Scarborough and Ryedale
Clinical Commissioning Group

North Yorkshire County Council

Scrutiny of Health Committee

17 January 2014

Update on Stroke Services at Scarborough Hospital

Background

1. As part of the Yorkshire and Humber Stroke Accreditation Process, on 20 July 2012, the stroke service at the Scarborough Hospital underwent an external peer review visit. At that time, the service was unable to be accredited as a level 2 centre (full stroke service except neurosurgery) as a number of concerns were identified.

2. The main concerns were:

- Levels of medical staffing
- Levels of band 6 nursing and therapy staff
- Different pathways for those receiving/not receiving thrombolysis
- Processes for decision making and delivery of thrombolysis
- Access to CT scanning
- Data collection and submission to the national audit

3. This led to concerns about the safety, sustainability and value of the service and the ability to secure local provision of a 24/7 stroke service for the future.

Current Situation

4. Since that review, the Trust, working together with the CCG and other stakeholders, has undertaken a significant piece of work to develop the service and reach the required standards. Progress has been incentivised through a CQUIN (Commissioning for Quality Innovation Payment) and monitored through regular stroke steering groups.

5. The merger with York Teaching Hospital NHS Foundation Trust has also benefited Scarborough through sharing resources, processes and leadership across the two sites.

6. The most significant changes that have been made include:

- Medical staffing has been increased to facilitate 7 day ward rounds.

- A telemedicine rota for thrombolysis decision making on a 24/7 basis has been drawn up between the York and Scarborough sites and will commence in January 2014.
- Thrombolysis decisions and outcomes are being reviewed on a regular basis.
- Additional nurses were recruited to ensure 24/7 availability of band 6 nurses.
- Approval to increase CT scanning to six days a week.
- 3 Hyperacute beds staffed on the stroke unit.
- A revised pathway to ensure all patients have rapid access to the stroke unit and hyper acute care regardless of thrombolysis status.
- Data collection and submission to the national audit (SSNAP) has commenced.

7. A review of the mortality data was also undertaken and nothing of concern was found.

8. A repeat accreditation visit was undertaken on 20 November 2013. The reviewers were impressed by the substantial progress made in developing stroke services in Scarborough and recognised that a good level of service is now provided at the site. They recommended that the site be granted a provisional accreditation and this recommendation has been accepted by the CCG.

9. A programme of development continues, with an expectation of achieving full accreditation during 2014-15, and includes:

- Development of 7 day therapy services.
- Access to a seven day sonography service to support a day TIA service at the Scarborough site.
- Reduction in door to needle times.
- Continued reduction in mortality rates to reflect the national average.
- Increase in numbers of patients who are scanned within 24 hours.
- Demonstration that patients in AF are discharged on an anti coagulant or with a plan for anticoagulation.

10. The Trust also intend to build the resilience and sustainability of the service by creating a recruitment and workforce plan that secures sufficient medical cover for both sites for the future.

11. Continued progress will be monitored by the CCG through regular meetings and analysis of the quarterly SSNAP data. There will also be an annual peer review cycle which will be run by the Strategic Clinical Network.

12. Across the region, following a visit from the National Clinical Director for stroke, there have also been discussions about the future configuration of stroke services. It has been agreed that there is potential to reduce the amount of hyper acute centres. This is already happening to some extent with NLAG reducing from 2 to 1 hyper acute centres. However, any changes need to be considered fully in terms of expected improvement in outcomes and quality, cost, sustainability and acceptability before a decision can be made. Any changes will need to be carefully planed and widely discussed and agreed and are not expected to take place in the short term.

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