Briefing: Stroke services in Gateshead

Background

NHS Newcastle Gateshead Clinical Commissioning Group has been reviewing the current Gateshead model of acute stroke care and the time a person spends in hospital when they have a stroke.

Under the existing model patients in Gateshead with a suspected stroke are either taken by ambulance to the Queen Elizabeth Hospital or admit themselves into hospital through self presentation or 999. Stroke services in Gateshead have been under pressure for approximately 18 months.

Due to national shortage of stroke physicians, there has been a vacancy in one of its two stroke consultant posts since April 2014 at the Queen Elizabeth Hospital. Also in South Tyneside NHS Foundation Trust, which provide out of hours cover for Gateshead, there is a vacancy in its stroke consultant post. This is causing a strain on the stroke service and leading to further uncertainty on the sustainability of the out of hours service.

Current situation in Gateshead

Currently, patients experiencing a suspected stroke in Gateshead are taken by ambulance to the Queen Elizabeth Hospital with some patients making their own way to the emergency department (A&E).

Most of the time, this means that the stroke team at the Queen Elizabeth Hospital establish if the patient is experiencing a stroke and administer the most appropriate treatment. Some patients may then be discharged within a few days and these patients are then supported by a range of professionals in the community. Some patients require a longer stay in hospital and are supported there by a multi-disciplinary team of rehabilitation and reablement professionals.

When the patient is in an acute state of their illness, they need rapid assessment by the medical team. Currently this team at the Queen Elizabeth Hospital is supported by their colleagues in South Tyneside and Sunderland out of normal working hours. This is done using telemedicine but changes in treatments now mean that a face to face assessment is considered the gold standard for treatment.

The Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data in the UK. The clinical audit is completed quarterly and measures stroke units against specific criteria for every stroke patient. SSNAP use this information to produce colour coded performance tables which give a high level summary of hospitals’ performance across ten key aspects of stroke care with an overall SSNAP score. The overall score is rated from A-E, with A being the best rating and E being the worst.

Information from Gateshead shows that:
Data for Gateshead shows that the hospital trust has areas of good practice but are struggling to achieve consistently good performance across the board.

The SSNAP data for the period January to March 2016 shows Gateshead with an overall level D.

Data from the Office for National Statistics for Gateshead and Newcastle shows the early mortality rate for stroke in 2012-14 was 19.2 (compared to 13.8 for England) and the gap has been increasing from 2010.

As a comparison, information from Newcastle shows that:

- Data for Newcastle shows that the hospital trust has areas of good practice but are struggling to achieve consistently good performance across the board.
- The SSNAP data for the period January to March 2016 shows Newcastle with an overall level B.

There are other important drivers for change:

- The Local Stroke Network (North East and Cumbria) has produced a paper summarising the challenges and recommends that there is a reduction in the number of stroke units in the region with the overall aim of improving the quality of care for stroke patients.
- It also notes that, in the network, we do not have the numbers of stroke consultant physicians or other consultants trained in the management of stroke to be able to provide the extended hours emergency cover for acute stroke patients if the number of stroke units remains unchanged.

**National policy**

National policy is driving change in how stroke services are arranged locally. NHS England’s ‘Five Year Forward View’ which sets out how the health service needs to change advocates a new model for stroke services. It sets out that acute services such as stroke should favour a Hyper-Acute Centre supported by Acute Stroke Units. Also NHS England’s guidance on the ‘Configuration of Stroke Services (2015)’ has produced draft guidance on how stroke services should be organised, which is supported by the National Clinical Director for Stroke, Dr Tony Rudd.

The national recommendations from the evidence available are for stroke units to:

- Be a seven-day dedicated specialist unit with more than 600 confirmed stroke admissions and no more than 1500 admissions.
- Achieve rapid assessment and imagery, door to needle times of one hour and imaging within one hour.
- Have patients admitted directly onto a specialist stroke unit within four hours.
- Have patients stay in the stroke unit for 90% of their time in hospital.
- Assess patients by specialist stroke consultant and stroke trained nurse and therapist within 24 hours.
- Have seven-day stroke consultant cover.
- Have seven-day stroke trained nurse and therapist cover.

All of the above is important information to take into consideration so that Gateshead patients can receive the best possible care. We know that the sooner somebody who
is having a stroke gets urgent medical attention, the better their chances of a good recovery.

At present neither of the stroke units at the Queen Elizabeth Hospital or the Royal Victoria Infirmary consistently meet all of these standards.

**Proposed new model of care**

We have worked with partners to set out a new proposed model for stroke services in Gateshead to meet the challenges that have been highlighted and to improve the care for patients suffering a stroke.

The proposal for the Royal Victoria Infirmary in Newcastle to assess and treat all patients from Gateshead in the acute phase of their illness.

For those patients who are well enough to go directly home from the Royal Victoria Infirmary, they will continue to be supported by Gateshead community teams.

For those patients who require a longer stay in hospital, they will be transferred to the Queen Elizabeth Hospital stroke ward and will be supported through their rehabilitation and reablement by the specialist team who are based there before being discharged home when they are well enough.

