

NORCOM

North Derbyshire, South Yorkshire and Bassetlaw Commissioning Consortium

Friday, 11 February 2011

North Trent Network of Cardiac Care and North Trent Stroke Strategy Project

Work Programmes 2011/12

1. North Trent Network of Cardiac Care

The Work Programme for 2010/11 was reviewed at the Cardiac Board on 2 February 2010.

It was agreed that the 2010/11 priorities need to continue to be the focus of Network attention for 2011/12 with some minor amendments.

The Board therefore agreed to roll forward the updated Work Programme to 2011/12 and to undertake a risk assessment by locality so as to identify the three key priority areas for Network development in 2011/12.

The 2010/11 Work Programme is attached at Appendix A for information.

2. North Trent Stroke Strategy Project

NORCOM will recall receiving and approving a paper at their January 2011 meeting entitled 'North Trent Stroke Strategy Project - Proposal for Continuation of the Project to March 2012'. This document identified proposed work stream priorities for 2011/12 which will now form the Work Programme for 2011/12.

A copy of the Work Programme is attached at Appendix B for information

NORCOM are asked to approve the Cardiac and Stroke Work Programmes for 2011/12

**Clare Hillitt
Cardiac Network Director
February 2011**

NORCOM

North Derbyshire, South Yorkshire and Bassetlaw Commissioning Consortium

NORTH TRENT NETWORK OF CARDIAC CARE North Trent Network Work Programme Priorities 2011/12

Section 1 - Network Priorities					
1.	Primary Prevention Lead Responsibility: Public Health Lead				
DESIRED OUTCOME	OBJECTIVE	ACTION	MONITORING	PERFORMANCE MEASURES/ INDICATORS	QIPP
<p>An increase in the numbers on hypertension and CHD registers to expected levels</p> <p>Reduction in the incidence of premature morbidity and mortality from cardiovascular disease</p>	<p>Identify the cohort of people with hypertension and CHD who have or are at risk of developing cardiovascular disease and ensure that they receive appropriate management in order to improve their health outcomes. This will include the delivery of NHS Health Checks</p>	<p>Undertake baseline assessment of GP practices within each PCT to understand variation between expected prevalence and recorded rates</p> <p>Agree NT target and improvement required e.g. Y&H, England, National</p> <p>Identify 5 lowest performing practices</p> <p>Agree action plan with targets for improvement</p> <p>Evaluate impact after year 1</p>	<ul style="list-style-type: none"> Improvement against target Size of disease registers Size of risk registers 	<ul style="list-style-type: none"> % of patients on CHD registers % of patients on hypertension registers % of patients on risk registers prescribed a statin Reduction in deaths under 75 from cardiovascular disease Evidence of PPI shaping service model and 	<p>Quality Improved health outcomes</p> <p>Innovation: Spread of best practice</p> <p>Prevention: Early disease identification</p> <p>Productivity: Cost effective prescribing Reduced unplanned admissions Reduced LOS</p>

DESIRED OUTCOME	OBJECTIVE	ACTION	MONITORING	PERFORMANCE MEASURES/ INDICATORS	QIPP
	Ensure that the cohort of people on statins are on the optimal dose and brand	<p>Share results and review outcome improvements i</p> <p>Review available social marketing intelligence and assess need for further action.</p> <p>Review the Y&H FH service model and produce a network impact assessment</p> <p>Undertake baseline assessment of GP practises within each PCT to understand variation</p> <p>Agree NT target and improvement required e.g. Y&H, England, National (recommend between 1.3 and 1.5)</p> <p>Agree action plan with targets for improvement</p> <p>Evaluate year 1</p>	<ul style="list-style-type: none"> • Improvement against target • Financial saving by practice • Dosage relevant to numbers of patients at risk 	<p>delivery</p> <ul style="list-style-type: none"> • % patients receiving statins reviewed • % patients where moved to generic brand 	

DESIRED OUTCOME	OBJECTIVE	ACTION	MONITORING	PERFORMANCE MEASURES/ INDICATORS	QIPP
		impact Share results and review			

