

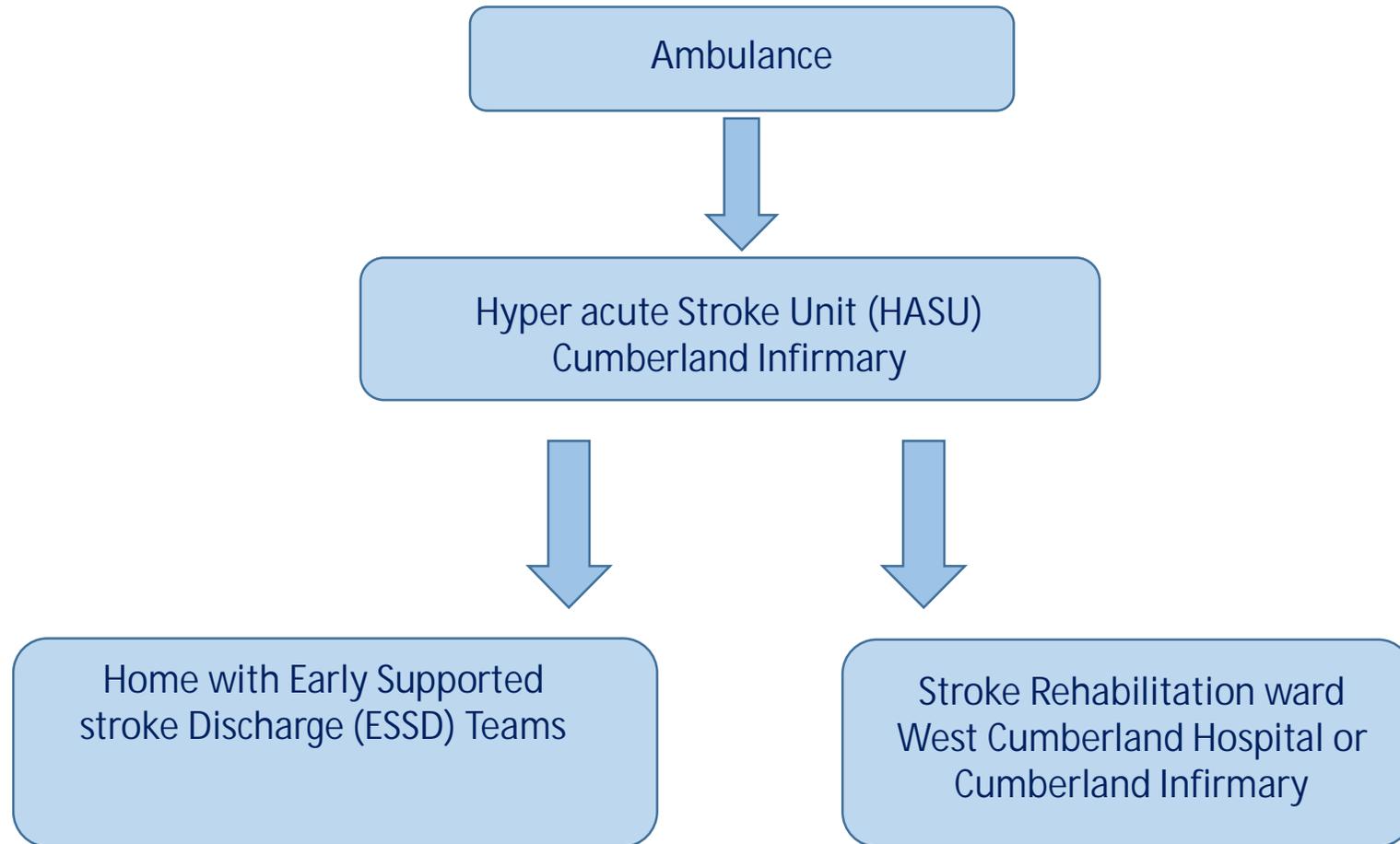


**North Cumbria
Integrated Care**
NHS Foundation Trust

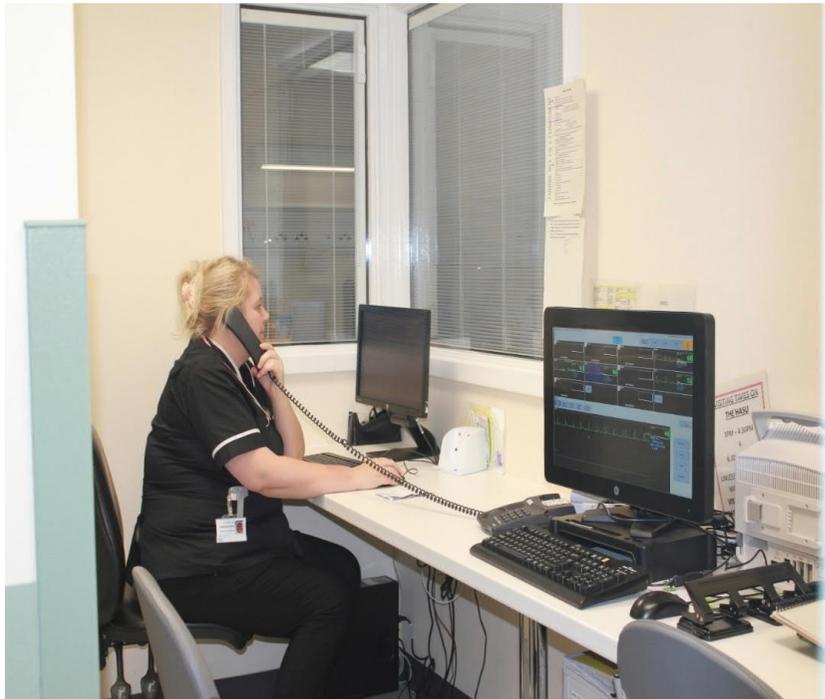
North Cumbria Stroke Service July 2021 Health Scrutiny Committee Report

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North Cumbria Stroke Pathway



