



Appendix 5(a)

# Lancashire and South Cumbria Stroke services programme

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**Audience:** Blackpool Adult Social Care and Health Scrutiny Committee  
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## Purpose of today's visit

- Stroke service improvements
- Enhanced acute and rehabilitation stroke services - reminder of the whole system network approach, the drivers for change and the proposed model of care and an update on the progress made so far
- Receive feedback from the Committee to inform the implementation of the programme
- Members of the programme team can answer the Committee members' questions

# Improvements in stroke services

- Relaunch of the L&SC cardiac and stroke prevention network – priority areas of focus being atrial fibrillation (AF), blood pressure, cholesterol and weight management
- RBH have commenced an 8am – 8pm 7 day ambulatory care service
- Two new bi-planars (a replacement and an additional machine) have been sourced to support the delivery of thrombectomy procedures at RPH
- Recent SSNAP scores (Q2 2022/23) showed all the region's stroke services have maintained or improved their score – with two services achieving A ratings
- Continued meaningful involvement and contribution from stroke survivor and carer reps
- Dedicated workstreams to improve psychological input following stroke and improve neurorehabilitation services
- Successful pilot of NROL (Neurorehabilitation on-line)
- Improved recruitment to inpatient and community therapy teams
- Implementation of AI for stroke to support early identification of suitability for thrombolysis and thrombectomy

# Improvements in stroke services

- New build ambulatory care area opens at Blackpool Victoria on 30 January
- Work on the stroke gardens which will provide an outdoor space for patients to enhance their recovery, particularly form a mental health point of view are to start mid-Jan and therapist led rehabilitation sessions.

## Thrombolysis rates (%)

Oct – Dec 2022	Jan – Mar 2022	April - May 2022	June - Sept 2022	National	Target
3.5	9.0	8.4	6.3	10.8	15

# Case for Change

- 6,409 people attended a hospital A&E department in LSC with either stroke or stroke mimic symptoms in 2020/21.
- There were 2,575 patient admissions for acute stroke care and 442 deaths due to stroke in 2020/21.
- None of the hospitals in L&SC currently provide hyper-acute stroke care or in-patient stroke rehabilitation 7 days a week, 24 hours a day in line with national expectation or ISNDN ambition.
- Thrombolysis rates in LSC is 8.9%, below the national ambition of 15%
- Thrombectomy rates in LSC is 2%, well below the national ambition of 10%
- The average length of stay in hospital across the 4 Providers in 2019/20 was 25 days (admission through to discharge). This is well above the LOS found in London (16 days) and Greater Manchester (17 days) stroke services.
- There is a significant shortfall in medical, nursing and allied health professional staffing in all LSC acute stroke services compared to the RCP national minimum staffing standards.
- The current configuration is not delivering positive patient experience as reflected through the engagement exercises with stroke survivors and carers in the development of this business case

# Model of Care

Having an enhanced Network model will mean more equitable access to important life-saving care 7 days a week and an increased availability of treatments reducing long-term disability, deaths and costs to health and social care economy.

3 Acute Stroke Centres offering 24 hour stroke specialist care available 7 days a week – Preston, Blackburn and Blackpool; 72 hours then repatriate (to Furness and Lancaster)

Stroke triage nursing and ambulatory care pathways in all hospital sites providing urgent stroke care to better manage/refer stroke mimic presentations and protect stroke beds

In-patient Stroke Rehabilitation Units available at all hospitals including Furness and Lancaster - 7 day working

Triage, treat and transfer from Furness General Hospital to Preston Comprehensive Stroke Centre

Direct divert ambulance transfer to Preston for people typically attending the Royal Lancaster Infirmary and Westmorland Hospital

Appropriate ambulance cover for patient repatriation to local in-patient stroke rehabilitation units after first 72 hours

Integrated Community Stroke Rehabilitation Teams in all localities

# Progress

PRIORITIES		
YEAR 1 2021/22	Complete fully integrated community stroke rehabilitation recruitment – <del>BwD</del> CCG & Central Lancs CCGs only	✓
	Blackpool hospital estate modification to enable provision of ambulatory care	✓
	Increase x5 hyper-acute stroke beds at Preston to facilitate 24/7 thrombectomy service	✓
YEAR 2 2022/23	Recruit stroke triage nurses – LTH, BTH and FGH	✓
	Enhance stroke specialist workforce to deliver <u>7 day</u> ambulatory care – LTH, BTH, RBH and FGH	✓
	Preparation for transition to become ASC and CSCs - estates and equipment	
	Ensure all sites providing a <u>6 day</u> rehabilitation service	✓
YEAR 3 2023/24	Expansion of Comprehensive and Acute Stroke Centre workforce to deliver 24/7 service – LTH, BTH and RBH	
	Expansion of Acute Stroke Centres - Blackpool and Blackburn sites. Preston - equipment only	
	<u>7 day</u> rehabilitation service across all acute sites	✓
	Enhance NWAS resource to complete additional patient transfers per day from UHMB to Preston and repatriation of HASU patients.	



Completed



Partially completed

# Implementing the Business Case

The Acute Business Case was signed off in Summer 2021 and we are part way through implementation.

It has been brought to our attention Stroke activity across the country has changed in the last 12 months:

- Increased number of stroke mimics
- Increased number of confirmed strokes (and complexity)
- Increased number of patients moving onto rehabilitation wards
- Ambulatory care services are not fully established

Conversations are currently underway with stroke service teams to:

- better understand the impact on Royal Preston (increased number of beds) and NNAS
- explore options to implement the business case during this changing landscape.

It is expected a recommendation will be agreed via the appropriate governance in the coming weeks. The Business Case will be refreshed to reflect changes and the implementation plan updated with new timescales.

# Questions & Committee feedback