

Better heart attack and stroke care

Briefing for Derby City Overview and Scrutiny Commission



Introduction

NHS organisations in the East Midlands are proposing to transform the care people receive for strokes and heart attacks. We propose to uplift all urgent care and this includes the introduction of dedicated, high-quality, specialist stroke and heart attack centres across the region.

This paper sets out proposed decisions affecting Derby city. It provides an update to an overview document circulated to Health Overview and Scrutiny Committees (OSC) in autumn/winter 2009.

Members are asked to consider and comment on the proposed commissioning decisions around acute stroke and heart attack care and recommendations to progress the proposals.

A Vision for the East Midlands

People who have a stroke or certain kinds of heart attack will be taken directly to specialised centres that can offer the most up-to-date and effective treatment as quickly as possible. This, and improved standards for urgent stroke and heart care in all hospitals, will result in:

- people getting the right help quickly in an emergency
- better care for heart attacks, suspected heart attacks and unstable angina (chest pain)
- lives saved and a reduction in disability caused by strokes and heart attacks
- prevention of disabling strokes when someone has a minor stroke or transient ischaemic attack.

What are the proposed decisions?

a) **Stroke**

Royal Derby Hospital will become a Primary Stroke Centre which will treat emergency admissions presenting with a stroke 24 hours a day in addition to a foundation of stroke care. Evidence shows that people who are treated in stroke centres instead of a general hospital ward are:

- more likely to survive their stroke and
- less likely to be dependent on others for long-term care.

For stroke patients, the recommended treatment is called thrombolysis, which uses drugs to dissolve clots in the blood. This treatment will be available at the Primary Stroke Centre in Derby 24 hours a day/ 7 days a week.

b) Heart Attack

Royal Derby Hospital will have a specialist centre for heart attack treatment and care. It will offer primary angioplasty (also known as PPCI) 24 hours a day, in addition to providing high quality cardiac care for everyone.

Thrombolysis is currently used to treat heart attacks but a new treatment called Primary Percutaneous Coronary Intervention (PPCI) is better. This involves a minimally invasive procedure using a balloon to open up blocked arteries.

PPCI has been shown to:

- save more lives
- reduce the risk of further heart attacks and
- help people go home from hospital sooner.

The treatment is only effective if it is received quickly. Currently the Royal Derby Hospital provides a restricted 'in hours' service for PPCI. By becoming a specialist centre they will provide PPCI for patients 24 hours a day/ 7 days a week.

The current proposals are focused on urgent stroke and heart care. However the importance of the whole care pathway demonstrating continuity of care has been taken into account. A detailed piece of work is being carried out to improve rehabilitation services for both stroke and heart attack patients across the East Midlands region.

Formal consultation

Pending support and agreement from the OSC, we are recommending that a formal consultation is not required. The proposal for Derby city would result in limited change and lead to improvements in local services, as well as better health outcomes for the people of Derby.

These proposals have been supported by an extensive programme of engagement (please see pages 6-8 for further information).

Process of Change

A project team has been working across the region on behalf of the nine primary care trusts (PCTs) and the Strategic Health Authority (NHS East Midlands). The team looked at current provision and developed proposals for a region-wide configuration for the commissioning of acute stroke and heart attack services. As part of this process there was involvement with a wide range of stakeholders and engagement with local populations.

a) Assessment of Current Provision

The project team collected data on past strokes and heart attacks, where and when they tend to happen. The team took also into account the population in each area, to help anticipate how many people will suffer these conditions, what/where care will be needed and how many beds are needed across the region. We have taken account of patient

flows across the regional border. We have also reviewed the strengths and weaknesses of the current services.

Our sources include the East Midlands Ambulance Service; East Midlands Public Health Observatory, the performance intelligence unit of the SHA and national reports. The latter include the National Stroke Strategy; Sentinel Stroke Audit; NICE guidelines; Royal College of Physician guidelines; the National Service Framework for CHD; National Infarct Angioplasty Project and the Myocardial Ischaemia National Audit Project.

The accuracy of this data has been checked with the health community. It has helped work out the capacity needed to commission at each service level, and where the specialist centres should go.

b) Development of Service Models

We plan to implement the proposed care pathways through a new service model. Specialist centres will offer emergency diagnosis and a system for treatment 24 hours a day.

