

Stroke Services – East Coast

Engagement Event 17 November 2021



Stroke Services Event

Thank you for joining the session. We will be starting soon.

In the meantime:

- Please ensure you are on mute
- We advise for bandwidth to keep your cameras switched off
- Please feel free to post questions in the chat box
- There will be opportunities throughout the session to ask questions
- We will be recording the session to help with notes

Welcome & introduction

Ashley Green,
CEO Healthwatch North Yorkshire

Agenda

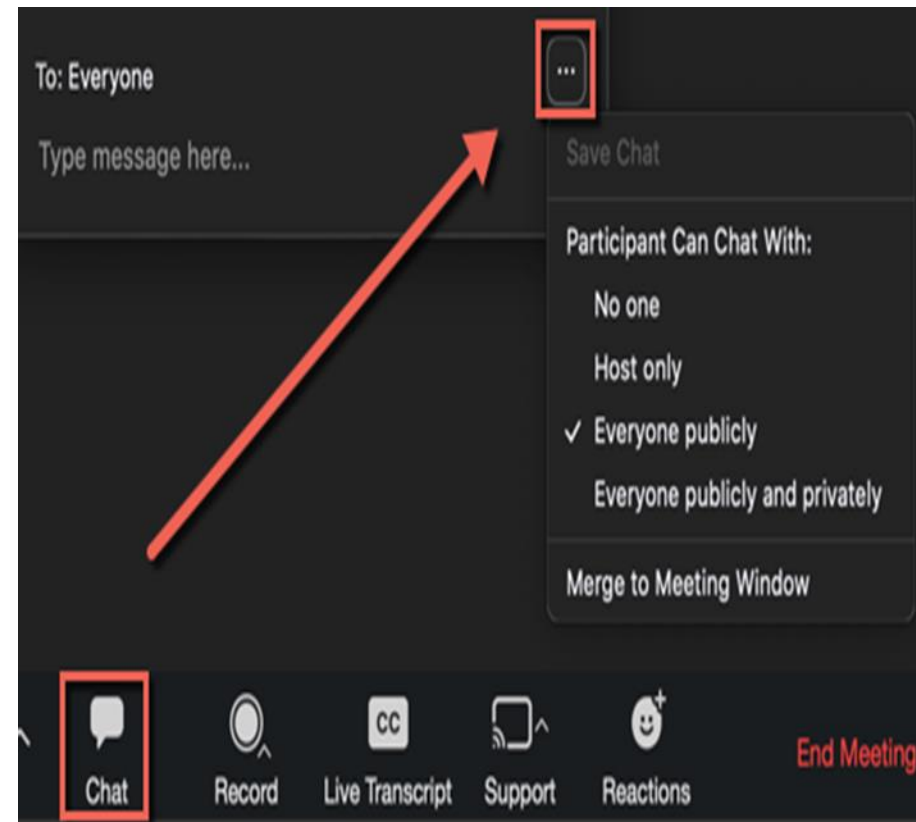
1	Welcome and introductions <ul style="list-style-type: none">• Purpose of the event• Housekeeping
2	What we already know <ul style="list-style-type: none">• Concerns raised• Patient feedback
3	Background <ul style="list-style-type: none">• National drivers and the local context
4	The patient journey in more detail <ul style="list-style-type: none">• GP - Recognising the signs of stroke – prevention and good health• Ambulance – “This is how we get you to hospital”• Hospital - “This is how we will treat you” - immediate response at HASU/ repatriation• Community Rehabilitation Team - To explain their role
5	Hear from The National Stroke Association – Life after stroke
6	Q&A Session
7	Closing summary

Presenters and panel members - East Coast

Dr Rayessa Rayessa	Integrated Stroke Delivery Network (ISDN) – Humber Coast and Vale
Dr Peter Billingsley	Local GP / GP Clinical Lead for hospital-based care and vulnerable people, NHS North Yorkshire Clinical Commissioning Group
Dr Paul Willcoxson	Lead Stroke Clinician, York and Scarborough NHS Foundation Trust
Derek Hatley	Clinical Pathways Manager for North and East Yorkshire, Yorkshire Ambulance Service NHS Trust
Michael Keeling	Lead Stroke Nurse, York and Scarborough NHS Foundation Trust
Louise Brown	Senior Allied Health Professional Manager, York & Scarborough NHS Foundation Trust
Stephen Smyth	Deputy Director of Operations, Hull University Teaching Hospital NHS Trust
Natalie Seals	Advanced Physiotherapist, Community Services Humber Teaching NHS Foundation Trust
Samantha Jones	Associate Director NE & Yorkshire, National Stroke Association

Housekeeping to help the meeting run smoothly

- ☐ Microphones are on mute
- ☐ Please use the chat box in the control panel to ask questions
- ☐ We will be recording this session
- ☐ Please do not share confidential information
- ☐ Please be a good listener and active participant



What we already know – patient feedback

Bridget Read
Engagement Manager
NHS North Yorkshire CCG

Our partners and providers told us.....

Healthwatch

Received praise regarding the acute stroke unit in Hull, with patients calling it an “excellent” service and being very satisfied with the care they receive.

NHS Friend and Family Test (FFT)

- Humber – Community Stroke Services – “took time and trouble to make sure I was doing the exercises correctly and nothing was to much trouble.”
- York & Scarborough Hospital – 75 FFT rated very good/good

Patient Relations

- York & Scarborough Hospital - 1 formal complaint received in the last year (York Hospital)

Feedback from stroke patients

“By being sent to a centre of excellence for stroke patients, I feel that my outcome was the best that could be achieved. I am sure that my full recovery might not have happened at my local hospital”.

“York is a long way to travel from Filey – but my husband received excellent hospital care.”

“The acute stroke unit in Hull, is an “excellent” service and very satisfied with the care received”.

“The ambulance crew got me to York, I have no complaints they were so helpful”

“When arriving at York we were greeted by the stroke team, who I must say were brilliant and very caring”.

“The physio team can’t do enough, so encouraging”

“The two nurses on the HASU at York were like a ray of sunshine”

“I was taken from Scarborough Hospital to York Hospital, received excellent care discharged home the next day – no rehabilitation required.”

Feedback to help improve the experience

"Whilst in hospital, I have the support around me, but once I am home, I have lost that – please provide a list of contacts who I can call upon"

"Concerned for those patients without family present that may not be able to share medical history and details of their medications, this can cause a delay in getting the right treatment. "

"Why do I have to wait so long for rehabilitation in the community?"

"I wish there was more support networks in the local community, to speak to others who have been through what I have"

"Can health care professionals please speak to carers, family members, to ensure they are getting accurate information?"

"I would like to see more emotional wellbeing support available"

"Can my follow up appointments be face to face?"

