North Yorkshire and East Riding Clinical Commissioning Group
East Coast Stroke Services Engagement Event
Wednesday 17 November 21 17.30 – 19.30
Video Conference: Zoom

Chair: Ashley Green Chief Executive Officer, Healthwatch North Yorkshire

In Attendance:

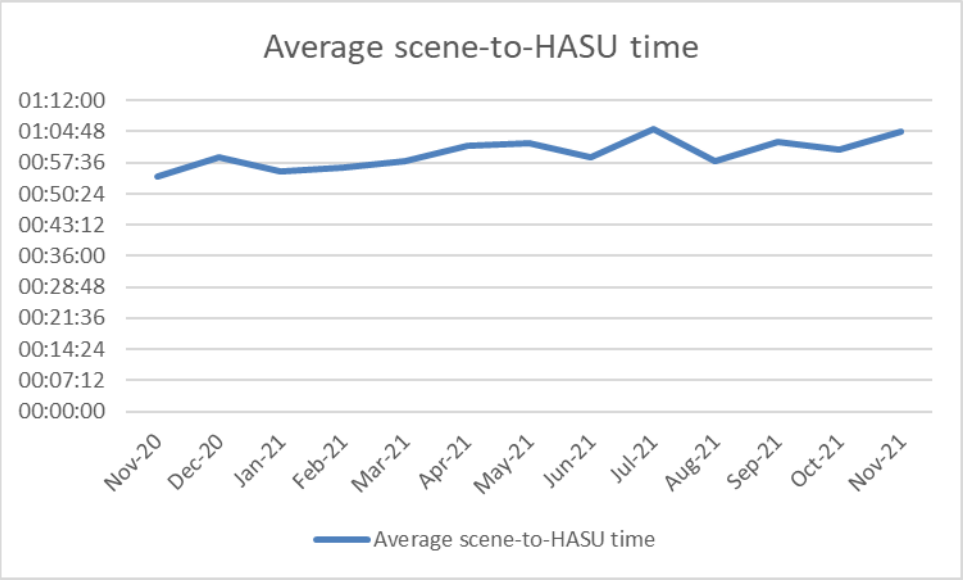
Dr Charles Parker – Chair of NYCCG
Dr Rayessa – Clinical Lead Integrated Stroke Delivery Network, Humber Coast & Vale
Dr Peter Billingsley – GP Clinical Lead for Hospital based care & vulnerable people NYCCG
Derek Hatley – Clinical Pathways Manager for North & East Yorkshire, Yorkshire Ambulance Service NHS Trust
Dr Paul Wilcoxson – Lead Stroke Clinician, York & Scarborough Teaching Hospitals NHS Foundation Trust
Stephen Smyth – Acting Director of Operations Medicine Healthcare Group, Hull University Teaching Hospital NHS Trust
Michael Keeling – Lead Stroke Nurse, York & Scarborough Teaching Hospitals NHS Foundation Trust
Louise Brown – Senior AHP Manager, York & Scarborough Teaching Hospitals NHS Trust
Natalie Seal – Advanced Physiotherapist, Community Stroke Rehab Team Ryedale & Scarborough
Samantha Jones – Associate Director NE & Yorkshire. Stroke Association North East and Yorkshire
Bridget Read – Engagement Manager, NYCCG
Alex Flowers – Communication & Engagement Officer NYCCG

	Attendance 36 members of the public registered to attend the event via Eventbrite – a total of 21 members attended virtually.	
	A presentation was delivered by Clinical experts on each stage of the stroke pathway, from recognising the signs and symptoms of a stroke and prevention, continuing the patient journey through to repatriation. The notes below reflect the full discussion at the meeting together with questions asked at the event and answered afterwards. As requested by some participants, the full contents of the "Chat" function that was used throughout the event is integrated in the notes to provide a single source of information. To maintain a true record of the event all comments and statements that were made by participants in the "Chat" function are also included.	

