

Abertawe Bro Morgannwg University Health Board

'Together for Health'

Stroke Delivery Plan

1. Introduction

Stroke is a preventable and treatable disease. Over the past two decades a growing body of evidence has overturned the traditional perception that stroke is simply a consequence of aging that inevitably results in death or severe disability.

In December 2012 the Welsh Government published '*Together for Health – Stroke Delivery Plan*', *A Delivery Plan for NHS Wales and it's Partners*'. This plan provides a vision for delivering high quality stroke services building on progress already made across Wales. The plan sets out the government's expectations of all stakeholders to tackle stroke in all ages living in Wales it includes actions and outcomes to be achieved by 2016.

Abertawe Bro Morgannwg University Health Board (ABMUHB) has developed this Local Delivery Plan, in line with Welsh Governments expectations to provide high quality stroke care for those living within Bridgend, Neath Port Talbot and Swansea with the aim to achieve a World Class Stroke service.

The plan covers all aspects of stroke care from prevention to 'Life after Stroke' and provides detailed actions against each of the Welsh Government's objectives set out in its delivery plan in the following key areas.

- **Preventing stroke** - People live a healthy lifestyle, make healthy choices and minimise risk of stroke.
- **Detecting stroke quickly** - Stroke is detected quickly where it does occur or recur.
- **Delivering fast, effective care** - People receive fast, effective treatment and care so they have the best chance of living a long and healthy life.
- **Supporting life after stroke** - People are placed at the centre of stroke care with their individual needs identified and met so they feel well supported and informed and able to manage the effects of stroke.
- **Improving Information** - Ensure models of delivery are based on clinical evidence and structured information.
- **Targeting research** – Develop appropriate research programmes in line with appropriate standards.

Welsh Government requires Health Boards to produce and publish a detailed Local Stroke Service Delivery Plan that aims to identify, monitor and evaluate actions needed to improve services within defined timescales. Health Boards are required to publish these plans on their websites.

2. The Health and Social Burden of Stroke

Transient Ischaemic Attacks (TIAs) which are often described as mini strokes affect 35 people per 100,000 of the population of the UK each year. They may be the only warning sign that a major stroke is imminent. It is estimated that there are approximately 11,000 stroke events, including 6,000 new strokes, per year in Wales. Stroke is devastating and affects people of all ages, the physical and psychological problems resulting from stroke affect both patients and their relatives for the rest of their lives.

3. Abertawe Bro Morgannwg University Health Board (ABMUHB) Stroke Services

3.1 ABMUHB Profile

The Health Board was formed on 1st October 2009 as a result of a reorganisation within the NHS in Wales. It is responsible for planning and delivery of Primary, Community and Secondary Care health services for the population of Bridgend, Neath Port Talbot and Swansea. The Health Board covers a population of approximately 500,000 people. Service planning and delivery also has to take into account a diverse range of population groups across urban, rural and valley areas. The Health Board employs around 16,500 members of staff, 70% of whom are involved in direct patient care.

3.2 ABMUHB Stroke Steering Group

This group was established in 2009 to bring together key people to develop and oversee a programme of work to improve stroke services across the stroke pathway to improve stroke services within the Health Board. Services have been developed using national NICE and RCP guidelines as well as the Welsh Government's evidence based Stroke Intelligent Targets.

The Steering Group reports to the "Changing for the Better" Delivery Board. The terms of reference for the Group are attached as Appendix 1.

