North Trent Stroke Strategy Project

North Trent Network of Cardiac Care

North Trent Network of Cardiac Care & North Trent Stroke Strategy Project

Annual Report 2011/12

Contents

Introduction

This Annual Report provides a review of major Cardiac and Stroke work undertaken by the Network from April 2011 to March 2012, highlighting key achievements and outcomes of the year.

Network Director Report

Welcome to the 2011/12 Annual Report for the North Trent Network of Cardiac Care and the North Trent Stroke Strategy Project.

This report is designed to provide an insight into some of the excellent collaborative work that has been undertaken by Network members during the last 12 months.

Improving outcomes for patients provides the foundation for our annual Cardiac and Stroke Work Programmes. The achievements captured within this report reflect the continued motivation and commitment of Network clinicians, providers and commissioners, supported by the Network Management Team, to reduce inequalities and improve the access to, and quality of, clinical services for Cardiac and Stroke patients across North Trent.

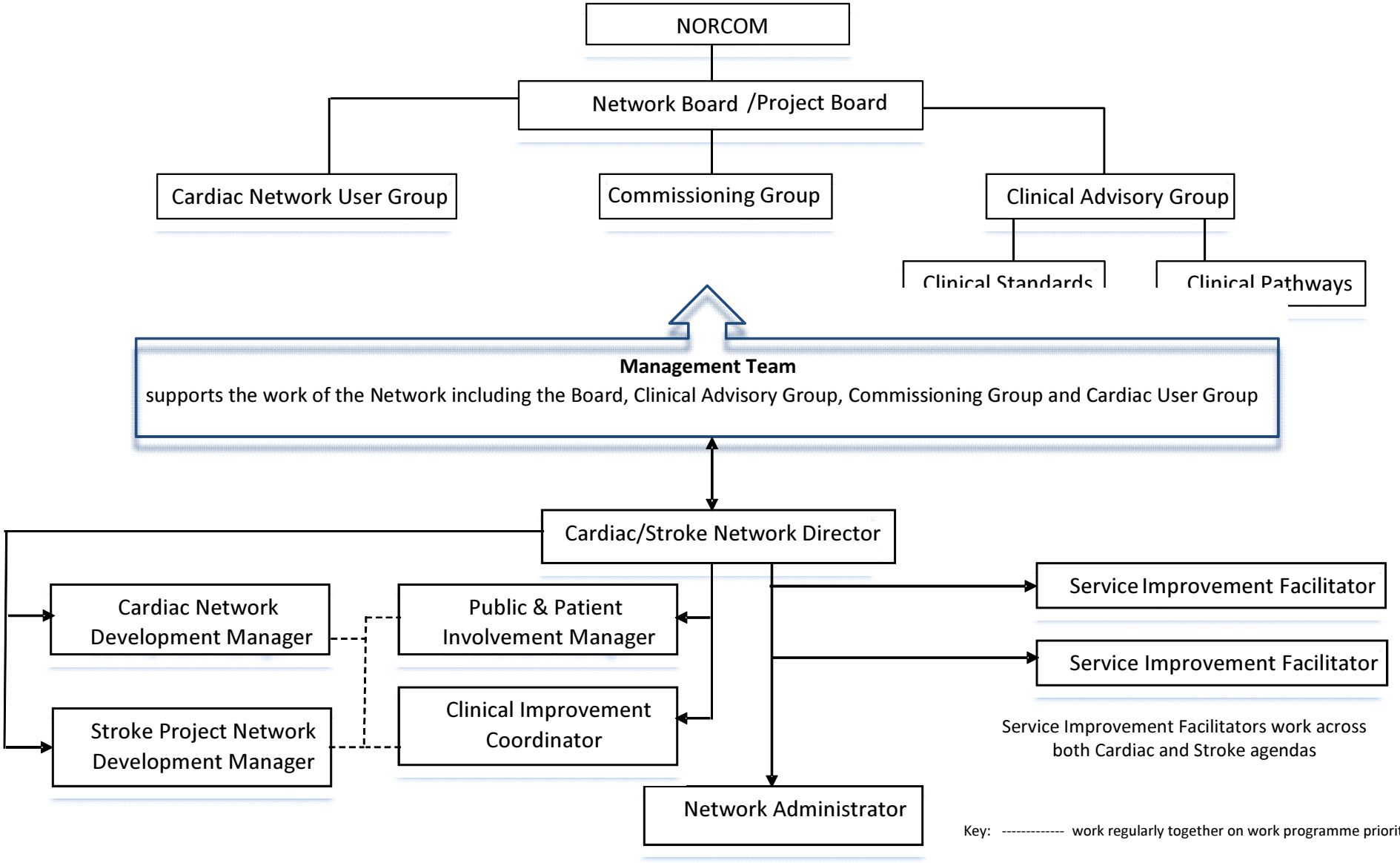
The redesign and improvement of clinical services relies on the collaboration and determination of a wide range of individuals. In particular I would like to take the opportunity to thank both the Network Clinical Leads for their continued support and leadership in managing and delivering significant and complex whole system change. Their leadership coupled with the dedication of the clinicians and managers within our Network Trusts in implementing high quality, collaborative, evidenced based commissioning, has been an essential factor in our success.

The Network is also very proud of the increasing contribution of service users and carers in shaping Cardiac and Stroke services in North Trent. Members of the Cardiac Network User Group now attend the Cardiac Board providing advice and support, and reflecting the experience and views of their members and the wider patient community.

The achievements we describe in Cardiac and Stroke services are all the more significant as they have been delivered during a time of unprecedented organisational change. As we move into 2012/13 I am confident that our Network cohesion, and the dedication and commitment evidenced by Network members and the Network Management Team, will provide the essential basis for continued improvements in services and outcomes whilst the process of transition into the new NHS organisational arrangements emerge.

Clare Hillitt
Network Director
North Trent Network of Cardiac Care/North Trent Stroke Strategy Project

North Trent Network of Cardiac Care and North Trent Stroke Strategy Project
Organisation Structure



Key: ----------work regularly together on work programme priorities

North Trent Network of Cardiac Care

Chairman's Introduction

I am delighted to introduce to you the North Trent Network of Cardiac Care Annual Report for 2011/12.

The Network has had an extremely successful year. This report highlights some of those successes which demonstrate our continued commitment to improving services and outcomes for our patients. The benefits derived from the close collaboration of North Trent commissioners, providers and clinicians working together to improve Cardiac services are clearly visible and I am extremely proud of the high levels of commitment and dedication exhibited in the design, implementation and delivery of Cardiac services for the patients of North Trent. In addition, our excellent relationship with the commissioners of Specialised Cardiac Services and the adjoining Cardiac Networks in West Yorkshire and North East Yorkshire and Northern Lincolnshire ensures a consistent and equitable approach to the development of services across Yorkshire and the Humber.

2011/12 has seen several significant developments and improvements within Cardiac Services across the whole of the healthcare system; in particular I would like to focus on two specific areas.

In late 2010, the Cardiac Network embarked on a collaborative project with the Yorkshire and the Humber Specialised Commissioners and the West Yorkshire and North East Yorkshire and Northern Lincolnshire Networks to develop 3 Clinical Thresholds for Revascularisation. Significant variation in access to intervention for revascularisation had been identified across Yorkshire and the Humber and the aim of the project was to develop a set of clinical guidelines and thresholds, based on evidence based best clinical practice, to reduce this variation. This was a challenging project but through the commitment of clinicians, providers and commissioners, supported by patient experience intelligence, guidelines and thresholds were developed and agreed and will be implemented during 2012/13.

The involvement and engagement of the Network User Group which was established in 2009 has increased significantly over the last two years. With the support of the PPI Manager and the Network Team, the Group has developed and matured and through attendance at Board meetings, they now influence the development of Network strategic plans in order to improve the experience and outcomes for future cardiac patients. This valuable contribution ensures that the public view is actively considered alongside other professional and clinical views in forming plans and developing Cardiac services. I would like to thank the User Group patient representatives in particular for their active engagement in the Board meetings and their commitment to improving our services.

As we look to the future it is important that our collaborative and integrated Network approach to improving patient experience and outcomes is maintained. I am grateful to all Network members and the Network Team who support them for their enduring commitment to improving Cardiac Services across North Trent.

Ian Atkinson
Chair, North Trent Network of Cardiac Care
Chief Operating Officer NHS Sheffield

Public Health Lead Report

Over the last year Public Health has contributed to a number of work streams of Network business.

The Public Health Leads contributed to the development of the first round of disease profiles that have subsequently been adopted nationally. The Network Board has adopted primary prevention as a key area of work and Public Health has supported local areas to review metrics and benchmark themselves. The work on primary prevention has been a major contributor to reduced mortality form cardiovascular disease across the Network.

Public Health Leads have described a methodology to assure the Board that the rate of implantation of cardiac devices across the Network, although lower than many Networks, does not impact on mortality and this is supported by robust implementation of the relevant NICE guidance.