	The format of the event: ➢ **What we already know** – through patient feedback ➢ **Background** – national drivers and the local context ➢ **The patient journey in more detail** • 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 • Rehabilitation and the role of the Community Rehabilitation Team ➢ **The National Stroke Association** – "Life after stroke"	
1	**What we already know – patient feedback**	
	Question: How many of the Friends and Family Test (FFT) were from Scarborough? How many from York? ***Answer****: The data collected via FFT is not able to identify which patients live in the Scarborough area. The data relates to feedback on Scarborough Stroke Unit (13)/ White Cross Court (25) and Nelson Court (Ward 2) (37).* **Question:** Does your stroke survey use postcode to identify experiences of Scarborough patients from York patients? ***Answer****: Yes, the survey asks for the first part of your postcode, so we are able to identify separate areas.* **Question:** Does the questionnaire include patients with suspected stroke, later excluded and subsequently sent home? ***Answer:*** *The survey will be sent to a random selection of patients who presented at the Hyper Acute Stroke Units (HASU), within the last 18 months, this will include patients with a suspected stroke.*	
2	**Recognising the signs of stroke – prevention and good health**	
	Question: How does someone know if they have atrial fibrillation? ***Answer****: Atrial fibrillation may present with palpitations, patients could be short of breath, or they feel their pulse is irregular. Doctors use electronic equipment to identify this. Apple watches and Fitbit can identify this and prompt the individual to go and see their doctor and have it checked out.* **Question:** I don't see how people are more aware of blood pressure, cholesterol levels etc because of covid when chronic disease monitoring has been affected by reduced access to these services which are provided in general practice. ***Answer:*** *Across Humber Coast and Vale there are three clinical networks (Respiratory/ Cardiac and Stroke) all of which have a 'prevention' element to them. These preventative actions are similar/overlapping and they are starting to collaborate to maximise effectiveness. There is also the NHS Plan for Tobacco Control - which seeks to reduce smoking. Since COVID there has been access*	

	problems into primary care therefore more people monitor their own blood pressure, have FitBits which record heart monitoring etc. Use anticoagulant treatment earlier rather than later as preventative measure. Health checks have still been taking place with patients during COVID. **Question:** Is there a plan to eradicate strokes and remove all cardiovascular concerns, even genetic, people with no family history and no medical conditions (silent strokes with no pre-disposing factors.) ***Answer:*** *This is down to cardiovascular risk factors. We do have a programme of events where we try to identify who have familial hypocholesterolaemia. These people have genetic high cholesterol which is mostly due to cardiovascular disease and heart attacks. There are programmes that we run where we contact and trace these families to make sure we can reduce the risk. We know that strokes can run in families but lifestyle factors do contribute. We know that if we are better at identifying new atrial fibrillation, we will reduce the risk of strokes dramatically and if we can bring people's blood pressure down better and review them more frequently that will be great.* **Comments from participants with regards to this section on prevention:** • Let's pretend for a second that people are not moving quickly towards the lifestyle decisions they consciously make every day. • This is not what we came to discuss. • Yes, I think pretty much everyone in this room knows the risk factors for stroke. We need more time to discuss the reconfiguration of services • Patients can't get past receptionists to get a GP appointment.	
3	**Background – national drivers and local context**	
	Question: If there were concerns in May 2020 about the drip and ship model at Scarborough Hospital, why didn't the Trust improve pathway delivery, resilience and support senior medical workforce rather than centralising to York with consequent travelling delay? Surely time from stroke to needle would have been minimised if services had been strengthened at Scarborough Hospital rather than patients being transferred to distant hospitals? ***Answer:*** *The continued provision of specialist nursing staff in Scarborough Hospital has remained fragile since 2015. This came to a point of unsustainability in late 2019, and the decision was taken to move to a direct admission model in 2020. The direct admission model was the nationally recognised pathway and the one implemented in Northallerton, Harrogate, Airedale, South Yorkshire, and other centres across the UK.* *This meant that patients identified by ambulance personnel as having suffered a suspected stroke would be taken directly to their nearest Hyper Acute Stroke Unit (HASU) for immediate treatment rather than being admitted initially to Scarborough and then taken from there to York.* *There is a balance between any healthcare environment or the best service for patients. To provide the best care we need to get teams together and for them to use their skills regularly throughout every day. The transfer to a Hyper Acute Stroke Unit is everyone's best chance of reduce mortality and disability.* **Comment from participant:** The numbers of stroke patients in Scarborough is nearly 600. Your figures are only covering 2 postcodes.	

