

## Stroke Services – Harrogate area

Engagement Event 11 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

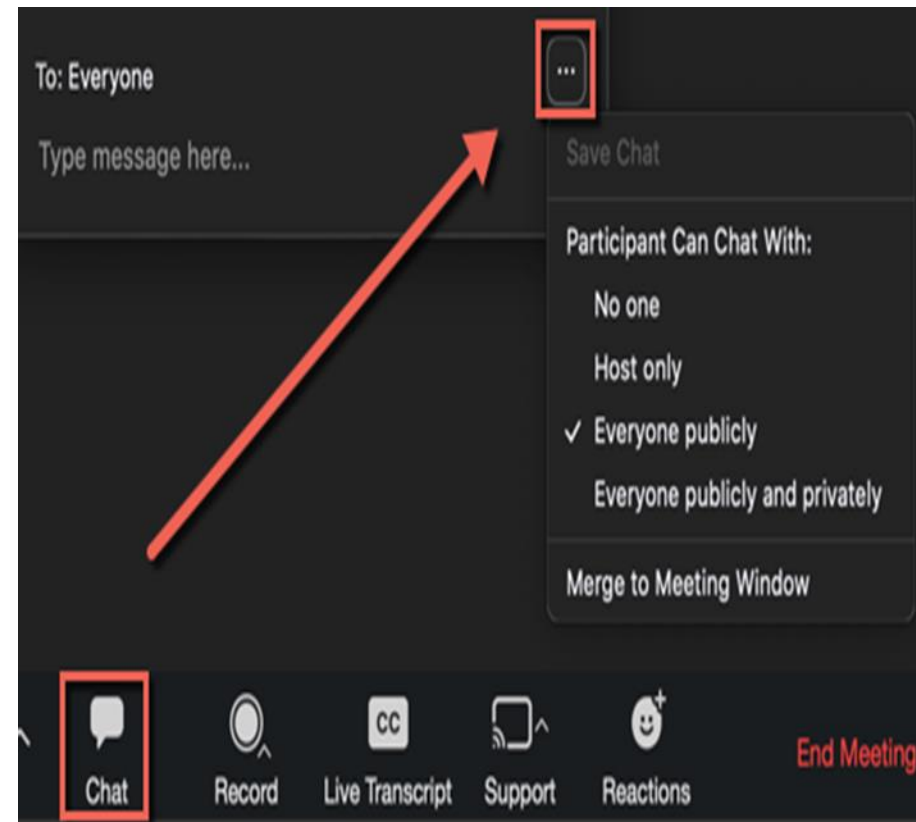
1	Welcome and introductions <ul style="list-style-type: none"><li>• Purpose of the event</li><li>• Housekeeping</li></ul>
2	What we already know <ul style="list-style-type: none"><li>• Concerns raised</li><li>• Patient feedback</li></ul>
3.	Background <ul style="list-style-type: none"><li>• National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

# Presenters and panel members - Harrogate area

<b>Dr Bruce Willoughby</b>	GP Clinical Lead for integrated / community care, NHS North Yorkshire Clinical Commissioning Group
<b>Dr Rayessa Rayessa</b>	HCV ISDN Clinical Lead (Acute), Integrated Stroke Delivery Network, Humber Coast and Vale
<b>Dr Prabal Datta</b>	Consultant Cerebrovascular Physician, Clinical Lead for West Yorkshire and Yorkshire and Humber Integrated Stroke Delivery Network
<b>Matthew Spencer</b>	Lead Clinical Pathways Manager Clinical Directorate, Yorkshire Ambulance NHS Trust
<b>Pam Bagot</b>	Principal Physiotherapist, Neuro, Stroke and Amputees Harrogate and District NHS Foundation Trust
<b>Michael Keeling</b> via pre recorded video	Lead Stroke Nurse, York and Scarborough NHS Foundation Trust
<b>Vicky Draper</b>	Team Leader, Community Stroke and Neurology Team, Harrogate and District, NHS Foundation Trust
<b>Sarah Bates</b>	Senior Physiotherapist, Neurosciences – Acute Stroke, Leeds General Infirmary, Leeds Teaching Hospitals NHS Trust
<b>Samantha Jones</b>	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**

---

## Feedback from stroke patients ...

**"I was taken to Leeds General Infirmary and was lucky enough to receive ground-breaking thrombolysis treatment within 90 minutes of my symptoms starting. Because of the quick treatment I received, I was able to return to work after a couple of months and I'm now able to lead a normal life."**

**"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".**

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

**"Taken from Harrogate District Hospital, direct to Leeds and the care received was fantastic"**

**"The physio team can't do enough, so encouraging"**

**"My whole hospital experience was very good"**



# Issues of concern ...

"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"

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

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.