HASU timeline

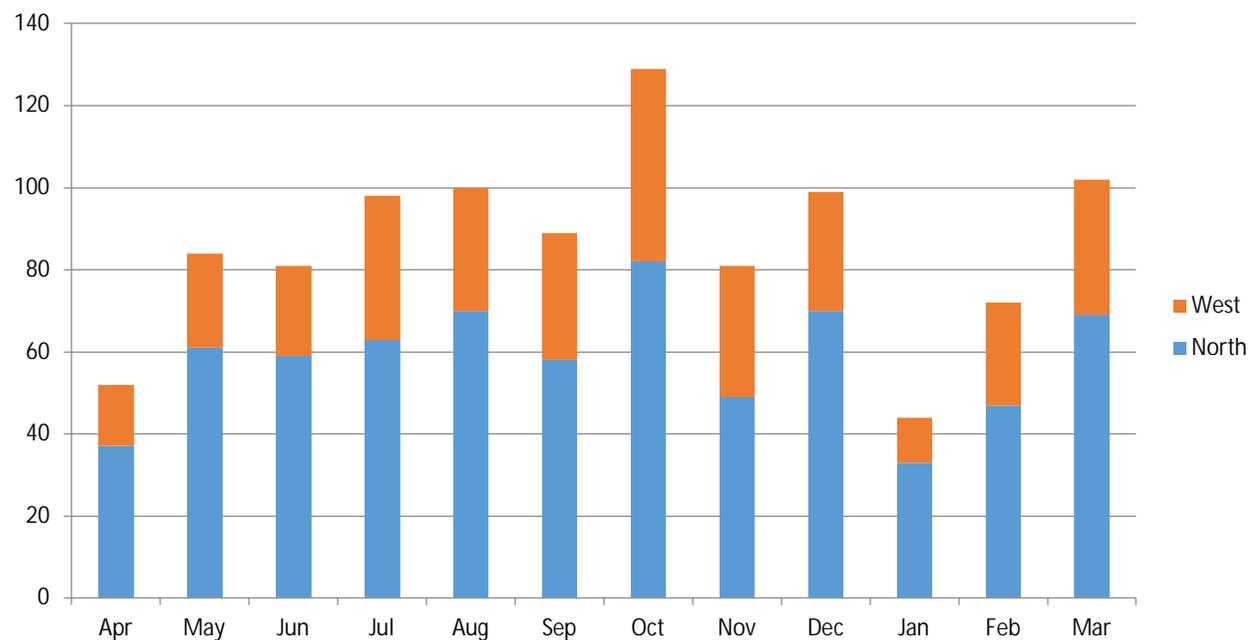


March 2017	Healthcare for the Future consultation concluded
October 2019	HASU at CIC opened after completion of implementation phase
December 2019	Patients from west Cumbria started to be admitted to HASU
March 2020	Covid-19 pandemic began

