HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE
8th May, 2012

PRESENT – Councillor Newall (in the Chair); Councillors Donoghue, Francis, Macnab, E. A Richmond, S. Richmond and H. Scott. (7)

APOLOGIES – Councillors I. Haszeldine, Nutt, Regan and J. Taylor. (4)

OFFICERS IN ATTENDANCE – Chris Sivers, Assistant Director – Development and Commissioning.

EXTERNAL REPRESENTATIVES – Dr Richard Harker, GP, Jackie Kay, Interim Deputy Chief Operating Officer and Dr Andrea Jones, GP, Darlington Shadow Clinical Commissioning Group; Rachel Rooney, Commercial Officer (Stroke Cardiology, Neurology and Cancer) and Ken Ross, Public Health Team, NHS County Durham and Darlington; Lisa Cole, Senior Planning and Business Manager, Dr Bernard Esisi, Clinical Director, Stroke Physician and Edmund Lovell, Associate Director of Marketing and Communications County Durham and Darlington NHS Foundation Trust; Diane Lax, Darlington LINks and a representative from GOLD.

HP39. DECLARATION OF INTERESTS – There were no declarations of interest reported at the meeting.

HP40. STROKE SERVICE PRESENTATION – The Chair introduced the item, which was a follow up to the work Members of the Committee carried out in respect of NHS County Durham and Darlington consultation on centralising the hyper acute stroke service at University Hospital North Durham (UHND).

Dr Bernard Esisi, Clinical Director, Stroke Physician, County Durham and Darlington NHS Foundation Trust (CDDFT) introduced a PowerPoint presentation and reminded Members of the several drivers for change which led to the change to the service including; twenty four hours access seven days a week to hyper acute stoke services and direct access to a specialist stroke unit; early access to specialist stroke consultants; early brain imaging; access to thrombolysis services twenty four hours access seven days a week if required; appropriate physiological monitoring in a high dependency setting ; appropriate multi-disciplinary team input from a range of specialists and provision of seven days a week Transient Ischemic Attack (TIA) service.

Members are aware that previously hyper acute stroke services were spilt across two sites (UHND and Darlington Memorial Hospital (DMH)) alternating site for admissions, which limited the number of stroke physicians across both sites, with no direct admissions, unduly long door to needle times for thrombolysis and poor patient experience. The new service which was introduced in December 2011 consolidated the hyper acute stroke services onto a single site at UHND and 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 stoke admissions and direct access to imaging. Dr Esisi also described the ambulance protocol used for stroke admissions.

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, however, there are a number of locum staff currently. There are also links with the Stroke Association and joint care plans are being developed.

Dr Esisi 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 55 per cent to 90 per cent and the proportion of patients given clot busting drugs had increased to between 15 and 20 per cent. It was also noted that there had been improved patient experience and improved staff morale. Since the centralisation there have been 69 confirmed stroke admitted to the hyper acute stroke unit at UHND and the length of stay had also been reduced, this number (69) only refers to patients who would otherwise have been admitted to DMH and does not relate to all strokes.

Members welcome the fact that the Trust aims to continue to develop the service and develop the role of specialist nurses; recruit additional consultants; continue the development of the rehabilitation service (including enhancing seven day working and community rehabilitation including early supported discharge) and development of data collection systems to support real time data flow (Capture stroke).

Discussion ensued in respect of the positive impact of thrombolysis given the increase in the number of patients being administered the clot busting drug and how monitoring of the improvement would be undertaken in three months' time; how patient experiences are gathered, role of the Stroke Association and how patient surveys are carried out within the Trust; telemedicine as a support/assessment tool for stroke determination; concerns about locum staff within speech and language therapies; misconception that only older people suffer from stroke and integration of community services and linkages to rehabilitation service.

It was reported that NHS County Durham and Darlington have given a commitment to undertake a piece of work in respect of community services and supportive discharge and part of that work would include provision of rehabilitation and therapies, within a community setting. The piece of work would also take into consideration the recent press coverage about the Stroke Association report which criticised post stroke out of hospital care.

Particular reference was made to direct hospital admissions to DMH of patients with suspected stroke symptoms and Dr Esisi explained that sometimes suspected stroke patients needed to be transported by ambulance to the nearest receiving unit which sometimes might be DMH for an initial assessment given other clinical problems. If a stroke was confirmed that patient would be immediately transferred to UHND for treatment on the Stroke Unit.

On the whole the meeting welcomed the initial figures from the period of transition although expressed concerns about some of the pathway, suggesting that a further meeting was needed to discuss the outstanding issues and the details behind the figures.

RESOLVED –

a) That the representatives from NHS County Durham and Darlington and County Durham and Darlington Foundation Trust be thanked for attending the meeting;

b) That further information be gathered in respect of:

The numbers of suspected stroke patients who are transported initally to DMH?
Of those patients how many are later transferred to UHND with a conformed stroke?

How long does that journey take?
Of those patients who are not transferred to UHND and remain at DMH are they admitted or discharged?

c) That the formal feedback and analysis carried out by the Trust be shared with Members;

d) That the work undertaken by NHS County Durham and Darlington in respect of community specialist stroke rehabilitation services be shared with Members; and

e) That a further Special meeting of this Committee be held in September 2012 at UNHD following a visit to the Hyper Acute Stroke Unit.