**"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"

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

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

# 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
- ☐ Results will be available on website

**Pam Bagot**, Principal Physiotherapist  
Neuro, Stroke and Amputees  
Harrogate and District NHS Foundation Trust



# Background

- In 2019 the way stroke services were delivered changed in the local area
- **Hyper Acute Stroke Units (HASUs)** – large centres of excellence – Leeds General Infirmary, York Hospital
- National decision based on the clinical benefits of patients – a Hyper Acute Stroke Unit (HASU) needs to see 600+ stroke patients a year – in Harrogate only approximately 320 stroke patients in a year
- In April 2019 Harrogate HASU closed and patients are now directly transported to a HASU in line with national best practice

## What happens now

- In the Harrogate area - one third of stroke patients will go to York Hospital **Hyper Acute Stroke Unit** (HASU) and two thirds will go to Leeds General Infirmary HASU
- Which hospital a patient goes to is dependent on where they live and the nearest Accident and Emergency Department
- **Leeds** and **York** Hospitals can give the thrombolysis and thrombectomy – the treatments for stroke and these treatments are not available at Harrogate Hospital

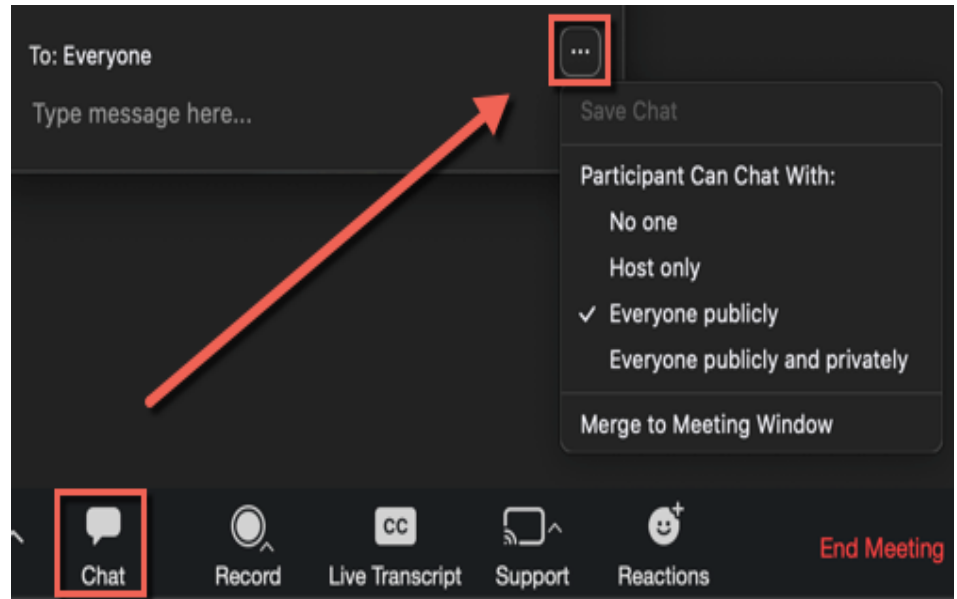
## Acute care

- The immediate medical management and rehabilitation of stroke patients starts in **Leeds** and **York** Hospitals
- When appropriate and/or medically safe, patients are repatriated to **Harrogate Hospital** to continue their rehabilitation - *in patient acute care and rehabilitation continues on **Oakdale ward***
- Or may be discharged home with community follow up if required

# Questions & Answers



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



# Patient journey – recognising the signs of stroke

---

**Dr Bruce Willoughby**  
**GP Clinical Lead for integrated/community care,**  
**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?  
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

