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Dear Colleague

West Yorkshire and Harrogate Health and Care Partnership – stroke care

Keeping everyone updated on the work to further improve stroke care for people across West Yorkshire and Harrogate has been a priority to the Partnership and will continue to be so.

Since our engagement and conversations with staff, partners and the public began in February 2017, we have continually kept people updated throughout to try and ensure everyone had the opportunity to have their say on the development of the work.

We are writing to thank you for your contribution in this work and to let you know how your views (patients, families, carers, staff and stakeholders) have shaped our work to improve stroke care for everyone in need of support. This includes preventing strokes, work to further improve specialist hyper acute stroke services (the care people receive in the first few hours and days after stroke) and further improving the support people receive when leaving hospital following a stroke.

On Tuesday 6 November 2018 a report was presented to the West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups (meeting in public), to provide members with an overview of stroke care and progress so far. This included the conclusions and the information considered to inform this process, recommendations and next steps. You can read the final report [here](#).

Our work is all about improving stroke care and outcomes for the people of West Yorkshire and Harrogate and we have looked at how we could do more to prevent strokes happening, how best we can deliver and commission high quality sustainable hyper acute stroke services that are 'fit for the future' and how we can ensure there is good support and rehabilitation for people after a stroke.

Our local clinicians and multi-disciplinary health care professionals have taken a lead role in the development of clinical standards, standardised care pathways and policies which comply with national guidance and reflect feedback from our engagement events, with a view to reducing variation and further improving stroke outcomes for the people of West Yorkshire and Harrogate as soon as possible.



From a prevention perspective, we have worked with each of our six local places (Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield) to agree a standard target which involves detecting, diagnosing and treating people who are at risk of stroke so that around 9 in 10 people with atrial fibrillation (AF) (an erratic heart beat which increases the risk of small clots forming which can cause a stroke) are managed by GPs with the best local treatments available to save people's lives, with the aim of preventing over 190 strokes over the next three years. We are one of the first Health and Care Partnerships (H&CP) to address AF at scale in this way.

The Yorkshire and Humber Academic Health Science Network (AHSN) has an evidence based programme of support to roll out best practice care for people with atrial fibrillation and the latest information (position at September 2018), shows that across WY&H an additional 1,718 patients with atrial fibrillation have been protected, which could prevent 46 debilitating strokes each year.

Work is also underway in each of our six local areas to further improve the detection, diagnosis and treatment of hypertension [high blood pressure] which has the potential to reduce a further 620 strokes within three years.

Our specialist hyper acute stroke services are required to deliver the 7-day standards which sets out an ambition that anyone who needs urgent or emergency hospital care will have access to the same level of assessment and review, tests and consultant-led support whatever day of the week. We have completed a review of our specialist hyper acute stroke services and option appraisal process.

We have worked closely with the Yorkshire and Humber Clinical Senate, the National Clinical Director, Medical Directors and staff working in our specialist services and the Yorkshire Ambulance Service who have access to the skills and expertise we need to advise on this work.

The Joint Committee approved the recommendations to have four hyper acute stroke units as the service delivery model for sustainable and 'fit for the future' specialist hyper acute stroke care. These will be in:

- Bradford Teaching Hospitals NHS Foundation Trust – Bradford Royal Infirmary
- Calderdale and Huddersfield NHS Foundation Trust – Calderdale Royal Hospital
- Leeds Teaching Hospitals NHS Trust – Leeds General Infirmary
- Mid Yorkshire Hospitals NHS Trusts – Pinderfields Hospital

Members also approved the recommendation that all commissioners (people who buy stroke care) use the agreed hyper acute stroke service specification when commissioning these services.

They agreed that local plans to take people with suspected stroke in Harrogate to a specialist hyper acute stroke service in either Leeds Teaching Hospitals NHS Trust or York Teaching Hospital Foundation Trust, whilst maintaining a rehabilitation service for stroke patients at Harrogate District Hospital, to which they can be transferred after receiving hyper acute stroke care in Leeds or York will be led locally by Harrogate partners.

They also agreed that there is no requirement to further formally engage or consult across the whole of West Yorkshire (taking into account the views of local people and the [Joint Health Overview and Scrutiny Committee](#)) in line with the [NHS England service change assurance process](#).

It was agreed that a stroke clinical network would be established for West Yorkshire and Harrogate and that work would be undertaken to improve quality and outcomes across the whole of the stroke pathway for example prevention, rehabilitation and long-term care and support and end of life care.



This would support the aspiration to adopt a standardised 'whole pathway' stroke service specification across West Yorkshire and Harrogate as soon as possible – so that no matter where people live they receive the best quality care possible. This work will continue and we will continue to keep people updated on progress made.

Your views are very important to us and we would like to thank everyone for their involvement on the West Yorkshire and Harrogate stroke care work. You can find out how your views have shaped our work by reading the 'You Said, We did' ([click here](#)). You can also find out more about all of the engagement that has taken place by clicking [here](#).

The decision from the Joint Committee of Clinical Commissioning Groups concludes the West Yorkshire and Harrogate Stroke Programme work on hyper acute stroke services. However, it is important to note that our conversations with people across the area have highlighted the importance of further improving care from prevention, hospital stroke care, community rehabilitation services, through to after care. These conversations will continue in the six local areas (Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield) which make up West Yorkshire and Harrogate as appropriate.

Thank you for continued support and involvement.

Yours sincerely



Jo Webster

Senior Responsible Officer for West Yorkshire
Harrogate Stroke Programme and Accountable
Chief Officer for Wakefield CCG



Dr Andy Withers

Chair of West Yorkshire and Harrogate and
Stroke Task and Finish Group, Clinical Chair,
Bradford Districts CCG and Chair of West
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