3.3 Stroke Prevention

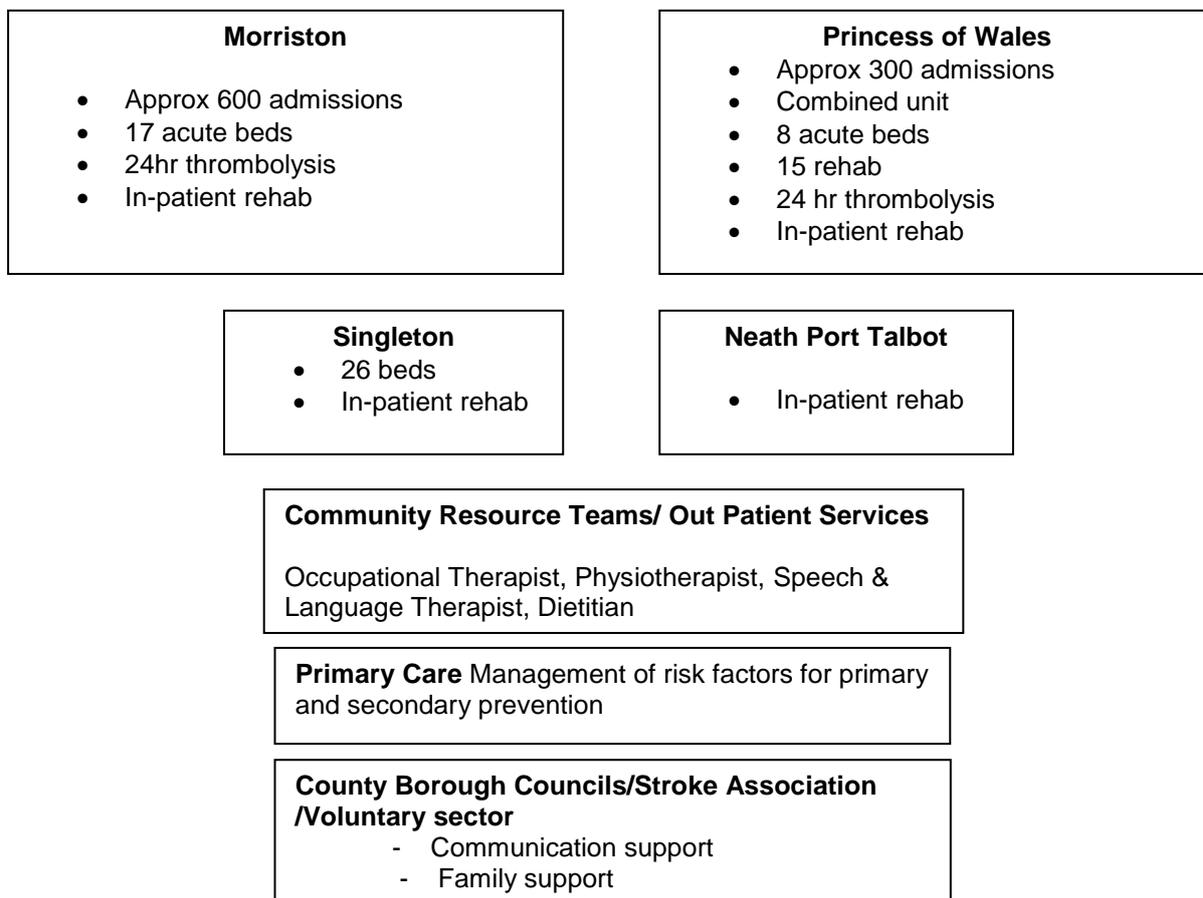
Strategic actions to help prevent stroke by supporting people to live a healthy lifestyle and make healthy choices are set out in the Abertawe Bro Morgannwg University Health Board: Public Health Strategic Framework 2013/14. A 'Staying Healthy' Project Group is being established to take forward health improvement priorities as part of the Changing for the Better Programme which is the Health Board's vision for future NHS care for those living within Bridgend, Neath Port Talbot and Swansea. The group reports to the "Changing for the Better" Delivery Board

3.4 TIA and Stroke Services

Stroke services are delivered in four hospitals across the Health Board, a hyper acute/acute unit in Morriston and a Combined Unit in the Princess of Wales Hospitals. Both provide hyper acute services including Thrombolysis

and acute stroke care as well as early rehabilitation. On going rehabilitation and complex discharge planning is provided at Princess of Wales Hospital for Bridgend residents, at Singleton for Swansea residents and Neath Port Talbot Hospital for Neath Port Talbot residents. In addition to the hospital setting, stroke rehabilitation is available from the three locality based community resource teams, outpatients and day hospitals.

Current ABMUHB Stroke Services



Last year there were 883 acute stroke admissions at the Princess of Wales and Morriston Hospitals. Both hospitals provide a 24/7 thrombolysis service, this treatment if given quickly and to the appropriate patients can significantly improve functional outcomes for stroke victims.