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

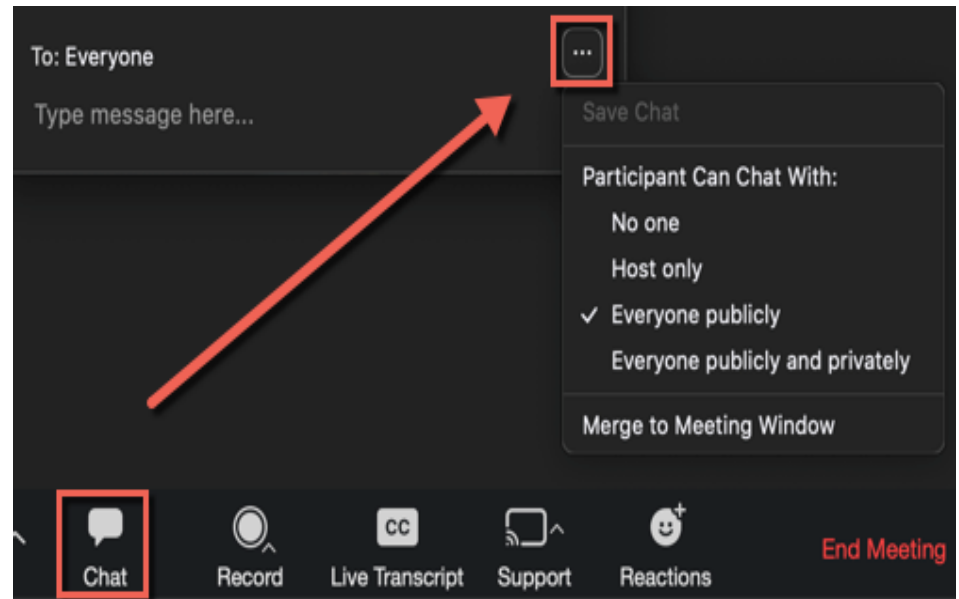
## Secondary prevention

- Reducing the risk of recurrence after a stroke

# Questions & Answers



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





## Stroke services Harrogate, North Yorkshire

**Matt Spencer,**  
**Paramedic and Lead Clinical Pathways**  
**Manager**  
**Yorkshire Ambulance Service**



# Responding to a call for a suspected stroke



- 999 call received
- Triage by our emergency operations centre
- Using Ambulance Medical Priority Dispatch System (AMPDS)
- Highly sensitive to symptoms reported
- Categorised as a 'category 2' response
- 18 minutes response and 90% within 40 minutes (Ambulance Radio Programme)
- Resources dispatched; usually Double-Crewed Ambulance (DCA)
- Response will be from nearest and 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 Hyper Acute Stroke Unit using Situation, Background, Assessment, Recommendation 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 HASUs)



# Why Hyper Acute Stroke Units (HASU) why not convey to local Emergency Departments?



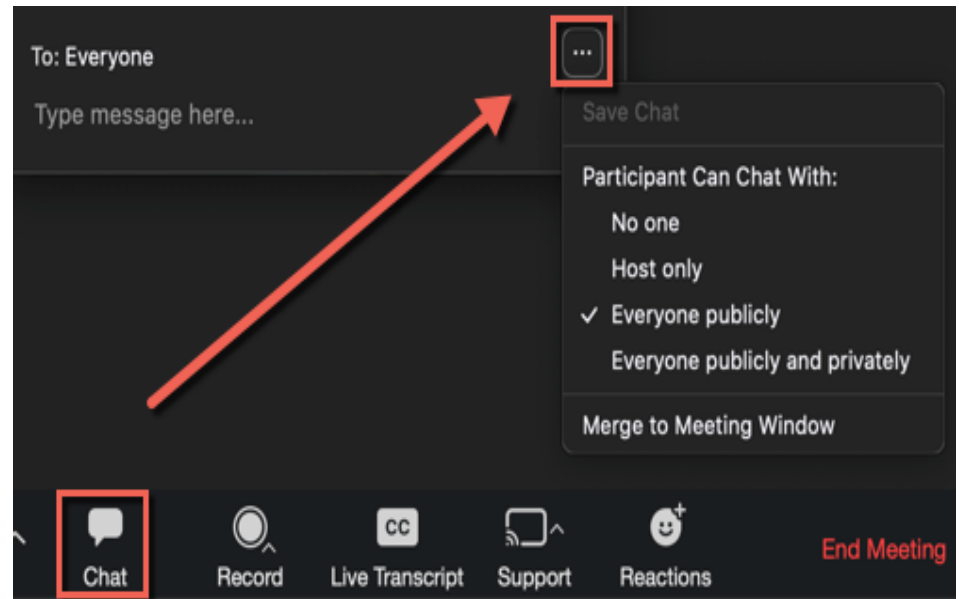
- HASU care proven to reduce mortality, reduce length of stay, increase thrombolysis rates and reduce long-term costs
- HASUs enable **rapid access** to the right skills and equipment, staffed by specialist teams, streamlining care and improving outcomes
- It is **safer** to transport patients for thrombolysis 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