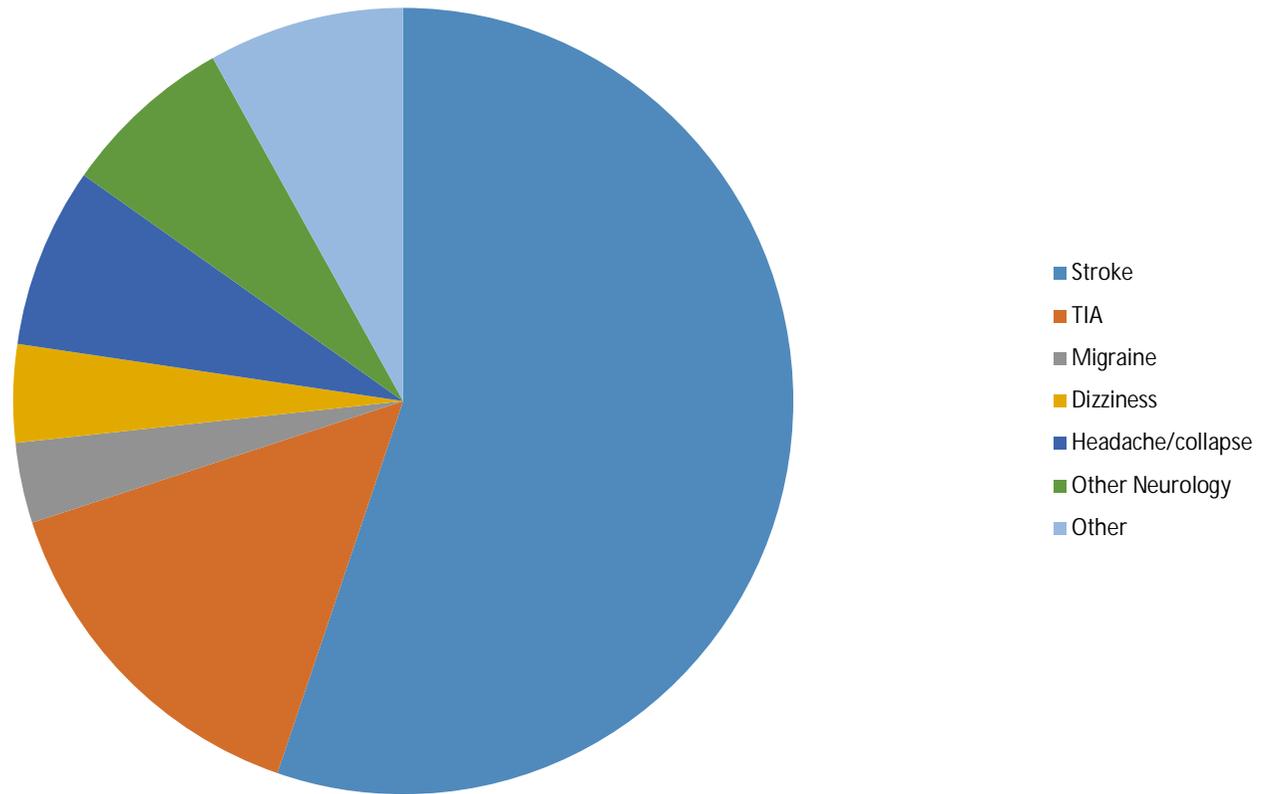
HASU Admissions 2020/2021

1031 Admissions

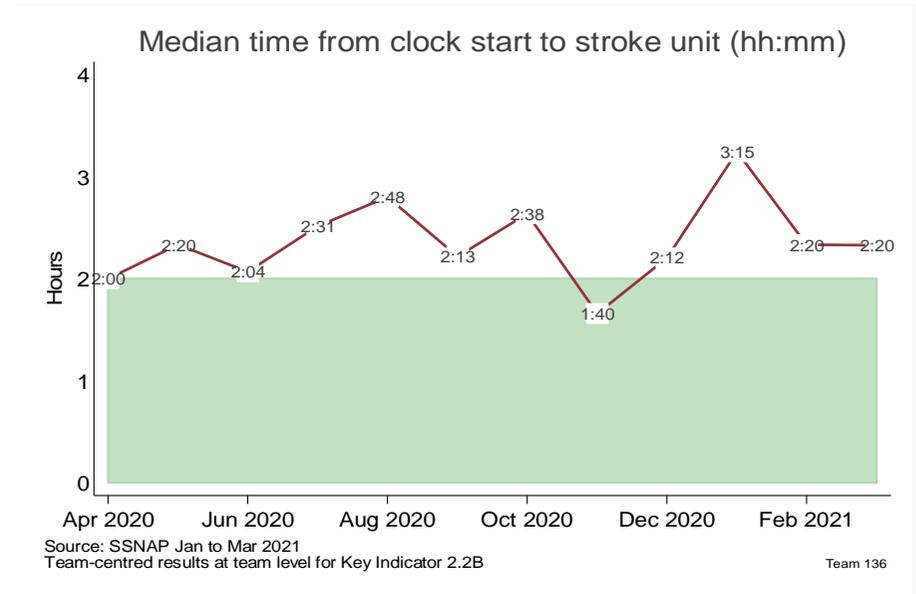
