

**Update on temporary move of NUH Acute Stroke Service from the City Hospital Campus to the QMC  
Campus during Covid-19 pandemic**

**Briefing for Nottingham Health and Adult Social Care Scrutiny Committee**

**September 2022**

**1 Purpose of the report**

The purpose of this report is to provide the Nottingham Health and Adult Social Care Scrutiny Committee with an update regarding the move of acute stroke services from the Nottingham City Hospital site to the Queen's Medical Centre (QMC) site within Nottingham University Hospitals (NUH).

**2 Background**

The Committee was informed on 24<sup>th</sup> June 2020 of a change that was implemented in July 2020 to reconfigure local acute stroke services to manage the risk of Covid-19 infections among our patients and staff. This change supported (NUH) to treat patients with Covid-19 separately to those who are not infected by creating additional capacity on the City Campus site.

As described at the time the change was implemented, there is a clear clinical case for the reconfiguration of stroke services and specifically for the centralisation of hyper acute stroke services. The change is aligned to regional and national stroke strategies and is a stated ambition of the local Clinical and Community Services Strategy review of stroke services. This review was underpinned by strong patient and public involvement with stroke survivors forming part of the work alongside staff and clinicians, and the Stroke Association supporting a number of patient engagement sessions.

The temporary change to Acute Stroke Services at NUH supported the response to the Covid-19 pandemic and has aligned service provision with regional and national recommendations. In order to deliver further benefits for people experiencing a stroke, the potential opportunities provided by making this a permanent service change have been reviewed. This involved reviewing a range of evidence related to clinical effectiveness and quality, impact on other clinical services and citizen intelligence and insight (see Appendix 1).

**3 Clinical Effectiveness and Quality Impact**

The relocation of hyperacute and acute stroke services has enabled assessments and interventions to occur in a more timely way during the earliest and most time critical stages of the stroke patient pathway. There are three significant geographical alignments which optimise the stroke pathway:

1. The Hyperacute & Acute Stroke Service is geographically aligned with a CT scanner.
2. The Hyperacute & Acute Stroke Service is now geographically aligned with the Mechanical Thrombectomy Service.
3. The Hyperacute & Acute Stroke Service is now geographically aligned with other critical specialities such as ED, Neurology, Neurosurgery and Vascular Surgery.

The relocation of the services has eliminated significant delays in patients receiving the required treatment for an optimal outcome following a stroke.

With respect of the impact of the two pathways into the stroke service - the two entry points are:

- a) Patients arrive via the ambulance having been identified as having had a stroke and are seen immediately by specialist stroke staff in the Emergency Department and placed on the stroke pathway.
- b) For patients who self-present at the Emergency Department and where it is not immediately apparent that they have had a stroke, they are assessed by ED staff and are then referred to the stroke team if a stroke has been identified.

For those who self-present at the Emergency Department at QMC the location of the hyper acute and stroke acute services on the QMC site means that they are able to be transferred from the ED to the hyperacute stroke unit more quickly than if the hyperacute unit was still on the City Hospital campus.

#### **4 Impact on clinical services**

The hyperacute and acute stroke services are now geographically aligned with the clinical services which optimise the stroke pathway. The relocation of the services has eliminated significant delays in patients receiving the required treatment for an optimal outcome following a stroke.

As part of the Tomorrow's NUH programme, clinicians at SFHT and NUH considered whether the stroke service move increased the number of patients travelling north to SFHT rather than travelling the additional miles from City Hospital to QMC. The analysis focused on those patients in the post code areas NG14 to NG25 as the areas likely to be impacted by the change.

Analysis between January 2019 and September 2021 showed that SFHT had a growth of 0.6 patients per month with no measurable difference before or after moving the NUH Stroke service to QMC, consequently the 0.6 patients are most likely attributed to geographic and demographic factors. NUH showed no significant growth to stroke medicine during this time period and therefore moving Stroke services to QMC did not result in a change in activity.

#### **5 Impact on community providers**

Overall, the feedback is that this has been a positive move in line with national targets and thus possibly reducing the number of deaths due to stroke and potentially increasing the complexity of patients.

Feedback has been received from both the Nottingham CityCare Community Stroke Team who provide rehabilitation for Nottingham City patients and from the South Nottinghamshire Community Stroke Team who provide rehabilitation for Nottinghamshire County patients.

Both teams have reported that, since the move, there has been a change in the type of patients referred from the acute stroke service and there has been an increase in:

- Younger patients
- Complexity of presentation
- Dependency of patients
- Number of craniotomy patients

The reasons for this are unclear however, anecdotally, it has been suggested that this is due to more collaboration between the neurologists and stroke consultants with the wards being closer together at QMC. This has allowed more interventional approaches to be used such as an increase in Mechanical Thrombectomy and neuro surgical interventions (decompression surgery).

#### **6 Patient and public engagement**

##### **6.1 Tomorrows NUH**

###### **Phase 1 pre-consultation engagement**

In November 2020, NHS Nottingham and Nottinghamshire Clinical Commissioning Group (hereafter referred to as Nottingham and Nottinghamshire Integrated Care Board (ICB)) launched a public engagement on proposals to reconfigure hospital services in Nottingham, specifically the "Tomorrow's NUH" programme relating to services provided by Nottingham University Hospitals (NUH).

