



## Supplementary Agenda

### Notice of a public meeting of Scrutiny of Health Committee

**To:** Councillors Jim Clark, Liz Colling (Vice-Chair), John Ennis (Chair), Val Arnold, Robert Windass, Mel Hobson, John Mann, Zoe Metcalfe, Heather Moorhouse, Chris Pearson, Roberta Swiers, Phillip Barrett, John Clark, Hardisty, Middlemass, Middlemiss, Shaw-Wright, Tucker, Andy Solloway and David Ireton.

**Date:** Friday, 18th June, 2021

**Time:** 10.00 am

**Venue:** Remote meeting held via Microsoft Teams

Under his delegated decision making powers in the Officers' Delegation Scheme in the Council's Constitution, the Chief Executive Officer has power, in cases of emergency, to take any decision which could be taken by the Council, the Executive or a committee. Following on from the expiry of the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, which allowed for committee meetings to be held remotely, the County Council resolved at its meeting on 5 May 2021 that, for the present time, in light of the continuing Covid-19 pandemic circumstances, remote live-broadcast committee meetings should continue, with any formal decisions required being taken by the Chief Executive Officer under his emergency decision making powers and after consultation with other Officers and Members as appropriate and after taking into account any views of the relevant Committee Members. This approach will be reviewed by full Council at its July meeting.

The meeting will be available to view once the meeting commences, via the following link - [www.northyorks.gov.uk/livemeetings](http://www.northyorks.gov.uk/livemeetings). Recording of previous live broadcast meetings are also available there.

### Business

5. **Hyper acute stroke services at Scarborough Hospital and the outcome of the regional review of hyper acute stroke services - Simon Cox, East Coast Programme Director, North Yorkshire Clinical Commissioning Group** (Pages 3 - 20)  
This item is 'To Follow'.

Barry Khan  
Assistant Chief Executive

Enquiries relating to this agenda please contact Daniel Harry Tel:  
or e-mail

Website: [www.northyorks.gov.uk](http://www.northyorks.gov.uk)

(Legal and Democratic Services)

County Hall  
Northallerton

Thursday, 10 June 2021

# The Reconfiguration of YTHFT Stroke Service

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Agenda Item 5



Caring



Helping



Respecting



Listening

# Background

Stroke is a devastating and all too common condition. It is a sudden brain attack, it happens every five minutes in the UK, and two-thirds of stroke survivors leave hospital with a disability.

Evidence emerged as to the benefits of centralisation of the first part of the Stroke pathway – the Hyper-Acute care – and the benefits of this being conducted in larger centres. London, for example, reduced to 8 from 30 centres receiving acute strokes and saw a significant improvement in mortality (see Morris 2014, Hunter 2013).

Guidance inferred that HASUs should see a minimum of 600 patients per year to provide the appropriate level of workforce expertise and critical mass of resources.

Alongside the changes in HASU care the NHS encouraged the development of Early Supported Discharge (ESD) for stroke patients. For some patients their rehabilitation may be best managed in their own homes with support from therapy and care staff.



# History

Following the national direction on HASU centralisation and staffing problems at Scarborough in 2015 the NHS introduced a new pathway for hyper-acute care. This involved patient continuing to be transferred to Scarborough for their assessment and CT scan. Those needing thrombolysis could have treatment started in Scarborough, before being transferred to the HASU in York. The model was referred to as 'drip and ship'.

The patient pathway was safe and avoided adding further pressure to the flow through the York Emergency Department. However, patients would not access full HASU care until they had been transferred to the unit in York.

The continued provision of specialist nursing staff in Scarborough remained fragile after 2015, as was the continued provision of stroke medical support to the Scarborough site. This came to a point of unsustainability in late 2019 and the decision was taken to move to a direct admission model in 2020.

The direct admission model was the nationally recognised pathway and the one implemented in Harrogate, Airedale, Barnsley and other centres across the UK. Local clinicians fully supported the change.



