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# West Yorkshire and Harrogate specialist stroke services - the case for change

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**Public Summary** April 2017



# Foreword //

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Stroke is the third single cause of death in the UK and has a devastating impact on people's lives, their families and carers. In view of this, work has taken place nationally and across West Yorkshire and Harrogate to improve people's health following a stroke. This work includes supporting people to stay well and preventing stroke happening in the first place, making the most of new technology, improving specialist support and community care.

Making sure our stroke services are 'fit for the future' was included as a priority in our draft Sustainability and Transformation Plan (STP) published in November 2016.

Visit [www.wakefieldccg/nhs/stp](http://www.wakefieldccg/nhs/stp) for a copy or call 01924 317659.

Health professionals have been working with partners such as Yorkshire Ambulance Service to review the current position of our specialist stroke services. This has included looking at what other areas are doing, for example South Yorkshire.

Although work has taken place to further improve the quality of care people receive, differences in specialist stroke care exist.

Our specialist stroke services will also need to deliver the new 7-day standards which sets out an ambition that anyone who needs urgent or emergency hospital care will have access to the same level of assessment and review, tests and consultant-led support whatever day of the week.



**Dr Andy Withers**

Chair of the West Yorkshire and Harrogate Clinical Forum

The Strategic Case for Change recommends that if we are to further improve the quality of our specialist stroke services and opportunities for people to make a good recovery, more work is needed to make sure our services are 'fit for the future'.

This includes developing proposals to determine the 'optimal models of care', which is all about making the most of staff skills, latest technology and ensuring our services meet the latest standards of care for people now and in the future.

This summary has been produced to give you an overview of the work we have done to date, the key findings and recommendations described in our Strategic Case for Change.

It also makes reference to the engagement work that took place in February and March 2017. You can view this here [www.wakefieldccg/nhs/stp](http://www.wakefieldccg/nhs/stp)

Your views are very important to us. Over the next few months we will be having more conversations with staff, partners, public, communities and stakeholders to develop proposals to further improve stroke services from prevention to after care for people living in West Yorkshire and Harrogate.



**Jo Webster**

Senior Responsible Officer for West Yorkshire and Harrogate and Accountable Chief Officer for Wakefield Clinical Commissioning Group

**On behalf of the West Yorkshire and Harrogate Healthy Futures Collaborative Forum and West Yorkshire Stroke and Task and Finish Group.**

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# Our vision is to... //

'Reduce the incidence of stroke and avoidable deaths due to stroke, across West Yorkshire and Harrogate, minimising the long term effects and improving the quality of life for survivors. This will be achieved by providing consistently high quality care that meets people's needs and through encouraging healthier lifestyles and reducing inequalities in managing the risk factors for stroke'.



# Introduction //

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This summary has been produced to update you on the work taking place across West Yorkshire and Harrogate stroke services.

It is taken from a report called 'West Yorkshire Healthy Futures Stroke/Hyper Acute Stroke and Acute Stroke Strategic Case for Change'.

This report includes information on the number of people having a stroke across the area, the care and support they receive, national good practice and recommendations from health care professionals, partners and other key stakeholders.

It also provides an overview of the work that will take place over the next few months to inform the development of our proposals.

A copy of the document is available here: [www.wakefieldccg/nhs/stp](http://www.wakefieldccg/nhs/stp) or by calling 01924 317659.

In developing our Strategic Case for Change we have thought about health and care services in three ways:

- What do we need to do to help you stay healthy and well?
- What do we need to do to improve the quality of care and services you receive?
- How can we make sure we make the best use of our resources effectively, such as our workforce, equipment, estate and money?

# Working together across the West Yorkshire and Harrogate area //

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Our work to date has been supported by the Strategic Clinical Network, which includes doctors and other health and social care professionals from across the area.

We have been working together to make sure that care across all stroke services is working effectively to meet the current and future needs of people.

## People affected by stroke

In 2015/16 there were approximately 3,600 stroke admissions to West Yorkshire and Harrogate hospitals; with most people aged over 65 and half aged over 75 (52% of all strokes.) People are living longer than previous generations after a stroke. However, as the numbers of people having a stroke is expected to increase, up to two thirds of people in the UK could spend their retirement years in ill-health.



# Why do stroke services need to change? //

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We have an ageing population and the number of people who suffer a stroke is expected to further increase by 2020. Nationally and locally lots of work has taken place to improve outcomes for people who have suffered a stroke. This includes supporting people to stay well and preventing stroke happening in the first place. If we are to continue to improve people's quality of life, with the resources we have available, we must change the way in which we deliver stroke services across the area. Doing so will mean that we can make the most of our valuable workforce, modern technology and equipment to further improve stroke outcomes for everyone - this is a priority to us all.

This view is also being driven by evidence from Greater Manchester and London as well as international research.

The NHS has also set out an ambition that anyone who needs urgent or emergency hospital care will have access to the same level of assessment and review, tests and consultant-led support whatever the day of the week.

By November 2017 specialist care for stroke patients in the first 72 hours will be one of the five specialist services that are required to meet these 7-day standards.

Stroke is a life changing event and evidence shows the care people receive in the first few hours can make a difference to how well they recover. This includes having scans to assess the nature of the stroke and if appropriate receiving clot-busting drugs (thrombolysis) or clot removal (thrombectomy) delivered by specialist staff working in hyper acute stroke units.

