Meeting:	Health Overview and Scrutiny Committee
Date of meeting:	4 September 2015
Subject:	Briefing Paper: Stroke Services Update – NHS Ashford NHS CCG and Canterbury and Coastal CCG
Action required:	This paper is for information
Purpose:	To update the Health Overview and Scrutiny Committee on developments around stroke services for NHS Ashford CCG and NHS Canterbury and Coastal CCG

1.0 Overview

1.1 This paper seeks to update the Health Overview and Scrutiny Committee on developments around the stroke and rehabilitation pathway for NHS Ashford CCG and NHS Canterbury and Coastal CCG.

1.2 35,000 residents (1.7 per cent) in Kent and Medway were recorded as having a stroke in 2014-15. In Canterbury and Coastal CCG, 4,158 (1.9 per cent) were recorded as having a stroke or transient ischemic attack (TIA) and in Ashford CCG, 2,275 (1.8 per cent) were recorded as having a stroke.

2.0 Work completed to date

2.1 Since April 2015, the CCGs have undertaken a local analysis of services across the Ashford and Canterbury and Coastal area. It has analysed outcomes against its 10 nearest neighbours in terms of population, demographics and activity.

2.2 The CCG analysis shows:

2.2.1 A significant number of patients who are re-admitted to Hospital with a diagnosis of stroke or TIA. The CCGs have introduced shared care plans across the health system. This enables GP's, paramedics and A&E Consultants to see a shared record of patients' care plans, enabling patients who suffer a re-lapse to be well managed.

2.2.2 When benchmarked against the average of 10 other CCGs, Canterbury and Coastal CCG found that 40 per cent more patients were treated in less than 24 hours, Ashford CCG found that 30 per cent. Canterbury and Coastal found that 15 per cent more patients spent more time on a dedicated stroke unit (8 per cent for Ashford), 9 per cent more patients in Canterbury and Coastal (8 per cent in Ashford) were able to return to their own home after treatment both

CCGs observed a significantly better mortality rate when compared to other CCGs (20 per cent above mean average).

3.0 Key next steps

3.1 The CCGs have implemented the fragility pathway across primary care to support:

- Identification at patients at risk and therefore early intervention
- Robust care plans to manage potential problems for post stroke patients as alternative to transfer to secondary care
- Support reduction of length of stay (LOS) through community based rehabilitation services as part of the community networks

3.2 Within general practice GP's are expected to monitor their patients who are at risk of stroke via the Quality and Outcomes Framework (QOF). General practice are expected under the QOF requirements, to assess risk in those likely to be at high-risk (for example, people with hypertension (high blood pressure) a validated assessment tool is used that evaluates a range of modifiable and non-modifiable risk factors.

3.3 The CCGs are working with public health and across east Kent to develop a prevention and self-care pathway. Public health commission a number of schemes that will contribute to early identification of stroke risks factors and patients are able to access a number of services that promote good health and wellbeing such as: health checks, stop smoking services, exercise referral schemes, Fresh Start programmes.

4.0 Recommendation

Members of the Health Overview and Scrutiny Committee are asked to note the contents of this briefing paper.

For any questions about the content of this paper, please contact:

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