

# Improving Stroke Care in West Surrey



**Hampshire HASC**  
**20 June 2017**

[www.guildfordandwaverleyccg.nhs.uk](http://www.guildfordandwaverleyccg.nhs.uk)

@NHSGWCCG

# Some of the issues raised during consultation

- **Ambulance response times**
  - SECAMB
  - SCAS
- **Longer travel times for visitors to Frimley and Chertsey**
- **Use of Milford Hospital for in-hospital rehabilitation**
- **Ensuring the Early Supported Discharge (ESD) team are able to spend adequate time with patients**
- **Role of the Stroke Care Navigator**
- **Difficulty accessing ESD in Bordon**
  - Portsmouth team
- **Petersfield Community Hospital**
  - Potential site for inpatient stroke specialist rehabilitation

- **Stroke facts and figures**
- **Findings of the Surrey Stroke Review**
- **Plans that were consulted upon**
- **Questions**



**Stroke is the fourth single leading cause of death in the UK**

- Largest cause of adult disability

**Number of people having a stroke between April 2015 and March 2016 (SSNAP)**



- 700 people in Guildford, Waverley & NW Surrey
- 343 people in SEH CCG
- 200 people in NEHF CCG
- 258 NH CCG
- 856 WH CCG



**CCGs must make arrangements for high quality, safe health care for their populations**

- Review outcomes and compare with other areas

# Best Practice Stroke Care

- A stroke is caused when the blood supply to the brain is interrupted by the following:
  - Clot (88%)
  - Bleed (11%)
  - Unknown (1%)
- Quality of care at all stages affects outcomes following a stroke



Pre-hospital Care



Hyperacute stroke care



Acute stroke care



Rehabilitation



Long term care

# Findings of Surrey Stroke Review



- **Due to low numbers of patients per hospital, the stroke teams are smaller than required to provide full hyper acute care**
  - **Need to see 600+ patients per year to maintain stroke specialist skills**
- **Recruitment of specialist stroke clinicians is very difficult when stroke units are small**
  - **40% vacancy rate for stroke consultants**
  - **Specialists are attracted by potential to train and develop**
- **Not all providing 7-day care**
  - **This is a national driver of quality care**
- **Not sustainable in their current formation**

# Findings of Surrey Stroke Review



- **Rates of death and disability following stroke are higher in Surrey compared with other areas that have centralised services.**
  - **4.5% higher death rate following stroke**
- **There are not enough specialised stroke staff to provide services safely in every hospital.**
  - **People admitted on a Friday evening may not see stroke consultant until Monday morning**
  - **Not all required therapy is being provided**

Frimley Health Foundation Trust met all the relevant standards and was considered an exemplar

# What's important to local people?



## Very Important

- Being in a hospital with the most experienced doctors and nurses, even if the hospital is a little further away
- Having access to treatment seven days a week
- Being better supported after leaving hospital
- Having a review six months following a stroke



## Less Important

- Being in the hospital nearest to where I live
- Staying in hospital until I am fully able to support myself
- Having a helpline for stroke care
- Having professionals visiting me at home for more than two months following a stroke



# Overall findings of the review



There are not enough specially trained and highly experienced staff to offer stroke services in every acute hospital in West Surrey

More people die or suffer severe disability in Surrey following a stroke compared to many other parts of the country