The NHS 5 Year Forward View published in October 2014 sets out a clear direction for the NHS, showing why change is needed. It states that for some services there is a case for greater concentration of care. It indicates there is a relationship between the number of people treated and the quality of care received. For a copy of this document please visit [www.england.nhs.uk/five-year-forward-view](http://www.england.nhs.uk/five-year-forward-view)

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Hyper-acute refers to the care patients receive in the first few hours and days after a stroke occur.

Most people with a suspected stroke arrive at hospital by ambulance. Ambulance staff are trained to provide assessment as they take people to the right hospital for their medical needs.

There is strong evidence that outcomes following stroke are better if people are treated in specialised centres, even if this increases travelling time following the event, and this is likely to be the case in West Yorkshire and Harrogate.

Ongoing rehabilitation should, however, be provided at locations closer to where people live and they should be transferred to these as soon as possible after initial treatment.

Ongoing specialist medical support and specialist rehabilitation is better provided at locations closer to where people live and they should be transferred as close to home as possible after initial treatment. This is not only better for the person, but their families and carers too.

Health professionals and our partners also highlighted the importance of reducing the incidence of stroke and further improving the quality of care across the whole of the stroke pathway for people affected by stroke. The pathway includes preventing stroke happening in the first place, specialist hospital care, specialist community care and helping a person to live with a long term health condition after they have had a stroke.

# The case for change - our key findings //

Health professionals and partners over the past 12 months have reviewed our hyper acute stroke services to see whether any other information should be used to inform our case for change.



## The key findings are:

- We need a more consistent approach to prevention across West Yorkshire and Harrogate so that people receive information and advice to make informed decisions about their health - this will help reduce stroke incidents for some people.
- Depending on where you live, some people have better experiences and access to specialist services than others.
- Further work is needed to reduce differences in the services people receive, so that no matter where people live and what time of day they are admitted to hospital, they are able to receive high quality stroke services.
- By looking at the way we deliver care after a stroke, we can maximise the opportunities to further improve quality of life for people whilst also reducing a person's chance of living with a disability afterwards.
- We have five hyper acute stroke units in West Yorkshire and Harrogate. In view of the need to meet new standards (including specialist early supported discharge every day and access to new technology), further work is needed to ensure all our services are 'fit for the future. It's important to note that no decision at this stage of our review process has been made to reduce the number of units across West Yorkshire and Harrogate.

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- There is strong evidence that outcomes following stroke are better if people are treated in specialised centres, even if this increases travelling time following the event, and this is likely to be the case in West Yorkshire and Harrogate.
  - We know that most people with a suspected stroke arrive at hospital by ambulance and we need to work closely with our ambulance staff who provide assessment and treatment as they convey people to the right hospital for their medical needs.
  - Ongoing specialist care should be provided at locations closer to where people live, and people should be transferred to these as soon as possible after initial treatment.
  - We need to ensure care and support following a stroke is the best it can be in hospital and in the community, this includes access to speech and language therapy, physiotherapy, occupational therapy, psychology and social care.
  - We also need to look more closely at the support given by voluntary and community organisations that provide support to those who have had a stroke and their carers.
  - More work is needed to further reduce the risk of stroke through a range of initiatives including preventing it happening in the first place where possible.

Key themes from the work so far has informed the Strategic Case for Change and you can read what the recommendations are at <http://bit.ly/2sjcLfa>

# Recommendations //

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Doctors and other health care professionals have been involved in developing the Strategic Case for Change.

The recommendations are as follows:

- As a result of the work we have done to date to further improve the quality of our specialist stroke services, outcomes and experience for our patients, more work is needed to ensure our services are resilient and 'fit for the future'.
- It recommends that work begins to develop proposals to determine the 'optimal models of care' that need to be in place across West Yorkshire and Harrogate ensuring we are maximising opportunities to further improve care and outcomes for people across the whole stroke pathway.



# Next steps //

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Over the next few months we will begin to develop our proposals to determine the best service delivery, so that we can fully maximise the opportunities to further improve care and outcomes for people living in West Yorkshire and Harrogate.

We will be discussing these proposals with health and social care professionals, alongside the findings from our recent engagement and the Lay Member Assurance Group which has a representative from each of the 11 Clinical Commissioning Groups across the area. The engagement report will be published at [www.wakefieldccg.nhs.uk/stp](http://www.wakefieldccg.nhs.uk/stp) by the end of June 2017.



## Your views are very important

Over the next few months we will continue to engage with our Health and Wellbeing Boards, staff and the public to develop proposals to further improve stroke outcomes for people.

**Consultation will follow in early 2018 as appropriate, with any final decision expected to be made in 2018.**

It's important to note that we are looking at specialist stroke care, opportunities to prevent stroke and further improve stroke care across the whole of the care pathway. No decisions have been made to reduce the number of hyper-acute stroke units across the West Yorkshire and Harrogate area at this stage.

For further information, contact [www.wakefieldccg.nhs.uk/stp](http://www.wakefieldccg.nhs.uk/stp) or call 01924 317659.

## **Information in another format**

If you would like this information in another format, for example large print, Braille or a community language

## **Contact details**

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Visit: [www.wakefieldccg.nhs.uk/stp](http://www.wakefieldccg.nhs.uk/stp)

This information was produced in April 2017.