

Stroke Services Meeting, Cleator Moor 19 June 2018

Please find a summary of the views I took away from the public meeting on 19 June 2018 about stroke services in West Cumbria. I don't pretend the views are anything that you're not aware of, the solution is to work hard on improving transport capabilities. It would also seem prudent to also retain whatever equipment is possible at Whitehaven to cover times when transport to Carlisle is not possible.

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Stroke treatment in the North Cumbria area is going to transfer to a HASU in Carlisle, for good or bad reasons – probably good - and this is essentially decided. Various drivers were cited for this: principally recruitment and the concomitant availability of the relevant expert staff, the national experience of better clinical outcomes overall and the potential for duplication of equipment to cover downtime. The downside is the need to travel a considerable distance from West Cumbria.

So, the picture presented to the people of West Cumbria is that they are going to get the following:

Benefits	Disadvantages
<ul style="list-style-type: none"><li>– Expectation of better treatment outcomes from a HSAU</li><li>– Better possibility of recruitment and retention of expert staff</li><li>– 24/7 availability of consultant and hence quicker start to treatment out of hours</li><li>– Duplication of equipment and hence improved reliability and availability</li><li>– (Arguably proximity to Newcastle – although that is little benefit from West Cumbria as patients would just make the same journey in two stages)</li></ul>	<ul style="list-style-type: none"><li>– Increased travel time</li><li>– Risks to feasibility of travel (flood, snow, road blockage etc)</li><li>– Potential loss of thrombolysis window</li><li>– Availability of ambulance (may already be busy eg: <i>en route</i> to Carlisle with another patient)</li></ul>

The mitigation would seem to be

1: ensure that transport is optimised

So: more and better (?) ambulances – collecting as much patient data as possible on the journey, possible airlink if feasible

2: mitigate the risk of travel not being possible

So: retain whatever facilities are possible in Whitehaven as a backup, including scanning capability, telemedicine and appropriate drugs to enable thrombolysis if necessary when road is blocked.