Under the new model:

- The majority of patients suffering from a suspected stroke will be taken to hospital by emergency ambulance which is consistent with the current practice
- New protocols would be put in place for ambulance crews to take patients suffering a suspected stroke to the hyper-acute stroke unit at Royal Victoria Infirmary
- If a patient makes their own way to hospital with a suspected stroke then they would be most likely to attend their nearest emergency department (A&E). If a patient the A&E at the Queen Elizabeth Hospital, they would be triaged using the FAST assessment. If the assessment shows a patient is having a stroke, an emergency ambulance would be called and they would be transferred under blue-lights to the Royal Victoria Infirmary. In-hours, an on-site stroke consultant could offer further assistance to the emergency care team at the QE

**Hyper-acute stroke services**

- The hyper-acute stroke service will be provided at the Royal Victoria Infirmary and will include a 24/7 on call team of stroke responder nurses and medical staff who have specialist stroke training
- They will see all suspected stroke patients as soon as they arrive in the emergency department (A&E) or at the stroke unit
- Patients will be assessed and have diagnostic tests completed in line with the National Clinical Guideline for stroke, which has been prepared by the Royal College of Physicians
This will often include a CT scan within the first hour of arrival in hospital and if indicated the patient will be given the recommended thrombolysis treatment as soon as possible after arrival in hospital.

Patients will remain in the hyper-acute stroke service for up to 72 hours.

Where patients will go after using the hyper-acute stroke service:
- Depending when it is clinically appropriate, patients will either be discharged home or transferred to the acute stroke unit at the Queen Elizabeth Hospital.
- It is anticipated that approximately 40% of patients will require a stay at the Queen Elizabeth Hospital before being discharged and a further 40% will be discharged directly to home supported by the Gateshead Community Stroke Team.

Acute stroke unit at the Queen Elizabeth Hospital:
- The unit will have consultant cover during normal weekday hours.
- Patients who are transferred from the hyper-acute stroke service will be admitted to the acute stroke unit. A bed will be kept free to accept transfers of patients who have suffered a stroke or for patients who had been assessed at the RVI and found not to have had a stroke but need ongoing care in their local hospital.
- If there is no bed available in the unit then the patient will be transferred via the emergency assessment unit.
- Patients who are already at the Queen Elizabeth Hospital and are showing signs of a stroke will be assessed by a stroke consultant. If this happened out of hours then a telephone consultation would be made with the on-call consultant at the Royal Victoria Infirmary. A decision would be made on whether to transfer the patient to the Royal Victoria Infirmary or continue to care and treat them at the Queen Elizabeth Hospital. The on-call telephone consultation already happens for patients at the Freeman Hospital and has been proven to be safe and effective.

Mini-stroke (TIA – transient ischaemic attack) clinics:
- Clinics will be provided by the Queen Elizabeth Hospital Mondays to Fridays and at the Royal Victoria Infirmary on Saturdays and Sundays.
- Any patient follow-ups will be at the Queen Elizabeth Hospital.
- Patients being discharged from the Royal Victoria Infirmary would be seen by the Queen Elizabeth Hospital’s Assisted Discharge team or the Community Stroke Team in Gateshead.

Benefits of the proposed model:
- Improvement in quality standards measured by the Sentinal Stroke National Audit Programme.
- Patients will be admitted to a unit that meets the recommended standards of both national and local stroke networks.
- Patients will have access to the most up to date treatments.
- The service will be sustainable and robust.
- The new service will ensure that patients in both Newcastle and Gateshead will benefit from the improvements to the stroke pathway.
Patients will have access to new treatments such as thrombectomy
Patients will benefit from access to research programmes which are trialling the latest advances in stroke medicine.

Engagement with the patients and carers
The CCG, working with the Stroke Association have engaged with patients and carers to explain what the changes mean for them, to hear their concerns and gather intelligence on any issues affecting patients and their carer’s. The CCG are ensuring the themes patients and carers have identified will be addressed during the implementation stage and will inform the monitoring of patient and carer experience post implementation.

To involve patients and carers the engagement and involvement activity included:

- Circulating a survey to all patients who had experienced a stroke within the last 12 months and who had received treatment at the QE Foundation Trust. The survey included questions on what patients and carers views are on the current the stroke services any to identify recommendations on a new model.
- The themes identified from the survey formed the basis of focus groups facilitated by the Stroke Association and the CCG.
- In depth patient interviews provided qualitative information.

As a result of the engagement activity described, a number of key themes were identified. Communication was highlighted as an area of concern. This included communication to patients at diagnosis and what they could expect from their treatment, communication with families and carers, sharing of information between the RVI and the QE and patients, carers and their families and information regarding discharge and ongoing support. In response to these issues, staff at the QE and the RVI are working together to review patient information.

All of the patient and carer engagement responses were shared with the November Stroke Project Board and reassurance was given that the issues and concerns would be addressed.

Feedback to Patient and Carers
Dr Stephen Kirk will meet with patients and carers to provide feedback.

A report documenting stroke patient and carer engagement will be made available on the [www.newcastlegatesheadccg.nhs.net](http://www.newcastlegatesheadccg.nhs.net)

The new model will take effect from the end of November 2016. The CCG is confident that this change in service model will result in improved care for patients from Gateshead.