Messages we are hearing

- **Access to local stroke care is critical**
 - The town needs a local stroke service
 - Scarborough has a lot of elderly people
 - Lives will be lost if we lose this vital service
- **Travel**
 - It is a long journey from Scarborough to York
 - A64 very busy in the summer
 - York is too far away, for family to visit and expensive to get there
- **Timing**
 - Stroke patients needs immediate care
 - Treatment before deadline of four hours
 - Help in the first hour is vital to stroke patients

"Help in the first hour is vital to stroke patients. so a local service in Scarborough is vital, especially as it has a higher elderly population."

"Stroke victims need urgent medical attention, which makes it impossible to save Scarborough lives!"

"So the Golden hour isn't important enough for Scarborough people!"

Patient Experience - Survey



- ☐ Recently launched a stroke survey
- ☐ For patients who have experience of the stroke pathway in the last 18 months
- ☐ The survey closes 5 December 2021
- ☐ We will share what we hear

Dr Rayessa FRCP LLM

Humber Coast and Vale, Integrated Stroke Delivery Network

Clinical Lead

Stroke Physician, Hull University Teaching Hospitals NHS Trust

May 2021

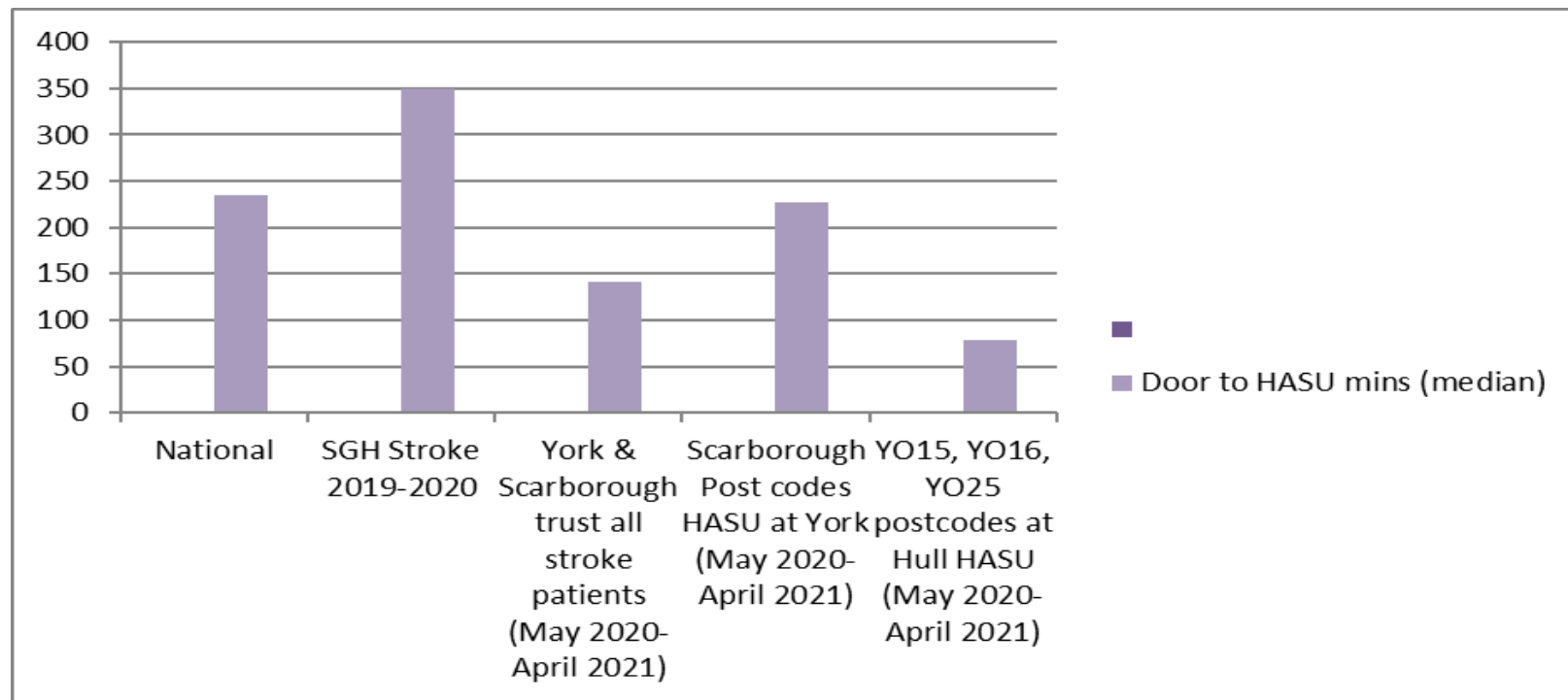
- Strong evidence that hyper acute care best delivered in the context of a networked setup of **Hyper Acute Stroke Units** (HASUs) and **Acute Stroke Units** (ASUs) (sufficient size)
- 5% reduction in 90 day mortality and reduced length of stay
- Centralisation in rural areas is effective and valuable
- HASUs- access to prompt imaging, hyperacute care and multidisciplinary clinical expertise
- ASUs- expertise in post acute care and rehabilitation (PT, OT, SLT, dietitian, psychologist, social worker)
- Size is important to ensure expertise, competencies and morale are maintained.