Pubic Health Leads have also highlighted the issues of unequal access to cardiac revascularisation and have worked with commissioners to develop equity profiling as part of routine performance management. In addition the Public Health Leads have sponsored a number of pieces of research looking at reviewing why people with chest pain delay calling 999.

For 2012/13 Public Health will continue to support the Network to implement the NICE clinical guidance on Familial Hypercholesterolemia through a restructured Clinical Advisory Group which now brings together Public Health Leads and clinicians engaged in Cardiac Care across primary, secondary and tertiary services.

Dr Rupert Suckling, Clinical Lead, North Trent Network of Cardiac Care
Deputy Director Public Health, NHS Doncaster

Working with, and as a member of, the North Trent Cardiac Network

Working with local commissioners and providers as part of the North Trent Cardiac Network and Stroke Strategy Board supports the development of quality services for our patients. The collaborative approach that the Network engenders ensures that we share best practise, use resources wisely by avoiding duplication, and develop services that are both affordable and patient focused.

The key achievements of the Cardiac Network over the last 12 months include reviewing and developing Heart Failure Services, closer working with the tertiary centre on the PPCI pathway and efficient tertiary centre referral, agreeing procedures for how we manage the introduction of new drug treatments, and improving the patient/carer engagement and interaction. Rotherham NHS Foundation Trust has found the Heart Failure work of particular interest and the Trust has used the Network resource and links to focus on improving the patient experience in relation to the Heart Failure pathway.

The Network also enables strategic thinking in terms of how policy can be turned into practise. It provides peer support and guidance for managers, facilitating solutions to challenges that might have otherwise been seen as complex problems.

Maxine Dennis, Service Director, Urgent Care

From the standpoint of PCT / CCG local commissioning the Network has been of immense value. It is a well oiled collaborative arrangement through which we can bring about service developments, and respond to new evidence and national policy in a way that brings benefits speedily to a population area of around 1.8 million people. This collaborative network approach to commissioning, and the partner relationships it fosters with provider trusts and service users, is the envy of NHS commissioners in other areas who do not have such arrangements in place. One great example of this in recent years has been the early introduction of primary angioplasty as the principal treatment for heart attacks. In response to emergent new evidence of its benefits, we were able to commence this in the Sheffield area and quickly roll it out to benefit the entire network geography in a systematic way; coordinated across the specialist treatment centre, district hospitals and the ambulance service. The Network has also enabled the establishment of jointly agreed treatment policies, such as for medication and cardiology interventions, to ensure we have consistent access to effective treatments for our population, and thereby reduce the risk of contributing to health inequalities due to differential access to services and treatments. This is why we see the Network as core business and is greatly valued.

John Soady,Public Health Principal

North Trent Network of Cardiac Care Cardiovascular Disease Health Profiles

The following Charts and accompanying information are compiled from the CVD health profiles produced for every Network and PCT in England by the South East Public Health Observatory.

There are fifteen CVD key indicators, with those evidenced relating specifically to cardiac activity.

The data relate to the period 2010/11 and the graphs show comparison between the individual health communities across the North Trent Network region.

Key Messages from the Profiles

Early mortality rates from cardiovascular disease (<75 years) are significantly higher than the national rate and have decreased by 44.6% since 1995.

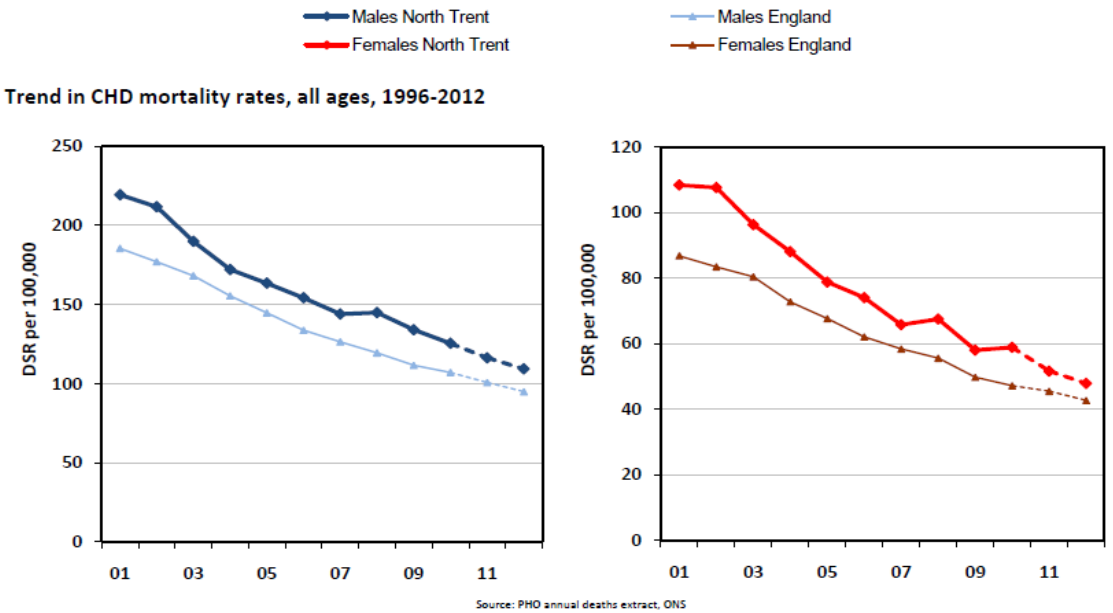
Emergency admission rates for both CHD and Stroke are significantly higher than the national rate.

The mortality rate of STEMI cases within 30 days of treatment in hospital is significantly lower than the national rate.

Rates for revascularisation are significantly lower than the national rate.

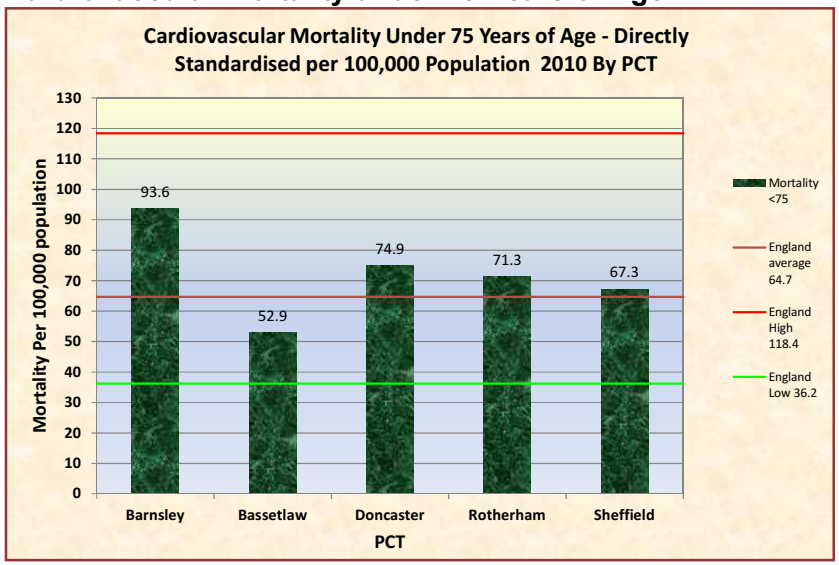
Trends in CHD Mortality Rates

The following graphs show the decreasing trends in mortality for both males and females between 1996 and 2012

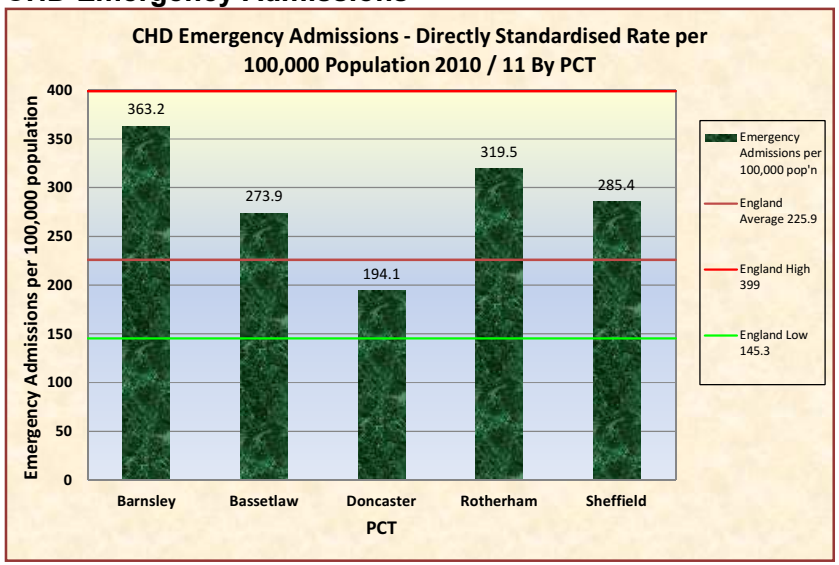


The forecast decrease in the mortality rate for CHD between 2001 and 2012 for North Trent is 50.2% for males and 55.9% for females. For England, the forecast decrease is 48.8% and 50.8% for males and females respectively.

