

WELSH HEALTH CIRCULAR



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

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Title: Implementation of National Standards for Stroke Services in Wales - action for Commissioners and Providers by March 2008

For Action by: CEOs of Local Health Boards, NHS Trusts, Wales Centre for Health, NPHS, NLIAH and Local Authority Social Services, Departments working at a regional level

Action required See section "For Action by March 2008"

For Information to: See attached distribution list.

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Implementation of National Standards for Stroke Services

Summary

1. The purpose of this Welsh Health Circular is:

- To confirm that tackling stroke is now one of the Welsh Assembly Government's top priorities for the NHS and Social Services.
- To announce that a formal programme of work for 2008-11 to guide and direct the progressive implementation of the standards for stroke care set out in the National Service Framework for Older People will be published in the Autumn 2007
- To set out the Welsh Assembly Government's specific requirements of the NHS, Social Services and other organisations up to March 2008.

Introduction

2. Stroke is caused by a disturbance of blood supply to the brain. It starts as an acute medical emergency and presents complex care needs, which may result in death or long-term disability. Around two thirds of all strokes occur after the age of 65 years. The incidence of stroke doubles with each decade after the age of 55 years. The overall incidence rate is 0.2/1000 in people aged 45-54 but rises to 10/1000 in those aged over 85 years. Almost one in four men and nearly one in five women aged 45 years can expect to have a stroke if they live to their 85th year.
3. Although the numbers of people in Wales dying from a stroke have been falling in recent years, a total of 2,380 people died in 2005. Those people who survive a stroke are often left with varying degrees of disability and rehabilitation needs. Below is a table detailing the number of people who have died due to stroke over the last 5 years for which data is available

<u>Deaths due to Stroke in Wales</u> <u>p.a</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>
Intracranial haemorrhage	482	494	478	443	467
Cerebral infarction	486	461	494	370	356
Stroke, not specified as haemorrhage or infarction	2,122	2,131	1,964	1,754	1,557
Total of above	3,090	3,086	2,936	2,567	2,380

The table below highlights the number of hospital spells, over the last 10 years, where the principal diagnosis has been stroke.

Final_Admission_Year	Spells
1995 - 1996	7,344
1996 - 1997	7,088
1997 - 1998	7,171
1998 - 1999	6,824
1999 - 2000	6,778
2000 - 2001	7,423
2001 - 2002	7,660
2002 - 2003	7,794
2003 - 2004	7,414
2004 - 2005	7,726
2005 - 2006	6,288
	79,510

NB: Full data for 2005/06 has not been submitted and several clinical coding submissions are yet to be sent which accounts for the apparent decrease shown 2005/06.

Current Provision of Services in Wales

4. The 2006 Royal College of Physicians National Sentinel Audit, published on 8 May 2007 (<http://www.rcplondon.ac.uk/pubs/books/strokeaudit/strokeaudit2006.pdf>) states explicitly that stroke services in Wales need urgent attention. The report states that the very low rate of stroke unit admission is unacceptable and presumes that patients in Wales will be dying or surviving with higher levels of disability than is necessary, as a consequence.
5. The audit lists ten recommendations to be taken forward to improve stroke services. The first recommendation states that the Assembly Government, Commissioners, Managers and Clinicians should urgently address the growing divide in quality of stroke care between Wales and the rest of the UK. The Royal College of Physicians believes that the highest priority should be given to the development of specialist stroke units and to services in the community.

Assembly Government Strategy on Stroke

6. The Assembly Government has a strategy for tackling stroke. It has set formal health gain targets and it has published standards of care to improve the quality of services.

National Health Gain Targets

The health-gain targets and indicators aim to improve health and reduce health inequalities in Wales. The health outcome target for stroke is:

- To reduce the European Age Standardised Rate (EASR) for stroke deaths (mortality) by 20 per cent in 65 to 74 year olds by 2012
7. To contribute to the achievement of this target, the Healthy Ageing Action Plan for Wales was published in October 2005. Building on the evidence based health promotion interventions outlined in this plan and objectives 11 and 12 of the National Service Framework for Older People, LHBs, local government and NHS Trusts working in partnership should ensure that action to address the risk factors for stroke is addressed within the next round of Health, Social Care and Well-being Strategies. In the short term, the Welsh Assembly Government will be making available health information resources on awareness of the risk factors and symptoms of stroke which LHB, local government, NHS Trust partnerships should utilise as part of their contribution to Health Challenge Wales.