Services in different parts of West Surrey vary

Services are not all meeting best practice standards

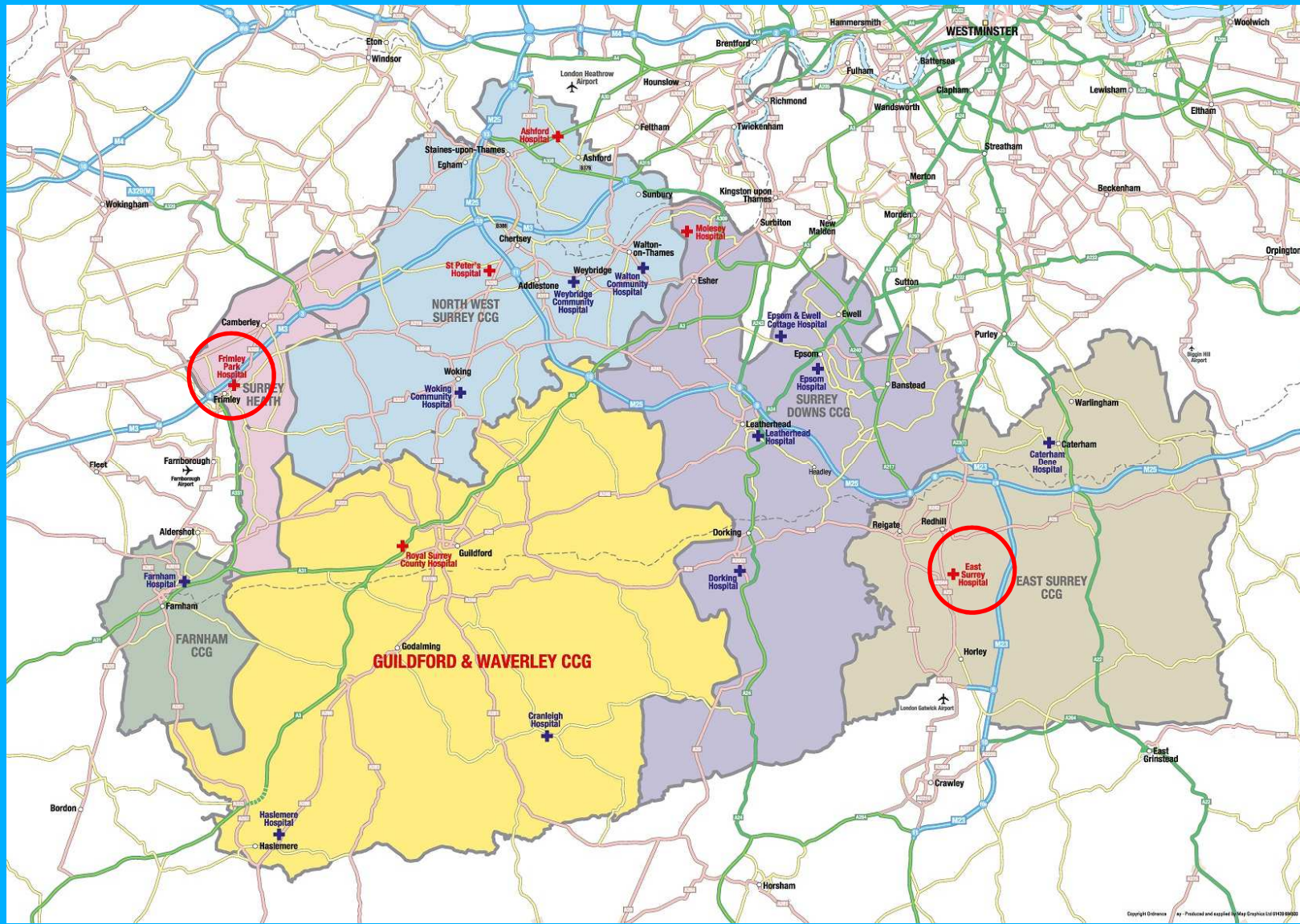
Specialist stroke units need to see between 500 and 1,500 people with a stroke every year so that staff keep up their skills



