

Briefing note: April 2020

Temporary changes to stroke service delivery at Scarborough Hospital

This briefing has been prepared to inform you of temporary changes to the treatment and care of hyper acute stroke patients in the Scarborough and Bridlington area.

Patients who suffer a stroke in the Scarborough and Bridlington area will now receive hyper acute stroke care (typically up to the first 72 hours of care) at York Teaching Hospital, Hull University Teaching Hospital or James Cook University Hospital, rather than receiving initial assessment and care (scan and thrombolysis where appropriate) at Scarborough Hospital.

The following organisations are involved in implementing these changes:

- York Teaching Hospital NHS Foundation Trust
- Hull University Teaching Hospital NHS Trust
- James Cook University Hospital Trust
- Yorkshire Ambulance Service
- NHS North Yorkshire CCG
- NHS Vale of York CCG
- NHS East Riding of Yorkshire CCG

Advice and input has also been sought from Graham Venables, Clinical Lead for Yorkshire and Humber and Deborah Lowe, the National Clinical Director for stroke.

Background

In 2015 the Acute Stroke Service at Scarborough Hospital came under pressure with the retirement of two consultants and, despite recruitment efforts, no replacements were found. This meant that there was insufficient medical cover to continue with the same model of acute stroke care in Scarborough.

In response to this, a new pathway was introduced. Patients with symptoms of a stroke who present as 'walk ins' or who are brought by ambulance to the Emergency Department at Scarborough Hospital have been triaged and treated at the site. This has meant that initial scans, and where appropriate thrombolysis, have been carried out at the Scarborough site and all patients requiring on-going hyper acute care have been transferred to York Teaching Hospital.

Patients are then discharged home from this unit or transferred back to Scarborough Hospital for further rehabilitation (usually within 72 hours).

This model has been in place since 2015 and has achieved its original aims.

What is changing?

As referred to above, patients who suffer a stroke in the Scarborough and Bridlington area will now receive hyper acute stroke care (typically up to the first 72 hours of care) at York Teaching Hospital, Hull University Teaching Hospital or James Cook University Hospital, rather than receiving initial assessment and care (scan and thrombolysis where appropriate) at Scarborough Hospital.

The decision about which centre a patient is taken to will be based on travel times, and the Yorkshire Ambulance Service (YAS) transporting patients to the nearest centre, in terms of travel time.

Patients will still be discharged home after hyper acute care or transferred back to Scarborough Hospital for further care and rehabilitation (usually within 72 hours).

TIA and follow up outpatient appointments will continue to be held locally and access to these will not change.

Patients will continue to access local rehabilitation services.

Why is this change necessary?

The main factor affecting the sustainability of the service in its current form are the on-going medical staffing challenges.

The British Association of Stroke Physicians (BASP) describes that the workforce requirements for a stroke service to cover York and Scarborough is eight consultants.

The urgency to review the service has arisen due to the consultant covering the service in Scarborough giving notice to leave at the end of March 2020. As a result there will be only three consultants across the two sites. Efforts are being made to secure a replacement, however this has instigated an important discussion within the clinical teams around the longer-term future of the service (as currently configured). This vacancy reflects the national context, as circa four in ten hospitals providing stroke care have at least one unfilled consultant post.

A pilot in the summer of 2019 showed that direct access to CT could be achieved at the York site. This mitigates concerns from 2015 that a full divert model i.e. a model in which patients receive all their care at hyper acute centres and do not access their scan and thrombolysis at Scarborough, would destabilise the ED and CT departments at York hospital.

When will the change take effect and how long will it remain in place?

Stroke patients transferred by ambulance will start to be diverted to York Teaching Hospital, Hull University Teaching Hospital or James Cook University Hospital from **4 May 2020**.

Stroke patients who self-present at Scarborough Hospital or have a stroke at the hospital will be transferred to York Hospital.

This arrangement will remain in place until a review of the sustainable options for hyper acute stroke delivery across the region has been undertaken by the Humber, Coast and Vale Integrated Stroke Delivery Network.

Due to uncertainty in the system caused by the COVID virus, we cannot give a precise timescale for this review but anticipate it might take in the region of six to nine months. At this point, the identified options for a sustainable pathway and strategic service change can be considered. In the interim, we will monitor the temporary pathway carefully to make sure it is providing safe and effective care.

How long will patients remain at York Teaching Hospital, Hull University Teaching Hospital or James Cook University Hospital?

Hyper acute stroke care is typically needed for around 72 hours after a stroke has been confirmed.

Once medically stable, patients will be either transferred back to Scarborough Hospital to receive the appropriate level of on-going support and rehabilitation, or discharged home for on-going support in the community. This decision will be made by the medical teams, based on individual circumstances.

What will happen to patients who have a stroke mimic?

Patients who are initially assessed at York Teaching Hospital, Hull University Teaching Hospital or James Cook University Hospital with a suspected stroke but found to have a stroke mimic or TIA, will either be admitted to the relevant department within that hospital for on-going care as appropriate, or discharged home with an appointment to attend an Out Patient clinic, where required. Patients who are admitted for care will be transferred back to local care as soon as clinically appropriate, usually within 72 hours.

Where an Out Patient attendance is required, this will be provided locally, with those patients who live equidistant between two hospitals being offered a choice of location for their appointment.

Will there be any changes to referral processes for TIA clinics?

No, referrals to these clinics should continue as normal, with clinics continuing to be provided locally.

Will there be any change in access to rehabilitation services?

No, patients will continue to access local rehabilitation services.

How will these changes be monitored to ensure patients receive the care they need?

We will continually monitor the impact of these changes to ensure stroke patients receive the best possible care and treatment.

How does this impact NHS Vale of York patients?

There should be no impact on the pathways for the Vale of York Patients or on the quality of care they receive, and this will be monitored closely over the initial year.

Who can we ask if we have further questions?

If you have further questions regarding these changes, please contact:

- Mikki Golodnitski michaela.golodnitski@nhs.net or
- Vanessa Burns vanessaburns@nhs.net