	It was confirmed that the data referred to does include all post codes for Scarborough. *National recommendations state that HASUs should see a 500 - 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.*	
4	**Yorkshire Ambulance NHS Services (YAS) – how we get you to hospital**	
	Question: Why do you believe the Northumberland service is applicable to Scarborough. The road network and Hyper Acute Stroke Unit (HASU) do not match the geography of Scarborough and its HASU? ***Answer**: Northumbria is an excellent example of similar changes that have worked well. The road from Berwick upon Tweed to Cramlington for example is single carriageway and takes 1hr 8 mins* **Question**: The period for 2020 to April 2021 covers the Covid lock down and vastly reduced traffic flows. What are travel times over the last 6 months to now? ***Answer**: There is no clear trend associated with increased traffic in or out of COVID lockdowns. The data table and chart are shown below.*	



Mean avg. stroke scene-to-HASU (Scarborough postcodes)	
Nov-20	00:54:31
Dec-20	00:58:43
Jan-21	00:55:30
Feb-21	00:56:36
Mar-21	00:57:58
Apr-21	01:01:39
May-21	01:02:13
Jun-21	00:58:52
Jul-21	01:05:30
Aug-21	00:57:51

Sep-21	01:02:29
Oct-21	01:00:44
Nov-21	01:04:41

Question: How long are ambulances tied up in longer road transfers and what has been done to increase more ambulances to allow for this?

Answer: *Yorkshire Ambulance Service respond to incidents according to clinical need and the presentation of the patients. Our priority is to respond to all emergency calls as quickly as possible. 999 calls are categorised according to the nature of a patient's illness or injury and those in a life-threatening condition, such as cardiac/respiratory arrest, are always prioritised.*

Our ambulances are dynamically deployed to where they are required and, as a regional service, we have the flexibility to move our resources at any time to ensure there is sufficient cover.

The response that we provide and at our disposal - including clinicians, specialists, and vehicles – are identified by our dispatchers in our emergency operations centre at the time of an incident and we respond accordingly.

This winter, we are aiming to have around 300 more operational frontline staff in place (across Yorkshire) before the festive period and are continuing with our longer-term plans to recruit and retain staff by expanding the career pathways available to them. We will also have an additional 28 ambulances in place for winter.

As with all hospital reconfigurations, statistical modelling was conducted before the stroke pathway changes were implemented in Scarborough to understand the potential impact on our resources, and local resource planning altered to take this into account.

Question: When the ambulance system is at its peak how does that affect the ambulance transfer times for people from Scarborough reaching York.
Answer: *The on-going pressures of COVID-19 and exceptional levels of demand, higher staff sickness levels and the wider pressures being felt across the whole of the NHS system, have all impacted on our services. All parts of the urgent and emergency care system remain under significant pressure, including primary care and hospital accident and emergency departments. This is contributing to higher demand for our services and increases in hospital handover delays across all parts of Yorkshire and Humber, reducing ambulance availability in local communities.*

We continuously monitor the impact of hospital handover delays on resources and responses in real time. Any problems are immediately escalated to system partners and NHS England who work to release our crews as quickly as possible.

All calls are clinically assessed and prioritised, and our resources deployed dynamically, to ensure our patients receive an appropriate response as quickly as possible.