# 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  
Via video**

---

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

---

**Video**

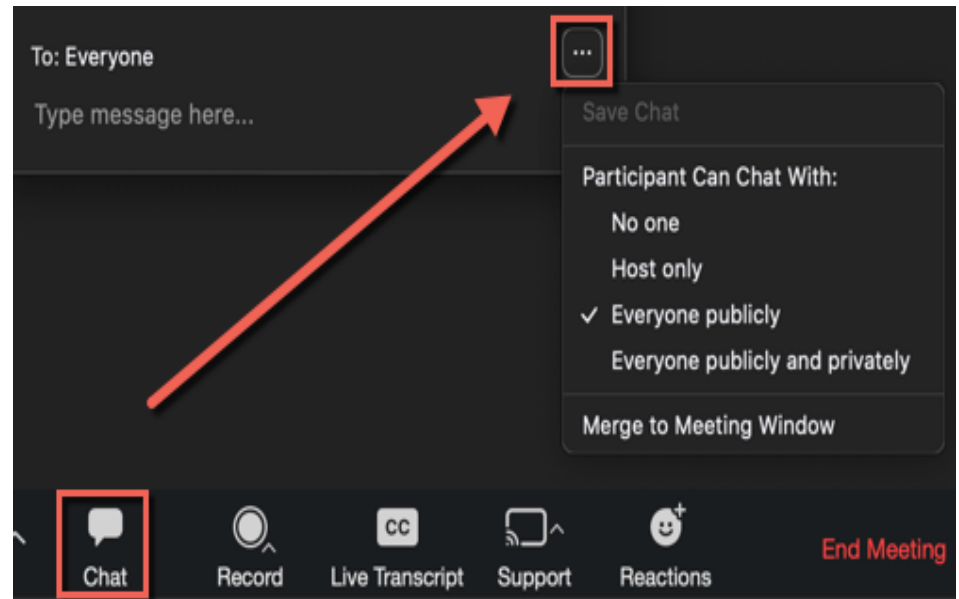
---



# Questions & Answers



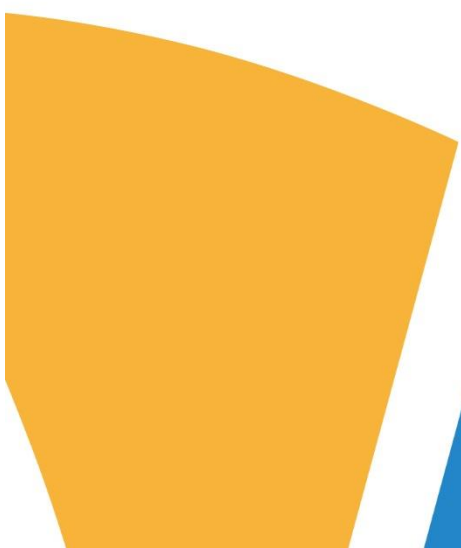


- Have you any questions?
- Please use the “**Chat Box**” facility



# Patient journey – rehabilitation

**Pam Bagot**, Principal Physiotherapist  
Neuro, Stroke and Amputees Harrogate and District  
NHS Foundation Trust



## Patient journey – rehabilitation Harrogate and District Hospital stroke unit – Oakdale ward

- 15 acute and rehabilitation stroke beds (plus 4 neurology beds, the rest of beds are Hematology oncology and acute medicine)
- Direct transfers from Hyper acute stroke units - Leeds and York
- Referrals from out of area e.g. patient on holiday elsewhere
- Therapy is available Monday to Friday - 08.30-16.30




