

Frequently Asked Questions (26 September 2017)

What was the purpose of the pre-consultation on stroke services?

To involve you in how we reshape services for stroke patients in Northern Ireland.

When did the pre-consultation take place?

The pre-consultation for reshaping stroke service in Northern Ireland commenced on 13th of June 2017 and ran for 13 weeks ending on the 15th September 2017.

Who did you engage with and involve during the pre-consultation?

We held a series of meetings, seminars and workshops engaging and involving stroke survivors, carers of stroke survivors, people at risk of stroke, health and social care staff, charities, elected representatives, trade unions and the public.

When will the formal consultation process begin?

No date has been set for formal consultation.

What is a Stroke?

A stroke is condition where the blood flow to the brain is reduced by a bleed or a blood clot. It may cause a person to have difficulties with body functions such as speech, movement of limbs, thinking, eyesight and balance.

What stroke services are currently provided across NI?

GPs and health and social care organisations provide treatment to reduce stroke risk. Services are provided in 11 acute hospitals and five non-acute hospitals currently in Northern Ireland. Stroke teams in the community provide follow up care across all health and social care Trusts. In addition long term support is offered through voluntary and charitable sector programmes.

Why is there a need to change the existing stroke services?

‘Health and Wellbeing 2026: Delivering Together’ recognised both the need to further improve the standard of treatment and care provided to stroke patients, and ensure that patients, service users, staff, key partners and the general public were at the heart of designing services.

Every year here there are nearly 3,000 hospital admissions and over 1000 deaths due to stroke, which can affect anyone and any age. It is also the single largest cause of adult

disability in the UK. Death rates from stroke have declined by around 50% in the past 20 years and there has been significant investment and progress made in relation to a number of areas. For example, vital treatments are now available, and community teams are providing expert stroke rehabilitation services across Northern Ireland.

However, independent reports have highlighted that our services fall below national standards and there is considerable scope for improvement. For example, currently only around half of stroke patients in Northern Ireland are admitted to a stroke unit following assessment in an emergency department; a number of key services to help prevent, treat and provide specialist aftercare are not available on a 7 day basis in some localities; and stroke survivors have stressed that they find it difficult to access continued support after they leave hospital.

What was proposed in the pre-consultation?

Together with stroke professionals, survivors, their carers, and stroke charities, we developed seven proposals to reshape stroke services in Northern Ireland.

- Provide seven day assessment at an appropriate number of Stroke Units for patients experiencing a suspected mini-stroke (TIA).
- Provide assessment for clot busting treatment ‘thrombolysis’ on an appropriate number of sites.
- Provide a clot removal service ‘mechanical thrombectomy’ 24 hours a day and seven days a week for suitable patients.
- Provide an appropriate number of Hyperacute Stroke Units to deliver specialist early inpatient care to every stroke patient.
- Establish an appropriate number of Acute Stroke Units co-located with Hyperacute Stroke Units whenever possible.
- Provide community stroke services that are resourced to deliver Early Supported Discharge, the recommended amounts of therapy and respond over seven days.
- Ensure that stroke survivors and carers have timely access to services from both Health and Social Care and voluntary sector organisations to optimise recovery.

What are the benefits of the proposed changes for those people who may require stroke services in future?

We believe the benefits of these proposals will lead to better, faster access to experts and rehabilitation services for stroke patients, fewer life-long disabilities and, changes will ultimately save more lives.

Stroke patients would be also be better supported at home.

Where would new services be located?

We want to involve people in discussions before any decisions are made.

Does the new regional model envisage that current stroke centres will close?

It is vital we have the specialist staff in place on a 24/7 basis and can provide timely access to the very latest treatments and care across the whole spectrum of stroke services to give patients the best possible chance wherever they are in Northern Ireland.

This is likely to mean providing services on a fewer number of sites, however, we strongly believe these proposals will lead to better, faster access to experts and rehabilitation services, fewer lifelong disabilities, and will ultimately save more lives.

We would stress that no decisions have been taken, and we want to ensure there is broad consensus for the key proposals before we start to look in more detail at how and where services will be provided from in the future. Any changes to current services will require a further full consultation process, and will be subject to available resources.

How do we accommodate the number of patients if the sites / wards are to be reduced?

The ability of hospitals to create space for the future stroke units will be considered when final options are presented in the future.

Was the Northern Ireland Ambulance Services involved in the development of the proposals?

Yes, The Northern Ireland Ambulance Service has a critical role in designing this new system and is part of the Regional Reshaping Stroke Services Task Group.

What is an appropriate time for getting both the clot busting drug and thrombectomy?

Time is of the essence when dealing with a stroke and all patients should receive assessment for clot busting treatment as soon as possible. Ideally all patients would be brought by ambulance directly to a hospital with a Hyperacute Stroke Unit (HASU) for this assessment within 60 minutes. However, as it is likely that the number of hospitals admitting stroke patients will be reduced in future, it may therefore be necessary for some patients who live further away from a Hyperacute Stroke Unit to be brought first to a hospital closer to their home for assessment for clot busting treatment before being transferred to a HASU.

The best effect from clot busting drugs is obtained within the first 90 minutes and up to 4.5 hours after a stroke.

