Questions about STROKE SERVICE proposals

What are the negative aspects of stroke options?

We do not expect anything other than positive clinical benefits from the stroke options. We expect patients to be admitted to be assessed, diagnosed and receive thrombolysis sooner (where eligible), to be admitted to a specialist stroke ward earlier and to receive timely care from a specialist stroke doctor and nurse.

These benefits will be for patients across South Tyneside and Sunderland but will be a particular improvement for South Tyneside patients. Stroke options 2 and 3 do present some challenges as we would still have to recruit an additional stroke consultant to staff stroke services on two hospital sites.

We would also be unable to make improvements to rehabilitation care which could speed up discharge and improve recovery, without additional investment in therapy services.

We recognise that the additional travel for carers and visitors of patients from South Tyneside may be viewed as a negative aspect of the stroke options.

We are keen to work with local authority to understand if and how such journeys can be improved.

Are we putting money into Sunderland to increase capacity on stroke unit?

All of South Tyneside and Sunderland stroke services are currently provided from a single specialist stroke unit at Sunderland Royal Hospital. This arrangement has been in place since South Tyneside stroke services were temporarily relocated to Sunderland in December 2016. The 39 stroke beds at Sunderland are sufficient to accommodate all stroke patients from across both areas.

Some staff have transferred from South Tyneside to support this change.

Furthermore, we have increased Stroke Nurse Practitioner support at Sunderland Royal to manage the capacity and patient flow. We are continuing to monitor the effectiveness of these arrangements and we are seeing improvements and progress in meeting national clinical standards.

Time is of the essence, how will this be impacted – why take patients all the way to Sunderland?

While time is important in the case of stroke care it is just as important that patients receive the right quality of care with access to the right tests and specialist staff when they reach hospital.

Stroke patients need to be promptly scanned and assessed, to be diagnosed and to receive the right treatment. They need to be admitted to a specialist stroke ward with timely specialist stroke nurse and doctor care, and to receive the right level of therapy support. For stroke patients who are eligible for thrombolysis (clot-busting drugs), it is important that they receive this within 4.5 hours.

The additional travel to Sunderland will therefore not affect this, however quicker specialist stroke assessment and tests should mean more patients receive such drugs sooner.

It is therefore clinically appropriate for patients to bypass a hospital without specialist stroke services in order to get to a hospital with specialist stroke facilities. This already happens in the case of other specialist services such as heart attacks and head injuries. There is also evidence from other parts of the country such as London that consolidating stroke care on fewer sites has saved lives and reduced the amount of time patients spend in hospital. More information on this is included in this blog by National Stroke Association Chief Executive Juliet Bouvier.
https://www.england.nhs.uk/blog/major-changes-in-stroke-care-can-save-lives/

Why not move the acute stroke unit to South Tyneside?

A range of potential options for future stroke service provision were considered, including provision at South Tyneside. This was not possible for a number of reasons including limited available space for beds and diagnostic test capacity together with the existence of other interdependent specialist services at Sunderland Royal Hospital such as vascular surgery.

Furthermore, such an option would require capital funding to build the space to accommodate a unit large enough for all South Tyneside and Sunderland patients.

This would have taken some time. The stroke service would remain significantly vulnerable during this time and both South Tyneside and Sunderland patients would continue to not receive the best stroke care and have worse outcomes.

Where will the local community teams be based?

There are no proposed changes to community stroke services. Stroke patients will continue to receive community stroke care after their discharge from hospital in their local areas in the same way that they do currently.

Is there enough capacity at Sunderland Royal to care and treat all patients?

Stroke services for South Tyneside and Sunderland patients are already being provided at Sunderland Royal Hospital as part of the temporary service arrangements.

While we constantly monitoring service capacity across all our services, we anticipate that the 39-beds at Sunderland will be sufficient to accommodate the estimated annual number of strokes. These beds will be used exclusively for stroke patients as previously they also included other medical patients.

On the consultation document page 48 and 49 – How will option 1 deliver the savings?

The savings are delivered through not having to staff services on two different sites. Less medical staff will be needed which will mean money is saved on temporary (locum) doctors at all levels together with additional on-call sessions that are currently undertaken by existing doctors. Less nursing staff will also be needed as only one stroke ward is required. Less therapy staff will also be needed. The savings do not represent job losses; they remove the need to use temporary staff to cover existing vacancies.

We are not sure about the emphasis on the further use clot busting drugs, they aren't always the best way to go, as it could be a bleed.

You are correct in that the proportion of patients who actually are having a stroke that would benefit from clot busting medication is relatively small.

This is why the SSNAP audit looks at 10 domains of care and what we know is that all patients benefit from early specialist input, early transfer to an acute stroke unit and spending the majority of time on a specialist stroke unit.

The focus of the changes is not only on access to clot busting medication. The whole purpose of needing an early CT scan is to pick up patients who have had a "bleed" so that they get the appropriate treatment.

