

STROKE SERVICES – QUESTIONS AND ANSWERS FROM NYCCG AGM

Question:

As a resident of the Yorkshire coast, who has experienced losing loved one to a stroke please may I ask you confirm how you can prevent a disparity in quality of care when an additional 45 minute+ journey is thrown into the golden hour and can you confirm that this will be the last service you intend to remove from Scarborough Hospital?

Answer:

*The NHS Long Term plan notes the following: There is strong evidence that hyper acute interventions such as brain scanning and thrombolysis are best delivered as part of a networked 24/7 service. Areas that have centralised **hyper-acute stroke care** into a smaller number of well-equipped and staffed hospitals have seen the greatest improvements. This means a reduction in the number of stroke-receiving units, and an increase in the number of patients receiving high-quality specialist care.*

The current stroke pathway for Scarborough patients brings the quality of care for the Scarborough population closer to the nationally recommended standards. Although in responding to incidence of stroke time is of the essence, national standards, based on clinical evidence, are based on timely delivery of key indicators rather than reference to a golden hour.

The most important elements in the initial response to stroke are:

- *Prompt recognition of signs and symptoms (as summarised in the FAST mnemonic) and call 999*
- *Assessment and stabilisation by a trained paramedic crew where an ambulance has been called*
- *Access to a fully configured and staffed Hyper Acute Stroke Unit (HASU) . These units should treat at least 600 patients per year
Rapid access to CT scan to confirm diagnosis and aid treatment planning including timely delivery of thrombolysis where appropriate*

The pathway in place now provides care consistent with this aspiration much more closely than before 2020, and even more so before 2015. SSNAP data from 2014 shows that median time from symptom onset to arrival at Scarborough hospital was over 2 hours. Current median time from onset to arrival for patients treated at York, including Scarborough patients is 2hrs 40.

The stroke service has not been ‘removed’ for Scarborough patients, rather elements of specialist care, essentially the HASU element, are now managed in another unit. Stroke rehabilitation is still provided in the Scarborough and Bridlington areas.

Services will continue to evolve, depending on the evidence base and the need to provide safe, sustainable services for the population. In some cases care moving to more specialist units, even if some distance away from Scarborough, will provide better clinical outcomes, in some cases saving lives and reducing disability.

Question:

Following the permanent move of emergency stroke treatment to York, what other services are currently under the East Coast Service review? To clarify, which services are beyond the scope of the review?

Answer:

The East Coast Service review was developed in 2018 to support the continued maintenance of acute based care in Scarborough, at Scarborough Hospital, including the provision of an Emergency Department. The main focus over the last three years has been on the clinical areas that form the core of acute care, primarily Urgent and Emergency care, Paediatrics, Obstetrics, and support services such as Radiology and Pathology. With the changes to the NHS proposed in the 2021 legislation we will see the review move into a broader focus on population health and greater emphasis on primary and community care, including Mental Health. The scope of the programme will continue to evolve to match the need to improve health.

Question:

What is the current role of the band six nurses (specialist stroke nurses) at SGH? Are they being fully utilised given their training?

Answer:

We believe all trained nursing staff with York and Scarborough NHS Foundation Trust are being fully utilised and the pressures on the current NHS demands that all clinical staff are effectively used wherever possible.

Question:

I understand that there were 241 stroke patients from Scarborough post codes in the last year. If this figure is correct (please give actual figure if different), what percentage of these patients arrived at HASU within the four hour time frame ascribed to by NICE?

Answer:

For the period April to June 2021 records show 72% of patients (including Scarborough patients) accessed York HASU within 4 hours compared to a national average figure of 56%.

Question:

Given Scarborough's transport and geographical isolation, and the above average age of the borough population of 110000 (a figure which more than doubles for much of the year due to visiting tourists), why can Scarborough and the East Yorkshire coast not have a local HASU based at the local hospital serving the local population which these factors justify?

Answer:

These factors do not justify providing a HASU at Scarborough.

Evidence emerged as to the benefits of centralisation of the first part of the Stroke pathway – the Hyper-Acute care – and the benefits of this being conducted in larger centres. London, for example, reduced to 8 from 30 centres receiving acute strokes and saw a significant improvement in mortality (see Morris 2014, Hunter 2013). National recommendations stated that HASUs should see a minimum of 600 patients per year, to allow concentration of specialist expertise and for those experts to maintain their skills by seeing a large enough number of patients. The Scarborough Hospital catchment sees approximately 300 strokes per year and would not come close to the recommended numbers for a full HASU.

Populations of similar or larger size than Scarborough (such as Harrogate and Grimsby) have also seen their HASU pathways changed so that patients access larger centres that can deliver full HASU care. For example the Grimsby patients now access HASU at Scunthorpe, Harrogate patients go to Leeds or York. Despite the travel times, all local regional and national stroke clinicians appear to support HASU centralisation and believe that Scarborough patients directly accessing HASUs at York or Hull will provide better outcomes.