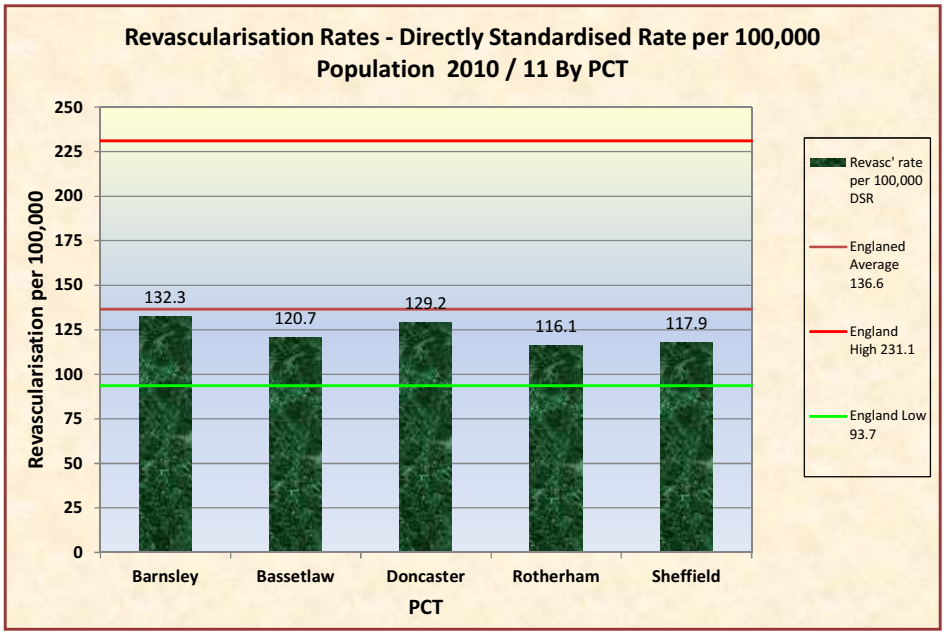
Cardiovascular Mortality under 75 Years of Age



CHD Emergency Admissions



Revascularisation Rates



Clinical Lead Report

2011/12 has been a very productive year during which we have been focused on the need to drive change and innovation. From a clinical perspective, the most challenging project was the Cardiac QIPP project which brought together representatives from primary, secondary and tertiary care across the whole cardiac pathway. The aim of this project was to standardise care for patients with chest pain. The output of this group was agreement on three areas of the chest pain pathway, referral from primary to secondary care, secondary care diagnostics and the decision to proceed to revascularisation. These pathways have been agreed and are being implemented across Yorkshire and the Humber. We look forward to auditing them during 2012/13.

The Cardiac QIPP project and the publication of NICE guidance for new onset chest pain, has also provided the basis for work to commence on the development of a Cardiac Imaging Strategy across North Trent. Following a stocktake of local provision early discussions have taken place regarding the range of modalities available and areas for possible development. In a collaborative project across North Trent, a successful cardiac CT angiography pilot took place and the service is now commissioned in most Trusts demonstrating clear patient experience and clinical benefits and a reduced number of cardiac angiographies within South Yorkshire. Interest specifically in the development of Cardiac MRI has been expressed. This service is currently commissioned as a specialised service.

The Network continues to work closely with colleagues within the Stroke Strategy Project and as such participated in and contributed to the work of the Y&H SHA Stroke Prevention agenda to develop 'Regional Best Practice Guidance in respect of Atrial Fibrillation (AF)', which was published in June 2011. The purpose of this guide was to develop a multi-professional strategy to improve the detection and treatment of AF, to increase the use of evidence based therapy and reduce strokewhich has clear links to objectives within the Arrhythmia section of the Cardiac Work Programme.

The Heart Failure NICE Guidance CG108 and subsequent NICE Quality Standards have led to the development of a Network NICE Quality Standards Assessment Framework and through this a review of local services. Through the support of our well-developed Network User Group and locality based focus groups, views of public and patient expectation and experience in relation to Heart Failure Services have been sought. Feedback obtained about local performance against the quality standards yielded some very enlightening and at times challenging comments and as a result Network providers and commissioners will be using this valuable knowledge when reviewing and improving services.

The Network has continued to successfully implement NICE Guidance for a range of drugs including Ticagrelor and have developed a Clinical consensus approach towards the implementation of the NICE guidance for new oral anticoagulants. Finally we are also hoping to improve access to 24 hour tape recording through the AQP process which should be implemented during 2012/13.

I would like to extend my thanks to all my colleagues for their commitment to the improvement and delivery of high quality Cardiac Care across North Trent and to the Network Team for their support.

Gill Payne
Network Clinical Lead,North Trent Network of Cardiac Care
Consultant Cardiologist, Doncaster & Bassetlaw Hospitals NHS FT

Cardiac QIPP
In line with the National QIPP agenda, the Yorkshire and Humber Specialised Commissioning Group have undertaken a regional Cardiac QIPP project looking at the thresholds for revascularisation. The Cardiac QIPP project included all three Cardiac Networks and identified that there was significant variation in access to intervention for revascularisation across the region, which was not explained by epidemiological factors. The hypothesis was that variation in clinical practice was a significant contributory factor.

The project commenced in November 2010, with the first stage of the Threshold development starting with a Clinical workshop in December 2011. This workshop was attended by approximately 50 clinicians, from primary, secondary and tertiary care in addition to trust managers and commissioners. Following this event, draft documentation was developed to apply to the following decision points:

- Threshold 1: Referral from GP to secondary care clinician (Cardiologist)
- Threshold 2: Referral for diagnostic testing
- Threshold 3: Referral from the Cardiologist to either an interventional cardiologist or cardiac surgeon for revascularisation.

There was a high level of both clinical and non-clinical collaboration and shared working across the region. Each Network led on the process for developing a specific threshold through wider consultation with the attendees of the workshop. The North Trent Network of Cardiac Care led on the development of Threshold 2 and also on testing the feasibility of the implementation of Threshold 3. Gathering relevant PPI experience data was also led by North Trent.Once the thresholds were developed and agreed they were shared for consultation to ensure that the engagement was wider than simply those directly involved in the development.

The result of this work was the agreement of the three thresholds across the three Networks and sign off by the Y&H SCG. In North Trent the Thresholds were integrated into Contracts for 2012/13 and work is underway with primary care for the implementation of Threshold 1. Further work will be undertaken in 2012/13 to monitor and audit the implementation and to measure the impact of the Thresholds.

Cardiac Imaging
In response to the national report, 'Cardiac imaging: a report from the National Imaging Board' published in March 2010, a working group was set up to develop an imaging strategy. A significant amount of work looking at capacity and workforce was undertaken, as well as scoping possible developments in other areas.

During 2012/13, it is anticipated that further work will take place across the North Zone (North of England Networks) to look at Imaging Services and current strategies, and the outcome will be fed back into the Imaging Group.

As part of the local work that has been undertaken within North Trent, CT Coronary Angiography is now routinely commissioned for a defined group of patients A limited Cardiac MRI service is commissioned with the Teritary centre through the Specialised Commissioning Group on a cost per case basis. In 2011/12, 337 CMR Images were performed.

These are significant service improvements. There are debates occurring nationally around the implementation of Cardiac CT due to the lack of a national tariff. Within North Trent however, the excellent working relationships between clinicians, managers and commissioners, has led to the development of anagreed service specification and locally agreed tariff enabling the implementation of a service which prevents a specific cohort of patients from having to undergo an invasive diagnostic procedure.

Heart Failure

Following the publication of the NICE Quality Standards for Chronic Heart Failure, in June 2011, Network agreement was reached on the development of an implementation framework for all Cardiac related NICE Quality Standards. As part of this process, a baseline assessment of Heart Failure Services was carried out across the Network region.

This Network-wide baseline assessment was undertaken in October 2011 and at the same time a specific engagement project was developed in order to understand the current service user and carer experiences alongside this clinical services position. This large scale 'service review' project, completed in March 2012, aimed to provide service user and carer experiences of using the Heart Failure service across the Network.

During 2012/13 individual health community reports will be produced mapping service users' and carers' experiences against the individual quality statements set out in NICE Quality Standards for Chronic Heart Failure. These reports will be shared with health professionals across the six health communities, Network User Group members and all participating service users and carers.

A comprehensive network wide report will be produced and presented to the Network Board. It is expected that actions to review and develop Heart Failure Services will be agreed and implemented locally and progress reviewed annually.

NICE Quality Standards Framework

In December 2011, the Cardiac Network approved a 'NICE Quality Standards Framework' to assess the standard of services within North Trent against each set of Quality Standards.Combining a whole community baseline assessment of current service provision, with work to determine the level of patient experience of a service across the Network, the Framework provides a mechanism to monitor the implementation of the standards and to develop clinical services.