Hunter et al, 2013

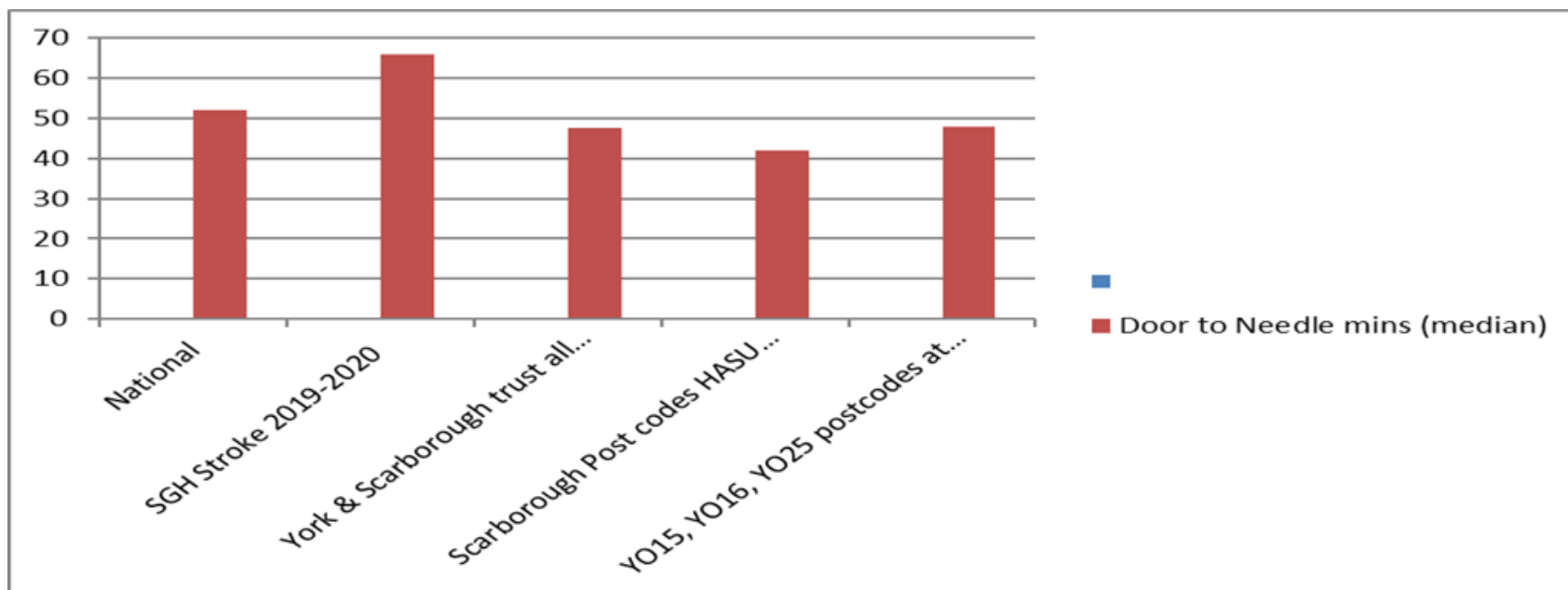
Elameer et al, 2018

- Prior to May 2020- drip and ship model operating with York
- Concerns around pathway delivery and resilience
- SGH senior medical workforce related issues early 2020
- From 4/5/2020- YO15,16, 25 postcodes – conveyed to Hull University Teaching Hospital (HUTH), the rest to York Foundation Trust (YFT)
- Hyper Acute Stroke Unit and Acute Stroke Unit in HUTH and YFT
- Once stable Johnson ward, Bridlington Hospital for rehabilitation
- Follow ups would be undertaken by locality community stroke service

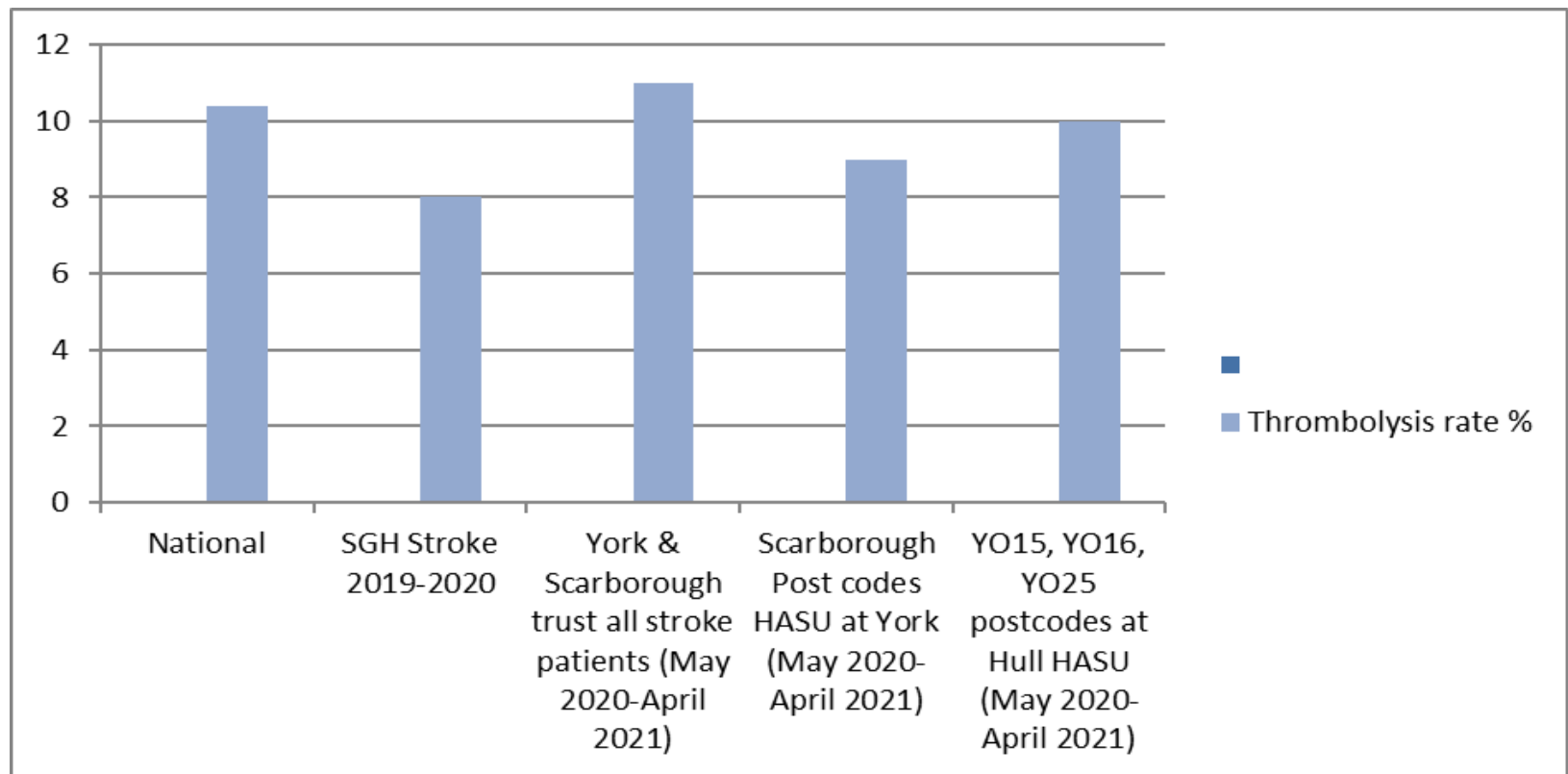
Arrival at Emergency Department to arrival on Hyper Acute Stroke Unit (median) – target < 4 hours (240 minutes)



