

Reshaping stroke care consultation

**Response from the
Commissioner for Older People
for Northern Ireland**

August 2019

Role of the Commissioner

This response is in relation to the Department of Health's (The Department) consultation on reshaping stroke care in Northern Ireland. The Commissioner for Older People Northern Ireland is an independent voice and champion for older people with legal duties and powers defined by the Commissioner for Older People Act (Northern Ireland) 2011. This is a statutory role, at arms-length of government which takes an active role in safeguarding and promoting the interests of older people in Northern Ireland.

The Commissioner has an extensive range of general powers and duties which provide the statutory remit for the exercise of the functions of the office. In addition the Commissioner may provide advice or information on any matter concerning the interests of older people. The wide ranging legal powers and duties include amongst others:

- To promote and safeguard the interests of older people (defined as being those aged over 60 years and in exceptional cases, those aged over 50 years);
- To keep under review the adequacy and effectiveness of law and practice relating to the interests of older people;
- To keep under review the adequacy and effectiveness of services provided for older persons by relevant authorities (defined as being local councils and organisations including health and social care trusts, education boards and private and public residential care homes);
- To promote the provision of opportunities for and the elimination of discrimination against older persons;
- To review and where appropriate, investigate advocacy, complaint, inspection and whistle-blowing arrangements of relevant authorities;
- To assist with complaints to and against relevant authorities;
- The power to bring, intervene in or assist in legal proceedings in respect of relevant authorities;
- To issue guidance and make representations about any matter concerning the interests of older people.

The Commissioner has a duty to advise government and the Secretary of State when older people's interests are not being supported and respected by any policy, law or practice.

COPNI welcomes the opportunity to respond to the Department's consultation into reshaping stroke care in Northern Ireland and supports the need for change in the delivery of these important services.

Context & Introduction

- 1.1 Stroke is a serious health issue in Northern Ireland with approximately 2,800 people being admitted to a hospital each year and 36,000 stroke survivors dealing with the after effects. It is the third biggest killer in NI. The cost of stroke to society in the UK is around £26 billion a year.ⁱ In Northern Ireland the average age for someone to have a stroke is 72 for men and 78 for women.ⁱⁱ Although increasingly an issue for younger as well as older people, individuals are most likely to have a stroke after the age of 55.ⁱⁱⁱ

COPNI fully supports the seven commitments made by the Department of Health.^{iv} The process should not focus only on changes to stroke units but on the whole stroke care pathway from prevention and education, acute care, rehabilitation, long term support to palliative care. Having reviewed the Department's proposals in depth, COPNI believes that there are number of issues which require attention prior to the implementation of any changes to stroke units.

1.2 **Travel times and planning for new stroke centres:**

In the pre-consultation responses and at the public events significant public concerns have been raised around ambulance response times, especially for more rural areas.

Current stroke units Daisy Hill in Newry and Coleraine Hospital have not been included in any of the presented options. COPNI would like further explanation as to why these units have been automatically excluded from any potential options. COPNI understands that longer travel times to an improved Hyperacute Stroke Unit (HASU) can be offset by quicker assessment and improved clinical outcomes. However, the impact of travel time on clinical outcomes cannot be completely excluded. Some options presented in the consultation document would significantly increase travel time thereby increasing the risk of poorer outcomes.

It is accepted that travel times can have serious negative consequences for stroke patients and that there is a direct link between increased travel time, mortality and level of recovery.^v Academic studies and NHS guidelines also note that having a HASU with 600 or more admissions should be combined with travel times that should be ideally 30 minutes but no more than 60 minutes to a HASU.^{vi}

The supporting modelled evidence provided as part of the consultation demonstrates the potential for improved outcomes from having large centralised units. However, it also acknowledges the issues inherent in a mixed rural and urban environment such as Northern Ireland. Significantly, the positive outcomes in these models are based on results taken from large metropolitan areas such as London and Manchester.

1.3 Air Ambulance as a means to overcome travel times

The consultation does not offer any detail on how this option would be implemented or used to treat victims of stroke or what procedure would be in place to establish which patients would be suitable for an air ambulance or how this would be funded. The current Helicopter Emergency Medical Service (HEMS) only operates for twelve hours a day.