# Rehabilitation Process

- Continued assessment by relevant health professionals - Consultant, nurse, Occupational Therapist, Physiotherapy, Speech & Language, Dietitian, Orthoptist
- Goals, rehab programme set with patient and family
- Therapy available daily (Mon – Fri)
- Consultant ward round twice weekly
- Discussed weekly by multi-disciplinary team
- Link with social care and other care agencies
- Planned discharge dates set – referred to local Community Stroke teams or other community services if required

## Monitoring - dedicated data clerk

- Data collected as soon as patient attends Accident and Emergency
- Continues through the in-patient stay and out into the community
- Includes 6 month reviews

**Vicky Draper**, Team Leader, Community Stroke and  
Neurology Team, Harrogate and District NHS  
Foundation Trust



# Harrogate Community Stroke and Neuro Team

- Therapy only - Physio, Occupational Therapy, Speech and Language Therapy, Psychology, Rehab Practitioners and Admin
- Direct Referrals from stroke unit or neuro rehabilitation unit in Harrogate District Hospital
- Direct Referrals from Hyper acute units- Leeds and York
- Referrals from out of area e.g. patient on holiday
- Aim to respond within 72 hours
- Monday to Friday: 08.30-16.30, (not bank holidays)

## Referral Criteria

- Not Early Supported Discharge (ESD)
- Patient must have local GP
- Must have identifiable rehabilitation goals
- Over 18



# Rehabilitation Process

- Initial assessment
- Relevant disciplines assess
- Goals, rehab programme set with patient and family
- Outcome measures completed
- Discussed weekly by multi-disciplinary team
- Link with social care and other care agencies
- Planned Discharge Dates set

## Frequency of input

- Determined by goals and individual abilities
- Could be 5 days a week
- Could be seen once a week
- Telephone and video sessions offered
- Joint sessions with carers if appropriate
- Expectation that patients will complete home exercise plans as part of their rehab

## Discharge

- Referral to other services e.g., outpatients (OT, SLT, PT) if ongoing rehab is better met in out-patient setting
- Referral to community groups e.g., exercise after stroke, falls classes
- Referral to charitable sector e.g., HELP, Supporting Older People
- Referral for driving assessment
- Letter to GP/consultant
- 6 month follow up by Stroke Association

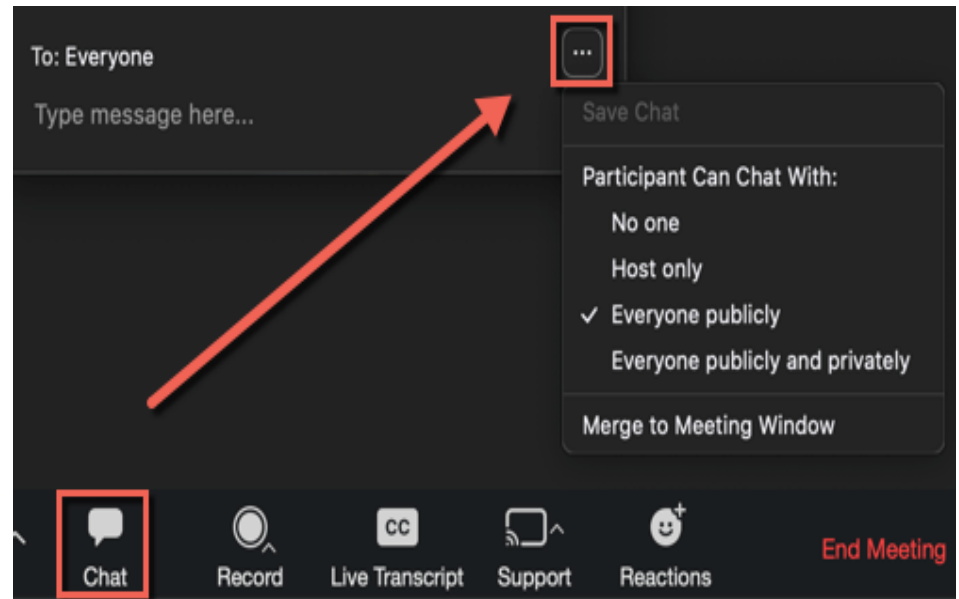
## Outcome Data

- Therapy Outcome Measures: most recent 10 discharges showed 9/10 improved overall and 1/10 remained same
- Between Aug 2018 and Aug 2021, 100% of patients strongly agree or agree that they would recommend the service