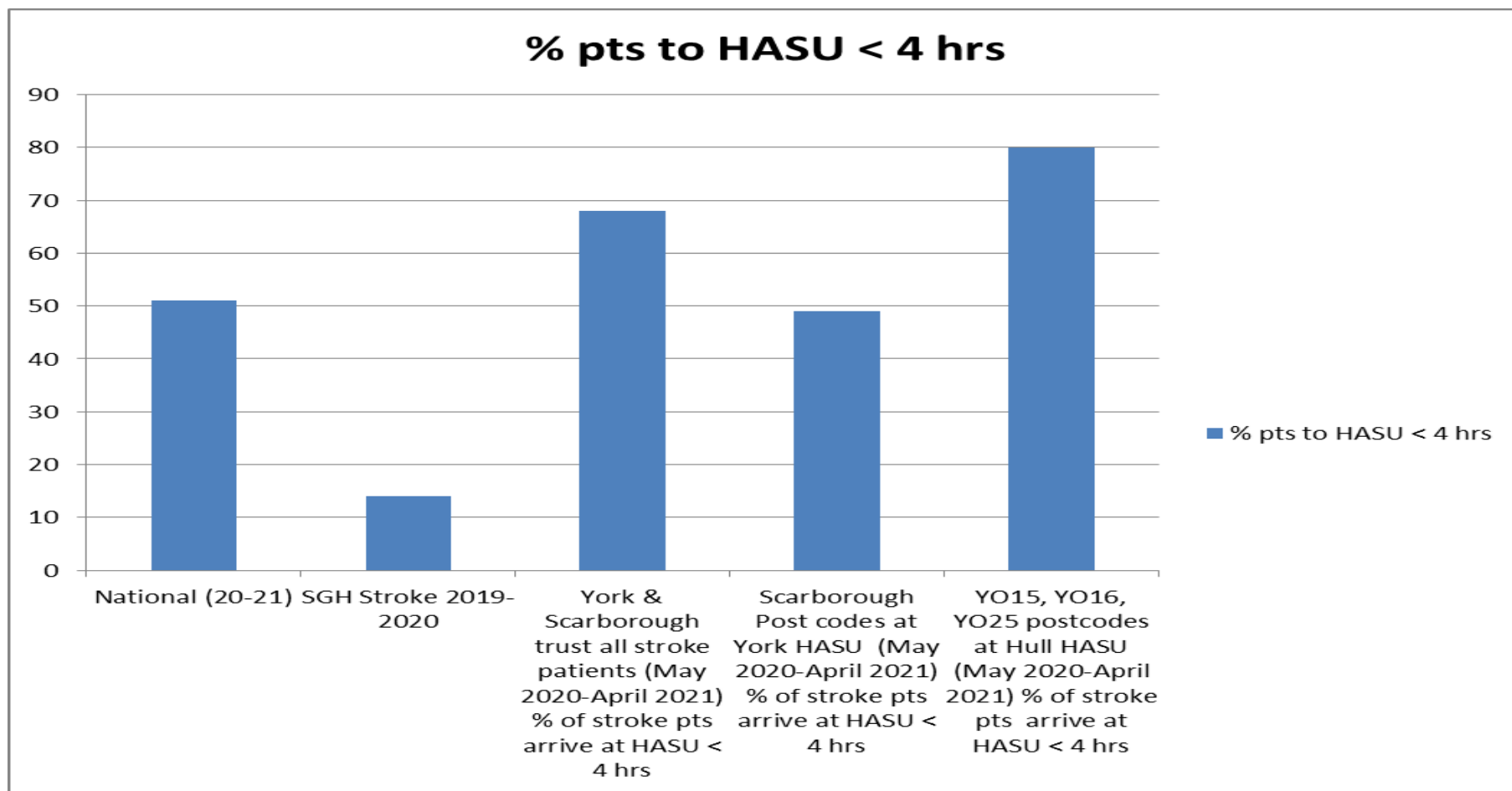
Door to needle in minutes (median) from arrival at ED to bolus of alteplase given – target < 60 minutes



Rate of thrombolysis as a percentage



Direct Admission to Hyper Acute Stroke Unit (HASU)

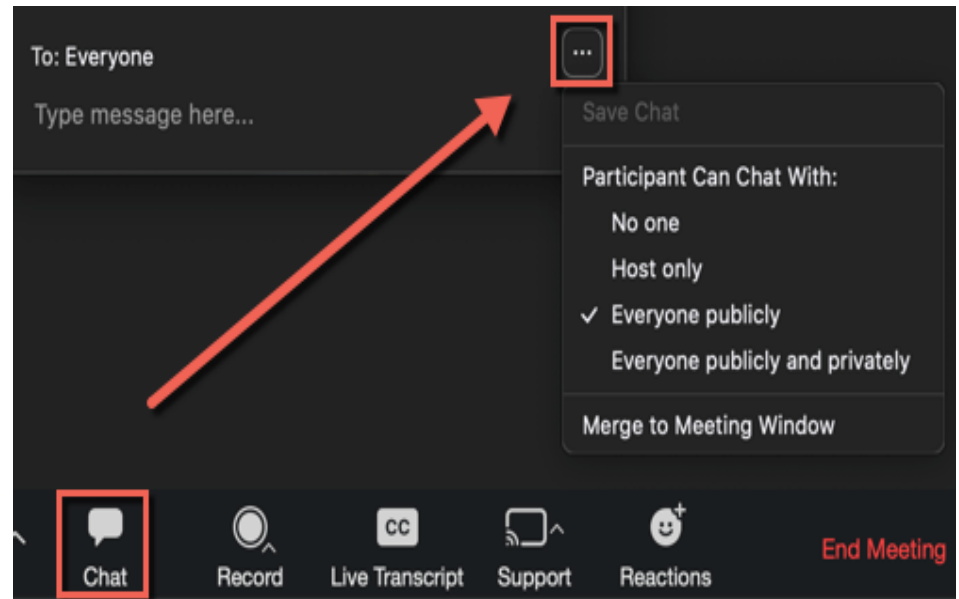


- Recognise symptoms of a stroke and call 999
- Primary prevention
 - Healthy lifestyle- diet, exercise, stop smoking, alcohol in moderation
 - Ensure familiarity with chronic conditions like diabetes, high BP, high cholesterol
- Secondary prevention
 - Medications given after a stroke
 - As above

Questions & Answers



- Have you any questions?
- Please use the “**Chat Box**” facility



Patient journey – recognising the signs of stroke

Dr Peter Billingsley

GP Clinical Lead for hospital-based care and vulnerable people

NHS North Yorkshire CCG

Patient journey – recognising the signs of stroke

FACE
Has their face fallen on one side?
Can they smile?

ARMS
Can they raise both arms and keep them there?

SPEECH
Is their speech slurred?

TIME
To call 999 if you see any single one of these signs

nhs.uk/actfast • stroke.org.uk

WHEN STROKE STRIKES, Act F.A.S.T.

Act F.A.S.T. help us help you

When stroke strikes, Act F.A.S.T.

FACE

Has their face fallen on one side?
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Can they raise both arms and keep
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SPEECH

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To find out more visit

nhs.uk/actfast
stroke.org.uk

Information from the NHS
Help Us Help You – Act F.A.S.T.

