

# North Yorkshire Scrutiny of Health Committee

Friday 8<sup>th</sup> September 2023

Stroke Services- East Coast

# 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 (initially on a trial basis).

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.



# 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.

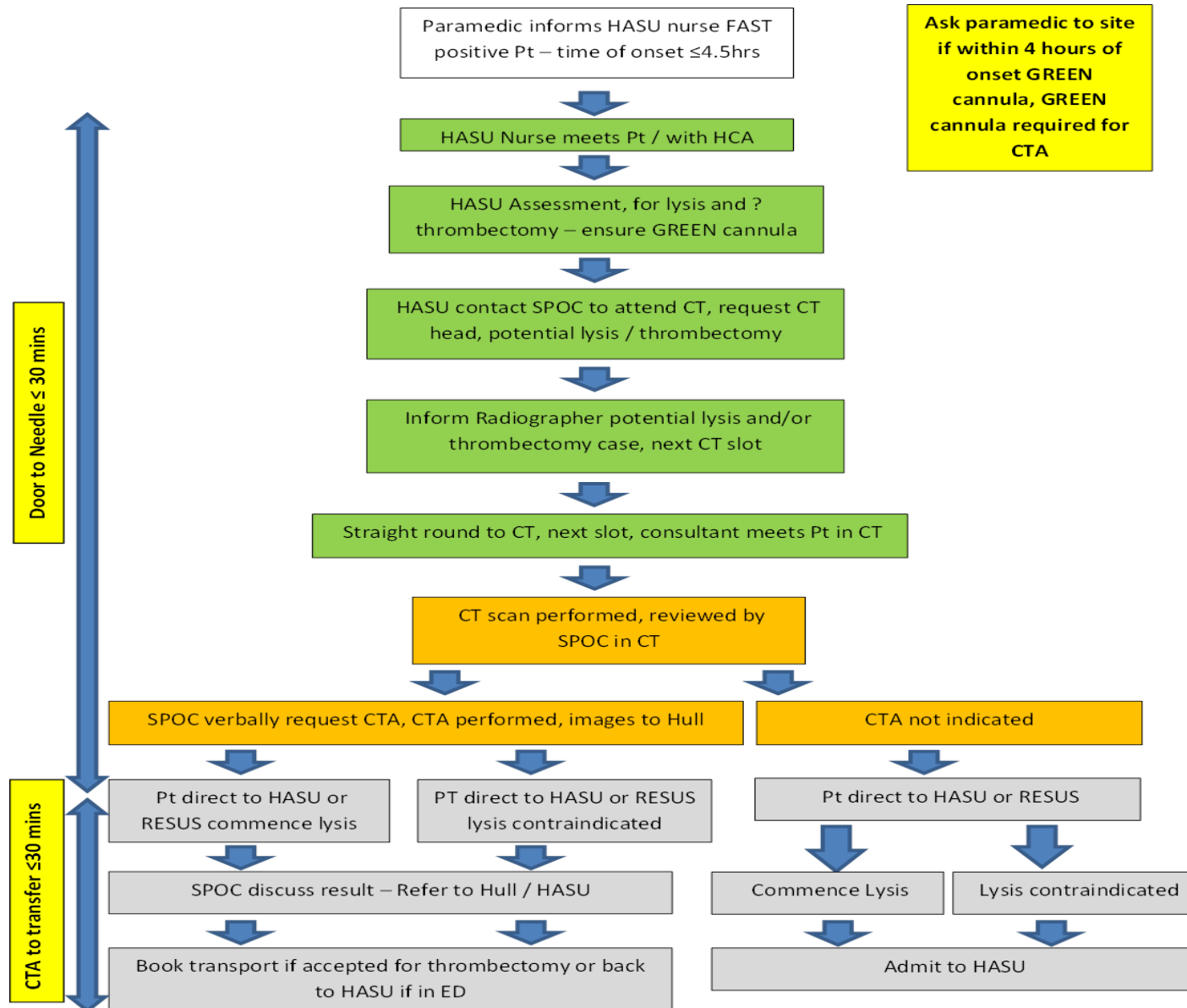
# North Yorkshire OSC Meetings, June and September 2021


