

PAPER FOR NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

24 September 2010

Redesign of Acute Stroke Care

1 Purpose of the Report

The purpose of this report is:

- To provide information on the plans for local implementation of the National Stroke Strategy and NICE guidance resulting in the delivery of a hyperacute stroke service (rapid diagnosis and intensive treatment during the first 72 hours following a stroke) and other improvements in the quality of stroke services offered to residents of Hambleton and Richmondshire and to seek the committee's view of these changes.
- To set out proposed further engagement with key stakeholders and the public on taking forward these proposals.
- To invite comments from NYCC OSC on the proposed approach to public engagement, as set out in appendix 1 to this report.

2 Background

Stroke is the third biggest cause of death in the UK and the largest single cause of severe disability which often have a devastating and long lasting impact on the lives of patients and their families. Each year, more than 110,000 people in England suffer a stroke, which costs the NHS over £2.8 billion. The National Stroke Strategy (NSS, DH 2007) highlights that typically, 1.9 million neurons are lost for each minute a stroke goes untreated and every stage of the journey until treatment is received is therefore time critical. If 10% of patients were to receive thrombolysis (administration of a drug to dissolve a clot and reopen an artery or vein), over 1000 people per year would regain independence rather than die or be dependent in the long term.

The NSS also highlights that in the UK around 150,000 people per year have a suspected Transient Ischaemic Attack (TIA) or minor stroke but currently only 35% are seen and investigated within seven days and there is a 20% risk of a full stroke within the first 4 weeks after a TIA. It has been identified that a more urgent response to both stroke and TIA will save lives and reduce long-term disability. Research has shown that investigating and treating high risk patients with TIA within 24 hours could produce an 80% reduction in the number of patients who go on to have a full stroke.

The NSS and NICE guidance (NICE CG68 2008) details the interventions regarding the management of in the acute stage of stroke and both place emphasis on the importance of treating stroke as a medical emergency.

There is evidence that rapid diagnosis, admission to a specialist stroke unit, immediate brain imaging and use of thrombolysis where indicated can all contribute to improved patient outcomes.

The National Stroke Strategy recommends that,

“All patients with a suspected acute stroke are immediately transferred by ambulance to a receiving hospital providing Hyperacute stroke services (where a stroke triage system, expert clinical assessment, timely imaging and the ability to deliver intravenous thrombolysis are available throughout the 24 hour period).”

High risk TIA patients should be seen and assessed within 24 hours and low risk TIA patients within one week.

The evidence shows that the best outcomes are achieved for patients who are diagnosed rapidly and are cared for on acute stroke units. The key elements of the early stages of care are:

- Rapid, direct access to a stroke unit offering high quality specialist multi disciplinary care for all stroke patients with level 2 high dependency management in the initial phase.
- Specialist ward rounds at least 5 days a week.
- Availability of brain imaging within 1 hour for urgent indications and 24 hours for non urgent indications.
- Review by a stroke physician within 24 hours for all suspected new stroke and high risk TIA patients (including weekends and holidays).
- Thrombolysis opportunity for suitable patients given under stroke physician supervision (of stroke unit staff, A&E staff or neurology SpR).
- Access to vascular imaging, vascular surgery and neuroscience services for a proportion of patients as defined by guidelines

South Tees Hospitals NHS Foundation Trust and PCTs in North Yorkshire and on Teesside have worked closely with the North of England Cardiovascular Network (NECVN) which brings together clinicians, managers and commissioners to consider how these requirements may be met. The standards are challenging and have resulted in much clinical discussion across the North East of England as to how hyperacute stroke services should best be configured between hospital sites to achieve compliance, with a recognition that they cannot be achieved at all sites.

Acute stroke and TIA services were reviewed against the new standards at both of the Trust's sites Friarage Hospital, Northallerton (FHN) and James Cook University Hospital (JCUH) and the changes needed to deliver the new standards considered.

The main conclusion from this were that the standards for the hyper acute service could not be met with the current number of stroke specialists (there are currently three stroke specialist consultants at JCUH and a consultant neurologist who participates in the TIA service and one consultant at FHN) and that investment in therapy and nursing staff would be needed. – and that there were particular challenges at FHN which are shared by other small hospitals.

At FHN, there is currently one consultant with a specialist stroke interest and no out of hours stroke specialist cover, six designated bed for stroke on Romanby ward but no stroke unit which meets the definition within the guidance and limited provision for TIA. There were also constraints to meeting the requirements for rapid timely diagnostic imaging (there is no magnetic resonance imaging available or on site out of hours staff for CT scanning) compared to the new requirements.