2. Heart Failure
Lead Responsibility: Public Health Lead

DESIRED OUTCOME	OBJECTIVE	ACTION	MONITORING	PERFORMANCE MEASURES/ INDICATORS	QIPP
Improve outcomes for people with heart failure	<p>Reduce the level of undiagnosed heart failure in the population (Nationally recorded prevalence is 1.8% whereas expected is 2.3% - suggests 140,000 fewer people than estimated reported as having heart failure)</p> <p>Improve levels of identification and diagnosis of patients with heart failure and ensure that they receive appropriate management at every stage of the</p>	<p>Review the NICE heart failure guidance and agree a Clinical Pathway</p> <p>Undertake baseline and impact assessment against PCT pathways</p> <p>Review and revise commissioning of heart failure services in line with evidence based outcome data and cost effectiveness assessments</p> <p>Develop methodology to</p>	<ul style="list-style-type: none"> Prevalence v expected by PCT Ace inhibitor and Beta Blockers prescribing No of non elective admissions for HF Average LOS % HF patients referred to Cardiac Rehab 	<ul style="list-style-type: none"> Reduction in deaths under 75 from HF % patients receiving ACE-I/Beta Blockers % patients following pathway % patients EOL plan Reduction in LOS Reduction in non elective admission rates 	<p>Quality: Improved patient experience Improved health outcomes</p> <p>Innovation: Sharing best practice. Innovative commissioning processes</p> <p>Prevention: Early identification and management of disease</p> <p>Productivity: Appropriate treatment thresholds Reduced unplanned admissions Reduced LOS</p>

DESIRED OUTCOME	OBJECTIVE	ACTION	MONITORING	PERFORMANCE MEASURES/ INDICATORS	QIPP
	pathway in order to improve their health outcomes	<p>assess ACE-I/A2RB prescribing rates</p> <p>Ensure patient experience shapes service model and delivery.</p> <p>Produce commissioning recommendations for PCT's</p>	<ul style="list-style-type: none"> Patients with EOL plan Annual devices survey 	<ul style="list-style-type: none"> Evidence of PPI shaping service model and delivery 	

3. Arrhythmia
Lead Responsibility: Clinical Lead

DESIRED OUTCOME	OBJECTIVE	ACTION	MONITORING	PERFORMANCE MEASURES/ INDICATORS	QIPP
<p>Reduce level of strokes and deaths from CHD (Estimate of 6000 strokes and 4000 deaths prevented per year nationally)</p> <p>Reduction in the incidence of premature morbidity and mortality from</p>	Identify the cohort of people who should be on Warfarin but are not, and have or are at risk of experiencing an acute event and ensure that they receive appropriate management in order to improve their health outcomes	<p>Undertake baseline assessment of GP practices within each PCT using GRASP AF tool to understand variation</p> <p>Agree NT target and improvement required e.g. Y&H, England, National</p> <p>Identify 5 lowest</p>	<ul style="list-style-type: none"> Improvement against target Size of disease registers Size of risk registers 	<ul style="list-style-type: none"> % of patients on warfarin Reduction in strokes and deaths under 75 from cardiovascular disease. Evidence of PPI shaping service model and 	<p>Quality: Implementation of best practice pathways</p> <p>Innovation: Use of innovative e technology tools to identify patients not receiving appropriate treatment</p> <p>Prevention: Early identification of risks for stroke to avoid 105 strokes and 70 deaths across the network per</p>

DESIRED OUTCOME	OBJECTIVE	ACTION	MONITORING	PERFORMANCE MEASURES/ INDICATORS	QIPP
cardiovascular disease		<p>performing practices</p> <p>Agree action plan with targets for improvement</p> <p>Evaluate impact after year 1</p> <p>Share results/ review outcomes</p> <p>Ensure patient experience shapes service model and delivery.</p>		delivery	<p>year</p> <p>Productivity: Reduction in costs associated with stroke including long term care costs</p>