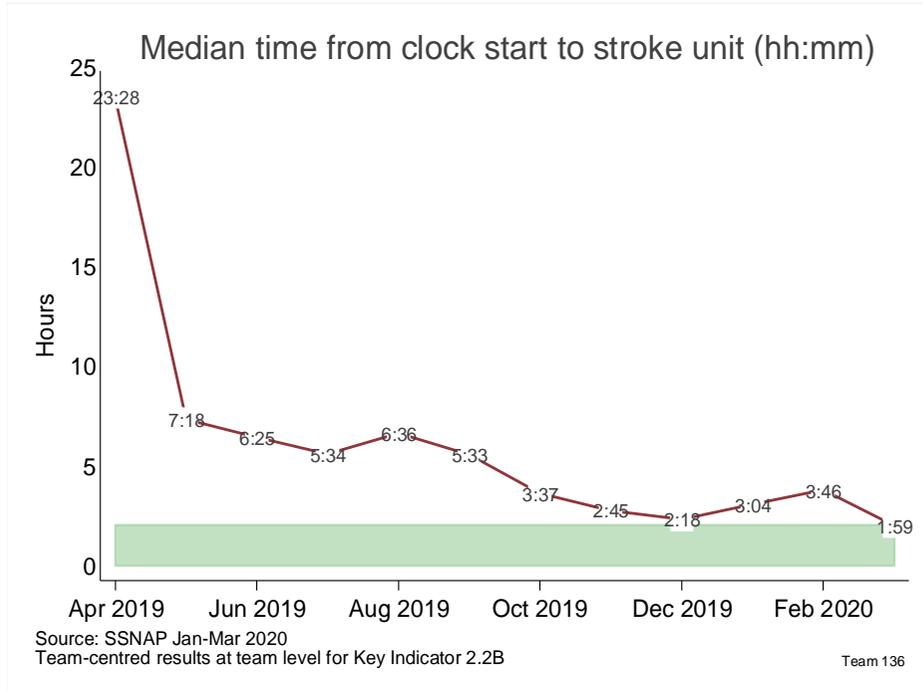
Admissions split below based on where patients live who have been admitted to HASU (west or north Cumbria)



