



South Yorkshire  
**Integrated Stroke Delivery Network**



**South Yorkshire**  
Integrated Care Board

# Barnsley Stroke Pathway Update

South Area Councillors Meeting  
16<sup>th</sup> June 2023

Kaye Mann – Public Health Specialist Practitioner, Barnsley Metropolitan Borough Council  
Jamie Shepherd – South Yorkshire Integrated Stroke Delivery Network Manager





# Aims of today's presentation

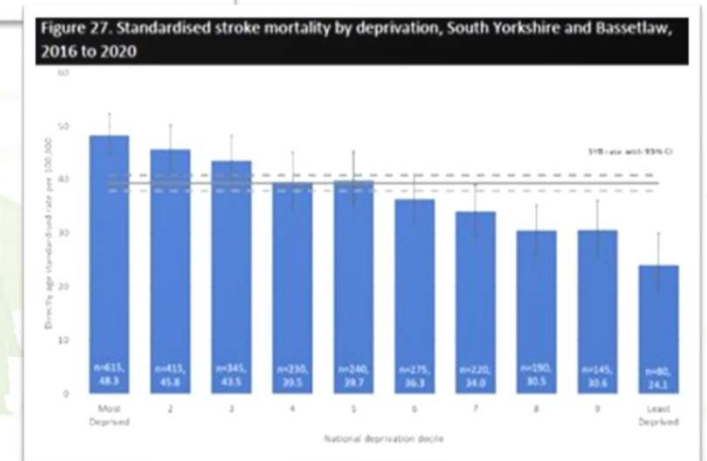
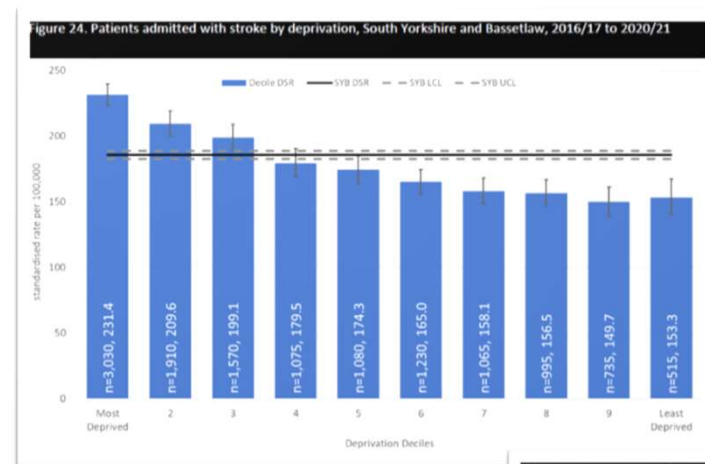
- To explain why we are still prioritising stroke in South Yorkshire
- To provide an overview of the Barnsley Stroke Pathway and improvements so far
- To describe the Optimal Stroke Pathway vs Sub Optimal
- To explain what the data tells us about Barnsley patients and the pathway
- To consider what we need to focus on to improve patient experience and outcomes
- To highlight what are we already progressing and what we plan to do this year





# Why is stroke still a priority area for South Yorkshire?

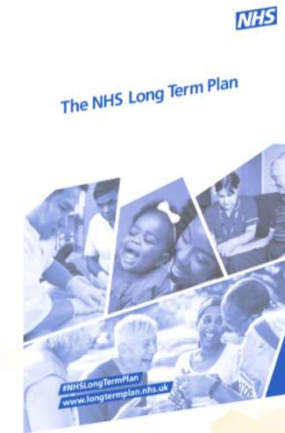
- 5th leading cause of death
- Leading cause of disability
- Significant health inequalities
- Unwarranted Variation
- Access to urgent treatment and rehabilitation





# Transforming and Improving Stroke Pathways

- Key national drivers
- Integrated Stroke Delivery Networks
- Whole pathway approach
- Key Vehicle for transformation and improvement
- System collaboration and partnership working
- Translation of new guidance and recommendations into practice