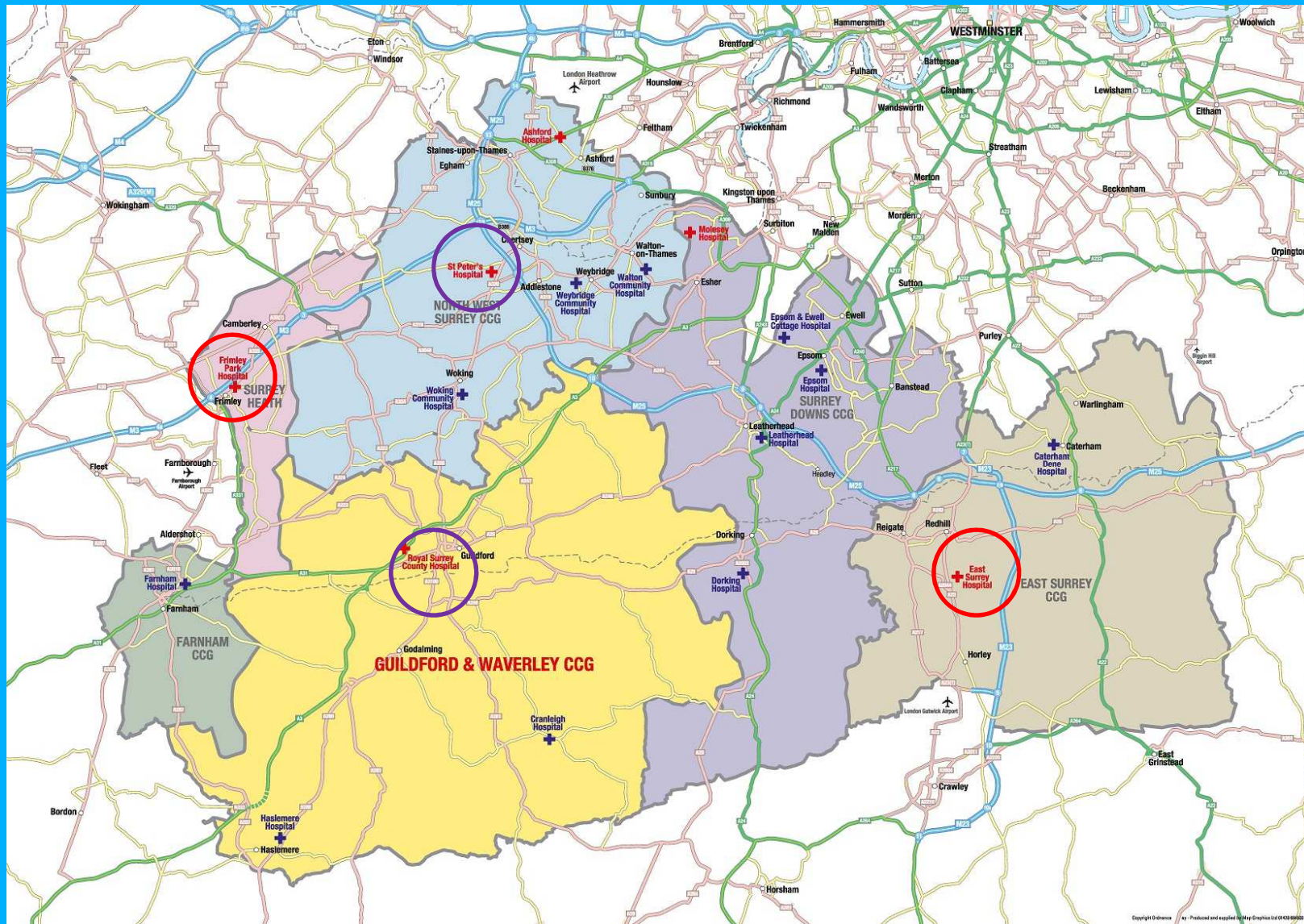
Local people and staff have told us there need to be smoother transitions between services

- Specialist stroke care should be provided at THREE hospitals throughout all of Surrey
- This specialist care should include
  - a hyperacute stroke unit (intensive care given during the first three days after a stroke)
  - an acute stroke unit (care given after the first three days and usually up to about seven days)

# Two fixed points



# Third HASU: RSCH or SPH?



# Travel Times

- **SECAMB confirmed they can travel to *either* Frimley Park Hospital *or* St. Peter's Hospital from Guildford and Waverley *and* North West Surrey within the time required for stroke patients to receive the recommended clinical care processes**
- **SCAS confirmed they can travel to FPH within specified timescale**