Diagnoses seen on HASU

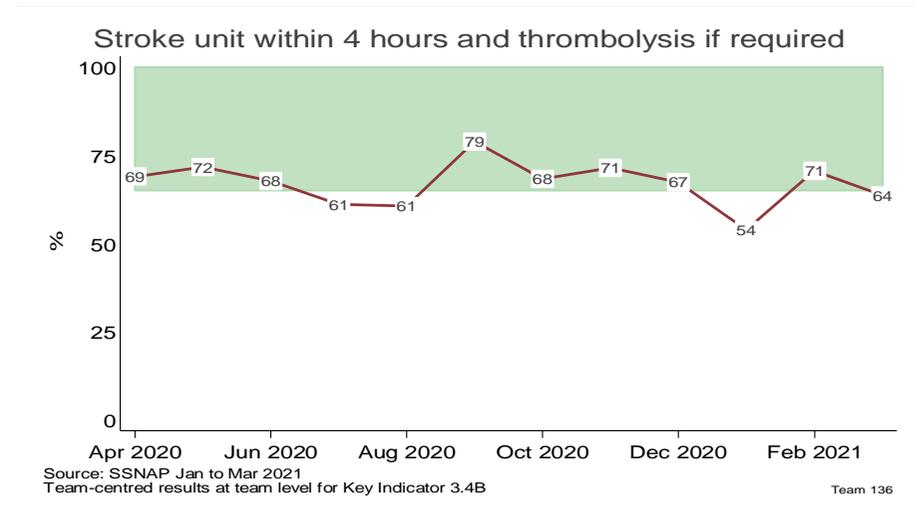
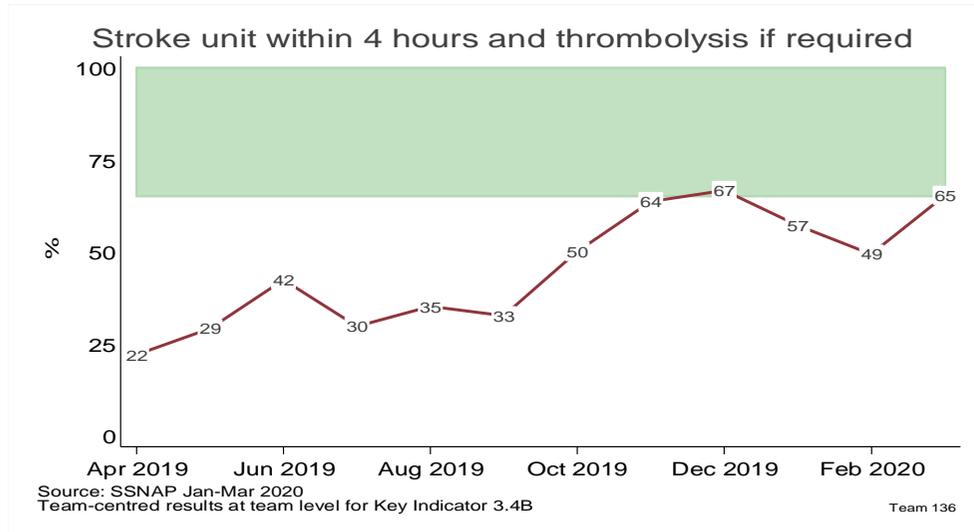


Examples of Improvements



- Data extrapolated from the Stroke Sentinel National Audit Programme (SSNAP) demonstrating the reduction in time from admission to arrival on stroke unit since the development of the HASU
- The shaded area is the national target of two hours
- Please note COVID-19 has impacted on these figures

