

North Yorkshire County Council
Scrutiny of Health Committee
17 December 2021

Stroke Services in North Yorkshire

1.0 PURPOSE OF REPORT

- 1.1 To provide an update to the committee on the stroke pathway for North Yorkshire residents, particularly the relatively recent changes to stroke services for Harrogate and East Coast residents.

2.0 BACKGROUND

2.1 National

Evidence has emerged in recent years 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. Guidance suggests that Hyper Acute Stroke Units (HASUs) should be concentrated onto fewer sites and see a minimum of 600 patients per year. These sites then operate as centres of excellence providing the appropriate level of workforce expertise and critical mass of resources. Where care has been reorganised in this way, patients generally spent less time in hospital and were less likely to die or be disabled as a result of their stroke.

This model results in changes to smaller stroke units to focus on care and rehabilitation for patients after the first 72 hours of care rather than providing care for the whole stroke pathway.

Research by the Stroke Association supports this model and has shown that stroke survivors and their carers have positive experiences of care at HASUs, and believe getting the best care outweighs the potential inconvenience of having to travel further.

2.2 North Yorkshire

In North Yorkshire, over the last two years, there has been a change to the way stroke services have been delivered in both the Harrogate and East Coast areas to adopt the national best practice on patient access to a Hyper-Acute Stroke Unit (HASU).

Harrogate

In April 2019, in recognition that the number of stroke admissions fell well below the national recommendation of 600, stroke care for Harrogate patients was reconfigured to ensure access to the HASUs in either York or Leeds depending on patient location. Once hyper acute care has been completed at the centre, patients are either discharged home with the appropriate support from the community rehabilitation team or they are repatriated to Harrogate Hospital for ongoing care until they are ready to go home.

Early indications are that there has been a positive impact on some elements of the pathway but that not all eligible patients have been accessing hyper acute care during the pandemic. It is timely now, as part of the ICS wide review of hyper acute provision, to conduct a through review of the outcomes of the change in pathway and determine whether further changes are indicated.

East Coast – Following the national direction on HASU centralisation and staffing problems at Scarborough Hospital, in 2015 the NHS introduced a new pathway for hyper-acute care.

In this model, patients continued to access their initial assessment and scan at Scarborough. All patients who would benefit from hyper-acute stroke care were then transferred to the HASU in York. Those needing thrombolysis could have treatment started in Scarborough, before transfer to the HASU in York. The model was referred to as 'drip and ship'. This 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.

At this time this was seen as the best way of ensuring access to hyper acute care whilst maintaining as much local care as possible.

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 model where the patient was directly conveyed to the most appropriate HASU from 2020.

The Integrated Stroke Delivery Network commissioned a review of Hyper Acute Stroke Care, undertaken between December 2020 and March 2021. This was conducted by the national Stroke Lead, Deb Lowe, and the Yorkshire and Humber stroke lead, Graham Venables. They were very supportive of the new model delivered for Scarborough patients and did not recommend re-establishing any form of HASU care in Scarborough. They concluded:

"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 Scrutiny of Health Committee."

3.0 SCRUTINY OF HEALTH RECOMMENDATIONS

As outlined above the changes on the East Coast had been introduced in May 2020 as a temporary measure but, at the Scrutiny of Health Committee in June 2021, the meeting noted that in terms of the pathway changes for the East Coast *'there was no reasonable alternative model of care for Scarborough patients. Despite the longer journey times for many patients, the model in place now will support better clinical outcomes for patients and moving hyper-acute care back to Scarborough would potentially expose patients to additional risk, and go against national guidance and the recommendation of local and national stroke specialists.'*

However, they also asked that some information be provided to the public about the rationale for the changes in both the Harrogate and East Coast areas and feedback be sought about patient experience of the new pathways.

3.1 Events

In November 2021 two virtual events were held – one for Harrogate area residents and one for those living on the East Coast. A total of 8 people attended the Harrogate event and 24 the East Coast event. The format of the meetings involved Stroke Service clinical team members walked participants through the stroke pathway from prevention, through onset of symptoms, conveyance by YAS, treatment in the HASU and discharge and rehabilitation. Clinical experts spoke about each stage of the pathway and answered questions from the public.

At the Harrogate Event, no concerns about the current model were raised. A patient experience was shared and reinforced the need to ensure that each person is able to access the best possible care.