National Service Framework (NSF) for Older People

8. The National Service Framework for older people was published in March 2006. Its objective, in terms of stroke, is that integrated stroke care pathways are developed and implemented to support the prevention of stroke and the effective treatment, care and rehabilitation of those who have suffered a stroke.
9. The specific short-term actions in the NSF are as follows:
 - Each local health and social care community to design and have in place a care pathway for stroke care from prevention through to rehabilitation and long term support, so that all patients have access to appropriate treatment including a multi-disciplinary stroke team, **by end March 2007.**

- Local health and social care communities to act to improve stroke services continuously, in line with ongoing RCP National Sentinel Audits, **by 2007/08 and ongoing.**

10. Service and Financial Framework Targets have also been set in support of the NSF and stroke services. In 2005-06, the target was:

“Using the results of the Stroke Sentinel Audit (2004) health communities must develop plans and care pathways consistent with emerging policy, including the establishment of stroke registers in 60% of GP practices, by 31st March 2006.”

And in 2006-07 it was:

“Each health community will be required to design and have in place a care pathway for stroke care from prevention through to rehabilitation, so that all patients have access to appropriate treatment including a multi-disciplinary stroke team, by 31st March 2007.”

11. Progress has been made in developing care pathways but these are not yet being fully implemented across Wales. The pace at which improvements are being made is very slow.

Implementation of the NSF Stroke Standards

12. Urgent and prompt action to deliver the NSF Standards is seen by the Assembly Government as the key to ensuring the best possible outcomes for patients who are at risk from, or who suffer a stroke. This should make a significant contribution to achieving the health gain targets for stroke.

13. Commissioning stroke services is the responsibility of the Local Health Boards. The delivery of services remains the responsibility of Primary Care providers, NHS Trusts and other providers such as the voluntary sector. Local Authority Social Services Departments also have joint responsibilities in complying with the requirements set out in the Older People’s National Service Framework. The Assembly Government’s Chronic Conditions Model and Framework requires that the process of planning and organising services should be integrated and the introduction of regional commissioning units provides LHBs with the opportunity of pooling resources to achieve the NSF standards by planning services on a wider geographical basis.

14. A report from a multidisciplinary working group set up by the Welsh Medical Committee advises that establishing stroke units for the assessment and immediate treatment of people who have had a stroke should be the first priority. Stroke patients are often admitted to hospital and cared for in beds spread across the medical units but evidence shows that outcomes are better if expertise is concentrated in a dedicated team which is co-located. To ensure that patients suspected of having a stroke are assessed and treated efficiently and effectively by a specialist multidisciplinary team, action is needed now to provide the specific infrastructure to establish a single unit (often within a ward in a hospital) with specialist trained staff that have dedicated time.

15. As well as improving the quality of acute stroke care; there is a strong economic argument for organising services in line with the NSF Standards. Over the last 10 years stroke admissions in Wales averaged at 7752 per year. Initial simple modeling, based on the current average length of stay (ALOS) for stroke in Wales of 15 days, indicates a total of 116,280 bed days per year. If we assume 80% bed occupancy, this equates to a total of 398 beds needed for stroke patients across Wales. The evidence suggests a 4-day reduction in ALOS when patients are assessed and treated in specialist stroke units. Using the simple model above, this suggests that an ALOS of 11 days amounts to a total requirement of 85,272 bed days, equating to 292 beds, a significant saving on current requirements.

16. The acute phase of treatment for stroke is, however, a small part of the total care pathway. High quality rehabilitation is needed to enable individuals to achieve optimal recovery and to maximise

independence. This applies in the days following admission to support acute care, facilitate appropriate discharge, reduce length of stay and reduce the need for complex community care packages. Rehabilitation that extends from the acute phase into the community can make the difference between people returning to their own homes or moving to institutional care. It enhances quality of life and can reduce re-admission rates. Action to address these elements of the stroke service will be the subject of a formal programme of work for 2008-11, which is being developed by the Assembly Government.

