
**Manchester City Council
Report for Resolution**

Report To: Health and Well-being Overview and Scrutiny Committee - 3 September 2009

Subject: Life after Stroke Conference

Report of: Director of Adult Social Care

Purpose of report

- To update the Committee in respect of the success of the recent Life after Stroke Conference and broader progress in respect of the implementation of the National Stroke Strategy.

Recommendations

The Committee is asked to:

- Note the report
- Support the establishment of a city-wide Stroke Strategy Group.

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Background documents (available for public inspection):

National Stroke Strategy, Department of Health, December 2007.

1. Introduction:

In December 2007 the Department of Health launched a new strategy for stroke services in England. The National Stroke Strategy is intended to:

- provide a quality evidence based framework which local service commissioners can utilise to drive improvements to stroke services and to address health inequalities relating to stroke over the next ten year period;
- provide advice, guidance and support for commissioners, strategic health authorities, the voluntary sector and social care, in the planning, development and monitoring of services; and
- inform the expectations of those affected by stroke and their families by providing a guide to high-quality health and social care services.

On the 23rd April 2009 a conference entitled 'Life After Stroke' was held at the City of Manchester Stadium organised jointly by the City Council and NHS Manchester with the support of the Stroke Association. The programme was designed to : -

- Raise the profile of the strategy and work in progress across the City and Greater Manchester.
- Secure the engagement of professionals working in the field and those whose lives have been affected by stroke in discussions around the forward plans for implementation of the strategy and potential service developments across Manchester.

2. Background:

The National Strategy (NSS) was developed after extensive review of best practice, and consultation with professional experts, patients and carers. It is divided in to four programme areas. Each contains a number of quality markers which outline the key features of a good service and actions required by commissioners to drive up standards of treatment and care which are judged to have fallen behind other countries in Europe and North America in the application of advances in knowledge and treatment.

Everyone's challenge – this programme area focuses on heightening awareness about stroke amongst all communities. Too few people understand what a stroke is, the common presentations or know to call 999 when symptoms occur. For effective acute care, stroke must be recognised and regarded as a medical emergency. People also need a better understanding of how to reduce their own risk of having a stroke, further strokes or other vascular events, such as heart attacks, by reducing risk factors, both medical and lifestyle. Members may have observed recent national advertising by the Department of Health in respect of "FAST", the Face, Arm, and Speech Test. See Appendix 1. This has been supported by promotional events and advertisements across Greater Manchester supported by the Greater Manchester and Cheshire Cardiac and Stroke Network.

There is also a requirement to involve patients and their carers meaningfully in the planning, development, delivery and monitoring of services. In response to this NHS

Manchester's Patient Engagement Manager is actively developing a database of patients and carers who can support this work, with close links to the patient and carer engagement work being undertaken by the Greater Manchester and Cheshire Cardiac and Stroke Network.

Time is brain – sets out the changes required in the emergency or hyper-acute management of stroke. Quality markers require arrangements to be put in place for people affected by stroke to be immediately admitted to a hospital providing hyper-acute services throughout the day and night – this includes expert clinical assessment, rapid access to CT scanning, the ability to deliver new medical treatment such as intravenous thrombolysis, administration of aspirin (after a haemorrhage has been excluded), an early multidisciplinary assessment, including swallow screening, and prompt access to a high-quality stroke rehabilitation unit.

Quality markers also require that transient ischaemic attacks (TIA), defined as a stroke where all the symptoms have resolved within 24 hours and often referred to as “mini-strokes”, are treated as a medical emergency with patients at high risk of a stroke in the next month (as defined by a recognised scoring tool) assessed by experts with access to MRI scanning within 24 hours of experiencing symptoms and 7 days for lower risk groups. This needs to be followed by treatment of risk factors which may include surgery to an occluded artery in the neck.

Many who have a TIA are at risk of a subsequent ‘full’ stroke and rapid assessment and treatment for those who have had a TIA will prevent further strokes.

