

The Path to Excellence focused event on stroke healthcare services on Tuesday 18<sup>th</sup> July and was attended by 16 people and there were 3 tables in the room for facilitated discussions.

If a comment is said with a positive sentiment a + has been used and if it is said with concern or negativity a – sign was used, for a neutral comment a = sign was used.

If you have any concerns or feel anything was missed from your table please contact us via email at: [nhs.excellence@nhs.net](mailto:nhs.excellence@nhs.net) and we will investigate this further for you.

## Questions from the room

### Service

- How are families kept informed around treatment of stroke patients on wards? Do family meetings still happen?
- What will be the position for people having TIA's
- Does a patient have to see a specialist before receiving thrombolysis?
- Would the size of the stroke ward need to increase?
- Do stroke patients go straight to the stroke ward?
- It's not only older patients that have strokes – how will the treatment and rehabilitation be arranged for younger patients?
- What different services will be on offer for younger stroke survivors?
- What is the average stay in hospital for a stroke patient?

### Rehabilitation/transfer home

- Will Sunderland patients stay in Sunderland for all of their stroke treatment and aftercare? At launch, it was stated that they would.
- What facilities are there for people who need extra support and care – no family etc.? There are worries about travel impact.
- Cost of care when you're returned home. Some people can't afford to pay for this.
- How can the relevant discharge services and care plans be coordinated? Sunderland had locality integrated teams, does South Tyneside have the same?
- What are the boundaries of SRH?

### Model

- Is it the first hour? Or the golden hour? Can we have clarity? Maybe in transport impact.
- If there was more funding would we have more specialist centres e.g. one in Sunderland and one in South Tyneside?
- Why is option 2 and 3 costing more, and option 1 saving?
- When was the temporary move started as a trial? People on Newcastle Road hearing more ambulances – why? It may coincide with the move (pg. 44).
- For option 2 and 3 where is the additional investment coming from?
- Option 1 – where will the savings be invested?
- Why is no change not an option? Can temporary option be reversed?
- Is option 1 sustainable?
- If these services come to Sunderland are there any services that will be lost to Sunderland?

- Why travel to another hospital for treatment/ scans which were available at my local hospital?
- Pg. 42 states that Sunderland has 569 admissions. Please clarify as I thought previous figure said Sunderland had 450+ and South Tyneside 250+ taking total to over 600.
- Multiple TIA's but no treatment – what treatment pathway is there?
- What about patients who have had a stroke but have not attended hospital?
- What about people who are not hospitalised?
- If agreement cannot be reached will the decision rest with Jeremy Hunt? Could this mean that specialised services could go out of the immediate area?
- How are you evaluating the model you are now trying out?

### **Workforce**

- How are the clinicians going to be attracted to the area?
- Why can't people be recruited?
- Is the shortage of staff due to lack of money?
- Medical school – can new doctors be expected and encouraged to stay in the area? Part of a contract around their training?
- Are hospital services cheaper on a weekend than mid-week?
- If there are additional patients, where are the extra staff coming from for delivery of services and to keep quality high?
- If choosing option 2 or 3 would there be enough staff at STH to provide rehabilitation?
- How many consultants do SRH Stroke department have?
- If you do not get further medics, is it safe practice for one consultant (24 hours a day or 7 days per week)? How many consultants are there?
- How many stroke nurses have transferred over to Sunderland?
- Why does it cost so much more per hour to employ a locum than a permanent member of staff? Are staffing agencies being paid extra money for providing locum staff compared with the expense incurred by manual workers?

### **NEAS**

- How can people in South Tyneside be reassured that procedures will be in place so that they can get the earliest possible hyper-acute care – i.e. that NEAS will be able to guarantee adequate coverage?
- Are you proposing to have scanners in ambulances?
- Can we have figures for the time it takes to get there from patients – NEAS?
- When you dial 999 there are so many questions. Does this delay the response times? This needs to be challenged.

### **Buses**

- Are you proposing to put on buses and talk to the bus company?
- Pg. 94. Transport – 6 minutes. Is this a misprint?

Date	18 <sup>th</sup> July 2017
Venue	Sunderland International Bangladeshi Centre, Sunderland
Event	Focused event on stroke services
Time	6 – 8pm
No. of people on table	6
People	Patients and public
Facilitator	Jo F
Scribe	Gavin M
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

### Thoughts on what we have heard so far?

- Aspire for additional support post hospital discharge/diagnosis. Aspire for communications to patients on what is available.
- 'Evil's' of Jeremy Hunt – creep towards privatisation.
- + Understand the need for centralised/specialised care delivered by experts.
- Is shortage of staff due to lack of funding?