4. Rehabilitation and ongoing support
Lead Responsibility: Clinical Lead

DESIRED OUTCOME	OBJECTIVE	ACTION	MONITORING	PERFORMANCE MEASURES/ INDICATORS	QIPP
Reduction in all cause mortality in the first year, for patients completing comprehensive cardiac rehabilitation programmes	Ensure people who have experienced a cardiac event and who would benefit from cardiac rehabilitation, have access to cardiac rehabilitation and ensure that they receive appropriate	<p>Reassess baseline provision within each PCT</p> <p>Review commissioning arrangements in line with Strategic Commissioning Guidance</p>	<ul style="list-style-type: none"> Improvement against target % of people experiencing a cardiac event who are offered CR Nos starting 	<ul style="list-style-type: none"> Reduction in premature mortality from cardiovascular disease. Increase in uptake of CR Reduction in 	<p>Quality: Improved patient experience and quality of life including physical, mental and social well being</p> <p>Innovation: Expanding access through innovative care pathways</p> <p>Prevention:</p>

Reduction in the incidence of premature morbidity and mortality from cardiovascular disease	management in order to improve their health outcomes	<p>Undertake impact assessment against new guidance</p> <p>Agree NT target and improvement required</p> <p>Evaluate impact after year 1</p> <p>Share results and review outcomes.</p> <p>Ensure patient experience shapes service model and delivery.</p>	and completing CR programmes	<p>readmissions for angina</p> <ul style="list-style-type: none"> Reduction in unplanned admissions for all cardiac conditions Evidence of PPI shaping service model and delivery 	<p>Reduction of fatal events</p> <p>Productivity: Cost per QALY of cardiac rehabilitation is achieved</p>
5.	Diagnosis and Management of Cardiac Conditions Lead Responsibility: Clinical Lead				

DESIRED OUTCOME	OBJECTIVE	ACTION	MONITORING	PERFORMANCE MEASURES/ INDICATORS	QIPP
Reduced premature mortality and morbidity for patients experiencing an acute cardiac event	Maintain a sustainable primary PCI service	<p>Undertake a post implementation review of primary PCI model</p> <p>Review commissioning arrangements for primary PCI including payment mechanisms</p>	<ul style="list-style-type: none"> Call to balloon times Length of stay Inter hospital transfer times for patients requiring cardiology or surgical 	<ul style="list-style-type: none"> % patients per PCT call to balloon within 150 minutes (CQC) % repatriated patients with LOS 2+ days % patients 	<p>Quality: Implementation of best practice Increasing timely access to diagnosis and management Reduced variation through robust application of referral protocols</p> <p>Innovation: Rapid appraisal and impact assessment of new and emerging technologies</p>

DESIRED OUTCOME	OBJECTIVE	ACTION	MONITORING	PERFORMANCE MEASURES/ INDICATORS	QIPP
	<p>Establish a standardised, robust referral protocol for inter hospital transfers</p> <p>Define best practice and establish the resource implications for emerging diagnostic and treatment technologies including National Imaging Board Report on Cardiac Imaging, NICE Guidance: Chest pain of recent onset (CG95) and Unstable angina and NSTEMI (CG94)</p>	Design and implement sustainable referral model to ensure technical efficiency and improve health outcomes	<p>intervention</p> <ul style="list-style-type: none"> Access times 	<p>receiving surgery within 14 days of acceptance (CQUIN)</p> <ul style="list-style-type: none"> % patients undergoing intervention within 96 hours or referral (CQUIN) % patients seen within 18 weeks Evidence of PPI shaping service model and delivery 	<p>Prevention: Reduced adverse events</p> <p>Productivity: Consistent application of treatment thresholds Reductions in LOS</p>

6.	Patient and Public Involvement in the Network Lead Responsibility: Network Director
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DESIRED OUTCOME	OBJECTIVE	ACTION	MONITORING	PERFORMANCE MEASURES/ INDICATORS	QIPP
Service users and the public are equal partners in deciding and driving Network business	<p>Service users and the public working with the Network will have a positive experience of shaping cardiac services</p> <p>Service users and the public will feel valued as a result of their involvement</p>	<p>Develop an self assessment tool for PPI in the Network</p> <p>Undertake a self assessment of PPI in the cardiac network to form a baseline</p> <p>Develop a programme to ensure understanding of PPI is embedded into the workforce and enables increased capability and capacity to undertake PPI activities</p> <p>Develop a Reward and Recognition Framework for Public Involvement</p> <p>Work with appropriate organisations to review the nationally agreed and available</p>	<ul style="list-style-type: none"> Action and reports through Network User Group Reports to Network Board 	<p>Production of PPI tool and baseline assessment</p> <p>Evidence that PPI is embedded in delivery of Work Programme</p> <p>Production of Annual PPI report</p> <p>Evidence of collaboration and delivery of required consultations</p> <p>Evidence of PPI and User Group involvement in the shaping and delivery of the Work Programme</p>	<p>Quality: Work of Board reflects experience of service users and carers</p> <p>Innovation: Advice of service users and carers influences strategic development</p> <p>Prevention: Avoids duplication in PPI engagement</p> <p>Productivity: Advice of service users and the public supports and advises best practice commissioning</p>

