

REPORT TO: Health Policy & Performance Board
DATE: 29 September 2020
REPORTING OFFICER: Chief Commissioner, NHS Halton CCG
PORTFOLIO: Health and Wellbeing
SUBJECT: Stroke Service
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To update the Board on the status of the realignment of Stroke services across the Mid-Mersey health economy

2.0 RECOMMENDATION: That:

- i) The Board note that the reconfiguration of Stroke Services between St Helens and Knowsley Hospitals and Warrington and Halton Hospitals is complete.
- ii) The Board note that Whiston Hospital site has been designated at the hyper acute unit, receiving all stroke patients requiring acute care, and has ring fenced beds for both the acute and rehabilitation phase. Warrington Hospital has a dedicated stroke rehabilitation unit.

3.0 SUPPORTING INFORMATION

3.1 In 2018 the reconfiguration of stroke services between St Helens and Warrington Hospital began and were completed by the end of the same year.

3.2 Patients first presenting and potentially requiring thrombolysis will be transferred to Whiston Hospital for their confirmed diagnosis and treatment and will be admitted to the stroke ward. Following their acute phase, they will be transferred to the rehabilitation unit either at Whiston Hospital or to Warrington Hospital depending on their residence and preference.

3.3 The pathways and processes have worked well and the relationship between the two acute trusts and the community stroke service has remained strong. The majority of patients are managed in their acute phase within the 72 hours anticipated and transferred to the rehabilitation service to support them back to their own homes.

3.4 The number of patients presenting with a stroke or a transient ischaemic attack (TIA) significant decreased during the initial period of the pandemic, raising concerns that patient in need were remaining at home more concerned about the risks of corona virus than those of their symptoms. The number of cases has now increased following the communication campaigns to advise the public not to ignore the symptoms that could relate to a more serious condition.

3.5 The Stroke Association have continued to provide support to Halton patients and families during the pandemic period and have adopted a range of remote and virtual offering for patients who were shielded and to comply with the infection control requirements.

4.0 **POLICY IMPLICATIONS**

4.1 The stroke care pathways are now well embedded into the local system and have operated effectively.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There is an expectation that there will be a requirement for additional beds at both sites and additional patient transport capacity in order to fully implement the reconfiguration.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton** – none anticipated

6.2 **Employment, Learning & Skills in Halton** – none anticipated

6.3 **A Healthy Halton** – stroke patients will receive high quality dedicated care in the hyper acute unit in a timely manner to deliver the best outcomes.

6.4 **A Safer Halton** – none anticipated

6.5 **Halton's Urban Renewal** – none anticipated

7.0 **RISK ANALYSIS**

7.1 The risks to the system for the reconfiguration has been managed within the Mid-Mersey Stroke Board and are being regularly assessed and mitigated.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An equality and diversity assessment has previously been undertaken as part of the wider engagement programme for the reconfiguration.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF
THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the Act.