# Options analysis criteria



- **May 2016**
- **Senior clinicians and managers at ASPH and RSCH participated with CCGs facilitating**
- **Outcome reported to the Stroke Committees in Common (6 CCGs in Surrey) to inform next steps**

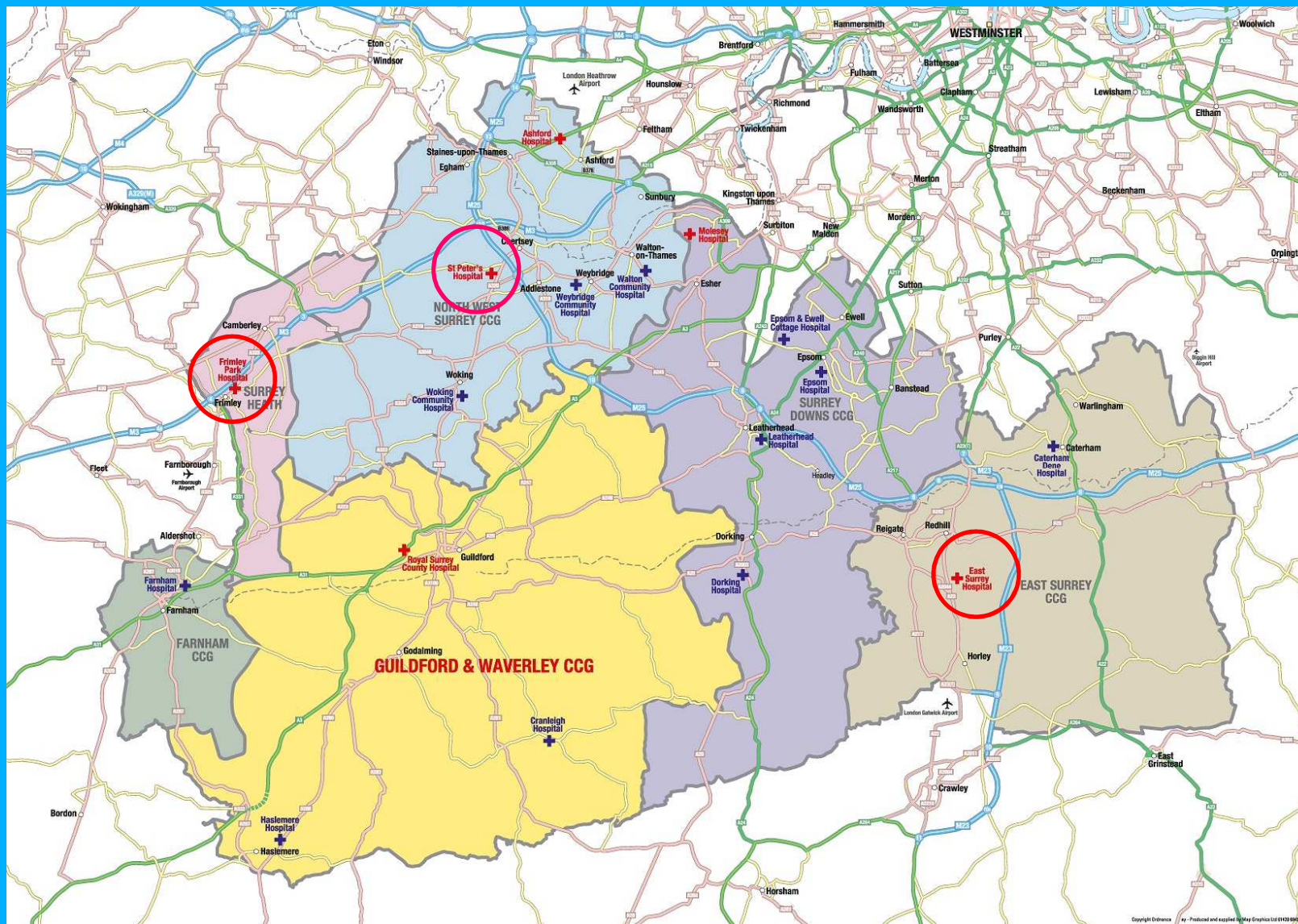
Criterion	Weighting	Criterion	Weighting	Criterion	Weighting
Provide the best quality services	20%	Good access and transport links	15%	Cost and affordability	18%
Fits well with broader strategic vision	19%	Availability of staff	15%	Practical deliverability and timescale	13%

