

Proposal to deliver a centralised hyper-acute stroke service for patients



Background

In March 2018, the formal merger of Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust was approved by NHS regulators to create the University Hospitals of Derby and Burton NHS Foundation Trust.

The merger included a proposal to centralise hyper-acute stroke services at the Royal Derby Hospital for the first 72 hours of care, via a seven-day Hyper Acute Stroke Unit. Centralising stroke services is based on nationally agreed best practice and would include patients returning to Queen's Hospital Burton or other local community bases for follow-up care and rehabilitation.

As part of the application for the merger, both trusts undertook patient consultation and involved patients through a Patient Reference Group. A Collaboration Patient Representative workshop was also held to give patients the opportunity to discuss stroke services as part of the six clinical areas that were being reviewed.

Patient feedback on the future of stroke services was captured as part of the consultation, however commissioners and providers are holding a further eight-week consultation to give patients and the public the opportunity to have their say on the proposal.

What is the consultation about?

A good quality stroke service, as defined by the National Stroke Strategy (2007), requires patients to have 24-hour access to thrombolysis treatment seven days a week. This would be supported by a seven-day high risk Transient Ischemic Attack (TIA) clinic.

National evidence shows that patients treated at hospitals that provide 24/7 specialist stroke services are 25% more likely to survive or recover as patients benefit from fast access to high-quality scanning facilities and assessment of those who are suitable for thrombolysis and those who would benefit from other treatments.

Centralising stroke services is based on nationally agreed best practice

In line with best practice, it is being proposed that hyper-acute stroke services would be delivered via a seven-day Hyper Acute Stroke Unit at the Royal Derby Hospital. This would mean that patients receive their first 72 hours of care in Derby before returning to either Queen's Hospital Burton or other community bases for their follow-up care and rehabilitation. A single TIA service providing seven-day access for all patients in the catchment area of the two hospitals would also be established.

This consultation intends to build on the consultation and engagement that was carried out as part of the merger application process to become the University Hospitals of Derby and Burton NHS Foundation Trust. The consultation is being undertaken to ensure the views of all patients, carers and families, who may use the stroke services at the two hospitals are considered.

Where do patients currently receive Stroke treatment?

Under the current arrangements, Royal Derby Hospital delivers a stroke service to the patient population of Derbyshire. This includes a seven-day hyper-acute stroke service and high risk seven-day Transient Ischemic Attack (TIA) service.

Stroke services at Queen's Hospital Burton are delivered to patients from East Staffordshire, South East Staffordshire and the Swadlincote area of Southern Derbyshire, although may also receive patients from areas of Cannock Chase, such as Burntwood and Rugeley. This includes a seven-day hyper-acute stroke service and a five-day TIA service, Monday to Friday.

What are the proposed changes to the stroke service?

The proposal is for all hyper-acute stroke services to be delivered at the Royal Derby Hospital. Patients would be treated in the Hyper Acute Stroke Unit for the first 72 hours of their care before being moved, as appropriate, to a local service for care and rehabilitation.

A single referral point for TIAs would be established, allowing for the seven-day service to be extended to the whole population covered by the new trust. As part of the proposals, TIA patients who would have presented at hospital over the weekend would be able to access preventative treatment within 24 hours, instead of waiting until Monday.

Weekend patients would also benefit from rehabilitation and therapy provision after a stroke seven days a week at both the Burton and Derby sites with additional therapists available. Patients admitted into the Royal Derby Hospital would receive stroke specific therapy input at the weekend. These changes have been designed to drive several significant patient health benefits.

Which stroke services would stay the same?

Patients in Derbyshire who have previously accessed stroke services at the Royal Derby Hospital would continue to do so. All patients would be treated at the Royal Derby Hospital in the Hyper Acute Stroke Unit for the first 72 hours of their care. Patients would then be moved as appropriate to a local service for care and rehabilitation.

After the first 72 hours patients are stepped down from the hyper-acute monitoring beds and are assessed to determine the next stage of their care. This could mean that the patients still need to be in hospital or they could be transferred to a community hospital for rehabilitation. If they are medically fit for discharge, patients would be discharged to the care of community teams. The pathways for patients may vary between localities, therefore whilst a deep dive of those services is undertaken - East and South East Staffordshire and Seisdon Peninsula CCG services will remain the same and patients will continue to receive the same level of care.

How would patients benefit from the proposed move of services?

