



West Yorkshire and Harrogate  
Health and Care Partnership



# West Yorkshire and Harrogate Health and Care Partnership

## Stroke care

May 2018

# Hello my name is ..... Andy Wright from the Consultation Institute



# About today...

- What does good look like
  - Prevention, awareness
  - What happens when you have a stroke
  - Care afterwards
- Progress update
- Engagement findings - how they have informed our work
- Your opportunity to have your say on what is most important to you
- Update you on the next steps



# About today...& ground rules



# Housekeeping





# Agenda

	Item	Time
1.	Welcome	9.30am
2.	Update on progress of work and share how the February and March 18 engagement findings have informed our work	9.40am
3.	<b>Activity 1</b> Your opportunity to provide feedback on our work to date	10.15am
4.	Feedback	10.30am
5.	Break	10.45am
6.	<b>Activity 2</b> Your views on the desirable criteria and weightings – discuss which most important	11.00am
7.	Feedback	11.45am
8.	Provide overview of next steps / the process and working with our partners across the area to look at the clinical models	12.15pm
9.	Close and thank you for your valuable time	12.30pm



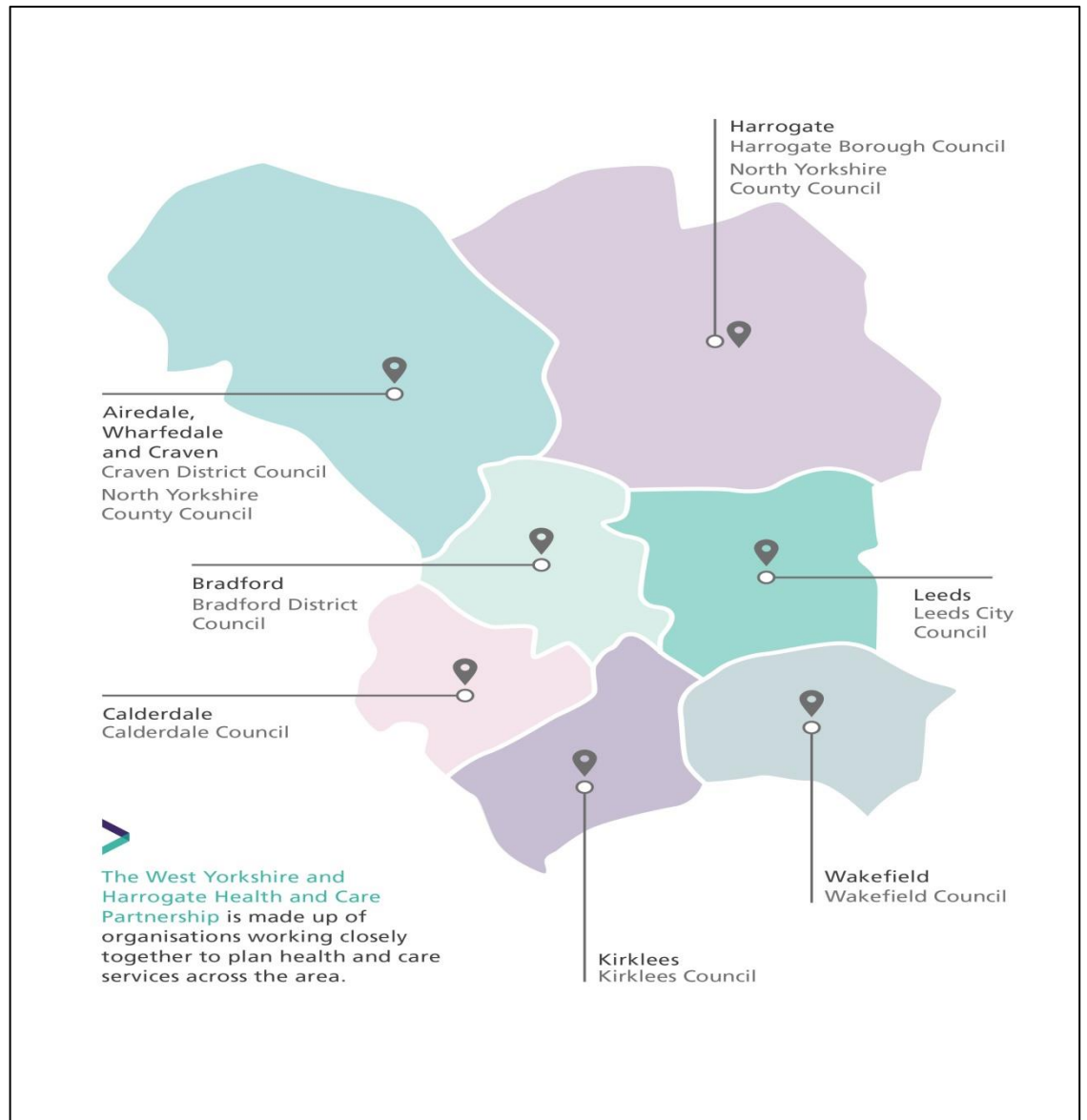
Linda Driver

West Yorkshire and Harrogate  
Stroke Programme Manager



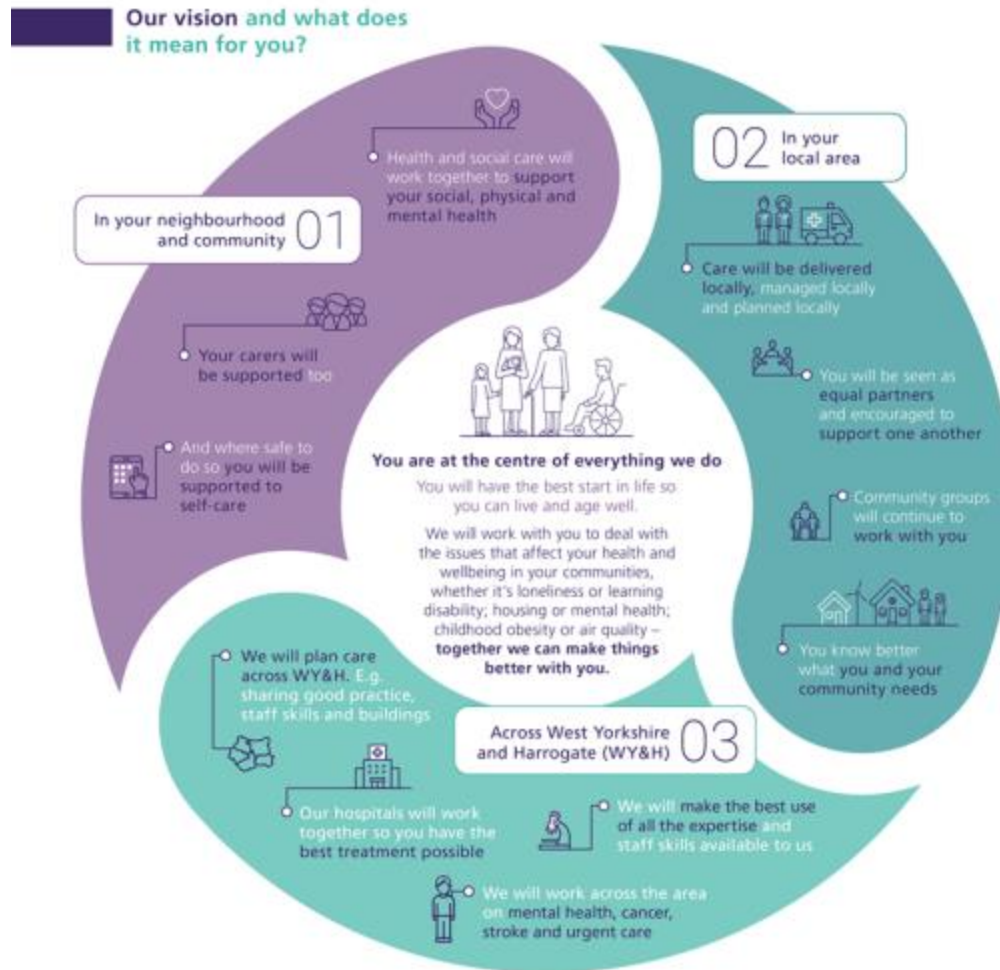
# West Yorkshire and Harrogate Health and Care Partnership area

2nd largest in the  
country in terms of  
population – 2.6m  
people, over £5bn of  
health and care  
funding.





