

North Yorkshire County Council
Harrogate and Knaresborough Area Constituency Committee
21 March 2019
Briefing on changes to Hyper Acute Stroke Services in Harrogate

1.0 Purpose of Report

- 1.1 To update the committee on changes to the provision of hyper acute stroke services in Harrogate and the surrounding area.

2.0 Background

- 2.1 In the summer and autumn of 2018, the North Yorkshire County Council Scrutiny of Health Committee scrutinised proposals by Harrogate and Rural District Clinical Commissioning Group and Harrogate and District NHS Foundation Trust to move hyper acute stroke services from Harrogate Hospital to York and Leeds. At the meeting on 14 December 2018, the Scrutiny of Health Committee agreed to support the proposed changes, based upon the evidence that had been submitted. The relevant extract from the minutes of the committee meeting and the report that was submitted to the committee, are in Appendix 1 and 2 respectively.

- 2.2 The changes to hyper acute services will come into effect as of April 2019.

3.0 New service model

- 3.1 At present, hyper acute stroke services are provided at Harrogate District Hospital. Each year, the service treats about 300 people. This is significantly below the clinical minimum of 600 for such a service.
- 3.2 The hyper acute service currently provided at Harrogate District Hospital has also been impacted by workforce shortages and has relied on one stroke consultant supported by neurology and acute medicine.
- 3.3 The new model for the provision of hyper acute stroke services to the population of Harrogate and the surrounding area will be as follows:
- Suspected strokes will be transported by Yorkshire Ambulance Service to either York Teaching Hospital or Leeds Teaching Hospital, bypassing Harrogate District Hospital
 - Patients will be taken to the stroke centre that is nearest
 - Any patients who self-present with suspected stroke at Harrogate District Hospital will be taken to Leeds Teaching Hospital
 - Leeds Teaching Hospital will take on an additional 210 confirmed strokes and 100 mimics per year
 - York Teaching Hospital will take on an additional 80 confirmed strokes and 40 mimics per year
 - Patients will be transferred back to Harrogate District Hospital as soon as possible and most likely within 72 hours
 - Patients will receive rehabilitation through the existing rehabilitation services at Harrogate District Hospital or go straight home and receive community-based rehabilitation support.

3.4 The new of service provision was approved by the Yorkshire and Humber Clinical Senate and the National Clinical Director for Stroke. No options were considered to be clinically suitable.

3.5 At their meeting on 14 December 2018 the Scrutiny of Health Committee agreed that, as this was the only viable option for the long term provision of hyper acute stroke services for people of Harrogate and the surrounding area, there was no need for a full public consultation.

4.0 Follow up

4.1 The Scrutiny of Health Committee will maintain a watching brief on the new service model and will receive formal reports from Harrogate and Rural District Clinical Commissioning Group and Harrogate and District NHS Foundation Trust on a six monthly basis for the first 18 months. This will allow the performance of the new service model to be assessed, along with any unintended consequences.

5.0 Recommendation

5.1 That the committee notes the report and identifies any specific, local issues of concern that could be referred to the North Yorkshire County Council Scrutiny of Health Committee.

Daniel Harry
Democratic Services and Scrutiny Manager
North Yorkshire County Council
13 March 2019

Appendix 1 – extract of the minutes of the meeting of the North Yorkshire County Council Scrutiny of Health Committee on 14 December 2018.

73. Hyper acute stroke services at Harrogate District Hospital

Considered -

The report of Joanne Crewe, Mikki Golodnitski and Bruce Willoughby from Harrogate and Rural District Clinical Commissioning Group and Dr David Scullion from Harrogate District Hospital regarding the changes to hyper acute stroke services at Harrogate District Hospital.

Mikki Golodnitski introduced the report and the key points are as summarised below:

- Hyper acute stroke will transfer from Harrogate Hospital to Leeds and York Hospitals, with subsequent rehabilitation services being provided at Harrogate Hospital, as of April 2019
- Evidence shows that people who receive care in hyper acute stroke units that see a minimum of 600 new admissions per year have better outcomes, even if the initial travel time is increased
- Harrogate currently sees on 300 a year
- Patients will be repatriated quickly, usually within 72 hours
- There is capacity in Leeds to pick up the anticipated additional 200 cases per annum
- Further work on communication and engagement is planned.