An option appraisal for delivery of acute stroke and TIA services considered how best improved services in line with the guidance could be provided for all patients and identified the option which will meet the recommendations of the NSS and NICE guidance is to:

- increase staffing to deliver hyperacute stroke services from the James Cook University Hospital (JCUH) site of for the population of South Tees and Hambleton and Richmondshire (H&R);
- further strengthen acute stroke and TIA services at the FHN site (through increased input from consultant stroke specialists and stroke specialist nurse practitioners);
- provide an integrated TIA service across both sites.

The revised patient pathway builds on the successful implementation of the divert of patients eligible for thrombolysis which was implemented in July 2009.

3 Impact of Proposed Care Pathway

The proposed care pathway would result in all patients with suspected acute stroke to be diverted to JCUH site. Patients would be with repatriated to the Friarage Hospital after 72 hours or when medically stable (ie following the hyperacute phase of care). Currently, only patients eligible for thrombolysis are diverted to the JCUH site (45 patients per annum). It is anticipated that a maximum of an additional 245 patients would be directed to JCUH instead of being admitted to the FHN and that in total a maximum of 125 patients per annum (2-3 patients per week) requiring repatriation to FHN with a further 135 patients (2-3 patients) being discharged directly home JCUH. Data from the thrombolysis divert indicates that the majority of patients who are discharged home used their own transport.

An integrated TIA service across both hospital sites will be introduced with a single point of access and referrals being triaged and assigned to the next available clinic at either JCUH or FHN. There will be availability of TIA clinics 7 days per week to ensure rapid review of high risk TIA patients. There will be two clinics per week available at FHN with ultrasound support being available for all clinics.

The proposed care pathway for acute stroke patients and TIA has been drawn up and is attached. (Appendix 2 and 3).

4 Benefits of the Proposed Pathway for Patients

The change in the care pathway will result in the following benefits for patients from H&R:

- 24 hour and 7 day access to brain imaging with expert interpretation of diagnostics;
- the opinion of a consultant stroke specialist with thrombolysis given to those who can benefit;
- review of all acute stroke patients and high risk TIA patients by consultant stroke specialist within 24 hours (including weekends and bank holidays);
- patients will be admitted to the acute stroke unit at JCUH which will provide hyperacute stroke services with access to urgent brain imaging and be on a unit that provides high dependency care for the hyperacute phase of their care:
- provision of an integrated TIA services across both sites with availability of clinics 7 days per week at JCUH site to ensure high risk TIA patients are seen within 24 hours;
- increased consultant stroke specialist at FHN site to ensure ward rounds 5 days per week and to provide cover for TIA clinics;
- increase provision of allied health professionals (AHPs) at JCUH for the hyperacute phase of care to provide early rehabilitation of patients.

In the revised care pathway it is proposed that confirmed stroke patients are transferred to the Friarage after 72 hours if medically stable to continue their acute care on Romanby ward which has designated acute beds, for a further 3-7 days. Patients would then transfer if medically stable to the Rutson ward for rehabilitation.

There will remain six designated beds for stroke on Romanby ward.

5 Investment Required To Support Service Change

The PCT is required to meet the additional costs of best practice payments required by the NHS contractual framework which rewards hospitals which achieve compliance with the standards.

South Tees Hospitals NHS Foundation Trust is making £1.1m of recurrent investment to achieve compliance with the NSS through the appointment of consultant stroke specialists, specialist nurse practitioners, nursing staff, AHP staff (physiotherapy, occupational therapy, dietetics and speech and language therapy).

The proposed change in care pathways has been discussed with key stakeholders including the ambulance services (Yorkshire Ambulance Service (YAS), North East Ambulance Services (NEAS) and Medical Services (North East) Ltd.) as the number of patient journeys to and from the JCUH will increase and the changes in current ambulance provision needed to deliver this change without an adverse effect on other aspects of service has been worked through and the implementation of these changes is under discussion.

The PCT has been extensively involved in the development of this pathway and will formally consider the proposals relating to the pathway for patients from Hambleton and Richmondshire at its September clinical executive meeting.

6 Stakeholder and Public Engagement

The PCT and South Tees Hospitals Foundation Trust has had discussions with key stakeholders to brief them on the proposal and gather views, which to date have been positive.

- GP Commissioners

GP lead commissioners have been briefed on the requirements of the National Stroke Strategy and have discussed the proposed change to the care pathway with clinicians and managers from South Tees Hospitals Foundation Trust.

The Practice Based Commissioning Board and the Local Medical Committee will be asked to formally support the proposed change during their meetings in September, both meet just prior to the Overview and Scrutiny Committee. The PCT will update the Committee on the 24th September 2010.

- Public and Patient Engagement

The aim of the engagement is to inform key stakeholders and patient groups why a change to the care pathway is proposed and what this will mean for the future provision of services and to invite their comments.

