

What are the opportunities?

- Would the Rehab Unit at WCH have 7 day services of physio, OT, SALT? To help support early discharge?

- Drip & ship was recommended by Prof Tony Rudd once the HASU was up and running. What has happened to that idea?

- Is there a named individual in charge of stroke planning? (As recommended in the 2016 Stroke Guidelines).

- How many people a year who currently have to go outside Cumbria will be able to be treated in the county once we get the HASU? How does this compare to the number from West Cumbria who will have to travel to Carlisle?

- Please can we ensure that there is enough transport to people to where they can be treated quickly? (More Air Ambulance Services)

- Dr Davies did not mention any prevention program. What is being done with this?

- What is being done to improve ambulance response times? Surely this is an area where real improvements could be obtained.

- What is the attraction for staff to Carlisle?
The west is not being sold for what it offers!

- Many doctors come to west Cumbria because they are runners, climbers, wild swimmers – sell it

- How do we please everyone?
Why not reconsider WCH??

- To find a solution that satisfies all!!

- Does the decision to go ahead involve the staff for early discharge as well as staff for HASU, equipment in place & beds identified. This wasn't said but is extremely important.

- Move the HASU to WCH & utilise the air ambulance for those few percent to Newcastle.

- Educate the public: what is a TIA; Mini Stoke; Stroke

- Before consider new model is was agreed that needed critical mass of staff

- How do you staff the Rehab part of stroke?
 - OTs, Physios, qualified staff, stroke specialist staff

- More ambulances to be able to deal with this. A 94 minute wait is not good enough.
- Bring back the nurse training school

- Equal division of specialist services between WCH & CIC. Including consultants etc.
- Reduced contract times of locums to 4/12 then substantive contracts.
- How many dedicated ambulances are needed for maternity, paed, and cardiology?

- Medical outcome algorithms may suggest that Carlisle is the preferred centre but have these been analysed alongside distance-from-centre algorithms for survival & positive outcomes?
(inc a diagram)
Continued>

- Why can't we retain tele consultations and scans, MRI & save local people 60+ mile treks?
- Why close down facilities at WCH?
- Why jeopardise people on the outer limits – are they any less worthy?
Continued

- Expectation of better treatment outcomes from a HSAU.
- Better possibility of recruitment & retention of expert staff
- 24/7 availability of consultant – hence quicker start to treatment out of hours

- Duplication of equipment hence improved reliability & availability.
- Arguably proximity to Newcastle – although that is little benefit for west Cumbrian patients who would just make the same journey in 2 stages.

Worries over ambulance times & delays:

- All ambulances transfer stroke patients (not a dedicated HASU ambulance as NWAS seemed to indicate)
- All ambulances fitted with increased digital capabilities (Wi-Fi etc.) – to better provide in transit diagnostics / links with receiving clinicians.

What are the challenges?

- Is there really a financial case for the current proposal? More treatment delay = more disability = more cost the health & care economy.

- Can we ensure, without prejudicing the stability of the HASU, that everything that can be safely & sustainably be done for stroke patients in WCH is done at WCH?

- Who loses? ☹️
100% stroke victims in west Cumbria 1/2 hour journey 30 – 50+ miles.
- VS
- Who wins? 😊
10% of patients who need to transfer to Newcastle 1 hour journey

- How fast would ambulance get to Carlisle
- How many ambulances are available

- Staff need firm contracts at good wages

- Money needed for air ambulance – not charity

- Plans to increase population with Moorside. Increased elderly population as predicted. Means this area will be disadvantaged. We feel 2nd class citizens.

- Must increase number of ambulances in west Cumbria so transport for maternity & stroke services will be properly staffed by paramedics.

- Early discharge in place to the standard promised BEFORE change to CIC from WCH.

- Extreme concerns about travel time from rural areas & south of Whitehaven. Personally rang 999 in Dec suspected heart attack & had to wait 3 hours for an ambulance. Therefore have no confidence in transport time with the amount of ambulances we have now & numbers needed.

- Mitigation of distance for west Cumbria.

- Other HASU population 85% within 30 minutes. We need a suitable model to take into account our rural and remote health system

- No junior doctors. Student nurses paid as HCA during training as agreed in HCA initiative where they first devolved.

- The NHS is becoming unsustainable – is this true?

- Increased travel time
- Risks to feasibility of travel (flood, snow, road blockage etc.).

- Potential loss of thrombolysis window
- Availability of ambulance (may already be busy e.g. on route to CIC with another patient).

Recruitment

- Wider communication regarding new UCLan Medical Training Facility
- Increased links with schools – grow your own local Doctors – no need for them to move on.
- Provide training experience in WCH as much as possible.

Recruitment – ESSD

- A dedicated team – well – trained – not poached to deliver routine care elsewhere – assurances regarding this point would be beneficial.
- Links with acute beds in WCH (one connected team) – benefits better planned Stroke rehab / aftercare

- Prevention – pathways to stop strokes happening (earlier identification of risk factors)

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

- Feedback from Workington – yet to come!
We participated at last exercise still awaiting feedback

- Transport is pathetic – trains anyone?
- How do people support & contact loved ones.
- Poverty levels in area high.

- Some neighbours had to pay B&B for 3 weeks at Newcastle & family had to drive when the patient was transferred to Carlisle then back to WCH which is 10 minutes away from their house.

- Pass the medical parcel to HASUs algorithms do not take into account the other factors which facilitate recovery and support.

- Low wage, earners, people on benefits affording to travel & visit relatives at a time of acute stress.

- We were told about a dedicated ambulance for maternity now you are saying dedicated ambulance for HASU. – The maternity dedication has been withdrawn will this happen with the HASU?

- Patients families will need to travel long distances to CIC. A % of these people would be elderly and have no transport. What provision would be made for these relatives & carers?
E.g. somewhere to stay overnight.

- Clinicians need to hear the fears from families who might be affected – they heard them today. There needs to be clearer language to explain the potential benefits. Honesty also needed to say as yet there is no data to prove advantage of HASUs in rural situations. Be up front people will respect that.

- How many beds are available?

- Clinicians do hear what we are saying but you don't listen & act on what the people of west Cumbria are saying. WE have a first class hospital in WCH so move the new HASU there. This is what the people want.

- The vast majority of the community. Carers, families, patients feel totally let down in west Cumbria.

- Why can't we use treat & transfer. WCH first call moved to Carlisle in 12 hours.

- There are not enough stroke specialist staff to set up the HASU units in England. Too little incentive to retain staff.

- If patients are unable to get to CIC for any reason why can't patients be assessed at WCH. At present WCH can do CT scans, using tele-medicine a consultant can review the scan & the patient – thrombolysis can be administered. The patient could then be transferred to CIC for further management.

- Ensure transport is optimised – more & better (?) ambulances collecting as much patient data as possible on the journey, possible airlift if feasible.

- Mitigate the risk of travel not being possible – retain whatever facilities are possible in Whitehaven as a backup, including scanning capability, telemedicine & appropriate drugs to enable thrombolysis if necessary when road is blocked.

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

Carers & Families - Greatest times of most stress / urgency & need for family involvement is following admission – the following might be beneficial:

- Routine regular free transport (several times per day back & forward between CIC & WCH) would be beneficial – not just for stroke but also other patients & staff.
- Amenity facilities – room / bed / shower etc.