### Table discussion on stroke services

#### Option 1, Option 2 and Option 3 – stroke services

What are your initial thoughts on option 1, option 2 and option 3?

- + It feels like the right option.
- = Transferring patients back and forth after 3 or 5 days would be bad treatment.
- = Challenge: Would you not prefer South Tyneside patient to be transferred back more local to home?
- = Challenge: Why not locate services at South Tyneside?

What are the positive aspects of this option?

- + It is vital that the best service is crucial.
- + Specialised care is crucial and overrides travel issues as it impacts on recovery.
- + Supported by Stroke Association for a specialised centre.

What are the negative aspects of the option?

- Funding crisis is causing this.
- Travel to Sunderland Unit for family.
- View that transport review is not good enough yet. Some facts/figures in documents are incorrect regarding travel time.
- Concerns on lack of Ambulance Service involvement.
- Suspected stroke: taken to STFT and get a scan, then transfer to CHS for thrombolysis. This stroke support makes little sense – should just transfer to CHS.
- What happens if it's a suspected stroke and taken to CHS and it's not a stroke – puts bed pressure on CHS.

What could be improved?

- Need more people to be trained to deliver a local service – it's money driven.
- = We need to consider mental health impact for patients too.

Date	18 <sup>th</sup> July 2017
Venue	Sunderland International Bangladeshi Centre, Sunderland
Event	Focused event on stroke services
Time	6 – 8pm
No. of people on table	5
People	Public and patients
Facilitator	Cynthia Atkin
Scribe	Sheen Mc George
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

**Table rules set:**

- Everyone who wants to speak is allowed
- Allow time for the scribe to write things down
- Be respectful of other people's opinions
- Agree to disagree

**Thoughts on what we have heard so far?**

- Temporary move from South Tyneside to Sunderland? When was this started? Looks like it will be permanent.  
 = Hearing more ambulances coming over Alexandra Bridge – is that a coincidence?  
 = The golden hour – clarity?  
 = Are they proposing to have scanners in the ambulances?  
 - All the information in the transport section is ludicrous – would need to be at 2am and at 100mph.  
 - No direct route from South Tyneside Hospital to Sunderland Royal by bus. Are they proposing to put on buses or to talk to the bus company?  
 = Need buses to go in to the actual grounds of the hospital.  
 = Could we have the figures for how long it takes by ambulance – NEAS from NEAS (not an independent company). P. 94 – 2<sup>nd</sup> paragraph – 6 minutes is impossible. All desk top analysis from independent company.  
 = Would rather be treated at a centre of excellence than one that isn't very good.  
 = Didn't realise strokes were worse in the winter.  
 - Ambulances aren't meeting the targets – look at that when you are getting patients from South Tyneside to Sunderland.  
 = What are the response times for ambulances?  
 = Do the staff want to travel from South Tyneside to Sunderland?  
 - Patient transport service is disgusting.

**Table discussion on stroke services**

<b>Option 1 – stroke services</b>
What are your initial thoughts on option 1?
= Option 1 is the choice of the specialist – is this because the others are not affordable or

sustainable?
What are the positive aspects of this option?
+ Would rather spend the whole time in the one place. + Preferable to the table as we all live in Sunderland.
What are the negative aspects of the option?
- Transport concerns. - Could affect Sunderland patients if the numbers went up from the influx. For example: delays in being admitted and transferred to the ward.
What could be improved?

<b>Option 2 and Option 3 – stroke services</b>
What are your initial thoughts on option 2 and option 3?
What are the positive aspects of this option?
What are the negative aspects of the option?
- How safe would you be if you get transferred after 3/7 days if you live in South Tyneside?
What could be improved?

Date	18 <sup>th</sup> July 2017
Venue	Sunderland International Bangladeshi Centre, Sunderland
Event	Focused event on stroke services
Time	6 – 8pm
No. of people on table	3
People	Patients and public
Facilitator	Helen Ruffell
Scribe	Gillian Johnson
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

**Table rules set:**

- No bad language.
- Don't talk over other people
- Allow people to finish own sentences.

**Thoughts on what we have heard so far?**

= Is South Tyneside Hospital closing?  
 - Messages not always clear.  
 = Services should be 7 days a week.  
 = Why do people have to travel to other places e.g. Gateshead for a scan or Newcastle for a heart attack?  
 + Treatment has been good but recognise staff numbers can be a problem – not always enough time.  
 - Concern hospitals can't cope with the increased numbers of older and poorly people.  
 - People feel that there is less chance of getting better if you become ill over the weekend.  
 - People don't (didn't) realise that everything has a cost/price. Is it cheaper at the weekends?  
 = How are jobs so unattractive? Why can't we recruit for posts?  
 - Less staff training on wards – is this reducing the people available?  
 + Good - recognise need for change and take time to gather feedback from people who use services/staff and other groups.  
 = Will there be enough capacity in Sunderland?  
 = What opportunities can we take to make stroke a more attractive career option?  
 = What area does South Tyneside cover? A map might be useful.  
 = What different services are going to be on offer for younger stroke survivors?