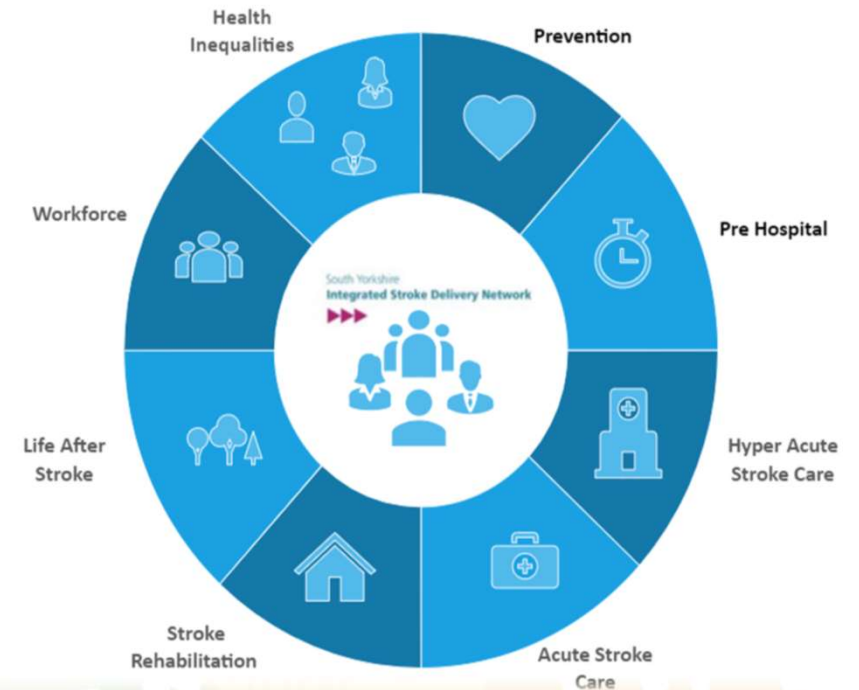




# Our Shared Purpose and Ambition

Our ambition is to ensure that people within South Yorkshire have equal and fair access to the highest quality of stroke care across the whole stroke pathway.

To achieve this, we will bring people together empowering them to transform, innovate and develop stroke services, improving outcomes for all involved. We will listen to and act on the views of those people with lived experience of stroke and they will be at the heart of all we do.





# Transforming Stroke Pathways in Barnsley

- Pre 2019: Barnsley stroke service was not sustainable and Barnsley patients were not receiving optimal care resulting in poorer outcomes.
- October 2019: New regional Hyper Acute Stroke Unit Care model was launched for Barnsley patients.
- May 2020: New Integrated Community Stroke Pathway in Barnsley
- **By accessing this improved pathway Barnsley patients now have:**
  - Faster access to diagnostic imaging
  - Faster access to specialist stroke teams
  - Improved access to Hyper Acute Stroke Care 24/7 and early rehabilitation
  - Access to life saving and brain saving treatments – ‘clot busting’ and ‘clot retrieval’
  - Improved patient experience
  - Improved access to integrated, high quality rehabilitation