# The York-Scarborough Stroke Service

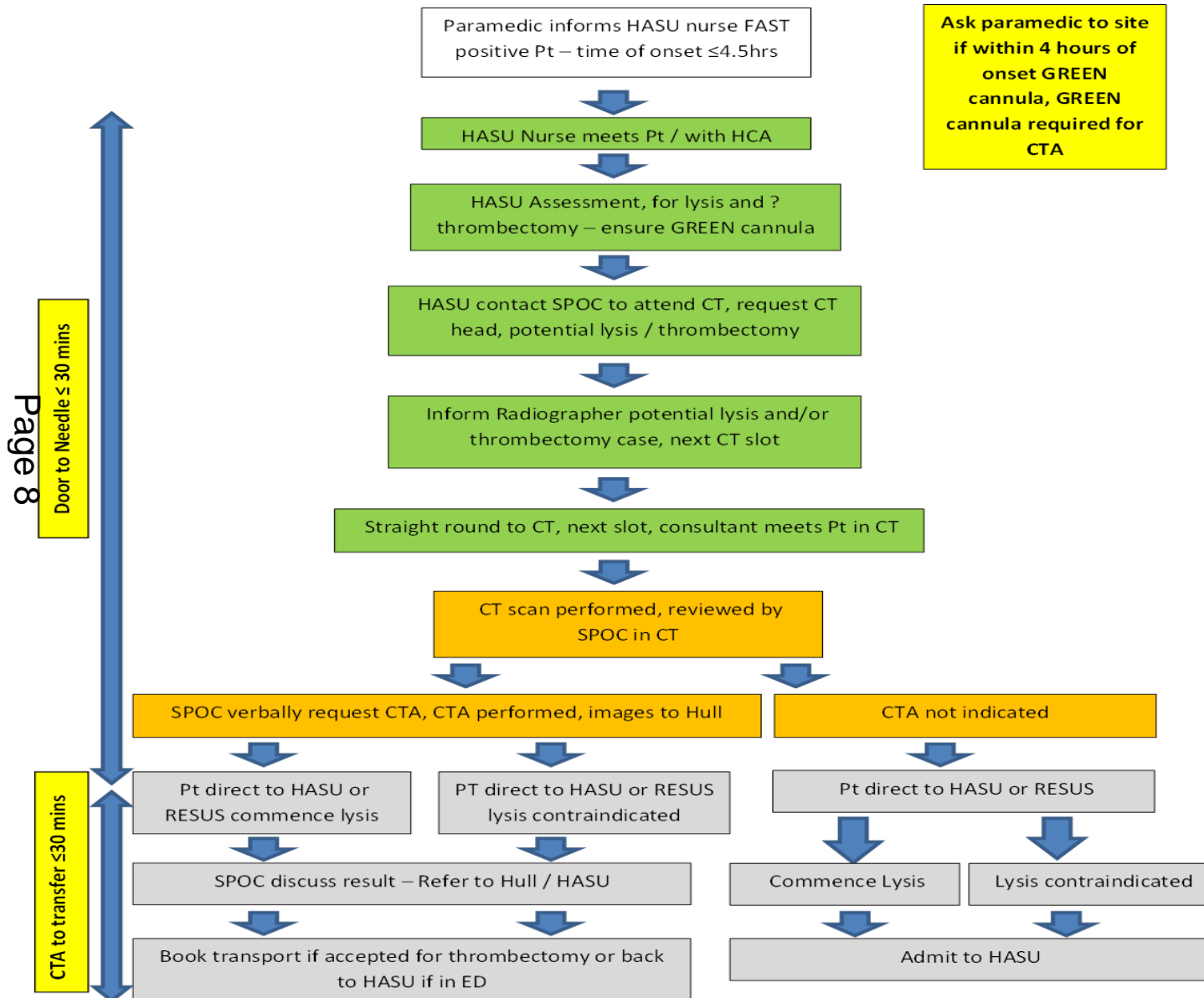
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- Population >800,000 – predicted to increase over next 15 years
- One of the largest admitting services in the region
- Large, predominantly rural geographical area
- 1100+ new strokes per year, predicted to increase over the next 15 years
- 1500 TIAs clinic referrals per year
- 24/7 Thrombolysis service
- 7-day TIA clinic
- Complex referral pathways
- HASU nurse in excess of 2000 referrals per annum