Transfer times from scene to hospital are not affected by wider system pressures. Once an ambulance has arrived at a patient's side, the crew will work to quickly assess the person's condition and begin treatment. Patients with time-critical illnesses like acute strokes are transported to the nearest appropriate hospital using blue lights and sirens, and the hospital alerted by telephone in advance of the patient arriving. This means the hospital teams are ready to receive these patients as soon as they arrive and they do not wait in a queue.

Ambulance response time data is available on the NHS England website at https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/.

Question: How do you record the transfer times and where do you get the statistics from?
Answer: *Times are logged in the computer-aided dispatch system in the control room. This system automatically records the time and actions taken on every call and is linked to GPS data from each ambulance vehicle. Every vehicle movement is recorded and timestamped.*

This information is also automatically transferred into each YAS patient record. The stroke national audit programme collects its data from these ambulance record systems.

All our data is also recorded and reported to relevant regulators and NHS England in line with requirements for performance monitoring of NHS ambulance services.

Question: Are the 10/10/10 = 30mins minimum time included in the door to HASU statistics? or is that the time when the ambulance leaves the door?
Answer: *The 10/10/10 campaign was implemented as a training tool for ambulance crews, to minimise the amount of time paramedics spend on scene (at the location of the call) with time-critical patients. The gold-standard would be the crew spending less than 20 minutes on scene (so the third '10' would be delivered once en-route to hospital). We always try to minimise our on-scene times to reduce the overall call-to-door or call-to-needle times.*

Question: Ambulances are often tied up in queues at the A&E departments and so an ambulance has to be called from another area. What can be done about this?
***Answer*:** *Please see the previous answers. As described above, this is a national issue and unfortunately there is no quick fix. When hospitals are full and struggling to discharge patients, whose treatment has completed, this impacts on the ability of the emergency department to accept new patients from the ambulance service. This does result in ambulance crews waiting longer with each patient to hand over to hospital staff, and therefore reduces the number of ambulances available to respond in the community. YAS are using additional funding to urgently recruit more staff and procure more ambulances and working with partners across the health system to address the root causes of the handover delays, including through crews being able to refer appropriate patients to community services or urgent treatment services rather than transporting them to hospital. Handover delays are monitored closely by YAS and NHS England and we always work to release crews as quickly as possible to respond to patients waiting. As a regional service, we are able to redeploy and allocate our resources to where they are needed, and our emergency operations*

	centre dispatches the nearest suitable response at the time of an incident being received. **Question:** Can you confirm that the figures used are for Scarborough patients and not including York patients to the Hyper Acute Stroke Unit in your figures. ***Answer:*** *Yes- in the data shown above regarding travel times, this has been filtered to only show patients from Scarborough postcodes.*	
	Comments received from participants regarding ambulance and transfer times • Where are they getting transfer times from as certainly not their drivers as its almost impossible to reach York in the required time.(*See above*) • Ambulances tied up at Scarborough Hospital has been ongoing since at least 2015, where we are now is little different. • The change to the stroke service has happened before the improvements have been made to the ambulance service. This impacts coastal populations - in our case, especially YO15 and YO16. As a vision for the future the ambulance issues should perhaps have been addressed prior to removing the service from Scarborough • What happens to the response times when the ambulance service is running at critical? How does that affect the transfer time for patients travelling from Scarborough to York? *(See data above)* • Clearly never been stuck on A64 in summer. • YAS can you provide the data rather than guessing the travel times. *(See above)* • How many take longer than 40 minutes? *(See above)* • Many (possibly up to a half) of patients with suspected stroke turn out not to have stroke so taking all these patients to York is waste of resources.	
5	**Hospital – This is how we will treat you**	
	Hyper Acute Stroke Unit (HASU) **Question:** Why can't there be a HASU in Scarborough **Answer**: *National recommendations state that HASUs should see a 500 - 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.* *In 2015 Scarborough Hospital did have 3 consultants working full time and when they left the service, the Trust did try to recruit without success, there is 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*. *If we look at the data, in 2015 before the initial pathway changed the average time to get a CT scan in Scarborough Hospital was nearly three hours and the time to get to the stroke unit in Scarborough Hospital was 4 hours 14 minutes. The data now shows the time for a patient to get to a HASU is 154 minutes. This demonstrates even if the stroke unit is within the hospital there are lots of issues to get there and it does not take this time to get to York. The time a patient would see a stroke*	