NICE New Drugs: Technology Appraisals

During 2011/12 a number of NICE Technology Appraisals (TA's) were published for new drugs which had implications for cardiac services within North Trent. The first of these was for Ticagrelor, an anti-platelet therapy and more recently new Oral Anti-Coagulants.

In response to these TA's the Network facilitated a coordinated approach to the approval and implementation of these drugs.This collaborative approachsought and successfullyachievedengagement with all relevant parties to ensure a smooth and clear transition for the use of these drugs.

Following the successful implementation of Ticareglor, with clear guidelines and protocols for its use, the Board and NORCOM agreed that a similar coordinated commissioning approach be followed for the implementation of all future TA's.

A more formal process will be developed and documented during 2012/13.

Familial Hypercholesterolaemia (FH)

During 2011/12, the Network continued to work on the development of FH services based on the NICE Clinical Guideline 71, issued in August 2009.It is envisaged that during 2012/13, an agreed Service Model will be developed for consideration by Network commissioners of FH services.

Guidance on the detection and treatment of Atrial Fibrillation

In June 2011, a multi-professional strategy to improve the detection and treatment of AF, to increase the use of evidence based therapy and reduce stroke was published by the Y&H SHA. 'Regional Best Practice Guidance in respect of Atrial Fibrillation (AF)' was published following collaboration across the three Cardiovascular Networks in the Yorkshire and Humber region.

This Regional Prevention Guidance for Healthcare Professionals provides guidance to identify and support people with AF and offer them optimal therapy. This work supports the Arrhythmia work stream of the Cardiac Work Programme.

The guidance will help Healthcare Professionals:

- Raise professional awareness of AF and its role in stroke and scope how Social Marketing can improve the public's awareness of symptoms of AF;
- Improve the detection of AF, via opportunistic pulse checks within other health initiatives;
- Provide guidance on referral from primary to secondary care;
- Improve secondary prevention by detecting AF in patients who already have had a TIA or stroke;
- Identify how to risk stratify AF patients and treat those at risk via the use of oral anticoagulants;
- Address barriers to oral anti coagulation therapy and look at the use of other potential anti-coagulants on the market that may not already have a licence but will do so at some point in the near future;
- Promote, where applicable, the GRASP-AF tool to search Practice Registers and identify AF patients not on optimal management to support medication review;
- Look at how the "Prevention and Lifestyle Behaviour Change Competency Framework" can enable healthcare professionals to support patients with known AF;
- Through clinical audit, recommend how the quality of service provision can be audited and how changes in practice can be measured;
- Look at anti-coagulant clinics and clinical management, the quality of anti-coagulation and need for annual review.
- Look at anti-coagulant clinics and clinical management, the quality of anti-coagulation and need for annual review.

Yorkshire and Humber Congenital Cardiac Network (CCN)

The Y&H CCN is a Network managed by the North of England Specialised Commissioning Group (Yorkshire and the Humber Office) and was established in 2009 to enable clinicians, managers and commissioners across North Trent, West Yorkshire and North East Yorkshire and Northern Lincolnshire to work together to improve congenital cardiac services in the region.

During 2011/12 the CCN made significant progress in a number of areas including:

- A Paediatric Cardiology Outpatients Service Review

- Patient, Parent and Carer representation and involvement
- Delivery of a regional programme of Fetal Cardiac Screening Training

It is anticipated that the decision on the future national configuration of paediatric cardiac surgery services (Safe & Sustainable: Review of Paediatric Cardiac Surgery) will be made during 2012.

Any Qualified Provider – Cardiac Diagnostics - Ambulatory ECG

Following the publication of DH Guidance 'Extending Patient Choice of Provider' in July 2011, PCT Clusters were required to identify 3 or more services to allow the extension of patient choice through Any Qualified Provider in 2012/13. One of the services identified was 24 Hour ECG services. NHS Sheffield led on the development of a cluster-wide service specification and the procurement process on behalf of the South Yorkshire &Bassetlaw Cluster. The North Trent Network of Cardiac Care assisted the development of the service specification in early 2012.

A draft service specification was developed with input from Professor Adrian Davis OBE (DH Lead Advisor on Physiological Science Services and Audiology), Professor Sue Hill OBE (Chief Scientific Officer, Department of Health), Doctor Charles Heatley (GP/PBC Confederation Chair, NHS Sheffield) and Doctor Richard Oliver (Joint Chair of the Clinical Executive, NHS Sheffield). The draft service specification was consulted on widely within the Network and it is anticipated that the final specification will be completed in May 2012. This specification will be shared with the Department of Health and made available for other PCTs / CCGs undertaking similar exercises.

It is envisaged that the procurement process will commence in June 2012 with the service commencing as an AQP service in September 2012.

The anticipated benefits of opening up services to AQP are:

- To give patients the right to choose to be treated in the place that is most appropriate to their needs
- To drive up quality and provide levers for the best quality providers to grow
- To encourage innovation by making it easier for new providers to offer services.

Network partnership approach to Patient and Public Involvement

Patient and Public engagement and involvement activities are on-going within all of the health communities across the Network region. This section aims to highlight some key pieces of work that have been led or supported by the Network Management Team.

The Cardiac model and approach to PPI was developed following stakeholder consultation and co-design and is continuous and sustained. This approach, outlined in the NTNCC Public Engagement and Involvement Model (see P16), enables a rapid response to emerging priorities. Patient and Public Involvement (PPI) activity happens along 4 levels of the involvement continuum as identified in 'Real Involvement – Working with People to improve Services (DH 2008):

Level 1 - giving information
Level 2 - getting information
Level 3 - forums for debate, public participation
Level 4 - partnership working.

This Network wide partnership approach ensures engagement and a close working relationship with the statutory NHS organisations, community groups, interested individuals service users and carers, Voluntary Sector Umbrella Organisations and Local Involvement Networks (LINks).

A 'Friend of the Network' membership scheme holds information that identifies an individuals preferred level of involvement and the method of communicating with them. The hub and spoke communication mechanism, with relevant community groups and public representation from the Network User Group at Board level, ensures that a Network wide public voice has an influence in shaping Network commissioning plans.

Examples of PPI activity that has occurred during 2011/12 includes:

Level 1 – Giving Information

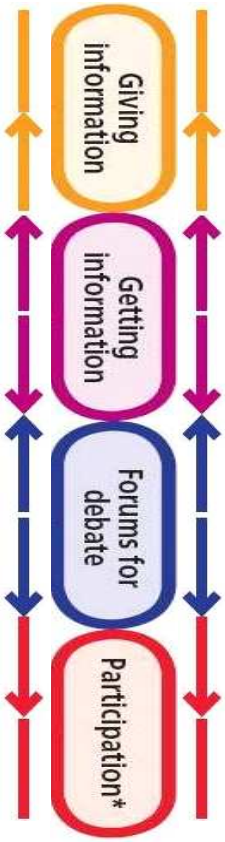
- **NTNCC website** – to enable the public to be informed about the business of the Network and ensure transparency in all PPI activity, the relevant section on the website is maintained and updated regularly. Project reports and the notes from the Network User Group meetings are posted and the site contains direct links through to other sites e.g. Patient Opinion.
- **Bonafide public information sources** – these are given to the public on an on-going basis either as part of specific project work or via the website. The types of information that have been shared this year have included NICE information for the public, NHS constitution, NHS choices and Patient Opinion and information specific to the public consultation project.
- **Communicating Information as specific projects** - Various Network wide communication projects have been undertaken this year for example:
  - Dard e dil– (pain in heart). The production of this DVD was led by the Bradford community development team(Urdu with English subtitles)to help South Asian people to get the urgent help they need if they get chest pain.

Level 2 and Level 3 - Getting Information and Public Participation

- **Cardiac QIPP**– as part of the regional specialised commissioningproject a focus session utilising project questionnaires was held with services users and carers who had recent experience of the cardiac revascularisation pathway.

