

**NHS Knowsley CCG**  
**NHS Liverpool CCG**  
**NHS South Sefton CCG**  
**NHS Southport and Formby CCG**  
**NHS West Lancashire CCG**

<b>Title of Report</b>	Comprehensive Stroke Centre Proposal
<b>Lead Governor</b>	Jan Ledward, Chief Officer, Liverpool CCG and C&M HCP Stroke Programme SRO
<b>Report Author</b>	Carole Hill, Director of Strategy, Communications & Integration, Liverpool CCG
<b>Summary</b>	The purpose of this paper is to present the proposal for a reconfiguration of hyper-acute stroke services across North Mersey and West Lancashire, adopting a new model of care to improve health outcomes for people who experience stroke
<b>Recommendation</b>	<p>That the OSC:</p> <ul style="list-style-type: none"> <li>➤ Notes the clinical case for change, the proposed new model of care and proposed service reconfiguration for a Comprehensive Stroke Centre;</li> <li>➤ Considers whether this proposal represents a substantial variation from the current delivery of hyper acute stroke services.</li> </ul>

## Comprehensive Stroke Centre Proposal

### 1 PURPOSE

The purpose of this paper is to present the proposal for the reconfiguration of hyper-acute stroke services across North Mersey and West Lancashire, adopting a new model of care to improve health outcomes for people who experience stroke.

### 2 BACKGROUND

A stroke is a serious life-threatening medical condition that occurs when the blood supply to part of the brain is cut off by a blood clot or bleeding from a blood vessel. Strokes are a medical emergency and urgent treatment is essential. The sooner a person receives treatment for a stroke, the better the chance of recovery. Stroke strikes suddenly and can result in a devastating range of disabilities or death. It is one of the most significant public health issues of our time, with a profound and growing impact on society, our economy, individuals and families:

- Stroke is the leading cause of disability and the fourth largest cause of death in the UK;
- Stroke costs the UK economy £26 billion per year, including £3.2bn cost to NHS, £5.2bn to social care and £15.8bn in informal care. This is forecast to rise to between £61bn and £91bn by 2035. The cost of someone having a stroke over a year is over £45,000;
- There are 80,000 stroke admissions in England each year and over 1 million stroke survivors, half of whom have a disability resulting from their stroke;
- By 2035, the number of strokes will increase by almost half and the number of stroke survivors by a third;
- Half of stroke survivors are living with four or more other health conditions.

Transforming stroke care is a priority within the NHS Long Term Plan, which points to strong evidence that hyper acute interventions such as brain scanning and treatments such as thrombolysis are best delivered as a centralised hyper-acute stroke service delivered by a smaller number of well-equipped and staffed hospitals. This would see an increase in the number of patients receiving high-quality specialist care, meeting seven-day standards for stroke care which comply with national clinical guidelines.

In addition, mechanical thrombectomy<sup>1</sup> and thrombolysis<sup>2</sup> can significantly reduce the severity of disability caused by a stroke. Reconfiguring stroke services into specialist centres would increase the use of both treatments.

---

<sup>1</sup> **Thrombectomy**, also known as mechanical clot retrieval, is the surgical removal of a blood clot in an artery. It is used to treat some strokes caused by a blood clot (ischaemic stroke) and it aims to restore blood flow to the brain.

<sup>2</sup> **Thrombolysis** is the breakdown of blood clots formed in blood vessels, using medication.

The Long-Term Plan also proposes higher intensity care models for stroke rehabilitation in the community, delivered in partnership with voluntary organisations including the Stroke Association, to support improved outcomes to six months and beyond.

**3 CURRENT POSITION IN NORTH MERSEY AND WEST LANCASHIRE**

The current providers of inpatient stroke services are Liverpool University Hospitals (at both the Royal Liverpool and Aintree sites) and Southport & Ormskirk Hospitals NHS Trust. Tertiary neuroscience services are provided by The Walton Centre NHS Foundation Trust, which delivers regional thrombectomy services across most of the Cheshire & Merseyside footprint. The Walton Centre receives transfers of eligible patients for thrombectomy.

