

Essex Stroke Review

Introductory meeting with service users
16 July 2013

Pam Green and Wendy Smith



What's in this presentation



- Why we are reviewing Stroke services
- Aiming for best practice
- What this means for local people
- Where we are now
- Project plan



Why review Stroke services?



Evidence shows we can do better for people of Essex, Southend & Thurrock

- Better chances of survival
- Lower risk of long term disability
- Shorter recovery times
- Better care at all stages of illness
- Better success in prevention



Why review Stroke services?



Not a cost saving exercise

- Aiming for cost neutral
- Likely to require investment in community services and ambulance services
- Securing affordable and sustainable improvement – planning for the future



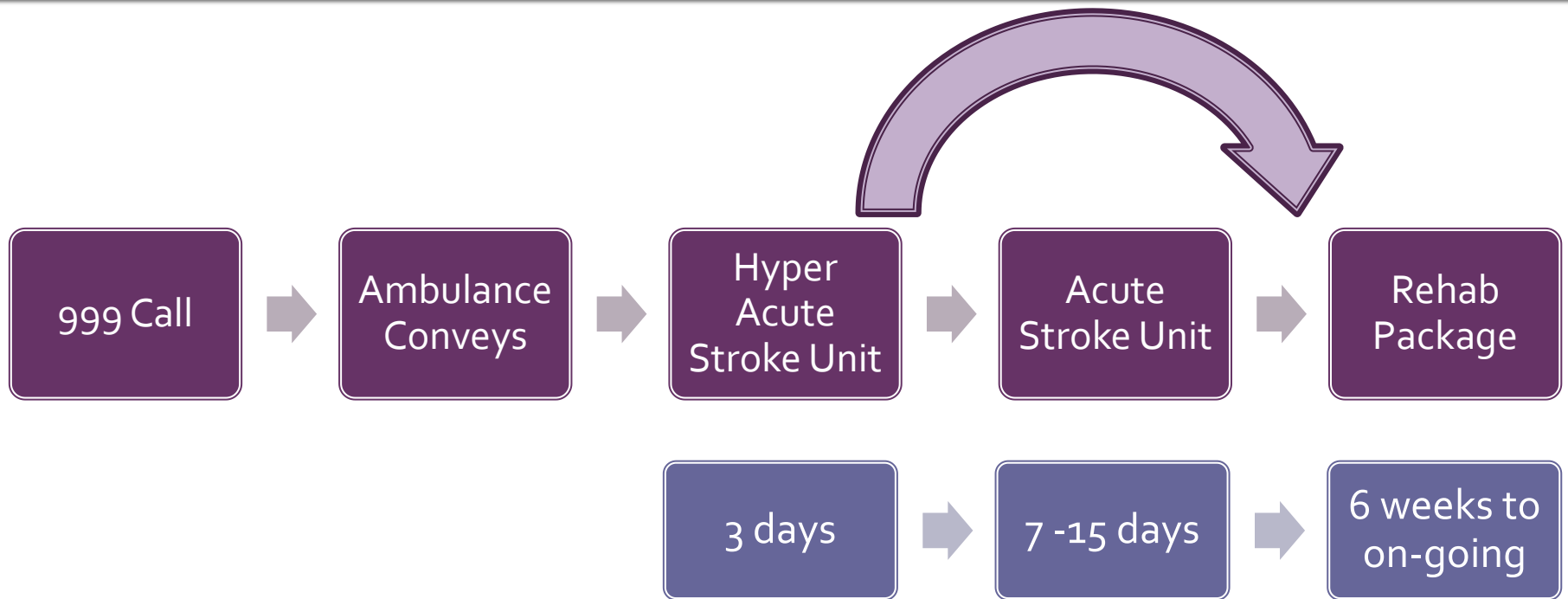
Aiming for best practice



- Improvements across entire Stroke pathway
- First 72 hours critical for better long term outcome
- Three Hyper-acute Stroke Units for the county
- 24/7 dedicated Stroke consultants (6 per unit)
 - Immediate expert attention, access to imaging
 - Accurate diagnosis
 - More effective treatment faster (even with longer ambulance journeys) e.g. thrombolysis
- Minimum numbers of stroke patients 600 per annum (Current units around 400-600)



Proposed pathway



Impact on ambulance



- Could be a longer journey for some people
- But faster access imaging, expertise & thrombolysis around the clock
- With recommended configuration - 94.5% of Essex population are within 45 minutes of HASU (99.99% are within 60 minutes)



What this means for local people

- We are aiming for better outcomes, better care – sustainable for the future
- Proposed hyper-acute units in Colchester, Chelmsford, Southend, Queens (Romford)
- Local stroke units continue



We have a recommendation (not a plan yet)

Need more work on:

- Clinical benefits for Essex, Southend & Thurrock
- Costs & affordability
- Cross-border issues & implications
- How the model works:
 - Ambulance journey times & clinical standards
 - Clinical collaboration between service providers

- All service providers & CCGs working together
- Workstream groups for clinical model, finance & activity, communications
- CCGs considering findings at Sept Boards
- Public consultation starts Oct
- CCG approvals – Jan 2014
- Implementation from 2014/15



Engagement plan



- Programme of drop-ins & discussion workshops
- Co-located or near local Stroke groups
- Also presentations & discussion on request
- Also discussions with representative bodies
- Wide distribution and website
- Media promotion
- Feedback using questionnaire
- Consultation document
- Healthwatch & others involved