Examples of Improvements



- Data extrapolated from the Stroke Sentinel National Audit Programme (SSNAP) demonstrating the improvement in arrival time to stroke unit and thrombolysis treatment following development of HASU.
- The shaded area is the national target

HASU successes and challenges

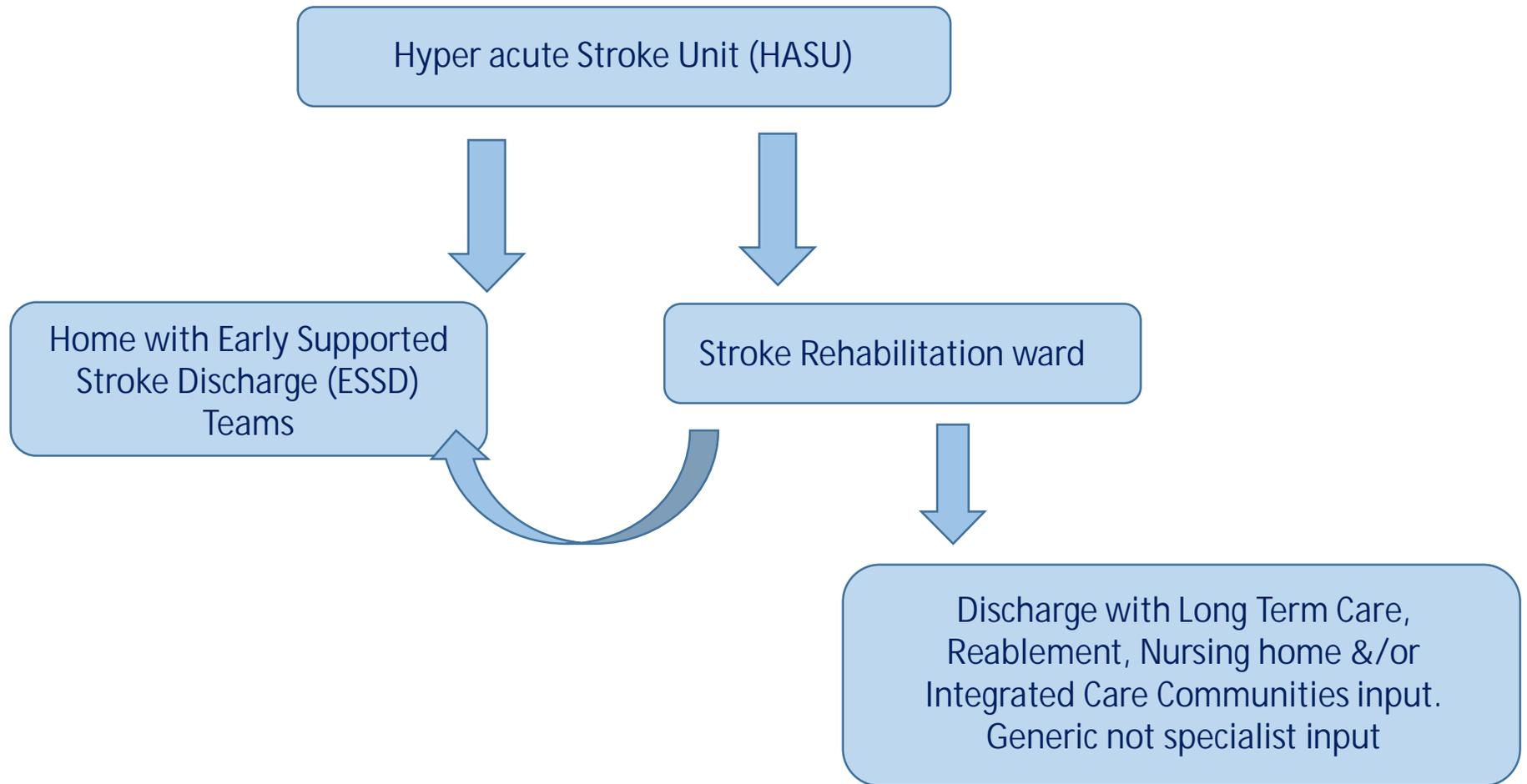
Successes

- Improved quality of care for our patients
- Provided seven day service for hyper acute strokes
- Ensuring the same level of care on arrival in hospital for all patients across north Cumbria
- Maintained/improved thrombolysis rate

