

A decorative graphic on the left side of the slide, composed of several overlapping, curved bands in shades of dark blue, maroon, pink, teal, and light blue, creating a sense of movement and depth.

# Deep Dive into Stroke Services

GBAF Risk 14

# The context

- We had a local hospital service which was not able to meet national standards
  - primarily related to only having one Consultant and being unable to recruit further Medical Staff
  - timely access to therapies, particularly Speech and Language
  - Insufficient staff/activity levels to maintain a 24/7 rota to provide thrombolytic therapy to people who have a stroke
- Very limited access to therapies in the community, and no specialist stroke rehabilitation service
- We worked with Manchester Commissioners to implement a centralised Hyper Acute Service in 2014/15

# The national stroke audit

- Our population are receiving better care in the hyperacute phase than the national average and than before we centralised care
  - Speedier access to Specialist Clinicians
  - More people receiving thrombolytic therapy
- Gaps highlighted still in relation to:
  - Access to therapies (physical and psychological) and dietetics
  - Lack of community support on discharge

# The current challenges

Trust	Team Name	Number of patients		Overall Performance				Patient Centred Data										
		Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
Salford Royal NHS Foundation Trust	Salford Royal Hospital	528	500	A	A	B	A	A	B	B	A	A	B	C	B↓	B	A	A
Stockport NHS Foundation Trust	Stepping Hill Hospital	242	240	B	A	B	A	A	B	B	A	A↑	B	B↑	A	C↓	C↑	A↑
University Hospitals of North Midlands NHS Trust	Royal Stoke University Hospital	277	253	B↑	A↑↑	A	B	A	C	A	B	A	A	E	B	B	D↓	B
East Cheshire NHS Trust	Macclesfield District General Hospital	39	34	D	B↓	C↓	C↑	B↓	C↑	B↑↑	C↑	A↑	C	E	B	A↑	D	C↑

- The national stroke audit demonstrates the difficulties that remain at East Cheshire Trust
- National Clinical Director for Stroke has visited East Cheshire Trust and we are being supported by the Greater Manchester, Lancashire and S Cumbria Network
- East Cheshire Trust formally served notice to cease being a provider of inpatient stroke care in October
- To keep the Macclesfield service safe we have had to non recurrently invest

# Next Steps

- Work with Stockport and Royal Stoke to develop options appraisal with regards inpatient acute care
  - Macclesfield or in the Hyper Acute Centre?
- Work with Stockport CCG and Operational Delivery Network to develop Community Rehabilitation (to support reduction in Hospital Length of Stay from 25 to 14 days)
- Proposals will be shared with HealthVoice and Overview and Scrutiny Committee (early June) prior to Governing Body in June.

# Appendix 1 – National Stroke Audit

## Data:

- How do we compare with others?
- Have we improved care?

