

Post pandemic recovery of Greater Manchester stroke services – a regional care pathway to be proud of!

Since 2015, the region’s [centralised hyper acute stroke pathway](#) has ensured all Greater Manchester (GM) residents receive ‘A’ graded stroke care (source: [Sentinel Stroke National Audit Programme/SSNAP](#)). Under the auspices of the network, we are the only UK region to have also fully transformed our community services to an integrated model that we pioneered and is now part of the [NHS England national stroke service model](#).

As for many other NHS services, the pandemic put considerable strain on the stroke pathway resulting in a decline in some aspects of care. However, we are pleased to report that our local stroke teams have made considerable progress in the past 2 years, with most restoring services close to pre pandemic levels. There is more work to do but we have returned to having 6/9 stroke units rated as ‘A’ or ‘B’, with our three Hyper Acute Stroke Units (HASU) rated ‘A’ in most reporting quarters.

The Stroke Association has just [published a national pilot of Patient Reported Experience Measures](#) that shows GM stroke survivors and carers positively rate many different aspects of our acute and community stroke services more highly than the rest of the country. We also offer 6 month post stroke reviews to a greater proportion of our residents. Providing integrated and holistic care is a key facet of our pathway and the Stroke Association and other voluntary sector services are more positively rated than nationally. The latest SSNAP data below shows GM continues to track above national average data in most key areas of stroke care.

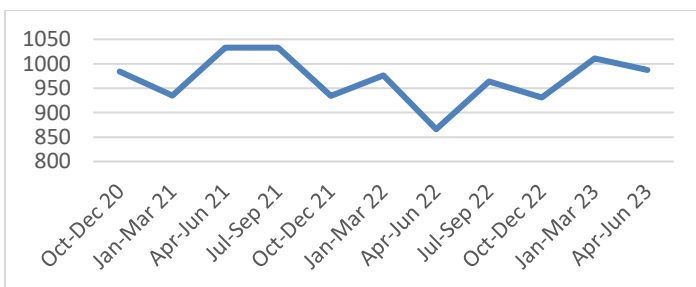
We can once again be proud that GM provides some of the best stroke care in the country via a regional pathway that delivers the national stroke model in both hospital and community settings, in partnership with the voluntary sector.

Despite making good progress in restoring services, we continue to focus our quality improvement activities on a number of challenges, these include:

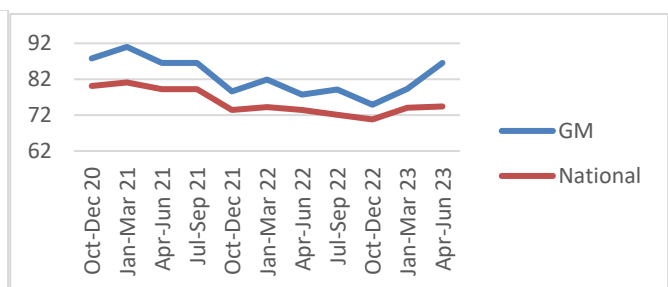
- Delivering the step change in frequency and intensity of therapy recommended in the new stroke national guideline
- Quality of discharge and integration of stroke and discharge to assess pathways as may prevent access to rehabilitation
- Repatriation delays that impact patient flow – 1642 excess bed days in 2022/23 with 408 so far this year
- Long waiting times to access treatment in some community teams due to lack of funding

The latest SSNAP data shows:

Number of stroke patients

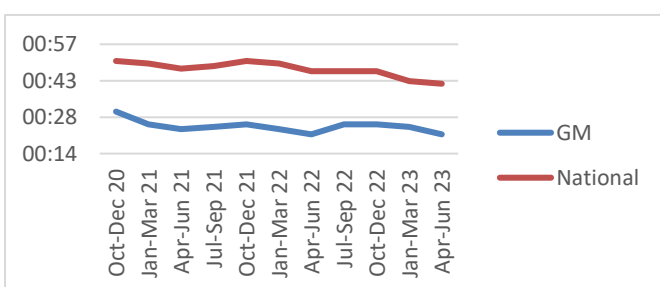


Arrival by ambulance (%)

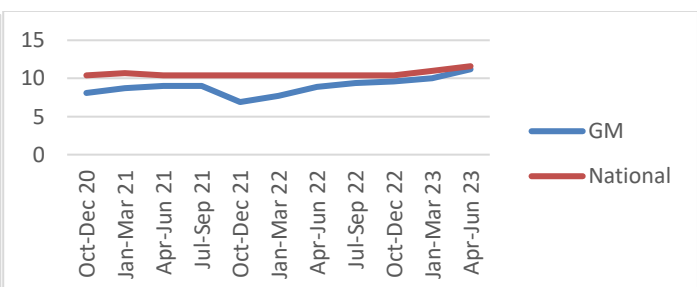


The overall volume of strokes has remained stable since centralisation at around 4,500 a year. We saw a decline in the proportion arriving by ambulance between 2021-22 (linked in part to NWS strikes), however, the trend appears to have reversed in 2023 returning to >85% of patients. This is important as ambulance arrival triggers the stroke pathway, ensuring more patients receive time critical care.

