Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 18 June 2019

Subject: Stroke Services – Quality and Performance update

Report of: The Director of Performance and Quality Improvement, MHCC and Trafford CCG

Summary

A new centralised model of stroke services was implemented across Greater Manchester in 2015. This paper outlines the positive impact this has had for the people of Greater Manchester and focuses on the city of Manchester provider units at Manchester Royal Infirmary, Wythenshawe Hospital and Trafford General Hospital.

Recommendations

The Committee is asked to note the improvements in the quality and performance of stroke services across Greater Manchester since the implementation of a centralised model in 2015 and the positive position of the city of Manchester provider units.

Wards Affected: All

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Background documents (available for public inspection):

None

1. Introduction

This paper aims to revisit the stroke model of care for Greater Manchester, highlighting the positive progress made since the 2015 centralisation of stroke services. It will provide an update for Scrutiny Committee members on the city of Manchester stroke units' quality of care and performance improvements/challenges.

It is well known the devastating effects a stroke can have on people's lives and on the wider health economy. The Stroke Association reported in 2018 that there are more than 100,000 people who have a stroke every year. Stroke is the fourth biggest killer in the in the UK leading to 32,000 deaths per year.

The first phase of centralisation of acute stroke services began in Greater Manchester in December 2008 and was operational by April 2010. It set out to ensure that all patients presenting within 4 hours of the symptoms of a stroke were taken to one of three local Hyper Acute Stroke Units (HASUs). Research published in 2014 indicated that a fully centralised model where all patients presenting with a stroke are taken to a HASU, regardless of time of onset, offered significant benefits for patients in terms of mortality and length of stay.

On 30 March 2015, the pathway for stroke was fully centralised across Greater Manchester so that all FAST positive (face, arm, speech test) suspected stroke patients assessed by paramedics are taken by ambulance to a HASU. There, they receive specialist acute stroke care, which may include thrombolysis and other interventions, before being discharged home or repatriated to a District Stroke Centre (DSC) in their local hospital. GM lent itself well to the centralised model due to geography and allowing all areas access to a hyper acute stroke unit (HASU) within 30 minutes of travel.

The three GM HASU are at Salford Royal, Fairfield General Hospital and Stepping Hill, giving access to all patients within 30 minutes in an ambulance.

In October 2015, following advice from Professor Tony Rudd (National Clinical Director for stroke) the pathway was modified so that only patients presenting with a time of onset <48 hours would be taken to a HASU, with those >48 hours discussed with a HASU and moved if felt to be of benefit. Research has shown that fully centralised stroke services could save the lives of an extra 69 patients per year who would have died under standard hospital treatment (reported by BMJ).

Before the centralisation of stroke services took place, any suspected stroke patients were taken to the nearest emergency department to receive stroke care and then treated on a stroke unit or general ward. While this offered a wide coverage of care, unfortunately the consistent offer of high care could not be guaranteed.

2. National Stroke Quality Performance

The performance and quality of stroke services are measured nationally by the Sentinel Stroke National Audit Programme (SSNAP). SSNAP collects information from hospitals about the care provided to stroke patients from the time they arrive at hospital up until 6 months after their stroke. This assigns providers a performance

level based on a range of 10 care domains with an A to E score. The A score Hospital or CCG meets highest standards for almost all patients, while the E score does not meet highest standards for many patients and has a lower performance.