	consultant in Scarborough was 16 hours and now a patient is seen in median times, 12 hours. The need to reflect on what the service was and how it has improved reduces mortality and disability. *The results from an audit of the former stroke unit at Scarborough was consistently rated as a 'D' or an 'E' whereas the HASU at York rates at either an 'A' or a strong 'B' with outcomes above the national average.* *With the new model we can demonstrate that patients are getting to HASU quicker.* **Comment**: Would Bridlington residents with stroke not do better if taken to an Acute Stroke Unit in Scarborough for scanning and thrombolysis, if indicated, which is approximately 19 miles rather than being transferred to Hull which is 37 miles? Scanning and thrombolysis was pioneered by Scarborough Consultants, I believe before this was introduced to York. Now these consultants have retired, why hasn't the Trust continued to support Scarborough's innovative service to the local coastal population (a significant number of people)? (*See above)*	
	Question: How is the clinical outcome of going on the 40–50-minute journey for patients travelling to York going to affect the outcome? ***Answer:*** *By the time investigations would have been carried out at Scarborough Hospital including tests and CT scanning it is still quicker for the patient to go directly to the Hyper Acute Stroke Unit at York Hospital.*	
	Question: Why can't patients be scanned in Scarborough Hospital and aspirin used as a therapy to reduce the number of transfers, once a CT scan diagnosis has been determined a beneficial treatment where a 1 hr patient transfer is required? ***Answer:*** *At the current point the patient will be directly bought to the HASU and if the patient's postcode is YO15,16 and 25 they will be conveyed to Hull and patients with the relevant postcodes will be transferred to York. The patient will have a CT scan and if deemed to be suitable will have clot busting treatment. We do not administer aspirin before we have scanned the patient. Patients will be scanned once they are in their nearest HASU and if the patient is not deemed suitable for clot busting treatment, they are then given aspirin. With the additional transfer time, the patient receives a CT scan more promptly by being taken to the HASU.*	
	Question: Why is it not possible to scan at Scarborough with remote expert clinician reporting. I have had a consultant previously involved in stroke care who would give aspirin to those patients who then need to be transferred. His opinion is that this would help with stroke outcomes given the travel times involved. Do you disagree with this consultant and if so the clinical evidence? ***Answer:*** *Aspirin is used for early recurrent stroke reduction not in treating the present stroke.*	
	Question: Why can't patients be thrombolysed in Scarborough Hospital? ***Answer:*** *Thrombolysis using drugs to dissolve clots is a very specialised treatment and needs a consultant to deliver. It was not possible to provide a 24 hour service at Scarborough Hospital and that was why the change was made to ensure that whatever time of day or day of the week the stroke happens every patient will have access to the best evidence based care.*	