DESIRED OUTCOME	OBJECTIVE	ACTION	MONITORING	PERFORMANCE MEASURES/ INDICATORS	QIPP
		<p>PROMs and PREMs. Where need identified, work in partnership to develop local PROMs/PREMs</p> <p>Development of a NUG work programme for 2010/11</p> <p>Deliver a stakeholder Network event to inform the new cardiac strategy which will include the strategy for PPI and communication in Network business.</p> <p>Support any public consultation process as it occur</p>			

Section 2 - Network Governance

Development of the Commissioning Process

Lead Responsibility: Network Director

DESIRED OUTCOME	OBJECTIVE	ACTION	MONITORING	PERFORMANCE MEASURES/ INDICATORS	QIPP
Network business	Ensure that the	Review Network	<ul style="list-style-type: none"> Reports to 	Assessment of	<p>Quality</p> <p>Implementation of gold standard</p>

DESIRED OUTCOME	OBJECTIVE	ACTION	MONITORING	PERFORMANCE MEASURES/ INDICATORS	QIPP
is underpinned by the principle of world class commissioning	<p>Network and stakeholder PCTs have the required structure to implement world class commissioning</p> <p>Review work of Network against world class commissioning competencies</p> <p>Ensure robust representation and influence at national, regional and local levels</p>	<p>structure and produce development plan to support world class commissioning requirements</p> <p>Ensure PPI embedded into Network work programme and assists in the delivery world class commissioning competencies</p>	<p>Network Board SCG Director and NORCOM</p> <ul style="list-style-type: none"> Monitor PPI achievements against self assessment tool 	<p>Network against world class commissioning competencies</p> <p>Impact assessment of PPI involvement in delivering world class commissioning competencies</p>	<p>evidenced based cardiac services Improved commissioning capability and provision of high quality data and information</p> <p>Innovation: Reduced duplication. Identification and assessment of new technologies, and development of innovative practices.</p> <p>PPI embedded within commissioning process.</p> <p>Prevention: Governance and assurance processes. Commissioning of safe and effective clinical services</p> <p>Productivity: Collaborative approach to commissioning delivers service and cost efficiencies and reduces duplication. Identification and development of areas for investment/disinvestment supported by improved pathways and service specifications.</p>

Development of Network Infrastructure
Lead Responsibility: Network Director

DESIRED OUTCOME	OBJECTIVE	ACTION	MONITORING	PERFORMANCE MEASURES/ INDICATORS	QIPP
Structure of Network Team supports delivery of the Network work programme and world class commissioning	Identify the key priorities within the Network work programme and ensure that the structure to support delivery is fit for purpose	<p>Review Network Team structure in line with Network priorities</p> <p>Identify key functions and review support required</p> <p>Ensure structure delivers value for money</p>	<ul style="list-style-type: none"> • Reports to Network Board SCG Director and NORCOM 	<p>Delivery of relevant aspects of the work programme and world class commissioning</p> <p>Impact assessment against work programme</p> <p>Cost benefit analysis</p>	<p>Quality Consistency of support in developing and implementing evidenced based best practise services within primary, secondary and tertiary care Ensures development of PPI capability. Provides high quality data and information to support commissioning</p> <p>Innovation: Identification of innovations and technologies and development of frameworks for effective and efficient implementation</p> <p>Prevention: Avoidance of duplicated effort and cost. 'Do once and share'</p> <p>Productivity: Avoids duplication in provision of high quality service improvement and world class commissioning capability Offers consistent support to delivery of work programme</p>

DESIRED OUTCOME	OBJECTIVE	ACTION	MONITORING	PERFORMANCE MEASURES/ INDICATORS	QIPP
					objectives and world class commissioning. Flexibility to respond to changing levels of support required by Network partners.

