Dear Mr Rutley

Re: Hyper Acute Stroke Services

I am writing on behalf of Jerry Hawker who is currently on annual leave. Thank you for your letter regarding the recent article in the Macclesfield Express about the decision to transfer hyper acute stroke services from Macclesfield Hospital.

I hope this response provides you with further clarity, and the reassurance that you need, in relation to the decisions that have been made, and the pathways that are now in place to ensure that those residents of Eastern Cheshire who are in need of thrombolysis have access to best practice hyper acute stroke care which provide this service.

To provide some context and supporting background information please note the following.

A stroke event (eg, onset, diagnosis, recovery, rehabilitation) can be described in three phases. The initial phase is described as ‘hyper acute’ and covers the first 48 hours of onset of symptoms. The second phase or ‘acute phase’, is considered to be up to 5-7 days whilst the effects of the stroke begin to settle and become more confirmed – such as degree of impairment. The final stage, rehabilitation, is after seven days and the duration of this phase is very much determined by the individual’s ability to recover and severity of impairment if any.

Within the hyper acute stroke stage the witnessing and confirmation of stroke symptoms within four hours of onset is key for those people who are eligible to be in receipt of thrombolysis – or a ‘clot busting’ drug – where evidence shows that the administration of this drug can help to reverse the effects of stroke. It is important to note that the majority of stroke patients are unable to receive the ‘clot busting’ drug. For some patients there is either not enough evidence to show that it would be effective – such as for those over the age of 80 years – or evidence shows it could cause more harm – for example those patients where a stroke has been caused by a bleed in the brain.
For those patients not able to receive thrombolysis, other therapies and support are available within those first 48 hours.

Approximately 500 patients per year across Eastern Cheshire are suspected of having a stroke, of which 50% are those who have F.A.S.T positive recognised symptoms. This means that suspected stroke patients have had the following symptoms witnessed within four hours of onset - Facial paralysis, Arm weakness, Speech slurred and Time (within 4 hours of onset). Of these 500 patients only 375 patients per year go on to have a confirmed stroke diagnosis.

Confirmation of witnessing the F.A.S.T positive stroke symptoms can be undertaken by an ambulance paramedic, if called out to a patient’s home or external location, or by a GP or hospital doctor, if the patient presents themselves at a General Practice or at Accident and Emergency (A&E).

The protocol that has been followed previously (before November 2013), following the witnessing of F.A.S.T positive symptoms, meant that patients were (if picked up by North West Ambulance Service (NWAS)) transferred to Macclesfield Hospital for clinical assessment and, if eligible, receive thrombolysis. It is important to note that Macclesfield Hospital has never provided a 24 hour seven day a week thrombolysis service. It has only provided a 9-5pm (in hours) Monday to Friday thrombolysis service.

Outside of these hours patients have been clinically assessed at Macclesfield Hospital and eligible patients for thrombolysis were transferred to specialist centres at Salford Royal Foundation Trust Hospital (SRFT) and University Hospital North Staffordshire (UHNS) to receive thrombolysis and further hyper acute care. This historical arrangement, similar to those still found across many parts of the country, was led by clinicians and determined by a patient’s clinical needs.

To ensure the time taken to assess and transfer patients was maintained within the four hour time opportunity, strict protocols have been (and remain) in place, including pre-alerting A&E at specialist centres, by NWAS, that the patients are in transit. This ensured quick access to specialist consultants and diagnostic tests such as CT scans. This is a fast track pathway.

In the previous 12 months only 22 patients were clinically eligible to receive thrombolysis at Macclesfield Hospital.

As you have read in the report presented to our Governing Body on Wednesday 27th November 2013 a clinical peer review was undertaken earlier this year which looked at best practice stroke care and the infrastructure required to provide all elements of stroke care.

NHS Eastern Cheshire Clinical Commissioning Group (ECCCG) was notified by East Cheshire NHS Trust (Macclesfield Hospital) in June 2013 that following this review, and as a result of changes to consultant availability, they would be unable to continue to provide a thrombolysis service from the end of November 2013. Whilst they were
unable to continue to provide this specialist service, therefore meeting all best practice guidelines for delivery of hyper acute services, they would be able to continue to provide the other aspects of stroke care.