	Question: We need to see the data regarding thrombolysis - The thrombolysis rate is poor nationally it is nearly 12% the best units give 28%. National target is 20%. Please provide it. ***Answer****: The NHS Long Term Plan contains an ambition for 20% of stroke patients to receive thrombolysis. This represents an almost doubling of the previous expectation for thrombolysis rates. It is important to note that the percentage of patients who might be eligible for thrombolysis in any given quarter will be variable and whilst this is an important ambition it may not be achievable at every centre, in every reporting period. Our ambition is to ensure that all eligible patients access this treatment rather than simply being driven by the percentages.* *For example, in the last fully reported year (April 20-March21) thrombolysis rates at York were 10.7% representing 88% of eligible patients, at Hull the rate was 11.9% representing 75% of eligible patients.* *At present we monitor delivery of thrombolysis using the SSNAP data (Sentinel Stroke National Audit Programme. This includes information on numbers and percentages of patients who receive thrombolysis, the numbers and percentages of patients who were eligible to receive thrombolysis according to the Royal College of Physicians criteria who received it, and the timeliness of delivery, i.e., what % received thrombolysis within 1 hour of arrival at the unit, reasons for thrombolysis not being provided and what percentage of patients received thrombolysis and were admitted to the stroke unit within 4 hours.* *The data for Humber Coast and Vale shows there is still variation between our units. There are multiple factors that impact on thrombolysis rates including: timelines of presentation, case mix and access to timely scanning to name a few. The SSNAP data records where patients were not able to access thrombolysis for the following reasons: haemorrhage, being outside the time window, age, comorbidity, patient refusal, wake up time unknown, medication, improving, too mild/severe or other reason.* *In recognition of this, the Integrated Stroke Delivery Networks (ISDN) will be conducting a deep dive into the data to identify any factors, at any of our providers, that might be impacting on the opportunity for our patients to access thrombolysis. We will then be in a position to work with our providers to put timely actions in place to increase access to this important treatment and to reduce variation across HCV.*	
	Question: Door to HASU is irrelevant – what is time from event to thrombolysis?. ***Answer****: From the onset of stroke symptom to emergency department time is dependent on a lot of factors ie patient recognising having a stroke, calling 999 etc. There is a regional variation difference in Hull and East Riding of Yorkshire and there are multiple variants. Hospital pathways need to be slick and treatment starts at CT scan stage.* **Question**: Is 30% of stroke patients not arriving within 4 hours an acceptable clinical outcome? This terrifies me as a local resident. **Answer:** *Nationally 51% of stroke patients are admitted onto a Stroke Unit within 4 hours, prior to the pathway change only 14% of East Coast residents would get to the Stroke Unit in under 4 hours. Currently 64% of East Coast residents have arrived on the Stroke Unit in under 4 hours. Going forward we would like to improve that percentage.*	

The following comments and statements below were posted in the chat during this section on the discussion

- The data is irrelevant we need to see the time from event i.e. the stroke to scanning and treatment.
- Time data is flawed. Total time from 999 call to HASU has not been reported
- I have seen no data on this call which includes the time from 999 call to HASU door, this is at the centre of concern so will someone address this now please?
- Agree our question of time from stroke to treatment has not been provided. We also just have median times; there must be a significant spread of time to treatment
- How can door to needle time be accomplished in the time stated when the journey from Scarborough to York takes at least 50 minutes? The A64 is often blocked due to accidents especially on non-dual carriageway sections and as at present there often road works meaning detours add extra time getting to York
- Door to needle figures do not represent me lying in the back of an ambulance on my way to a HASU 40 miles away! This is not acceptable to me. I want the reassurance of nearby access. Coastal towns deserve this.
- That 5% reduction applies to urban areas where clearly it makes sense to centralise service in one unit to provide acute interventions such as thrombolysis and thrombectomy. This is clearly irrelevant to Scarborough
- The data are at variance to those previously provided showing a thrombolysis rate of 8%
- You have not provided any data to support this assertion!!
- When we talk door to needle times are we talking patient door to needle or hospital door to needle?
- The only data we have been provided with is hospital door to needle
- They could have the scan at Scarborough and then given Aspirin
- A scan would be useful in Scarborough to help improve clinical outcomes for more patients
- Re using first part of postcodes. this does not work with YO13 as it covers the west of Scarborough and will distort this patients from North Scarborough. You need to have more of the code to get true travel times for North Scarborough.
- This feels like a lottery and not fair or equitable access to health services

Question: Do we have figures for the numbers and percentage of stroke patients who were thrombolysed in Scarborough Hospital and who then required transfer for thrombectomy prior to May 2020?
Answer*: This data is not available.*