Median time between clock start and scan

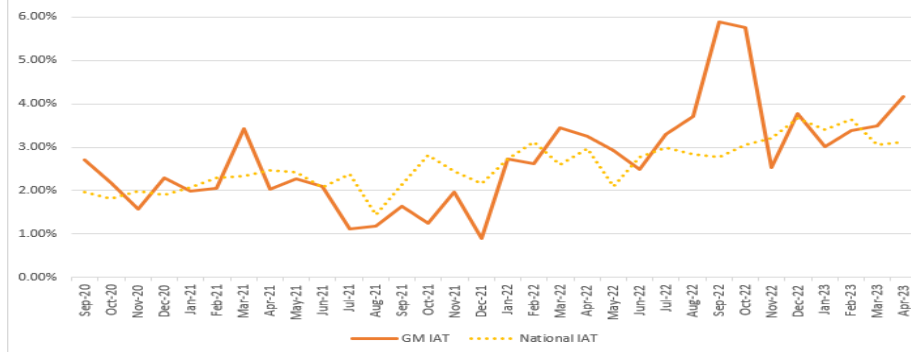


Percentage of all stroke patients given thrombolysis



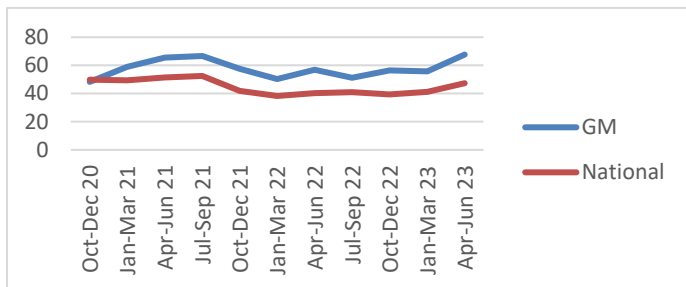
Time is brain in stroke and our HASUs consistently scan patients more rapidly than nationally - 80% are scanned within an hour. This ensures more rapid access to time sensitive reperfusion interventions and our median time has continued to decrease to 21 minutes – twice as fast as nationally. The pandemic saw a national decrease in thrombolysis rates which has now returned to ~11.5%. Post pandemic, the GM rate continues to improve to just under the national level with work underway to further increase rates to closer to 20%.

Thrombectomy rates (%)

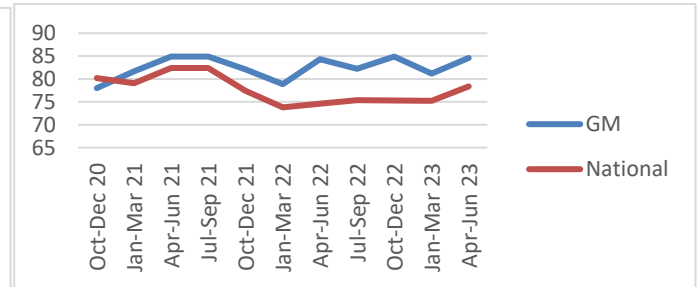


The Salford Royal based regional thrombectomy (IAT) service went 24/7 in March 2022 (only a handful of centres outside London have achieved this) with a subsequent increase in cases - the GM rate now exceeds national. Stepping Hill and Fairfield HASUs have increased referrals in the past 2 years to just under 40% of total cases indicating equitable access to the procedure across GM.

Percentage of patients directly admitted to a stroke unit within 4 hours of clock start

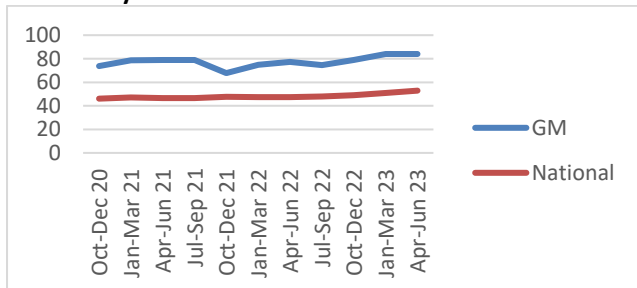


Percentage of patients who spent at least 90% of their stay on a stroke unit

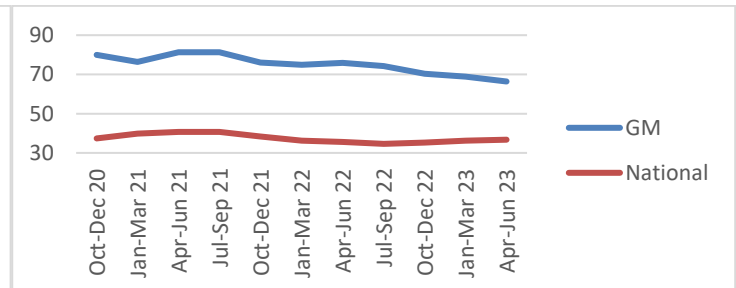


Our centralised model helps ensure a greater proportion of patients are admitted within 4 hours and spend most of their stay on a stroke unit than nationally. Performance in both these metrics has improved post pandemic despite significant bed pressure in the region. Evidence shows that treatment on a stroke ward improves the speed and chances of recovery.

Percentage of patients treated by a stroke skilled community team



Six month follow-up has been completed



Our work to transform GM community stroke services continues to bear fruit with almost twice as many GM patients discharged into a community stroke team compared to nationally. Specialist services help ensure patients maximise their recovery and benefit from access to life after stroke support often provided in collaboration with the Stroke Association. The region provides a 6 month review to twice as many patients as nationally, although some teams in Manchester have had to scale back their reviews more recently.

Further information: www.gmnisdn.org.uk or contact our Manager sarah.rickard@nca.nhs.uk