People Overview and Scrutiny Committee

6th September 2021

Present:- Councillor Liddle, in the chair, Councillors Hussain, Smith, Fielding, Whittle and Akhtar.

Also present:- Mark Hindle, Managing Director, Pathology Services

Jack Smith, Elaine Day, Sharon Walker,- Stroke Services.

Professor Dominic Harrison, Director of Public Health.

Paul Conlon, Democratic Services.

1 Welcome and Apologies

The Chair welcomed those present to the meeting and received apologies from Councillors Hussain and Irfan.

2. Declarations of interest

There were no declarations of interest made.

3. Minutes of the meeting held on 5th July 2021.

The minutes of the meeting held on 5th July 2021 were submitted.

RESOLVED- That the minutes of the meeting held on 5th July 2021 be approved as a correct record and signed by the Chair.

2. Lancashire and South Cumbria Pathology Collaboration.

The Committee received a presentation on the planned formation of a single pathology service for Lancashire and south cumbria.by 2023. The benefits were outlined, together with the challenges that the delivery of the single service would face. The Committee were informed that the main thrust behind the proposals was to ensure that there was a consistency of service across the South Cumbria and Lancashire footprint and to ensure that he service was delivered as cost effectively as possible using the technology that was developing. The model would use a spoke and hub model with services delivered in hospital where results were needed as an emergency and more routine tests being done in the central hub. The central location was to be developed at Samlesbury, close to the motorway network and also closer to the main users of the service based in East Lancashire and Preston. The Committee looked at how the service would be provided and the demands of all service users would be met, from GPs to hospital trusts. The Committee also focused on the way that areas

at the edge of the patch would be served by the service as opposed to at present. The importance of the samples being delivered within time scales was discussed and the ways that this would be addressed. The Committee were informed of the time line for the delivery of the proposed changes and the stages that needed to be completed including the building of the hub. The government had agreed the funding for the proposals and it was aimed to get the service up and running by 2023. Attention was drawn to the need for autopsies to be carried out as soon as possible to allow Muslim burials to take place in line with customs and in response it was stated that arrangements that assisted in early release of bodies at present would continue and the new pathology developments would support this and make sure that burials could take place in line with requirements.

The Committee requested that they be kept informed of developments and that the enhanced service provision and consistency of service be supported.

RESOLVED- That the Committee support the proposals for the future delivery of Pathology services in South Cumbria and Lancashire as now outlined and that the Committee be kept up to date on the progress and implementation of the proposals.

4 Proposed Enhancements to Acute Stroke Care and Rehabilitation Services for Lancashire and South Cumbria.

The Committee received a briefing on the proposals for the enhancements to the acute stroke care and rehabilitation services in the area. The Committee were informed that strokes were the fourth largest cause if deaths in the UK and remained the leading cause of disability. One third of stroke survivors were no longer able to live independently and across Lancashire and South Cumbria there were now over 3,500 strokes per year. The Committee were informed of the current arrangements for stroke care in Lancashire and South Cumbria and that these did not provide the highest quality and care required. The enhancements proposed would seek to ensure that the population of South Cumbria and Lancashire received the best care wherever they lived, all day, every day.

There were currently five different stroke centres/units in the area and these centres all provided the same service with patients taken to their local hospitals and assessed for stroke. If appropriate they may receive thrombolysis or transferred to Royal Preston Hospital by ambulance for Thrombectomy. The Committee were informed of the rates of performance throughout the area ranging from The Royal Preston and Blackburn being A rated and lower in Blackpool and Furness. The Committee were informed that the key aspect of providing effective stroke care was the availability of qualified and experienced doctors, nurses and therapists when the patient most needed them, in the initial hyper acute and acute phases of care and recovery (the first 72 hours/3 days of care), together with timely access to the latest medical advancements such as Thrombectomy or thrombolysis. The national shortage of suitably qualified and experienced stroke specialists meant that it is not possible to fully staff all five stroke units and maintain this going forward.

When developing the new arrangements for acute stroke centres consideration had to be given therefore, to:

- Which of the current stroke units could become fully resourced hyper acute and acute stroke centres?
- How many of these were needed to adequately serve the population and maintain a consistent, high level of care? and
- Did this represent the best value for money for the NHS?

Based on arrangements in other parts of the country and the size of the population in Lancashire and South Cumbria it could be argued that two acute stroke centres would be needed. However, given the geography of the area, the number of strokes in the region and the clinical pressures that would result if there were only two centres, it was determined that three acute stroke centres (one of which would be a comprehensive stroke centre) would be more appropriate and this would require a significantly high level of investment.

