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Reshaping stroke services

Department of Health – Annexe 3
Castle Buildings
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Reshaping stroke services

Dear Sir/Madam

The British Medical Association (BMA) is an apolitical independent trade union and professional association representing doctors and medical students from all branches of medicine across the UK. Our mission is we look after doctors so they can look after you. BMA Northern Ireland welcomes the opportunity to respond to this consultation on reshaping stroke services.

The extended deadline for this consultation allowed for a thorough review of the information by all interested parties and gave the BMA the ability to engage more widely with our members. This engagement with our members has informed this response.

As outlined in previous consultation responses on transformation we believe that any transformation of health services in Northern Ireland must be planned, managed and adequately resourced. Additionally, we believe services reviews must:

- Be preceded by a thorough impact assessment, particularly addressing the safety of the proposed changes
- Be collaborative and transparent, involving all affected sectors and patient representatives
- Be clinically led
- Be based on good clinical evidence that quality of care will be enhanced, or at least not compromised
- Protects those least able or most deprived from a change of service that would otherwise widen inequalities, worsen outcomes or increase user dissatisfaction
- Be monitored, following implementation, for effectiveness and safety.

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BMA Northern Ireland is aware that reconfiguration of services may mean changes to working practices and terms and conditions for our members. We look forward to engaging with the department on issues affecting our members as a result of this review.

We welcome the focus the consultation document places on providing better outcomes for patients. Whilst we are supportive of the transformation programme we have a number of comments on this consultation which we have outlined below.

Reconfiguration criteria

Following consultation in November 2016 the department published reconfiguration criteria. As this has come after the publication of the proposals for reshaping stroke services we would welcome confirmation that the criteria were used for this review. It would be helpful if future consultations produced by the department included clear references to how the review has been carried out using the reconfiguration criteria.

Reorganisation of services

Understandably, increasing access to thrombectomy for patients is a primary focus of this consultation document. Whilst we recognise the improved outcome thrombectomy provides for some patients the reorganisation of stroke services should not be solely driven by this. The expansion of thrombectomy should work alongside improving community support for stroke survivors. As the document is written, community support is given much less focus than thrombectomy.

We welcome the evidence base used by the department throughout this review. However, we encourage the department to look at the outcomes of the changes implemented in London which are referenced in the consultation document. Since the implementation of these changes hospitals in London have found thrombectomy units difficult to staff on a long-term basis due to the pressure on the clinicians carrying out this service. We hope the department will ensure any occupational health support needed for the clinicians staffing this service.

BMA members currently working in stroke services have told us there is a need to maintain the existing link between the community support team and the consultant stroke team. There is a fear that a reduction in the number of sites means this will be difficult. Members have highlighted that patients benefit because the community support team have a direct link to and existing relationships with consultants. We hope that the department will seriously consider to how this important relationship can be maintained.

Members have also stated that they do not feel that stroke mimics have been adequately considered throughout this review. No detail is given on how they will be identified and placed on the correct pathway, simply that this will happen. At some sites stroke mimics can number up to 40% of those accessing stroke services. These numbers could overwhelm strokes services at a reduced number of sites. If these patients have travelled past their nearest hospital to reach a stroke unit will they then be transferred back to their local hospital for alternative treatment?

We welcome the recognition in the review that only around 50% of patients with strokes are admitted to stroke units, however an assessment of why this is case would be welcome. Our members tell us that in some cases this is because other ill patients are admitted to stroke beds to deal with a lack of available beds in other hospital services. We would encourage the department to seek ways in which this could be addressed.

We have previously highlighted that the removal of services from some acute hospitals could destabilise that hospital and put other services at risk. The department must have read across individual reviews and assess the potential impact of a series of closures at the same site on remaining sites.

Finally, on the proposed reorganisation of services, five of the six options outlined in the consultations refer to a “possible 5th ASU at Ulster.” It is difficult to state a preference without full information on the available options. Including “possible” in the options creates uncertainty. Additionally, we would welcome greater clarity on how the six options were selected for inclusion in the public consultation. We understand the department modelled 27 options and would like to have a greater understanding of how these options were reduced to the existing six.

Workforce

We welcome the recognition from the department of the challenges facing the stroke workforce and commitment six in the consultation, to undertake a workforce review. However, it may have been more beneficial to complete the workforce review before settling on the options contained in this review. This would mean the findings of the workforce review could have been incorporated into the proposals. The consultation document only discusses impacts on geriatric medicine, the workforce review will need to go beyond this as many other specialties are involved in stroke care, and under significant pressure, not least radiology and anaesthetics.

We believe some of the issues this workforce review will be related to workforce planning. We questioned during the pre-consultation process if the necessary workforce existed within Northern Ireland to fulfil the intentions of the department. Additionally, we hope this workforce review, or the work being taken forward by the department through the workforce strategy, will address the issues relating to recruitment and retention in the medical workforce in Northern Ireland.