- Presentation from Mr. Simon Cox , Senior Responsible Officer for Humber and North Yorkshire Integrated Care System Stroke Network on the revised service pathway for Scarborough Stroke Service shared with the OSC at its meeting in June 2021
- Following the meeting, the Committee sent a written communication to Mr. Cox saying that it was satisfied with the information presented regarding the reasons for the change and the operation of the pathway and that there was no suitable alternative
- At the OSC meeting in September 2021(recorded in the minutes), the Committee Chair stated that following careful scrutiny to the change in provision of the hyper acute pathway for the service, the Committee at its June meeting endorsed the adoption of the direct admissions model as the only viable option. This took into account NICE guidance and the outcome of the Regional review of Hyper Acute Stroke Services. The role of the Committee was now to be one of monitoring patient outcomes.

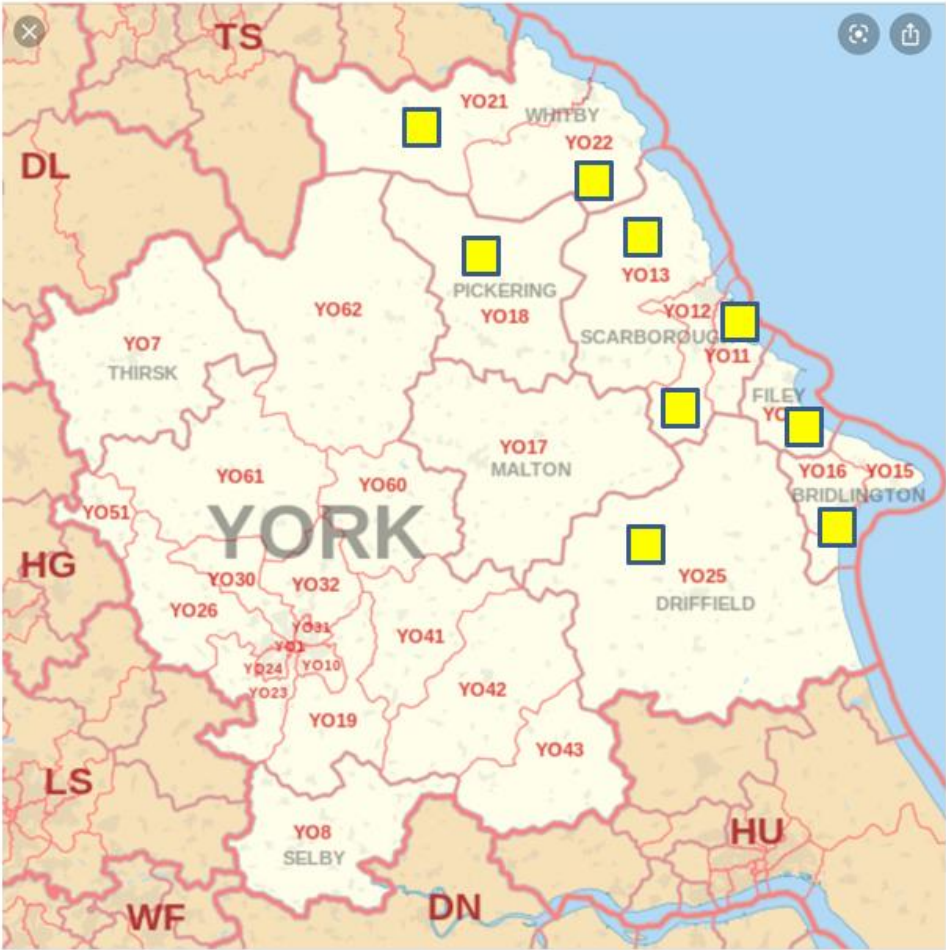
# The York-Scarborough Stroke Service

- 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.

# Direct to CT Model



Denotes Scarborough postcodes 





# East Coast patients transferred to York HASU

Between January 2023 and June 2023 there were 151 instances of patients being transported between the East Coast and York with a final working impression of Stroke.

The average travel time was **54 minutes** with the shortest transfer time at **29 minutes** and the longest being **1 hour 27 minutes**.

Month	Incidence No
January 2023	21
February 2023	27
March 2023	24
April 2023	27
May 2023	23
June 2023	29

These incident counts only include patients with Full Working Impression of Stroke, so patients classified with impressions such as 'neurological problems, TIA, headache etc. are not included.