We have seen a significant improvement for South Tyneside patients already in relation to having a CT scan, approaching almost 100% within 12 hours of admission.

What would be the improvement be on the D rated status?

Prior to the temporary change to stroke services, the services at South Tyneside District Hospital when assessed in the Sentinel Stroke National Audit Programme (SSNAP) scored:

- E in scanning, stroke unit, thrombolysis, specialist assessment, occupational therapy and multi-disciplinary team
- D in speech and language therapy and discharge standards
- B in physiotherapy
- A in discharge processes

The preferred clinical option (option 1) to provide all stroke services at Sunderland Royal Hospital should improve the rating for all of these domains.

Results from SSNAP in the temporary stroke service change has shown an improvement for South Tyneside patients in 7 of the 10 domains.

Overall for both Sunderland and South Tyneside patients there has been an improvement in the scores for 5 out of the 10 domains.

Indeed the overall rating is only 1 mark off from being a C rating, which is a significant improvement in the space of 4 months and the expectation is that with the publication of the April 2017 to July 2017 SSNAP data the rating will be at least a C demonstrating that we are on the expected trajectory to achieve an A-rated service for both South Tyneside and Sunderland residents.

What is the clinical preference on the options?

Clinical stroke teams are fully supportive of option 1, the preferred clinical option.

This is due to the ability of option 1 to deliver the greatest clinical improvements across all stages of hospital stroke care. Only option1 will deliver enhanced therapy input which will enable patients to regain as much mobility and independence as possible, without additional investment. It is also the option that best addresses current workforce challenges as no new staff will be needed if services are not provided on two sites.

However it is important to note that the clinical commissioning groups will need to weight up all the evidence and public feedback on all the options when making a final decision.

In terms of attracting work force model does that mean you will be holding on to the temporary staff instead of moving from South Tyneside?

We are hopeful that as many of our hard-working and committed members of staff will want to be part of the new service arrangements, once a new way of working has been agreed. We are working closely with our staff side representatives in both trusts throughout the formal consultation period and once any decisions are made by the CCGs about how services will be arranged in future, we will of course work closely with the teams involved to discuss the potential impact on staff and begin any formal HR consultation around changes to working as necessary.

With Sunderland's emergency department recently being built, was this change taking to account when it was being built?

The new Emergency Department has been planned for a number of years and therefore could not possibly predict all future proposed service changes. That said, an assessment of how the stroke service proposals will impact on the new ED has been undertaken and both commissioners and hospital staff are satisfied that future

patients can be comfortably accommodated. It is anticipated that no more than 1-2 additional stroke patients being taken to Sunderland Royal Hospital each day. A specialist stroke nurse practitioner will work into the Emergency Department as an extra resource for the ED team to assist with prompt assessment and diagnosis.

How does having rehabilitation in STH cost so much?

The additional costs in stroke options 1 and 2 are not all for additional therapy staff, however the clinical improvements in therapy care cannot be made without more investment in more staff. The costs in options 2 and 3 also include the money that already has to be found – over and above the allocated budget – to pay for temporary doctors to keep two stroke services running.

Why move from one underachieving hospital to another?

Prior to the temporary change to stroke services in December, 2016, there were strengths and weaknesses of both stroke services, as identified by the Sentinel Stroke National Audit Programme (SSNAP) which assesses overall service quality, safety and performance.

Prior to the temporary stroke change, South Tyneside District Hospital stroke services were consistently scored E or D (the lowest scores) and Sunderland Royal Hospital Stroke Services consistently scored D.

By creating a single specialist stroke team, we can make clinical time, assessment and treatment more readily available which will result in a higher quality service that will benefit patients across both geographical areas.

We know that since the temporary service change, stroke services are close to achieving a C rating and are therefore delivering an improved quality of service to both South Tyneside and Sunderland patients.

When stroke unit closed at South Tyneside (ST) how many extra beds for strokes were opened at Sunderland Royal Hospital (SRH) and how do SRH and ST stroke figures pg 41 compare to Queen Elizabeth Hospital Gateshead and Newcastle's Royal Victoria Infirmary?

Sunderland Royal Hospital already had a 39-bedded stroke ward and analysis of annual stroke numbers and patient's length of stay in hospital showed that it was rarely full with stroke patients and was often used for other medical patients. The analysis demonstrated that the bed numbers would be sufficient to accommodate stroke patients from across South Tyneside and Sunderland.

No extra stroke beds have therefore been opened, however, additional funding has been factored into the planning to enable additional beds to be opened for any non-stroke medical patients who may previously have been cared for on the stroke ward.

In 2014/15 the Northern England Cardiovascular Network confirmed the number of strokes for local hospitals as follows:

- Queen Elizabeth Hospital, Gateshead: 355
- Royal Victoria Infirmary, Newcastle: 514
- South Tyneside District Hospital: 241
- Sunderland Royal Hospital: 522

Will stroke patients from Hebburn go to Newcastle as it is closer than SRH?

