Quality Impact Assessment
Summary

North Derbyshire Clinical Commissioning Group
Erewash Clinical Commissioning Group
Hardwick Clinical Commissioning Group
Southern Derbyshire Clinical Commissioning Group

Project Title:	**Integrated Stroke Pathway**		
Project Lead:	Sophie Hunter		
Project Manager (if applicable):	Jane Docksey		
Project Sponsor/SRO:	Jenny Deakin / James Hender		
Date QIA completed	16.1.19	**Completed by:**	Sophie Hunter/ Jenny Deakin
QIA panel recommendation:			

QIA Panel Comments

Project Overview

Current Service

Derby Based Services

In 2018 the service currently delivered consists of a 34 bedded ward, including a four bedded HDU and 30 acute stroke beds, access to 24 hour/day CT scan and Consultant led thrombolysis, via telemedicine out of hours. The service operates seven days a week and provides Consultant led ward rounds and a 7 day high risk TIA service supported by Consultants and Clinical Nurse Specialists. The service also has a 21 bedded stroke rehabilitation ward and investment from Commissioners has seen the expansion of early supported stroke discharge service, (ESSD), to incorporate the whole of Southern Derbyshire.

The Trust is a teaching hospital and the stroke service already has two academic Consultant posts within the team with an active programme of research. In challenging recruitment times, hospitals which are demonstrably embracing new techniques and are expanding through investment are likely to be more successful in recruiting and retaining high calibre staff across all disciplines.

Burton Based Services

Hyper acute service

The Burton Site provides a 24/7 365 day a year thrombolysis service from the Queen's Hospital site. All patients admitted to Queen's Hospital with suspected stroke are assessed using nationally recognised criteria and thrombolysed as appropriate. Between the hours of 9am -5pm Monday to Friday the service is led by the Stroke Coordinator with Consultant support and dedicated Stroke Registrars. The dedicated stroke registrar post is currently vacant but is due to be filled imminently. Out of hours the service is led by the on call medical registrar with telemedicine support for imaging interpretation by consultants based at Burton on a bi-weekly rota. All on call medical registrars have received thrombolysis training as part of their rotation.

The service is supported by a dedicated stroke unit on ward 8 with 21 beds (within a 27 bedded ward). 6 of the beds have the facility for external monitoring of patients' hourly neurological observations, in line with national guidance, and patients are monitored for the first 72 hours of their pathway. Nursing staff on the ward are trained with a stroke competency package and have received thrombolysis specific training via a dedicated thrombolysis simulation day.

The unit has 5 days a week ward rounds which are consultant led and has 7 days a week therapy cover (5 days a week dedicated stroke specialist therapists) and has access to dedicated speech therapy, dietician and orthoptist. Specialist nursing support is provided by the stroke coordinator.

Acute Service

After the first 72 hours patients are stepped down from the hyper acute monitoring beds and are considered for transfer to rehabilitation at community hospitals if they still need to be inpatients and for discharge to the community teams if they are medically fit for discharge. East Staffs has a combined ESD and community stroke service with limited capacity to take patients early after their stroke due to the lack of a community speech therapy and the lack of access to a care component to support patients discharged into the community with a disability. Therefore the numbers of patients discharged to the community with ESD is very low overall. South East Staffs has no community ESD service and all patients from this area are transferred to community hospitals for rehabilitation.

TIA Service

The TIA service has high risk clinics which run 5 days a week and aim to see patients referred within 24 hours of first contact and a low risk clinic on a Thursday morning which sees patients within 7 days of first contact. The service has dedicated carotid ultrasound support on weekdays and there is facility for CT angiogram for patients who present over the weekend. Patients requiring a vascular opinion are referred to a weekly clinic provided by University Hospitals of North Midlands (UHNM).

Rehabilitation Service

Traditionally Queen's hospital had a commissioned rehabilitation service based out of the Queen's site and both Tamworth and Lichfield community hospital sites. The lack of community led facilities for disabled stroke patients has resulted in patients having to remain with the acute Trust rehabilitation.

Planned Changes

Specifically, the following changes are proposed to the way stroke services currently operate at RDH and QHB:

• Hyper acute stroke patients will no longer be treated at Queen's site and instead hyper acute stroke care for the merged Trust's population will be provided at the Derby site. Paramedics will transfer patients from the combined catchment area directly to the RDH emergency department.

• Confirmed hyper acute stroke patients from the Burton catchment will be admitted into Derby site hyper acute stroke unit (HASU) for the first 72 hours of their care. After this time, patients will either be discharged or repatriated where relevant to local facilities (including the sites currently within QHB) for acute and rehabilitation care (equivalent care as they currently receive).

• It is planned that all consultants would participate on an equal basis in the out-of-hours hyper acute rota. However, where necessary advice could be sought from the consultant covering Derby site (where seven day ward rounds are the standard). It is unlikely that there will be sufficient staffing post-merger to allow a seven day stroke consultant ward round on the Queen's site immediately after the merger; instead, if out of hours advice is necessary, this will be sought from the consultant covering Derby site, where seven day ward rounds will continue to be in place. Where appropriate, for instance patients who have a stroke whilst they are inpatients at Queens Hospital, a transfer to the Derby site will be arranged following initial advice from the on-call stroke consultant.