Life after stroke - sets out the standards for care and support after stroke. This includes stroke-specialist rehabilitation within hospital, effective planning for a seamless transfer of care when patients return home or are admitted to a residential setting and comprehensive community rehabilitation services which are maintained for as long as it continues to be of benefit.

Most improvement occurs within six months and the National Clinical Guidelines for Stroke (Third Edition) 2008 recommends that stroke rehabilitation continues until functional levels have returned to pre-stroke levels, are stable or until six months have elapsed, whichever is the shorter.

A range of services need to be available to support the individual long-term needs of people who have had a stroke and their carers. This includes information, practical advice, emotional support and advocacy. People who have had a stroke and their carers should be enabled to live a full life in the community and participate in paid, supported and voluntary employment.

The strategy provides pointers to the establishment of multi-disciplinary Community Stroke Teams to action increasing research evidence as to the benefits of early supported discharge and to the appointment of Stroke Care Coordinators to improve the care management of survivor's throughout the care pathway. This should include a review of their health, social care and secondary prevention needs, typically within six weeks of leaving hospital, before six months have passed and then annually with pathways back to specialist review, advice, information, support and rehabilitation. There is also a requirement to assess the needs of carers.

The NSS also recognises that 20 - 30% of people die within one month of a stroke. It identifies a need for active end of life care in which people with very severe stroke who are not likely to recover are identified and provided with high quality palliative care, either in the community or in hospital, at their place of choice where practical.

Working together – looks at the workforce and supporting mechanisms needed to drive these improvements across the care pathway including the establishment of Stroke Networks which bring together key stakeholders and providers to review, organise and improve delivery of services. It emphasises that people affected by stroke, and at risk of stroke, should receive care from staff with appropriate skills, competence and leadership and that local areas will need to review, plan for and develop a stroke-skilled workforce. In support of this quality marker a Stroke Specific Educational Framework is being developed to cover a range of roles from specialist hospital clinicians to lay volunteers and ensure that the training delivered is appropriate to each role.

3. Funding Support:

The government is supporting the implementation of the strategy through a £105 million development programme across the NHS and local authorities, of which the city council is receiving £118k per annum over three years to demonstrate the benefits of the NSS within social care.

4. Joint planning:

In line with the NHS Operation Framework for 2008/9 work in respect of the re-design of hyperacute services has been taken forward as a priority by the Greater Manchester and Cheshire Cardiac and Stroke Network on behalf of the Association of Greater Manchester PCTs. This is now well advanced with plans in place for the establishment of three hyperacute stroke centres, a Comprehensive Stroke Centre at Hope Hospital delivering care 24/7 and two Primary Stroke Centres at Fairfield Hospital Bury and Stepping Hill Hospital Stockport delivering care 7am to 7pm, Monday –Friday initially.

In line with the NSS, each Centre will have capacity for urgent clinical assessment, MRI scanning, the administration of thrombolysis (clot bursting drugs), associated surgical interventions and the early commencement of rehabilitation. Patients will be repatriated back to their usual local hospital for ongoing care after 24-48 hours.

These plans will be implemented over the next 18 months as the Stroke Centres build capacity with a phased approach across PCT areas and appropriate public information. At present ambulances are diverting patients from the Trafford area to Hope Hospital. Following problems with repatriation and a reduction in available funding, patients presenting within four hours of new stroke symptoms will be diverted to the Stroke Centres. There is a programme for roll out for ambulances across Greater Manchester to divert all patients with a suspected new stroke to a centre by March 2010.

In parallel the Greater Manchester and Cheshire Cardiac and Stroke Network is reviewing standards of care against recognised markers of quality of care at the Comprehensive, Primary and District Stroke Centres. This includes the stroke units at the three main acute trusts: Manchester Royal Infirmary, Wythenshawe Hospital and North Manchester General Hospital. The District Stroke Centres continue to receive new acute stroke patients whilst the phased roll out is in progress and will continue to receive acute stroke patients presenting after four hours if they can demonstrate that they are delivering high quality care. Workforce development will also be taken forward as a regional priority.