We expect the majority of patients from South Tyneside to go to Sunderland Royal Hospital Stroke Unit. There may be a small number of patients on the very edges of the borough that may go to the Royal Victoria Infirmary (RVI), Newcastle. This would be based on the closet and quickest stroke unit to get to by ambulance. The paramedics would base this decision on which unit may be quicker to get to at the time of the ambulance call-out (we anticipate very small numbers from the borough).

You identified a reduction in outcomes 2-3 years ago – why was something not done then?

Every effort has been made to recruit to the vacant medical posts at South Tyneside in order to sustain the stroke service there and improve quality over the last few years. This has proved unsuccessful hence stroke services were included in the Path to Excellence programme of clinical service reviews that was announced in 2016. Since then, our clinical design teams have been working at pace to develop the best possible service arrangements to be considered as part of this consultation.

What improvement would you expect a patient after 7 days of acute care in Sunderland that would not happen at South Tyneside Hospital?

If patients return to South Tyneside for their rehabilitation care – as is proposed in options 2 and 3 – we would not be able to offer the same level of rehabilitation care as we would if the full stroke service was provided from Sunderland. This is because we would need to have two teams of therapists to service two stroke wards and this would not be possible without additional investment. This means that patients may not regain as much of their independence as they would with more physiotherapy, occupational therapy or speech and language therapy.

If you have had a stroke are you able to make a choice of where to go?

The ambulance service will take any patient with a suspected stroke to the nearest hospital with a specialist stroke unit.

Have you deliberately run stroke services down in South Tyneside?

No, every attempt has been made to recruit to the vacant medical posts at South Tyneside in order to sustain the service there and the ambulance service continued to take all local suspected stroke patients to South Tyneside District Hospital prior to the temporary stroke service change.

We are often told that stroke unit (Sunderland) can cope with the workload but we never see or are told any evidence in way of figures to back this up.

Stroke services for South Tyneside and Sunderland patients are already being provided at Sunderland Royal Hospital as part of the temporary service arrangements. While we constantly monitor service capacity across all our services, we anticipate that the 39-beds at Sunderland will be sufficient to accommodate the estimated annual number of strokes. The consolidation of services means that specialist staffing levels are more consistent and patients should receive a better quality service.

We are often told that stroke unit in South Tyneside cannot cope with the workload but we never see or are told any evidence in way of figures to back this up.

Before the temporary move there was only one part-time stroke consultant at South Tyneside District Hospital which therefore does not provide enough physical cover in terms of time on the unit to achieve all of the relevant quality indicators as set out by national guidance and high quality stroke units services. Read more about The SSNAP clinical audit which measures the processes of care provided to stroke patients. The results are disseminated each reporting period at https://www.strokeaudit.org/results.

Gateshead has closed their stroke unit. South Shields closed stroke ward in November 2016. Is money the primary focus?

Gateshead Queen Elizabeth Hospital has not closed its stroke ward, Gateshead stroke patients receive their hyper acute care in Newcastle and are transferred back to the QE after 72 hours.

Option 1 Sunderland saves £510k. Options 2 and 3 cost £431k. This is not just about cost saving but stroke option 1 is our preferred clinical option as we believe that it delivers the best possible clinical outcomes while also saving money.

Clinical quality and service sustainability are the main reasons why we have prioritised stroke, maternity and paediatric services for change.

We have some serious issues with the availability of key specialist staff and despite our very best recruitment efforts we have struggled to attract consultants and part of this is due to the way our services are currently configured. There are however some

clear efficiencies to be made if we improve the quality of our services - reducing our spend on expensive temporary locum doctors would be just one very clear example of this.

Why were they only an E rating? They now have increasing demands from South Tyneside stroke patients so have they have capacity to deal with this?

Stroke services for South Tyneside and Sunderland patients are already being provided at Sunderland Royal Hospital as part of the temporary service arrangements. While we constantly monitoring service capacity across all our services, we anticipate that the 39-beds at Sunderland will be sufficient to accommodate the estimated annual number of strokes. The consolidation of services means that specialist staffing levels are more consistent and patients should receive a better quality service. We know from the latest results of the Sentinel Stroke Audit Programme that since we temporarily relocated all stroke services at Sunderland Royal Hospital that services are close to scoring a C rating. This is benefiting both South Tyneside and Sunderland patients.

Why can't we use video links for stroke care?

The use of video-links as part of stroke care – often known as telemedicine – works well in some hospitals, but often where travelling distances are a significant barrier or as a contingency arrangement if patients present at a site without specialist stroke care.

The use of technology would only partially address the challenges we face across South Tyneside and Sunderland as medical staff would still be required to staff two stroke services and we would still be unable to make the required improvements to stroke therapy services. Indeed in 2012 to deliver better stroke care Gateshead, South Tyneside and Sunderland all used their Consultants to provide the best possible stroke care via telemedicine. At the time this was a very innovative model of stroke care. However, due to recruitment issues at both Gateshead and South Tyneside this model of care was not able to deliver the expected stroke care standards.