In addition 1120 patients were referred to our rapid access TIA pathways based in the Swansea, Neath Port Talbot and Bridgend localities. Patients are seen and assessed as quickly as possible and the appropriate medication and surgical intervention is accessed in order to reduce the risk of a stroke occurring.

4. National Stroke/ Royal College Audits

Abertawe Bro Morgannwg University Health Board is an active participant in national stroke and Royal College of Surgeons audit programmes.

4.1 Sentinel Stroke National Audit Programme (SSNAP)

SSNAP is the new single source of collecting a minimum data set for every stroke patient. It aims to provide regular, routine and reliable data which will enable Health Boards to

- Audit local services against National Clinical Guidelines
- Benchmark the quality and development of their stroke services regionally and nationally.

5. ABMUHB Local Stroke Delivery Plan

The local plan sets out the objectives and actions required to achieve the Health Board's and Welsh Government vision for improving stroke services. The table format of the plan can be found on page five. Progress on the delivery of this plan is formally reported on a regular basis to Executive Group, "Changing for the Better" Delivery Board and Welsh Government.

The ABMUHB Stroke Delivery Plan aims to deliver improvements in the six key areas set out in the Welsh Government's Stroke Delivery Plan

- Preventing stroke
- Detecting Stroke quickly
- Delivering fast, effective care
- Supporting Life after Stroke
- Improving Information
- Targeting Research

6. Future Service

There have been many changes to stroke service delivery within ABMUHB to improve the quality of stroke care. To continue to move forward to ensure that the Local Stroke Delivery Plan can be delivered a new model for stroke services is required. Our present stroke services are being reviewed across the Health Board from prevention to life after stroke as part of the Changing for the Better work programme. Once the review is completed this Stroke Delivery Plan will be updated with a new action plan.

| Strategic Key Actions | | | | | |
|---|--|---|---|-------------|---|
| Objectives | Actions | Expected outcome | Risks to delivery | Time scales | Lead |
| Review stroke services and update the local delivery plan as required | Review the current services against the recommendations of the delivery plan | Introduction of a new service model within the Health Board(HB) | Outcome of South Wales Programme Consultation | March 2014 | Stroke Steering Group |
| Report progress against the action plan and Welsh Government performance measures | Populate progress report as required | Progress reports delivered to HB Report progress and updates to Welsh Government | None | Quarterly | Stroke Executive Lead Stroke management lead |
| Publish Action plan and progress reports on Health Boards (HB)web site | Agree the format and measures for publication | All Stakeholders have easy access to plan and progress reports | Data availability | Oct 2013 | Stroke Executive Lead Stroke management lead |
| Update Delivery plan as required. | Update delivery plan as required | Updated delivery plan to be available via website | Data availability | Annually | Stroke Steering Group |

1. Preventing stroke - minimise risk of stroke by encouraging people to live healthy lives

Outcome indicator

- Stroke incidence rates

Assurance measures

- Monitoring of risk factors

| Objectives | Actions | Expected outcome | Risks to delivery | Time scales | Lead |
|--|--|--|--|-------------------------------------|------------------------|
| Ensure appropriate local population outcomes are identified within Single Integrated Plans and that the actions of all partners to achieving these outcomes are clearly set out, monitored and measured. | Review Single Integrated Plan with partners and ensure that stroke awareness is included | That stroke awareness features on Single Integrated Plans and partners report back on outcomes | Stroke awareness not currently identified within plans | June 2014 | Stroke management lead |
| Work with relevant partners to identify, implement and audit local strategies, clearly stated population outcomes and performance measures and targets to prevent stroke. | <p>Work with partner organisations to develop campaigns to :</p> <p>promote better public awareness of stroke risk factors</p> <p>promote the importance of recognising presenting symptoms and taking action i.e. F.A.S.T (Face, Arms, Speech, Time) test that alerts to onset of stroke</p> <p>Deliver a more systematic and coordinated approach to identifying those at risk of cardio vascular disease and</p> | <p>Reduction in the number of strokes</p> <p>Increased rate of thrombolysis and quicker presentation to hospital.</p> <p>Continued detection, monitoring and management of cardio vascular disease i.e. high blood pressure, diabetes and high</p> | <p>Partners lack of prioritisation of stroke prevention requires challenge</p> <p>Appropriate GP Links not currently in place.</p> | <p>2016</p> <p>Audited annually</p> | Stroke Steering Group |