# January – June 2023 LOS and repatriations

	Total East Coast Patients	Direct Transfer to York YAS	Direct Transfer to Scarb YAS	Self Present Scarb	Discharge to Rehab (Brid/WXC)	Died	Discharged Home/Care Home	Average LOS Ward 23 (Days)	Average LOS Rehab (Days)	Overall Average LOS (Days)
Jan-23	28	13	10	5	11	1	16	4	9	14
Feb-23	27	13	8	6	5	2	20	5	8	13
Mar-23	17	9	4	4	8	1	8	7	22	29
Apr-23	26	13	8	5	10	2	14	7	11	18
May-23	30	16	7	7	10	1	19	5	9	15
Jun-23	29	9	10	10	7	3	19	4	3	7

# Overall January – June 2023 KPI

Area	Arrival Type	No of Patients Admitted	Time to ASU	Time to CT	Time to HASU Assess	Time to Consultant	Time to Thrombolysis
						First Contact	
Bridlington (YO15, YO16)	Scarb - Amb	15	8:04	3:47	9:56	20:51	
	Self Present Scarb	4	9:44	5:09	7:24	21:18	
	York	7	9:03	5:11	9:37	19:18	
Driffield (YO25)	Scarb - Amb	4	22:14	5:18	22:57	30:52	
	Self Present Scarb	1	127:17	125:25	120:25	139:25	
	York	4	6:10	2:31	4:34	12:07	
Filey (YO14)	Scarb - Amb	0					
	Self Present Scarb	1	0:53	0:01	3:53	0:53	
	York	9	0:30	0:14	0:00	17:28	0:37
Pickering (YO18)	Scarb - Amb	2	12:01	22:58	12:23	21:48	
	Self Present Scarb	3	12:13	3:14	14:47	19:12	
	York	23	2:59	0:43	0:06	10:58	0:17
Scarborough (YO11, YO12, YO13)	Scarb - Amb	13	15:22	3:19	14:53	20:11	
	Self Present Scarb	17	8:17	2:51	8:33	22:01	
	York	48	1:33	0:23	0:08	12:38	0:28
Whitby (YO21, YO22)	Scarb - Amb	3	15:42	4:51	18:13	19:31	
	Self Present Scarb	1	192:00	123:24			
	York	2	124:01	7:04	51:47	51:57	
Total East Coast	Scarb - Amb	37	15:22	3:56	14:29	15:28	
	Self Present Scarb	27	10:49	3:14	8:42	21:31	
	York	93	2:59	0:30	0:08	12:54	0:28
York		434	2:24	0:36	0:18	12:51	0:43

# Key messages

- A proportion of patients are still self presenting to the Scarborough site. (see previous page for breakdown of numbers)
- FAST(Face, Arms, Speech and Time) test communication to public
- Transfer and Repatriation – Ambulance transfer times to be monitored
- Workforce pressures have increased over the last few months, however now have a new locum Stroke Consultant in York and a Stroke Consultant Advert out for a York/East Coast role.
- Pressures in social care are impacting on timeliness of discharge and there is a limited ESD service. We have been unable to use Human Services Group (HSG) for reablement carers for CYC patients due to their lack of capacity. Therefore, ESD is only supported by stroke therapy.
- Where patients come direct to York via YAS, we are seeing reduction in times to scan and accessing the Stroke Unit
- How do we look after East Coast patients in the future - should they go straight to Hull for assessment? (thrombectomy/ thrombolysis then bring to York). For discussion and review in the Stroke Network

# Next steps

- Ongoing Public campaign on signs and symptoms
- Developing plans for sustainable workforce as part of ISDN(Stroke Network) workforce strategy(out to advert for Consultants - currently no applicants and now have appointed trainee Stroke specific ACPs x2 ;Rehab ward in Bridlington for East Coast Patients, Specialist Nurse led FU clinics both F2F and Telephone in Bridlington;Consultant led TIA NP/FU clinic once weekly and extra clinic monthly in Scarborough)
- Further work with Rehab centres/Social Care to improve timeliness of discharge - limited ESD and local community care provision. Single Point of Access Working Group looking to improve access to reablement services for CYC ESD patients(solutions can be applied to other geographic areas)
- Stroke Network to discuss whether stroke patients should go to Hull not York for thrombectomy
- Progress update to OSC in 12 months