

Date:	9 th March 2026	Agenda Item:	
Meeting:	North Yorkshire Council Scrutiny of Health Committee		
Title:	Harrogate Acute Stroke Pilot Pathway Update		
Author:	Matt Spencer – WY&H ISDN Manager		
Purpose of the Report			
<p>This report provides an update on the Harrogate acute stroke pilot pathway, implemented in March 2025. The pilot was introduced to improve access to specialist hyperacute stroke care for Harrogate residents following concerns that some patients were not consistently receiving treatment in designated hyperacute stroke units (HASUs). The report outlines the rationale for the pilot, its impact on patient access, ambulance conveyance patterns, and hospital activity, and identifies risks and sustainability challenges. It also provides assurance regarding ambulance response times and patient safety.</p>			
Key Points to Note			
<ul style="list-style-type: none"> • The pilot has improved access to HASU-level care, with a 34% reduction in Harrogate patients not receiving hyperacute stroke care. • Total HASU admissions remained stable (166 pre-pilot vs 167 post-pilot), despite a 17% reduction in overall recorded Harrogate strokes. • Direct ambulance conveyance to Harrogate District Hospital reduced by 24%, indicating improved pathway adherence. • Conveyance patterns shifted significantly, with the LGI/YDH split moving from 74%/26% pre-pilot to 52%/48% post-pilot, closer to but not fully aligned with the modelled 62%/38%. • Confirmed Harrogate stroke admissions at YDH increased substantially (36 to 152), while admissions at LGI decreased (160 to 15). • Ambulance response and interfacility transfer times improved and remained within national performance targets. • Increased activity at YDH has created capacity pressures and is unlikely to be sustainable without additional commissioning and resource investment. • The pilot pathway has been extended until April 2026 to allow further evaluation and refinement. • Commissioning discussions are ongoing between provider trusts and ICBs to support long-term sustainability. 			
Recommendations			
<ul style="list-style-type: none"> • The Committee is asked to review the findings, note the improvements achieved, and the next steps needed to secure these improvements on a permanent basis. 			

Harrogate Acute Stroke Pilot Pathway Update

1. Introduction

In 2018, Harrogate and District Foundation Trust (HDFT) ceased providing hyperacute stroke services as activity levels did not meet NHS England's minimum recommended threshold of 600 stroke admissions per year. Consequently, the hyperacute stroke unit (HASU) at Harrogate District Hospital (HDH) was decommissioned. This change followed a comprehensive review of stroke services across the West Yorkshire and Harrogate (WY&H) area, undertaken by the Stroke Programme as it existed at that time. The recommendations from this review were subsequently approved for implementation by the WY&H Joint Committee of Clinical Commissioning Groups (CCGs).

A revised stroke pathway was then established involving:

- HDFT
- Leeds Teaching Hospitals Trust (LTHT)
- York and Scarborough Teaching Hospitals Foundation Trust (YSTHFT)
- Yorkshire Ambulance Service (YAS)

Under this pathway, suspected stroke patients identified in the community were conveyed directly to the nearest HASU, typically Leeds General Infirmary (LGI) or York District Hospital (YDH), with subsequent repatriation to HDH where appropriate.

Concerns emerged during 2022-2024 that some patients, whose nearest hospital would usually be HDH, were not consistently accessing HASU-level care. This concern was reinforced by Sentinel Stroke National Audit Programme (SSNAP) data (April-June 2024), which classified HDFT as a routinely admitting team, based on direct admissions exceeding national thresholds (20 or more within a quarter).

In response, partner organisations, supported by the Humber and North Yorkshire and WY&H Stroke Delivery Networks (ISDNs), developed a revised pilot pathway.

The pilot introduced two pathways:

1. Pathway A: Direct conveyance by ambulance services to the most appropriate HASU.
2. Pathway B: Transfer arrangements for patients presenting at HDH or experiencing inpatient stroke, ensuring timely access to HASU care at YDH.

The pilot aimed to:

- Improve access to hyperacute stroke care
- Reduce inappropriate admissions to HDH
- Achieve a conveyance distribution aligned with original modelling (62% LGI, 38% YDH)
- Improve pathway clarity and consistency.

2. Pilot Implementation

The pilot commenced on 10 March 2025, following a delay due to winter pressures and operational readiness requirements.

The pilot was initially planned for six weeks but was subsequently extended to allow more robust evaluation:

- Initial pilot period: 6 weeks
- First extension: 12 weeks
- Second extension: until January 2026
- Current extension: until April 2026

Evaluation periods were defined as follows:

- Pre-pilot period: 9 July 2024 to 9 March 2025
- Post-pilot period: 10 March 2025 to 10 November 2025

3. Activity and Performance Analysis

3.1. HASU Access and Admissions

Key outcomes include:

- 17% reduction in total recorded Harrogate area strokes
- Stable HASU admissions overall:
 - Pre-pilot: 166 admissions
 - Post-pilot: 167 admissions
- 34% reduction of patients not receiving HASU-level care.

