

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

9th October, 2012

PRESENT – Councillor Newall (in the Chair); Councillors Macnab, E. A. Richmond, S. Richmond and H. Scott. (5)

APOLOGIES – Councillors Donoghue, Francis, I. Haszeldine, Nutt, Regan and J. Taylor. (6)

EXTERNAL REPRESENTATIVES – Lisa Cole, Head of Service, Stroke and Elderly Medicine; Dr, Bernard Esi, Clinical Director, Consultant in Stroke and Elderly Medicine and Edmund Lovell, Associate Director of Marketing and Communications; County Durham and Darlington NHS Foundation Trust; Dr Richard Harker, Clinical Lead; Rachel Rooney, Head of Delivery and Jeanette Scott-Thompson, Lead Nurse Practitioner; Darlington Clinical Commissioning Group and Diane Lax and Cynthia Sellers; Darlington LINK.

HP23. DECLARATION OF INTERESTS – There were no declarations of interest reported at the meeting.

HP24. STROKE SERVICES UPDATE – The Chair introduced the item reminding the meeting that the Committee had requested an update following its May 2012 meeting and were seeking reassurance that the centralisation of the Hyper-Acute Stroke Unit had been successfully implemented, demonstrated by increased performance, patient satisfaction and clinical outcomes.

Clinical Director, Consultant in Stroke and Elderly Medicine, Dr Bernard Esi introduced a powerpoint presentation which provided background information in respect of the decision to consolidate hyper acute stroke services onto one site from December 2011. The hyper acute stroke services unit based at University Hospital North Durham (UHND) includes four assessment beds, four hyper acute beds and eight stroke unit beds; telemedicine support for patients in other clinical areas; NEAS pre-alert for stroke admissions, 24/7 direct admission to the stroke unit and direct access to imaging.

In respect of hospital based rehabilitation services it was confirmed that there is a seven day a week therapy service which continues to be offered at Bishop Auckland General Hospital (BAGH) Rehabilitation Centre of Excellence. There have been improvements made in respect of Speech and Language Therapy provision (SALT) and there is now a full staff compliment. Members welcomed the on-going commitment to develop stroke rehabilitation and plans to develop community stroke rehabilitation services.

Members received a short demonstration in respect of telemedicine and how through the use of Skype like technology Dr Esi could have a direct visual on the Stroke Unit from the meeting room, demonstrating that assessments of patients can be made in this way.

Members expressed their disappointment that North East Ambulance Services (NEAS) were unable to provide data in respect of travel times as this had always be a matter of concern for Members but were reassured that NHS County Durham and Darlington had

reported its commitment to ensure that NEAS carry out an analysis of the impact on journey times for stroke patients.

Dr Esi reported between January 2012 – July 2012 out of the 530 confirmed strokes 85 of those were patients from Darlington and of the 470 patients directly admitted to the Stroke Unit, 62 patients were from Darlington although it was acknowledged that direct admission is not always appropriate for all patients. He added that 60 patients were not directly admitted to the Stroke Unit but of those 98% of were transferred to the Stroke Unit with four hours. During the same period Members were pleased to note that only 23 stroke patients attended Darlington Memorial Hospital (DMH) from Darlington and of those 13 were transferred to UNHD and 10 remained at DMH due to either stroke not being the primary illness and end of life pathway.

Dr Esi also explained the progress against some key indicators which included thrombolysis and rehabilitation therapy. It was explained that the percentage of suspected stroke patients admitted to a Stroke Unit within four hours of arrival had increased from 90.21 per cent to 97.8 per cent and the percentage of patients seen by the Stroke Team within 24 hours is also above the key performance target set by the Trust of 90%.

Members welcomed the development to support further improvements in acute stroke services through successfully recruiting extended nurse practitioners, an additional Stroke Consultant and an extra Registrar on the rotation to support Stroke. Members were assured that there are plenty of candidates in the current market and that the centralised Stroke Unit with direct admissions is an attraction to consultants given the population numbers the Unit serves. There is also seven day access to therapists on the Stroke Unit and there is on-going training and development of non-stroke Wards and Departments for early identification of Stroke. A patient Information Stroke DVD has also been developed and Members expressed an interest in viewing it.

Lisa Cole, Head of Service, Stroke and Elderly Medicine communicated patients' stories that had recently been collected and was pleased to announce an improvement in the majority of areas. It was noted that on a scale of one to ten the likelihood of recommendation to families and friends based on care in the Stroke Unit is 7.95 compared to the baseline of 7.55.

Particular reference was made to Durham County Council presenting the Trusts SALT Team with an award for the Aphasia Expert Patient Programme in association with the Stroke Association. Rachel Rooney, Head of Delivery explained that the Primary Care Trust (PCT) awarded all Local Authorities a pot of money under a section 256 agreement and Durham County Council invested its money into this initiative. Members queried what scheme/service that Darlington Borough Council had invested in. Ms Cole advised that the Trust also has close links with the Stroke Association with the Readmission Avoidance Scheme.

Discussion ensued about the SNAP data collection process which replaces the biannual Sentinel Audit and data would be collected on the whole pathway rather than just a percentage of patients. The Trust has agreed to be pilot and begin data collection soon.

Particular reference was made to patients being taken to DMH rather than UHND, although, it was acknowledged that it was a difficult matter to discuss without representatives from NEAS being present at the meeting. Dr Esihi reiterated that if a patient is suspected to be suffering from a stroke the best course of action is direct admission to a Stroke Unit, although, there are occasions when this is not the case. Suspected strokes can easily be ruled out by the specialist Stroke Team and the key is getting patients assessed quickly. The Chair commented that Members had received a handful of negative stories about the stroke service and Ms Cole agreed to look into each case if details could be forwarded to her.

It was noted that Stroke Improvement work was being undertaken and that the Trust are taking the lead (with assurance being sought from the Clinical Commissioning Group), given the transitional period the Primary Care Trusts and Clinical Commissioning Groups (CCG) are currently experiencing and the meeting was reassured that patients and carers would also be involved in this process. Representatives from the CCG acknowledged that the CCG are committed to involving patient and public engagement to enable the views to be taken into consideration.

In closing, the Chair remarked that Members appeared to be confident and reassured that the centralisation of the Hyper Acute Stroke Services Unit has greatly benefited the residents of Darlington and was comforted by the improved performance information and commitment to continue to develop the services. Members are delighted that the direct admissions to the Stroke Unit is resulting in reduced length of stay, better outcomes for patients and often less disability in the long term.

Resolved – (a) That County Durham and Darlington NHS Foundation Trust be thanked for the hospitality and visit to the Stroke Unit.

(b) That the presentation and the information gathered be noted.

(c) That a further update be requested in six months' time after the unit has been in existence for 12 months to allow further analysis of performance information to be reported.

(d) That Members forward any issues raised with them in respect of stroke services to the Democratic Officer to forward to the Head of Service for further investigation.

(e) That further investigations be taken up with NEAS around data collection and journey times for stroke patients.

(f) That a copy of the Patient Information Stroke DVD be made available to Members.

(g) That Democratic Officer establishes what services/schemes Darlington Borough Council spent its Section 256 funding on.