

Improving your stroke services

The NHS is making important improvements to the way people who have strokes are cared for by local hospitals in Brighton and Haywards Heath.

The Princess Royal Hospital (PRH) and the Royal Sussex County Hospital (RSCH) are both run by Brighton and Sussex University Hospitals NHS Trust (BSUH). BSUH provides

acute (emergency) stroke care services, mainly for people from the Brighton and Hove, Horsham, Mid Sussex, High Weald, Lewes and Havens areas.

This document describes the changes and why they are being made. It sets out some questions we would like your feedback on to help ensure we are implementing the improvements in the best possible way.

Why are stroke services changing?

In 2014, a team of specialist stroke doctors, nurses, therapists, GPs and other health and care professionals began a review of stroke services in Sussex.

They found that services were not meeting all the standards set out by the National Institute for Health and Care Excellence (NICE). For example, too many people were waiting too long to be assessed by a stroke consultant and to have rehabilitation plans put in place.

The review concluded that much more could be done to improve stroke services and outcomes for local people.

BSUH, were asked to develop options for how they could meet the clinical guidelines and improve services and outcomes. At the same time, we asked local people what they thought about stroke services so that their

What is a stroke?

A stroke is a serious, life-threatening medical condition that occurs when the blood supply to part of the brain is cut off. Like all organs, the brain needs the oxygen and nutrients provided by blood to function properly. If the supply of blood is restricted or stopped, brain cells begin to die. This can lead to brain injury, disability and possibly death.

views could help shape the options for improvement.

A group of the most senior local clinicians in the region, along with national stroke experts, looked at all the information about our services, the feedback from local people and the options from BSUH. They have made a recommendation to the GP-led clinical commissioning groups (CCGs) that plan, buy and monitor services for local people.

What changes have clinicians recommended and why?

Clinicians have recommended that BSUH centralise its acute stroke services RSCH. This means that acute stroke services will not be provided at PRH, although specialist inpatient stroke rehabilitation will continue to be provided at the Sussex Rehabilitation Centre at PRH for appropriate patients.

The very best expertise and experience

The combined HASU and ASU would admit around 730 patients each year. National experts recommended that stroke units must admit a minimum of 600 patients each year to ensure patients are treated by specialists with the greatest expertise and experience.

24/7 service that meets all the highest standards

In addition, centralising services on one site would enable a seven-day-a-week service that meets all the NICE guideline requirements. It would enable BSUH to ensure evening and weekend cover by specialist staff and to recruit additional clinical staff, expanding the stroke team by about 15% with extra consultants, nurses and specialist therapists. This would ensure that more patients can be admitted directly to the stroke ward; offer quicker time to clot-busting treatments, especially at the evenings and weekends; and enable better long term recovery by ensuring that specialist therapies can start straight away.

Located alongside other specialist services

Having the HASU at RSCH means that it would meet clinical requirements to be located alongside a range of other specialist services such as the regional trauma and heart surgery units, which are only available at RSCH. In

What are HASUs and ASUs?

***A HASU is a hyper-acute stroke unit.** HASUs bring experts and equipment under one roof to provide the very best immediate assessment and treatment for a stroke, reducing death rates and long-term disability. People can expect to stay in a HASU for three days.*

***An ASU is an acute stroke unit.** After three days in a HASU, many people are well enough to continue their recovery at home. Those who are not well enough to go home from hospital get the best recovery in an ASU. ASUs have many of the same specialist staff as a HASU, but because people have been stabilised, their care and treatment does not need to be so intensive.*

addition, RSCH has highly advanced scanning equipment and staff and access to these means the HASU could introduce a regional thrombectomy service. Thrombectomy is a new, advanced, life-saving treatment that can remove a blood clot from the brain through a fine tube inserted via the groin.

Meets ambulance journey time standards

Although the recommendation would mean slightly longer ambulance journeys for some stroke patients who would previously have been admitted to PRH, national clinical experts say that it is better for patients to spend longer (up to 45 minutes) travelling if it means they can be admitted to a HASU that meets all the recommended standards than if they had a shorter journey to one that did not. The ambulance service has confirmed that all patients in the BSUH catchment area would be able to reach RSCH within 45 minutes, with the vast majority arriving in less than 30 minutes.

What other options were considered?