Question:

According to York Trust figures from the end of last year nearly 50% of stroke patients from Scarborough took more than 4 hours to reach a HASU; how can the delays in awaiting an emergency ambulance (from over 25 years experience as a local doctor this may be up to 2 hours), stabilising, transferring, transporting (paramedic colleagues struggle to undertake the journey to York in 1 hour) and treating acute stroke patients from Scarborough be justified in view of the emphasis on 'immediate' and 'as soon as possible' timeframes for management as set out in the NICE acute stroke management guideline NG128?

Answer:

The HASU access times locally have been broadly consistent with other centres nationally, and more recently the access percentage for the York service is significantly improved (72% as described above). The direct to CT model in place in York is considered to be the optimum model for rapid assessment and diagnosis of stroke.

It is important to realise that before 2015 the Scarborough Hospital stroke service was run by two stroke consultants and fell well short of the standards now expected of HASU and specialist stroke care. As with other units this has led to consolidation of stroke care into a smaller number of specialist units. From 2015 to 2020, the assess and transfer model in Scarborough (sometimes referred to as 'drip and ship') did not provide HASU care. The large majority of stroke patients received their HASU care in York. They were assessed and after initial diagnosis then transferred via ambulance to the York HASU. Thus, there has been no functioning HASU service in Scarborough since 2015. That provided before 2015 would not be considered compliant with modern HASU standards. SSNAP data from 2014 shows that median time from symptom onset to arrival at Scarborough hospital was over 2 hours. Current median time from onset to arrival for patients treated at York, including Scarborough patients is 2hrs 40.

Considering the transport times from the Scarborough area to Scarborough Hospital (an average of 22 minutes for the Scarborough Hospital catchment), the time involved in assessment and diagnosis at Scarborough Hospital, likely time waiting for an ambulance to be available for transit to the HASU in York, and then the ambulance journey itself, the new direct admission model is likely to see patients accessing specialist care more quickly than before and thus improve outcomes. The service data shows that in 2019 Scarborough area patients would typically access a HASU within 6 hours. As of the current service even with an average ambulance transfer time of 52 minutes, patients are much more likely to arrive at a HASU within 4 hours.

Question:

How can the removal of a vital emergency ambulance from the local area for an extended period of time to allow transfer of stroke patients away from Scarborough be justified?

Answer:

The ambulance service previously would take patients to Scarborough Hospital and then have to transfer them as emergency patients from Scarborough to York. With the direct admission model the number of total ambulance journeys has reduced and the direct admission model is likely to provide more availability of emergency ambulance capacity. Yorkshire Ambulance Service were fully involved in discussions regarding delivery of stroke services for the Scarborough population and the direct admissions model to York was their preferred option.

Question:

Why are specific local geographic, demographic and social factors regarding Scarborough not being addressed in the decisions to locate secondary care services away from Scarborough, so forcing local residents to repeatedly undertake difficult journeys often at unreasonable times and in the absence of acceptable transport links?

Why are other very good in-hours and out-of-hours secondary care services (examples include ophthalmology, ENT, oncology and urology) being repeatedly stripped away from Scarborough due to York Trust's inequitable under-resourcing and under-staffing of Scarborough Hospital, and to the detriment of the local population?

Answer:

All the factors above are taken into account when locating services. The NHS is planning to invest record amounts of resource into building a new Emergency Department, Critical Care unit, and improved ward stock. There is a strong commitment from the NHS to a future for Scarborough Hospital, as shown by the nearly £50m of capital already identified for the unit. Services will, however, continue to evolve and in some cases, particularly for more specialist care, this may move to larger centres, when the clinical evidence suggests outcomes will improve or where workforce unsustainability threatens patient safety.

Question:

Unfortunately the stroke changes are being pushed through without any open discussion with residents of the area that will be affected by such a big and sensitive change when someone is going through an urgent medical event. How has this been allowed to happen. The transport times were measured during the pandemic when the A64 was empty. The outcomes need to be measured during normal conditions.

Answer:

The changes to stroke care have been discussed openly at a number of meetings through 2020 and 2021, including the public sessions of the North Yorkshire County Council Scrutiny of Health Committee in 2020, culminating in a detailed report to the committee in June 2021. Discussions have also been held with councillors, MPs, and other stakeholder groups where stroke has been a subject of discussion.

In addition the changes to the stroke service which took place in May 2020 were also outlined in a letter from the Trust Chief Executive to MP Robert Goodwill and this was displayed on Mr Goodwill's website:

https://www.robertgoodwill.co.uk/sites/www.robertgoodwill.co.uk/files/2020-05/Scan_0.pdf

Question:

Dr Billingsley spoke about his experiences with a stroke patient in an evening in Scarborough. What would have been the experience had his patient suffered a stroke on a Bank Holiday Monday, mid summer at 5pm? The A64 isn't very accommodating at such a time.

