Improving stroke care for the people of County Durham and Darlington

A public consultation on proposed changes to hyperacute stroke services

Stroke remains a major cause of death and disability across County Durham and Darlington with around 1,100 people suffering a stroke each year. These patients need access to high quality, specialist hospital care to give them every opportunity to make a full and speedy recovery.

While recent changes to local hospital services have helped to make significant improvements to stroke services, we recognise that much more needs to be done to ensure all patients have the best possible treatment.

Services for stroke patients at the point they are most seriously ill – known as hyperacute services – are currently provided from two hospitals in County Durham and Darlington, Darlington Memorial Hospital and the University Hospital of North Durham.

Local clinicians and managers are telling us that centralising all stroke hyperacute services onto a single hospital site is the best way to ensure that more patients have access to first-rate care, without having to travel outside of County Durham and Darlington.

A thorough options appraisal has been undertaken to evaluate different ways in which stroke hyperacute services can be provided. A variety of options have been closely analysed by stroke service clinicians and managers, with input from service users and carers through a range of representatives from local groups and organisations.

NHS County Durham and Darlington is now in a position to recommend a preferred option. There is a strong case for consolidating hyperacute stroke services at a single site. There is also a case for locating this site at the University Hospital of North Durham, based on faster access to specialist services and clinicians for the majority of stroke patients living in County Durham and Darlington and greater existing capacity for diagnostic services. This will also ensure close proximity to specialist treatment in Newcastle Upon Tyne.

This public consultation is therefore seeking YOUR views on our preferred option of a single site at the University Hospital North Durham.

Visit www.haveasay.org.uk to see the main consultation document and all supporting documents regarding this consultation.
Improving stroke care for the people of County Durham and Darlington

The current situation

Significant improvements have been made to stroke services in County Durham and Darlington recently. As of December 2010, life-saving, clot-busting thrombolysis treatment has been available 24 hours a day, seven days a week for the first time.

This around the clock availability represented a great step forward in the drive to get high quality, effective treatments to patients suffering a stroke within the nationally recommended timeframe. However, NHS County Durham and Darlington recognises that more needs to be done to ensure that quality standards are fulfilled for the benefit of local people.

Following a review of all stroke services, from emergency care through to rehabilitation, it has become clear that hyperacute services are where the fastest improvements can be made. Hyperacute services are one of the most critical components of stroke care that patients need when they are at their most seriously ill.

National standards say that these should be available around the clock with patients being directly admitted to a stroke unit where specialist stroke consultants and quick access to essential tests such as brain scans are available.

In County Durham and Darlington, hyperacute stroke services are provided from the University Hospital of North Durham and Darlington Memorial Hospital by County Durham and Darlington NHS Foundation Trust. Unfortunately, services are still not achieving key quality standards, with patients experiencing varying quality of services. Not enough patients are being directly admitted to a specialist stroke unit, leading to unnecessary delays in diagnosis and treatment.

During normal working hours, hyperacute stroke services are currently available at two sites, however, staff alternate between sites to provide out-of-hours provision. Currently thrombolysis is only available 24 hours a day, seven days a week, on alternate hospital sites, i.e. one week at Darlington and the next at Durham.

So for example, if someone had a suspected stroke at 3pm on a Wednesday they would currently go to either site, whichever was closer. However, if the stroke occurred at 9pm the patient would be transported to the designated hospital on the rota that particular week i.e. Durham OR Darlington.

Limited availability of staff skilled in stroke care also threatens the ability to continue to provide such services over two hospital sites in the medium to long term.

Ultimately specialist stroke services have improved over recent years but the current model is unsustainable for the future. By providing 24 hours a day, seven days a week coverage, the population of County Durham and Darlington has already benefitted.

As health commissioners, we now need to make sure that this can be continued and improved upon in the coming years for our local population.

DOING NOTHING IS NOT AN OPTION.
The focus of the consultation

Hyperacute stroke services are those that a patient should receive when they are at their most seriously ill and in need of quick assessment and treatment by a stroke specialist.

The current hyperacute model is unsustainable for three reasons:
• Pressures in staffing and recruitment
• Too few direct admissions to stroke units
• To ensure service provision for Transient Ischemic Attack (TIA) patients is also delivered seven days a week.