Act F.A.S.T. help us help you

Act F.A.S.T. help us help you

WHEN STROKE STRIKES
Act F.A.S.T. CALL 999

NHS

Patient journey – main risk factors for stroke

- **Your age**
- **Medical conditions**
 - High blood pressure
 - Diabetes
 - Atrial fibrillation
 - High cholesterol
- **Lifestyle factors**
 - Smoking
 - Drinking too much alcohol
 - Being overweight
 - Eating unhealthily
- **Family history**
- **Your ethnicity**



Patient journey – Primary Care

Primary prevention

- reducing your risk before stroke

Identification of stroke



Tertiary prevention

- Helping minimise the effects of stroke

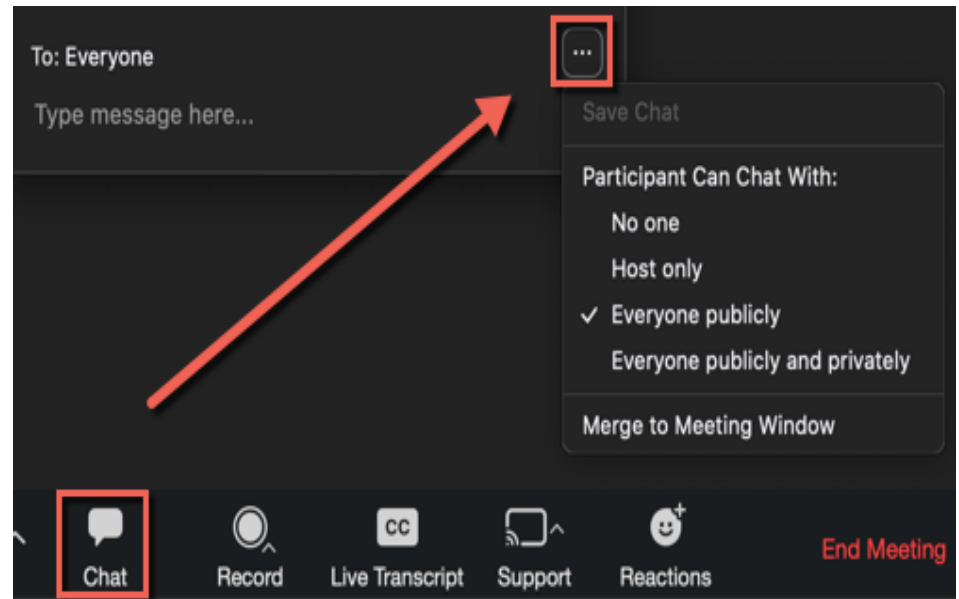
Secondary prevention

- Reducing the risk of recurrence after a stroke

Questions & Answers



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Stroke services

Scarborough, North Yorkshire

Derek Hatley
Paramedic and Clinical Pathways Manager
Yorkshire Ambulance Service
17 November 2021



Responding to a call for a suspected stroke

- 999 call received
- Triaged by our emergency operations centre
- Using AMPDS – Ambulance Medical Priority Dispatch System
- Highly sensitive to symptoms reported
- Categorised as a ‘category 2’ response
- 18 minutes response and 90% within 40 minutes ARP (Ambulance Response Programme)
- Resources dispatched; usually DCA (Double-Crewed Ambulance)
- Response will be from nearest available crew





Assessment of a suspected stroke patient

- Clinicians receive the initial information from Emergency Operations Centre (EOC) via computer terminal in ambulance
- Clinicians arriving to treat the patient will undertake a clinical assessment, including; FASTO – Face, Arms, Speech, Time and ‘Other’ for additional symptoms not covered in standard FAST
- 10/10/10 initiated to reduce time at scene
- Pre-hospital clinician will follow Hyper Acute Stroke Unit (HASU) pathway for patients identified as possible stroke at scene
- Immediate treatment will commence at scene to stabilise patients





FASTO – ‘O’ for other symptoms

- **25-30% of patients are FAST negative**
- FASTO looks at other symptoms not covered by standard FAST
- These are acute / sudden onset of:
 - Loss or blurring of vision
 - Dizziness / confusion
 - Difficulty understanding what others are saying
 - Problems with balance and co-ordination
 - Difficulty swallowing (dysphagia)
 - A sudden and very severe headache resulting in a blinding pain unlike anything experienced before
 - Loss of consciousness





10 10 10

Less than 10 minutes for each section

First 10 minutes

- **ARRIVE**
 - **ASSESS**
 - **DECIDE**
- CABCD, AVPU, GCS, BP, blood glucose, FASTO
 - Think early about moving to avoid extended on scene time
 - Do not perform a cranial nerve assessment or a 12 lead ECG if an acute stroke is suspected





10 10 10

Less than 10 minutes for each section

Second 10 minutes

- **TALK**
- **CALM**
- **MOVE**

- Ensure open communication with the patient, carers and family members to inform and reassure
- Assist the patient to the ambulance using appropriate equipment
- Gather medications if available
- Do not delay departure





10 10 10

Less than 10 minutes for each section

Final 10 minutes

- **LEAVE**
- **ALERT**
- **REASSESS**

- Ensure family and carers are aware of conveyance destination
- Pre-alert the receiving hospital HASU using SBAR whilst en-route, so as not to delay departure from scene
- Repeat observations en-route to hospital and monitor the patient



Decisions on treatment for the patient

- Paramedics follow pre-identified treatments, algorithms and pathways for different clinical situations (i.e., heart attacks, major trauma, stroke)
- These **clinical pathways** are multidisciplinary best practice plans for specified groups of patients with a particular diagnosis;
 - they aid coordination and delivery of high quality care;
 - embed guidelines, protocols and locally agreed evidence-based patient-centred best practice into everyday use
- For suspected stroke patients, these pathways provide access to specialist stroke treatment, giving patients the best outcome
- Patients will bypass local emergency departments and be conveyed to specialist centres (cardiac centres, major trauma centres, and Hyper Acute Stroke Units HASUs)

Why HASUs, why not convey to local Emergency Departments?



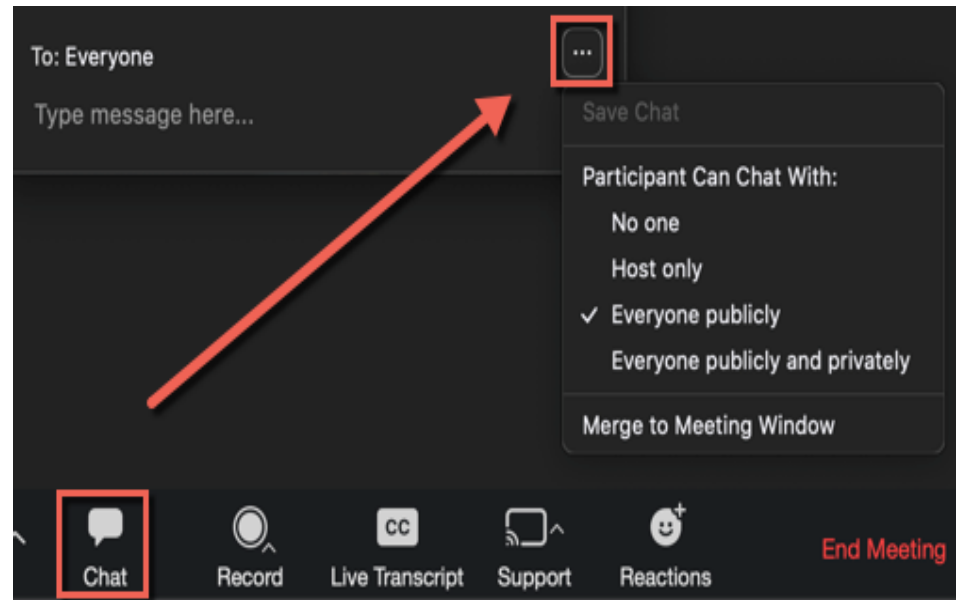
- Hyper Acute Stroke Unit (HASU) care proven to reduce mortality, reduce length of stay, increase thrombolysis rates and reduce long-term costs
- HASUs enable **rapid access** to the right skills and equipment, staffed by specialist teams, streamlining care and improving outcomes
- It is **safer** to transport patients for thrombolysis rather than administer thrombolysis and convey patients to HASUs; significant side effects are mitigated via this model
- HASU arrangements in North Yorkshire are not significantly different from other areas in the region or across the country
- Patients with other emergency conditions bypass local Emergency Departments and are conveyed to specialist centres where evidence shows outcomes are improved (e.g. cardiac centres, major trauma centres)