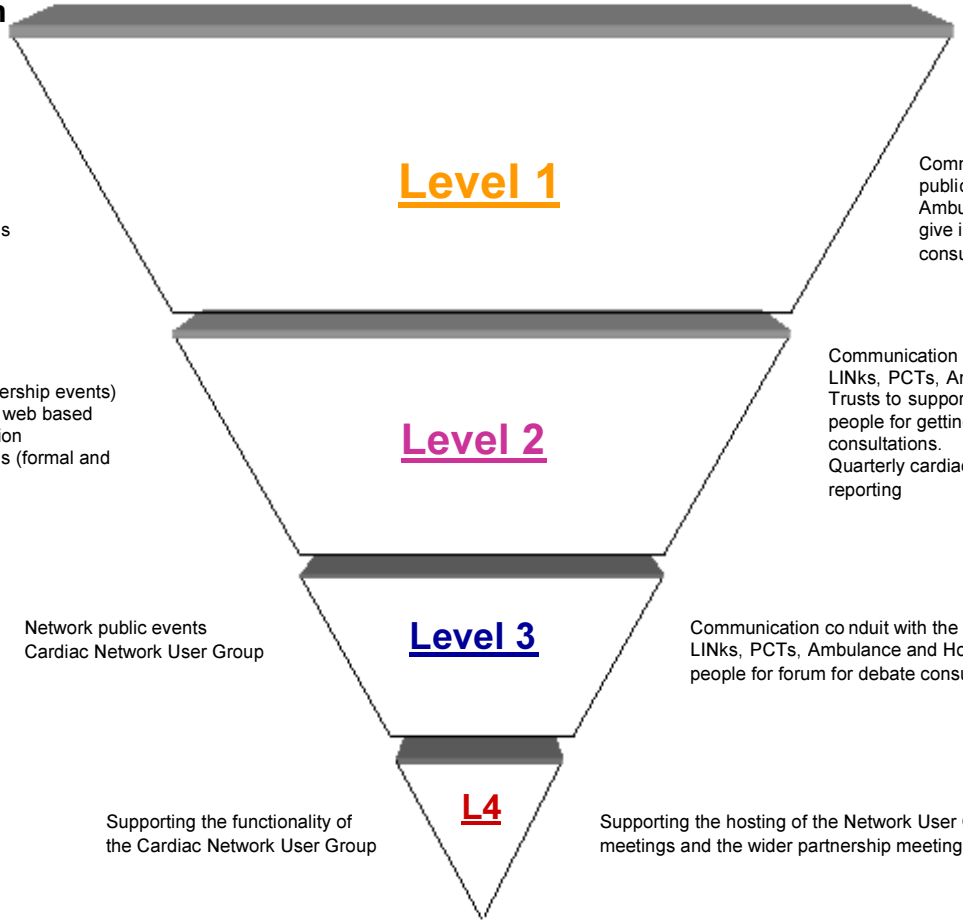
North Trent Network of Cardiac Care Involvement Model

Network Improvement Team coordinated activities



Network website
Network User Group
Annual Network PPI report
Network public consultations (formal and informal)
Network events (inc l. partnership events

Network User Group
Network events (inc l. partnership events)
Ongoing via local LINks or web based platforms e.g. Patient Opinion
Network public consultations (formal and informal)



Communication conduit with the public viaLINks, PCTs, Ambulance and Hospital Trusts to give information about consultations and events

Communication conduit with the public via LINks, PCTs, Ambulance and Hospital Trusts to support consultations and recruit people for getting information consultations.
Quarterly cardiac experience data reporting

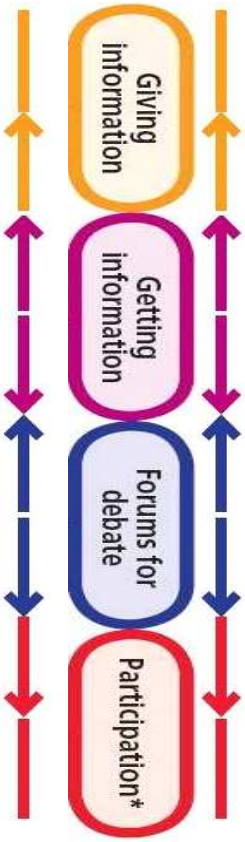
Network public events
Cardiac Network User Group

Communication co nduit with the public via LINks, PCTs, Ambulance and Hospital Trusts to recruit people for forum for debate consultations

Supporting the functionality of the Cardiac Network User Group

Supporting the hosting of the Network User Group meetings and the wider partnership meetings

Partner Organisations co-ordinated activities



- **Working with the National Institute of Health and Clinical Excellence (NICE)** – specific project work is undertaken through the Network User Group that responds to the development of clinical guidance and quality standards. The Network User Group is a registered stakeholder group and individual members apply for lay representative opportunities as and when they arise.During 2011/12 a specific project was undertaken whereby service users attending cardiac rehabilitation sessions were spoken to and their views about preventing a secondary heart attack were captured.
- **NICE Heart Failure QualityStandards**– Network wide agreement resulted in the development of a framework that would ensure a timely response to NICE quality standards. Following a baseline of the clinical service provision, a specific project was undertaken to map service user and carer experiences across the North Trent region. The standard and 13 quality statements were used as a framework at 'Listening to You' events and during semi structured interviews involving 100 service users and carers.Individual health community reports will be written highlighting the emerging themes for the Network and service improvement /development work within the local health communities is currently being planned. It is anticipated that the public engagement exercise will be repeated in 3 years' time offering the opportunity to demonstratethe impact of service improvement on patient experience during that 3 year period.
- **Equity and Excellence consultations** – in response to the emerging plans for the NHS ,'Listening to You' sessions were held to gather public opinion to inform the public consultation exercise.
- **Discovery Interviews** – in their roles as critical friends, Network User Group members identify friends and family members with recent experience of using cardiac services and arrangements are made via the Network PPI Manager for a Discovery Interview to be undertaken. This semi structured 1:1 interview process, grounded in research methodology, gathers an individual's story of care.

Level 4

- **Network User Group** – this group is a formally established sub group to the Network Board, acting as a critical friend to the Network. The hub and spoke service user engagement model enables members to represent their affiliated community group's interest at the Network User Group meeting. This then forms a collective voice which is represented at each Cardiac Board meeting. Specific project work is delegated by the Board to the group. On-going work to support the development of this group and its members has also taken place during 2011/12 resulting in the revision of the terms of reference for the group. The group is continually developing and individuals offer on-going support to the Network
- **Supporting support groups –** a framework for supporting the development or review of cardiac support groups has been agreed at the Network Board. It outlines a sliding level of support that is available for health professionals and members of the public who are considering setting up a cardiac support group.
- **Patrtnership events** - These public events were held in the heart of individual health communities and are driven by people identifying there is a local need .They are co-designed and co-delivered in partnership with NHS statutory organisations, LINks,cardiac support groups and NUG members.

Rachel White
Public and Patient Involvement Manager

North Trent
Stroke Strategy Project

Chairman's Introduction

It gives me great pleasure to introduce the Stroke Strategy Project Annual Report for 2011/12. It has been a privilege to work with colleagues from across the Network to deliver some key improvements for Stroke services during the past year, which has demonstrated the benefits of collaborative working across the North Trent system. It is inspiring to see the dedication and commitment of colleagues to improve services for Stroke patients across the whole of the system working collaboratively to achieve improved outcomes.

The year has seen several significant developments and improvements in Stroke Services across the whole of the system; in particular I would like to focus on recognising the work that has been undertaken by all organisations to implement the Peer Review process. This provides a baseline assessment of the quality and effectiveness of services in delivering good Stroke services to patients. The Peer Review process has been successfully implemented across North Trent and has been helpful in identifying areas to improve what are excellent services across the system.

The introduction of 24/7 acute thrombolysis service across North Trent has been a significant achievement made possible through the co-operation and collaborative working of clinicians and organisations to introduce a tele-medicine solution for out of hours consultations. This initiative has realised significant benefits for patients with increased numbers of patients being thrombolysed and as a result achieving significantly improved outcomes.

The above developments are only two of many initiatives that have taken place across the year in terms of improving aspects of Stroke services. As we look to the future it is important to recognise the need for the North Trent system to continue to work in an integrated way and to collaborate to deliver improvements for patients both within stroke and other disease areas. I would like to place on record my thanks to the Network Team for their hard work and diligence and to all commissioners and providers for the sterling work that has achieved improvements in Stroke services and better outcomes for patients.