Remaining challenges

- Recruitment to key positions in medical, nursing and therapy roles is a challenge but we are actively recruiting and looking at adapting our skill mix in order to maximise the effectiveness of our workforce
- Maintaining flow out of HASU – working with the wider team to ensure HASU beds are protected and available when needed even during times of pressure
- Pre-Hospital assessment – working with NWAS to improve pre-hospital alerts and assessments prior to admission to improve pathway efficiency

North Cumbria Stroke Rehabilitation Pathway



What is Early Supported Stroke Discharge (ESSD)?

- Service for people after a stroke
- Allows transfer of care from an inpatient environment to a primary care setting
- Allows rehabilitation to continue at the same level of intensity and expertise that they would have received as an inpatient
- 40% of acute stroke patients are suitable for the ESSD service
- Particularly benefits those with mild or moderate disability

Key outcomes from Early Supported Stroke Discharge (ESSD):

- Earlier discharge leading to a reduction in Length Of Stay (LOS)
- Improved health and wellbeing outcomes with goal achievement
- Increased probability of return to work for working age adults
- Increased skills, confidence and capacity of community services
- Reduced mortality rates
- Reduction of longer term reliance on social services and other carer resources

Current ESSD situation

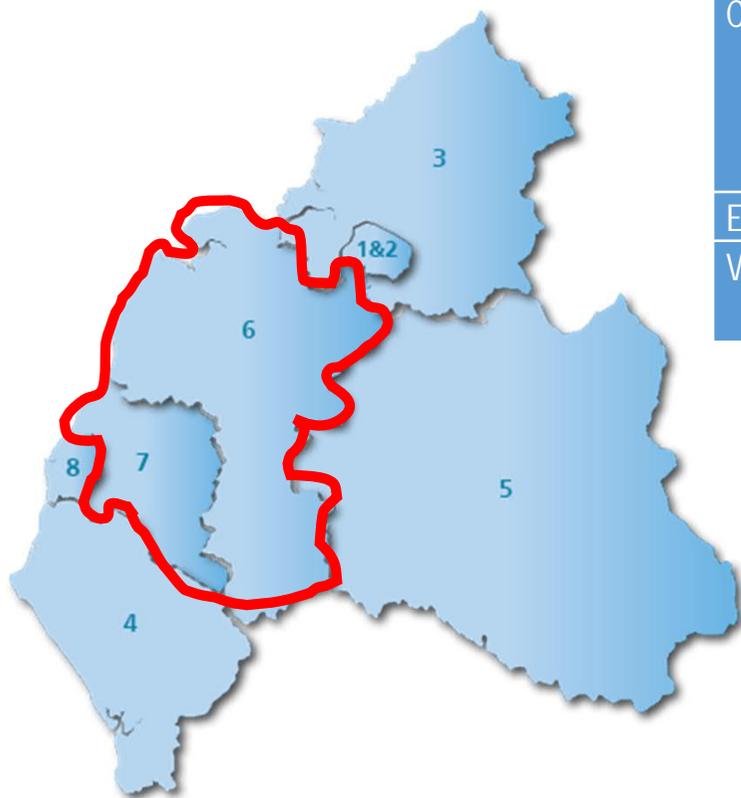
In north Cumbria we currently have three ESSD teams covering:

- Carlisle, Brampton & Longtown
- Eden
- Workington & Copeland

The newest ESSD team is the West Cumbria Service launched in 2019 as part of the 2017 consultation to introduce HASU at the Cumberland Infirmary.