There are several benefits that have been identified from the proposal to centralise services at a specialist centre. Benefits identified for hyper-acute patients include:

- Reduced mortality rates
- Improved quality of life
- Reduced length of stay
- For the TIA patients reduced mortality and morbidity rates and improved quality of life

Under the proposal, the seven-day stroke service at the Royal Derby Hospital would be available for patients across the trust. This would include consultant stroke physicians, thrombolysis and ward rounds seven days per week, which Queen's Hospital Burton is not currently able to deliver with its current consultant numbers.

The seven-day TIA service, which is currently only provided to patients in Derby, would also be available to the whole population of the merged trust.

The proposed model would secure the future delivery of local stroke services and ensure a high quality of care for all patients. The proposal would also increase the number of consultant medical, nursing and therapy staff available on the Derby site enabling the unit to care for an increased number of patients.

A Case for Change has been produced to explain the different factors that have been taken into consideration in developing the proposal to deliver a centralised service model for hyper-acute stroke services at the Royal Derby Hospital

A full version of the document is available on the CCG website at:

www.eaststaffscg.nhs.uk
or by calling the CCG office on
01283 507 100.

Will patients have to travel further?

By centralising the hyper-acute stroke services, we know that there will be additional travel for some patients. However, the clinical benefit and outcomes will outweigh this as patients will have an increased chance of survival and make a fuller recovery quicker.

Mapping work has been undertaken between University Hospitals of Derby and Burton NHS Foundation Trust and West Midlands Ambulance Service and East Midlands Ambulance Service in relation to travel times across Staffordshire, which compared the difference between travelling to Queen's Hospital Burton and the Royal Derby Hospital. On average the difference was nine minutes which is relatively small. When compared to other hub and spoke models, evidence suggests there is still an improved clinical outcome for patients.

Who would be affected by the proposed changes?

Patients in East Staffordshire, South East Staffordshire and the Swadlincote area of Southern Derbyshire, as well as patients in the east of Cannock Chase, who would have previously gone to Queen's Hospital Burton would be required to go to the Royal Derby Hospital to access acute stroke services in the first 72 hours of their care.

When would the proposed move take place?

The consultation is due to close on **4 August 2019**. The CCGs will then review the feedback and make a decision at a meeting of the CCG governing body. If a decision is made to go ahead with the proposed move, changes would start to take place from September 2019.

How can I have a say?

Your views are extremely important to us and will help determine how we work together to ensure that patients receive the best possible stroke service.

The consultation will start on **10 June 2019** and will run for eight weeks, closing on **4 August 2019**.

There are many ways to share your views with us:

Complete the on-line survey on the CCG website at:

www.eaststaffscg.nhs.uk

Email us at:

mlcsu.involvement@nhs.net

Attend one of our public meetings from **6.00pm – 8.00pm** at the following venues:

Tuesday 2 July

Uttoxeter Town Hall, High Street, Uttoxeter ST14 7HN

Wednesday 10 July

Wade Street Church Hall, 34 Wade Street, Lichfield, WS13 6HL

Thursday 18 July

Burton Town Hall, King Edward Place, Burton-on-Trent DE14 2EB

Wednesday 24 July

Tamworth Masonic Rooms, 29 Lichfield Street, Tamworth B79 7QE

To book a place on any of the events visit <https://nhs.researchfeedback.net/s.asp?k=156153909867> or call us on **01283 507 100**. Please indicate if you have a request for additional support during the meetings, such as an interpreter or information in an alternative format.

Proposal to deliver a centralised service for stroke patients at the Royal Derby Hospital - consultation survey

Your views and opinions on the proposed model to centralise hyper-acute stroke services have been requested by East Staffordshire Clinical Commissioning Group (CCG). Under the current model, this service is provided by both Queens Hospital Burton (QHB) and the Royal Derby Hospital (RDH).

RDH delivers a stroke service to the population of Derbyshire, including a seven-day hyper-acute stroke service and a high risk seven-day Transient Ischemic Attack (TIA) service.

QHB stroke services are delivered to patients from East Staffordshire, South East Staffordshire and the Swadlincote area of Southern Derbyshire. This includes a hyper-acute stroke service and currently a five-day, Monday to Friday TIA service.

The proposed future model is that hyper-acute stroke services would be delivered via a centralised model at the RDH site.

Patients experiencing a stroke would be treated at RDH in the Hyper-Acute Stroke Unit (HASU) for the first 72 hours of their care. Patients would then be moved as appropriate to a local service for hospital and/or rehabilitation care post stroke.

For your feedback to be included you must tick to confirm you have read and agree with the following Data Protection statement, and consent to your responses being used as part of this consultation.

Data Protection Statement

NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) have been commissioned by East Staffordshire CCG to collect, handle, process and report on the responses gathered in the consultation. MLCSU uses a survey tool called Snap which is owned by Snap Surveys Ltd, an organisation specialising in the delivery and management of surveys. Any information you provide will be added to Snap for analysis and handled in accordance with UK Data Protection Legislation.