# In 2019 if Jack had a Stroke and presented to either of our EDs (median times)

	Arrival ED	Assessed by Stroke Nurse	CT scan	Lysis	Arrival onto HASU	Consultant Review
York ED	0	24	53	53	03:33	10:06
SGH ED	0	14	59	69	05:50	07:02
Direct model trial	0	14	40	46	02:34	05:00

# Direct to CT Model





# SSNAP Results

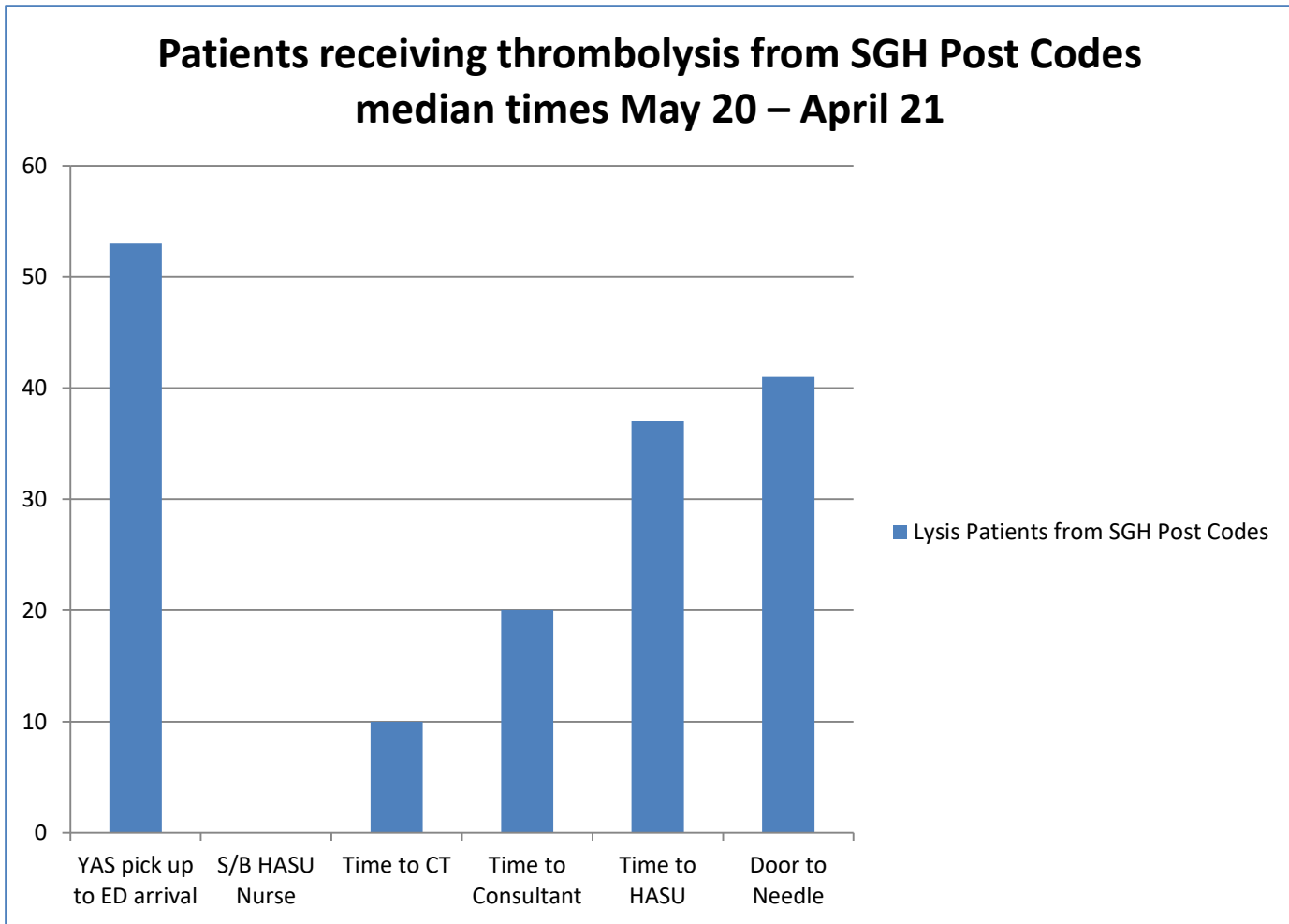
	Trust	York Teaching Hospital NHS Foundation Trust	York Teaching Hospital NHS Foundation Trust	York Teaching Hospital NHS Foundation Trust
	Team	York Hospital	York Hospital	York Hospital
	Time period	Jul-Sep 2020	Oct-Dec 2020	Jan-Mar 2021
SSNAP level		A	B	C
SSNAP score		82	76.0	67.5
<i>Case ascertainment band</i>		A	A	A
<i>Audit compliance band</i>		A	A	B
Combined Total Key Indicator level		A	B	B
Combined Total Key Indicator score		82	76.0	71.0
<i>Team-centred post-72h all teams cohort</i>		224	243	208
1) Scanning		A	A	B
2) Stroke unit		B	B	C
3) Thrombolysis		B	C	C
4) Specialist Assessments		B	B	B
5) Occupational therapy		A	A	A
6) Physiotherapy		B	B	B
7) Speech and Language therapy		C	E	E
8) MDT working		B	B	B
9) Standards by discharge		A	A	A
10) Discharge processes		C	C	C
Patient-centred Total KI level		A	B	B
Patient-centred Total KI score		82	76.0	72.0
Patient-centred SSNAP level (after adjustments)		A	B	C
Patient-centred SSNAP score		82	76.0	68.4