The stroke review considered and carefully analysed all the options for the location of BSUH's stroke services, including continuing to offer them in both Brighton and Haywards Heath, centralising them at Haywards Heath, and having a HASU at one site and retaining an ASU at the other. Clinical experts ruled out having:

A HASU at both sites because there are not enough admissions for both sites to see the 600+ patients required each year to ensure that staff maintain their expertise and experience.

A HASU at PRH because of the need for a HASU to be located alongside a range of other specialist services that are only available at RSCH.

A HASU at one site and an ASU at the other because a standalone ASU would be too small to attract sufficient numbers of specialist staff and for those staff to maintain their expertise to ensure it offers patients the best outcomes.

What evidence is the recommendation based on?

The review has been underpinned by the latest evidence-based best practice guidelines and standards, including the 2008 NICE Clinical Guideline 68 for stroke and transient ischaemic attack; the Department of Health's 2007 National Stroke Strategy; and the British Association of Stroke Physicians' 2010 Stroke Service Standards.

The review also looked at the experience of patients in London, where 32 stroke units were consolidated into eight HASUs in 2010. As a result, fewer people died and more people recovered sooner. There was a 17% reduction in the number of people who died within a month of experiencing a stroke, and a 7% reduction in the amount of time stroke patients needed to stay in hospital before they were well enough to go home.

In addition, there is local evidence from East Sussex Hospitals NHS Trust where stroke services were centralised at Eastbourne in 2013. Stroke consultants are now available seven days a week and patients are seen far quicker by medical, nursing and therapy staff. The proportion of patients scanned within one hour of arrival has increased from 56% to 87%. The average time from arrival to scan has dropped from 51 minutes to 29 minutes. The average time a patient waits to see a stroke specialist nurse once admitted to the unit has fallen from 23 minutes to 2 minutes.

What happens next?

Before making a final decision on the recommendation, the CCGs are inviting further feedback from patients and the public on what the changes would mean for them. In particular, while the clinical benefits for patients are compelling, some relatives and carers will have further to travel to visit patients. The CCGs and BSUH are keen to understand the impact of this and what can be done to make things easier for relatives and carers.

The CCGs intend to have collected further views from patients and the public by January 2017 so that decisions can be made by the GP-led governing bodies of the CCGs by March 2017 at the latest. If the recommendation is accepted, BSUH would look to implement the changes from April 2017, with all the service improvements and new staff in place within 12 months.

In addition, while clinicians have developed a clear plan for bringing acute stroke care up to

the standards of the best, we want to continue improving the whole stroke pathway from prevention through to discharge and rehabilitation.

So we will also be continuing to work with patients, carers and the public over the coming months to understand what other improvements would make the most difference.

Patient and public involvement

Patient and public representatives have been part of the team leading this work from the start and there has been significant public and patient input throughout the whole process.

We began the review in 2014 by collecting the views of over 130 patients and carers on their experience of stroke care. We carried out further engagement during 2015, focused particularly on the clinical care of a stroke. We held 19 meetings and focus groups across Sussex and received feedback from over 500 people.

Who supports the recommendation?

The recommendation has overwhelming clinical support from GPs across the region, regional and national stroke specialists, local hospital doctors, nurses, therapists, the ambulance service and social services.

Over 500 patients, carers and members of the public gave their views on stroke services in Sussex in 2015. Nearly three quarters said they would be happy to travel further to get the best treatment for a stroke (48% very happy, 28% somewhat happy, 26% not very

happy, 2% don't know). Their main concern was the impact it would have on relatives and carers.

County council overview and scrutiny committees are responsible for examining the details and implications of decisions about changes to health services and how those decisions were made. The committees in West Sussex and Brighton and Hove are supportive of the recommendation. The committee in East Sussex has asked for some further targeted engagement with people with particular knowledge and interest in the issues.

What people told us

Stroke awareness

People feel reasonably well informed about stroke, its symptoms and what they should do if they suspect a stroke. However, people are less confident in their knowledge of how to prevent stroke. Changing lifestyles is seen as key to prevention and there is scope for greater public awareness campaigns.

Priorities when a stroke happens

People's priorities for when a stroke happens are a fast ambulance response; prompt attention, diagnosis and treatment; the quality of medical expertise; and good communication, with plain English information when they are in hospital.