# Outcome of options analysis



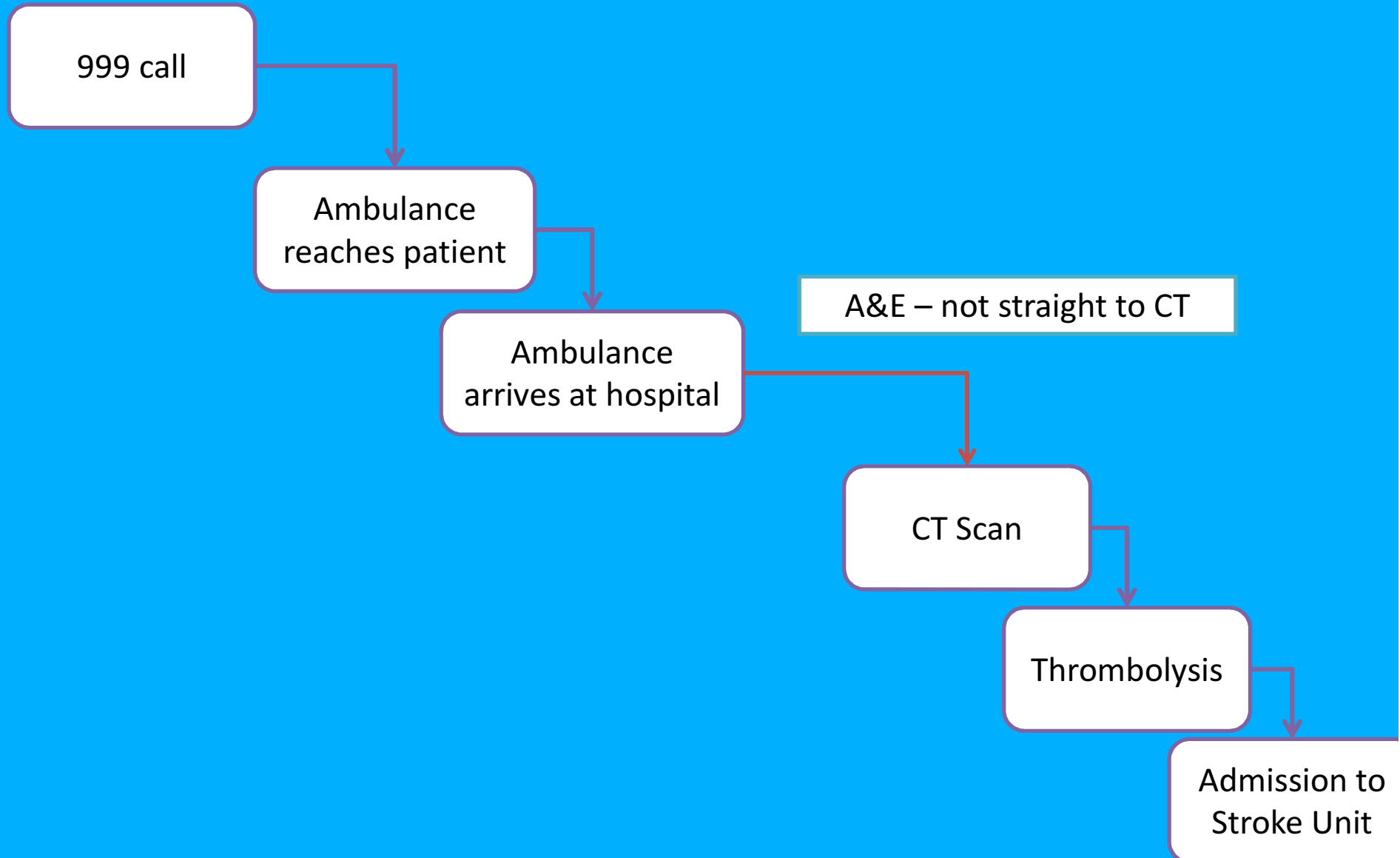
- **St Peter's Hospital scored higher than the Royal Surrey on the following clinical criteria:**
  - **Access to important co-dependent services, such as**
    - ✓ **interventional radiology;**
    - ✓ **interventional cardiology and**
    - ✓ **specialist vascular interventions**
  - **Greater number of people aged 65yrs and older in North West Surrey**
    - **38,000 in Guildford & Waverley CCG**
    - **59,000 in North West Surrey CCG**