# Questions & Answers



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



# Life after Stroke

Samantha Jones

Associate Director North East and Yorkshire



[stroke.org.uk](http://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

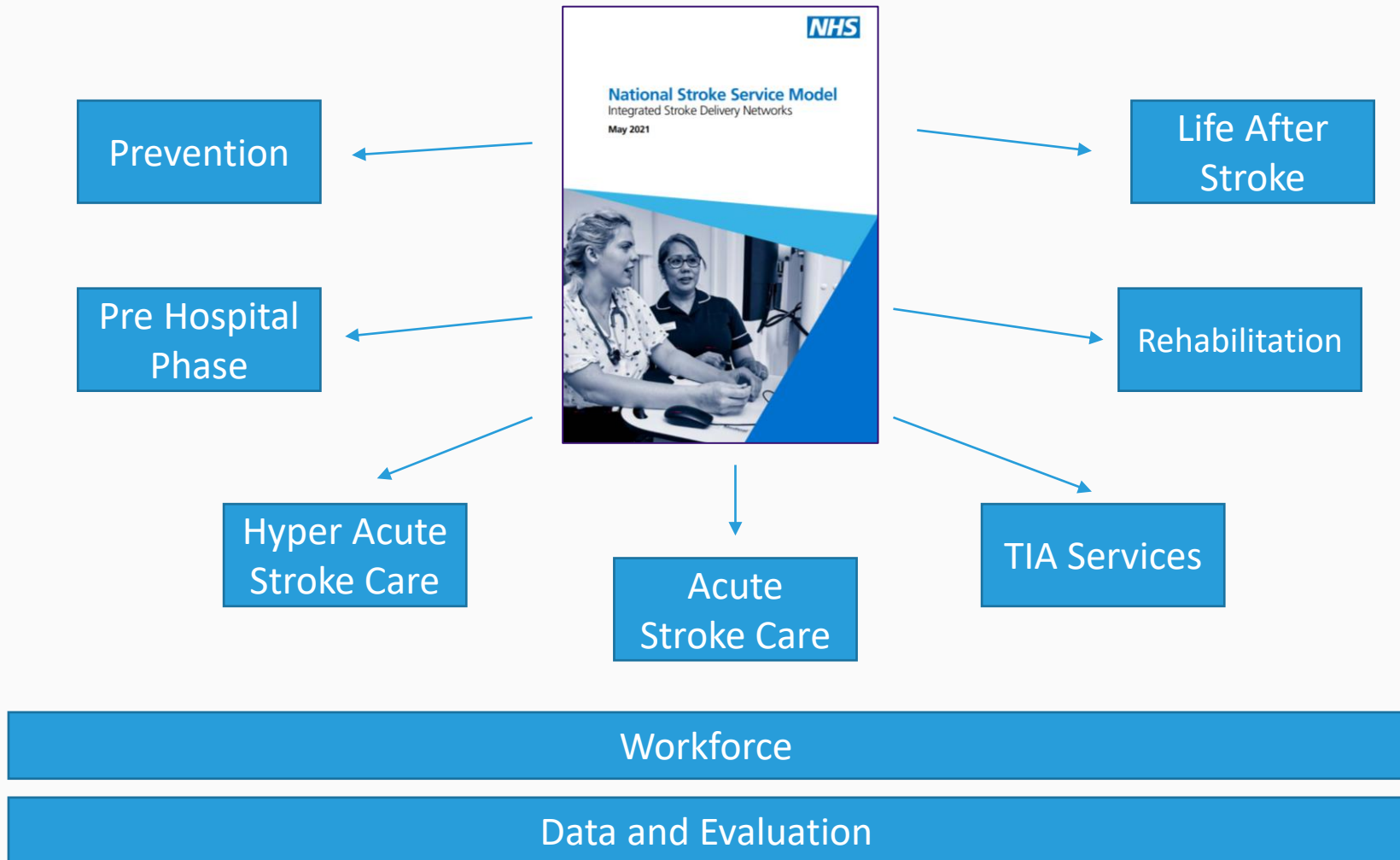






**Our vision** is for there to be fewer strokes, and for people affected by stroke to get the help they need to live the best life they can.