MLCSU may commission and share data with an external research agency to assist in the processing and analysis of the responses received to this consultation.

The survey asks respondents to provide their full postcode and demographic profiling data (age, gender, ethnicity etc.). This information is used to ensure the responses are representative of the demographics of the whole local population. The postcode data will also be used to profile and segment those participating in this engagement. This will be done using the Wellbeing ACORN tool which enables the profiling of participants' health and wellbeing in comparison with the local population. The data will be available in its entirety to MLCSU, and the CCG will be in receipt of some of the responses which will then be inputted into Snap. You do not have to provide this information to take part in the survey.

Any reports published using the data collected will not contain any personal identifiable information and only show feedback in an anonymous format. These anonymised results may be shared publicly, for example on NHS public-facing websites or printed and distributed.

Your involvement is voluntary, and you are free to exit the survey at any time. You can also refuse to answer questions in the survey, should you wish. All information collected via the survey will be held for a period of five years from the date of survey closure, in line with the Records Management Code of Practice for Health and Social Care 2016, which all NHS organisations work under.

Any queries about your involvement with this survey can be emailed to:
mlcsu.involvement@nhs.net

1. Please tick here to confirm you have read and accept the terms outlined within the Data Protection Statement as above.
2. To what extent do you agree or disagree with the proposal to centralise hyper-acute stroke services?

	Strongly agree
	Somewhat agree
	Neither agree nor disagree
	Somewhat disagree
	Strongly disagree

Your views on centralising services in the Royal Derby Hospital

3. List up to three reasons why you agree with the proposal to centralise hyper-acute stroke services

Reason 1	
Reason 2	
Reason 3	

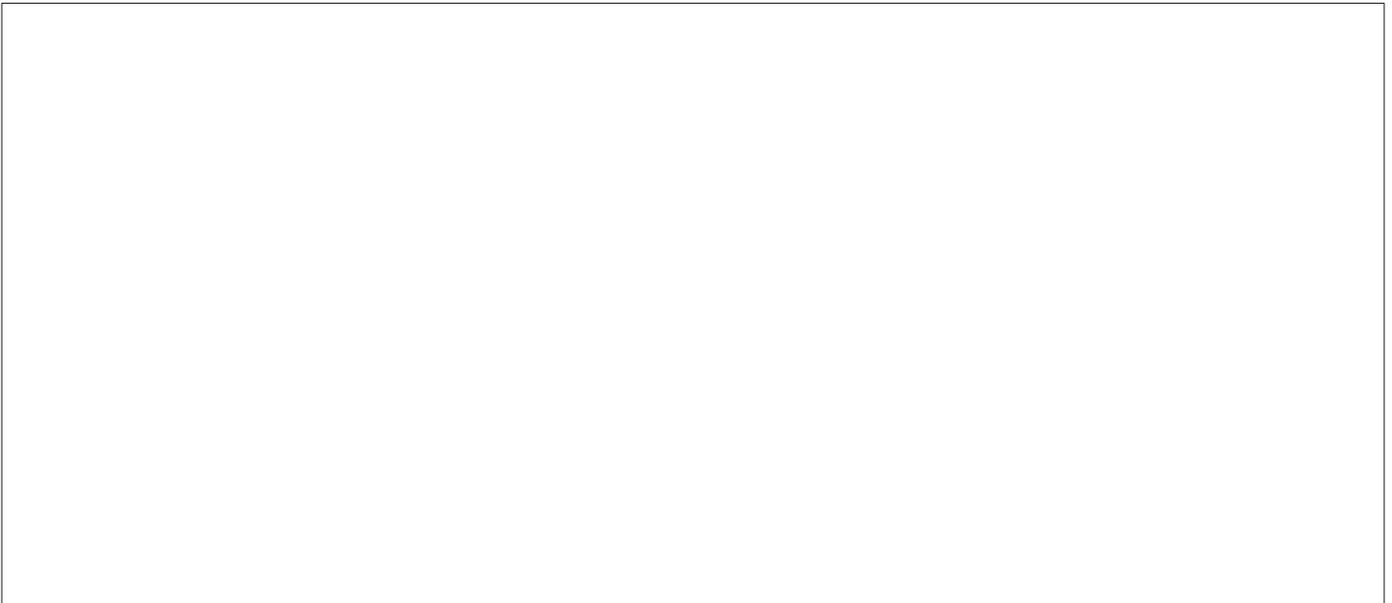
4. Do you have any concerns or are there any groups or individuals you think may be negatively impacted by this option?

