

Councillor Helen Hayden
Chair
Leeds Scrutiny Board (Adults, Health and
Active Lifestyles)

Chief Executive,
Leeds Teaching Hospital NHS Trust

Chief Executive,
Harrogate and District NHS Foundation Trust

Accountable Officer,
North Yorkshire Clinical Commissioning
Groups

By email

07 March 2019

Dear Councillor Hayden

CHANGES TO HYPER ACUTE STROKE SERVICES FOR HARROGATE PATIENTS

You asked for information on the plan for changes to hyper acute stroke services for Harrogate patients and any impact this might have on the Leeds Teaching Hospitals NHS Trust hyper acute stroke service for Leeds patients.

As you will recall from the briefings to the West Yorkshire Joint Health Overview & Scrutiny Committee in 2018¹, the West Yorkshire and Harrogate (WY&H) Specialist Stroke Care Programme was established to:

- ensure “hyper acute” stroke services (services providing care to patients within the first few days after a stroke) are high quality and fit for the future;
- reduce variation in hyper acute stroke care; and
- improve care and outcomes for people across the whole stroke care pathway, including prevention.

There are currently five “Hyper Acute Stroke Units” (HASU) in WY&H:

- 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 General Hospital.

HASUs need to deliver the 7-day standards which set out an ambition that anyone who needs urgent or emergency hospital care has access to the same level of assessment and review, tests and consultant-led support whatever the day of the week.

Although our hospitals have been working hard to deliver safe, high quality care, differences in specialist stroke care exist. The evidence base shows that people who receive care in units that see a minimum of 600 new strokes per year are likely to have

¹ WY JHOSC, 8 October 2018:

<https://democracy.leeds.gov.uk/documents/g8491/Public%20reports%20pack%2008th-Oct-2018%2013.30%20West%20Yorkshire%20Joint%20Health%20Overview%20and%20Scrutiny%20Committee.pdf?T=10>

better outcomes, even if the initial travel time is increased. Ongoing rehabilitation should, however, be provided at locations closer to where people live, and they should be transferred to these as soon as possible after initial treatments.

The North Yorkshire Overview and Scrutiny Committee has considered the future model for stroke care for the Harrogate population on a number of occasions. Based on the issues set out below, the Committee supported the need for a new service model where patients would access hyper acute care at HASUs in Leeds and York, but continue to receive rehabilitation close to home:

- Due to the size of its catchment population, the Harrogate HASU currently admits around 300 strokes per year, well below the minimum of 600.
- Despite numerous attempts at recruitment the service has largely relied on a single stroke consultant supported by neurology and acute medicine. This support will not be available beyond April 2019.
- Other workforce shortages and CT scanning down time over the past year have resulted in short term (and short notice) divers being put in place to other services in York and Leeds.
- The 7 day standards cannot be met with the current workforce.

The West Yorkshire Association of Acute Trusts, with Harrogate and Rural District CCG, York Teaching Hospital NHS Foundation Trust and Yorkshire Ambulance Service, has been leading work to develop and implement a sustainable model of hyper acute stroke care for the people of Harrogate and Rural District. An options appraisal was undertaken looking at 20 possible service models which were assessed for clinical and operational deliverability and safety. From the options appraisal a preferred model has been identified:

- The hyper acute stroke service at Harrogate District Hospital (HDH) will cease and instead suspected strokes will be transported by Yorkshire Ambulance Service (YAS) to either York Teaching Hospital (YTHFT) or Leeds Teaching Hospital (LTHT).
- Patients will be taken to the stroke centre that is nearest in terms of travel time.
- Any patients who self-present with suspected stroke at HDH will be investigated and if a stroke is confirmed will be taken to LTHT.
- Under the proposed model it is expected that in the region of 210 confirmed strokes and 60 stroke mimics will receive their initial care at LTHT, while 80 confirmed strokes and 40 mimics will receive their initial care at YTHFT.
- Patients identified as stroke mimics at LTHT and YTHFT will be repatriated to HDH as soon as possible and, where it is safe to do so, before admission to LTHT or YTHFT.
- Following receipt of hyper acute care, stroke patients will be repatriated to HDH as soon as possible, likely within 72 hours.
- Patients will receive rehabilitation through the existing rehabilitation services at HDH or go straight home and receive community-based rehabilitation support.

To accommodate these 210 additional hyper acute stroke patients, LTHT requires 2 extra HASU beds with the appropriate staffing. LTHT is planning to create these beds by turning two of its acute stroke beds into hyper acute stroke beds. By improving and increasing rehabilitation for acute stroke patients and in the community, LTHT will be able to reduce length of stay for patients in the acute stroke beds, reducing the need for these beds. Additional doctors, stroke nurses, physiotherapists, occupational therapists, and speech and language therapists are being recruited to staff these 2 beds at the appropriate level for hyper acute care. Clear pathways and processes will be in place for repatriation of stroke patients for rehabilitation at HDH or home. This will ensure Harrogate patients spend the minimum time necessary in the LTHT HASU, to reduce the impact of the additional patients and to ensure they receive the maximum care close to home.

We will monitor the Sentinel Stroke National Audit Programme data and operational performance metrics to ensure quality of care for all patients is maintained.

Implementation of the new service model is on track for a start date of 3 April 2019. We are confident that, with investment in the mitigations detailed above, the new service model will improve care for Harrogate stroke patients and will not impact on the quality of care for Leeds patients.

Yours sincerely,



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