This indicates improved access to specialist stroke services despite reduced overall stroke activity.

3.2. Ambulance Conveyance Patterns

Significant improvements in pathway adherence were observed:

- 24% reduction in direct conveyances to HDH
- 7% increase in direct conveyances to HASU providers
- Redistribution of activity between receiving centres:

Site	Pre-Pilot	Post-Pilot
LGI	74%	52%
YDH	26%	48%
Totals	100%	100%

This reflects substantial progress towards pathway objectives, although the target distribution has not yet been fully achieved.

3.3. Provider Activity Impact

There has been a significant redistribution of activity:

Site	Pre-Pilot Admissions	Post-Pilot Admissions
LGI	160	15
YDH	36	152
Totals	166	167

When stroke mimics are included in the above figures there is a 411% increase in the number of Harrogate patients admitted to YDH, a 322% increase in confirmed stroke cases.

While this demonstrates improved access to HASU care, it has created operational and capacity pressures at YDH as the redistribution has been greater than originally envisaged.

3.4. Ambulance Response and Transfer Times

Ambulance performance improved during the pilot period and remained within national standards:

Measure (averages)	Pre-Pilot (mins)	Post-Pilot (mins)
Category 2 Response Time	29:07	21:55
Transfer HDH to LGI	23:14	12:46
Transfer HDH to YDH	23:11	17:32

These findings indicate that pathway changes have not adversely impacted ambulance performance and may have improved system efficiency.

4. Risks and Issues

While the pilot has improved access to specialist care, some risks have been identified.

4.1. Capacity and Sustainability Risk

- YDH is experiencing increased demand beyond anticipated levels, creating operational pressures and sustainability concerns exist without additional workforce and commissioned capacity. Long-term pathway sustainability depends on resolving these issues.
- If these issues are not resolved, the pathway will likely reverse to previous arrangements. The resulting impact will be substantial for all organisations.

4.2. Governance and Oversight Risk

- The regional ISDN programmes supporting the pathway will both end in March 2026. After this, responsibility for ongoing management will transfer fully to partner organisations.
- Without a formal governance structure, the pilot faces a loss of strategic direction, accountability, and the necessary oversight to validate the revised pathway.

5. Stakeholder Position

- HDFT supports continuation of the pilot pathway.
- YSTHFT supports continuation but has raised concerns regarding sustainability without additional resources.
- LTHT remains engaged and supporting of pathway optimisation.
- YAS has successfully implemented operational changes.
- Commissioning discussions are ongoing between providers and Integrated Care Boards.

6. Next Steps

Agreed actions include:

- Continue pilot pathway until April 2026
- Monitor activity, conveyance patterns, and capacity impacts
- Review pathway balance and make refinements where required
- Progress commissioning discussions to support sustainable service delivery if pathway becomes permanent
- Establish governance arrangements following ISDNs programme closure, scheduled for the end of March 2026

A further review meeting will be arranged by HDFT for the end of April 2026.

7. Equity and Patient Impact

The pilot has improved equity of access to specialist stroke care for Harrogate residents by ensuring more patients receive treatment in appropriate specialist centres. The Harrogate Patient Voice Group reported that the revised pathway is more streamlined, as patients conveyed to YDH bypass the Emergency Department and are admitted directly to the stroke unit. This enables faster access to specialist care and has resulted in improved experiences for both patients and their relatives. Staff at YDH are described as friendly and knowledgeable, and patients benefit from equitable access to services regardless of the time of day, with smooth transfers back to Harrogate when appropriate. Relatives have also expressed a preference for visiting YDH, as it avoids the need to travel into Leeds city centre.

Improved access to hyperacute stroke care is associated with:

- Improved survival rates
- Reduced disability
- Improved long-term outcomes.

Ensuring equitable access to specialist care remains a key priority for all partner organisations.

8. Conclusion

The pilot pathway has improved access to specialist hyperacute stroke care for Harrogate residents and strengthened adherence to national clinical guidelines.

Ambulance performance has improved, and fewer patients are being conveyed to HDH. However, the pilot has also resulted in increased demand at YDH, which may

require additional investment to sustain in the long-term. Transferring most of the patients from one acute provider to the other was never an intended outcome of the pilot.

The pathway remains under review, and further updates can be provided to the Committee if required as commissioning and service arrangements are finalised.

9. Recommendations

The Committee is asked to review the findings, note the improvements achieved, and the next steps needed to secure these improvements on a permanent basis.