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| | <p>atrial fibrillation (AF)and managing that risk effectively;</p> <p>Implementation of the 1000 lives AF protocols</p> <p>Encourage healthy schools and workplace environments to take action to reduce smoking, obesity and harmful alcoholic consumption</p> <ul style="list-style-type: none"> • Implementation of HB obesity strategic action plan • Implantation of the HB tobacco control strategic action plan | <p>cholesterol levels</p> <p>Higher detection rate and management of AF</p> <p>Reduction in the levels of obesity smoking and excess alcohol in take</p> | <p>Currently risk of AF is not routinely monitored by GPs on a population basis</p> <p>Implementation of plans not achieved</p> | | |
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2. Detecting stroke quickly

Outcome indicator

- Stroke incidence rates

Assurance measures

Evidence of a robust system to improve compliance with national stroke guidelines (Royal College of Physicians (RCP) and National Institute of Clinical Excellence (NICE) and Welsh performance targets

- % of patients with stroke /Transient Ischaemic Attack(TIA) who are seen on the appropriate pathway and managed appropriately

| Objectives | Actions | Expected outcome | Risks to delivery | Time scales | Lead |
|--|--|---|---|-------------|-----------------------|
| Together with our partners, raise public awareness of the symptoms of stroke and the importance of accessing medical care promptly, such as by using the F.A.S.T test; | <p>Review Welsh Emergency Medical Service(WEMS)policy re Stroke priority</p> <p>Be aware and promote Stroke Association F.A.S.T campaigns through hospital media and website</p> | <p>WEMS Call Takers use a Medical Priority Dispatch System (MPDS) which includes a stroke diagnostic tool, to aid early identification of stroke /TIA</p> <p>Increased awareness of stroke symptoms by the general public.</p> | <p>Current length of time taken to instigate 5 hour cut off</p> <p>Stroke association not currently running FAST campaigns</p> | March 2014 | Stroke Steering Group |
| Ensure that primary and secondary care and the public treat stroke /TIA as a medical emergency; | <p>Target Postgraduate teaching programmes and Primary Care protected learning sessions to promote early recognition and management of stroke</p> <p>Review guidelines for stroke/TIA given to</p> | Both primary and secondary care recognise and treat stroke/TIA as a medical emergency and direct patients to the appropriate pathway e.g. ensuring that high risk TIA patients are seen by a specialist within 24hrs and those with suspected | <p>Hospital and Primary Care Clinicians don't currently treat stroke as a 'Brain Attack', give less urgency for treatment than heart attack.</p> <p>Lack of awareness of guidelines amongst</p> | July 2014 | Stroke clinical lead |

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| | primary and secondary care re stroke priority and action updates | stroke are seen in hospital as an emergency. | clinical staff | | |
| Work with GPs and other medical colleagues to raise their awareness of symptoms; | Clinical leads to ensure that stroke is included in postgraduate and other teaching/development programmes | Both primary and secondary care recognise and treat stroke/TIA and direct patients to the appropriate pathway | Lack of availability of training | Ongoing | Stroke clinical lead |
| Ensure that services are in line with national guidance and agreed referral protocols and pathways; | Audit the pathway for suspected stroke and act on findings to improve services for early detection. by continuing to collect data using the Sentinel Stroke National Audit Programme (SSNAP) audits, which will include patient feedback | Prompt and appropriate evidence based assessment and treatment is provided to stroke patients | Poor collection of data | Ongoing | Stroke Steering Group |
| Ensure seven day access to fully functional services for stroke and transient ischaemic attack; | Review pathways for Stroke and TIA services in order to develop a model to provide 7 day working Localities to review current service provision against demand profile and if required develop business cases to enhance staffing levels. | Provide a 7 day a week stroke service in a safe and sustainable way | Challenges in Resources and staff availability. Challenges in recruiting specialist stroke physicians | March 2014 | Stroke Steering Group |