Questions & Answers



- Have you any questions?
- Please use the “**Chat Box**” facility



Patient journey – This is how we treat you at hospital - Hyper Acute Stroke Unit (HASU)

**Michael Keeling, Lead Stroke Nurse,
York and Scarborough Teaching Hospitals NHS Foundation Trust**



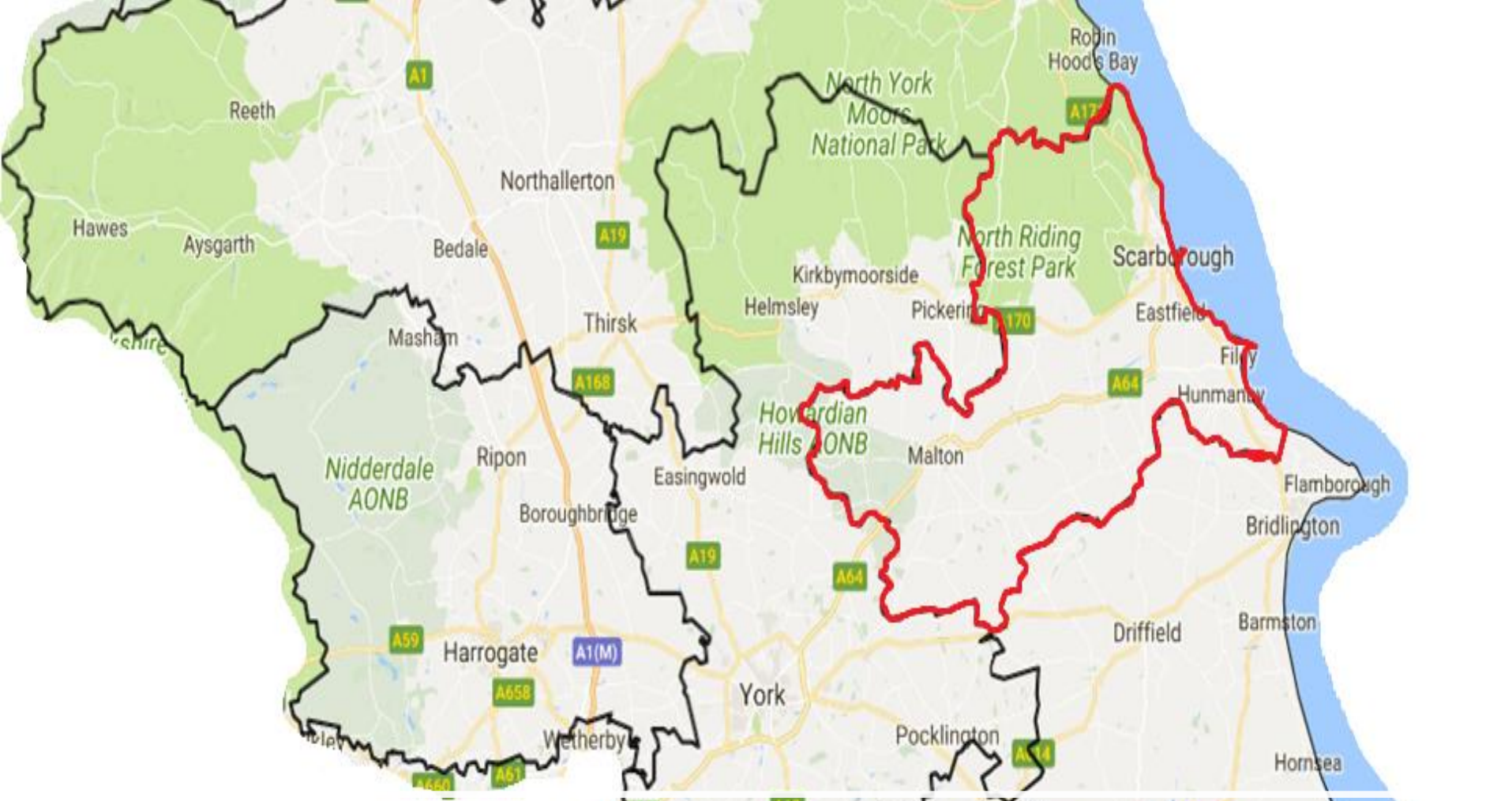
Humber Teaching
NHS Foundation Trust

Scarborough and Ryedale Community Stroke Team

Natalie Seals, Advanced Physiotherapist



The Team



The Area

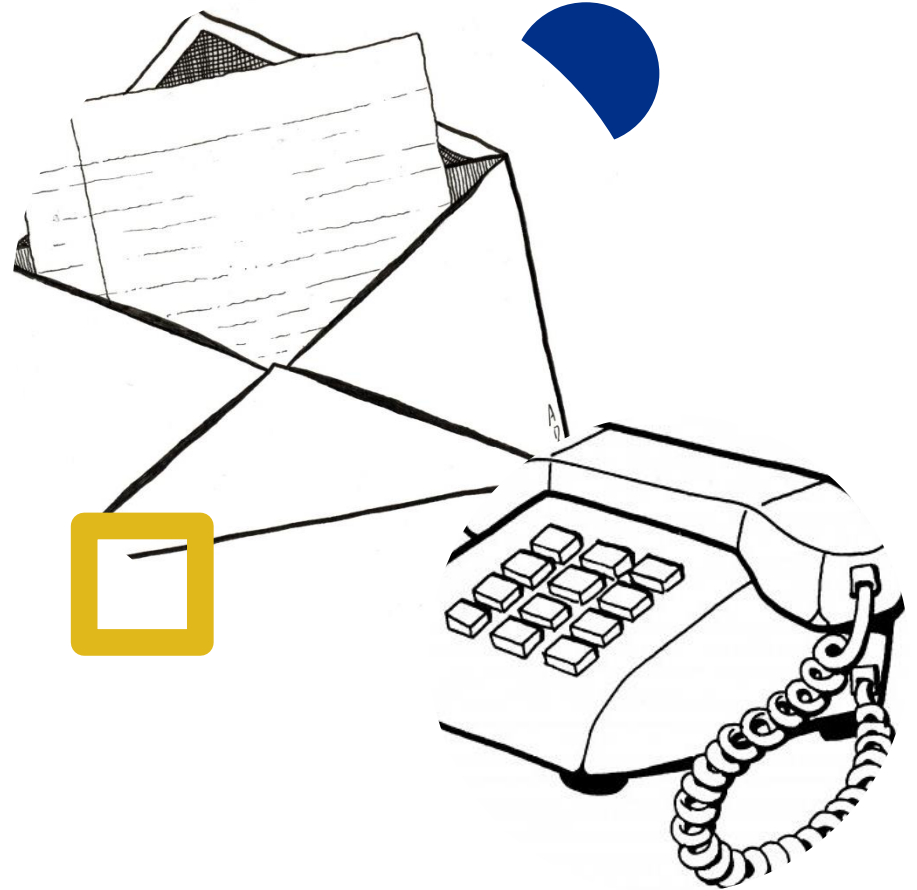




Referrals



Triage

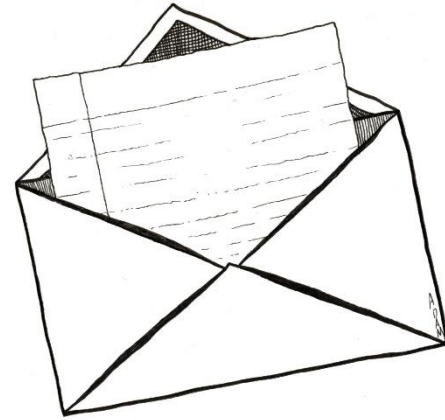




Initial assessment



Ongoing input

