

Joint Health Overview and Scrutiny Committee Briefing Paper

23 January 2017

West Yorkshire and Harrogate: Stroke Services

Introduction

Nationally and locally lots of work has taken place to improve outcomes for people who have had a stroke.

The numbers of people having a stroke are expected to increase in the coming years. However, the good news is that the number of deaths related to stroke continues to decline.

In 2015/16 there were 3,633 stroke admissions in West Yorkshire and Harrogate. The majority of people who had a stroke were in the 65+ age group with half aged over 75 years.

Progress in improving stroke care over the past 10 – 15 years has increased the demand for the provision of specialist hyper acute stroke services. This has led to some of our hyper acute stroke services experiencing difficulty in recruiting and retaining the skilled workforce needed to meet these demands. We want to make sure our services are fit for the future and that we make the most of new technology, the skills of our valuable workforce whilst maximising opportunities to improve outcomes for local people.

There are challenges for the health and social care system and most importantly for stroke survivors, their families and carers.

This alongside an ageing population, with complex health and social care needs, means we have to change if we want to continue to further improve people's quality of life with the resources we have available.

Summary

Health professionals across West Yorkshire and Harrogate have been considering how we can further improve our hyper acute stroke and acute stroke care services so they are fit for the future whilst maximising the opportunity to increase quality and outcomes for people.

Evidence from elsewhere suggests the outcomes following hyper-acute stroke are likely to be better if people are treated in a small number of specialised centres, even if this increases travelling time following the event. We know that most people with a suspected stroke arrive at hospital by ambulance. We work closely with our ambulance staff and they provide assessment and treatment as they convey people to the right hospital for their medical needs.

Ongoing rehabilitation should however be provided at more locations, closer to where people live, and they should be transferred to these as soon as possible after initial treatment.

We want to ensure care across the whole stroke pathway is working effectively to meet the current and future needs of our population. The work to date has been supported by Healthy Futures Programme and the Strategic Clinical Network which includes doctors, consultants and other health care professionals.

Staff, public and communities are being asked for their views on how best we can move forward.

This engagement will cover the whole stroke pathway with prevention, first 72 hrs of care, rehabilitation and community support. It will stress the importance of improving people's health, through better coordination of services and asks for people's views on the quality of care they received.

With the support of Healthwatch, the public engagement work will take place from 1st February for 6 weeks. This will include meeting with voluntary and community organisations who support people, including those who have had a stroke and their carers.

Once the engagement work has been evaluated we will consider the need for pre-consultation with a target group of people who have been affected by stroke. This feedback will further shape our consultation proposals.

The Clinical Senate, which is made up of specialist doctors and nurses, will be asked to review the proposals to inform the next steps. Further consultation with the wider public and communities will take place as appropriate.

It's important to note that no decision will be made until all the engagement and consultation work has concluded. Decisions will be made by the Clinical Commissioners who are responsible for commissioning stroke services on behalf of people living in West Yorkshire and Harrogate.

We are anticipating that all the engagement and appropriate consultation work will be completed in 2017/18 with any service implementation made during 2018/19.

Why change?

In 2016, we face the most significant challenges for a generation. We know that we must keep innovating and improving if we are to meet the needs of our population.

Demand for services is growing. Services in some places may not be designed to meet modern standards, and local people want things to be better, more joined up, and more aligned to their needs.

It's great news that people are living longer than previous generations, but the reality is that up to two thirds of people in the UK could spend their retirement years in ill-health.

An ageing population, people living longer with complex health and social care needs, means we have to change if we want to improve people's quality of life and meet the challenges we face together with the money we have available now and in the future.

Our workforce is also changing. We need to improve the way we do things if we are to meet these changing needs whilst improving the health and wellbeing of people and fully supporting our staff.

Stroke is a life changing event and evidence shows the care people receive in the first few hours can make a difference to how well they recover. This includes having specialist scans to assess the nature of the stroke and if appropriate receive clot-busting drugs (thrombolysis) delivered by specialist staff working in sustainable and resilient hyper acute stroke units.

Further improving hyper acute stroke services and making sure all stroke care services are fit for the future has been highlighted as a priority in the draft Sustainability and Transformation Plan (STP) for the area. This

outlines how we want to improve people's health and wellbeing, for example by reducing incidence of stroke, premature mortality and further improving care quality, such as increasing the number of patients scanned within 12 hours.

West Yorkshire and Harrogate has five hyper-acute stroke units (HASU), based in:

- Bradford Teaching Hospitals NHS Foundation Trust – Bradford Royal Infirmary
- Calderdale and Huddersfield NHS Foundation Trust – Calderdale Royal Hospital
- Harrogate and District NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust – Leeds General Infirmary; and
- Mid Yorkshire Hospitals NHS Trusts – Pinderfields Hospital

It is important that we now focus on developing proposals to further transform hyper acute and acute stroke services so that no matter where people live, and no matter what time of the day, they are able to receive the best possible quality of care and outcomes now and in the future.

It's important to note that no firm proposals are in place and there is an honest and genuine commitment to engage with staff and the public to find out how services could further improve for the better for people living across West Yorkshire and Harrogate.

Previous engagement work

It is useful to note that some engagement work has already taken place, for example in Airedale, Wharfedale and Craven (AWC) and Bradford in 2015.

The engagement exercise identified five key themes in relation to people's concerns and ideas for improvement. These are:

- Discharge and aftercare focused on both physical and mental health support.
- Travel and parking costs with people having to travel further distances to see their loved ones
- Treatment and outcomes for patients
- Staffing
- Communication

As a result a patient information leaflet for ambulance staff to give to family and friends was produced highlighting what would happen to their relative and where they would be taken along with maps and telephone numbers. Visiting times to hyper acute stroke units were flexed for people who travel across AWC; a community stroke rehabilitation service was commissioned in AWC (Bradford already had this) and providers established a joint focus group with patients and carers.

Other stroke and engagement and consultation work taking place

South Yorkshire and Bassetlaw and North Derbyshire are proposing to make changes to hyper acute stroke services to improve the experience of patients needing stroke care in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield. The consultation is open until the 14 February. You can view this [here](#).

This may have an impact on people living on the boundary of West Yorkshire in regard to Pinderfields hospital admissions and we are working together with South Yorkshire, Bassetlaw and North Derbyshire commissioner to ensure any proposed changes (subject to the outcome of their consultation) inform our future proposals.

What next?

- Communications and conversations with staff from mid-January 2017
- Public and communities engagement 1 February 2017
- Pre-consultation work with targeted groups of people most affected (as appropriate) during Q4 2016/17;
- Consultation with options for service change (as appropriate); and
- Decision making Q4 2017/18.