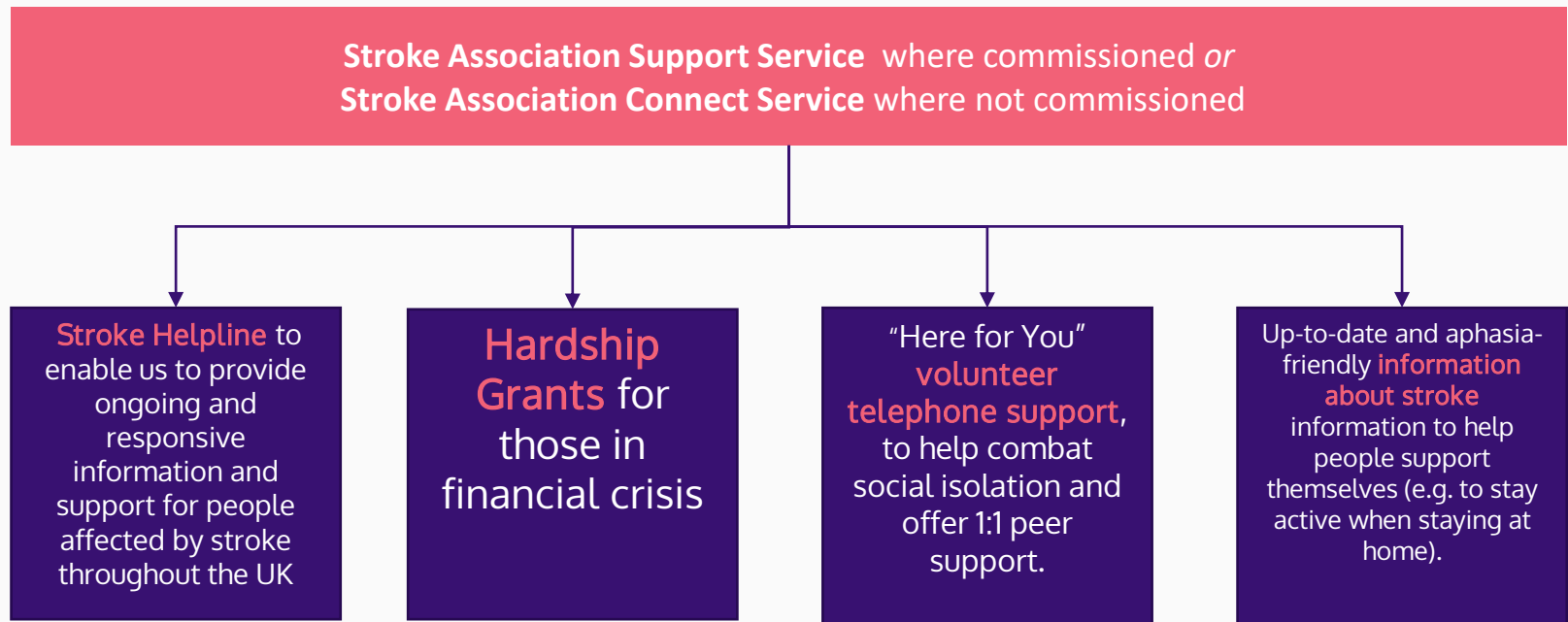
# National Stroke Service Model (NSSM)



