

## What are the opportunities?

- Recruitment
- Best outcome
- Health Education
- Families

- Improved outcomes
- Telemedicine opportunities

- Money put into area
- Call to invest in A595 (road)
- Trust could use this to influence – services moved to Carlisle. If that road closes, increases risk to everyone

Opportunity to link with other organisations.

Energy coast, etc.

Single HASU – recruitment harder to two services

Improve quality of stroke care.  
Can improve care – improve outcomes.

Recruitment:

- Research going on. Opportunity to work in specialist area. Can see sense in centralising in Carlisle.

Goes to 7-day service.  
NHS needs to be in line with other industries – 7-day working.

1 good site for first 72 hours, will reduce pressure in West Cumberland Hospital and facilitate better rehabilitation.

More roles in care.  
More emotional support in community for families.

Opportunity to have preventative measures in place. E.g. identifying aerial fibrillation early, for example at MOTs of on Apps.

Opportunity to recruit professionals experienced in the field of practice.

Opportunity to develop provision for relatives visiting the unit with travelling and staying in Cumberland Infirmary.

## What are the challenges?

Lack of post-stroke treatment on discharge – home/community/rehab facilities.

Distance for families and carers.

Staffing ensuring right skills in the right place.

Emotional aspect – supporting families / helping patient to recover.

Supporting relatives – where they can stay. Hotel, etc.

Recruitment. Difficulty attracting people to rural areas – areas where there aren't lots of opportunities for jobs, etc.

Getting people to take responsibility for their own health. Healthier lifestyles. Increased risk of obese, etc.

Getting people to take on FAST campaign.  
Why people near West Cumberland Hospital tend to wait longer?  
Educate people to present sooner.

Travel – A595. Upgrades required.  
Emotional impact on patient.  
Strain on families.

Ambulance service requirements – logistics.

Recruitment

Family support

No 7-day stroke consultant at Cumberland Infirmary, so still relying on Telestroke.

Primary care stroke prevention service strategy not working.

Bed capacity and flow.... guaranteed to be admitted to a stroke bed?

Has anybody thought about the logistics of getting people to Carlisle?

What HASU criteria and standards are in place now not in future months.

You have mentioned that West Cumberland Hospital has excellent care now – so why change?

- Distance to travel
- Effect on patients
- Weather!
- Are you purchasing extra ambulances? Minding that the service is stretched now!

Age of stroke survivors re driving.

Will the gaps in HASU service be solved before October?

Are you confident HASU standards will be set up.

High levels of unemployment.

High levels of mental health problems.

Health access inequalities.

Lack of information or access to information.

System needs to be in place to get treatment early – ie, from their home to HASU - distance.

**What do patients and families want clinicians to consider and be aware of?**

More information on support, e.g. directory of information on:

- Clubs
- Benefits
- Family support

More widespread use of the treatment this gentleman got.

Use of hydrotherapy pool.

Staff appreciating the huge impact stroke has on a person and their family. Acknowledging that.

Team in Whitehaven take the time to explain why being transferred and what will happen.

Ask if anything you need. Personal touch. Closeness can be reassuring.

Consultant:

- Introduce themselves
- Be open and honest
- Take time to have discussions/conversations with family

Understand other strains on community, e.g. people have to work

Understand the level of poverty in the area.

Families on low income.

Recognition that person still has thoughts and feelings. Treat them as a person.

Hospital is part of the community – why people want hold on to services.

Clinicians know what the criteria is.

7 day service good provided the infrastructure is in place for HASU standards and criteria.

I don't think they give the leaflets and family info out on the stroke wards in Carlisle. They do in Whitehaven.



Improved communication and feedback re progress on HASU shortcomings. i.e. scanners, recruitment, beds – ambulance time.

Address the list of challenges prior to HASU going live and give regular progress updates (e.g. meetings June and September) etc.

Proper funding for stroke support service post discharge, Stroke Association.

Lack of early supported stroke discharge ESSD support

- Clear pathway / treatment
- Assurances
- Implementation is joined up and in sync
- Information sharing and thought for the families

Improvement of support / social services for both patients and families following stroke.

Provision of information to individual patients and relatives re their management of care.

What happens if outcomes are not what are expected?