Section 3 – SCG/Collaborative Workstreams

Yorkshire and the Humber Specialised and Collaborative Cardiac Services – Proposed Work Programme 2011/12

Specialised Commissioning

- Access for urgent revascularisation – CABG(specialised), PCI (collaborative) - monitoring and management of IHT waiting times (Network Priority)
- Devices management – Development of service strategy and specification for CRT-P, CRT-D and ICD's and development of proposed service models
- Defibrillators (Longer Life)
- Management of new interventions e.g. TAVI, Mitral Clip, Cardiac MRI
- Inherited Cardiac Disease/Sudden Cardiac Death (Expert Panel reporting to SCG)
- Congenital Cardiac Conditions (Existing network reporting directly to SCG)
- Thresholds for treatment (QIPP)

Collaborative Commissioning

- PPCI pathway management
- Use of Cardiac CT for diagnosis
- Implementation of new Drugs eg Prasugrel, Dabigatran
- Interventional Cardiology(EPS/RFA)
- Familial Hypercholesterolaemia
- Contract agreements for 2011/12

NORTH TRENT NETWORK OF CARDIAC CARE

PPI WORK PROGRAMME and Network User Group Action Plan 2011/12

February 2011 Position

Network Work Programme Subject Area	Network Service User Group Action	Service User Group members/Others	Completion Date (if applic)	Current status
Section 1 – Network Priorities				
1. Primary Prevention	Act as a critical friend and ensure that evidence of PPI shaping service model and delivery is included in the baseline assessment process	NUG members	tbc	Currently no NUG involvement in this project
	Share with the board any relevant experience data in order to shape Network plans.	NUG members Friends of the Network		
	Recommend to the board an appropriate method of ensuring service user experience is shaping service delivery on an ongoing basis	Rachel White Rep from NUG		
	Share with board any areas of good PPI practice if appropriate.	NUG members		
2. Heart Failure	Act as a critical friend and review the progress and outcomes from the HF service user experience project. Make recommendations to the board when necessary.	NUG members		Completed. Experience project and final report available. No further work identified following experience project
	Share with the board any additional and relevant experience data in order to shape Network plans.	NUG members Friends of the Network		
	Recommend to the board an appropriate method of ensuring service user experience is shaping service delivery on an ongoing basis	Rachel White Rep from NUG		
	Share with board any areas of good PPI practice if appropriate.	NUG members		
3. Arrhythmia	Act as a critical friend and ensure that evidence of PPI shaping service	NUG members		Currently no NUG involvement in this project

Network Work Programme Subject Area	Network Service User Group Action	Service User Group members/Others	Completion Date (if applic)	Current status
Section 1 – Network Priorities				
	model and delivery is included in the baseline assessment process			
	Share with the board any relevant experience data in order to shape Network plans.	NUG members Friends of the Network		
	Recommend to the board an appropriate method of ensuring service user experience is shaping service delivery on an ongoing basis	Rachel White Rep from NUG		
	Share with board any areas of good PPI practice if appropriate.	NUG members		
4. Rehabilitation and ongoing Support	Distribute the Service User experience DVD to the relevant stakeholders and ensure a link to the film is on the NTNCC website	Rachel White		Completed
	Act as a critical friend and review the progress and outcomes from the Network project. Make recommendations to the board when necessary.	NUG members Eddie Parry		No further Network action required following publication of commissioning pack and commissioning leads group paper
	Provide local link and support for support groups where needed and requested	Locality based SIFs	Ongoing	
	Support the groups to have a view around long term maintenance of exercise	Rachel White	Feb 2011	One of meeting held for NUG and key friends of the Network
	Share with the board any additional and relevant experience data in order to shape Network plans.	NUG members Friends of the Network	Feb 2011	Report from one of meeting to be shared with board if required
	Recommend to the board an appropriate method of ensuring service user experience is shaping service delivery on an ongoing basis	Rachel White Rep from NUG		

