

REPORT TO: Health Policy & Performance Board
DATE: 19th September 2017
REPORTING OFFICER: Strategic Director, People
PORTFOLIO: Health and Wellbeing
SUBJECT: Stroke Update
WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update Members of the Board on Stroke Reconfiguration in Mid – Mersey.

2.0 **RECOMMENDATION:**

That Board Members understand the current position and note the contents of the report.

3.0 **SUPPORTING INFORMATION**

National Update

- 3.1 National Stroke Picture – 40% of stroke consultants posts are vacant – recruitment is an issue, especially in the North region. Locally, regionally and nationally recruitment drives have not been successful, international recruitment has yielded little response.
- 3.2 London has no stroke consultant vacancies, Salford – the largest Hyper-acute centre in England, taking around 1700 - 2000 patients per year has struggled to sustain their rota's and is currently 4 consultants down.
- 3.3 Professor Tony Rudd, lead for stroke is visiting all the poor performing stroke centres in England; Cheshire and Mersey have received no visits.
- 3.4 One of the latest treatments for stroke is a procedure called 'Mechanical Thrombectomy'. This is available at selective Neurological centres only. It is a treatment that only a small number of patients will require, around 3-5% of patients who have received stroke thrombolysis (clot busting drug) that has failed to remove clot. This equates to around 60-80 patients per year in whole of Cheshire and Mersey.

It is a specialist procedure and is therefore commissioned by specialist commissioners. The Walton Centre is the only centre in Cheshire and Mersey who currently deliver a limited 5day - Mon – Fri 8am-5pm Thrombectomy service. This service is limited as there are scarce numbers of interventional radiologists to perform the procedure, this is a national problem, in London for example, they are reducing the number of centres who provide Thrombectomy from 6 to 3 to provide a 24/7day sustainable service. Due to the speciality and small numbers of patients a regional (North West) service is being explored, as currently both Greater Manchester (Salford) or Lancs and South Cumbria (Preston) deliver limited 5 day service, like the Walton Centre.

Local Update

3.5 Phase 1 - all stroke patients requiring stroke thrombolysis being transferred to St Helens & Knowsley Trust (SHKT) 24/7 went live in March 2017. This equates to around an extra 100 patients being transferred to SHKT per year. To ensure that SHKT stroke service was able to carry on its gold standard stroke service a number of considerations needed addressing:

- Number of beds in the Hyper-acute stroke unit was increased by 2 and a further 4 in the rehabilitation ward.
- Stroke consultants (2 locum consultants) at Warrington Halton Hospital (WHH) are on the shared rota with SHKT sharing a 1:8 rota.
- St Helens Early Supported Discharge (ESD) Team was under resourced and St Helens patients had some time delays in being seen by the ESD team which led to longer length of stays in hospital, impact on ward beds and little if any ongoing community rehabilitation support following discharge from the team.

Example numbers of strokes patients transferred to SHKT:-

- Figures for May 2017 – number of referrals for stroke 213, of which 16 were from WHH, of these 16, 5 were diagnosed as stroke and 3 diagnosed as Trans ischemic Attacks (mini strokes). Others were mainly discharged following assessment, only one other was admitted for other care.

The patients stayed in SHKT for around 2-4 days, and then were either discharged home with Early Supported Discharge (ESD) or repatriated back to WHH stroke rehabilitation unit.

3.6 Patient and Public engagement sessions have been held across, Warrington, Halton and St Helens localities; they have been facilitated by the Clinical Commissioning Group's (CCG) communication and engagement teams in collaboration with the Stroke Association. Attendees at these events have been:

- Stroke survivors
- Relatives/carers
- Professionals from both Acute and Community services

3rd Organisations such as:

- Red Cross
- Health Watch
- Stroke clubs
- Halton Umbrella group

The public engagement process will be completed in September; so far the engagement process has shown a positive response from the Halton residents.

Many of the engagement sessions were supported by Dr Kidd (Stroke Consultant from WHH), Dr Hill (Stroke Consultant at SHKT) plus senior managers from both sites and Dave Sweeney (Interim Chief Officer Halton CCG). Dr David Lyons (Runcorn GP and NHS Halton CCG Chair) attended the Disability Awareness Day one of the many events utilised for raising awareness of the proposed changes to stroke services.