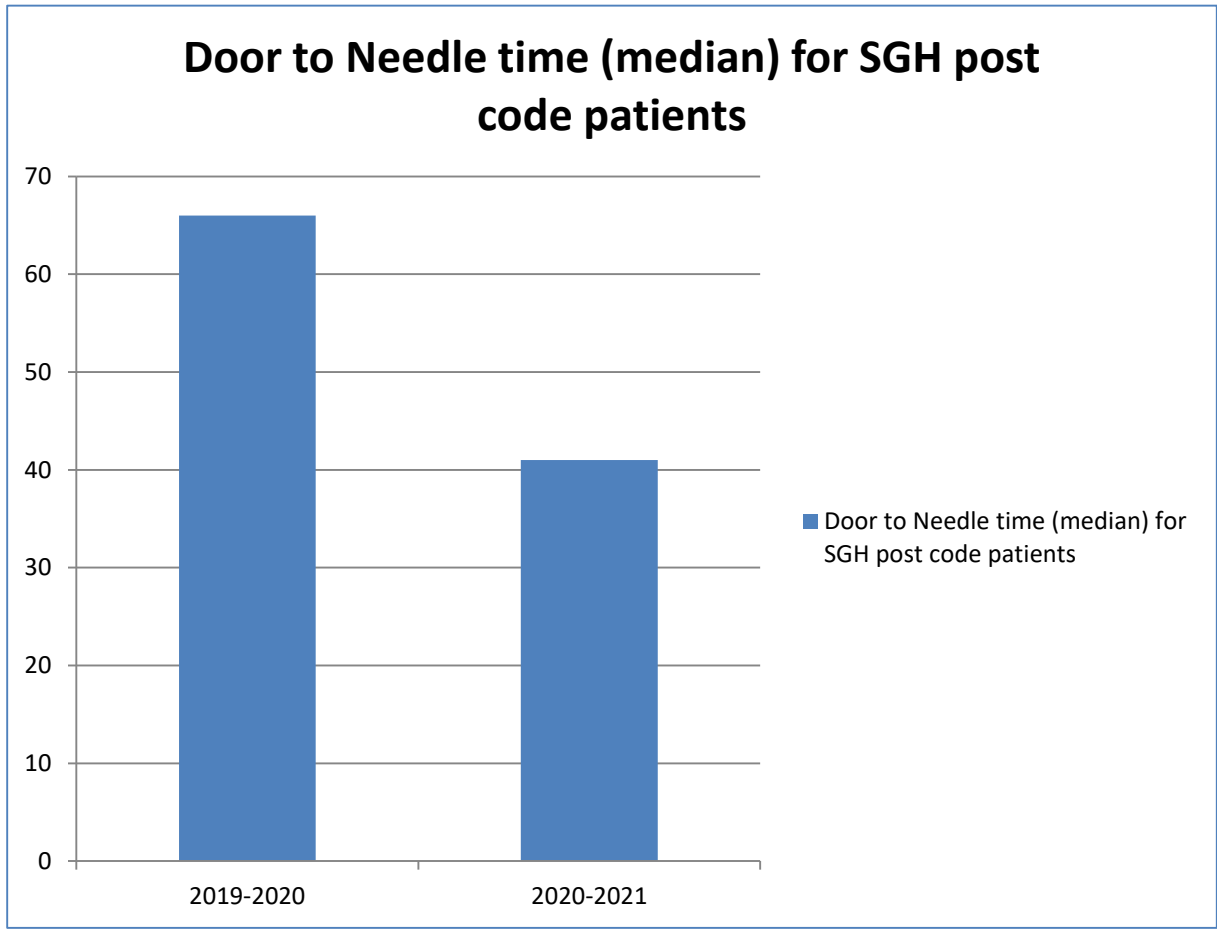
# Service Improvement highlights

(SSNAP data July 19 – March 20  
compared with Jul 20 – March 21)

	Jul 19 – Mar 20	Jul 20-Mar 21	% Change
Median time between clock start and scan (hours:mins)	01:01	0:52	15
Median time between clock start and arrival on stroke unit (hours:mins)	04:23	02:12	99
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start*	45	67	49
Percentage of patients who were thrombolysed within 1 hour of clock start	51	71	39
Median time between clock start and thrombolysis (hours:mins)	00:57	00:47	21
Median time between clock start and being assessed by stroke consultant (hours:mins)**	15:03	11:30	31
Median time between clock start and being assessed by stroke nurse (hours:mins)	00:26	00:18	44