# The work we are doing to realise our vision



Dr Andy Withers

Clinical Chair, Bradford Districts CCG &  
Chair of West Yorkshire and Harrogate  
Stroke Task & Finish Group



# Update on progress to date



# Key themes

- Raise awareness of the signs and symptoms with public and health professionals
- Raise awareness with our communities of how to prevent stroke
- Improve communication and support for carers
- Joined up working with other organisations e.g. local councils, community organisations, primary care
- Consistency in the quality and availability of care and ongoing support
- Concerned with issues around workforce
- Consider impact from other areas.



# Hearing from people who matter – those who have experienced stroke

## Film 1



# What we're doing?

- **Preventing stroke**
  - Working with GPs to identify people with Atrial Fibrillation (erratic heartbeat)
- **Pre hospital phase**
  - FAST (Face, Arms, Speech, Time)
  - Care pathway and clinical assessments
- **Hyper acute stroke service** (specialist care in first 72 hrs)
- **Recovery after a stroke / end of life**
  - Working with our local areas services
- **Workforce**
  - Part of our West Yorkshire and Harrogate plan
  - Career development and progression to minimise staff turnover
  - Networks and sharing best practice
  - Promote system wide working



# What does good look like

- The journey from the ambulance call
- The first 72 hrs
- Right through to discharge





# Why do we need to change?

- 3,700 stroke a year
- Depending where you live some people have a better experience than others
- By changing the way we deliver care after stroke we can improve care and reduce our patients chances of living with a disability afterwards.
- More demand for stroke care
- Workforce challenges
- We want all stroke care to meet new and existing standards.



# Care people receive

Our hospitals performance against key standards

	Oct - Dec 15	Jan-Mar 16	Apr-July 16	Aug-Nov 16	Dec-Mar 17	Apr-Jul 17
Airedale General Hospital	D	C	D	D	D	D
Bradford Royal Infirmary	D	D	D	D	D	D
Calderdale Royal Hospital	D	B	C	B	B	B
Harrogate District Hospital	C	D	C	D	D	D
Leeds General Infirmary	D	D	C	C	C	B
Pinderfields Hospital	D	D	C	C	C	B

- April to July 2017, half of our hospitals scored B and the rest scored D.
- In Manchester 7 out of 9 hospitals scored A or B.
- In London 23 out of 32 of hospitals scored A or B.

\*Information source Stroke Sentinel National Audit Programme



# What do we want to do...

- Treat more people at risk of stroke
- Make sure our specialist stroke services (the care people receive in the first few hours and days after having a stroke) are 'fit for the future'.
- Give you the best care possible
- Make the most of our skilled staff
- Best use of technology
- Share learning from other parts of the country
- Share staff expertise across our area
- Ensure we improve care across all our stroke services (from prevention through to community and after care).



# Clinical evidence (examples)

- Minimum stroke admissions per year (600)
- 7 days hospital standards for stroke
  - Immediate access to scanning and consultant review
  - 24 hour, 7 days a week access to thrombolysis treatment
- Other key standards
  - 60 minutes from arrival to hospital to treatment (thrombolysis where clinically appropriate)
  - Swallow screening assessment within 4hrs of arrival at hospital



Rory Deighton

CEO, Kirklees Healthwatch



# People have told us...

- We need to look at people's needs, from preventing stroke happening, to care in the community afterwards
- They are aware of the FAST campaign and the importance of getting diagnosis and treatment as soon as possible
- Carers need support too
- After care is very important
- The role of community and voluntary organisations is crucial
- Need to provide appropriate levels of emotional support and advice
- Visiting relatives is important
- Report findings available.



