REPORT TO:	Health Policy & Performance Board
DATE:	27 <sup>th</sup> November 2018
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Stroke Service
WARD(S)	Borough-wide

# 1.0 **PURPOSE OF THE REPORT**

1.1 To update the Board on the status of the realignment of Stroke services across the Mid-Mersey health economy

#### 2.0 **RECOMMENDATION: That:**

- i) The Board note that phase 1 of the service reconfiguration has been implemented successfully; and
- ii) Phase 2, to transfer all stroke cases to St Helens and Knowsley Hospital has been delayed, until capacity has been confirmed to ensure patients can be managed effectively.

#### 3.0 SUPPORTING INFORMATION

- 3.1 Phase 1 of the reconfiguration has been implemented and all patients who are still within the window of opportunity for thrombolysis, within 4 hours of onset, are conveyed to St Helens and Knowsley Hospital for treatment. Patients who are post 4 hours from onset and not suitable for thrombolysis will be conveyed to their local hospital.
- 3.2 The clinical teams have agreed four elements of the clinical pathways;
  - Hyperacute (HASU) to be based at Whiston Hospial
  - Acute rehabilitation (ASU) provided by both St Helens and Knowsley Hospitals and Warrington and Halton Hospitals
  - Intermediate care provided both with both acute providers and in community facilities
  - Community care provided by Bridgewater Community

There is an agreed principle that the HASU phase should be completed within 72 hours and patients should be transferred to ASU, with up to an additional 48 hours for complex patients.

- 3.3 The service was aiming to go live with the phase 2 element of the service from October 2018, but this has been delayed as the requirements for additional capacity is confirmed for both units and the ambulance service. A report is being prepared for the Mid Mersey CCG Joint Committee to present the case for investment in capacity.
- 3.4 The ability of the Trusts to ring-fence stroke beds has been a problem due to the level of demand for medical admissions. Both Trusts are working on solutions to be prepared for the increased pressure of the winter period.
- 3.5 After the implementation of Phase 2 and the transfer of all new stroke patients to the hyperacute unit at Whiston, Warrington Hospital will be able to focus their provision on providing acute rehabilitation to any patients repatriated to their unit following the hyperacute element of their care.

#### 4.0 **POLICY IMPLICATIONS**

4.1 The delay in the implementation of Phase 2 for the programme has not disrupted the longer term plan for a single stroke service for the Mid-Mersey economy with beds and staff being managed across the two sites collaboratively.

#### 5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 There is an expectation that there will be a requirement for additional beds at both sites and additional patient transport capacity in order to fully implement the reconfiguration.
- 5.2 The cost of the additional capacity will need to be considered in context to the affordability and the clinical benefits for the system.
- 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**
- 6.1 **Children & Young People in Halton** none anticipated
- 6.2 **Employment, Learning & Skills in Halton** none anticipated
- 6.3 **A Healthy Halton** following the reconfiguration of service any patients experiencing a stroke will have equal access to a high quality stroke service to improve their chances of survival, recovery and rehabilitation
- 6.4 **A Safer Halton** none anticipated
- 6.5 Halton's Urban Renewal none anticipated

# 7.0 **RISK ANALYSIS**

7.1 The risks to the system for the reconfiguration is being managed within the Mid-Mersey Stroke Board and are being assessed and mitigated before and service changes are made.

## 8.0 EQUALITY AND DIVERSITY ISSUES

8.1 An equality and diversity assessment has previously been undertaken as part of the wider engagement programme for the reconfiguration.

### 9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 None under the meaning of the Act.