**Table discussion on stroke services**

**Option 1 – stroke services**

What are your initial thoughts on option 1?

= Is quality of service sustainable if money runs out?

= Where will the savings be invested?

What are the positive aspects of this option?

+ Specialist people in one place (needs to be in sensible distance).

+ Stroke association can identify people and focus information giving more easily.

+ Might give the opportunity for more joint working with other agencies e.g. stroke association.
What are the negative aspects of the option?
- Not a great emphasis on community support from other agencies e.g. voluntary sector. - Is there room to consider individuals and the move South Tyneside? - Would there be a temptation to discharge people early because of lack of beds?
What could be improved?

<b>Option 2 – stroke services</b>
What are your initial thoughts on option 2?
What are the positive aspects of this option?
+ hospital rehabilitation teams over two sites might be able to use local knowledge to enhance recovery. + Two hospital sites working closely (also + for option 3).
What are the negative aspects of the option?
- Might need more rehabilitation staff in Sunderland anyway. - What happens to South Tyneside staff who might need to move to Sunderland? - Where is additional investment coming from (also – for option 3)?
What could be improved?

<b>Option 3 – stroke services</b>
What are your initial thoughts on option 3?
What are the positive aspects of this option?
What are the negative aspects of the option?
- Not sure if it would be good for patients to be moved. - What is the point of going to Sunderland first? - Don't feel that this is a feasible option.
What could be improved?



Date	18 <sup>th</sup> July 2017
Venue	Sunderland Bangladeshi International Centre, Sunderland
Event	Focused event on stroke services
Time	6pm – 8pm
No. of people on table	Patients and public
People	4
Facilitator	Wendy Hadlington
Scribe	Anisah Sharmeen
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

**Table rules set:**

- Be pleasant
- No bad language
- Be swift
- Respectful

**Thoughts on what we have heard so far?**

- Can't attract medical staff to come and work in the north east.  
 + The stroke services unit is brilliant and has a good reputation amongst the community.  
 = How are they going to get staff to keep the capacity of the stroke unit going? It is not safe to keep getting staff to work double shifts.  
 = We need to get clinicians to work in Sunderland  
 = We do understand why people will not move to Sunderland. There is a better work and social life abroad and in London.  
 - Why can't the new medical school add into the contracts about attracting people to stay and work locally  
 - People will not sign up to staying local  
 - We need to make the jobs more attractive for all other staff e.g. Nurses, so that they stay as well  
 - What about all other staff involved in the patient having a stroke. How can they manage the capacity of the unit getting bigger?  
 - I was never in a family meeting when my husband had a stroke. How will families be kept involved? Do they still have meetings for patient's family?  
 = Will Sunderland patients stay in Sunderland during and after care?  
 + Overall today has been a very good night.

**Table discussion on stroke services**

**Option 1 – stroke services**

What are your initial thoughts on option 1?

+ Option 1 is a wonderful option if it will work  
 + There is great support and care for patients who have had stroke  
 = What about the people who don't have great support?  
 = What facilities are available for those patients who don't have family / friend support?



= What are the boundaries for people who go to Sunderland Royal and South Tyneside hospital? - You should make it more known how many people you have working there.
What are the positive aspects of this option?
+ South Tyneside patients should have the option if they want to stick at the same hospital
What are the negative aspects of the option?
- I live in Ryhope and it had taken me 1 and half hours to get to South Tyneside District Hospital.
What could be improved?
= Well we can't really say, it is up to South Tyneside patients to decide.

<b>Option 2 – stroke services</b>
What are your initial thoughts on option 2?
= It is all down to what they can afford = It depends if people can go back to where they want - Do all patients have people to get them there? - Travel costs / bus fares / fuel / parking fees
What are the positive aspects of this option?
=Nothing much to say really
What are the negative aspects of the option?
= It is really up to South Tyneside patients to decide.
What could be improved?
- Can you put something in place like a temporary parking pass for the duration of the treatment? QE do something similar to this. My daughter was given temp car parking pass when she was having treatment for cancer.

<b>Option 3 – stroke services</b>
What are your initial thoughts on option 2?
- After 7 days people aren't likely to be well straight away. The days should be specific to the patient and should be decided by the consultant. = If we were to choose it should be option 1 or 2.
What are the positive aspects of this option?
• What are the negative aspects of the option?
What could be improved?
= Same as the others.