At the East Coast event many of the questions were around the transport times by the ambulance service and the impact that this may have on the start of stroke care. Others were on the demise of the Scarborough stroke service which was well thought of. In response the ambulance service reassured the participants that in most cases a patient conveyed Scarborough Hospital first would take longer to receive the clinically excellent treatment available at a HASU and this would detrimentally affect their outcome. They were also reminded that in order for a unit to be clinically viable it requires the staff to see 600 strokes a year and in the case of Scarborough Hospital this number is around 300 so it would never reach the required threshold to allow staff to maintain their clinical skills. In addition, despite multiple attempts to recruit, it has not been possible to recruit the staff required to provide a HASU on the East Coast. The meeting was also advised that when audited the former stroke unit at Scarborough was consistently rated as a 'D' or an 'E' whereas the HASU at York rates at either an 'A' or a strong 'B' with outcomes above the national average.

Yorkshire Ambulance Service (YAS) also advised that they have procured 28 more ambulances, which will be on the road before Christmas, to support the transport of patients which should ease waiting times.

Although there was a vocal minority who challenged the move to the new stroke pathway, despite the clinical benefits and the national drivers, there were also those who attended the meeting who were grateful for the opportunity to better understand the stroke pathway and were reassured by what they heard.

'Thank you, a lot of things are clearer now. It is clear that we are not being victimised on the East Coast, we are getting the best treatment possible, especially with very limited resources.'

'Thanks for the presentation. As a student, I've learnt a little more about the pathway for people after suffering from a stroke.'

More information on the event can be found at Appendix A to be tabled at the meeting.

3.2 **Survey**

Alongside the events North Yorkshire Clinical Commissioning Group have, with the support of East Riding Clinical Commissioning Group and our local acute hospitals, sent out a survey to a sample of patients who have experienced the stroke pathway in the last eighteen months including patients transported to Hull and York HASUs.

3.3 **Survey Feedback**

At the time of this report the survey was still open but feedback will be tabled at the meeting at Appendix A.

4.0 **CONCLUSION**

Although some anxieties remain about the new stroke pathways for the East Coast and Harrogate areas, particularly from residents on the East Coast and mainly related to travel and transport times, those who experienced the new pathway were very positive about the care that they received at the HASU.

"The Doctors and staff in the stroke unit of York Hospital were fantastic – so kind and caring and I will always be indebted to them for literally saving my life"

"Experience was first class. Thank you to all staff"

"I think the care and help I had from everyone was just perfect. Also the follow on care I received once I got home"

It remains the view of North Yorkshire CCG, YAS, the Acute Trusts, the Stroke Network and the Stroke Association that there is no viable alternative delivery model for stroke services for East Coast patients which meets the required National clinical standards.

5.0 FINANCIAL IMPLICATIONS

Funding requirements for the Harrogate service will need to be reviewed once the hyper acute review has been completed to ensure that every part of the pathway is adequately resourced.

6.0 CLIMATE CHANGE IMPLICATIONS

There is a slight increase in ambulance journeys as a result of the change in the Harrogate pathway. The change in the East Coast pathway from the 2015 model results in fewer ambulance journeys overall.

7.0 REASONS FOR RECOMMENDATIONS

As requested by the committee we have held events informing the public of the rationale for the changes to the stroke pathways for Harrogate and East Coast patients. In addition we have carried out a qualitative survey of those patients who have been through the Direct Transfer stroke pathway to gather feedback on their experiences which have been largely positive from the feedback received so far. Taking this into account it remains the view of North Yorkshire CCG, YAS, the Acute Trusts, the Stroke Network, the Stroke Association and the clinicians involved in delivering these services, that there is no viable alternative delivery model for stroke services for East Coast patients which meets the required National clinical standards.

8.0 RECOMMENDATIONS

That the committee consider this report and endorse the recommendation that the Direct Transfer model of stroke care, initially introduced in 2020 as a result of sustainability issues at Scarborough Hospital, but now recommended as clinical best practice for stroke care is seen as the most appropriate and evidence based service model for East Coast residents. This will ensure that all residents of North Yorkshire will now have access to the same high quality stroke care at a Hyper-Acute Stroke Unit wherever they live in North Yorkshire.

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Date: 9 December 2021

Background papers: Papers to the NYCC Scrutiny of Health Committee throughout 2020 and 2021 - [Browse meetings - Scrutiny of Health Committee | North Yorkshire County Council](#)

APPENDIX A – Survey feedback from a sample of patients who have experienced the stroke pathway in the last eighteen months including patients transported to Hull and York Hyper Acute Stroke Units.

At the time of this report the survey was still open but feedback will be tabled at the meeting on 17 December 2021.