3. Delivering fast, effective treatment and care

Outcome indicators

- Mortality within 30 days of admission
- Reported outcome measures (modified Rankin, Barthel and NIHSS)

Assurance Measures

Evidence of a high standard service

- % of patients who receive Thrombolysis
- Compliance with Welsh Government performance targets and achieving NICE/RCP guidelines

| Objectives | Actions | Expected outcome | Risks to delivery | Time scales | Lead |
|---|---|--|---|-------------|--------------------------------|
| Review, plan and deliver evidence-based and timely treatment, in line with latest evidence, standards and guidance | Review RCP 2012 guidelines and SENTINEL Audit results and act on compliance Review service models in order to provide the best care possible | Improved service as recognised by the RCP Audits and guidelines. | Unscheduled care pressures, Requires Development of Specialist Early Supported Discharge (ESD) team for stroke Lack of resources to provide a 7 day service | Completed | Stroke Steering Group |
| Identify mechanism to plan and deliver equitable access to new diagnostic procedures, technologies, treatment and techniques in line with latest evidence and guidance; | Regular review of new innovations in stroke care Continue with Thrombolysis service. undertake regular governance audits | Provide a safe and sustainable Thrombolysis service Integrate new evidence based developments into the stroke pathway | Unscheduled care pressures, and Resource Pressures | Ongoing | Stroke physicians, Stroke CNS' |
| Provide timely access 24/7 to thrombolysis where appropriate, with telemedicine support where | Continue current service and monitor compliance on 6 monthly basis. | Thrombolysis in accordance with recommendations in the | Resources and unscheduled care pressures | Ongoing | Stroke physicians, Stroke CNS' |

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| required | | <i>National clinical guideline for stroke, 2012</i> | | | |
| Deliver specialist services at appropriate sites to include interventional neuro radiology and neurosurgery; | Will require development of a service and pathway at Welsh Government level working across health boards | Access to a neuroscience service delivering neurosurgical interventions | Allocation of resources and unscheduled care pressures, Outcome of the South Wales programme and Changing for the better | 2016 | Stroke Delivery Group, and BASP |
| Provide access to vascular surgery for carotid intervention within timescales set out in national guidelines | Continue with service provision for carotid endarterectomy Review Royal College of Surgeons carotid endarterectomy audit results | Timely access to acute vascular surgical service | Challenges in access to theatre time for vascular surgery | Completed | Stroke Steering Group |
| Provide a robust in-hospital early rehabilitation service including psychological support in line with national standards; | Participation in SSNAP Audits Progress plans to consolidate stroke services Consider the business plan for psychology services | All patients assessed as appropriate will have access to an inpatient stroke unit capable of delivering stroke rehabilitation as recommended in the <i>guideline for stroke, 2012</i> e.g. swallow screening test nutritional status and hydration screening within 4 hours of admission | Resource Pressures System Redesign of services required | March 2014 | Stroke Steering Group |
| Provide access to a robust community rehabilitation service in line with national standards; | Progress plans to consolidate stroke services and development of community team | Community rehabilitation team developed and delivering the service | Funding not currently identified | March 2014 | Stroke Steering Group |
| Participate in and act on the outcome of national clinical audits | Review (RCP) 2012/13 guidelines | Service users experience well co-ordinated services, | Availability of required data | Ongoing | Stroke Steering |

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| and peer review and reflect action/learning to be taken in local stroke delivery plans; | <p>Review SSNAP audit results and act on results</p> <p>Collect Data using the SSNAP framework, and use information to improve service delivery</p> | which are compliant with national standards and guidelines, are safe, sustainable and available as locally as possible | | | Group |
| Provide sufficient capacity, workforce, infrastructure and equipment to treat and care for people with stroke. | <p>Progress plans to consolidate stroke services</p> <p>Develop a workforce plan to meet service demands and ensure staff have the skills and competencies required.</p> | Service reconfiguration, with improved access to stroke services | Resources and unscheduled care pressures | Dec 2014 | Stroke Steering Group |