Steve Wainwright
Chair,North Trent Stroke Strategy Project
Chief Operating Officer, NHS Barnsley

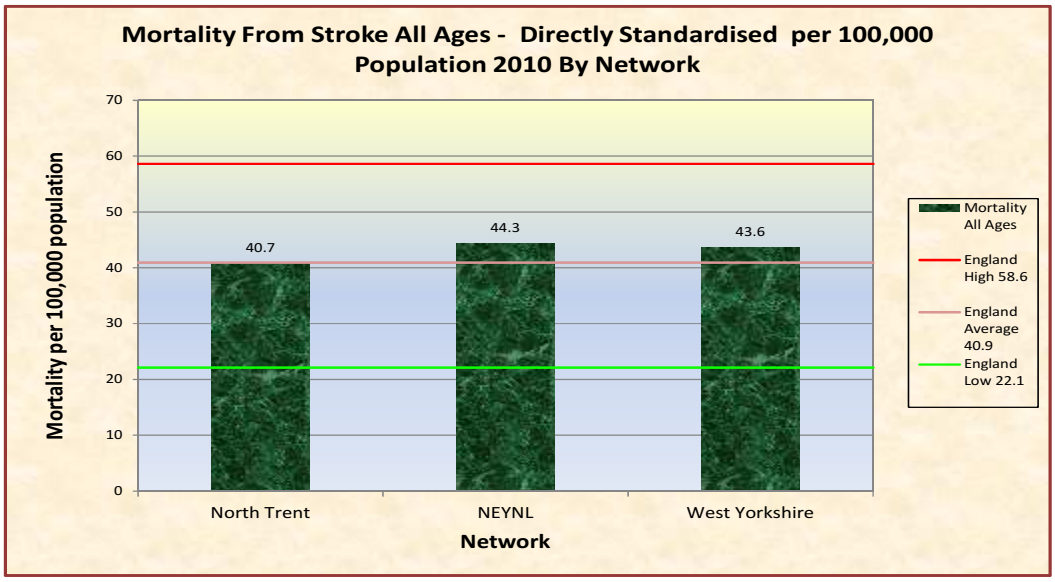
Stroke Related CVD Profiles

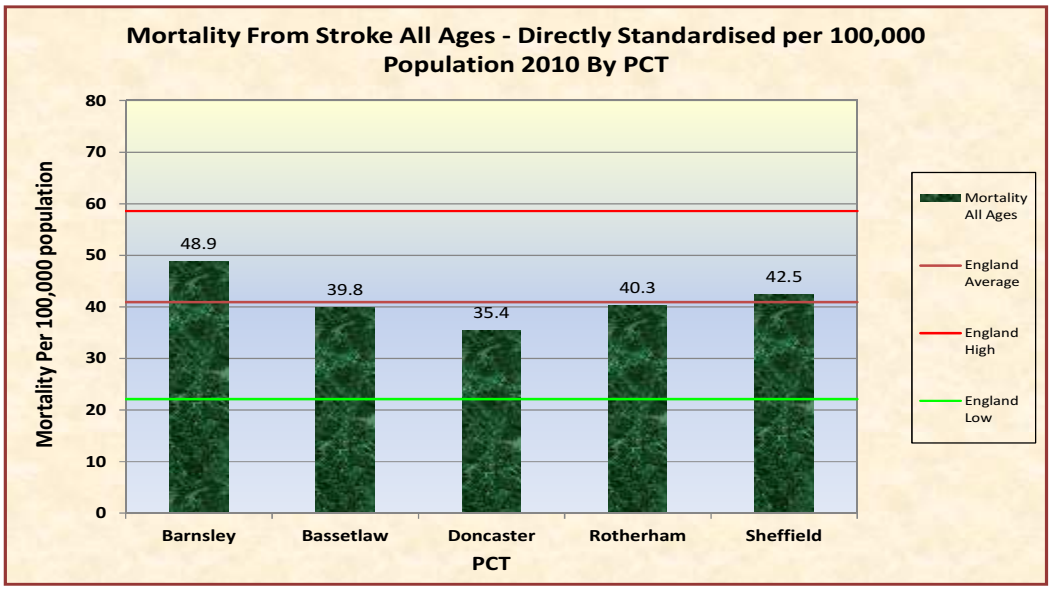
The following Charts and accompanying information are compiled from the CVD health profiles produced for every Network and PCT in England by the South East Public Health Observatory.

There are three Stroke specific indicators out of a total of fifteen CVD indicators; stroke mortality (all ages), Stroke emergency admission rates and percentage of Stroke patients discharged to their usual place of residence.

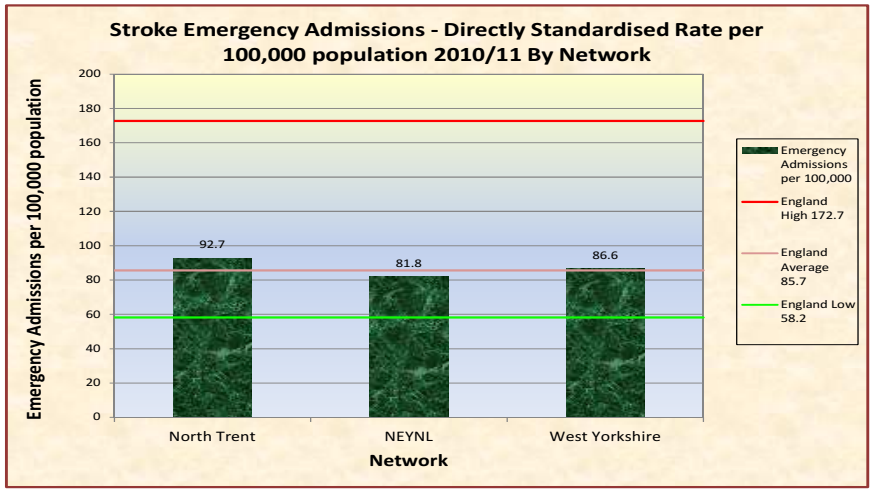
The data relate to the period 2010 / 11 and the graphs show, firstly, comparison between the three Yorkshire and Humber area Stroke networks (North Trent, North East Yorkshire and North Lincolnshire and West Yorkshire) and secondly comparison between the individual health communities across the North Trent Network region.

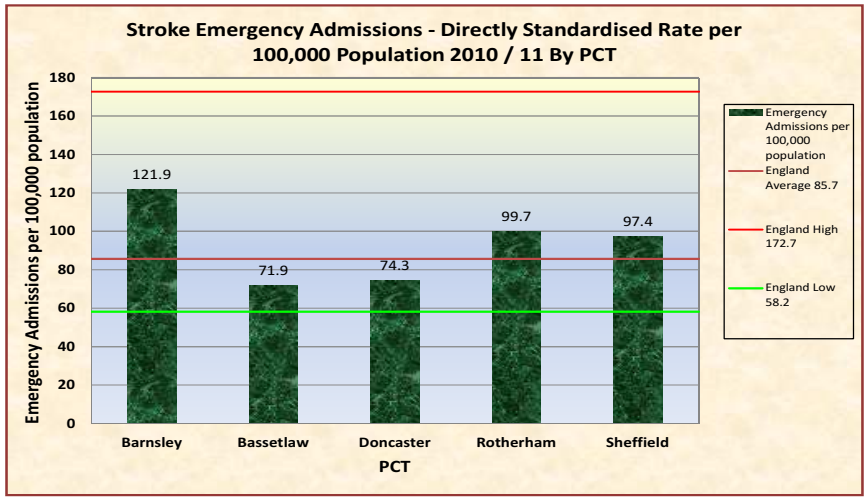
Stroke Mortality





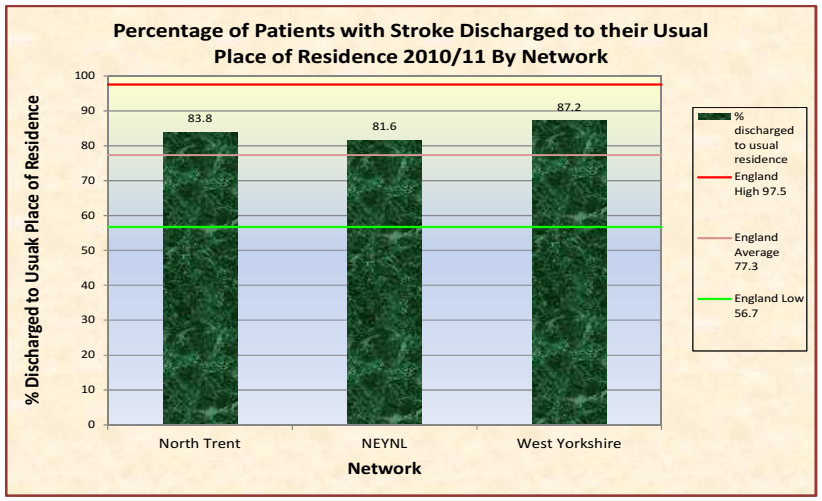
Stroke Emergency Admission Rate

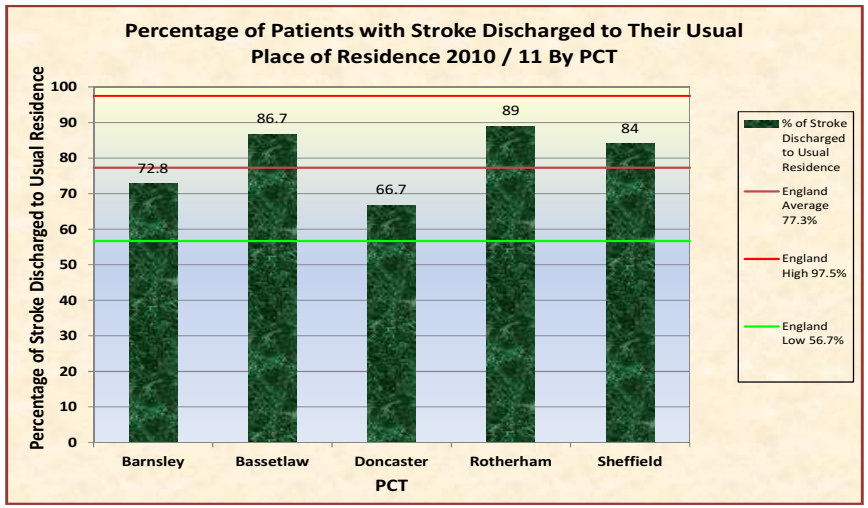




Stroke and TIA Management

The following graphs compare the percentage of patients discharged to their normal place of residence, firstly, by Network and then by individual health communities within the North Trent region.





