

COMMUNITY PARTNERSHIP FORUM

17 March 2016

Minutes

Attendance

| Name | Organisation/role |
|---------------------|--|
| Peter Haley (Chair) | Chief Executive, People to Places |
| Karen Maskell | PPI Governing Body member Bracknell and Ascot CCG |
| Mike Connolly | PPI Governing Body member, Slough CCG |
| Robert Cooper | PPI Governing Body member, Windsor, Ascot and Maidenhead CCG |
| Dr Adrian Hayter | Clinical Chair, WAM CCG |
| Ramesh Kukar | Slough CVS and WAM Get Involved |
| Ally Green | East Berkshire CCGs |
| Sabahat Hassan | East Berkshire CCGs |
| Chris Taylor | Healthwatch Bracknell Forest |
| Niki Cartwright | East Berkshire CCGs (Interim Director of Strategy and Operations) |
| Peter Squires | |
| Cllr Sabia Hussain | Slough Borough Council |
| Matthew Burns | Stroke Consultant at Wycombe Hospital |
| Sue Betts | Stroke Association |
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| Apologies | |
| Madeline Diver | Community and Voluntary Faith Sectors, Bracknell Forest and Patient Liaison for Bracknell Urgent Care Centre |
| Hayley Edwards | WAM CCG |
| Dr William Tong | Clinical Chair Bracknell and Ascot CCG |
| Dr Jim O'Donnell | Clinical Chair Slough CCG |
| Philip Cook | Bracknell Forest Involve |
| Sheila Holmes | Healthwatch WAM |
| Sylvia Trellis | |
| Andy Battye | South Central Ambulance Service |
| Cllr Dale Birch | Bracknell Forest Council |
| Cllr Lynda Yong | Royal Borough of Windsor and Maidenhead |
| Lily Evans | |

An additional 24 members of the public and staff attended the meeting.

Conflict of interests

There was no declaration of a conflict of interest.

Notes of meeting on 21 January 2015.

The notes were agreed.

Stroke Services

Presentation slides are available on the CCG websites.

National guidance sets out the best arrangements for caring for people with a stroke. Hyper Acute Stroke Units (HASU) provide a range of high quality services that should be available within hours of a stroke and helps to reduce the time needed in hospital and increases their potential to recover. Other services to support people recover following a stroke will be available in hospitals and in the community. Patients will be discharged from a HASU into the care of these local services. We want to improve outcomes for people who have a stroke in this local area.

The average District General Hospital will not have the full range of services that would be needed for patients immediately after suffering a stroke and the national guidance suggests stroke expertise should be concentrated in HASUs.

For people living in east Berkshire, there is a HASU at Frimley Park Hospital, Royal Berkshire Hospital in Reading and one at Wycombe Hospital. The stroke services at Wexham Park Hospital do not constitute a HASU.

The evidence suggests patients need to live within 21 minutes of a HASU to get the best outcome. People in east Berkshire all live within 21 minutes of a HASU. For Slough and many of the patients living in the Windsor and Maidenhead area, the closest HASU will be at Wycombe.

The decision about which hospital is closest, is taken by the paramedic when attending a stroke patient. They will be in contact with the hospital to alert them to the imminent arrival of the patient so that appropriate care is ready on arrival.

For all specialist services, it is important that the specialist clinicians see and treat sufficient numbers of patients each year to ensure their expertise is maintained. It is also important that there are sufficient numbers of specialists employed and on duty at any time. All Hyper Acute Stroke Units must see a minimum number of patients per year to keep up the expertise and typically employ six specialist consultants to maintain a 24/7 rota.

The high volume of patients is important for ensuring the clinical staff get better and better at treating the condition. The optimum number of stroke patients needed to ensure a HASU can maintain and grow the expertise is 600-1500 patients a year. Mortality and long term disability is reduced by adopting this model.

At Wexham Hospital, we have an acute stroke unit but not a HASU. The plan is for Wexham to no longer provide acute stroke services and to concentrate instead on stroke rehabilitation services to support the wider community services.

Wycombe has a top performing HASU where Thrombolysis is given quickly. It is one of the best HASUs in the country.

The Clinical Senate for Thames Valley has endorsed the move to this model of stroke care which is being adopted in other parts of the country.

Sue Betts from Stroke Association has been on the steering group for past 18 months. The group has been interested in ensuring the best survival of stroke patients and has taken an interest in where the pitfalls might be for patients and carers. This has been interesting to see what a difference there will be going to a HASU for recovery and survival. Sue has been working with stroke survivors and there have been many questions about the changes. The steering group have taken on board that stroke survivors need to have a voice. The Stroke Association believes this is the right thing to do and has been pleased to be involved.

Dr Adrian Hayter reflected on his experience as a local GP in the area for the last 20 years. While at medical school he worked in a care home. He talked to patients and families and gained lots of experience. From talking to patients who had a stroke, and looking at the quality of improvements he reflected that much has changed and the quality of care has improved.

Previously, there was little available for people who had had a stroke. After a stroke, subtle changes can happen and these can mean the difference to people in terms of getting back to independent living and going back to work.

Thrombolysis is now given to people following a stroke. This makes a big difference. One of his patients in her 90s has had a stroke. She drove herself to the practice and was then taken to a HASU and given the right treatment according to the pathway. She came out of the HASU and is back home with community support. A stroke can change people's quality of life and getting the right treatment, quickly, can make a difference for recovery and their survival.

Getting the right treatment means people have better outcomes and so the service needs to be there 24/7. It takes a whole team of specialist consultants, nurses, therapists and others and they need to be there as and when they are needed.

The services then need to be supporting people to get back to work or independence in the community or their home.

Slough patients will be taken straight to Wycombe Hospital. Some will be taken to Frimley Park or Royal Berkshire but the majority will be taken to Wycombe.

Depending on what will be needed, appropriate care will be provided following discharge at home from the Early Supported Discharge service or in hospital in an in-patient rehab service.

For patients living in the Windsor, Ascot and Maidenhead areas, depending on where people live, or where they have their stroke, they will be taken to the closest HASU. Some living closer to Wycombe will be taken straight there. Others will go to Frimley Park or Royal Berkshire.

For patients living in the Bracknell Forest area there will be little change as most will go to Frimley Park or Royal Berkshire.

Once patients are discharged from the HASU, their recovery will continue with the support of a comprehensive community rehabilitation service.

The changes have been discussed at each CCG Governing Body meeting, Patient Participation Group Forums and Local Authority Health Scrutiny meetings.

A separate document has been published detailing the questions and answers that were raised during this meeting and others gathered from other discussions.

AOB: New Vision of Care

All were reminded of the call for interest in joining the Patient Panel. Anyone interested can join via Health Connect.

Future meetings

Next meeting: 26 May 2016
 6.30pm – 8.30pm
 Easthampstead Baptist Church

Suggested topics for future meetings:

- End of Life Care – engaging community groups
- Patient engagement
- HealthMakers feedback
- Car parks and transport
- Suicide prevention
- Obesity and nutrition in hospitals
- Primary care and extended access
- Wheelchair services
- Stroke Rehabilitation Services
- New Vision of Care and the Sustainability and Transformation Plan