REVIEW OF HYPERACUTE STROKE SERVICES IN SOMERSET – BRIEFING PAPER

1. Background

Somerset Clinical Commissioning Group (CCG) commenced a review of the clinical pathway for stroke in November 2011. This highlighted a need to improve treatment for people who experience a stroke in order to achieve the performance standards demanded by the Department of Health. The review acknowledged that the service in Somerset has historically been good but the aspiration is to deliver a service to local patients that can be assessed as ‘world-class’.

To inform the review an Expert Panel was established in October 2012 to consider options for the future provision of hyper-acute Stroke Service in Somerset. ‘Hyper-acute’ is defined as care in the first 72 hours following the stroke. The panel met in January 2013 and set stretch measures for the two Somerset hospitals and again in September 2013 to consider the progress that had been made. Following this work the Expert Panel recommended to the Somerset CCG Board in November 2013 that there should be a centralisation of hyper-acute services at Musgrove Park Hospital.

In acknowledging the Panel’s recommendations we (Yeovil Hospital) responded to make it clear that such a centralisation would make the future provision of stroke services at Yeovil District Hospital unviable.

In recognition of the wider implications for patients and the organisations involved the CCG agreed to commission an impact assessment with the aim of assessing whether there is overwhelming evidence that the new model would result in a significant improvement in the outcomes and quality of care provided to stroke sufferers and their families. This impact assessment will inform whether the CCG proceeds to a formal public consultation on the proposed change. It is anticipated that the decision as to whether to proceed to public consultation will be made in June 2014.

Yeovil District Hospital (YDH) has been fully engaged with the review process and supports the aspiration of developing a world class stroke service for local people. However, the Trust remains unconvinced that the clinical benefits seen in other, mainly urban, parts of the country will be achieved via this model in a rural county like Somerset.

It is important to note that YDH is already delivering a service which meets or exceeds current national targets in the majority of areas and our clinical outcomes for Stroke patients are very good.

2. How many Stroke patients are seen at YDH each year?

<table>
<thead>
<tr>
<th></th>
<th>Somerset</th>
<th>Dorset</th>
<th>Total</th>
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<tbody>
<tr>
<td>Total diagnosed Stroke admissions</td>
<td>376</td>
<td>109</td>
<td>501</td>
</tr>
<tr>
<td>Query stroke admissions</td>
<td>125</td>
<td>36</td>
<td>166</td>
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<tr>
<td><strong>Total stroke admissions</strong></td>
<td><strong>501</strong></td>
<td><strong>145</strong></td>
<td><strong>667</strong></td>
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3. What is the current performance of the YDH Stroke service?

The YDH stroke service has historically performed well against the range of National performance indicators. From April 2013 all stroke services have been required to report performance via the Sentinel Stroke National Audit Programme (SSNAP) and on a quarterly basis benchmarking data is published. The most up to date data relates to the period ending quarter 2 (September 2013). However, YDH has also undertaken an assessment of the likely scores for quarter 3 (the period to the end of December 2013). A summary is attached as Appendix 1.

The data demonstrates that YDH has made significant improvements in a number of the indicators during the year and the service benchmarks well against comparable services across the country. Notable is the Trust’s historic strong thrombolysis performance, which is a key measure of the effectiveness of hyper-acute care, and the improvement in access to diagnostics and transfer to patients to the specialist stroke unit within 4-hours of their arrival at hospital.

The standards that have been the focus of the Somerset CCG review relate to the clinical process of managing stroke, rather than the outcomes for patients. It is worth noting that YDH has a track record of delivering exceptionally low stroke mortality (death) rates and a short length of stay, with a high proportion of our patients returning to their normal place of residence to continue their lives following their stroke. YDH have consistently argued that these measures should be reviewed alongside the process measures to get a full assessment of the quality of the service.

There is, therefore, no evidence that the YDH stroke service has historically achieved poor outcomes to patients. Our service has historically performed well against all of the National benchmarks and has made some significant improvements in recent months.

4. What are the implications of any service change for Dorset residents?

The Somerset CCG hyper acute review has focussed primarily on the service model for Somerset residents. Approximately 25% of stroke patients attending Yeovil District Hospital are residents of Dorset. If centralisation to Taunton was to occur YDH could not continue to provide a service to Dorset patients. The Trust is not aware of any detailed discussion having taken place with Dorset Clinical Commissioning Group (CCG) or Dorset County Hospital to assess the options for the future delivery of service to people from this area.

5. What is the likely impact on travel times for patients?

A formal evaluation of the impact of increased travel times for people from South Somerset (and potentially North Dorset) has not yet been undertaken. This is planned as part of the impact assessment. However, the mapping that has been undertaken to date indicates that for the majority of the South Somerset population centralisation of the service would result in an additional 30-45 minute journey time by emergency ambulance to Musgrove Park Hospital. Key to the treatment of stroke is prompt and timely diagnosis and, where clinically indicated, the administration of a clot-busting drug. To improve clinical outcomes the current ‘door to needle’ time at Musgrove Park would have to significantly reduce in order to offset the increased journey times. We have seen no evidence that this can be achieved.

There would also be an increase in travel times for family members, carers and friends visiting patients, with many areas of South Somerset having poor access to Taunton via public transport. The average length of stay for a Yeovil Hospital stroke patient is between seven and ten days.

Chairman – Peter Wyman CBE  Chief Executive – Paul Mears
6. What are the unique features of the current YDH stroke service?

The YDH stroke service has the following unique features:

- An innovative stroke follow-up programme that is very highly regarded by patients. The ASPIRE group provides a forum for peer support for patients who are recovering from a stroke and their family/carers. The service provides rehabilitation and advice on prevention of a further stroke.