Clinical Lead Report

During 2011/12, we have been delighted to welcome Drs Gary Pratt, Peter Anderton and Mahmud Sajeed to the Network as Consultant Stroke Physicians. In addition, Dr Sunil Punnoose moved from Chesterfield to Rotherham, Dr Hlaing Ni joined us as Stroke SpR and our congratulations go to Dr Jessica Redgrave in achieving her CCT in Stroke Medicine as part of her neurology training.

The participating hospitals within the Network have continued to demonstrate their ambition to implement the National Strategy for Stroke by achieving high scores in their IPMRs and 'Accelerating Stroke Improvement' metrics, although further work is still required in the areas of discharge and follow up which will form part of the work we will be taking forward in 2012/13. On behalf of the Network I would like to thank all clinicians involved in the care pathway for the work they have done in maintaining such high standards.

All providers of Stroke services in the Network participated in the demanding Y&H Peer Review process last year. Sheffield Teaching Hospitals are to be congratulated for achieving comprehensive (level one) Stroke centre status (the only one in Yorkshire and the Humber) and Chesterfield is now fully accredited as a level two Stroke centre. Subject to follow up review I anticipate Doncaster, Barnsley and Rotherham will achieve level two Stroke centre status within the next six months. We are grateful to a number of external reviewers (Dr Christine Roffe, Professor Helen Rodgers, Dr Charles Sherrington, Dr Indira Natarajan, Dr Tim Cassidy and Dr Peter Humphrey) as well as my co-leads for Yorkshire (Drs Bamford and Coyle) who have given a considerable amount of their time to make this process effective and rigorous and on your behalf I would like to extend our thanks to them for doing this.

The Network was the first in Yorkshire and the Humber to implement telemedicine for out of hours and weekend thrombolysis care through a pilot which commenced in January 2011. This has already had a significant impact on care for people with stroke in that we are now delivering thrombolysis care to 10% of those eligible at night compared with 6% during day time hours. What started as a pilot to assess feasibility will move to a permanent commissioned solution across the Network in July 2012/13. I would like to thank Martin Dawes Ltd., for delivering the information technology solution and equipment on time, Sarah Halstead, Project Lead for Telemedicine in Stroke, the many of you who have trained GIM trainees, acute care and emergency physicians, stroke nurses and others and especially those Clinicians on the rota who deliver this service.

Clinicians within the Network have contributed, through platform and poster presentations, to the UK Stroke Forum in Glasgow, the European Stroke Conference and other national meetings and continue to be active participants in the work of the Trent Stroke Research Network and the Stroke CLARHC.

My thanks go to everyone concerned in delivering Stroke services for their commitment and cross Network collaboration which has been an essential element in our success.

Professor Graham Venables
Clinical Lead, North Trent Stroke Strategy Project
Consultant Neurologist and Clinical Director Neurosciences

Working with and as a member of the North Trent Stroke Strategy Project Board

Martha Mayhew, Assistant Director of Service Improvement
NHS Doncaster

As a commissioner I have found the support of the Network invaluable in supporting service improvement and development. Working in partnership with the Network enables the sharing of best practice both across the region and nationally.

The Network provides health intelligence to inform commissioning decisions and has been instrumental in the development of the North Trent telemedicine thrombolysis service.

During the Stroke service Peer Review, the Network has provided essentialguidance and support to both commissioner and provider throughout the process.

Marie Rowland, Deputy Chief Operating Offier
Barnsley Hospital NHS Foundation Trust

The Stroke Network has provided the support and infrastructure to enable Barnsley Hospital to drive forward a challenging agenda which enables excellent care for Stroke patients to be delivered locally.

Assuring quality and robust service delivery plans has enabled providers within the Network to work as a collective group to establish 'best fit models' and share best practice.

Maxine Dennis, Sevice Director, Urgent Care
Rotherham NHS Foundation Trust

Working with local commissioners and providers as part of the North Trent Cardiac Network and Stroke Strategy Board supports the development of quality services for our patients. The collaborative approach that the Network engenders ensures that we share best practise, use resources wisely by avoiding duplication, and develop services that are both affordable and patient focused.

In terms of the Stroke Strategy Board, there is no doubt that local providers could not have achieved a 24/7 Thrombolysis Service without working together to develop a Network solution. This is truly collaborative working. The last 12 months has also seen a focus on Stroke Accreditation and the Accelerated Stroke Indicators, both of which have supported the drive to improve quality in Stroke Services. The sharing of good practise has provided mutual support to implement new and innovative ideas.

The Network also enables strategic thinking in terms of how policy can be turned into practise. It provides peer support and guidance for managers, facilitating solutions to challenges that might have otherwise been seen as complex problems.

The Yorkshire and the Humber Stroke Telemedicine Project

The Stroke Telemedicine project began in February 2010. The key aim of the project was to deliver a Stroke Telemedicine Solution across Yorkshire and the Humber to support delivery of the Hyperacute Stroke Pathway, specifically thrombolysis. The installation of the telemedicine solution was completed in September 2011.

Following the installation, the North Trent Stroke Network has used the technology to support the development of an inter-trust collaborative thrombolysis rota. This has seen the extension of Stroke thrombolysis provision from a weekday 9am – 5pm service to an out of hours and weekend rota. By July 2012 it will extend to 7 day a week 24 hours a day. Telemedicine has led to better use of the Stroke consultant workforce and more affordable out-of-hours rotas.

The decision was taken in North Trent to conduct a Stroke Telemedicine Pilot Project for out of hour's emergency admissions. The Stroke Telemedicine pilot will run from the 9 January 2012 until 30 June 2012. The following numbers are for the period of 9 January 2012 up to 31 March 2012.

- 94 patients were admitted out of hours
- 17 (18%) patients have benefited from an assessment for thrombolysis
- 7 (41%) patients were thrombolysed with an age range from 23 years to 89 years

Indications are that these figures will continue to improve.

Of the 94 admissions out of hours, 39 patients were not assessed for thrombolysis for non-clinical reasons. Thirty seven of those patients presented late (out of the thrombolysis time window for thrombolysis).

A patient's story

It was a Sunday evening and I had had a headache for about an hour and felt generally unwell. I decided to go to bed and as I got to the top of the stairs my arm felt strange and I subsequently collapsed. My mum rang the ambulance and I was taken to hospital.

I did not know what was wrong with me or even if I might die. When I got to the hospital, although I did not know what was wrong with me it was a great feeling to know that the doctors and nurses knew what to do and I am really thankful for that and would like to thank them all.

This patient is a 23 year man who was assessed and thrombolysed via the telemedicine out of hour's thrombolysis service and he has made a good recovery.

In Yorkshire and the Humber it has been estimated that extending the Stroke thrombolysis service beyond its current in-hours delivery would lead to the prevention of significant disability in 37 people per annum, a saving to the NHS of £350,248 per annum and a saving of £782,907 per annum to social care.

Developing Stroke telemedicine in the Network has provided a powerful lever for driving up the quality of all acute Stroke care; a prerequisite for the delivery of telemedicine care being the delivery of excellent acute Stroke care. It is also proving to be a useful opportunity to explore the potential use of telemedicine in other acute medical care.

There has also been a positive response from clinicians and patients. A patient thrombolysed via telemedicine in February agreed to share his experience/story.

Yorkshire and the Humber Peer Review Accreditation

The improvement of Stroke services continues to be a key strategic priority in Yorkshire and the Humber. The Y&H Stroke Assurance Framework was developed as a result of 'Healthy Ambitions' and through the submission of Stroke Assurance Framework (SAF) plans, PCTs have endeavoured to plan and achieve the quality standards of stroke care which provide their population with a quality Stroke service.

Through Stages 1 and 2 of the SAF process, PCTs along with their Providers developed their plans for improving the core and developmental quality marker standards as highlighted in the Y&H SAF. Plans were subsequently peer-reviewed by regional Stroke Networks, and Red-Amber-Green (RAG) rated with recommendations made for further improvement. All core quality marker standards had to be RAG rated green to achieve an overall green score.

4 out of the 5 PCT's plans were RAG rated amber. Follow up confirm and challenge meetings were held and refreshed SAF plans resubmitted following further recommendations. Since the initial submission in Dec 2009 SAF plans have greatly improved in those PCTs.

In the next stage of the SAF process(Stage 3), Providers (with support from their PCTs) were required to evidence "on the ground" how they were meeting the Stroke quality marker standards, which they had been working towards during 2010.