Comment: in Simon Cox's presentation (to North Yorkshire County Council Scrutiny of Health committee titled "Hyper acute stroke services at York Hospital' which was circulated to Patient Partners following the North Yorkshire CCG AGM, the statistics for patient transfer quoted were gathered during May 2020, when there was virtually no traffic on the roads. Are there plans to repeat these statistics under more accurate conditions?
Answer: *There are no plans to repeat this exercise. There is no clear trend associated with increased traffic in or out of COVID lockdowns.*

	Thombectomy **Question**: There is no thrombectomy service in Scarborough and York., I understand that Scarborough patients requiring thrombectomy are transferred to Leeds. ***Answer****: Suspected stroke patients from Scarborough area go to York or Hull. They need to have an angiogram and this can be carried out at both York and Hull. If the patient requires a thrombectomy, they will then be conveyed to Hull, there is no thrombectomy service in York. Thrombectomy is only available in tertiary centres.* *Last year (2020) 17 patients from York and Scarborough had their thrombectomy carried out at Hull Hospital. Hull take patients from across the region including Scarborough, York, Grimsby and Scunthorpe.* **Question:**. In your opinion, what aspects of your services do you think you can improve on further? ***Answer:*** *It is a national ambition to expand access to thrombectomy services to 24/7. This is a specialist service provided at tertiary centres. Humber Coast and Vale Stroke Network is working in collaboration with neighbouring stroke services in this regard. Locally - we are establishing a sub group of the stroke network to promote/ support access to these services.* **Comments made by participants referring to thrombectomy:** • Patients should be assessed for thrombectomy ASAP. • This can be done in any hospital with a scanner ie: Scarborough	
	Presentation by Natalie Seals – Community Stroke Rehabilitation Team **Question:** What is the current waiting time for first assessment? How does this compare with waiting times for York patients. Do York patient have good access to speech therapy? ***Answer:*** *When patients are referred, they are all triaged - high, medium or low based on their clinical needs. Patients categorised as high, the waiting time is approximately one week, medium waiting times 3 – 6 weeks and low priority 6 weeks plus. The majority of referrals are triaged as medium. Waiting times do fluctuate based on demand.* *Waiting time for York Community Stroke Team is approximately 2 weeks although waiting times can fluctuate due to demand.*	
	Question: How many staff in the community stroke team? ***Answer***: *The community stroke team in Scarborough comprise of 0.8 WTE Physiotherapist. 0.6 WTE Physiotherapist, 0.8 WTE Occupational Therapist and 0.4 WTE Occupational Therapist Clinical Therapy Assistant 2 WTE's, stroke nurse 3.5 hours. The stroke team is fully staffed but agree further investment required to fully meet the demand. Work is being undertaken to review all community stroke services to improve equity across the Humber Coast and Vale and nationally. We have an additional 0.6 WTE Physiotherapist starting in December and recruiting additional 0.8 WTE Occupational Therapist, so we are making improvements but some way to go.* **Statement from participant:** I'm glad to hear that the staffing has improved from June-July when I understand that it consisted of 1 full-time Physio and 2 part-time	