# Three HASUs overall

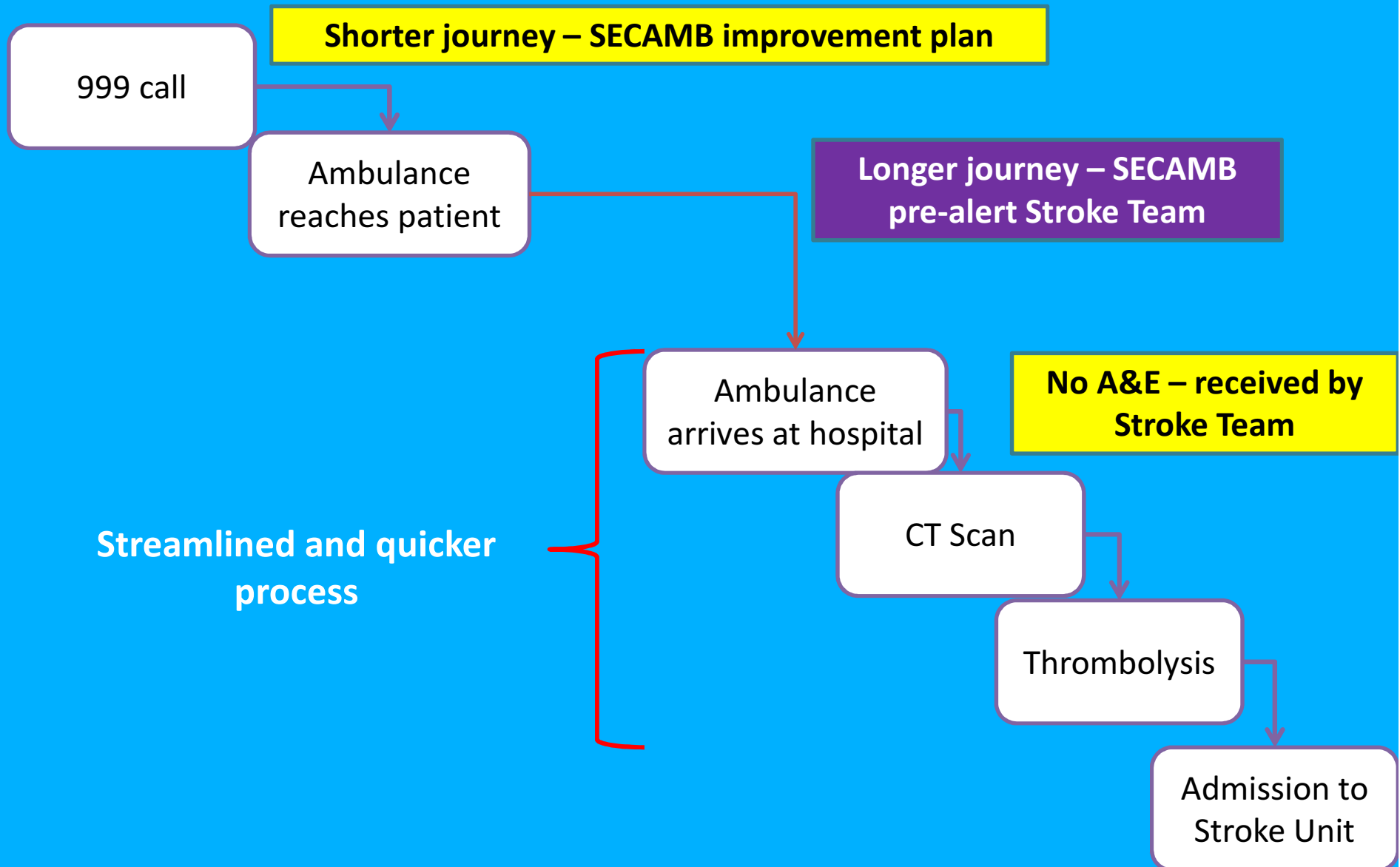




# Current Timings



# Changes to timings with plans



# Specialist stroke rehabilitation



## What patients would like to happen ...

**Spend fewer days in hospital.**



**Be better supported after the initial acute phase of their stroke and when they leave hospital.**

**Have better access to stroke rehabilitation specialists, such as occupational therapists and psychologists.**

**Know what services are available and be supported to access it.**

# Changes required



**More robust specialist stroke rehabilitation services able to cope with staff changes**



**More people will go home with early supported discharge (ESD) and feel supported**



**More people able to receive psychological therapies**



**Stroke Care Navigator assigned to every person to help coordinate care, make transitions between services easier**



**Receive reviews six weeks and six months after hospital discharge**

## Background

- Only 25% patients able to leave hospital early with specialist stroke rehabilitation provided at home (Surrey Stroke Review)
- National aim = 40%
- More people are therefore staying in hospital for longer than required or desired

## Aspiration

- 40 to 50% patients able to leave hospital early to release bed capacity for others
  - Almost 45% patients now discharged from FPH to ESD
- Receive around 6 weeks of specialist stroke rehabilitation
- Overall better outcomes for more people

# Bedded Community Rehabilitation

Stroke specialist rehabilitation requires consolidation on fewer sites to provide intensive therapy and to attract and retain a specialist workforce

## Current services

- Ashford Hospital
- Farnham Hospital
- Milford Community Hospital
- Woking Community Hospital



## Future services?

- Farnham Hospital with other possible options including
  - Ashford Hospital OR
  - Milford Community Hospital OR
  - Woking Community Hospital