The ESSD service enables timely flow of stroke patients through the acute hospital system, helping create essential capacity on the HASU for acute stroke admissions.

NCIC ESSD Teams



Team	Covers	Area on map
Carlisle ESSD Team	Carlisle Healthcare ICC Carlisle Network ICC Longtown and Brampton ICC	1&2 3
Eden ESSD Team	Eden ICC	5
West ESSD	Workington ICC Copeland ICC	8 & 4

Please note the ESSD service does not currently cover areas 6 & 7 on the map. In 2019-20, 114 patients from these areas were discharged from hospital with a new stroke and approximately 40% of those patients would have been suitable for ESSD input.

ESSD Performance April 2020-April 2021

Total number patients accessed ESSD services	327
Average length of stay on ESSD service	29 days
Average % in therapy goal achievement	89%
% of patients requiring on-going long-term care support post ESSD	3.2%
Current Av. % in patient satisfaction with service.	95.2%

Case Study

Mr A was admitted to the HASU in November 2020 with a stroke. He had a weakness throughout his right side of his body, had difficulties in finding the correct words when speaking and problems with his attention and memory in everyday tasks

Mr A needed help with all activities of daily living and was only able to stand and take a few steps with help from one person. His mood was significantly impacted and Mr A started to show signs of early depression, with disengagement in therapy and refusing video contact with family while on the ward. After a period of rehabilitation on the stroke ward, he was referred to the ESSD service.

Almost three weeks following admission to hospital, the ESSD team facilitated Mr A's discharge home. Prior to his stroke Mr A held a managerial role, travelling the country. He also liked to spend time with his family and had a lot of hobbies.

COVID did impact on Mr A's rehabilitation programme, as some was delivered remotely during the second national lockdown. After intensive, specialist input from the ESSD service Mr A was able to walk independently outdoors using a stick, was able to do all activities of daily living independently such as washing, dressing and making simple meals. He was also returning to some of his hobbies and had planned a sailing trip with friends.

The ESSD service provided lots of support and advice to Mr A and his family around managing his stroke in the long-term and secondary prevention strategies.

Mr A emailed the team following his discharge: *"I just wanted to say a MASSIVE thank you to all the discharge team! We miss you all already. You are all fantastic at your different roles and have been a great comfort to me and my family as well as doing your job. Take care everyone"*

ESSD Challenges

- **Inequality in access to service** - service gap with no ESSD service currently commissioned in West Cumbria. We have a team delivering the service in Workington and Copeland Integrated Care Communities (ICC) catchment areas but this is not funded and is a current cost pressure for NCIC
- **Demand** – additional demand for an ESSD service for strokes who do not meet national ESSD criteria. Nationally there is a drive to move towards an Integrated Community Stroke Service (ICSS) model of support and rehabilitation for all strokes being discharged from hospital into the community. This is currently not funded in North Cumbria.
- **COVID** – impacted on delivery of ESSD services, limiting the amount of face-to-face therapy patients received from ESSD
- **Cumbria's rural, remote landscape** – challenge to deliver quantity of therapy to patients living in rural areas. The teams use strategies such as remote therapy and agile working to try to overcome this.

ESSD Successes

- **Integrated systems of care** – the ESSD service has integrated successfully within the ICC model. The teams are co-located with ICC's enabling efficient, collaborative working, where teams share skills and expertise enabling a positive experience for all service users. The teams are also very closely linked with the acute stroke teams, attending ward board rounds, completing joint assessments for complex cases and ensuring a smooth transition from hospital to home for service users and their family/carers.
- **Remote therapy** – a positive outcome of the COVID pandemic was the very rapid installation of our remote therapy service. Using the Attend Anywhere platform we are able to offer remote ways of delivering therapy, enhancing our service and improving our efficiency.
- **Networking** – the ESSD service has good links with other ESSD and community stroke teams nationally. We are an active member of the Integrated Stroke Delivery Network (ISDN) serving the North East and Cumbria. This group brings people and organisations together to deliver the best possible care for its stroke population.