The recent introduction of a stroke medicine training pathway is welcome, we hope that the department will attempt to identify other training pathways that should be introduced in Northern Ireland to plan for future needs. This pathway will assist in increasing the numbers of doctors who are trained in thrombectomy, but the department could look at other ways of doing this.

In our engagement with BMA Northern Ireland’s Junior Doctor Committee (NIJDC) members have stated they hope any changes will result in fewer rota gaps and a better experience for doctors in training. However, NIJDC are concerned that the reshaping of stroke services may mean reduced experience of stroke care during training. The department needs to work closely with NIMDTA to ensure junior doctor training is not negatively impacted by this review.

BMA Northern Ireland members have also highlighted that stroke medicine has a high reliance on out of hours care. This will become more difficult to maintain if doctors are less willing to take on additional programmed activities due to issues with pension allowance which are proving a disincentive to additional work. We would hope the pensions issue would form part of the workforce review. Additionally, and separately to this consultation, we would encourage the department to look at the creative solutions they have at their disposal which could address the pensions issue.

Finally, in relation to workforce issues, we strongly believe that early and continued engagement with staff is essential. Service reviews represent an uncertain time for doctors and meaningful engagement by the department throughout the process can go some way to mitigating this.

Access for patients

The focus on travel time is welcome, obviously this will be a major concern for patients who live in areas where services may be reduced.

No cross-border options have been considered in the review and we would like the Department to examine where this may be a possibility for this and for future reviews.

In a situation where patients may be travelling longer distances to access stroke care we believe it is important that the department fully explores all opportunities to offer follow up care and appointments closer to home. This could include the use of technology where it is appropriate, available and reliable. Evidence shows that after the acute phase patients do better when they are closer to home.

The consultation document seeks to provide reassurance around travel time by promoting the use of the helicopter emergency service (HEMS). Despite our support for the HEMS, we have concerns about its use being promoted in this document. Firstly, HEMS has been established to deal with trauma transport; transporting patient experiencing a stroke is a different issue and requires different support. Additionally, the helipad is not yet operational at the Royal Victoria Hospital, the site where thrombectomy will be available.

HEMS is also staffed based on additionality and we have raised the pensions issue many consultants are currently facing when taking on additional work. Finally, on this point, to sustain HEMS around £2million in fundraising is required annually, if the department is planning to expand the use of HEMS will it also increase its funding of this service?

Moving forward

The timelines contained in the document are welcome, particularly those that have a midpoint target as this allows for review of progress. Some BMA members have queried if these targets are challenging enough.

When the department has made a final decision on which of the options they will take forward we would hope they will provide further details on the timeline and how progress will be monitored. We would like more clarity on whether the department will take a final decision on the review in the absence of a health minister.

BMA Northern Ireland has previously highlighted that we believe it is important that additional/new/replacement services are in place, including the transport infrastructure, prior to the closure or the shift of services elsewhere. Too often this does not happen, leaving doctors and patients frustrated at the slow pace of change. Changes to infrastructure will obviously require an increased budget and there is no reference in the document to additional funding being secured.

We are concerned by the amount of attention given to prevention in this document and believe this is a missed opportunity. We understand that the department may be taking prevention forward as a separate issue. However, we would question considering any issue in a vacuum and missing an opportunity to make these important points and further inform the public through the consultation. Additionally, in our response to the pre-consultation on the review of stroke services we highlighted that “we would welcome a commitment to address the lifestyle factors that cause strokes, thereby reducing the number of people in the first place who need stroke services” and would like the department to take this on board.

As with any change to a service we hope the department will have robust plans to monitor changes, outcomes and impacts and formally evaluate them, we would welcome more details on how the department will do this in relation to stroke care.

Finally, as this review progresses it is essential that the department commits to meaningful engagement with doctors. We have already stated that service reviews are a stressful and anxious time for doctors. Any closure or reduction in service will obviously impact on the staff within that service. Therefore, it is

essential they are continually engaged with and kept informed proactively throughout this process. BMA members have indicated they do not feel this has been the case up to this point. We would hope this could be rectified by the department in the future.

Once again, we would like to thank you for the opportunity to respond to this consultation. We look forward to receiving a response to some of the issues we have raised. We remain committed to working together with the department to improve stroke services for both doctors and patients. If you require any further clarification on any of the points we have raised, please do not hesitate to contact, Jenna Maghie, senior policy executive on 02890269687 or jmaghie@bma.org.uk, we would welcome the opportunity to discuss any aspect of this response with you.

Yours sincerely,



Dr Tom Black
Chair of Northern Ireland Council