Daniel Harry noted that this was the first time that this item had come to a formal, public meeting of the committee. Previously discussions had taken place at the Mid Cycle Briefing, which is a private and meeting of the Chair, Vice Chair and Group Spokespersons.

County Councillor Jim Clark stated that he had been involved in this change of service for some time and that all aspects had been thoroughly reviewed. He noted that a public consultation was not required as this was the only viable option available to the commissioners.

County Councillor Jim Clark asked for a view from the committee as to whether they endorsed this change to hyper acute services in Harrogate. There was unanimous support.

Resolved -

- 1) Thank all for attending
- 2) The committee supports the changes to hyper acute stroke services at Harrogate District Hospital.

**Appendix 2 – report considered at the North Yorkshire County Council Scrutiny
of Health Committee on 14 December 2018.**

**Changes to hyper acute stroke services in Harrogate District
Update briefing for North Yorkshire Scrutiny of Health Committee
14 December 2018**

1. Introduction

The purpose of this paper is to:

- Describe the progress that has been made with regards to future hyper acute service delivery.
- Provide an update on the communications plan.
- Describe the next steps in the process.

2. Background

On 27 July 2018 and 02 November 2018, the need to develop a new and sustainable model of hyper acute service delivery for the population served by Harrogate District Hospital, in order to achieve the best possible outcomes for people was discussed at Scrutiny of Health Committee mid cycle briefings.

In summary this reflected the following:

Due to the size of the catchment population, the service admits in the region of 300 new patients per annum. This is below the nationally accepted best practice threshold of a minimum of 600 new patients per annum, which has been endorsed by the National Clinical Director for stroke, through the Yorkshire and Humber Clinical Senate and the West Yorkshire and Harrogate (WYH) Stroke Task and Finish Group. This was identified as the main driver for change.

Despite numerous attempts at recruitment, the service has largely relied on a single handed stroke consultant supported by neurology and acute medicine. The support from these colleagues will not be available beyond April 2019.

Other workforce shortages and CT down time over the past year have at times resulted in short term diverts being put in place to other services (York and Leeds).

The 7 day standards, which are intended to ensure equitable access to care for all patients regardless of the time of day or week, cannot be met with the current available workforce.

The Committee has supported the need for a new service model, where patients would access hyper acute care at specialist centres (Leeds and York) but continue to receive rehabilitation close to home.

The Committee has also agreed that as this is the only viable option for the long term provision of hyper acute stroke services for people of Harrogate and the surrounding area, there was no need for a full public consultation.

3. Update on work undertaken to date

The West Yorkshire Association of Acute Trusts (WYAAT) is leading a piece of work to support the development and delivery of a sustainable model of hyper acute services for people who live in Harrogate and Rural District.

The partnership approach includes:

- Harrogate and Rural District Clinical Commissioning Group (HaRD CCG)
- Harrogate and District NHS Foundation Trust (HDFT)
- Yorkshire Ambulance Service (YAS)
- The Leeds Teaching Hospitals NHS Trusts (LTHT)
- York Teaching Hospital NHS Foundation Trust (YTHFT)
- West Yorkshire & Harrogate Health and Care Partnership (WY&H HCP) Stroke Programme

In June 2018 around 20 possible options for future service delivery were identified. These options were reviewed for clinical and operational deliverability and safety to identify a smaller number of options for more detailed options. The options appraisal was completed with input from all the partners listed above.