A programme of work will commence in September 2009 to scope and develop TIA services across Greater Manchester and ensure timely access to assessment and interventions, including vascular surgery when indicated.

Proposals for the development of community stroke rehabilitation services were included within the 2008 Improving Health in Manchester Programme as a commissioning priority with funds being approved for the development of three Community Stroke Rehabilitation Teams with phased introduction commencing 2009/10. This funding has been suspended until April 2010 due to the current financial difficulties of NHS Manchester. Funding for the city wide provision of the Family and Carer Support Service and Communication Support Services currently provided in Central Manchester, provided by the Stroke Association should proceed during the current financial year.

In July 2008, with work well advanced in the priority areas, service commissioners from across Manchester NHS and the City Council began meeting to start the process of reviewing those areas of the stroke care pathway concerned with "Life after Stroke in which discharge planning and the delivery of community support services call for much greater collaboration across health and social care.

5. The Conference:

As detailed in the introduction the conference was commissioned in order to raise the profile of the NSS and of the continuing challenge that stroke illness presents as a major factor in the health inequalities experienced by this city. The conference was built around contributions from professionals and agencies working within the city, providing an opportunity to introduce planned changes in management of hyperacute stroke care across the Greater Manchester area and the opportunity to discuss and comment upon stroke practice across the city.

The conference attracted over 200 participants with support from a broad range of disciplines across the health and social care field and a significant representation from the independent and third sector organisations which play a central role in the care and support of stroke survivors and their carers. A number of stroke survivors and carers attended, taking an active part in presentations and discussions, a particularly valuable contribution upon which we hope to build.

The conference was opened with welcoming remarks from Cllr. Basil Curley who emphasised how much had been done to prevent premature death and disability in the City with initiatives such as the introduction of the "Check It Out" cardiovascular

screening service at local chemists. Cllr. Curley explained that whilst we have seen life expectancy improve and death rates from heart disease and stroke reduce there was still much more to be done particularly in relation to primary prevention and the development of community services. Cllr. Curley stressed the importance of preventing the sense of abandonment detailed in the introduction to the NSS which many stroke survivors and their carers report experiencing as they move from hospital based rehabilitation to the community.

This was followed by an overview of the National Stroke Strategy by Dr Helen Hosker, Commissioning Clinical Lead for Stroke and Falls, NHS Manchester. Subsequent presentations built upon the four core programmes areas.

Dr Ganesh Subramanian of Manchester Royal Infirmary developed the “Time is Brain” theme. He outlined the changes to the management of hyperacute stroke services negotiated by the Greater Manchester and Cheshire Cardiac and Stroke Network, explaining the advances in stroke treatment that have informed these changes and the benefits they will bring to patient care and recovery.

Developing the National Stroke Strategy’s “Life after Stroke” theme, Helen Speed, Senior Commissioning Manager NHS Manchester, outlined the PCT’s plans to commission three new Community Stroke Teams providing a comprehensive city-wide service which will extend the full range of rehabilitation services into the community setting, ensuring sustained support and on-going review.

Mike Petrou, Lead Commissioner Manchester City Council Adult Social Care, outlined how the department’s restructure programme, “Care for the Future – a life not a service” and particularly the introduction of individual budgets will connect with the Life after Stroke theme of the National Stroke Strategy. He detailed service enhancements now in place in respect of Advice & Information via a Stroke Information Prescription, Locality Homecare Commissioning, the appointment of a Stroke Care Development Manager and the establishment of three new Stroke Coordination Care Management posts attached to each hospital Customer Support Teams, funded in large part via the DoH Stroke Support Grant.

