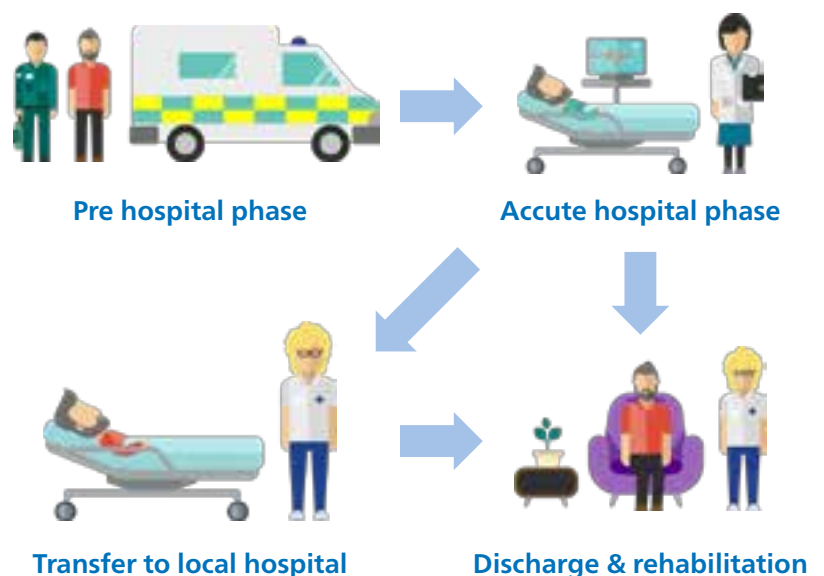


Changes to hospital stroke care in Greater Manchester

A review of the impacts one year on

What was changed?

- Local stroke services were **altered** in March 2015 so that people with a recent suspected stroke (i.e. onset was less than 48 hours ago) are taken to the nearest Hyper Acute Stroke Unit (HASU) rather than to a District Stroke Centre (DSC) at their local hospital
- The change was made because research showed that receiving specialist stroke care at a HASU **saves more lives** and reduces the time patients have to spend in hospital afterwards
- The new care pathway has now been in operation **for a year** and has been assessed for its impact



What are the impacts of the new pathway?

1 Over **6000 people had a stroke** in Greater Manchester in 2015/16. This is up 15% from the previous year and is most likely due to better recognition of stroke following promotion of the change to services

2 **75% of people** with a suspected stroke are now treated at a HASU—**15% more patients** now benefit from the specialist stroke care they provide

3 The remainder who were treated initially at a DSC would not have benefited from being taken to a HASU (mainly for medical reasons) and received **appropriate care locally** instead

4 80% of patients with a suspected stroke arrived at hospital by ambulance and our paramedics are very good at taking people to the **right hospital** for their medical needs



5 Stroke can be **difficult to diagnose**—around half of people attending Greater Manchester Emergency Departments with a suspected stroke were given an alternative diagnosis there, and of those admitted into hospital as a suspected stroke, a third were later found to have something else

6 Overall, **80%** of Greater Manchester stroke patients were admitted to a stroke ward, with **94%** admitted at HASUs—admission to a specialist ward improves the chance of survival and recovery



7 Transferring patients from a HASU back to their local DSC to receive further rehabilitation sometimes caused problems, with **delays** for some patients often due to a shortage of hospital beds

8 The length of stay in hospital for stroke patients fell **2 days** to a median of 6 days which is better than the rest of England (7 days)—this saved over **12,000 bed days** in the region as patients went home earlier

9 Patients from **Stockport and Eastern Cheshire** were much more likely to be discharged straight home from Stepping Hill Hospital without ongoing rehabilitation support as these boroughs do not currently have stroke specific community services—we are working to change this to make sure everyone in our region receives the same high standard of rehabilitation at home

10 The national audit of stroke care (www.strokeaudit.org) measures 44 important elements of care provided by stroke units in England, such as having a brain scan within 1 hour of arrival at A&E. It showed:

- Greater Manchester has **improved** in almost all areas of care in the last year—this is because more people now receive high quality specialist stroke services at a HASU than before
- We now have **better stroke care** than the rest of England in most of the key elements—care for patients in every one of our boroughs has either an A or B rating

11 The number of people dying in Greater Manchester from a stroke **decreased** slightly and remains below the national mortality rate—we will be able to better understand how many lives have been saved from the new pathway when more data becomes available in the coming months

12 Feedback from patients and carers who had experienced the new pathway was generally **very good**



13 Transfers between hospitals were viewed **positively** once the reason was explained (i.e. to get the best care at a HASU), however, better communication and delivery of information by NHS staff to patients and families needs improvement