Stroke surveys have been disseminated at all events and so far. The main themes and questions raised via the survey and from the events are:

- Concern of loss of local services
- Concern of loss of community services
- Importance of patient choice for locality of rehab
- Access to community services and intermediate care
- Development of Intermediate care facilities with stroke specialist input.
- **Travelling concerns**
 - Cost of travel to new site
 - Ambulance – extra journeys
 - Car parking inadequate at SHKT
 - Transport and access over the Runcorn Bridge for people with disability-shuttlebus availability
- Finance - Tariff needs to follow patient
- Impact on Ambulance service
- Understanding of how 3rd sector organisations and their roles
- Capture community clinical services
- Bottlenecks how will patients be moved
- How does stroke pathway inter- relate to other pathways such as Neurology

Many of these concerns were answered on the day of the event. A full report with explanations will be ready in September following collation of surveys. Many attendees agreed with the change and some had received what they called excellent care in SHKT, but just wanted some greater understanding of reasons behind the changes.

- 3.7 A scoping out of ESD and community teams across Mid- Mersey highlighted a number of deficiencies in the services teams were providing, mainly the deficit in the St Helens team. NHS St Helens CCG have now resourced the team to provide a 6 day service with an expansion to provide 6 month community rehab if required.

WHH and Halton ESD Team have no Speech and Language Therapist in their teams, NHS Halton CCG have up-resourced their Community Speech and

Language team to aid the ESD team, WHH have been asked for some resource for this also.

3.8 The Telemedicine service is being explored, with more information being available from September.

3.9 Phase 2 – this is where all acute strokes will move from WHH to SHKT for the 1st 72 hrs of care.

This will equate to another 300 patients being transferred across, so further work is being done to understand what this will look like and what needs to be done to ensure all patients continue to receive gold standard care.

Work being undertaken currently:-

- Finance – modelling of tariff and impact on both sites
- Further bed-modelling – need extra beds in Acute and rehab
- Recruitment of nursing and therapy staff
- Agreement for intermediate care beds in each locality to be utilised for stroke patients to reduce bed capacity and increase patient flow; these patients would be seen by stroke specialist ESD teams.
- Discharge planning and social workers – both pathway and recruitment
- SHKT to review department impacts such as Emergency department, orthoptics, vascular, radiology
- Repatriation process and policy
- Patient and Public consultation and engagement process –this will be determined following results of Phase one engagement.

4.0 **POLICY IMPLICATIONS**

4.1 Repatriation Policy for Phase 1 is yet to be finalised.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Finance and contracting discussions are underway to work out any changes to tariff or transfer of service.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

None identified

6.2 **Employment, Learning & Skills in Halton**

None identified

6.3 **A Healthy Halton**

All issues outlined in this report focuses directly on this priority.

6.4 **A Safer Halton**

None identified

6.5 Halton's Urban Renewal

None identified

7.0 RISK ANALYSIS

- 7.1
- WHH – The substantive Stroke consultant has now left, leaving 2 locum stroke consultants. SHKT have got 1:8 rota including 2 locums. Medical Directors working on this now - taking stroke consultants off general medicine and geriatrician rotas
 - Risk of SHKT Stroke scoring 'A' being impacted – due to not having enough beds so not getting to stroke ward in time. Reduced scanning capacity - not scanned in time frame
 - Reduced therapy workforce
 - Repatriation of patients back to WHH for extended stroke specialist rehab – poor process, no ring fenced beds.
 - No formal access to Intermediate care beds for stroke patients in Halton or Knowsley. WHH utilise Padgate House with in-reach from ESD. NHS St Helens CCG have agreed to utilise Newton House with in-reach from ESD team. This is classed as an opportunity to reduce bed capacity and increase patient flow.
 - Financial risks are yet to be determined for both sites and NWAS.

8.0 EQUALITY AND DIVERSITY ISSUES

- 8.1 None identified, however both sites have undertaken Equality Impact Assessments.

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

- 9.1 None under the meaning of the Act.