The presentation went on to explain how the Support Grant was being utilised to take forward the “Working Together” theme with £70K invested over the past financial year in workforce development with a particular emphasis upon stroke awareness and skill development within independent provider organisations which provide front-line social care support.

Details of the full programme and workshops are attached at Appendix 2.

6. Forward Planning:

Throughout the conference the need to drive the implementation of the NSS through a close working partnership between NHS Manchester and the City Council was stressed, along with the need to identify wider partners in areas such as employment, rehabilitation services, transport and the voluntary sector.

The work to be undertaken in implementing the National Stroke Strategy over the next few years will involve a number of different directorates in NHS Manchester (commissioning, public health, performance and communications), various departments within the City Council plus external organisations, both statutory and voluntary.

It was recognised that this work needs to be brought together under one accountability and reporting arrangement.

On the 24th July a report proposing the establishment of a Manchester Stroke Strategy Group was presented and approved by the Adults Health and Well Being Board.

At the core of this group's work plan will be the establishment of a Joint Stroke Patient/Customer Reference Group and a baseline needs assessment of stroke patients registered with Manchester GPs to inform our forward plans, (in 2008 there were 7,448 patients with a diagnosis of stroke and/or TIA). However, progress in respect of this latter item will involve cooperation from GP practices and will be progressed sensitively given current heavy demands on GP workloads. The University of Central Lancashire have been commissioned to develop a patient and carer questionnaire (in a suitable format for those with communication difficulties) which will be sent to those on the stroke registers of Manchester GPs. The questionnaire covers a number of different areas and will help inform commissioners in terms of the number of stroke patients in the city, their level of disability, care requirements and long term support requirements. The intention is that this will be followed by a second phase of focus groups and more in depth interview with those affected by stroke. The current intelligence to inform commissioning across Manchester by NHS Manchester and the city council is limited.

The programme of work is ambitious but the level of need is high and potential benefits great. Commissioners within Manchester are working closely with colleagues at the Greater Manchester and Cheshire Cardiac and Stroke Network in taking forward this work.

Appendix 1

What is a stroke?
A stroke is a brain attack. It happens when the blood supply to the brain is disrupted. Most strokes occur when a blood clot blocks the flow of blood to the brain. Some strokes are caused by bleeding in or around the brain from a burst blood vessel.

What is a TIA (transient ischaemic attack)?
A TIA (sometimes called a mini stroke) is similar to a full stroke but the symptoms may only last a few minutes and will have completely gone within 24 hours. Don't ignore it. It could lead to a major stroke. See your GP as soon as possible and ask to be referred to a specialist stroke service. This should happen within 7 days.

Facts about stroke
Every five minutes someone in the UK has a stroke. Each year an estimated 150,000 people in the UK have a stroke. Stroke is the third most common cause of death in the UK. A quarter of a million people in England and Wales are living with long-term disability as a result of stroke.

What is The Stroke Association?
The Stroke Association is the only UK charity solely concerned with combating stroke in people of all ages. We want a world where there are fewer strokes and all those touched by stroke get the help they need. Our mission is to prevent strokes and reduce their effect through providing services, campaigning, education and research.

Stroke Helpline 0845 3033 100 www.stroke.org.uk
Sponsored by    

**Suspect a stroke?
Act FAST. Call 999.**

Suspect a stroke?
Act FAST and call 999.

FAST

Facial weakness Arm weakness Speech problems Time to call 999
To order more FAST cards call 01933 403963

Stroke is a medical emergency.

**The Face, Arm, Speech Test (FAST)
can help you recognise the symptoms of a stroke**

FAST

Facial weakness
Can the person smile? Has their mouth or eye drooped?

Arm weakness
Can the person raise both arms?

Speech problems
Can the person speak clearly and understand what you say?

Time to call 999

What are the symptoms of stroke?

