

Questions and Answers - hyper acute stroke services, decision making meeting

What are hyper acute stroke services?

This is the intensive care you receive within, on average, the first 72 hours (less if medically stable, longer if you need continued specialist care) after having a stroke when you need more specialist 'critical' care and treatment.

They are not:

- “Acute stroke” units/wards – which is where you are cared for after the first critical period of having a stroke until you are ready to go home from hospital
- Rehabilitation units, such as speech and language and physiotherapies and occupational therapies, which help you get better once you've gone home from the hospital. These optimise your recovery after having a stroke and can be provided in rehabilitation units or services in your home

What’s happening with hyper acute stroke services?

- For the last three years, we have been reviewing hyper acute stroke services and have now agreed a change to make sure anyone in our region who has a stroke is able to get the best possible and safest care they need - as soon as possible
- Three out of five of the region’s critical care units (HASUs) admit less than 600 patients a year which is below the best practice minimum
- More stroke doctors, nurses and other staff are needed to run some existing services – but there aren’t enough locally and nationally and this is leading to problems with medical cover in our local hospitals – and we have already seen necessary transfers of some patients
- How quickly scans and tests are done, and reported – which help to diagnose and then treat patients – varies from hospital to hospital
- Delays in tests can mean delays in some treatments that should be given after having a stroke
- These challenges particularly impact on smaller hyper acute stroke units. This means we have to work in a different way to be better able to look after our patients and reduce the chances of people living with long term disabilities after their stroke

What’s decision have you made?

The journey to making this decision has been thorough. We know that despite ours and our hospitals best efforts, there are not enough expert staff, that people currently have access to different levels of care and that some staff risk de-skilling because they don’t routinely treat as many patients as recommended by clinical experts.

Today's decision – with us working together as a network to consolidate our hyper acute stroke units - means anyone who has a stroke in our region will be seen by the right people, in the right place and at the right time with have access to necessary assessments and treatments 24 hours a day, seven days a week.

There are national guidelines and evidence from other areas that shows that having fewer, more specialist hyper acute stroke units saves lives and reduces disabilities.

Anyone calling an ambulance with a suspected stroke will be immediately taken to the most appropriate hospital for their hyper acute stroke care – this will either be, Chesterfield Royal Hospital, Doncaster Royal Infirmary, the Royal Hallamshire Hospital in Sheffield or Pinderfield's in Wakefield for some Barnsley patients.

Hyper acute stroke care will no longer take place in Barnsley or Rotherham Hospitals.

What about people who go to A&E?

Anyone who 'self-presents' after having a stroke (eg, goes to A&E at Barnsley or Rotherham) will be assessed by the A&E team and if appropriate, will be transferred to the closest hyper acute stroke unit for their care and treatment.

What about people already in hospital?

If a patient is in Barnsley or Rotherham Hospital receiving care for another condition and have a stroke as an inpatient, they will be assessed by their team and again, if appropriate will be transferred to the nearest hyper acute stroke unit at another hospital. Only 5% of all stroke patients have their stroke while an inpatient in hospital so this will be monitored on an individual basis and will depend on how safe it is to transfer them.

How many people will this affect?

This will affect around a combined 15 people per week who would've normally received care in Barnsley or Rotherham.

Why has it taken so long to come to a decision?

The review of hyper acute stroke services across South Yorkshire, Bassetlaw and North Derbyshire is complex, brings together many partners and therefore, to ensure the Joint Committee could make a fully informed decision, very detailed work has been ongoing to understand the overall implications for all our partners on changing services, how staff could work in different ways and how our ambulance services could work differently to transfer patients.

To be able to make an informed decision on the future of services, the joint committee needed to fully understand all aspects of the proposed changes and how they would impact on all partners, staff and patients and therefore decided to spend more time developing the business case to ensure any changes are possible, affordable and providing the best and safest care for all patients.

Should you not have been doing this all along?

The reasons behind the change – not enough expert staff, different experiences across our region and some staff risking de-skilling because they don't treat as many patients others – have built up over a period of time. Our review, which started three years ago, gave us a regional picture which showed we needed to address the issues.

Why are you closing services?

We are not closing local stroke services, it is just one part of the service that we will be providing in a different way.

The changes agreed are entirely about saving lives, reducing disabilities and ensuring everyone in our region has the best experience and outcomes, faster treatment and better access to services.

Is this is the first step to closing local hospitals?

We're absolutely committed to having a hospital and hospital services in each of our local places. As part of the work of the accountable care system, we're working with local clinics and surgeries to make this happen, and at the same time, are looking at how some of our hospital services can be better provided.

You're now reviewing stroke services as a whole – does that mean Barnsley and Rotherham will end up with no stroke services at all?

No. Stroke services have been identified as part of the hospital services review by assessing in detail a wide range of information available including clinical evidence, hospital self-assessments against national standards and patient feedback and experience.