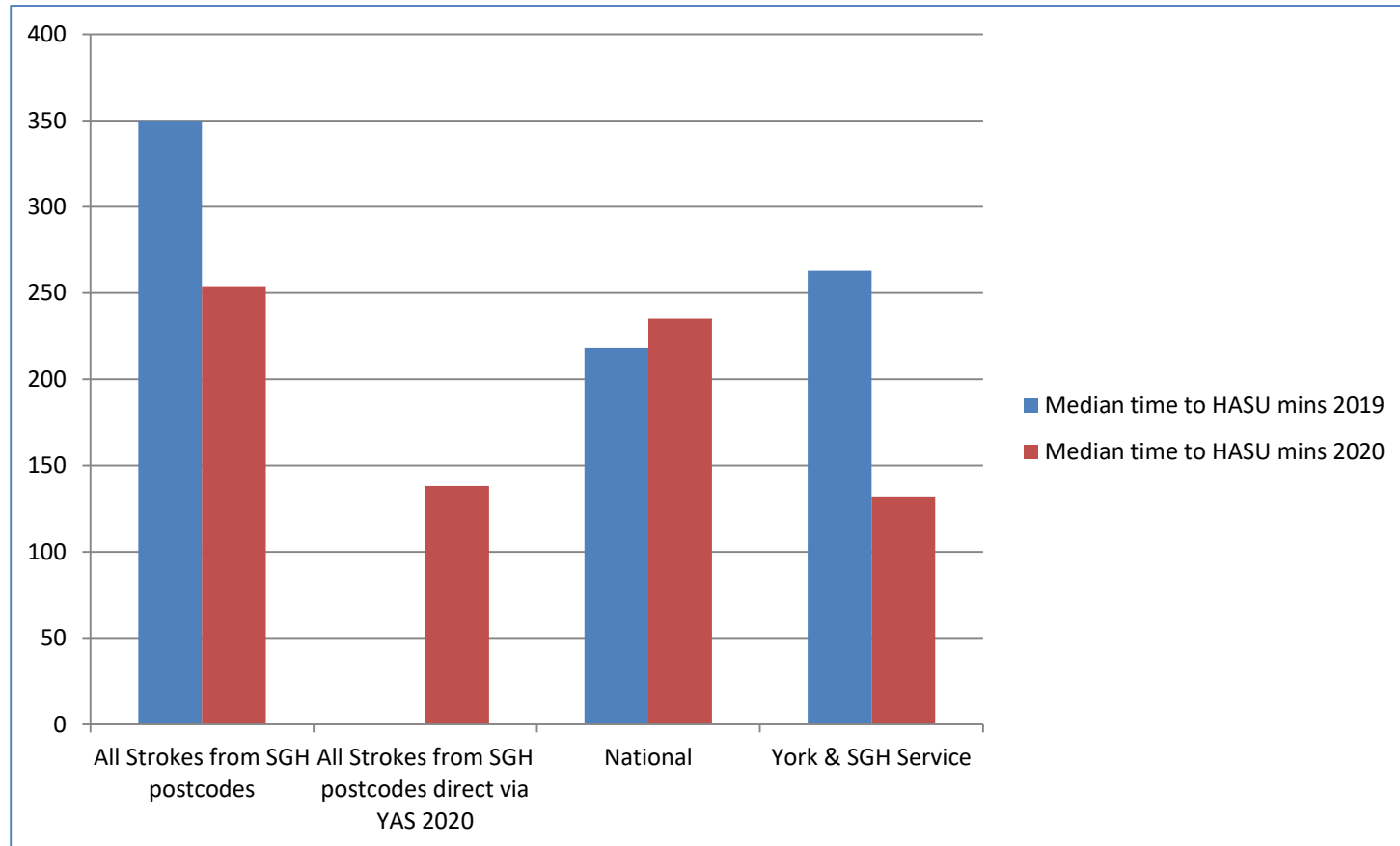
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