Getting the best care and treatment

The vast majority of people said they would be happy to travel further to get to a HASU where they could get the most expert stroke care. The main concern people had with this was the impact further travelling might have on relatives and carers. Suggestions to address the impact included improved facilities and subsidised travel and parking for visitors.

Improving discharge

Many people reported feeling lost when they were discharged, with a lack of follow up and little information on the support available. Some identified a lack of coordination between hospital, community and social services.

Life after stroke

The top priorities for life after stroke were information, regular reviews and regaining independence. The importance of therapy – that starts as soon as possible, and continues for as long as it is needed – was mentioned by many. In addition, many patients and carers said that the emotional and practical impact of stroke needs as much focus as the physical symptoms.

What we are doing

The BSUH stroke team are very aware that travel to RSCH is less straightforward for some relatives and carers. They will be reviewing visiting times to offer more flexibility and preparing a carer's pack that will include information about visiting, ward routines, travel and parking. Outpatient follow up appointments will continue to be held at PRH in Haywards Heath if that is nearer for patients. BSUH have also improved parking for visitors by no longer allowing staff to park in the multi-story car park.

In addition, work is underway across Sussex to increase access to early supported discharge, responsive services and six-month reviews. Stroke prevention also remains a priority for the NHS. We are doing this by helping people manage the factors that increase risk of stroke, like high blood pressure, diabetes, smoking and irregular heart beats (atrial fibrillation).

Tell us what you think

On the following pages are a number of questions that we would like your comments on. You can:

- Complete and return the questionnaire to the freepost address in the form.
- Complete the survey online at www.surveymonkey.co.uk/r/cstroke
- Or get in touch with your feedback using the contact details below.

Please let us have your feedback by midday, Tuesday 31 January 2017.

Contact us

Contact us to give us your feedback, find out more, or to request any of this information in other languages or more accessible formats.

T: 01293 600 300 ext 3965

E: CCCG.ContactUs-CrawleyCCG@nhs.net

Engagement Team
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Crawley RH11 7DH

Stroke prevention and prompt treatment

You can significantly reduce your risk of having a stroke through a healthy lifestyle, such as eating a healthy diet, taking regular exercise, drinking alcohol in moderation and not smoking.

If you suspect that you or someone else is having a stroke, phone 999 immediately and ask for an ambulance.

The main symptoms of stroke can be remembered with the word FAST: Face-Arms-Speech-Time.

Face – the face may have dropped on one side, the person may not be able to smile or their mouth or eye may have dropped.

Arms – the person with suspected stroke may not be able to lift both arms and keep them there because of arm weakness or numbness in one arm.

Speech – their speech may be slurred or garbled, or the person may not be able to talk at all despite appearing to be awake.

Time – it is time to dial 999 immediately if you see any of these signs or symptoms.

For more information about stroke, its causes, treatment and prevention, visit: www.nhs.uk/stroke

Improving stroke services: Your feedback

1) Are you responding as an individual or on behalf of a group?

Individual (please tick as appropriate)

- I have had a stroke
- I have cared for someone who has had a stroke
- I have not had or cared for someone who has had a stroke

Group (please give the name of the group)

Approximately how many members does the group have?

2) Where do you, or the members of the group you represent, live?

- | | | | |
|--|-------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Brighton and Hove | <input type="checkbox"/> Horsham | <input type="checkbox"/> High Weald | <input type="checkbox"/> Havens |
| <input type="checkbox"/> Crawley | <input type="checkbox"/> Mid Sussex | <input type="checkbox"/> Lewes | |

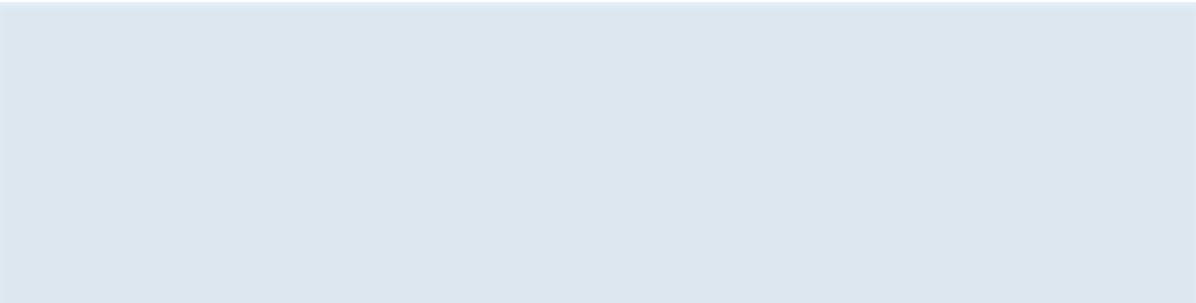
3) How do you think the changes proposed for BSUH's stroke services will affect you?