- Sudden weakness or numbness of the face, arm or leg on one side of the body
- Sudden loss or blurring of vision, in one or both eyes
- Sudden difficulty speaking or understanding spoken language
- Sudden confusion
- Sudden or severe headache with no apparent cause
- Dizziness, unsteadiness or a sudden fall, especially with any of the other signs

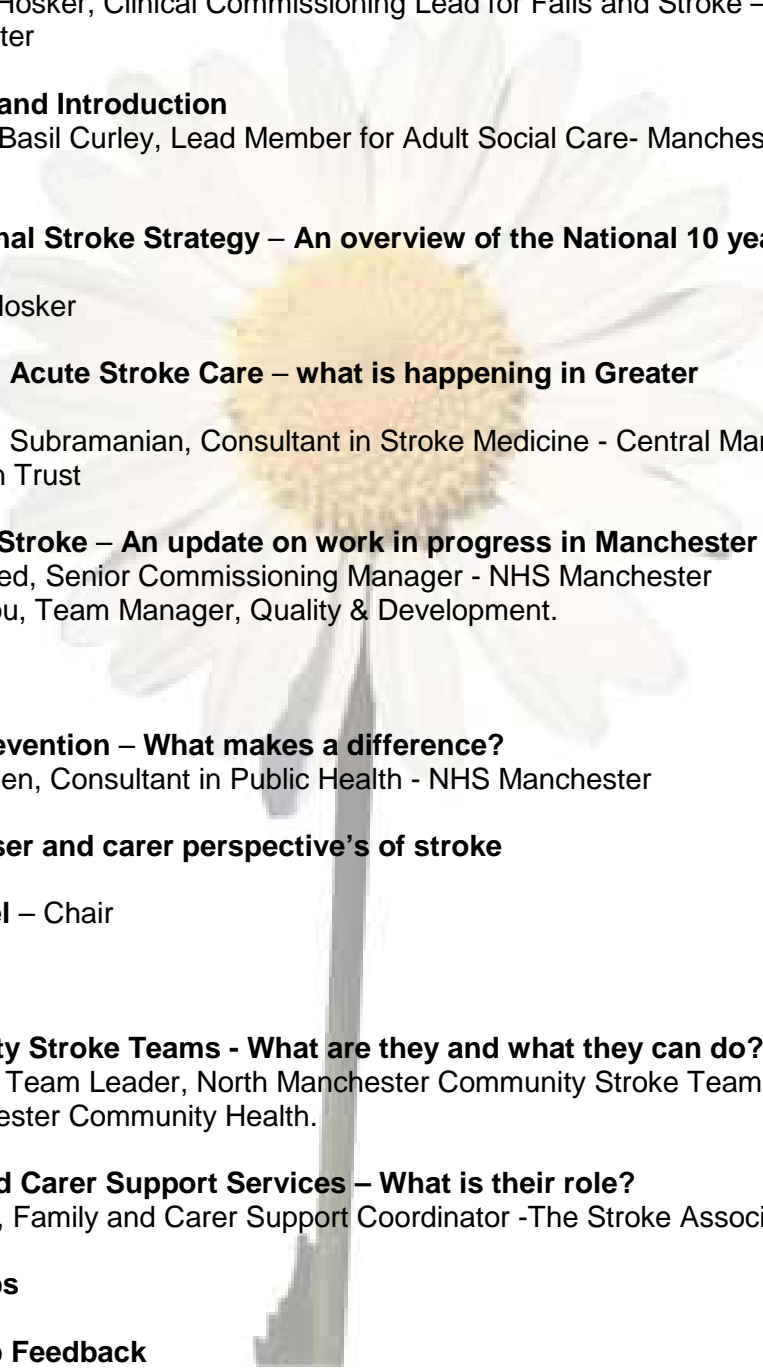
Why act FAST?

Stroke is a medical emergency. By calling 999, you can help someone reach hospital quickly and receive the early treatment they need. Prompt action can prevent further damage to the brain and help someone make a full recovery. Delay can result in death or major long-term disabilities, such as paralysis, severe memory loss and communication problems. Ambulance crews use FAST and with hospital staff can act fast to identify and diagnose a stroke quickly.