Patients should, where appropriate, always receive the clot busting drug 'Thrombolysis' within an hour of arrival at hospital. In the last financial year, only 65% of treatments were delivered within this time limit, with significant variation between hospital sites (varying from 5% to 87% between hospital sites).

There are many challenges to increasing the numbers of people who would benefit from thrombolysis. For example many people do not alert emergency services quickly enough.

Thrombectomy (clot retrieval) can be given up to six hours after a stroke and sometimes longer than this depending on the initial assessment. This service can only be provided by the Belfast Health and Social Care Trust in Northern Ireland as it is the regional neurosciences centre and is the only hospital that can perform clot removal.

Everyone in Northern Ireland is within an acceptable travel time for Thrombectomy and in many other countries the travel time would be much greater than it is here for many people.

Over the last three years, the Royal Victoria Hospital In Belfast, which is now one of the leading centres in the UK, have used thrombectomy to treat about 150 patients with stroke due to a blockage in one of the large vessels in the brain. This includes patients admitted directly and some transferred from other hospitals and has been successful in reducing disability and increasing survival in stroke patients.

Under the proposals we would like to expand the service in a phased way from Monday to Friday 08.30am to 5.30pm to a 24/7 service to improve outcomes and reduce disability after stroke.

How many stroke patients does each Trust treat per year?

This information is contained within the pre-consultation document.

What is the logic of having the stroke units coterminous with the Hyper Acute Stroke Units?

If stroke units are not co-located they will be small and difficult to staff on a seven day basis. Co-locating units will ensure both are fully operational over seven days a week.

If the focus of this consultation is to save lives, how can you say that making the travel time longer will do this?

A key focus is on ensuring that suitable patients receive the clot busting drug 'Thrombolysis' within an hour of arrival at hospital (door to needle time) and we believe that by reshaping stroke services this could be reduced further. We are also working closely with Northern Ireland Ambulance Service to look at what protocols could be put in place to ensure patients

are transferred in safe, fast and effective way, taking account of roads, infrastructure and the needs of rural communities.

In the future, it may therefore be necessary for some patients who live further away from a Hyperacute Stroke Unit to be brought first to a hospital closer to their home for assessment for clot busting treatment before being transferred to a HASU.

In the last financial year, only 65% of treatments were delivered within one hour, with significant variation between hospital sites, so currently; even if it took some patients less time to travel they often have to wait for varying times for assessment and treatment.

Also, we know that the best clinical outcomes from stroke happen when patients receive expert clinical assessment, investigation and treatment following a stroke. The current organisation of stroke services means that currently many patients are not admitted to Stroke Units after they have a stroke. Being cared for in a specialised Stroke Unit saves lives. If we can ensure that stroke units are larger we can ensure that space is protected to admit new stroke patients. Health and Social Care will monitor the effect on any people who might have to travel further and ensure that any effect on outcomes is minimised.

What early assessments are currently being carried out if some people's strokes are being missed / not detected? How can this be improved in the meantime?

TIA or 'mini stroke' clinics are available at 11 hospitals provide an assessment for patients experiencing a mini-stroke/TIA. We know that patients often wait a number of days or weeks for these assessments. If a patient is very high risk they may be admitted to hospital over the weekend as a safety precaution until a full assessment with investigations can be carried out.

Who decides the final number of sites and the locations?

Based on a thorough evaluation and analysis all of the feedback received during the pre-consultation process, the Regional Reshaping Stroke Task Group will draft specific proposals for reshaping stroke services across Northern Ireland with a focus on prevention, hospital and community care.

These proposals will then go out for formal public consultation which is anticipated to be in 2018. Following formal consultation the group's recommendations will be submitted to the Department of Health and Minister for Health for final decisions/approval.

How will staffing be affected?

No decisions have been made about current stroke services in any Health and Social Care Trust. Staff working in stroke teams will be engaged with during this pre-consultation process.

Did you consider working on cross border initiatives with the Health Service Executive?

Yes, this was considered as part of the pre-consultation phase.

What if I still want to go to my local ED if I or a family member takes a stroke?

No changes have been made to any current services and they continue to operate as normal. Any changes to current services will require a full formal public consultation process.

What happens to the views provided during the pre-consultation – will they be considered prior to the formal consultation?

We will use this information to develop a new regional model for stroke services in Northern Ireland based upon what is important to you and what you tell us most concerns you about changes to stroke services.

Have equality considerations been taken into account

An Equality Impact Assessment is ongoing and a summary of our early findings is available at:

<http://www.hscboard.hscni.net/pre-consultation-stroke/>

Equality issues will continue to be considered and monitored during this process.

What happens next?

Following the evaluation of the responses from the pre-consultation phase (which closed on 15 September 2017), a report and recommendations will be submitted to the Department of Health / Minister for Health for consideration and/or approval to proceed to the formal public consultation stage, to be announced in due course.

Following formal consultation the Group's recommendations will be submitted to the Department of Health and Minister for Health for final decisions/approval.

Further Information

More information about on Reshaping Stroke Services and a list of Frequently Asked Question are available at www.hscboard.hscni.net/stroke