

Questions and Answers: Stroke Reconfiguration

Community Partnership Forum

18th March 2016, The Centre, Slough.

- 1. Once people have done the FAST test, what do they do next? Do they need a referral, call 111 or do they drive the patient themselves?**

If you think it is a stroke, call 999.

- 2. Will all stroke patients from across east Berkshire go to Wycombe?**

No. Patients will go to whichever Hyper Acute Stroke Unit they can get to the fastest. For Slough, Windsor and Ascot patients that may mean Wycombe Hospital, while others from the Bracknell and Maidenhead areas will continue to go to Frimley Park Hospital. The paramedics will make the decision and will let you know which Hyper Acute Stroke Unit they will take you to.

- 3. Can someone reassure me that the distance to travel to Wycombe Hospital, will not adversely affect outcomes of Strokes.**

The first four hours following a stroke occurring is critical for assessment and treatment of stroke. Within the first 4 hours of a stroke occurring, if a patient can be seen in a Hyper Acute Stroke Unit, they will be immediately assessed by the specialist team who can begin their treatment using the specialist knowledge and experience that they have.

This may mean that patients have to travel further and possibly past another hospital, but the outcome by responding this way is better for the patient in the long term than taking them to the nearest unit. This also applies to trauma and cardiac patients.

Modelling the data shows that patients across the east of Berkshire should reach a Hyper Acute Stroke Unit, by ambulance, within the existing target of 21 minutes from leaving the patient's home. This means that although a patient may be travelling a longer distance, they will be treated at a specialist hospital, providing the right treatment and care 24hours a day, and seven days a week.

Based on the mapping shown in the presentation, the ambulance service does think it will meet the 21 minute target of getting a patient to a Hyper Acute Stroke Unit. The additional transportation time would not be significant, and the specialist treatment the patient would be getting at the Hyper Acute Stroke Unit would support patients towards as full and complete recovery as possible.

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4. What about stroke patients from the Old Windsor area – where would they go?

Patients living on the border of Old Windsor and Surrey may go to Ashford and St Peters Hospital at the moment, but that would be a very small number. The alternative is Frimley Park hospital. The ambulance service will determine which hospital they can get you to the quickest - they do not look at geographic boundaries. In the future Surrey may also look at reconfiguring stroke services.

5. Are Hyper Acute Stroke Units open 24 hours?

Yes.

6. If a patient has a bleed, where do they get treated?

The patient will go to the nearest Hyper Acute Stroke Unit. The great majority of patients with cerebral haemorrhage will not need neurosurgery, but if this is needed the patient would be transferred from the Hyper Acute Stroke Unit to a neurosurgical centre in Oxford or London.

7. What will happen to the Wexham Stroke unit?

We are in discussions with Frimley Health NHS Foundation Trust to see how the Wexham Park Hospital site could become a specialist inpatient rehabilitation unit. Representatives from Frimley Health NHS Foundation Trust and Wexham Hospital are here today.

8. Is this a consultation?

The decision for all stroke patients to be taken to a Hyper Acute Stroke Unit is being made based on clinical evidence and what is best for our patients. We are presenting this evidence to Health Overview and Scrutiny Committees in all three east Berkshire CCG areas. For this project, the engagement has been on-going via the Stroke Association representative who sits on the steering group, as well as the CCGs presenting at Patient Participation Group Forums and public Governing Body meetings and also opportunities such as this one.

We always want to hear back from the public about services that we commission. We need to make sure that we get things right. We will continue to do briefing notes, keep the various groups and Governing Bodies up to date, and if something concerns you along the way, let us know. The Stroke Association are seeking views from those who have experienced stroke care and support. A link to their survey has been available on the CCG websites and is available by clicking [here](#) (please note that the closing date for completing the survey is 31 March 2016). Please keep visiting your local CCG website for more information.

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9. Not all patients need thrombolysis. Will the Hyper Acute Stroke Unit look after those who do and do not?

Only 15-20% of patients with stroke will be eligible for thrombolysis (clot-busting treatment) but all can benefit from the specialist treatment available at a hyper Acute Stroke Unit.

10. How will Wycombe Hospital manage stroke mimics? Will there be capacity?

“Stroke mimics” are patients with suspected stroke that turn out to have other conditions, such as seizures or migraine. Hyper Acute Stroke Units see many such patients and are well placed to manage them effectively, with early brain scans where needed and early consultant input. Where such patients need admission they will be managed in the Hyper Acute Stroke Unit for up to 48 hours, at which point many will have been discharged home. Where ongoing admission is needed then patients can be repatriated to a ward close to home for ongoing care.

Wycombe Hospital has prepared for this, and has done modelling which has allowed for a significant number of stroke mimics, and is confident it can deal with the increased capacity. Wycombe Hospital is prepared to be the high volume centre for east Berkshire patients.

11. What are the plans for specialist stroke rehabilitation?

We acknowledge that to make a positive difference for stroke patients we need to look at both acute hospital care and rehabilitation care at the same time. For good quality care, both parts of the system need to work.

The CCGs are currently in discussions with Frimley Health NHS Foundation Trust to see how the Wexham Park Hospital site could become a specialist inpatient rehabilitation unit for local patients. We are hearing from patients, and we can see from the data, that Wexham Park Hospital site do really well at rehabilitation and we want to build on that so we have the best model for patient care. We also are aware that a good community/home service is needed too, and while we may not be able to solve this at the moment, it is on our radar.

12. Family support is vital. How will that change with the new model?

Earlier Supported Discharge (ESD) team work with both stroke survivors and their families and this is a setup that currently does work well. We do not see this changing although we would like longer term rehabilitation to be put in place in the future to support the patient and family after the six week ESD period.

13. How will transient ischaemic attacks (TIAs) be managed?

There will be no change. The TIA service will still run at Wycombe for high-risk patients.

14. There is some interesting research being conducted by Oxford University. Are there any local stroke clubs involved?

Dr Matthew Burn will share the contact details for the research with the Stroke Association.