For Urgent Action by March 2008

17. The Welsh Assembly Government has decided that the National Service Framework Standards for Stroke must be met in full by the end of March 2015. In order to build on progress to date, and to prepare for the 2008-11 programme of work, this section sets out the specific actions required by March 2008.

- **At LHB, Social Services and NHS Trust Level**

With Immediate Effect, Local authority social service departments in conjunction with their colleague departments responsible for housing grants and adaptations should ensure that all home adaptations undertaken for stroke patients will be done so expeditiously and given suitable priority, and certainly within the time limits set by statute (see detailed advice on prioritising Disabled Facilities Grants is set out in Annex D - Revision to National Assembly for Wales Circular 20/02). Such works will form part of the rehabilitative process and are in keeping with general recommendations on the need to reduce delays made in the Assembly Government's 'Review of Housing Adaptations including Disabled Facilities Grants - Wales' (March 2005)

With Immediate Effect, NHS Trusts must submit all proposed service developments affecting secondary care based stroke care, including new and replacement senior staff appointments, where membership of a stroke team/s is identified in the job plan, to the Regional Commissioning Unit for endorsement. Where Regional Commissioning Units have yet to be established, agreement must be sought instead from the relevant Local Health Boards.

By 31 March 2008, LHBs and Social Services in each region working together must have assessed current service provision against the requirements of the Older People's NSF Stroke Standards and submitted action plans for the delivery of the NSF Standards to the relevant Regional Office, taking account of the deadline for compliance of March 2015. Priority must be given to putting stroke units in place to achieve the following national target currently being considered under the draft 2008-09 Annual Operating Framework:

"By March 2009, all patients suspected of having a stroke are assessed and treated in specialist stroke units which comply with the following 5 characteristics identified by the Royal College of Physicians:

- Access to continuous physiological monitoring (ECG, oximetry, blood pressure)
- Access to scanning within 3 hours of admission
- Access to brain imaging within 24 hours of admission
- Policy in place and adhered to for direct admission from A&E
- Access to specialist ward rounds at least 5 times a week."

A formal programme of work for 2008-11 will be issued this Autumn by the Welsh Assembly Government, setting out key actions and milestones, which the regional action plans will need to take account of in terms of developing other aspects of stroke care such as services designed to carry out rapid assessments of people who have suffered a Transient Ischaemic Attack (mini stroke) and rehabilitation services, both in hospital and in the community.

Action plans must be informed by the outcome of the 2006 Royal College of Physicians Audit, current local action plans and care pathways as well as any relevant work produced at a national level. The plan must identify and designate the future organisation of stroke services for the region, which LHBs wish to commission in order to comply with the NSF Standards by March 2015. The action plans must include a summary of existing spend, scope for savings in current service organisation and the agreed planned future investment and clearly identify key milestones and deadlines for their implementation, which Regional Offices will monitor and performance manage.

- **At an All Wales Level**

By 30 September 2007, the Wales Centre for Health, the National Public Health Service and the National Leadership and Innovations Agency for Healthcare must establish a formal partnership. The purpose of this partnership is to inform and support action at a national, regional and local level in implementing the NSF Standards for Stroke. This partnership must actively promote strong clinical leadership to champion the necessary change by sharing best practice across Wales. Its role will also be to develop initiatives which will directly inform the commissioning and delivery of services. Examples of practical outputs from this partnership include a template for the action plans required of the Local Health Boards and Social Services and a generic specification for stroke services that meet the NSF's requirements which Local Health Boards can use to underpin their commissioning requirements of NHS Trusts and other providers.

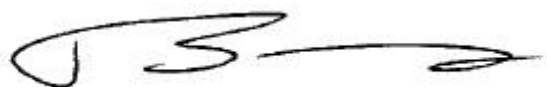
Queries and Correspondence

18. Queries about this Circular should be addressed to

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Yours sincerely



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