Following this notification, ECCCG worked closely with staff from Macclesfield Hospital, Greater Manchester and Cheshire and Merseyside Clinical Networks, regional specialist hyper acute centres (those offering thrombolysis services) and NWAS to identify suitable alternative best practice hyper acute stroke services throughout the 24 hour period. In particular considerable work was undertaken with NWAS to map out travel times from various town locations within Eastern Cheshire to specialist hyper acute centres to ensure eligible patients could receive the clot busting drugs within the four hour window.

Considerable work has also been undertaken by ECCCG, Macclesfield Hospital and specialist hyper acute centres to develop and agree protocols to ensure the timely repatriation of patients once their hyper acute treatment has been received and they are medically fit for transfer back. This means that the majority of Eastern Cheshire patients will be brought back to Macclesfield Hospital after two days to complete their episode of care closer to their homes and families.

As indicated within our Governing Body paper and to confirm further detail, from November 2013 onwards, the following arrangements are in place:

- All Eastern Cheshire residents who live within the CW postcode areas (Congleton and Holmes Chapel), irrespective of the time of day, and who have F.A.S.T positive symptoms, are transported, by NWAS, to UHNS. Having undergone their initial hyper acute stroke treatment, which could include thrombolysis, patients who are then deemed medically fit for transport, will then be repatriated back to Macclesfield Hospital to continue receiving their stroke care. Those who have not had a stroke confirmed will also be repatriated, once stable, to Macclesfield to receive ongoing care and treatment.

- All Eastern Cheshire residents who live within the SK and WA postcode areas and who have F.A.S.T positive symptoms, are transported by NWAS between 7am–7pm Monday to Friday directly to Stockport NHS Foundation Trust Hospital (Stepping Hill Hospital). Those patients who are identified as eligible will be able to receive thrombolysis. Whether receiving thrombolysis or not, once medically fit for transport, they will be repatriated by NWAS back to Macclesfield Hospital to continue receiving their remaining stroke care. Those who have not had a stroke confirmed will also be repatriated, once stable, to Macclesfield to receive ongoing care and treatment.

- Outside of these hours and at weekends all Eastern Cheshire residents who live within the SK and WA postcode areas and who have F.A.S.T positive symptoms are transported directly to Macclesfield Hospital in the first instance. Here they are clinically assessed and, if eligible for thrombolysis, are then transported to Salford. Those who are not eligible for thrombolysis but have experienced a stroke will stay at Macclesfield and receive stroke care on their dedicated stroke unit.
• Salford is currently unable to accept the direct referral of all F.A.S.T positive symptom patients as further development is required to increase their capacity, following the recent changes in Greater Manchester and the further development of the areas stroke services. This has seen three specialist units, rather than the previous ten, offering the specialist hyper acute services (provision of thrombolysis). The clinically led pre-assessment arrangement with Macclesfield Hospital therefore will remain in the short term.

• Whilst this appears to cause an inequality of direct access for some Eastern Cheshire residents to a 24/7 hyper acute stroke service which offers a thrombolysis service we believe it to be the best option/arrangement currently available at this time.

• We also believe that the work undertaken has improved access to thrombolysis services for all Eastern Cheshire residents.

• Both Salford and Stepping Hill Hospitals are currently in the process of putting additional resources (staff/beds) in place to enable them to offer round the clock direct hyper acute services for Eastern Cheshire patients (WA and SK postcodes). This is expected to be in place by July 2014.

During this interim period alternative locations for direct access to “out of hours” hyper acute stroke services offering thrombolysis services are being explored for Eastern Cheshire residents living within the SK and WA postcode areas.

We will continue to work with our providers of care, our patients and carers, engage with our Health and Wellbeing Board colleagues and Scrutiny Committee councillors to both ensure best practice standards are upheld and considered acceptable to our residents, as well as to continue to provide timely updates and opportunity for discussion.

I hope that this letter has provided you with the necessary information that you require. If you would like further information, or to discuss this further, then please contact me.

Yours sincerely

Alex Mitchell
Chief Finance Officer
NHS Eastern Cheshire Clinical Commissioning Group