From the options appraisal, a preferred model has been identified by the partners :

- Hyper acute stroke service at Harrogate District Hospital will cease and instead suspected strokes will be transported by Yorkshire Ambulance Service (YAS) to either York Teaching Hospital (YTHFT) or Leeds Teaching Hospital (LTHT).
- Patients will be taken to the stroke centre that is nearest in terms of travel time.
- Any patients who self-present with suspected stroke at HDFT will be taken to LTHT.
- Under the proposed model it is expected that in the region of 210 confirmed strokes and 100 mimics will receive their initial care at LTHT and 80 confirmed strokes and 40 mimics will receive their initial care at YTHFT.
- Following receipt of hyper acute care, patients will be repatriated to HDFT as soon as possible, likely within 72 hours.
- Patients will receive rehabilitation through the existing rehabilitation services at HDFT or go straight home and receive community-based rehabilitation support.

This model has been approved by the Yorkshire and Humber Clinical Senate and the National Clinical Director for Stroke.

Work to develop detailed operational planning has commenced. The working group meets regularly to discuss progress, identify any risks and agree mitigating actions and next steps. The plan is to implement the new model from early April 2019. Until then hyper acute stroke services will continue to be provided at HDFT. **A high level**

action plan, updated following the November meeting of the working group and highlighting progress against each action, is included at Annex A.

All providers have developed costed implementation plans to inform their combined business case. An agreed costing model has been used to make sure that a fair means of sharing the available resources between providers can be found. Discussions to agree how the available resources can be fairly split between providers are being arranged.

Further engagement work has also been carried out with colleagues at York Hospital to mitigate concerns about impact on operational delivery.

This work has been consistent and in parallel with the review of hyper acute and acute stroke services which has been completed across WY&H Health and Care Partnership (HCP). Working together on the WY&H HCP footprint has enabled us to ensure sustainable care is delivered to the national best practice standard to a broader population, including the residents of Harrogate and Rural District. There has been comprehensive engagement on the delivery of hyper acute services in the region with health and care partners, local and regional decision makers and members of the public and volunteer and community sectors. **More details of past engagement can be found in Annex B.**

It is important to note that working with community care services is an important part of our work. If we are to rehabilitate people back into their communities after the first 72 hrs of specialist stroke support, as close to home as possible, having the right local care in place so people make a good recovery is essential.

4. Communications

We will ensure an agreed approach to communications as we implement changes for Harrogate District and keep Scrutiny of Health Committee and other stakeholders updated.

Communications objectives

To ensure:

- Information supports a seamless transition to a new approach for serving Harrogate District patients who experience stroke and require treatment in a hyper acute stroke unit.
- Patients, their families, and carers know what to expect from stroke services.
- Transparency with the wider public about why these changes are being made.
- Impacted health and care staff understand the changes and what they mean for them.
- Clear and consistent information about the revised approach, the reasons for it and the benefits it will provide.

Audiences

- Patients, their carers and families
- HDFT staff at all levels
 - Board
 - Governors and Members
 - Staff directly affected
 - Trust-wide staff
- LTHT staff
- YTHFT staff
- Local, regional and national political leaders
- Local and regional media
- Local volunteer and community services
- Yorkshire Ambulance Service (YAS)

Key messages

- Evidence shows that people who receive care in hyper acute stroke units that see a minimum of 600 new admissions per year have better outcomes, even if the initial travel time is increased. The stroke unit at Harrogate District Hospital does not meet this threshold, nor is it ever likely to.
- NHS hospital trusts, ambulance services and commissioners have been working cooperatively together to develop a new model of hyper acute stroke services consistent with recommended clinical best practice.
- Under the new model, patients requiring hyper acute stroke care will be taken directly by ambulance to a larger hyper acute stroke unit in order to ensure that the treatment they receive is both timely and effective. It is likely that this will be either Leeds or York, whichever is nearer. Patients will be transferred back to Harrogate District Hospital as soon as possible after initial treatments where they will receive their ongoing rehabilitation care locally.
- While patients may receive hyper acute treatment at neighbouring hospitals they will be repatriated quickly, usually within 72 hours. We hope that speedy repatriation will help minimise impact on carers and families when a loved one suffers a stroke.
- Changes in Harrogate District apply to hyper acute stroke services only. Rehabilitation services will continue to be provided in the existing rehabilitation services at HDFT or in the community.
- To help inform our way forward, over the past couple of years extensive public engagement with more than 2,000 people has taken place including with people who have had a stroke, their carers, community organisations and health professionals.