4. Supporting Life after Stroke

Outcome indicators

Patient reported outcome measures (PROM)(to be developed)

Assurance measures

Evidence of a robust system to measure and improve patient experience living with stroke

- %of people who have stroke passport (individualised stroke care plan and information booklet)on discharge
- % of people who are supported to leave hospital with a skilled stroke community team
- % of people who are reviewed at 6 months

| Objectives | Actions | Expected outcome | Risks to delivery | Time scales | Lead |
|---|---|--|--|-------------|---|
| Ensure discharge is coordinated by the specialist team and includes input from patient, carers, social workers and is communicated to their GP | Review current discharge documentation and update content and recipients as appropriate | Robust discharge arrangements are in place. | Staff Resource Pressures in all partner organisations, Challenges in sharing information across organisations. | Completed | Stroke Steering Group |
| Plan and deliver integrated health and social care services to meet the on-going needs of people who have had a stroke as locally as possible to help them return to health and independence; | Work with partner organisation in order to develop integrated plans | Life after stroke services are available as locally as possible NHS, local government and third sector care is integrated and seamless | Resource Pressures for all partners and new challenges in the way services are delivered | March 2015 | Stroke Steering Group |
| Develop appropriate care plans to agree care and support, based on the needs of individuals following a diagnosis of stroke; | Review current arrangements and develop new care plans as appropriate | Improved and integrated support for stroke survivors and their families | Resource Pressures Patient participation with passport | March 2014 | Stroke Steering group LA partners and patient |

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| | Develop and implement the use of stroke passport for all stroke patients | | | | representatives |
| Ensure regular review of stroke survivors with residual impairment and implement care plans; | Implement life after stroke rationale across health board. i.e. Regular reviews and patients and carers have access to support for as long as they need it | Follow up and review for stroke survivors and their families | Resource Pressures for all partners | Review base line data for Life after stroke October 2014 | Stroke Steering Group |
| Ensure stroke survivors are screened for visual impairment and psychological needs; | Develop pathway and referral system for both specialties | Access to visual and psychological services as required | Resource Pressures challenge meeting the visual impairment and psychological needs of the patient | Jan 2014 | Stroke Steering Group |
| Involve stroke patients and their carers in the development of future services including creative ways of supporting them, listening to what they have to say about decisions that affect them and to provide accessible and meaningful information and training when they need it; | Identify and facilitate engagement of patients and their carers to attend care planning meetings | Stroke patients and their carers feel part of the ongoing development of stroke services | None | Dec 2013 | Stroke Development Group and third sector |
| Plan and deliver palliative and end-of- life care services as locally as possible to meet the needs of people who have had a stroke, where appropriate. | Audit use of All-Wales end of life priorities. Scope use of palliative care services in the community | More patients are able to receive palliative and end of life care and support on a 24/7 basis in the place of their choice; | Resource Pressures | March 2015 | Stroke Steering Group |

5. Improving information for service users

Outcome indicator

- Compliance with national stroke Guidelines, Welsh Government performance targets and participation in national stroke audits.

| Objectives | Actions | Expected outcome | Risks to delivery | Time scales | Lead |
|--|---|--|---|--------------|---|
| Work with stroke survivors, their carers and the Third Sector to ensure effective signposting to sources of information and support; | Develop and evaluate educational programmes and information sources for staff, patients and carers | Educational programmes and information provided for staff, patients and carers in order to improve knowledge of stroke care and information resources | Resource Pressures | March 2014 | Stroke Steering Group Stroke Association and patient representatives |
| Assess, record and meet the information needs of people through the use of joint care plans; | Introduce a stroke survivor passport for use in hospital and community settings. | Stroke survivors and their carers have access to timely information, tailored to their individual needs, so they understand their condition, what to do, what to look out for and which service to access should problems occur; | Resource Pressures and patient participation | January 2014 | Stroke Development Group Life After Stroke team |
| Publish regular and easy to understand information about the effectiveness of their local stroke services. | Publish HB Annual Report on stroke services. Provide access to biannual Sentinel Stroke Audit and SSNAP data | Provide accessible and understandable information on the performance of NHS stroke care in terms of safety, effectiveness and patients' views; | Resource Pressures Lack of Patient participation | Dec 2013 | Stroke Steering Group |

