, Royal Hallamshire Hospital (Sheffield) and Pinderfields Hospital (Wakefield). Plus the continuation of existing provision at the Royal Chesterfield Hospital.
- 2.3 The Joint Committee of Clinical Commissioning Groups approved the changes to hyper acute stroke care at the end of 2017. The decision was followed by an application for a judicial review. Confirmation that the judicial review was not granted and permission to progress implementation of the new HASU model was given in the summer 2018.
- 2.4 Work progressed to enable us to commission, contract and agree the financial arrangements for the new model of hyper acute stroke care (HASU) in South Yorkshire and Bassetlaw.

- 2.5 It was agreed that the new SYB HASU model would be contracted for through existing contractual arrangements with Sheffield Clinical Commissioning Group (SCCG) acting as a contract coordinator.
- 2.6 The business case required additional investment through tariff and best practice tariff to secure improved quality and outcomes through the new HASU model. It was not possible for us to use the national stroke tariffs as care would be delivered across providers and so local tariffs were developed and agreed to underpin the new HASU model.
- 2.7 The specification was finalised and commissioners worked together to develop a draft monitoring dashboard for the new HASU model, including key performance indicators, activity, patient flows and all aspects of quality.
- 2.8 A HASU Implementation Group with representation from all providers, the Yorkshire Ambulance Service, Sheffield CCG and the Stroke Association was established in December 2018.
- 2.9 The HASU Implementation Group is chaired by Dr Richard Jenkins, the Chief Executive of Barnsley Hospital, in his role as Provider Development Lead for South Yorkshire and Bassetlaw Integrated Care System.
- 2.10 Simultaneously NHS England commissioned Mechanical Thrombectomy to be delivered at Neuroscience Centres, including Sheffield and Leeds. Work is ongoing in parallel to expand access to Mechanical Thrombectomy as we respond to the commitment to do so in the NHS Long Term Plan.

3. 2019 Progress Update

- 3.1 The HASU Implementation Group agreed implementation dates in early 2019 for phased delivery of the new HASU model during 2019 as follows:
 - Rotherham HASU to cease on 1st July 2019
 - Barnsley HASU to cease on 1st October 2019
- 3.2 The Group provided oversight of the implementation of the new SYB HASU model, coordinating all the necessary aspects, including communication and engagement, planned changes to estates, workforce planning and recruitment.
- 3.3 In addition to the HASU Implementation Group a number of sub groups were established to implement the new model including a Clinical Quality Subgroup focusing on the clinical tasks, such as reviewing clinical guidelines, developing a patient leaflet and planning for onward referral pathways.

- 3.4 A patient leaflet was developed ahead of enacting the changes to help explain the regional model and outline what patients and their families can expect. More recently further work has been undertaken with patients and their families across SYB, including those with aphasia to develop an accessible, easy read patient leaflet.
- 3.5 A regional patient flow policy has also been developed jointly by all partners setting out clear expectations to enable smooth and timely patient flow through the regional service. The policy includes a daily teleconference call for all providers to participate in to enable joint oversight of the patient flow.
- 3.6 Workforce planning and recruitment progressed in a phased way during 2019, with each HASU successfully recruiting additional nursing and therapy staff. Each HASU reviewed their internal medical cover arrangements to consider how best to put in place increased cover for the new model. In addition to this a collaborative approach was taken to securing additional medical cover. A new Stroke Physician was recruited to work in Rotherham with inreach into the Sheffield HASU. Workforce planning for the future continues to be an area that requires further work, for both HASU and the whole stroke pathway.
- 3.7 Upon completing the preparatory work and successful recruitment the changes were successfully enacted in Rotherham as planned on 1st July, with the Rotherham HASU ceasing operation.
- 3.8 As anticipated most Rotherham residents have been taken to the Sheffield HASU for their urgent stroke care, from which they have either been discharged directly home, home with early supported discharge and/or community stroke services or transferred back to Rotherham hospital for their ongoing acute stroke care and inpatient rehabilitation.
- 3.9 Stroke teams in Sheffield and Rotherham have worked together closely with the Yorkshire Ambulance Service to ensure that patients are transferred back to Rotherham after their initial urgent specialist stroke care in a timely way, so that their ongoing care and support is closer to home in a place that best meets their needs.
- 3.10 After successful implementation in Rotherham in July the changes were more recently enacted in Barnsley as planned on 1st October, with the Barnsley HASU ceasing operation.
- 3.11 Initial feedback is that as anticipated patients are flowing to HASU units in Mid Yorkshire (Pinderfields), Doncaster and Sheffield. All units are working together closely to ensure timely transfer of patients after their urgent

specialist stroke care back to Barnsley Hospital for ongoing care and support if required.

- 3.12 Early feedback from patients and their families to staff on the ground has been positive. Upon successfully enacting the changes all partners continue to be committed to realising the full benefits for patients. Going forward there are plans to gather feedback from patients and families and staff to enable continuous improvement.

4. Next Steps

- 4.1 Work is underway to establish an SYB Stroke Hosted Network. Sheffield Teaching Hospital will be the Host for the SYB Stroke Hosted Network. The Network will have clinical and managerial leadership from across SYB and a specific role focusing on workforce development.
- 4.2 The Hosted Network will build on the work to date to bring together all key partners to embed the changes to hyper acute stroke services. Together with commissioners it will monitor the delivery of the new model, including key performance indicators, activity, patient flows and all aspects of quality to enable us to realise the full benefits for patients.
- 4.3 The Stroke Hosted Network will focus on reducing unwarranted variation in care through the development and application of consistent clinical guidelines, take a strategic and collaborative approach to workforce planning and explore the opportunities to take an innovative approach to improve care delivery.
- 4.4 The Stroke Hosted Network will act for SYB as our regional Stroke Integrated Delivery Network, as described in the NHS Long Term Plan. The Network is one of the vehicles through which we will work together in future to plan and implement the commitments in the NHS Long Term Plan for Stroke.

5. Recommendations

The JHOSC is asked to note:

- The successful implementation of the new South Yorkshire and Bassetlaw model of hyper acute stroke care.
- The development of a SYB Stroke Hosted Network.