# Cont..

- People would travel further to receive treatment by specialists but want transfer back to local care as soon as possible
- Some people are worried about the extra journey time on their health, visiting and parking
- Those who have had a stroke described excellent levels of care with staff willing to help although they are very busy
- People agreed there should not be a difference in care during the week and at weekends
- Concern that the decision to reduce stroke units has been made
- Worried about the impact on remaining units to cope with demand.





Andy Wright

The Consultation Institute



# Activity 1 - Opportunity to provide feedback on our work

## Table discussion:

1. Do you recognise the need for change in the ways that have been described today in relation to stroke services?
2. Do you feel the discussions you've heard today related to further improving specialist stroke service outcomes Stroke pathway developments will help to meet the needs of people who are having a stroke?
3. What do you think of the discussions you've heard today related to post-acute stroke recovery services?
  - Keep it positive and don't get stuck on one issue.
  - Feedback of 2 minutes – keep it short and sharp



# Linda Driver

West Yorkshire and Harrogate  
Stroke Programme Manager

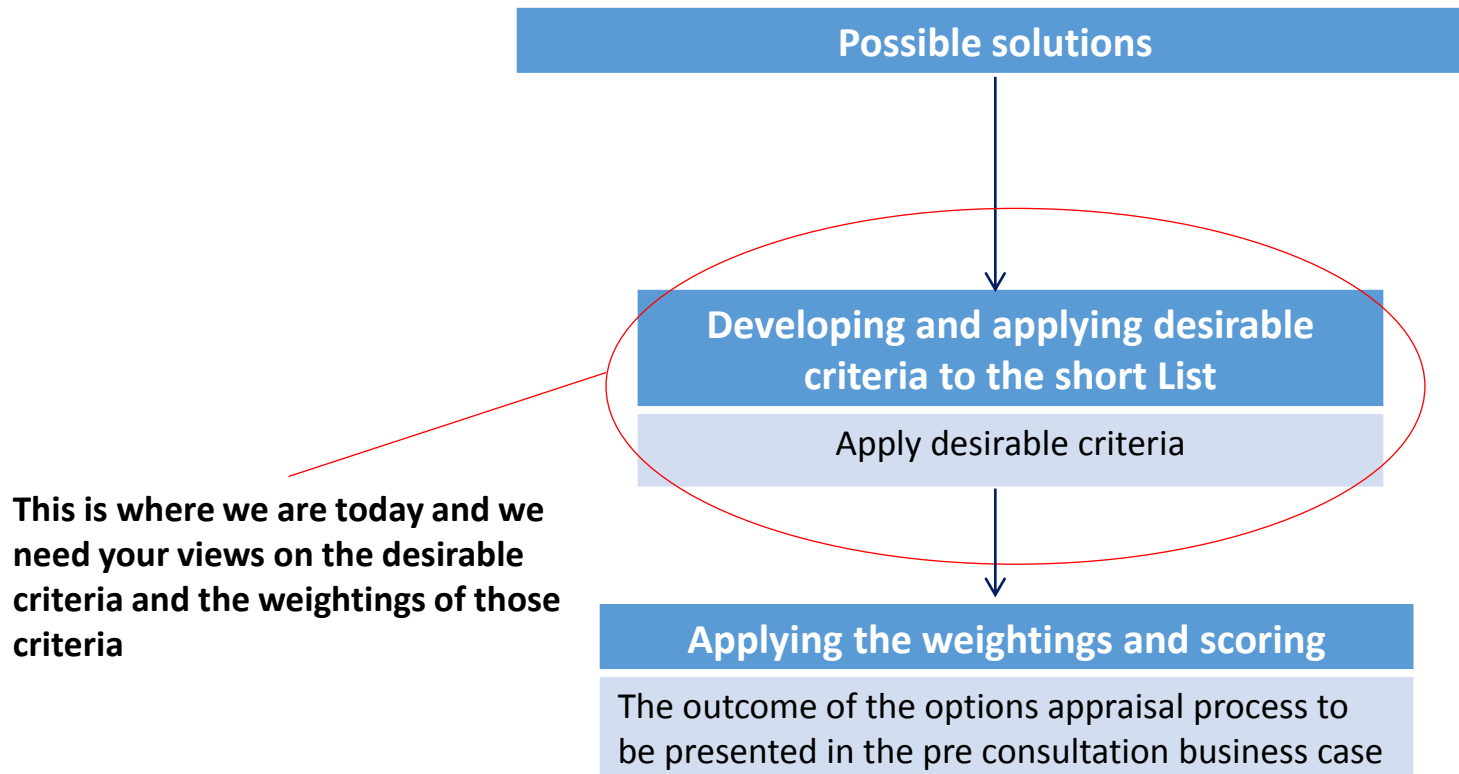


# Informing the development of criteria

- **Quality and safety**
- **Access**
- **Workforce and sustainability**



# What criteria is important to you?



# For example

Example weightings = the relative importance given to the criterion. The higher the weighting the more important. For example 3 = the most important

Domain	Criteria	Description of measure	E.g. Weightings
Access	The option ensures people can reach HASUs quickly in an emergency	The proportion of people that can reach a HASU within 45 minutes	2
Sustainability	The option maximises the positive impact on workforce sustainability	The number of additional nurses required to meet the demand	3