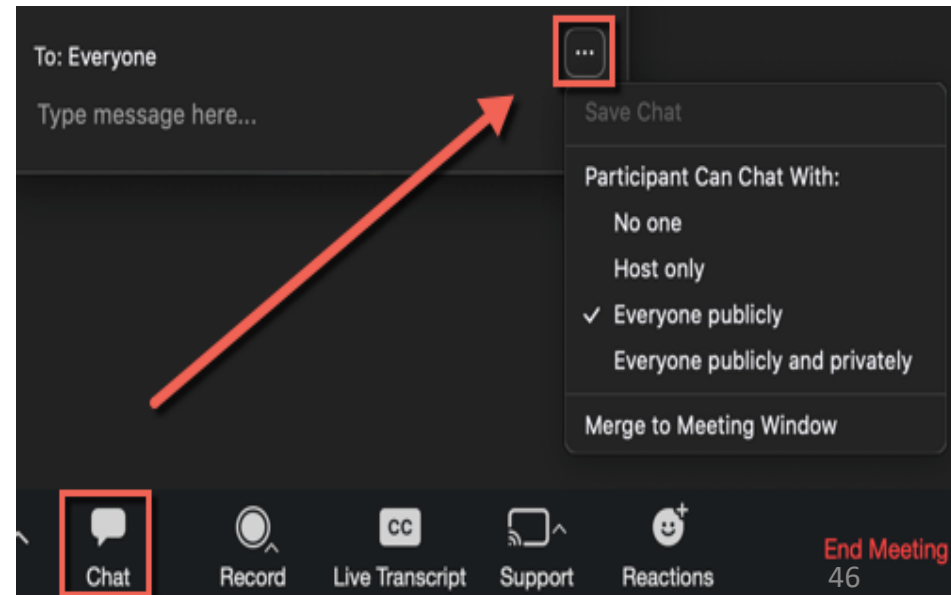


Discharge...

Questions & Answers



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Life after Stroke

Samantha Jones

Associate Director North East and Yorkshire



stroke.org.uk



Hope After Stroke

<https://www.youtube.com/watch?v=HYdPVKfoguFU>

Stroke Association: who we are

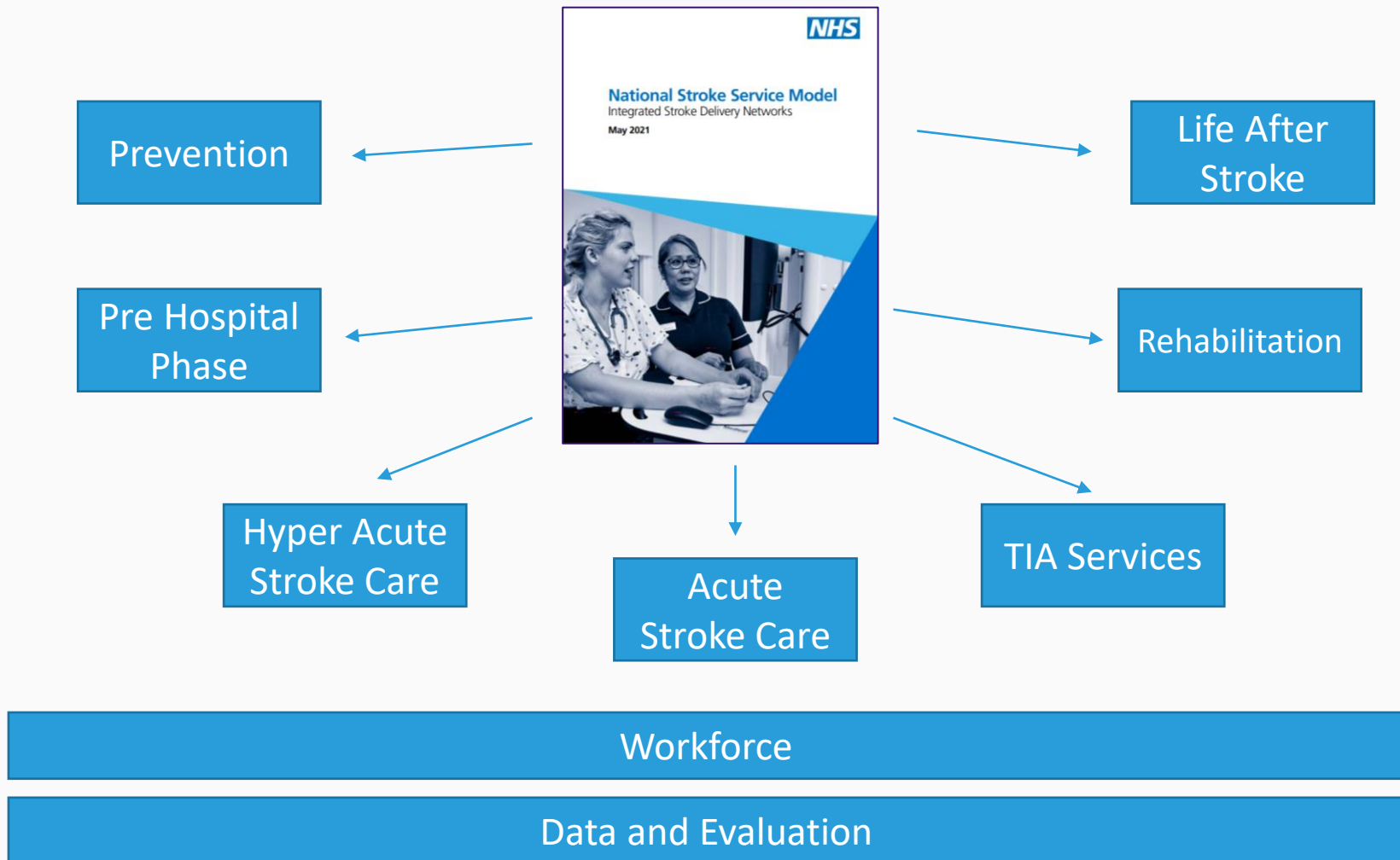
- UK's leading stroke charity
- Provide specialist support
- Fund critical research
- Campaign to improve services & lives





Our vision is for there to be fewer strokes, and for people affected by stroke to get the help they need to live the best life they can.