For stroke patients, there will be Comprehensive Stroke Centres providing 24 hours a day direct admission to an acute stroke unit, which will have access to neurosurgical; neurological and interventional neuro-radiological services, in addition to a foundation of stroke care. Primary Stroke Centres will offer direct admission and Local Stroke Centres will provide ongoing high quality care closer to patients' homes.

For heart attack patients, PPCI centres will provide direct admission to an acute cardiac unit offering primary angioplasty 24 hours a day, in addition to high quality cardiac care. Gold Standard Acute Coronary Syndrome Management (ACS) Centres will provide high quality cardiac care.

We specified minimum standards of care for all levels of service. These include: the need for patients to be taken directly to a stroke or heart attack centre; target times for scans and treatment, adequate facilities for relatives, access to clear patient information and the transfer of patients to hospitals closer to their homes, where appropriate.

We also developed criteria that ACS (including heart attack patients) and acute stroke services need to meet. These are called the 'system criteria'. They have informed decisions about the location of services. They include criteria on acceptable travel times to specialist centres, the minimum number of centres, affordability, and timings for when the new services need to be ready.

c) Evaluation of Providers

In January 2009, all acute NHS providers in the East Midlands were invited to describe their current level of service and to say which of level of stroke and/or heart attack service they aspire to provide in the future. This enabled a gap analysis to be completed comparing current services against future plans.

In July 2009, acute NHS providers applied for accreditation at the level of service they wished to provide for urgent stroke and heart attack/other ACS services. Hospitals that applied were expected to show how they would meet the minimum standards for a

particular service level within three years, and specify the number of patients they would be capable of treating.

A panel of independent experts including regional and national clinicians assessed the proposals and supported the recommendations for the locations of specialist centres. The evaluation took place in three stages:

- written submission
- panel visit to providers
- panel discussion with providers - clinical and managerial executive teams.

Once the team assessed the level of service each provider was able to offer, we used this to recommend the potential configuration/s for acute stroke and heart attack services across the region. All potential configurations were assessed against the system criteria, developed in the first phase of the project, to come up with a shortlist.

d) Recommendations

Recommendations about the best options were made on the basis of quality and cost effectiveness within resources currently available to the health community. The project team made recommendations to the nine PCTs and NHS East Midlands on where services could be located.

Each PCT has responded to the recommendations and has made its commissioning decisions, pending advice by their Health Overview and Scrutiny Committees. The PCTs have been working with providers, clinicians and the project team on a transition plan. This details the hand over of the management and governance to PCTs, mapping inter-relationships with providers and key players, including the East Midlands Ambulance Service (EMAS). Each transition plan will have a timeline with key milestones.

The East Midlands Cardiac and Stroke Network (EMCAS) will support PCTs and the wider health community in the implementation of these services. They will support region-wide Clinical Advisory Groups (CAGs) to advise on the detailed development of care pathways. The process of change will be overseen by NHS East Midlands and PCTs, assuring ongoing performance management of providers, based on key performance indicators agreed with the CAGs.

The Wider Context

These projects stem from a review of health services by NHS East Midlands in 2007 when 4,500 members of the public and 500 health and social care staff were asked about what mattered to them. They are two of a suite of projects in response to Lord Darzi's national NHS review: the Next Stage Review. As a result of the review, NHS East Midlands published its vision in a report called From Evidence to Excellence (June 2008). It undertook to "Improve outcomes and integration by setting up robust urgent care networks supported nationally by the development of a programme of research and development for urgent care."

Stakeholder Engagement

The patient pathway, service model, minimum standards and system criteria were developed with local clinicians, commissioners and provider managers. A clinical summit for each service area was held in September 2008 to review the current provision of services across the region and to start discussion on the development of a cross-region service model. Clinical Advisory Groups were set up as a result of this summit, and met regularly to develop the service model and minimum standards. The minimum standards for the stroke services were informed by the National Stroke Strategy; Sentinel Stroke Audit; NICE guidelines and Royal College of Physician guidelines. The minimum standards for the ACS services were informed by the National Service Framework for CHD; National Infarct Angioplasty Project, and the Myocardial Ischaemia National Audit Project.

The East Midlands Ambulance Service and the East Midlands Public Health Observatory helped us to map the catchment areas for each hospital, based on a target 60-minute journey time, as supported by the Clinical Advisory Groups. We have established journey times on urban and rural roads. The effects of rush-hour traffic were also considered.