Hyper acute care is just one part of the service but given our challenges we agreed that it was an area we couldn't wait to change – now, by looking at the wider services we hope that all stroke patients will have access to the best care to meet their needs from initial treatment to the acute and rehabilitation stages of their illness.

No proposals have yet been made and while we are still in the review phase, we would encourage people to get involved and help us understand more about their experiences of services. Find out more at www.healthandcaretogethersyb.co.uk

Do the organisations which are set to “lose out” agree with these proposals?

We've done considerable work on this, with all hospitals involved throughout and we are all agreed that we need to work differently to meet national recommendations and provide the specialist care that our patients want and need. The consultation helped us work through how we will do this and the approach we've agreed will make sure all stroke patients in our region have access to the right staff, the right assessments and the right treatments 24/7.

Are you cutting services/saving money?

Absolutely not. In fact, these changes will mean an initial investment of around £1.8 million which can be achieved by working together differently as a network of commissioning organisations.

What we've said all along is that this is about using what we have in the best possible way to get the best services for our patients. It is not about saving any money.

What would this mean for Barnsley and Rotherham Hospitals?

Barnsley and Rotherham Hospitals will no longer provide hyper acute stroke care. People from Barnsley needing this first phase of critical care would be taken to Wakefield, Doncaster or Sheffield – which would become specialist centres under the proposals. People from Rotherham would be taken to and treated at Doncaster or Sheffield hospitals.

This way of working already happens for people who have heart attacks, saves lives and is seen as good practice. The consolidation of hyper acute stroke units in London has seen an increase in survival rates of at least 5% with fewer people likely to live with long-term disabilities as a consequence of having a stroke.

What does this mean for Chesterfield Royal Hospital?

We have not made any changes to the hyper acute stroke unit in Chesterfield.

What does this mean for Doncaster Royal Infirmary?

In Doncaster, under the proposal, this means the first 72 hours of care for stroke patients would continue and the unit will see an increase in the number of stroke patients. Planning for this and managing extra numbers of patients is currently being discussed.

What does this mean for Sheffield Teaching Hospitals?

In Sheffield, under the proposal, this means the first 72 hours of care for stroke patients would continue and the unit will see an increase in the number of stroke patients. Planning for this and managing extra numbers of patients is currently being discussed.

What does this mean for Pinderfields Hospital (Mid Yorkshire)?

Pinderfields Hospital is in a different NHS region and therefore outside of our decision making. However, we recognise that a change in Barnsley would impact on Pinderfields and are working with our neighbouring hospitals and organisations to plan and manage the increase in the number of patients they will receive.

What does this mean for staff? Will they lose their jobs?

We are looking to retain expertise and staff across the region to provide the services, not lose any.

Staff who work in hyper acute stroke services will be involved in more detailed discussions about what happens next to provide these services across the region. We do know there are not enough specialist staff available at the moment to continue all services in all areas and therefore by working with staff to develop new ways of working we hope to make our region and services an attractive place to work with more opportunities to use their skills - not less.

Will there be a chain of ambulances waiting outside hospitals?

People with a suspected stroke are met at the hospital by the stroke team, whether this is the emergency department or directly onto the specialist stroke unit (depending on the receiving hospital).

Work has been ongoing with Yorkshire Ambulance Service to look at travel times and availability of ambulances to support care. The national standard for people with a suspected stroke to get to a hospital by ambulance is 45 minutes which can be achieved from all areas we cover.

Is it dangerous to travel further?

No.

Changes like the ones being made in our region have already been made in London and Manchester.

Evidence from these changes has shown that a centralised model of hyper acute stroke care, in which hyper acute care is provided to all patients with stroke across an entire geographical area, can increase survival rates and reduce lengths of stay and disabilities.

Why can't you just improve services locally?

The review into hyper acute stroke services showed us that there is a shortage of clinical staff and that care and treatment was variable, with some people having better experiences, better outcomes and better access than others. The commissioners agreed that everyone in our region should experience the highest quality and safest service possible and have been looking at options to make improvements.

We therefore need to look beyond our current boundaries for solutions which also bring us in line with national recommendations and examples of best practice in other areas which have shown the benefits of a consolidated number of hyper acute stroke units.

How will my relatives get to see me? Where can they stay? My family doesn't have a car/can't afford to visit on public transport

Relatives would need to make their own way to the hospital, at the time of the stroke and also when visiting you. Unfortunately there are no overnight facilities for visitors in the hospitals within the proposal.

Some people qualify for help with travel costs under the healthcare travel scheme. This would be assessed by staff at the hospital and if eligible, costs would be paid.

If people were taken to specialist stroke centres, they would be treated there for the first 72 hours. After this time, if they were well enough, they would be transferred back to their local hospital.