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5. How could these concerns be overcome?



6. Are there any other factors you think we should consider?



About you

7. Please provide us with your postcode: this does not mean we will be able to identify you individually. It will help us to make sure that we have gathered enough views from people in each area and we will review this during the consultation period.

Enter your postcode here

8. Are you responding as:

	A member of the public
	On behalf of an NHS organisation
	On behalf of another public sector organisation
	On behalf of another organisation
	On behalf of a patient representative organisation
	On behalf of a voluntary organisation

9. What is your age category?

16 - 19	55 - 59
20 - 24	60 - 64
25 - 29	65 - 69
30 - 34	70 - 74
35 - 39	75 - 79
40 - 44	80 and over
45 - 49	Prefer not to say
50 - 54	

10. What is your ethnic group?

(Choose one option that best describes your ethnic group or background)

	White: English/Welsh/Scottish/Northern Irish/British
	White: Irish
	White: Gypsy or Irish Traveller
	White: Any other White background (<i>please specify below</i>)
	Mixed/Multiple ethnic groups: White and Black Caribbean
	Mixed/Multiple ethnic groups: White and Black African
	Mixed/Multiple ethnic groups: White and Asian
	Mixed/Multiple ethnic groups: Any other Mixed/Multiple ethnic background
	Asian/Asian British: Indian
	Asian/Asian British: Pakistani
	Asian/Asian British: Bangladeshi
	Asian/Asian British: Chinese
	Asian/Asian British: Any other Asian background
	Black/African/Caribbean/Black British: African
	Black/African/Caribbean/Black British: Caribbean
	Black/African/Caribbean/Black British: Any other Black/African/Caribbean background
	Other ethnic group: Arab
	Other ethnic group: Any other ethnic group (<i>please specify below</i>)

11. What is your religion?

	No religion
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
	Buddhist
	Hindu
	Jewish
	Muslim
	Sikh
	Any other religion <i>(please specify below)</i>

12. What is your sex?

	Male		Other <i>(please specify below)</i>
	Female		Prefer not to say
	Intersex		

13. What is your gender identity?

Gender Reassignment: Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)?

	Yes		Prefer not to say
	No		

14. What is your sexual orientation?

	Heterosexual (people of the opposite sex)		Bisexual (people of either sex)
	Lesbian (both female)		Other <i>(please specify below)</i>
	Gay (both men)		Prefer not to say

15. What is your relationship status?

<input type="checkbox"/>	Married	<input type="checkbox"/>	Separated
<input type="checkbox"/>	Civil Partnership	<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Single	<input type="checkbox"/>	Other (<i>please specify below</i>)
<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Lives with Partner	<input type="checkbox"/>	

The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period.

16. Are you pregnant at this time?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	No	<input type="checkbox"/>	

17. Have you recently given birth? (within the last 26 week period)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	No	<input type="checkbox"/>	

18. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

<input type="checkbox"/>	Yes, limited a lot	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, limited a little	<input type="checkbox"/>	

19. Do you consider yourself to have a disability?

(The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period or longer) or substantial adverse effects on their ability to carry out day to day activities).

<input type="checkbox"/>	Physical disability	<input type="checkbox"/>	Long-term illness
<input type="checkbox"/>	Sensory disability e.g. deaf, hard of hearing, blind, visually impaired	<input type="checkbox"/>	Other (<i>please specify overleaf</i>)
<input type="checkbox"/>	Mental health need	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Learning disability or difficulty	<input type="checkbox"/>	

20. Please describe your physical disability below:

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21. Please describe your sensory disability below:

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22. Please describe your long-term illness below:

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23. Other, please describe below:

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24. Do you care for someone? (Tick as many as appropriate)

<input type="checkbox"/>	Yes - Care for young person(s) aged under 24 years	<input type="checkbox"/>	Yes - Care for adult(s) aged 25-49 years
<input type="checkbox"/>	Yes - Care for older person(s) aged over 50 years	<input type="checkbox"/>	No
<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	

25. Have you ever served in the armed services?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	No	<input type="checkbox"/>	

Thank you for taking the time to complete this survey

Please tear out these survey pages and return to us at:

Freepost Plus RTAA-XTHA-LGGC

Communications

Heron House

120 Grove Road

Stroke-on-Trent

ST4 4LX

Visit your local CCG's website

northstaffsccg.nhs.uk

stokeccg.nhs.uk

eaststaffsccg.nhs.uk

sesandspccg.nhs.uk

staffordsurroundsccg.nhs.uk

cannockchaseccg.nhs.uk