Network Work Programme Subject Area	Network Service User Group Action	Service User Group members/Others	Completion Date (if applic)	Current status
Section 1 – Network Priorities				
	Share with board any areas of good PPI practice if appropriate.	NUG members Eddie Parry		
5. Diagnosis and Management of Cardiac Conditions	Act as a critical friend and review the progress and outcomes from the Network PPCI project. Make recommendations to the board when necessary.	NUG members Eddie Parry		No further work/involvement identified for NUG
	Share with the board any additional and relevant experience data in order to shape the Network review of the service.	NUG members Friends of the Network		
	Contribute to shaping the PPCI public press campaign	NUG members		Completed
	Recommend to the board an appropriate method of ensuring service user experience is shaping service delivery on an ongoing basis	Rachel White Rep from NUG		
	Share with board any areas of good PPI practice if appropriate.	NUG members Eddie Parry		
6. Patient and Public Involvement in the Network	NUG members to work alongside the PPI Manager as appropriate to deliver on this section of the Network Programme			
	Deliver a stakeholder event to develop the PPI model and process	Rachel White		Completed
	Develop a self assessment PPI tool and undertake a self assessment	Rachel White	March 2011	In progress
	Working together to support the PPI process/model and functionality of the NUG.	All	ongoing	ongoing
	Undertake risk assessment for NUG and EQIA for PPI model and process.	Rachel White	July 2011	Initial work to understand need and scope undertaken
	Develop a work force development programme for the network team	Rachel White	Dec 2011	Not started yet

Network Work Programme Subject Area	Network Service User Group Action	Service User Group members/Others	Completion Date (if applic)	Current status
Section 1 – Network Priorities				
	Develop a reward and recognition framework	Rachel White	Oct 2011	In progress
	Development of a remuneration policy	Rachel White	Feb 2011	Draft developed
	Development of PROMs /PREMs as appropriate	Rachel White	tbc	tbc
	Developing robust working relationships with LINKs and support groups in the region	Locality based SIFs Rachel White NUG members	ongoing	Work ongoing
	Deliver a stakeholder meeting to inform the development of a new cardiac strategy	Clare Hillitt	tbc	Not started yet
	Support any public consultations as they occur	Rachel White	As and when	Ongoing as and when required

Network Work Programme Subject Area	Network Service User Group Action	Service User Group members/Others	Completion Date	Current status
Section 2 – Network Governance				
Development of the Commissioning Process	Act as a critical friend and contribute to the assessment process when requested	NUG members Friends of the Network	As and when	
Section 3 – SCG/Collaborative				
Specialised Commissioning	Act as a critical friend	NUG members Friends of the Network	As and when	Ongoing as and when required
	Contribute to consultation processes when required	NUG members and BBH Friends of the Network	As and when Feb 2011	Ongoing as and when required (Vascular service review completed)
Collaborative Commissioning	Act as a critical friend	NUG members Friends of the Network	As and when	Ongoing as and when required
	Contribute to consultation processes when requested	NUG members Friends of the Network	As and when	Ongoing as and when required

NORCOM

North Derbyshire, South Yorkshire and Bassetlaw Commissioning Consortium

North Trent Stroke Strategy Project Work Programme 2011/12

QM1 Awareness Raising

	Completed by March 2010	Completed by March 2011	2011/12
Y&H Social Marketing Project – Stroke Rehabilitation	Insight and development of solution phases complete <i>Role – Advising the Project Steering Group</i>	Project terminated in October 2010 prior to completion of insight and development phases.	Nothing planned
North Trent Social Marketing Project - Awareness of Stroke in BME groups	Insight and development of solution phases near completion	Assessment of options for implementation complete	Implementation of solutions and analysis of effectiveness of solutions. <i>Role – overseeing limited roll out of solutions in Sheffield and other PCT's wishing to participate. Participation in the analysis of effectiveness of solutions</i>

QM4 Involving individuals in developing services

	Completed by March 2010	Completed by March 2011	2011/12
Development delivery of a North Trent Strategy for Engaging Patients and the Public in delivery of the National Stroke Strategy	Appointment of a PPI manager.	Agreement of a PPI engagement strategy	Continuing engagement with public and patients in support of PCT's on the development and delivery and evaluation of stroke services