The most recent data on the number of confirmed strokes for each of the Hospital trusts providing hyper acute stroke services is as follows:

<b>Strokes admitted - 19/20</b>				
	<b>Aintree</b>	<b>Royal</b>	<b>Southport</b>	<b>Total</b>
<b>19/20 reported stroke numbers</b>	524	556	397	1477

**4 THE CLINICAL MODEL OF CARE**

The proposal for a Comprehensive Stroke Service should meet the following clinical standards:

- 90% of patients should be directly admitted to a specialist stroke unit;
- Patients should have access to specialist stroke care 24 hours a day, 7 days a week. This standard is not met in all sites;
- People with stroke should be treated on a specialist stroke unit for at least 90% of their hospital stay. For North Mersey this is only 62%;
- A specialist stroke unit should have at least 500-600 confirmed stroke admissions per year to provide the scale required to deliver effective and efficient 7-day services. Not all sites current achieve the minimum recommended number of strokes per annum;
- None of the 3 current North Mersey Hyper Acute Stroke Units (HASUs) at the Royal, Aintree and Southport hospital sites admit patients to the clinical standard of 90% of patients treated within 4 hours;
- Patients should be assessed by a specialist stroke consultant, stroke trained nurse and therapist within 24 hours. Currently there are insufficient numbers of stroke consultants and other specialist staff to meet this standard on all sites;

- Following a brain scan, suitable patients should have thrombolysis within 1 hour of arriving at hospital. In North Mersey thrombolysis was provided to 7.2% of patients in 2018/19, the target in the NHS Long Term Plan is 20% by 2025;
- Patients requiring medical thrombectomy should receive it as soon as possible and within 5 hours of arriving at hospital. In North Mersey 1.4% of patients received this in 2019/20, the NHS Long Term Plan target is 10% by 2022;
- After the first 72 hours, or once they are stable, patients should continue to be cared for on a stroke unit until they can be discharged with a comprehensive plan for ongoing rehabilitation, either to home or inpatient rehabilitation. In North Mersey, there is variation between CCG populations in the scope of the early supported discharge pathway

The proposed new model of care would mean that suspected acute stroke patients would be taken by ambulance or referred by GP directly to a new single comprehensive stroke centre, which would be co-located with acute neurosurgical and stroke thrombectomy services.

Patients self-presenting at other local A&E sites would be reviewed, with an on-site stroke specialist nurse, before being transferred to the stroke centre.

The model of care would require the establishment of an Acute Stroke Admission Unit, co-located with A&E which would receive patients directly at the front door. Patients deemed not to have had a stroke but in need of other care would be referred to A&E.

The service would have direct access to specialist scanners in order to maximise the number of patients who are able to receive thrombectomy and thrombolysis. Co-location with the Walton Centre thrombectomy service would significantly increase the number of patients that are able to access thrombectomy within the appropriate time window, which is crucial as outcomes are better the sooner this treatment is delivered.

After the initial 72 hours of stroke care, patients would continue to be managed at an acute stroke unit for further care at a hospital closest to home, if not suitable for discharge. It is expected that up to 50% of patients would be discharged from hospital with support from the ESD (Early Supported Discharge) team, supporting patients to recover in their own homes.

For those patients who require palliative care, there would be agreed pathways, designed with the palliative care teams of the two adult acute hospital trusts and with community services.

## 5 PROPOSAL FOR A COMPREHENSIVE STROKE CENTRE

The proposal that has emerged has been co-designed by clinical staff from the three trusts that currently provide stroke care locally - Liverpool University Hospitals NHS Foundation Trust (LUHFT), Southport and Ormskirk Hospital NHS Trust and The Walton Centre NHS Foundation Trust. Commissioners, patients who have experienced hyper acute stroke services and the Stroke Association have also been closely involved in the process.

