



## Stroke Services Transformation

### Bristol, North Somerset & South Gloucestershire (BNSSG)

#### Information only paper

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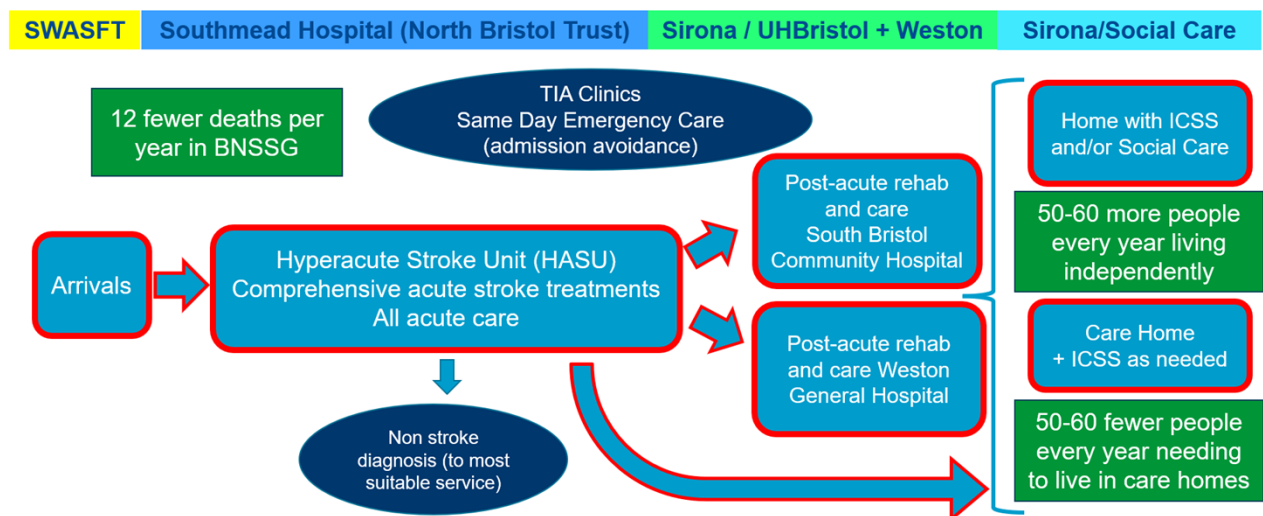
#### Summary

The reconfiguration of stroke services has been very successful so far. All the main elements of the reconfiguration are in place and measurable improvements in delivery of acute stroke care have been realised alongside a significant reduction in use of acute hospital beds. Challenges remain and are the subject of immediate improvement work. Governance arrangements are close to being established to assure the ongoing improvement of the stroke pathway and delivery of our Integrated Care System's objectives.

#### Case for change

- **Demand:** for stroke care is increasing alongside other cardiovascular diseases, due to population changes.
- **Workforce:** specialist stroke workforce is limited. Vacancy rates for Stroke Consultants and Nurses have been high in BNSSG and nationally and recruitment is challenging.
- **Inequality:** provision and quality of stroke services varied depending on where people were living and by time of day.
- **Outcomes:** people described 'cliff edge' after hospital, lack of integration and communication between services and waits for community rehabilitation.

#### Reconfigured One Stroke Pathway



## **Bristol Picture**

### **Acute Care Improvements**

- From 17 May 2023 the changes to acute stroke services planned in the Healthier Together BNSSG Stroke Improvement Programme were fully implemented.
- Everyone with suspected stroke in an ambulance is taken to a centre of excellence providing all emergency and acute stroke services 24/7, including thrombolysis, mechanical thrombectomy, vascular surgery and neurosurgery, at Southmead Hospital.
- 24/7 access to thrombolysis and immediate advice from the stroke team at Southmead Hospital newly established at BRI and Weston Hospital. All patients requiring thrombectomy are directly conveyed to Southmead by ambulance.

### **Continued stroke care at Bristol Royal Infirmary**

- Transient ischemic attack (TIA) clinics and on-site inpatient reviews are delivered by the specialist stroke team Mon-Fri at BRI (stroke consultant and doctor or Advanced Clinical Practitioner). Challenges to monitoring service performance and quality in TIA clinic are being addressed.
- Stability of the stroke service at UHBW and across BNSSG has been secured through a region-wide approach to the medical and non-medical specialist stroke workforce.