6. Improving Clinical and Service Planning Information

Outcome Indicator

- Compliance with national stroke guidelines, Welsh Government performance targets and participation in national stroke audits.

| Objectives | Actions | Expected outcome | Risks to delivery | Time scales | Lead |
|---|--|--|--|--|---|
| Record and use clinical information in planning and service provision planning and delivery; | Participate and use data obtained using SSNAP audits to inform clinical stroke services planning | Use data collected to improve and redesign services. | Resource Pressures challenge data collection | Ongoing review | Stroke Steering Group |
| Monitor performance against stroke clinical indicators and use the results to inform and improve service | Record data as above | Monitor performance and use information to drive service improvement and redesign | Resource Pressures challenge data collection | ongoing review | Stroke Steering Group |
| Survey the views of people who have had a stroke and their carers with respect to their experience and outcome of treatment | In partnership with the Stroke Association update the current patient satisfaction questionnaire | Development of a patient satisfaction questionnaire and evaluate results | Resources not yet identified | Jan 2014 | Stroke Steering Group |
| Act on the findings of service user experiences | Review Stoke Association survey findings To discuss patient experiences at user group meetings and action areas for improvement NPT Locality to introduce a system to capture all complaints relating to stroke patients across the HB | Service improvements based on the views of patients and their carers Improved patient experience To provide a quarterly report on patient complaints to Steering Group | Resources not yet identified | Annually Quarterly Quarterly | Stroke Steering Group Stroke Steering Group Stroke Steering Group |

7. Targeting Research: by fostering a strong culture of research.

Outcome indicator

- % of patients with stroke entered into clinical trials
- Number of research projects participated in annually

| Objectives | Actions | Expected outcome | Risks to delivery | Time scales | Lead |
|---|--|--|------------------------------|-------------|--|
| Offer all appropriate patients access to relevant clinical trials | Work in partnership with research agencies to discuss and promote research | Staff feel confident with research allowing stroke patients to be enrolled into studies as appropriate | Resources not yet identified | March 2015 | Stroke Steering Group and Swansea University |
| Maximise the use of Welsh Government funding for NHS research; | Work in partnership with NISCHAR and Swansea University to scope opportunities | Maximise the funding applied for research across the stroke pathway | Resource not yet identified | March 2015 | Stroke Steering Group and Swansea University |
| Provide effective and efficient research governance processes to enable a speedy start-up and delivery of clinical trials | Effective use of available ABMUHB research and development resources | Develop a stroke research pathway | Resource not yet identified | March 2015 | Stroke Steering Group and R&D |
| Support and encourage protected research time for clinically-active staff; | Review the current ways staff are involved in research and share best practice | Increased staff involvement in clinical trials | Resource not yet identified | March 2015 | Stroke Steering Group and R&D |
| Build on, and extend, academic training schemes to develop a highly skilled workforce; | Liaise with managers of all groups to negotiate funding and study time | Staff attend and deliver educational courses | Resource not yet identified | March 2015 | Stroke Steering Group and R&D |
| Promote collaboration with key stroke research initiatives and facilities | Work in partnership with all relevant partners | Identify appropriate research opportunities and register interest | Resource not yet identified | March 2015 | Stroke Steering Group and R&D |

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|---|--|--|--------------------|------------|-------------------------------|
| Collaborate effectively with other Local Health Boards and NHS Trusts, universities and industry in Wales to enable a speedier application of research and introduction of new technology into the NHS. | Work in partnership with all relevant partners | Identify appropriate research collaborations | Resource Pressures | March 2015 | Stroke Steering Group and R&D |
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Links for information

<http://www.nice.org.uk/nicemedia/live/12018/41331/41331.pdf>

<http://www.rcplondon.ac.uk/sites/default/files/national-clinical-guidelines-for-stroke-fourth-edition.pdf>

http://www.rcplondon.ac.uk/sites/default/files/documents/ssnap-acute-organisational-audit_2012-public-report.pdf