Following engagement events with patients, carers and clinicians and supported by all the evidence available to us at this time, NHS County Durham and Darlington believe that:
• The current split-site model cannot continue
• A new single site is the best model
• Specialist care is more important than care closer to home
• The preferred option (at University Hospital North Durham) is the best option.

The proposed changes ONLY affect the hyperacute stroke services provided by County Durham and Darlington NHS Foundation Trust i.e. the hyperacute stroke services at the University Hospital of North Durham and Darlington Memorial Hospital. The proposed changes mean that the hyperacute element of the pathway would be delivered at one site whilst rehabilitation phases would be delivered from Bishop Auckland Hospital.

What the preferred option will mean for patients

The preferred option following the appraisal for a new model for hyperacute stroke services is a single site based at University Hospital North Durham. This recommendation follows a process of evaluating a range of options based on the information available at that time.

Consolidation of the two current hyperacute sites onto a single site at the University Hospital of North Durham (UHND) will mean patients suffering a suspected stroke anywhere in County Durham and Darlington being taken by ambulance directly to UHND.

Analysis of ambulance travel times confirms that this will not delay arrival at hospital for the vast majority of stroke patients. Paramedics will alert the University Hospital of Durham’s stroke unit to the patient’s anticipated arrival time to enable appropriate preparations to be made.

The patient will be directly admitted to the stroke ward, without waiting in Accident and Emergency or admission via the Medical Admissions Unit, which can delay stroke treatment.

He or she will be immediately assessed by a specialist stroke consultant before having the required tests, such as a CT scan, to confirm diagnosis.

Any further tests will be performed by a team of clinicians who will be specialists in using and interpreting scanning and imaging equipment.
What are the benefits to patients of consolidating hyperacute stroke services onto a single hospital site?

By consolidating stroke hyperacute services onto a single hospital site, irrespective of the site’s location, stroke patients in County Durham and Darlington stand to gain the following:

• Consistent access to specialist stroke consultants, including out of hours
• Direct access to a stroke unit
• Immediate assessment by specialist stroke consultants and the necessary multi-disciplinary team
• Access to a seven days a week Transient Ischemic Attack (TIA) service.

What are the benefits to patients of being directly admitted to a stroke ward?

A single site stroke hyperacute service configuration will allow all patients to be directly admitted to a stroke ward. This will deliver the following benefits:

• Faster assessment and diagnosis by a specialist stroke consultant without waiting in Accident and Emergency or Medical Admissions Units
• Reduce the time it takes for a patient to receive vital thrombolytic drugs once they reach hospital, to no more than 20-30 minutes
• More patients who need it receiving timely access to thrombolysis
• More high risk TIA patients assessed within 24 hours.

What are the benefits to patients of consolidating stroke hyperacute services at the University Hospital of North Durham?

By having a single stroke hyperacute service at the University Hospital of North Durham, patients will specifically benefit from the following:

1. Shortest travel times. The average travel time to University Hospital North Durham is 16 minutes, with an average travel time to Darlington Memorial Hospital of 17 minutes.

2. Emergency access to diagnostic services. Some stroke patients may benefit from urgent surgery to clear a blockage in the carotid artery, one of two major blood vessels which supplies blood to the brain. Although this surgery is carried out at Darlington Memorial Hospital, there is greater capacity more readily available at the University Hospital of North Durham for the ultrasound, CT and MRI scanning to support swift access and diagnosis both in and out of hours.

3. Improved Transient Ischemic Attack (TIA) services. A TIA service is currently only available at the University Hospital of North Durham and Darlington Memorial Hospital five days a week as opposed to the required seven days a week standard. This means that the service is unable to assess all patients who are deemed to be a high risk TIA within the recommended time limit of 24 hours. The single site at UHND would extend this access.
**The options appraisal**

A thorough options appraisal process was conducted in order to reach the preferred option. The Stroke Strategy Implementation Group, including specialist stroke clinicians, carers and representatives from The Stroke Association, oversaw this process. Eleven potential configurations of hyperacute stroke services were evaluated against a range of criteria and then scored. These included the current service model and also regional services in Newcastle or Teesside. The criteria was weighted, with clinical quality given most importance and cost effectiveness the least.

