

TVSCN - Reducing variation

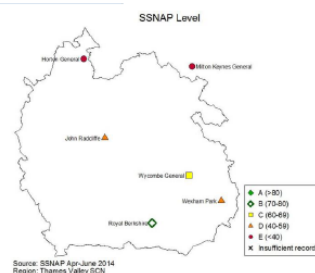
Improvements in Stroke Care

CVD Commissioning for Value Pack for CCGs has highlighted stroke emergency admissions in some CCGs, particular of LOS (6 out of 11 CCGs)

CVD Commissioning for Value Pack CCGs	Stroke Emergency Admissions		
	High costs	High numbers	High Lengths of stay
NHS Aylesbury CCG			
NHS Bracknell and Ascot CCG		Y	Y
NHS Chiltern CCG	Y		Y
NHS Milton Keynes			
NHS North and West Reading CCG			Y
NHS Newbury and District CCG			Y
NHS Oxfordshire			
NHS Slough		Y	Y
NHS South Reading		Y	
NHS Windsor, Ascot and Maidenhead			
NHS Wokingham		Y	

SSNAP Apr – June 2014 performance

Routinely Admitting Teams		Number of patients		Overall Performance			
Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	
Wycombe General Hospital	136	134	C†	A	A	C†	
Wexham Park Hospital	78	71	D†	A	E	D	
Milton Keynes General Hospital	44	44	E	C†	D	D	
Horton General Hospital	37	34	E†	A	C†	D	
John Radcliffe Hospital	174	144	D	A	B†	D‡	
Royal Berkshire Hospital	172	170	B	B	B†	A	
Non-Acute Inpatient Teams		Number of patients		Overall Performance			
Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	
Abingdon Community Hospital	TFP	22	E†	B	E†	D‡	



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Source: SSNAP Apr-June 2014
Region: Thames Valley SCN

Question: Why is there such variation in the quality of stroke services in Thames Valley with significant areas graded as red or amber. CCGs clinical chairs and AOs heard the evidence for the need for change and requested SCN help.

Solution: Impartial clinical leadership and SCN support network to support CCGs:

- Improved understanding of SSNAP data, including local & national comparisons
- Development of a set of metrics to use as Key Performance Indicators
- Update of 2010 regional stroke service specification (e.g. to include 7-day specialist consultant ward rounds, min. nursing levels for hyperacute stroke care)
- Potential reconfiguration of stroke services
- Support for development of local stroke networks (e.g. CCG, acute provider, social services, voluntary sector etc)
- Highlight specific areas for review:
 - Stroke prevention through anticoagulation for AF
 - Adoption of IPC sleeves for DVT prevention
 - Review of ESD provision/quality
 - Review of provision/quality of 6 week and 6 month reviews

Outcome:

- ✓ Impartial expert clinical leadership has given commissioners the confidence to make changes to provision.
- ✓ Informed and engaged CCGs are having discussions with providers; one CCG has changed provider to ensure their patients get treated at a HASU, others are developing reconfiguration plans for stroke receiving units.
- ✓ Local stroke forums have been established in 3 counties.