## **Rehabilitation and Subacute Care – Bristol**

### **Stroke Subacute Rehabilitation Unit (SSARU) at South Bristol Community Hospital**

- Expansion to 30 specialist stroke beds opened April 2023. Now fully operational; developing the capacity to take patients with “subacute” needs, such as patients with nasogastric tubes.
- Intensive rehabilitation and complex discharge planning for Bristol and South Gloucestershire delivered by an enhanced stroke specialist workforce, including regular stroke consultant presence.
- Recent remote attendance at multi-disciplinary rehabilitation and care planning meetings by a Bristol social worker has begun to improve collaborative working between health and social care services, though there remain significant delays to social work allocation and assessment, despite an initial improvement in May/June 2023.

### **Integrated Community Stroke Service**

- Integrated Community Stroke Service (ICSS) launched February 2022. Providing duration of treatment and support depending on need, with people able to re-access services if needed.
- Single, equitable service for Bristol, North Somerset & South Gloucestershire is now operational, though high referral rates and taking on previous stroke outpatient caseloads has made delivery of intensive rehabilitation challenging.
- Integrated Life After Stroke Services (key workers and communication classes for patients with aphasia) from Bristol After Stroke for support after leaving hospital.
- Clinical neuropsychology to support cognitive and psychological needs now operational.
- Workforce challenges most pronounced in Bristol area, specifically rehab support workers providing enabling care within the ICSS team.

## **Performance**

- Improved access to acute stroke care for patients admitted to Southmead Hospital; this is the main driver for the projected reduction in death and disability due to stroke from the service reconfiguration.

The table shows key emergency care metrics from the Sentinel Stroke National Audit Programme (SSNAP), comparing indicators for the BRI April-June 2022 with those for BNSSG April-June 2023.

Cases of a small number of patients with stroke misdirected to the BRI are being investigated to ensure as many as possible are directly conveyed to Southmead.

	BRI April-June 2022	BNSSG April-June 2023
Patients directly admitted to a stroke unit within 4 hours of hospital arrival	6.7%	56.3% (National average 47.3%)
Time from hospital arrival to stroke unit arrival	19 h 13 min	3 h 30 min
Time from hospital arrival to thrombolysis (median)	1 hr 36 min	43 min
Time to stroke consultant assessment	20 h 58 min	1 h 24 min
Time to stroke nurse assessment	4 h 48 min	13 min

- Reduction in use of acute hospital beds across BNSSG from 84 beds (51 acute, 33 acute-based rehabilitation) to 45 beds (last 12-week average). In the stroke business case, 42 acute beds were allocated for acute care; there is a plan to reduce to or below 42 beds through addressing flow.

#### **Health inequalities**

- The reconfiguration of services has reduced inequality of access to care due to where people live and what time of day they have a stroke.
- The stroke programme will work with the ICB to evaluate and monitor the impact on health inequalities more widely.

#### **Value for money**

- The stroke reconfiguration was an investment in stroke services by the CCG/ICB. We are working with the ICB to evaluate the benefits of the reconfiguration on population health and long-term care needs.
- Governance arrangements are being established with the ICB and service providers, that will allow us to further improve efficiency and productivity in the service, so that quality of services and outcomes are maintained despite increasing demand.

#### **Immediate challenges**

- Impacts on patient outcomes and flow, likely to deteriorate significantly over the coming Winter months, with significant cost implications, from:
  - The process of social care referral, allocation and assessment in Bristol, along with associated delays to leaving community beds and acute hospital queuing.
  - Challenges recruiting ICSS rehab support workers and adult social care workforce, including lack of integrated working.
  - Acute beds occupied by patients ready for repatriation to an acute hospital in other ICB regions after mechanical thrombectomy treatment at Southmead Hospital.
- Financial challenges from the above and other identified factors are being urgently addressed.

#### **Assurance and Ongoing Improvement**

- The regional Stroke Board will provide assurance until full implementation of the model of care described in the Decision-Making Business Case has been completed. Ongoing governance will be primarily through a Stroke Clinical Oversight Group, giving assurance against the ICS quality framework and providing a framework for collaboration between providers for ongoing improvement of services for all Bristol, North Somerset and South Gloucestershire residents.