The following key messages will be given when communicating and engaging on the proposals:

- To explain the aim of the National Stroke Strategy and NICE guidance related to delivery of acute stroke and TIA services.
- To set out what the services are (high level) and how they are currently provided and how patients access them.
- To explain why the current services need to change.
- To explain what the proposed change is.
- To explain the differences between the current care pathway and what is proposed, detailing who will be affected and how.
- To explain what the benefits are and how outcomes for patients will improve and how the patient experience will change.
- To explain when the change will take place.
- Comments on the proposed change are welcome, we want to understand any concerns which will inform planning about the proposed change and whether there is support for the proposal.

The PCT has developed a public engagement plan. A draft is appended which the Overview and Scrutiny Committee is asked to comment on.

7 Summary

As a result of the investment now taking place there will be an hyperacute stroke service available to residents of Hambleton and Richmondshire and increased resources for the care of stroke patients at FHN.

To deliver the best possible outcome for patients some patients will, in future, be admitted to JCUH for some or all of their stroke care.

The Overview and Scrutiny Committee is asked to:

- Consider and comment on the changes proposed.
- Consider and comment on the proposed public engagement process about the changes in the stroke service.

**Prepared by Jill Moulton, Director of Planning
September 2010**

Attachments :

Acute Stroke Care Engagement Plan



Stroke Engagement
Plan (3).doc

Acute Stroke Care Pathway



Stroke Pathway July
2010 Draft.xls

Public Engagement Plan - Stroke Services

Appendix 1

Meetings arranged by PCT				
Date	Event	Process	Key people to attend	
	<ul style="list-style-type: none"> • CMB 21st July 2010 • PBC Board 15th September 2010 • ICE 24th September 2010 • OSC 24th September 2010 papers H&R LMC 21st September 2010 	<p>Paper with Briefing to Directors, ICE, OSC, PCT Board</p> <p>PBC – part of TARGET</p>	<p>Internal PCT – A Brown and Mikki Golodnitski, Adrian Jones and Graham Dickinson, Abi Tebbs</p> <p>External A Brown, Jill Moulton, Grahame Dickinson, Adrian Bergin, Adrian Jones</p>	
Local Councils				
	<p>Richmondshire District Council</p> <p>Hambleton District Council</p> <p>North Yorkshire County Council</p> <p>Town Councils (Northallerton, Thirsk, Stokesley, Richmond, Leyburn, Hawes, Bedale, Easingwold, Colburn, Catterick)</p>	<p>Letter with Briefing inviting comment</p>	<p>Amanda Brown</p>	
Letters to stakeholders -				
	<p>William Hague MP</p>	<p>Letter with information</p>	<p>Chair/CEO letter</p>	
	<p>Ann McIntosh MP</p>	<p>Letter with information</p>	<p>Chair/CEO letter</p>	
	<p>Julian Sturdy MP</p>			



	MOD – Catterick & RAF base	Letter with information inviting comment	A Brown	
21 st September	Local Medical Committee & PBC, Northallerton Division	Letter with information inviting comment plus attendance at meeting	A Brown, G Dickinson, Adrian Bergin, Ad J	
	NYCMHS	Briefing	A Brown, Jan Aspinall, Alison Woodhouse, Jill Moulton	
	H&R Strategic Review – Unscheduled Care	Update	A Jones, Grahame Dickinson	
	Local Organisations <ul style="list-style-type: none"> • Ham & Rich Carers Centre • Age Concern • Stokesley Carers Centre • Broadacres Link to LTC • Dalecare, St John's Centre • North Yorks Forum Voluntary Organisation (to cascade to other community groups) 	Letter with briefing document inviting comment	Suggest joint letter from: A Brown Jill Moulton Adrian Bergin Adrian Jones	
	NYCC – Adult and Children Services	Letter with information inviting comment	A Brown	
	SHA <ul style="list-style-type: none"> • Yorks & Humber • North East 	Letter with information advising engagement underway	A Brown, Jill Moulton	
	LSP – Hambleton & Richmondshire	Letter with Briefing Paper as an agenda item	A Brown	
	North Yorkshire LINKs + LINKs groups for Richmondshire and Hambleton	Letter with Briefing inviting comment	A Brown, Sandra Donoghue	

	NYY Overview and Scrutiny (Health) Committee	Briefings and Papers	Clinicians, Jill Moulton	
	YAS / Air Ambulance	Agreement to pathway and operational consequences.	A Brown, S Donoghue, Medical Director	
Media				
	Local Media	Briefing pack, proactive media briefing, press releases, interviews, PCT web site	STFHT and PCT Commissioning teams	