The preferred clinical model that emerged from an options appraisal process was for a centralised **Comprehensive Stroke Centre on the Aintree Hospital site, co-located with specialist services provided by the Walton Centre and with post 72 hours care provided closer to home at either Aintree, Broadgreen or Southport hospitals.** This clinical model would bring together stroke clinicians across the system into one networked team, providing a single comprehensive stroke service for the populations of Liverpool Sefton, Knowsley and West Lancashire.

The development of the proposal was paused during the Covid-19 pandemic. In the autumn of 2020, the North Mersey Stroke Board, which has overseen this programme, reconvened to take forward the proposal and has completed a Pre-Consultation Business Case (PCBC), which sets out the model of care, the options appraisal process and the proposal for the configuration of new Comprehensive Stroke Centre.

As part of the NHS England assurance process, this proposal has recently been reviewed by an independent Clinical Senate to ensure there is a sound clinical evidence base and compliance with clinical best practice and standards. The Clinical Senate review endorsed the new model of care and the proposal for the reconfiguration of local hyper acute stroke services.

## 6 SCRUTINY AND ASSURANCE

NHS bodies have a legal duty to consult with local authority Health Overview and Scrutiny Committees (OSC). NHS commissioners for the populations of Knowsley, Liverpool, Sefton and West Lancashire are presenting the proposal to each local authority OSC to consider whether it represents a substantial variation in the way that services are currently delivered. If it is considered a substantial variation, OSCs will be required to convene a Joint OSC across the local authorities, to review the proposal.

Subject to NHS England being assured about the proposal and with agreement by OSCs that the proposal represents a substantial variation, there would be a formal public consultation on the preferred option for the future delivery of these services.

## 7 ENGAGEMENT AND COMMUNICATIONS

Patients, public and key stakeholders have and will be involved throughout every stage of this process. Effective involvement requires an open and transparent approach to explaining the proposal to change the delivery of hyper acute stroke services; providing opportunities to provide views and influence this change.

As part of the process to develop potential options for the future of services, stroke survivors were involved in co-design workshops, alongside clinical teams from the Royal, Aintree and Southport hospitals, and the Walton Centre.

Pre-consultation engagement was also undertaken to obtain valuable insights from people who have experience of hospital stroke services, also involving the Stroke Association which gave access to their network of support groups in every part of the catchment area.

The formal public consultation would take place over at least 12 weeks and would provide opportunities for people to give their views on the proposal, using a range of channels. There would also be focused engagement with stroke survivors, families and people with protected characteristics. A detailed consultation plan would be shared with the Joint OSC prior to the launch of the public consultation.

## **8 INDICATIVE TIMELINE AND MILESTONES**

The table below sets out the key milestones and dates, which are acknowledged as ambitious and will therefore, be subject to ongoing review through the process.

	<b>Activity</b>	<b>Indicative Timescales</b>
	Pre-consultation Business Case Completed	June 2021
	Individual OSCs to consider whether proposal represents a substantial variation	July 2021
	NHS England Assurance Process	July 2021
	Joint OSC to review the proposal and consultation plan	August 2021
	Formal Public Consultation	August to October 2021
	Public consultation report and Equality Impact Assessment completed	November/ December 2021
	Final business case, informed by public consultation to Joint OSC	December/ January 2021
	Commissioners approve Final Business Case	January/ February 2021

## **9 CONCLUSION**

This paper sets out the clinical case for change and the service reconfiguration proposal for a Comprehensive Stroke Centre to deliver hyper acute stroke services for the people of Knowsley, Liverpool, Sefton and West Lancashire. This proposal is designed to improve outcomes for people who experience stroke by centralising stroke services delivered by a networked team of specialist clinicians, providing the consistently high-quality stroke care 24/7, regardless where people live across this catchment area.