Answer:

In terms of the A64 transfer times these were discussed and modelling was done on how quickly the ambulances get to York from Scarborough in the snow and in the floods and Bank Holidays. What was found was that the time to CT scan and thrombolysis, which is the important time, is broadly similar whether the patient comes from York, Harrogate or Scarborough and whilst it would appear that patients living 50 miles away would be disadvantaged, the reality is that they are not.

Question:

There are specific and unique local factors and opinions regarding Scarborough Stroke Service that have not been addressed - why is this?

Answer:

The local factors alluded to do not justify providing a HASU at Scarborough.

Evidence emerged as to the benefits of centralisation of the first part of the Stroke pathway – the Hyper-Acute care – and the benefits of this being conducted in larger centres. London, for example, reduced to 8 from 30 centres receiving acute strokes and saw a significant improvement in mortality (see Morris 2014, Hunter 2013). National recommendations stated that HASUs should see a

minimum of 600 patients per year, to allow concentration of specialist expertise and for those experts to maintain their skills by seeing a large enough number of patients. The Scarborough Hospital catchment sees approximately 300 strokes per year and would not come close to the recommended numbers for a full HASU.

Populations of similar or larger size than Scarborough (such as Harrogate and Grimsby) have also seen their HASU pathways changed so that patients access larger centres that can deliver full HASU care. For example the Grimsby patients now access HASU at Scunthorpe, Harrogate patients go to Leeds or York. Despite the travel times, all local regional and national stroke clinicians appear to support HASU centralisation and believe that Scarborough patients directly accessing HASUs at York or Hull will provide better outcomes.

Given the demographics of the East Coast with older populations and higher incidence of CVD, ensuring timely access to specialist stroke care for this population has been a driving factor in the changes to the model of stroke care.

In terms of the wider picture many factors are taken into account when locating services. The NHS is planning to invest record amounts of resource into building a new Emergency Department, Critical Care unit, and improved ward stock. There is a strong commitment from the NHS to a future for Scarborough Hospital, as shown by the nearly £50m of capital already identified for the unit. Services will, however, continue to evolve and in some cases, particularly for more specialist care, this may move to larger centres, when the clinical evidence suggests outcomes will improve or where workforce unsustainability threatens patient safety.

Question:

If a stroke patient stays in hospital for a number of days, post pandemic, relatives of a patient are going to have problems visiting, especially as most Stroke Patients are elderly. Family contact is essential to a very ill and vulnerable patients. The roads will also be busier for patients being taken to York post lockdown.

Answer:

We are aware that travelling to visit a patient will be an issue in some instances once this is permitted post pandemic. However stroke patients typically only remain in the HASU for 48 – 72 hours after which time they are likely to be discharged home or to a rehabilitation facility local to them. There are also opportunities for virtual visiting with families which, where appropriate, will continue post Covid-19 and there is more information on this on the Trust website at [York and Scarborough Teaching Hospitals NHS Foundation Trust - Virtual visiting \(yorkhospitals.nhs.uk\)](https://www.yorkhospitals.nhs.uk)

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Question:

Have the stroke Consultant posts been advertised in the last few years or is it all down to cost? Prior to the retirement of Dr. Paterson we had an excellent Stroke Unit where the necessary treatment was given.

Answer:

There is a significant and growing shortage of stroke consultants in the UK. Around four in 10 hospitals providing stroke care have an unfilled consultant post. many prefer to work in larger specialist units seeing large volumes of patients where their clinical skills can be fully utilised.

In this context and unrelated to cost, The Trust has repeatedly attempted to recruit to Stroke consultant posts over several years without success.

It is also important to note that the service provided in Scarborough prior to 2015 would not be considered compliant with modern HASU standards. 2014 SSNAP data, which monitors the quality of stroke services against the national clinical standards consistently rated the service at Scarborough as a D or E rating where A is the highest and E is the lowest rating.

Question:

Does the CCG feel that Scarborough residents have been fully consulted and informed about how these changes will affect them and their families. A recent petition on this issue would raise concerns that this is not the case. Please engage with us with this issue.

Answer:

The changes to stroke care have been discussed openly at a number of meetings through 2020 and 2021, including the public sessions of the North Yorkshire County Council Scrutiny of Health Committee in 2020, culminating in a detailed report to the committee in June 2021. Discussions have also been held with councillors, MPs, and other stakeholder groups where stroke has been a subject of discussion.

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Overall summary

We believe that the changes to the HASU stroke pathways instituted in 2020 will improve care outcomes for the population of Scarborough. This assessment was confirmed by a review conducted by the national (Deb Lowe) and regional (Graham Venables) stroke leads who stated:

“Having seen the benefits to patients of direct admission to York we feel able to reassure members of the public, commissioners and regional officers that the service is safe, efficient and able to

deliver better outcomes than the previous ‘drip and ship’ model and would commend the new service to the Joint OSC.”

The development of the direct admission pathway for Scarborough should be welcomed and see the service offered for Scarborough residents coming closer to that accessible in other parts of North Yorkshire and the rest of the country.