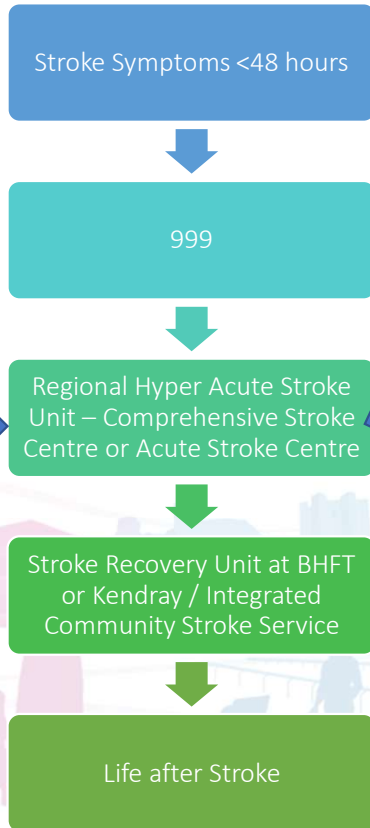


SSNAP Scoring Summary:	Team type	Routinely admitting team	Routinely admitting team	Routinely admitting team	Non-routinely admitting acute team	Non-acute inpatient team
	ISDN	South Yorkshire and Bassetlaw	South Yorkshire and Bassetlaw	West Yorkshire and Harrogate	South Yorkshire and Bassetlaw	South Yorkshire and Bassetlaw
	Trust	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Sheffield Teaching Hospitals NHS Foundation Trust	Mid Yorkshire Hospitals NHS Trust	Barnsley Hospital NHS Foundation Trust	South West Yorkshire Partnership NHS Foundation Trust
	Team	Doncaster Royal Infirmary	Royal Hallamshire Hospital	Pinderfields Hospital	Barnsley Hospital	Kendray Hospital
	SSNAP level	B	B	A	B	A
	SSNAP score	78.0	75.0	82.0	74.4	89.3
	Case ascertainment band	A	A	A	A	A
	Audit compliance band	A	B	A	B	A
	Combined Total Key Indicator level	B	B	A	B	A
	Combined Total Key Indicator score	78.0	79.0	82.0	78.3	89.3
<b>Number of records completed:</b>	<i>Team-centred post-72h all teams cohort</i>	191	352	303	67	28
<b>Patient-centred KI levels:</b>						
Patient-centred Domain levels:	1) Scanning	A	B	A	B	N/A
	2) Stroke unit	E	B	C	D	B
	3) Thrombolysis	C	C	C	C	N/A
	4) Specialist Assessments	B	B	B	B	N/A
	5) Occupational therapy	A	A	A	A	A
	6) Physiotherapy	B	B	A	A	B
	7) Speech and Language therapy	A	C	C	B	A
	8) MDT working	B	B	C	B	B
	9) Standards by discharge	B	B	A	B	B
	10) Discharge processes	B	B	A	A	A
<b>Patient-centred KI level</b>	Patient-centred Total KI level	B	B	A	B	A
	Patient-centred Total KI score	78.0	78.0	82.0	80.0	88.6
Patient-centred SSNAP level	Patient-centred SSNAP level (after adjustments)	B	B	A	B	A
	Patient-centred SSNAP score	78.0	74.1	82.0	76.0	88.6
<b>Team-centred KI levels:</b>						
<b>Team-centred Domain levels:</b>	1) Scanning	A	B	A	N/A	N/A
	2) Stroke unit	E	B	C	C	A
	3) Thrombolysis	C	C	C	N/A	N/A
	4) Specialist Assessments	B	B	C	N/A	N/A
	5) Occupational therapy	A	A	A	A	A
	6) Physiotherapy	B	A	A	A	B
	7) Speech and Language therapy	A	C	C	E	B
	8) MDT working	B	B	B	N/A	N/A
	9) Standards by discharge	B	B	A	B	B
	10) Discharge processes	B	B	A	A	A
<b>Team-centred KI level</b>	Team-centred Total KI level	B	B	A	B	A
	Team-centred Total KI score	78.0	80.0	82.0	76.7	90.0
<b>Team-centred SSNAP level</b>	Team-centred SSNAP level (after adjustments)	B	B	A	B	A
	Team-centred SSNAP score	78.0	76.0	82.0	72.8	90.0

# Optimal Stroke Pathway vs Stroke Pathway

- We know that high quality stroke care, provided in specialist centres saves lives and improves outcomes.
- It's important that patients access optimal pathways and Hyper Acute Stroke Unit care early
- They can then access life saving and brain saving treatment