People's Experience (patient/carers)	The option minimises public transport travel times	The proportion of people that can reach a HASU by public transport within 45 minutes	1



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# Activity 2:

## Your views on the desirable criteria

- **Access**
- **Sustainability**
- **Peoples' experience (patients/carers)**

### How relevant is this to:

- people's acute needs?
- people's recovery?
- the group of people or organisation I represent?

**Other issues you want to discuss as a group.**



# How important are the desirable criteria to you? (Weighting)

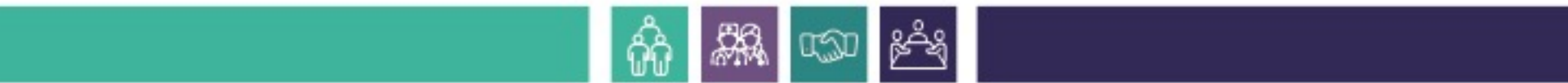
On each table where the criteria being discussed 'finished up' there is a ballot box (sheet)

On the ballot box use your 'dots' to vote for the most important to you:

- **5 dots on the most important**
- **3 dots on the second most important**
- **2 dots on the third most important**



# Round up



## Dr Andy Withers

Clinical Chair, Bradford Districts CCG and  
Chair of West Yorkshire and Harrogate Stroke  
Task and Finish Group

&


## Linda Driver

West Yorkshire and Harrogate  
Stroke Programme Manager

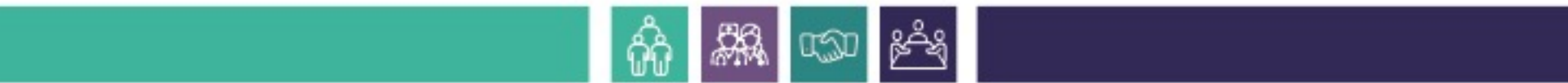
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# What next?

- Look at the information you have told us today
  - Continue to talk to consultants, doctors and other health care professionals and others involved in stroke care.
  - Scoring using the criteria to inform the next steps
  - Share the feedback from today
  - Assess the affordability and the impact for people
  - We may need to talk to you again later this year. Please let us know if you would rather **not** be involved.
- 

# BIG thank you



# Further information

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- E: [westyorkshire.stp@nhs.net](mailto:westyorkshire.stp@nhs.net)
- [www.wyhpartnership.co.uk](http://www.wyhpartnership.co.uk)
- Weekly blog [www.wyhpartnership.co.uk/blog](http://www.wyhpartnership.co.uk/blog)
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