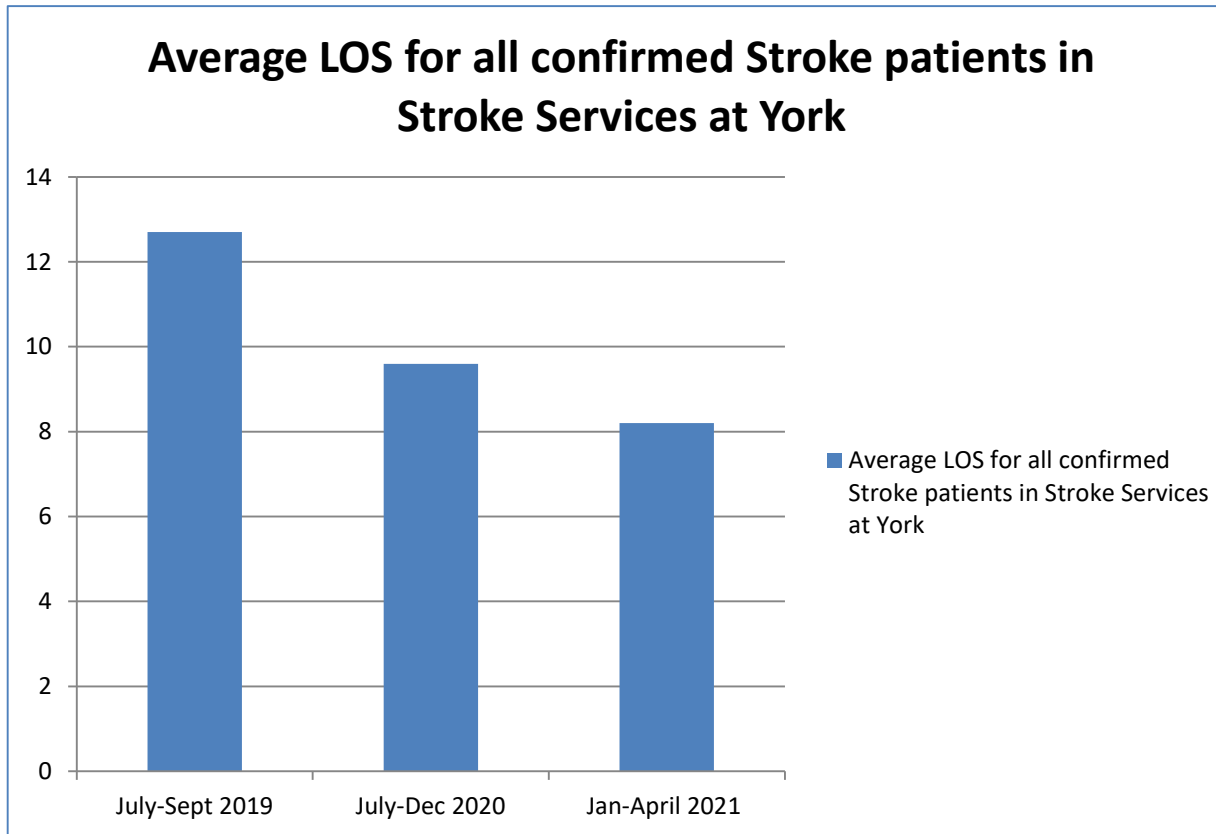
## Median times to HASU from admission to ED data from 2019 compared to 2020