# What has changed for patients?

			Nat Average	Oct to Dec15 Compared to national ave	Jan to Mar15 Have we improved?
1.	1.1 Percentage of patients scanned within 1 hour of clock start (ref. G6.9)	%	48.5	69.1	36.6
	1.2 Percentage of patients scanned within 12 hours of clock start (ref. G6.12)	%	92.2	94.7	85.9
	1.3 Median time between clock start and scan (hours:mins) (ref. G6.4)	Median	1:03	0:30	1:18
2. Stroke	2.1 Percentage of patients directly admitted to a stroke unit within 4 hours of clock start (ref. G7.18)	%	60.5	74.2	60.9
	2.2 Median time between clock start and arrival on stroke unit (hours:mins) (ref. G7.4)	Median	3:33	3:01	3:38
	2.3 Percentage of patients who spent at least 90% of their stay on stroke unit (ref. J8.11)	%	84.8	91.9	87
3.	3.1 Percentage of all stroke patients given thrombolysis (all stroke types) (ref. G16.3)	%	11	11.7	7
	3.2 Percentage of eligible patients (according to the RCP guideline minimum threshold) given thrombolysis (ref. G16.55)	%	85.9	100	75
	3.3 Percentage of patients who were thrombolysed within 1 hour of clock start (ref. G16.74)	%	57.9	90.9	60
	3.4 Percentage of applicable patients directly admitted to a stroke unit within 4 hours of clock start AND who either receive	%	60.2	74.2	60.9
	3.5 Median time between clock start and thrombolysis (hours:mins) (ref. G16.42)	Median	0:55	0:36	0:49
4.	4.1 Percentage of patients assessed by a stroke specialist consultant physician within 24h of clock start (ref. G9.3)	%	79	83	40.8
	4.2 Median time between clock start and being assessed by stroke consultant (hours:mins) (ref. G9.14)	Median	12:13	2:58	17:25
	4.3 Percentage of patients who were assessed by a nurse trained in stroke management within 24h of clock start (ref. G8.3)	%	89.3	91.5	90.1
	4.4 Median time between clock start and being assessed by stroke nurse (hours:mins) (ref. G8.14)	Median	1:24	0:46	1:48
	4.5 Percentage of applicable patients who were given a swallow screen within 4h of clock start (ref. G14.20)	%	72.4	75.9	55.4
	4.6 Percentage of applicable patients who were given a formal swallow assessment within 72h of clock start (ref. G15.24)	%	84.9	70.8	78.3
5.	5.1 Percentage of patients reported as requiring occupational therapy (ref. J3.3)	%	83.7	87.2	53.5
	5.2 Median number of minutes per day on which occupational therapy is received (ref. J3.5)	Median	41.3	37.5	45
	5.3 Median % of days as an inpatient on which occupational therapy is received (ref. J3.4)	Median	63.7	90.3	42.5
	5.4 Compliance (%) against the therapy target of an average of 25.7 minutes of occupational therapy across all patients	%	85.5	114.8	39.8
6.	6.1 Percentage of patients reported as requiring physiotherapy (ref. J4.3)	%	85.6	88.4	70.4
	6.2 Median number of minutes per day on which physiotherapy is received (ref. J4.5)	Median	35	30	34.6
	6.3 Median % of days as an inpatient on which physiotherapy is received (ref. J4.4)	Median	71.9	88.8	71.7
	6.4 Compliance (%) against the therapy target of an average of 27.1 minutes of physiotherapy across all patients (Target = 45	%	78.8	86.2	64
7. Speech	7.1 Percentage of patients reported as requiring speech and language therapy (ref. J5.3)	%	49.6	52.3	39.4
	7.2 Median number of minutes per day on which speech and language therapy is received (ref. J5.5)	Median	32.2	26.8	31.1
	7.3 Median % of days as an inpatient on which speech and language therapy is received (ref. J5.4)	Median	44.9	65.4	38.7
	7.4 Compliance (%) against the therapy target of an average of 16.1 minutes of speech and language therapy across all	%	44.6	57.1	29.5
8.	8.1 Percentage of applicable patients who were assessed by an occupational therapist within 72h of clock start (ref. G10.24)	%	90.8	96.6	92.1
	8.2 Median time between clock start and being assessed by occupational therapist (hours:mins) (ref. G10.16)	Median	22:02	18:28	26:33
	8.3 Percentage of applicable patients who were assessed by a physiotherapist within 72h of clock start (ref. G11.24)	%	94.4	97.8	96.9
	8.4 Median time between clock start and being assessed by physiotherapist (hours:mins) (ref. G11.16)	Median	21:06	18:23	18:25
	8.5 Percentage of applicable patients who were assessed by a speech and language therapist within 72h of clock start (ref.	%	85.7	90.9	80.8
	8.6 Median time between clock start and being assessed by speech and language therapist (hours:mins) (ref. G12.16)	Median	23:57	18:30	39:42
	8.7 Percentage of applicable patients who have rehabilitation goals agreed within 5 days of clock start (ref. J13.15)	%	90.4	90	93.8
	8.8 Percentage of applicable patients who are assessed by a nurse within 24h AND at least one therapist within 24h AND all	%	58.1	77.9	72.1
9.	9.1 Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge (ref. J16.15.1)*	%	81.5	80	53.3
	9.2 Percentage of applicable patients who have a continence plan drawn up within 3 weeks of clock start (ref. J15.23)	%	89.9	90	64.3
	9.3 Percentage of applicable patients who have mood and cognition screening by discharge (ref. J19.3)	%	90.7	87.8	86.5
10.	10.1 Percentage of applicable patients receiving a joint health and social care plan on discharge (ref. J33.13)	%	89.2	100	100
	10.2 Percentage of patients treated by a stroke skilled Early Supported Discharge team (ref. J10.13)	%	34	1.4	0
	10.3 Percentage of applicable patients in atrial fibrillation on discharge who are discharged on anticoagulants or with a plan	%	97.5	100	100
	10.4 Percentage of those patients who are discharged alive who are given a named person to contact after discharge (ref.	%	91.9	75.7	54.8

\*Please note - from the 1st January 2015 patients who are for palliative care at any point during their inpatient stay are excluded from Key