We sought views, ideas and expectations on the proposed changes from users and carers of services and their representatives during three workshops in November and December 2008. We also shared the quality based decision-making criteria with three user groups in March 2009. Patients were asked to rank and weight the importance of each of the proposed decision-making criteria. This influenced the final list of criteria.

During the summer, autumn and winter of 2009, communications and engagement teams from each PCT engaged local people to ask their views on how best to provide heart attack and urgent stroke care in the future. The main objectives were to:

- raise awareness of the case for changing the way heart attacks and strokes are managed in the East Midlands
- explain the potential benefits of specialist care for heart attacks and strokes – in terms of improved access, better care, lives saved and long-term disability avoided
- assess people's concerns and issues regarding the proposals for a specialist heart attack and stroke service
- find out about people's previous experiences of heart attack and stroke, as patients or carers, and explore how services need to be organised to ensure a high-quality experience
- gauge people's expectations in terms of the access to and quality of a specialist heart attack and stroke service
- encourage informed debate about the potential longer journey times to specialist centres
- develop an ongoing dialogue with the community around service planning for heart attacks and strokes

- allay potential concerns over the impact of changes on local A&E departments
- ensure the project meets its duty to involve, set out in Section 242(1B) of the NHS Act 2006.

Across the region, 680 people took part in the events and a further 1,500 people provided feedback through online surveys or on feedback forms sent by post or e-mail. Comments from these events have been collated in a regional report. They are helping us develop a service that meets the needs and expectations of patients, their families and their carers and will continue to inform implementation of all decisions.

NHS Derby City Public and Patient Engagement

NHS Derby City held an engagement event to discover people's views, experiences and expectations. Following this, various activities were undertaken during November and December 2009. The aim of these was to:

- share the new proposals with relevant voluntary and community groups, patients and the public
- give people the opportunity to discuss the proposals and share their views
- make contact with specific communities likely to be affected by the proposals
- help inform the service specification.

Representatives and members of twenty-two relevant local organisations were invited to the engagement event. This included:

- Take Heart Derby
- Friends of the DRI Stroke Unit
- Derbyshire Carers Association
- Derby LINK
- Disability Direct
- Learning Disabilities Partnership
- Derby Deaf Forum.

This event was supported by a variety of engagement activities which included:

- presenting information and distributing questionnaires at meetings and/or events including:
 - Health and Social Care Forum
 - Several Neighbourhood Boards and Forums
 - Carers Conference
 - Several older people's groups
 - Sahara men's and women's lunch clubs
 - Hindu temple women's lunch club
 - British Heart Foundation fun run.
- distributing questionnaires to individuals/ groups and signposting people to fill in online questionnaires including:

- Derby Local Improvement Network (LINK) members
 - Local employees at Derby City Council and NHS Derby City
 - NHS Derby City's Social Inclusion Network
 - Derby City Council's Pointer Panel e-mail group.
- promoting the online questionnaire by:
 - inclusion on NHS Derby City website
 - inclusion on Derby City Council's 'Your City Your Say' website
 - posters at GP practices and health centres.

There was generally positive feedback about the proposals for specialist centres to treat people having a heart attack or stroke and there was a strong feeling that Derby should become a specialist centre.

People were asked to consider the issues if the specialist centre was located elsewhere. Concerns were focussed on communications issues between the specialist centre and the patient's local hospital. There was also concern about how longer travelling times would impact on the patient and on their family/ friends, in particular people with low incomes, those reliant on public transport, older people and black, minority and ethnic communities.

Tackling Health Inequalities

Independent auditors, Deloitte MCS Limited worked with the project team and PCTs to carry out local and regional Integrated Impact Assessments for changes to both acute stroke and heart care. These included a Health Impact Assessment and Equality Impact Assessment.

Risks and Finances

Changes in population and changes at other hospitals may lead to a modest growth in the number of patients treated for stroke at the Royal Derby Hospital. The financial consequences are limited and will be offset by wider benefits to the health of stroke patients and reduced aftercare costs, as a result of better recovery.

For heart attacks, there will be a significant growth in the number of patients treated, as the Royal Derby Hospital currently provides a restricted 'in hours' service and the new PPCI treatment will replace other treatments for heart attacks, such as thrombolysis. The financial consequences are relatively high, but will be offset by shorter recovery times and improved patient outcomes.

The financial arrangements for both services will be provided at tariff.