4) Do you have anything to add to what is already planned to minimise any possible consequences of the changes?

The BSUH stroke team will be reviewing visiting times to offer more flexibility and preparing a carer's pack that will include information about visiting, ward routines, travel and parking. Outpatient follow up appointments will continue to be held at PRH in Haywards Heath if that is nearer for patients. BSUH have also improved parking for visitors by no longer allowing staff to park in the multi-story car park.

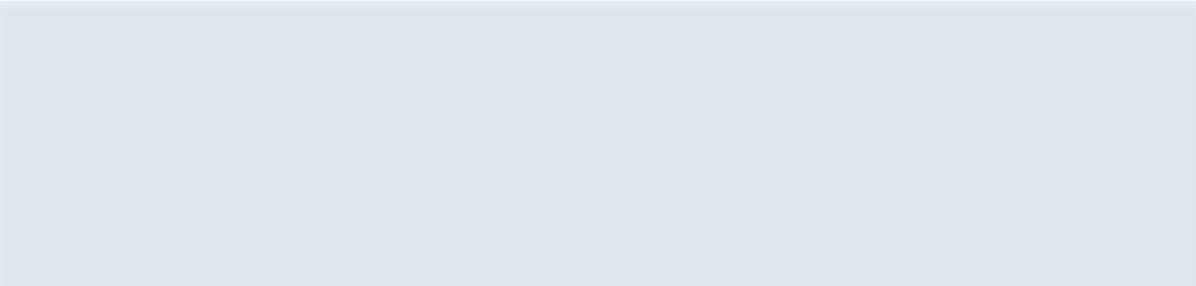
5) Do you have anything to add to what we have already heard about what works well and what could be improved about stroke discharge?

Many people reported feeling lost when they were discharged, with a lack of follow up and little information on the support available. Some identified a lack of coordination between hospital, community and social services.



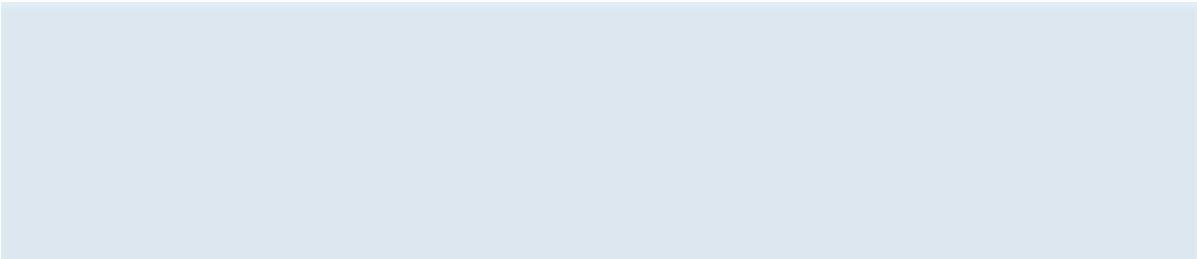
6) Do you have anything to add to what we have already heard about what works well and what could be improved about stroke rehabilitation?

Priorities for life after stroke were information, regular reviews and regaining independence. Therapy – that starts as soon as possible, and continues for as long as it is needed – was important. The emotional and practical impact of stroke needs as much focus as the physical symptoms.



7) Do you have anything to add to what we have already heard about better promoting stroke prevention messages?

People feel reasonably well informed about stroke, symptoms and what they should do if a stroke is suspected but less knowledgeable about prevention. Changing lifestyles is seen as key to prevention and there is scope for greater public awareness campaigns.



Thank you for your feedback

Please return this survey (no stamp required) to:

Engagement Team, Freepost RSZZ-YLJS-TETL, Crawley & HMS CCG,
Crawley Hospital, West Green Drive, Crawley RH11 7DH
E-mail: CCCG.ContactUs-CrawleyCCG@nhs.net