Approach

We anticipate the new approach to delivering hyper acute stroke services for Harrogate District will be implemented from early April 2019.

We will ensure that communications and engagement activities are aligned with, and fully integrated into, the local operational implementation plans.

Activities will include:

Audience	Engagement	Progress	Lead
Patients, their carers and families	Communications from a clinical perspective for patients, their carers and families will be integrated into the operational implementation plan. Develop patient and public facing materials which outline stroke services under the new model Update HDFT website to reflect new approach to stroke provision: https://www.hdft.nhs.uk/services/stroke/	HDFT and HARD CCG comms lead meeting in December to firm up plans to develop public facing materials	HARD/HDFT
HDFT staff at all levels	Briefing sessions will take place for HDFT staff. These will be integrated into the implementation plan.	Staff aware of changes. Formal briefing sessions to begin from January.	HDFT
LTHT staff	Briefing sessions will take place for LTHT staff. These will be integrated into the implementation plan.	Staff aware of changes. Formal briefing sessions to begin from January.	
YTHFT staff	Briefing sessions will take place for YTHFT staff. These will be integrated into the implementation plan.	Staff aware of changes. Formal briefing sessions to begin from January.	YTHFT
Local, regional and national political leaders	Local, regional and national leaders are aware of the current direction of travel for hyper acute stroke services in Harrogate District. We will provide further briefings as the proposals develop and timescales for transition emerge.	Ongoing communication through the WY OSCs and with WYAAT senior leadership, Monthly briefing to NHSE. YH Clinical Lead has updated the National Clinical Director and awaiting further advice re updates to the YH Senate.	HaRD CCG & HDFT

Local and regional media	We will provide briefing to local and regional media to ensure full transparency about the new approach in Harrogate District. This will set out the reasons for the new approach and the benefits which it will deliver.	Background conversation held in response to query from Look North. Joint statement between HARD CCG and HDFT prepared in case of media interest. Shared with Harrogate Advertiser in response to query. Proactive briefing to be released in March.	The lead spokesperson will be a consultant/clinical medic/CCG GP lead
Local volunteer and community services	We will brief the volunteer and community services community through the Harrogate and Ripon CVS newsletter (which reaches about 900 subscribers). [TBC: briefing session for interested individuals and organisations e.g. hosted by the local Stroke Association. ¹]	To be drafted in Feb/March	HARD CCG/HDFT

5. Next steps

Continue to work with stakeholders to ensure that the service change is managed in a safe and timely way, with any risks identified and mitigated.

Complete financial discussions

Continue to implement the communication and engagement plan.

¹ Stroke Association, Regional Centre, Unit 7, Killingbeck Court, Leeds, West Yorkshire, LS14 6FD, Telephone Number: 0113 2019 780

Annex A – High level action plan: updated Dec 18.

Trust	Action and progress	Completion date
YTHFT	Action: Full Impact Assessment for ED, CT and Acute medical services to be undertaken and appropriate mitigating actions agreed. Progress: YTHFT are confident of being able to manage the service development and are awaiting completion of financial discussions before commencing recruitment. Only minor equipment purchase required.	Completed
HDFT	Action: TIA-process for referring patients to Leeds and York at weekends. Progress: Discussions are underway with LTHT and confirmation of process expected in December	31 Dec-18
HDFT, YAS and LTHT	Action: Procedure for transferring patients that self-present at HDFT to LTHT Progress: In development and on track for completion in December	31 Dec-18
HDFT	Action: Communication with relevant parties Progress: Separate communication and engagement plan contained in body of the paper	Ongoing
HDFT	Action: Cover of thrombolysis rota Dec-March within HDH Progress: HDFT recruiting to a post that will cover this until the end of March 2019.	Completed
YTHFT	Action: Development and Agreement of Internal Business Case Progress: Awaiting completion of financial discussions	31 Dec 18
All	Action: Trusts to develop financial approach and agree with CCG. Progress: Trusts working on the approach and a meeting is scheduled for December	31 Dec 18
HDFT	Action: Stroke repatriation policy agreed Progress: WYH Stroke Repatriation Policy has been updated to include comments from providers. Final approval from commissioners pending.	Jan 19
HDFT	Action: Procedure for transferring patients who have had a stroke that occurs in HDFT to LTHT Progress: In development and on track for completion in January.	Jan-19
LTHT	Action: Reconfiguration work to accommodate additional HASU beds and capacity Progress: LTHT stroke team are working with local commissioners to shore up the Community services in order that more patients can be pulled from the bed base	March 19
YTHFT	Action: Reconfiguration / Minor works to current Stroke Unit to accommodate the additional HASU Bed and capability	March-19