The engagement was focused on a draft outline clinical model. One of the principles within the model was that all emergency services would be co-located on a single site rather than the existing configuration whereby the majority of emergency services are based at the Queen's Medical Centre (QMC) site, with a small number of emergency specialities based at City Hospital i.e. stroke, cardiology and respiratory.

Following phase 1 of the pre-consultation engagement, 80% of survey respondents strongly or slightly supported the plans for emergency care being on one site, which would include the hyperacute and acute stroke service.

The specific benefits recognised were around a reduced need to transfer patients between sites, a concentration of speciality care resources and expertise on one site, and more prompt access to better and safer speciality care as well as patients having to spend less time in hospital.

As part of the first phase of pre-consultation engagement, in January 2021 Healthwatch Nottingham and Nottinghamshire were commissioned to undertake targeted engagement with specific diverse and ethnic communities:

- Black, Asian, Minority Ethnic and Refugee (BAMER)
- People with long term conditions/poor health outcomes
- People with a disability
- Frail older people
- Maternity service users
- Young people
- Lesbian, Gay, Bisexual and Transgender (LGBT)

Healthwatch gained the views of 150 people.

Overall, people were very positive about the idea of modernising the hospitals; receiving emergency treatment at one hospital; care closer to home, meaning less travel to busy hospital sites; separating emergency and elective care, if this meant fewer operations would be cancelled; and the use of online and telephone consultations where appropriate. There was support for receiving treatment in one place rather than having to be transferred between sites.

## **Phase 2 pre-consultation engagement**

Further engagement was launched by Nottingham and Nottinghamshire ICB in March 2022, with approximately 2,000 individuals participating in this phase by completing an online survey, attending an event or providing a response via social media.

Many individuals (72%) were supportive of having all emergency care services on one site. This would mean more streamlined patient pathways and a single point of access, resulting in a more positive patient experience. There was a perception that this proposal would alleviate pressures in the system and ensure patient care is delivered in the most clinically appropriate setting, and that there would be a reduction in travel between QMC and City Hospital for both staff and patients:

*“Ensuring patients receive the right care, first time in the right place and are safe and effective.”*

*“Smoother patient pathways into A&E.”*

*“It makes sense to have the ED where there is access to specialist equipment so that people can access these if needed.”*

Concerns were raised around workforce and the potential pressure that the proposals could place on them, particularly if the service is accessed by patients who could receive care in other locations. Comments were received around inappropriate attendances at A&E in the current climate with access to the walk-in facilities at other sites allowing faster access to treatment. “I would prefer that some services are still accessed through City Hospital as QMC is already very busy, crowded and difficult to access.”

It was acknowledged that having all A&E facilities on one site could reduce the travel impact on some patients:

*“Having most emergency care based at QMC would be good as it has the best transport links (multiple bus routes and the tram go past it) so it would be easiest to reach.”*

*“QMC is nearer to my home and easier to access. However, would still entail two buses or bus and tram. I can see the rational of having these services on one site, to save transporting patients from A&E to City Hospital. Further, specialist staff may be available at the main site for urgent assessments”*

However, for some patients, there would be increased travel times and potentially additional pressure on parking facilities at QMC. Concerns were also raised around having the provision across two sites for specific services if emergency care was needed and you had to be transferred.

In summary, the majority felt that it would be beneficial to have similar services in one location, as this would make access to the correct treatment in the right setting much easier for patients, reduce waiting times for appointments and ensuring continuity of care. There were positive comments around an increase in confidence that the care needed would be available sooner, with specialised services in one place.

## **6.2 Patient case studies**

Case studies of three patients who have been through the Stroke Patient Pathway following the relocation in July 2020 can be found in Appendix 1, which highlight the benefits of the relocation to patients. The case study of Mr K highlights the benefits of relocation with respect of providing access to patients with cutting edge treatments. Mr B demonstrates the benefits of the relocation during the first stages of the patient pathway. Mrs J demonstrates the benefits of having the acute stroke services co-located with the neuro-surgery services.

## **6.3 Patient and carer feedback**

In August 2022, NUH sought the views of patients and carers about their experience of the stroke service, reaching this cohort through outpatient services.

86 patients and carers responded.

Just over half (59%, n = 48) had accessed stroke services at NUH for immediate and urgent treatment post the July 2020 move. Of this group:

- All described the quality of care received as excellent or good. This was not different to the feedback received from individuals who accessed the service prior to the July 2020 move.
- 88% described the frequency of communication that they or their family member had with NUH staff as excellent or good. For individuals who accessed the service prior to the July 2020 move, all described the frequency of communication as excellent or good.
- 90% described the quality of information that was shared by NUH staff as excellent or good. This was not different to the feedback received from individuals who accessed the service prior to the July 2020 move.
- 67% described the accessibility at QMC as excellent or good, with 8% describing it as poor or very poor. The main reason for this was around lack of parking. This was slightly better than those who has accessed the service prior to the July move, where 64% described accessibility as excellent or good.

## **7 Conclusions and recommendations**

The evidence base for management of stroke clearly shows that the assessment and treatment for a person who has had a stroke is time critical to ensure the best patient outcomes and reduces the occurrence of disability or death.

It is recommended that the Nottingham Health and Adult Social Care Scrutiny Committee:

- Note that the relocation has maximised the opportunity to provide timely assessment and treatment to patients.
- Note that patient experience continues to be positive.
- Note that there is support from patients and the public to co-locate emergency care services together on one site.

- Endorse that this move is made permanent.