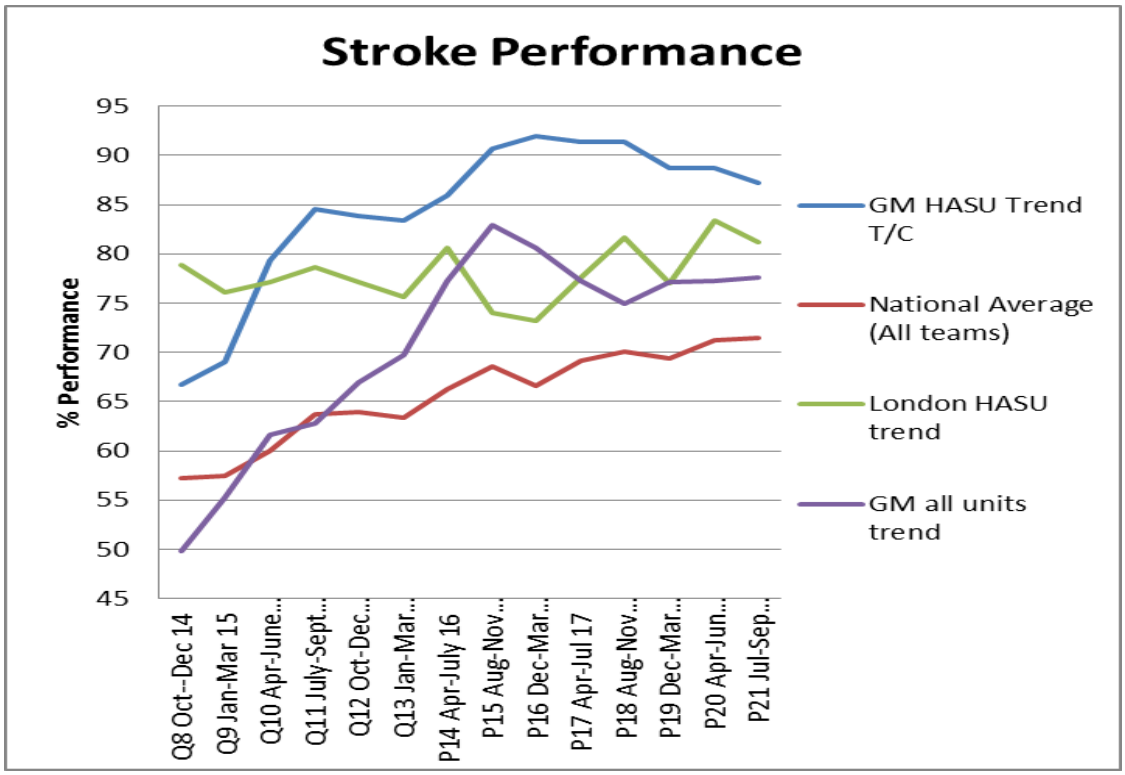
Domains for SSNAP Key Indicators scoring are:
Domain 1: Scanning
Domain 2: Stroke unit
Domain 3: Thrombolysis
Domain 4: Specialist assessments
Domain 5: Occupational therapy
Domain 6: Physiotherapy
Domain 7: Speech and language therapy
Domain 8: Multidisciplinary team working
Domain 9: Standards by discharge
Domain 10: Discharge processes

Further details on domains can be found at https://www.Strokeaudit.org/. Having 10 domains gives a balanced view to quality and performance in various areas of care and audit compliance.

All 10 domains apply to routinely admitting teams. These are the hospitals where a patient is usually taken for treatment immediately after their stroke at a Hyper Acute Stroke Unit. For the non-routinely admitting acute teams only 6 of the 10 domains are applicable (2, 5, 6, 7, 9, 10). The non-routinely admitting acute teams (i.e. DSC) are expected to have fewer than 50% directly admitted patients and do not offer thrombolysis for example. This applies to Trafford General Hospital (TGH), Manchester Royal Infirmary (MRI) and Wythenshawe Hospital (WH).
Stroke quality and performance is measured over a 3 month period; the latest performance period is from July – September 2018. This information was released in January 2019.

The performance and quality improvement team monitor and support the stroke service delivery for MHCC. The following section outlines that good stroke care is offered across GM and across the city of Manchester and demonstrates the improvements over time.

Overall stroke quality and performance for GM has improved considerably since 2015; the graph below shows how the performance of HASUs in GM has remained A level SSNAP (above 80%) and surpassed the performance of London HASU and the national average for the time period.



The long term quality and performance of each hospital in GM is shown in the table below:

Overall SSNAP score	Apr - Jun 2014	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015	Oct - Dec 2015	Jan - Mar 2016	Apr - Jul 2016	Aug - Nov 2016	Dec-Mar 2017	Apr - Jul 2017	Aug - Nov 17	Dec-Mar 2018	Apr-Jun 2018	July-Sept 2018
Fairfield General Hospital	C	C	C	B	A	A	A	A	A	A	A	A	A	A	A	A
Salford Royal Hospital	C	B	B	B	B	A	A	B	A	A	A	A	A	A	A	A
Stepping Hill Hospital	D	C	C	D	C	B	B	A	B	A	A	A	A	A	A	A
Royal Bolton Hospital	D	D	X	D	D	D	C	B	B	B	C	B	B	B	B	B
Manchester Royal Infirmary	D	E	D	D	B	C	C	C	C	B	B	B	B	B	D	B
Trafford General Hospital	X	D	C	D	C	B	C	A	A	A	B	A	A	C	B	A
Tameside General Hospital	D	D	D	D	D	D	B	D	C	B	C	D	C	B	C	C
Wythenshawe Hospital	D	D	D	D	D	D	D	C	B	B	B	C	D	C	B	B
Royal Albert Edward Infirmary	D	D	D	D	D	C	B	C	A	B	B	B	C	C	B	C

The table shows how quality and performance has improved across all hospitals since the centralisation of stroke services. The consistent delivery of services can be a challenge due to multiple factors including the availability of beds on a stroke ward and specialised staffing.