	Progress: YTHFT Feasibility work commencing in December.	
YTHFT<HT	Action: Procurement of required additional Equipment Progress: Equipment needs identified and on track to procure in time	March-19
LTHT &YTHFT	Action: Recruitment process for additional Nursing staff- as above Progress: Additional staffing numbers identified. Recruitment to commence upon completion of financial discussions	March 19
LTHT & YTHFT	Action; Recruitment process for additional Therapy staff- as above Progress: Additional staffing numbers identified. Recruitment to commence upon completion of financial discussions	March 19
LTHT &YTHFT	Action: Recruitment process for additional medical cover(LTHT)/ stroke consultant (YTHFT) Progress: to commence in December 18.	March 19
HDFT	Action: HDFT consultant to withdraw from regional telemedicine rota and join the Leeds and York thrombolysis rota Progress: Notice given to regional rota and staff working through transition period between January and March	03 April 19
YAS	Action: Procurement process for private ambulance capacity to support reconfiguration from 03 Apr 19 Progress: Needs identified and costings shared with CCG	03 April 19
HDFT	Action: Cease stocking Alteplase on site	03 April 19
YAS	Action: Procurement/recruitment process for in house capacity to support reconfiguration in the long term Progress: Needs identified and costings shared with CCG	Ongoing
ALL	Implement new model	03 April 19

Annex B - Engagement

There have been a number of engagement exercises to inform this work, largely carried out within the context of the WY&H HCP review of specialist stroke services.

In 2017 Healthwatch was commissioned to lead engagement work about the sustainability of quality stroke services and reducing the incidence of stroke wherever possible across West Yorkshire and Harrogate. The engagement work involved asking people how stroke services could be further improved to make sure they are fit for the future.

Harrogate and Rural District engagement included:

- Ninety-nine survey responses from people who live in Harrogate District.
- Healthwatch North Yorkshire met with exercise groups, attended outpatients, stroke units and held an event for the VCS. During these activities they spoke to 62 people:

event	participants
Harrogate Exercise with Parkinson's class – presentation and discussion	8
Harrogate Exercise after Stroke class – presentation and discussion	18
Harrogate Outpatients Ward, Harrogate Hospital – one to one conversations	15
Harrogate Oakdale Ward (Stroke, Neurology, Oncology and Haematological conditions) Harrogate Hospital – one to one conversations	5
Harrogate Exercise after Stroke class – presentation and discussion	10

- Activity undertaken to raise awareness
 - GP newsletter 50+
 - Staff briefings 40 at HaRD CCG and 112 at HDFT
 - Staff bulletin 4,000 at HDFT
 - Social media
 - HaRD CCG - Near 7000 Twitter and Facebook posts shared on local community group pages with over 35,000 followers
 - HDFT – 1,500 views of Twitter posts and 1,600 Facebook reach
 - Website stakeholder newsletter - NHS Staff, public health leads, local authority 4,500 (HaRD CCG) and 400 (HDFT)
- Harrogate District workshop March 2018 (in Pannal) – engagement on draft criteria 8 people participated at workshop, from:
 - Harrogate and Rural District CCG
 - Carers Count
 - Patient partner of Harrogate and Rural District CCG
 - A carer
 - Practice nurse
 - Rees fitness