# Consultation Overview



- **6<sup>th</sup> February to 30<sup>th</sup> April 2017**
- **Consultation questionnaire**
  - 324 online and 78 postal
- **Public meetings**
  - 178 total attendees
- **Submissions (individual and organisations)**
  - 93
- **Analysis and report**
  - The NHS Transformation Unit, Manchester

# West Surrey Stroke System Committees in Common



- Guildford and Waverley CCG
- North West Surrey CCG
- 3 voting members from each Governing Body and Joint Accountable Office
- Lay convenor from Surrey Downs CCG



## Notice of Meeting in Public

### West Surrey Stroke System Committees in Common

To make decisions in relation to the Stroke Services Review, and in particular the outcome of public consultation.



**Tuesday 4 July 2017**  
Arrive from 09.45am  
Meeting starts 10.00am  
Meeting ends 12.00pm



Silvermere Inn on the Lake, Silvermere Golf Complex,  
Redhill Road, Cobham, KT11 1EF



It would be helpful (for numbers) if members of the public intending to attend could let us know by emailing [gwccg.consultations@nhs.net](mailto:gwccg.consultations@nhs.net)



# To take the following decisions

- Respond to the key themes of the public consultation, as presented in an independent report
- Agree for the West system the HASU/ASU provision.
- Agree for the West system – (for Guildford and Waverley resident population and for NW Surrey resident population respectively), the hospital/bedded rehabilitation facilities associated with the HASU/ASU provision.
- Affirm commitment to the additional resource across the integrated stroke care pathway from onset of stroke to six month follow up.
- Recognise commitment of SECAMB to operate in accordance with the modelling of patient flows.
- Take any other decisions required in relation to the West Surrey Stroke System and any of the key themes of the consultation that may emerge, that would otherwise be taken by the CCG Governing Bodies.

# Questions