The Royal Victoria Hospital, which currently is the only site offering thrombectomy does not have a helipad meaning that an ambulance would still be required for a portion of patients' journeys. COPNI believes that the Department should consider alternative strategies such as greater investment in road ambulance services and the implementation of the new clinical response model which was consulted upon in 2018.

1.4 Region specific outcomes and continuous improvement

Future planning of the stroke care pathways for NI needs to take account of NI specific factors in order to explore tailored solutions that reduce the need for any compromise on quality of care. Poor outcomes for patients that result from a patient's location should not be a reality for people in NI; plans should aspire to provide the best level of care for all parts of NI. The population aged 65 and over is predicted to rise by 65.1 per cent by 2041^{vii} meaning that one in four people in NI will be in the group most at risk of stroke—making it even more vital to ensure appropriate resources are in place now and within the next few years.

1.5 Rehabilitation, After Care and long-term support

Around two thirds of stroke survivors require some continued support or rehabilitation in the community after discharge from hospital. Up to 40% of stroke survivors may be suitable for 'Early Supported Discharge' which replicates the specialist stroke therapy normally provided in hospital within the home environment. This should be available seven days a week to everyone in NI. Currently these services are not available in three of the five HSC Trust areas.

The 2008 Stroke Strategy recommended access to aftercare such as physiotherapy including physiotherapy, speech and language therapies and

support for carers. The 2014 RQIA review of stroke services highlighted issues with communication and after care.^{viii} These findings were also reflected in the Stroke Association’s report “Struggling to Recover”^{ix} published in 2018.

The Department has recognised these issues in its consultation document and referenced some measures such as a recent project focusing specifically on long term care. COPNI would like to see much greater planning to develop an overall strategy to improve services focusing on all aspects of care from prevention and education right through to palliative care.

1.6 Staffing issues/ Workforce review

There are currently a number of vacant consultant posts in stroke units across all the Health Trusts in NI, as well as staffing issues in nursing support services such as therapists and carers. COPNI welcomes the Department’s commitment to conducting a workforce review. However, given the current target for completion of the reform of stroke units is 2022, this review needs to be undertaken urgently for the Department to ensure that agreed changes are effective and that units are adequately staffed.

2.0 Conclusion

- 2.1 Change is needed within stroke services in NI to improve outcomes and also to ensure that future increased demand can be met. It is vital, whatever options are implemented, and that public concern around travel times, quality of care and aftercare are addressed.

COPNI is mindful that recommendations contained in the review of stroke services in 2008 and the RQIA review of 2014 have not been fully implemented. Can the Department provide COPNI with a response as to why these have not been progressed?

COPNI would ask that any changes are undertaken in a phased approach with the appropriate planning in place. All aspects of reform including staff and transport issues in the new or upgraded HASU or ASUs need to be resolved prior to any closures so that all of those affected by stroke in NI see improved clinical outcomes and that any increased travel times are offset by improved clinical outcomes. COPNI would also like to see plans for continuous improvement and reduction of travelling time that are tailored to NI while meeting UK clinical guidelines.

COPNI believes that by reforming stroke services in line with recommendations from organisations such as the Stroke Association, patients and relatives, and the wider community there is an opportunity to make sure everyone affected by stroke has the best care possible. COPNI look forward to receiving the Department's response to these points.

ⁱ https://www.stroke.org.uk/system/files/sotn_2018.pdf [Visited July 2019]

ⁱⁱ <https://www.strokeaudit.org/results/Clinical-audit/Clinical-CCG-LHB-LCG.aspx>

ⁱⁱⁱ https://www.stroke.org.uk/system/files/sotn_2018.pdf

^{iv} <https://www.health-ni.gov.uk/sites/default/files/consultations/health/rscs-consultation-document.pdf>

^v <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3513874/#bibr19-2040622310394032> - Thrombolysis in Acute Ischaemic Stroke: An Update – et el Thompson Robinson

^{vi} NHS. Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21 Available online at: <https://web.archive.org/web/20180406041635/https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

^{vii} <https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/2016-based%20Population%20Projections%20-%20statistical%20bulletin.pdf>

^{viii} https://www.stroke.org.uk/sites/default/files/stroke_association_ni_struggling_to_recover_report_18.2.2019.pdf

^{ix} <https://www.rqia.org.uk/RQIA/files/b8/b8f067de-3bf7-40c6-9297-b21a41a31811.pdf>