A modelling exercise and evaluation process had been undertaken, which included stroke survivor, carer, Stroke Association, and stroke professional input, and this resulted in the new model of care proposals. The proposals to achieve this were as follows:

- No existing stroke centre would close – all would remain in operation as Stroke Recovery Units, which offer full stroke rehabilitation services before transfer to integrated community stroke teams.
- Stroke Ambulatory care services are introduced at all five stroke centres for the more efficient treatment of mild or older mini-stroke (TIA) patients and stroke mimics (people with stroke like symptoms but which are not strokes).
- Royal Preston Hospital, already a specialist stroke care centre and only one of three hospitals in the North West to offer Thrombectomy and neurosurgery, becomes the Comprehensive Stroke Centre. Its current resources and more central location make it the sensible and cost-effective choice for offering the full range of specialist hyper acute and acute stroke services.
- Two new Specialist Acute Stroke Centres being established at Blackburn Royal Hospital and Blackpool Victoria Hospital. These centres will be enhanced with the qualified stroke staff and facilities needed. Originally, Royal Lancaster Infirmary was one of the options to become a specialist acute stroke centre, but the other sites scored higher in the evaluation process.
- Mini-stroke (TIA) patients given immediate medication and assessment by stroke specialists through either an acute stroke unit, neurovascular clinic or ambulatory clinic, depending upon their symptoms and the time elapsed since the mini-stroke/TIA.
- Introduction of an enhanced Triage, Treat and Transfer model of care at Furness General Hospital (FGH). This means patients with suspected stroke will go to FGH; on arrival stroke specialist staff in the Emergency Department will triage the patient, ruling out a number of stroke mimics (stroke like symptoms that are not strokes), the patients will go for immediate CT scan and then receive initial immediate treatment as required. Initial immediate

treatment includes thrombolysis, which, if to be effective, needs to be administered within four and half hours of the onset of the patients' stroke symptoms (F.A.S.T. means fast). The patients will then be transferred to Royal Preston Hospital for the first 72hrs of hyper acute and acute care via urgent ambulance transfer.

- In keeping with the best clinical model, patients normally bound for Royal Lancaster Infirmary would be taken directly to the Comprehensive Stroke Centre at Royal Preston Hospital, due to its closer proximity to Preston than Furness. Upon arrival at Royal Preston the triage and treat model is applied, and stroke patients will already be on site to access their first 72 hours of hyper acute and acute stroke care. Non-stroke patients are triaged and returned to Royal Lancaster for relevant treatment.
- Any patients transferred to another acute or comprehensive stroke centre for urgent hyper acute and acute treatment will either be returned to their local stroke centre for ongoing stroke rehabilitation or referred to their integrated community stroke teams for rehabilitation at home or other community setting, such as nursing or residential home.
- Single stroke service across Lancashire and South Cumbria, with high quality elements in each area and a common workforce strategy for the staffing, education and training of all staff across all stroke centres

It was originally envisaged that the enhanced Triage, Treat and Transfer model would also apply to Royal Lancaster Infirmary (RLI) patients. Learning from other areas of the country now indicates that the best clinical model for patients from this area of Lancashire is for them to be directed immediately to Royal Preston Hospital and be admitted as per their stroke pathway. The Committee received an outline of the patient journeys for patients from throughout the South Cumbria and Lancashire area.

Patients with stroke like symptoms who, upon assessment at the stroke ambulatory clinic, have not had a stroke or mini stroke, will be referred to the relevant medical team at the hospital or discharged home, as appropriate. Such patients may have had a seizure, migraine, trapped nerve, back injury, a psychotic disorder or other medical problem but will no longer occupy stroke unit beds, as can be the case now.

Members discussed the patient's views on the proposals and were informed that the patient wishes had been sought and were in favour of the proposals as they delivered better outcomes for stroke victims in exchange for close proximity. The Committee looked at the way that ambulance support was crucial to the delivery of the proposed service and members were informed that the North West Ambulance Service had been involved throughout the process and enhancements to services were to be made where necessary to deliver this.

RESOLVED- 1. That the proposals for the proposed enhancement to Acute Stroke Care and Rehabilitation for Lancashire and South Cumbria be noted.

2. That the improved care model as now proposed with three Stroke Centres be supported by this Committee.

3. That further reports be submitted to the Committee when appropriate on the progress of the proposals.

5 Lancashire and South Cumbria Health and Care Partnership Up-date.

The Committee were informed that a presentation would be made to the next meeting in December by the Head of the Integrated Care System for South Cumbria and Lancashire setting out work to date and plans for the future for the delivery of Health and Social Care for the area and how the delivery models would be developed to meet the needs of the region in the future. Members were invited to consider any areas that they felt should be covered in the presentation that would assist their understanding of the changes.

RESOLVED-

That the situation be noted.

6. Blackburn with Darwen Health Watch.

Sarah Johns, Chief Executive of Blackburn Healthwatch was welcomed to the meeting. She set out the work being undertaken by Healthwatch and the consultations that they were carrying out. The work on patient experience, Long Covid and Care Homes visits were outlined and possible collaborative ways that the Committee could work with Healthwatch to the benefit of residents of the borough. The Committee were informed that Sarah would be invited to attend future meetings where she felt that the input of Healthwatch would be beneficial and add value to the work of the Committee.

RESOLVED-

That the Committee welcome the attendance of Blackburn with Darwen Healthwatch and look forward to working together to enhance the work on health in the borough.

Chair at the meeting were the minutes were signed……………………………….

Date………………………………..