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# LOS for confirmed Stroke patients (SGH and York) within York service

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# Summary from the Humber, Coast and Vale ICS Hyper-Acute Stroke Review 2020/21 – Comments from National and Regional stroke leads

## **SCARBOROUGH**

With the temporary cessation of direct admissions to Scarborough and all Scarborough patents being admitted directly to York there was much greater sense of cooperation and working together between the stroke teams at York and Scarborough with an emerging vision for what a fully integrated service would look like and how it would function.

Having seen the benefits to patients of direct admission to York we feel able to reassure members of the public, commissioners and regional officers that the service is safe, efficient and able to deliver better outcomes than the previous 'drip and ship' model and would commend the new service to the Joint OSC.

# Latest data

The Door to Needle time for SGH post code patients for May – April 2021 is 41 minutes (median).

The median transfer times 51 minutes (mean 53 mins) for those patients between May – April 21 who received lysis.

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The % of SGH patients receiving thrombolysis in that same period is 8%.

The total number of confirmed Stroke patients from SGH post codes in this period was 241.



# Rehabilitation

- Humber Teaching Foundation Trust initiated Early Supported Discharge in May 2021 – extending capacity later in the year
- East Riding CCG continuing ESD funding for Bridlington patients
- Bridlington Hospital extending its capacity to provide Stroke based rehabilitation with more flexible capacity away from the main acute site

# Prevention

- Stroke is a preventable disease
- A large number of the population have conditions which are undetected and sub-optimally managed—hypertension (high blood-pressure) and Atrial Fibrillation (abnormal heart rhythm)
- Diagnosis and management of these conditions can significantly reduce the risks of stroke
- Good primary care remains a foundation of effective clinical pathways
- Improving stroke outcomes is one of the ways the NHS will reduce health inequalities and improve health

# The Future

- Centre of excellence for the delivery of Acute Stroke and Rehabilitation to our patients across the Trust foot-print
- Rehab service for East Coast in protected Rehabilitation beds
- Providing a sustainable A rated service
- Better access to Psychology
- Early Supported Discharge
- Development of Nursing career pathway, ANP, Consultant Nurse
- Development of AHP career pathway in Stroke, ACS role in Stroke
- 7 Day AHP service
- Improving access for patients to access Thrombectomy (in partnership with Hull Hospitals)

Thank you  
Any Questions