The long term performance of Manchester CCGs/CCG is shown in the table below:

	2014				2015				2016			2017			2018	
CCG	Apr-Jun 14	Jul-Sep 14	Oct-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Jan-Mar 16	Apr-Jul 16	Aug-Nov 16	Dec 16-Mar 17	Apr - Jul 17	Aug - Nov 17	Dec 17-Mar 18	Apr-Jun 18	July-Sept 2018
Manchester (North)	D	C	C	B	A	A	A	A	A	A	A	A	A	A	tbc	tbc
Manchester (Central)	D	D	D	C	B	B	B	B	A	A	A					
Manchester (South)	D	D	D	D	C	B	B	B	B	A	A					

The CCG level performance demonstrates a positive change over the time. In 2018 the reporting of CCG level performance changed to annual; this has allowed the national team to concentrate on returning to quarterly stoke unit performance. We know that most of our patients attend a HASU and expect the CCG level to remain as an A. The next published CCG level data will be in summer 2019.

3. Current Stroke Unit Quality and Performance

The current stroke units within MFT are at TGH, MRI and WH. They are all DSCs and take over the care of patients after being firstly admitted one of the GM HASUs or needing less intensive stroke care. The most recent performance is shown below and includes the performance rankings against the other 222 stroke wards.

TRAFFORD Quarter Results	*Dec-Mar 2018*	Apr-Jun 2018	Jul-Sep 2018
SSNAP level	C	B	A
Combined Total Key Indicator score	69	74.7	81.7
National league position after adjustments (222 Trusts)	124th	87th	47th

MRI Quarter Results	*Dec-Mar 2018*	Apr-Jun 2018	Jul-Sep 2018
SSNAP level	B	D	B
Combined Total Key Indicator score	70.3	60.7	70.3
National league position after adjustments (222 Trusts)	113th	181st	122nd

Wythenshawe Quarter Results	*Dec-Mar 2018*	Apr-Jun 2018	Jul-Sep 2018
SSNAP level	C	B	B
Combined Total Key Indicator score	68	77	75
National league position after adjustments (222 Trusts)	133rd	71st	85th

The national ranking does not represent the quality of care for patients like SSNAP, it does demonstrate the comparison to peers. The performance of the 3 DSCs have less opportunity to score more points in national ranking due to not having 10 domains and are within the expected national range.

During this period the overall performance for all 3 DSCs is at or above the expected SSNAP level of B. While each site has its own pressures e.g. access to beds on the stroke ward, demand has remained similar due to the centralised stroke model and overall bed availability has related to the sites not total stroke patients.

Current period July-Sept 2018	TRAFF	MRI	W/Shawe
1) Scanning	N/A	N/A	N/A
2) Stroke unit	A	D	C
3) Thrombolysis	N/A	N/A	N/A
4) Specialist Assessments	N/A	N/A	N/A
5) Occupational therapy	A	A	B
6) Physiotherapy	B	A	C
7) Speech and Language therapy	D	D	A
8) MDT working	N/A	N/A	N/A
9) Standards by discharge	B	A	B
10) Discharge processes	A	B	A
Team-centred Total KI level	A	B	B
Team-centred Total KI score	83.3	76.7	80
Team-centred SSNAP level (after adjustments)	A	B	B
Team-centred SSNAP score	83.3	76.7	80

The SSNAP domain information does show the challenged areas, these remain similar over time. Further analysis of SSNAP data at domain level highlights the challenges that remain in terms of delivery of quality and performance across all sites. The largest risks to performance are domains 2) Percentage of patients who spent at least 90% of their stay on stroke unit and 7) Percentage of patients reported as requiring speech and language therapy. We understand the challenges each site faces and know the reasons, for example the potential cohort of patients who have a stroke in conjunction with other comorbidities, and whose care is therefore most appropriately delivered at a different ward. Also key facts like Trafford not having an A&E helps them to ring fence beds and meet the length of stay on the stroke ward target.

The unintended consequence of SSNAP recording of therapy can result in reduced performance ranking due to data recording methodology, for example a patient may need 1 day of support from speech and langue therapy out of 5 day stay, however the national system expects 5 days of treatment and negatively scores the ward for this gap. The Stroke ODN is looking to address these concerns and is working with the national team, who oversee the SSNAP to help develop a fair way to monitor DSC therapy performance in 2019.

While demand on stroke services is high the centralised model does put more demand on HASU beds. This requires patient flow with them being discharged to DSC or community stroke services in a timely method. MFT is working to improve access to stroke beds by offering patients access to any stroke ward. Community stroke services allow on going support to patients and a 6 month review is completed to sign post patients to extra support if required.

4. Summary

The SSNAP scoring methodology is complex, however it does give a nationally recognised good guide to the level of care patients receive. Working with MFT and GMSODN ensures we understand the reasons for reported quality and performance levels and gain robust assurance of quality of care. If required, we work with MFT to establish quality and performance recovery plans.

The CCG level data provided by the SSNAP reports gives reassurance that the stroke services accessed by Manchester patients is some of the best in England (GM HASUs have been ranked number 1 in 2018/19 from 222 trusts), with the local stroke units at MRI, TGH and Wythenshawe meeting the expected overall SSNAP level of over a B level.