If you suspect a stroke, act FAST and call 999

Appendix 2

LIFE AFTER STROKE
23rd April 2009, Boardroom Suite - City of Manchester Stadium
Programme

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- 9.00am Registration and coffee**
- 9.30 am Welcome from the Chair**
Dr Helen Hosker, Clinical Commissioning Lead for Falls and Stroke –
NHS Manchester
- 9.35am Welcome and Introduction**
Councillor Basil Curley, Lead Member for Adult Social Care- Manchester
City Council
- 9.40am The National Stroke Strategy – An overview of the National 10 year plan for stroke**
Dr Helen Hosker
- 10.00am Improving Acute Stroke Care – what is happening in Greater Manchester?**
Dr Ganesh Subramanian, Consultant in Stroke Medicine - Central Manchester
Foundation Trust
- 10.30am Life After Stroke – An update on work in progress in Manchester**
Helen Speed, Senior Commissioning Manager - NHS Manchester
Mike Petrou, Team Manager, Quality & Development.
- 11.00am Coffee**
- 11.15am Stroke Prevention – What makes a difference?**
Sue Longden, Consultant in Public Health - NHS Manchester
- 11.35am Service user and carer perspective's of stroke**
- 12.05pm Q&A Panel – Chair**
- 12.20pm Lunch**
- 1.00pm Community Stroke Teams - What are they and what they can do?**
Sue Scott, Team Leader, North Manchester Community Stroke Team,
Manchester Community Health.
- 1.20pm Family and Carer Support Services – What is their role?**
Jim Brown, Family and Carer Support Coordinator -The Stroke Association
- 1.40pm Workshops**
- 2.40pm Workshop Feedback**
- 3.05pm Plenary - Fionnuala Stringer, Assistant Director Older People - Health and Social Care Manchester, Manchester City Council Adult Social Care.**
- 3.30pm Close**

LIFE AFTER STROKE WORKSHOPS & STANDS

23rd April 2009, Boardroom Suite - City of Manchester Stadium

Workshop Programme

This workshop programme has been designed to support the work of the Manchester Stroke Strategy Group in the development of the next stage of our Stroke Services Improvement programme which builds upon the regional re-design of hyper/acute services to focus on life after stroke in all its complexity.

There will be a variety of different workshops available to attend on the day. These will be allocated on arrival.

Social Work and Community Stroke Teams

This workshop will examine how Social Care can respond to the challenge set by the National Stroke Strategy and the PCT's planned investment in Community Stroke Teams. The workshop will be assisted by a presentation from members of the Knowsley Integrated Provider Services Early Stroke Discharge Team.

Peer support

There are examples from other parts of the country where stroke survivors, particularly those with communication difficulties, support and encourage those with similar difficulties. These have received very positive reports including increased confidence, improved self esteem and reduced isolation. The workshop will provide an opportunity to learn more about these projects and explore possible future developments in Manchester.

Carer's support

This workshop will focus on work taking place across the city to support the carers and families of stroke survivors. It will provide participants with the opportunity to learn about services across the city, to identify gaps and areas for improvement which will contribute to the forward development of Manchester's stroke services.

People of working age

About 25% of strokes occur in adults of working age. This workshop will explore the specific needs of this group of stroke survivors, find out about some of the resources currently available in Manchester. Views of services users and carers, along with those currently working in services, will be welcomed to help inform future work in this area.

Dignity

Dignity covers all aspects of daily life, including respect, privacy, autonomy and self-worth. While 'dignity' may be difficult to define, what is clear is that people know when they have not been treated with dignity and respect. Dignity is about interpersonal behaviours as well as systems and processes. Find out what Manchester City Council and the North West Dignity Campaign team are doing, share your thoughts and ideas and help shape the future of quality care for Manchester residents.