	OTs and can appreciate the difficulties that staffing issues cause but you cover a large area with time required for travel between patients. However your current staffing does not seem adequate for the area covered. It would be interesting to know what is the whole time equivalent (WTE) for your staffing levels and if there is a problem with recruitment and retention within the service. (*See answer above*)	
	Care Packages **Question:** Is there any problems getting packages of care in your area? When I did my student placement in Devon there was a problem trying to get carers for patients due to a shortage of carers ***Answer:*** *Yes, access to care packages is a struggle and has an impact on hospital discharge and discharge from care homes.* *This is a real problem; the domestic and residential care sector is really struggling to recruit. The stress of COVID and the difficulties of overseas recruitment have both had a real impact.* **Comment raised by participant regarding Care Packages:** Many patients can't get Care packages as there aren't enough carers and are having to wait months for help and are therefore very isolated	
	Question: Do you ever treat patients with virtual reality? e.g. Nintendo Wii ***Answer:*** *At the moment we have limited technology, but this is a big area we want to push forwards on and keen to try lots of rehab technology.*	
	Statement from participant: Natalie says 6 weeks waiting I've been waiting 13 months and still nothing. I only found out a couple of weeks ago that the customer contact centre had no records of my stroke ***Answer****: The above issue has been looked in to and is being addressed.*	
	Comments and statements made by participants regarding workforce at both Scarborough and York Hospitals **Comment**: Mr Willcoxson stated that 3 consultants left Scarborough stroke unit. Is he not aware that they say they didn't leave they were actually forced out as they refused to move their positions to York and the recruitment of new consultants refused the terms offered to them by York so that's why Scarborough had no cover. **Comment**; One consultant moved abroad and the other 2 retired. **Comment**: Scarborough Hospital had an excellent rehabilitation service for Stroke patients. Now they have to rely on the overstretched community stroke service which is causing great distress to patients who are having to wait **Comment:** Scarborough Hospital had all facilities in place apart from Thrombectomy until Dr Paterson retired and we had an excellent Stroke Unit. It was expected that we would have that in place by 2015. When York took over that went out the window. It takes at least 50 minutes, more in summer to travel along the A64 whereas time recommended to reach the HASU is 30 minutes. The number of stroke patients is also increased during the holiday season. York is only 30 minutes away from the Leeds HASU so why can't they go to Leeds and Scarborough be given a HASU to cover the Coastal areas from Whitby down to Bridlington and inland to Malton?	

	Comment I have been admitted to York 4 times since May not due to my stroke Obviously, I have spoken to many staff at York. They can barely cope with York patients let alone Scarborough and other areas. It's ok talking to pen pushers but try talking to staff and patients. By staff I mean overworked nurses working stupid hours not managers. **Comment:** If the service model is so positive for Scarborough patients why does the CCG make it so difficult to see the data. The last publicly available data (2018) from the stroke national data showed Scarborough outcomes/deaths rising against the national trend and the worst in England. Present your data as soon as it is available. Do not obstruct access. Work with those who live on the East Coast to understand what is happening. The CCG is making the situation worse in how it responds. **Comment:** Have you asked the staff on the Scarborough Stroke Unit at Scarborough when they had a HASU what the timescales were? Knowing people that had strokes at that time I would disagree with the times given to see a consultant and treatment being given. I think Sir Alan Ackborne would agree with me. **Comment:** The new A&E dept being built at Scarborough will have its own CT scanner. Access to a CT should not be a problem soon.	
	Comments received in the Chat with regards to the format of the event • Would the chair intervene to make this 2-way and address the many chat questions please? • I want to know as a resident how my clinical outcomes will be with this lottery service? • We are leaving the meeting now. As a participant this is quite disjointed in the ability to ask and feel the question is fully answered. I would like the current SSNAP data, including the postcode distribution it relates to and to hear more about the patient experience. Thank you *National data is available via link:* https://www.strokeaudit.org/PatientInfo.aspx • Not enough time has been given to enable participants questions to be answered and answers challenged. Not sure Pater Billingsley's session is relevant to our concerns. • Agree!! • I agree, I still have questions from the previous section! This is a conversation between pct and the trust	
	Final points made in the Chat function by participants "Whilst thanking the event organisers I'm sure many will share my disappointment that, with just 5 minutes remaining, the many points, questions and concerns raised on the Chat stream have not been addressed. For me, Stroke treatment remains to be primarily around lack of investment in coastal health care as demanded in Prof Whitty's report. The case for equality of access has not been addressed on the call nor sadly has the voice of the community been heard. I would encourage a fairer debate."	

	"Thank you, a lot of things are clearer now. It is clear that we are not being victimised on the East Coast, we are getting the best treatment possible, especially with very limited resources." "Thanks for the presentation. As a student, I've learnt a little more about the pathway for people after suffering from a stroke"	