The outcome of the Stage 3 process was to award an accredited level of Stroke care as highlighted in the SAF. It was anticipated that Providers would wish to be accredited with one of these levels, and they were required to provide detailed evidence to demonstrate that they meet the standards for the relevant level of accreditation.

Stage 3 of the Y&H Peer Review process, supported by Network Teams, commenced in October 2011 and provided an excellent opportunity to examine Stroke services in detail.

Improvements made in Stroke care across the Network as a result of the Peer Review process are evident with 2 Trusts gaining full accreditation and 3 trusts awaiting a decision pending their final review visit.

Network Position at 31.3.12:

	North Derbyshire	**Sheffield**	**Rotherham**	**Barnsley**	**Doncaster and Bassetlaw**
Date of review visit	16th November 2011	6th December 2012	19th December 2011	31st January 2012	2nd March 2012
Position 31.3.12	Provisional accreditation awarded. Review meeting 4th May 2012	Accredited at Level 1	Provisional accreditation awarded. Review meeting June 2012	Decision deferred pending further information. Review meeting May 2012	Provisional accreditation awarded. Review meeting September 2012

Accreditation is an important step in the regional drive to improve Stroke care. Core standards are now in the process of becoming embedded, and it is envisaged that all providers will be providing 24/7 hyperacute care including thrombolysis from 1 July 2012.

Gaining accreditation not only rewards the service, providing the deserved recognition that the quality standards have been met, but provides assurance to its population and promotes credibility amongst peers. It is also important as part of the roll out of the Y&H Telemedicine Project for thrombolysis where a reliance on inter trust working and assurance of the quality of service provision in each participating site isrequired.

Accelerating Stroke Improvement (ASI)

The National Stroke Strategy was launched in December 2007 providing a national quality framework through which local services can, over a ten year period, secure improvements across the stroke pathway against quality markers.

Following the National Sentinel Audit of Stroke 2009 Organisation Audit Report,the Accelerating Stroke Improvementprogramme was launched as a national initiative designed to accelerate improvement of services across the whole pathway of stroke and TIA care, reflecting all 20 quality markers in the strategy.

Through the development of 9 key metrics across the whole patient pathway, *Accelerating Stroke Improvement* was designed to help commissioners and providers work together to determine the best way to improve services. Work on stroke falls naturally into three domains:

- prevention;
- acute care;
- post-hospital and long-term care.

Accelerating Stroke Improvement (ASI) Performance

Data

The following table has been compiled from national comparative data prepared and distributed by the NHS Stroke Improvement team. Data from Quarter four 2011/12 represents the most recent data available.

With the exception of measures 3 and 5 (IPMR metrics), ASI data collection is not mandatory so apparent variance in performance may reflect data completeness issues as well as actual service provision.

Performance summary

North Trent has the highest performance of the three Yorkshire and Humber Networks, exceeding both national target and national performance in seven of the ten measures.

Access to brain imaging is the only area which falls below both target and national performance and will be subject to further discussion in 2012/13.

	Performance Against ASI Metrics as at Quarter 4 2011 / 12 National and Yorkshire and Humber Networks				
	National Performance	Target	North Trent Network of Cardiac Care	North & East Yorkshire and Northern Lincolnshire Cardiac and Stroke Network	West Yorkshire Cardiac Network
ASI 1 Preventable Strokes	62%	60%	64%	92%	42%
ASI 2 Direct Admission to Stroke Ward	56%	90%	73%	60%	65%
ASI 3 Acute Stroke Care **(Also IPMR metric)**	84%	80%	86%	80%	82%
ASI 4a Access to Brain Imaging 1hr	40%	50%	31%	30%	15%
ASI 4b Access to Brain Imaging 24hr	90%	100%	89%	82%	81%
ASI 5 Management high risk TIA clinic appt **(Also IPMR metric)**	73%	60%	94%	75%	55%
ASI 6 Timely access psychological support	39%	40%	57%	67%	0%
ASI 7 Joint Health & Social Care Mgmt	70%	85%	100%	99%	27%
ASI 8 Assessment and Review	37%	95%	95%	12%	33%
ASI 9b Access to ESD	31%	40%	55%	25%	37%

Key

- Above target and above national
- Above target but below national
- Below target but ≤national
- Below target and below national

SINAP

The Stroke Improvement National Audit Programme (SINAP) is a national audit that focuses on the provision of hyperacuteservices. SINAP collects prospective continuous data for patients during the first three days of care. SINAP went live on 4th May 2010. The aims of SINAP are:

- To describe the pathway followed by patients with acute stroke (in the first three days) in hospitals
- To assess the quality of care provided to acute stroke patients during the first three days of care
- To identify the major areas where services need to be improved for acute stroke patients

Data collection identifies all Stroke patients admitted to hospital and documents:

- how patients are admitted;
- how they are evaluated and by whom;
- what investigations they have;
- what immediate treatment they receive; and
- how they are managed during the first

TIA Best Practice Guidance

The Stroke Assurance Framework (SAF), developed in 2009/10 by the three stroke Networks and Y&HSHA, established the blueprint against which commissioners and providers would assure themselves of the development and implementation of Stroke services in accordance with the Quality Markers set out in the National Stroke Strategy (2007).

The need to more formally address Element 'A' (Stroke prevention) of the SAF was identified by the regional Stroke Assurance Framework Working Group (SAFWG). Recognising the gap in this area, and with the increasing significance of the QIPP agenda, SAFWG endorsed a programme of work to provide additional focus in this area in September 2010.

The prevention of Stroke presents significant QIPP opportunities for the regional health economy and aligns neatly with all five domains of the Outcomes Framework requirements and Y&HSHA TIA service performance (IPMR). It also remains one of the key concerns and priorities both regionally and nationally. Following consultation with clinical leaders, the

72 hours after admission.

This process enables local clinicians to be able to continuously assess their performance benchmarkedagainst national performance.

From December 2011 all five acute trusts across the North Trent Network were submitting SINAP data. All Trusts submit this information for all Stroke patients and not just for the minimum requirement of 20.

treatment and management of TIA was identified as a key priority for this work.

A clinically-led, multi-disciplinary, time-limited task & finish group was established to progress this important element of work. The group membership included, Stroke consultants, Neurologists, GP's, commissioners and Networks from across the North Trent region.

Following a rigorous review of all available evidence and guidelines, in conjunction with a wider consultation process, a 'best practice' TIA guidance was developed and completed in June 2011.

As a clinically-led piece of work that represents a consensus in respect of 'best practice', the guidance can be used to help the regional health economy understand how it can best address the Stroke prevention agenda, realise the performance and QIPP potential, and assure itself of consistency of approach.

Network partnership approach to Patient and Public Involvement

The Stroke Strategy Project Board agreed approach to PPI activity was for the majority of projects to occur at a local health community level on a do once and share basis.

An example of this approach is evidenced through the North Trent social marketing project which commenced in 2009 and aimed to raise awareness of Stroke in Black and Minority Ethnic (BME) populations'.

This project was an NHS Sheffield sponsored project supported by the Network. It is envisaged that the outcomes and evaluation will be available across the Network during 2012/13.

The project took an innovative approach to raising awareness of Stroke and its symptoms amongst communities most at risk. Insight was gathered from segmented communities about beliefs and behaviours that might impact on their ability or willingness to seek urgent help

Findings from initial research with key 'at risk' groups across Sheffield, indicated that the focus should be on specific BME communities, co-creating a campaign with the core message of 'time lost is brain lost'.

The campaign – designed and developed by Pakistani, Somali and Yemeni people in Sheffield – involved three key aspects:

- Community events and health checks held at local venues
- Informative materials and bespoke leaflets for each community
- Key information points – both locations and people - in the communities

During the pilot phase of the campaign more than 3,500 leaflets, designed and co-produced by the communities, were distributed and 140 people attended community events.

Work is now continuing to develop a sustainable approach in Sheffield and to share and embed lessons learned within other areas across the Network.

Alongside the co-production approach taken in Sheffield, NHS Doncaster continued its established engagement work with BME communities to increase Stroke awareness. In a comparative evaluation, increases of up to 50% were seen in knowledge of the key symptoms of Stroke and the actions to take and 100% of participants in campaigns in Sheffield and Doncaster knew to call 999 after attending the events.

On-going research by the Collaboration for Leadership in Applied Health Research and Care is taking place to examine the unofficial role of community communicators and how information is transmitted and shared throughout these communities.

Rachel White
Public and Patient Involvement Manager

Member Organisations

Barnsley Hospital NHS Foundation Trust
Chesterfield Royal Hospital NHS Foundation Trust
Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Rotherham NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust

NHS Barnsley
NHS Bassetlaw
NHS Derbyshire County
NHS Doncaster
NHS Rotherham
NHS Sheffield

Yorkshire Ambulance Service
East Midlands Ambulance Service

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