QM5 TIA Assessment – referral to specialist

	Completed by March 2010	Completed by March 2011	2011/12
Development of TIA services	Advice on clinical standards for TIA services	Development of TIA Best Practice Framework	Baseline assessment of quality of service through TIA BPF

	Baseline assessment of the quality of TIA services through SAF	Commissioning recommendations about delivering care for acute TIAs at weekends	Overseeing delivery of recommendations about delivering care for acute TIAs at weekends Review of the quality of TIA services through SAF and peer review
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QM7, 8&9 Urgent Response, Assessment and Treatment for Acute Stroke

	Completed by March 2010	Completed by March 2011	2011/12
Development of Acute Stroke services – Hyper acute Pathway	Baseline assessment of the quality of acute stroke services through SAF	Commissioning recommendations for the delivery of 24/7 hyper acute stroke care Review of the quality of acute stroke services through SAF and peer review	Oversee the delivery of 24/7 hyper acute stroke care Review of the quality of acute stroke services through SAF and peer review
Development of Acute Stroke services – Thrombolysis Pathway	Commissioning recommendations for the delivery of 24/7 thrombolysis services - in hours and out of hours Baseline assessment of the quality of thrombolysis services through SAF	Oversee the delivery of in hours thrombolysis services Agree a service model and remuneration solution for the delivery of the Y&H Telemedicine Project Review of the quality of thrombolysis services through SAF and peer review	Oversee the delivery of out of hours thrombolysis services Delivery of the Y&H Stroke Telemedicine project. <i>Role-advicing the steering group</i> Review of the quality of thrombolysis services through SAF and peer review

QM10. High-quality specialist rehabilitation

	Completed by March 2010	Completed by March 2011	2011/12
Develop North Trent standards of rehabilitation service delivery – where national guidance does not already exist.	Development of standards (SAF). Baseline assessment of the quality of rehabilitation services through SAF	Review of the quality of rehabilitation services through SAF and peer review	Review of the quality of rehabilitation services through SAF and peer review

QM17. Network Development

	Completed by March 2010	Completed by March 2011	2011/12
Advise of the need for a North Trent Stroke Network		Provide advice / recommendations to the Project Board and NORCOM about the need for collaborative working and a stroke network.	Provide advice / recommendations to the Project Board and NORCOM about the need for collaborative working and a stroke network during the transition and beyond.

QM18. Leadership and Workforce

	Completed by March 2010	Completed by March 2011	2011/12
Ensure stroke workforce is trained to deliver the National Stroke Strategy	Recommendations for undertaking needs assessment	Undertake a training needs assessment and begin the delivery of a prioritised training programme for the stroke workforce across North Trent.	Delivery of a prioritised training programme for Stroke workforce across North Trent.

QM20. Research and audit

	Completed by March 2010	Completed by March 2011	2011/12
All trusts participate in quality research and audit, and make	Ongoing partnership between the Stroke Community and CLAHRC <ul style="list-style-type: none"> CLAHRC team will work with the North Trent Stroke Strategy Board to identify where appropriate; areas of stroke that require further research. 		

	Completed by March 2010	Completed by March 2011	2011/12
evidence for practice available	<ul style="list-style-type: none"> • Work with CLARHC team to identify assurance mechanism that research is influencing the development and commissioning of services. • CLAHRC team will work with the North Trent Stroke Strategy Project team to develop research proposals 		

Other - Data and Information

	Completed by March 2010	Completed by March 2011	2011/12
Improving information and data across North Trent		Develop recommendations about improving data and information	Implement improvement plan

Other – Accelerating Stroke Improvement

	Completed by March 2010	Completed by March 2011	2011/12
Improving stroke care against the ASI Programme Metrics		<p>Review of the quality of stroke services against the ASI metrics</p> <p>Co-ordination of improvement of stroke services against the metrics</p>	<p>Review of the quality of stroke services against the ASI metrics</p> <p>Co-ordination of improvement of stroke services against the metrics</p>

Other – Stroke Prevention

	Completed by March 2010	Completed by March 2011	2011/12
Improving the recognition, management and treatment of AF and TIA as part of a Stroke Prevention programme for Y+H		Develop recommendations on the recognition, management and treatment of AF and TIA through the T&F groups	Review and oversee implementation of recommendations on the recognition, management and treatment of AF and TIA