• West Midlands Ambulance Service (WMAS) and East Midlands Ambulance Service (EMAS) – the ambulance services that bring patients to QHB and RDH – have been engaged and are supportive of the new hyper acute services and the requirement for conveyance to the Derby site as the acute/hyper acute site. Travel between sites (for purposes of repatriation to Queen's site for hyper acute patients, typically 72 hours post-stroke) will be via PTS providers.

• A single referral point will be set up for all suspected TIAs. On weekends, patients for the Queen's site will be directed to the Derby site so that they can access a seven day TIA clinic. On weekdays, patients will continue to be treated at the TIA clinic at Queen's site which will continue to operate five days per week.

• QHB TIA patients who attend the RDH TIA clinics at the weekend will receive follow up care at the most appropriate centre for the patient. It is planned that there will be a single referral process for all TIA clinics.

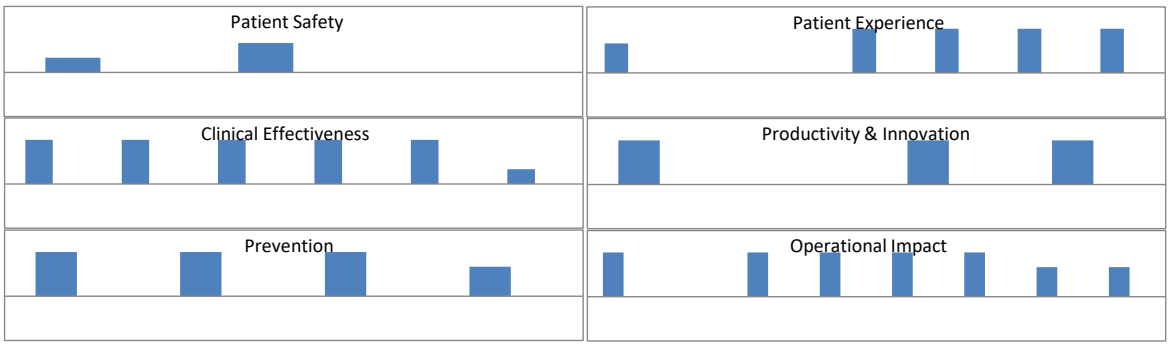
• Rehabilitation and therapy cover will be provided seven days a week at both Burton and Derby sites.

Future Services

For the current QHB patient populations, the changes set out above to the configuration of stroke services means a number of tangible changes in terms of the services they receive:
• Hyper acute patients that would otherwise have been admitted to Queen's site will receive treatment for up to 72 hours in a HASU with seven day consultant presence at Derby site. This compares to the current service at QHB where hyper acute patients presenting and admitting at the weekend are cared for by the medical on-call consultant. This change will specifically improve current QHB's performance in domains 2 and 4 of the SSNAP quality domains. Overall, these changes will mean that QHB's hyper acute patients will receive a service which is far more consistent with NICE clinical guidelines.
• Stroke beds on the Queen's site will be ring-fenced, to ensure capacity and appropriate location for stroke patients repatriated from Derby site after 72 hours. The merged Trust will provide an equitable offer for the post-72 hour period across the Derby and Burton sites.
• Hyper acute patients that otherwise would have been admitted to QHB will be provided with access to an Intermittent Pneumatic Compression ('IPC') device as a first prevention against VTE, where relevant. IPC devices are currently in the process of being introduced at Burton and will very soon be in use on the stroke unit to ensure an equitable service.
• TIA patients that otherwise would have presented over the weekend at QHB will be able to access preventative treatment within 24 hours in contrast to current practice of waiting until Monday. This means that TIA patients in the QHB catchment area will be provided with a service which is compliant with NICE clinical guidelines.
• 24/7 consultant cover is provided at RDH to deliver thrombolysis and specialist assessment. The QHB consultants would join the current out of hours rota.
In addition, patients at RDH will benefit from extended weekend services for physiotherapy and occupational therapy. At present, QHB provides stroke trained physiotherapy and occupational therapy services during the week and stroke patients see general physio/occupational therapists on the weekend. RDH stroke patients are seen six days a week by stroke trained physio/occupational therapists, and one day a week by general physio/occupational therapists. Post-merger, weekend patients at RDH (who would otherwise be at QHB) will benefit from the service from additional therapists. Hyper-acute patients in RDH would receive stroke specific therapy input at the weekend. These changes have been designed to drive a number of significant patient benefits.

Summary

	Questions Answered	*Questions NOT Answered*	Positive Scores	Neutral Scores	Negative Scores
Patient Safety	3	*0*	2	1	0
Patient Experience	7	*0*	5	2	0
Clinical Effectiveness	6	*0*	6	0	0
Productivity & Innovat	4	*0*	3	1	0
Prevention	4	*0*	4	0	0
Operational Impact	8	*0*	7	1	0
WHOLE PROJECT	32	*0*	27	5	0



RISK LEVEL

NO Risk

No negative scores for any of the criteria

No further action required

POST MITIGATION (MODERATED) RISK LEVEL

NO Risk

JUSTIFICATION FOR MODERATED RISK LEVEL