- An internationally renowned stroke research team. The YDH team was one of seven finalists for the National Stroke Research Team of the Year award in 2013. The Yeovil team is the highest UK recruiter to the Avert trial and the second highest in the world.

7. What are the financial implications of the proposed change?

We have undertaken an assessment of the financial implications of the proposed change, which will be independently verified during the next phase of the review. However, it is unequivocally clear that due to intrinsic links between the stroke service and our Hospital's other emergency services, it will not be possible to reduce costs in the same proportion as the anticipated reduction in income which would result from the transfer of the stroke service to Musgrove Park Hospital. There would also be a need to invest in services at Musgrove Park to expand provision there.

Based upon the figures available to date we estimate that the change will result in a net financial cost of approximately £3.7 million across Somerset. This excludes any additional costs associated with rolling out the early supported discharge scheme across the county, estimated at around £1m, which is a stated aim of the review.

This additional financial pressure comes at a time when the NHS in Somerset is already looking for savings of circa £200 million over the next four years.

8. What developments are being planned at Yeovil District Hospital to further improve the quality of the service we provide?

The following developments are being taken forward to further strengthen the stroke service at Yeovil District Hospital:

- The Hospital is developing a dedicated hyper-acute stroke unit which will provide access to critical care staffed beds for all newly diagnosed stroke patients. Planned building work will commence in mid-February and the aim is that the new unit will open in early March 2014.

- Despite having a single Computed Tomography (CT) scanner the Trust has made significant improvements in door-to-needle times for thrombolysis and has plans to reduce these further. In recent months we have delivered the stretch target set by the CCG of 50% of patients receiving a scan within one hour of arrival at hospital. We have audited all patients who did not receive scanning within the hour and can demonstrate that in every case there was a good clinical reason why this did not happen and that an earlier scan would not have changed the patient's clinical management and outcome.

- A key issue in the management of hyper-acute stroke care is timely assessment, diagnosis and access to clot busting drugs for all clinically appropriate patients. There is no evidence within the panel's report, or that we are aware of, that the
increased travel times associated with the centralisation of acute care in Taunton can be offset by reductions in door to needle times at Musgrove Park Hospital. We have plans to reduce door to needle times further and believe that the most significant reduction in this important standard would be achieved via a local service, retained in Yeovil Hospital.

- We are changing working practices within our Radiology department, moving from an on-call rota for CT scanning to the provision of Radiographers onsite 24-hours a day, seven days a week, ensuring consistent access to scanning at all times.

Yeovil Hospital has a strong history of working in partnership and it is recognised that we need to work together with other organisations to deliver a world-class stroke service. As an example, to ensure all stroke patients have access to review by a stroke specialist, 7-days a week, we are supporting a partnership with either Musgrove Park Hospital or Dorset County Hospital to provide cross-county cover by senior clinicians. We believe that this can be achieved across a two site model.

There is already a history of collaboration between YDH and Musgrove Park Hospital through the provision of a seven-day assessment service for patients with suspected TIA (minor stroke), these arrangements have been in place since February 2013.

9. Are there concerns about the sustainability of the service at Yeovil District Hospital given advances in the treatment of stroke?

The future clinical development of stroke treatment is far from clear. While some specialist centres are beginning to employ invasive techniques to physically remove clots, it is unlikely that this practice will become common place across non-specialist centres within the next 10 years. This raises the question as to whether there would need to be a wider review of the provision of services at some time in the relatively near future.

However, it is crucial to recognise that, apart from access to the necessary scanning, the current treatment for stroke requires timely access to clot busting drugs. This does not need to be undertaken in a specialist centre. The key to improved patient outcomes is early access to diagnosis and treatment; the requirements of which are and can continue to be provided at Yeovil District Hospital.

10. Summary

Yeovil District Hospital wholeheartedly supports the aspiration to further improve stroke services in Somerset. Our current performance demonstrates that we are delivering a good service which meets, and in many cases exceeds, national targets and we continue to improve. We acknowledge that there are further improvements to be made but it is our view that this can be achieved locally, with some collaboration of existing services.

There is no evidence, at this time that a model developed as a solution to the problems in London will have the same clinical benefits in rural Somerset. It is our belief that the particular demands of our population require a model of care which is informed by national best-practice and driven by local need, reflecting our geography.

Given the broader financial challenge faced by the NHS it is our view that a single site solution would also add cost to the overall service provision.
National Performance Measures for Stroke – Yeovil District Hospital

National (published SSNAP) data for the period April to September 2013 (Quarters 1 and 2)

Provisional (unpublished) data for Quarter 3 (October to December 2013)

<table>
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<tr>
<th></th>
<th>% of patients scanned within 1 Hour of arrival in hospital</th>
<th>% of patients scanned within 12 hours of arrival in hospital</th>
<th>% of patient directly admitted to a stroke unit within 4 hours</th>
<th>% of stroke patients given thrombolysis (clot busting drugs)</th>
<th>% of patients receiving a swallow screen within 4 hours of admission</th>
<th>% of patients assessed by an Occupational Therapist within 72 hours of admission</th>
<th>% of patients assessed by a physiotherapist within 72 hours of admission</th>
<th>% of patients who have rehabilitation goals agreed within 5 days of admission</th>
<th>% of patients receiving a joint health and social care plan on discharge</th>
<th>% of patients treated by a stroke skilled Early Supported Discharge team</th>
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<td>61</td>
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Length Of Acute Stay - Days
- Length of acute stay
- Somerset Stretch Target

In-patient Mortality Rate - 7 Day %
- In-patient mortality rate - 7-day (%)  
- National Target