# 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





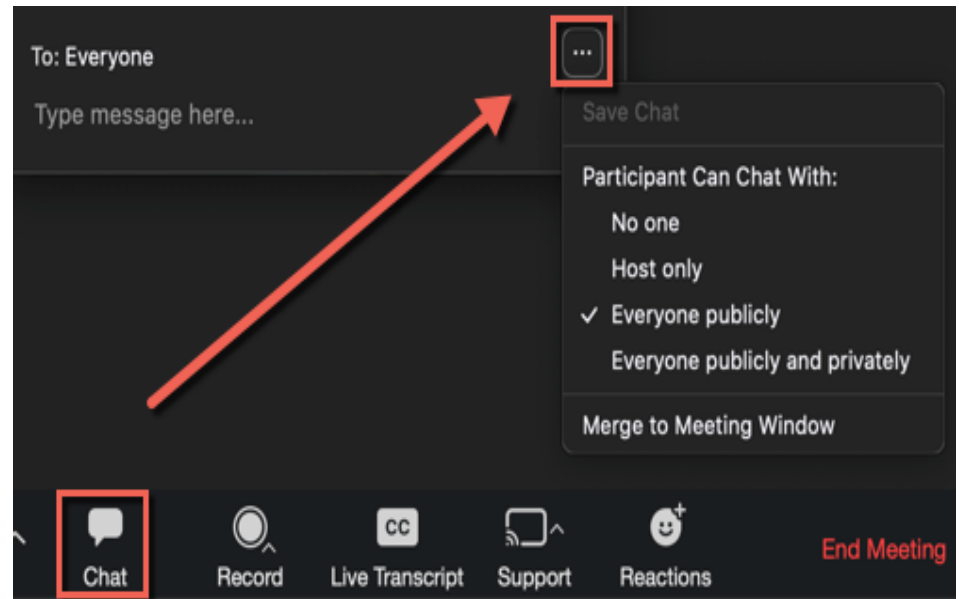
Rebuilding lives  
after stroke

[Samantha.jones@stroke.org.uk](mailto:Samantha.jones@stroke.org.uk)

# Questions & Answers



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



## Patient story

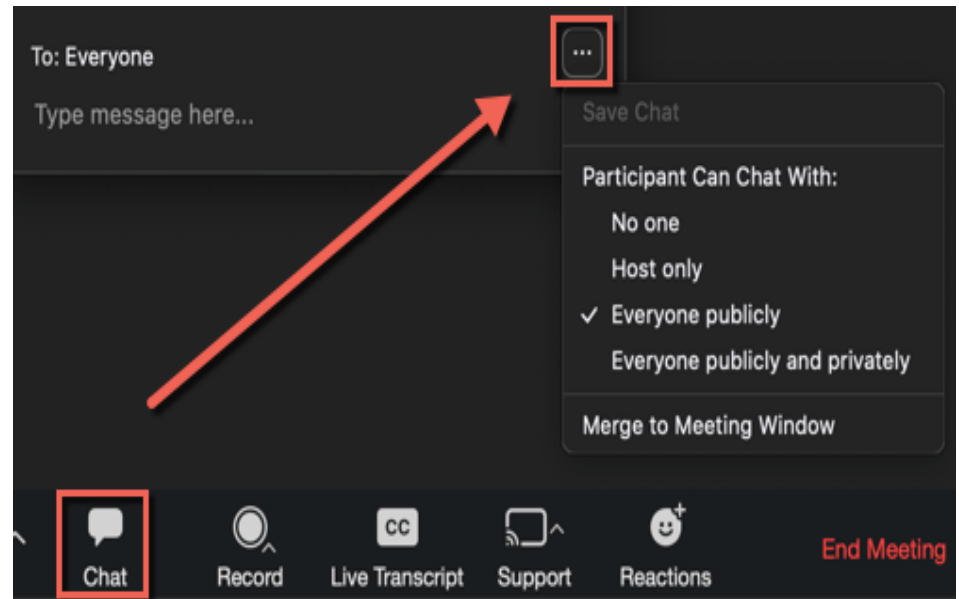


share  
**YOUR**  
story

# Final Question & Answer Session



- Have you any questions?
- Please 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](mailto: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.uk](http://www.northyorkshireeccg.nhs.uk)

# 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...**

**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](http://www.healthwatchnorthyorkshire.co.uk)

[admin@hwny.co.uk](mailto:admin@hwny.co.uk)

01423 788128



 [@HealthwatchNY](https://twitter.com/HealthwatchNY)

 [Healthwatch North Yorkshire](https://www.facebook.com/HealthwatchNorthYorkshire)

# Thank you for attending