Single-site hyperacute stroke services at the University Hospital of North Durham scored the highest. Greater capacity for diagnostic services at UHND and faster access for the majority of people meant this proposed service model scored higher than the option of consolidating hyperacute stroke services at Darlington Memorial Hospital. Ambulance transfer times were also carefully studied and used to inform the options appraisal process, with 30% more patients reaching UHND in 30 minutes than if stroke services were based in Darlington.

**The consultation process**

This is a formal public consultation running for 12 weeks from Monday 20 June to Sunday 11 September, 2011. It is being carried out in line with the HM Government Cabinet Office Code of Practice on Consultation.

No decision will be made until after the consultation has closed on 11 September, 2011.

**Having your say**

The views of local people are essential in helping us to make a fully informed decision.

You can have your say on the proposed service changes at any point during the consultation period and you can tell us your views in a variety of different ways including:

- Filling in and returning the consultation response form within this document
- Filling in an e-version of the consultation response form at [www.haveasay.org.uk](http://www.haveasay.org.uk)
- Attending one of the eight public meetings listed in this leaflet
- Emailing your views to [stroke@haveasay.org.uk](mailto:stroke@haveasay.org.uk) using stroke consultation as your subject matter
- Writing to us using the following FREEPOST address
  Hyperacute Stroke Consultation
  FREEPOST
  RRXK-CZGR-TJJA
  Unit G, Lumley Close
  Thirsk YO7 3TD
- Attending one of the dedicated consultation sessions being held with various local groups and organisations of which you may be a member
- Large print, Braille, audio and additional copies of the full consultation and summary documents are also available as are copies in Bengali, Cantonese, Czech, Mandarin, Polish, Punjabi and Romanian via Mary Bewley on (0191) 374 4253, 07554 459 298 or by email to [mary.bewley1@nhs.net](mailto:mary.bewley1@nhs.net)
Public meetings

All eight public consultation meetings will be audio recorded and transcripts made available on www.haveasay.org.uk

Monday 11 July (3pm-4.30pm)
Sedgefield Parish Hall, Front Street, Sedgefield, TS21 3AT

Monday 18 July (1.30pm-3.00pm)
The Four Clocks Centre, 145a Newgate Street, Bishop Auckland, DL14 7EH

Wednesday 20 July (4.30pm-6.00pm)
Blackhills Community Centre, Derwent Street, Consett, DH8 8LS

Thursday 21 July (1.30pm-3.00pm)
The Greenhills Centre, Wheatley Hill DH6 3JS

Monday 25 July (1.30pm-3.00pm)
Durham Town Hall, Market Place, Durham City, DH1 1RH

Monday 22 August (2pm-3.30pm)
The Arts Centre, Vane Terrace, Darlington, DL3 7AX

Monday 22 August (6.30pm-8pm)
The Arts Centre, Vane Terrace, Darlington, DL3 7AX

Thursday 1 September (2pm-3.30pm)
The Witham Hall, Horsemarket, Barnard Castle, DL12 8LY

Post-consultation

No decision will be made until after the consultation has closed on 11 September, 2011.

The views and comments of everyone who contributes to this consultation will be carefully collated and analysed. This will be done independently with a full report prepared and presented to an extraordinary meeting of NHS County Durham and Darlington’s Joint Board.

Feedback from the consultation, including the final report, will be made available on www.haveasay.org.uk
Formal public consultation questionnaire

Please find below a series of questions relating to the Hyperacute Stroke Services consultation for NHS County Durham and Darlington. Please complete the questions below and send to Hyperacute Stroke Consultation, FREEPOST, RRXK-CZGR-TJJA, Unit G, Lumley Close, Thirsk YO7 3TD by 5pm Sunday 11 September 2011. Please use the reverse page for your response if necessary.

1. The split-site model cannot continue.
   [ ] Agree [ ] Unsure [ ] Disagree (please state why below)

2. The single site is the best model
   [ ] Agree [ ] Unsure [ ] Disagree (please state why below)

3. Specialist care is more important than care closer to home
   [ ] Agree [ ] Unsure [ ] Disagree (please state why below)

4. The preferred option (Durham) is the best option
   [ ] Agree [ ] Unsure [ ] Disagree (please state why below)

5. If you disagree with Q4, what alternative option would you like to see implemented and why?

6. Any other comments about this consultation?
Response continued