National Stroke Service Model (NSSM)



What's in the *draft* model?

1. Stroke key workers
2. Personalised care and support planning and delivery
3. Emotional support (level 1)
4. Personalised information provision
5. Post-stroke reviews
6. Stroke specific community-based support, including:
 - a) Communication support
 - b) Carer support
 - c) Peer support
 - d) Health and wellbeing support
7. Wider community-based support, including social prescribing

Stroke Association Support

Stroke Association Support Service where commissioned *or*
Stroke Association Connect Service where not commissioned

Stroke Helpline to enable us to provide ongoing and responsive information and support for people affected by stroke throughout the UK

Hardship Grants for those in financial crisis

"Here for You" **volunteer telephone support**, to help combat social isolation and offer 1:1 peer support.

Up-to-date and aphasia-friendly **information about stroke** information to help people support themselves (e.g. to stay active when staying at home).



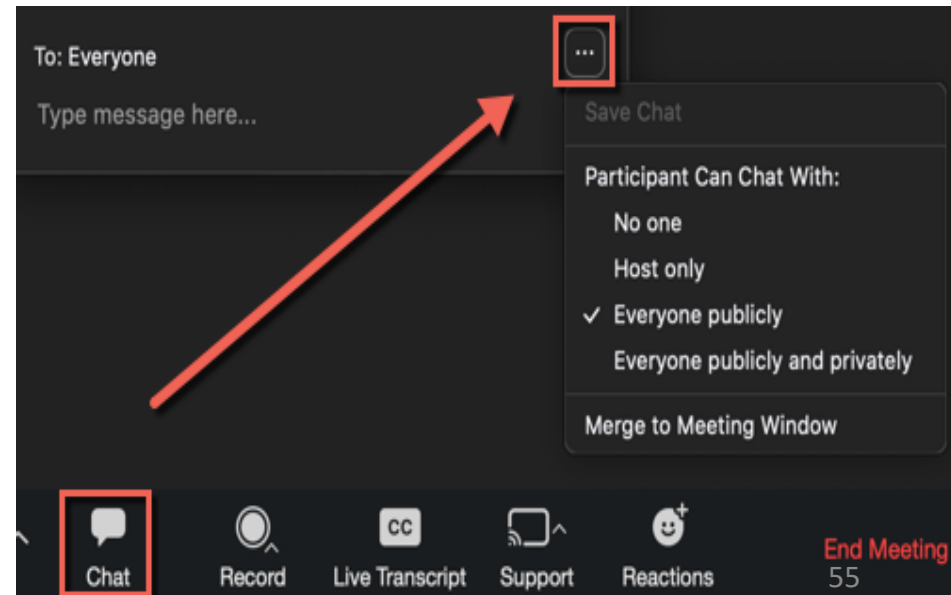
Rebuilding lives
after stroke

Samantha.jones@stroke.org.uk

Questions & Answers



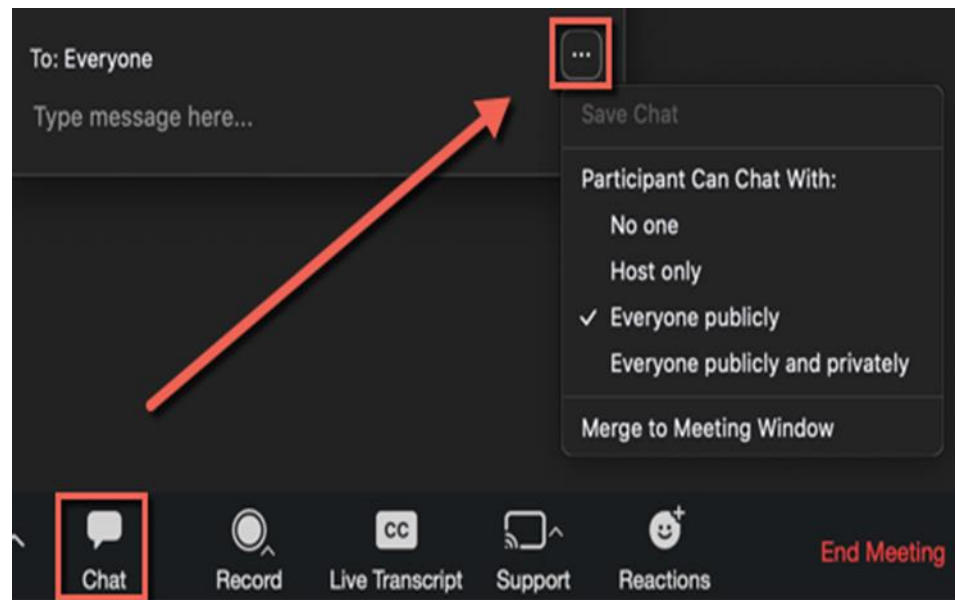
- Have you any questions?
- Please use the “**Chat Box**” facility



Final question and answer session



- Have you any questions?
- You can also use the “**Chat Box**” facility



Closing remarks

☐ **Thank you** for listening and taking part in this event

☐ We will continue to **engage** and keep you updated

☐ Please join “**The Loop**” our virtual engagement network

☐ **Patient relations Team:**

Email: NYCCG.PatientRelations@nhs.net

Phone: 01609 767607

Address: NHS North Yorkshire Clinical Commissioning Group, 1
Grimbald Crag Court, St James Business Park, Knaresborough,
HG5 8QB



Register online now at: www.northyorkshireeccg.nhs.uk⁵⁷

Get in touch!



We're here to **listen** to the issues that really matter to people in North Yorkshire and to hear about your experiences of using local health and social care services. We're entirely **independent** and **impartial**, and anything you share with us is **confidential**.

We would like to hear about your experiences of health and social care services.

**Talk
to us...**



Share your feedback with us!

Tell your friends and family about us

Sign up for our newsletter or join our network

www.healthwatchnorthyorkshire.co.uk

admin@hwny.co.uk

01423 788128



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Thank you for attending