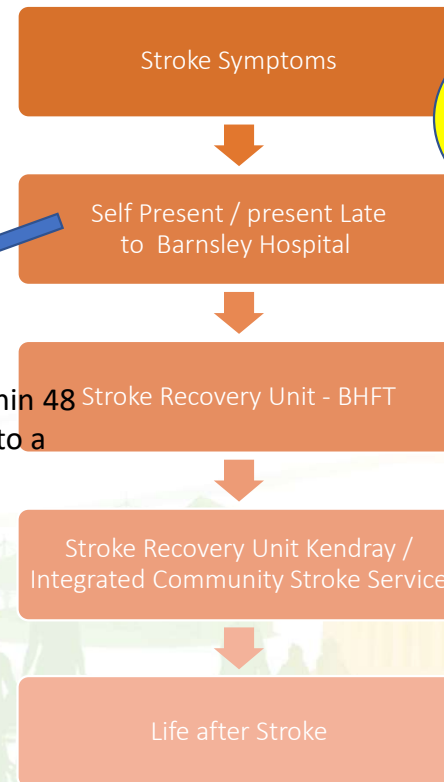
## Optimal



Early presentation is key

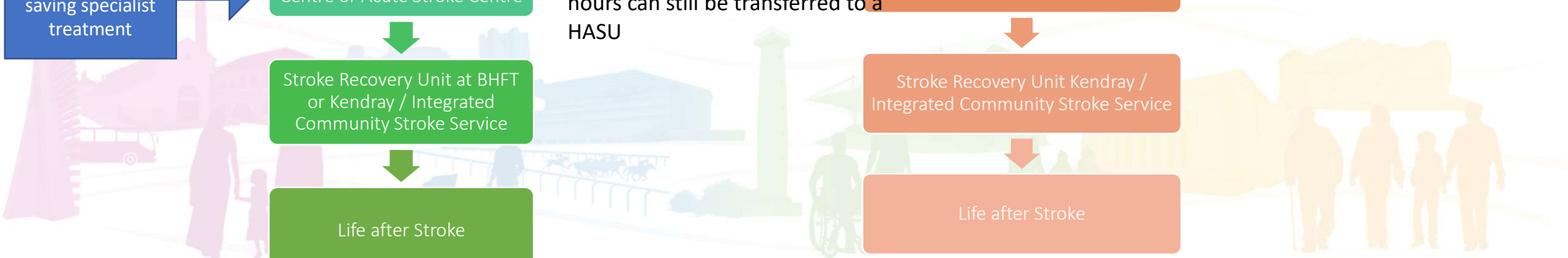
Patients have access to life saving / brain saving specialist treatment

## Sub Optimal



Too many Barnsley patients delay seeking help and self present to Barnsley Hospital

Patients who self present within 48 hours can still be transferred to a HASU



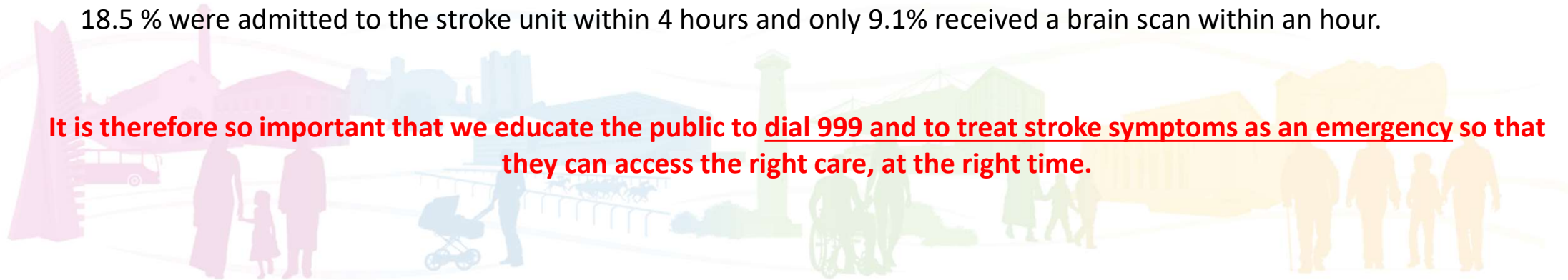




# What does the data tell us?

- When Barnsley patients are treated in one of the Hyper Acute Stroke Units they arrive quickly and receive high quality care.
- But, some patients are still self presenting to Barnsley Hospital
- **In the April-June 2022 national audit we could see that:**
  - 35% of the patients treated at Barnsley did not arrive by ambulance
  - The median time from symptom onset to arrival to Barnsley hospital was **52 hours and 24 minutes**
  - **This will be affected by ambulance waits – but we know historically that Barnsley patients delay seeking help**
  - To compare this time was only 2 hours 45 minutes for those who arrived at a hyper acute stroke unit
  - When patients are treated at Barnsley first it takes longer for them to be scanned and to arrive at a stroke unit – only 18.5 % were admitted to the stroke unit within 4 hours and only 9.1% received a brain scan within an hour.

**It is therefore so important that we educate the public to dial 999 and to treat stroke symptoms as an emergency so that they can access the right care, at the right time.**





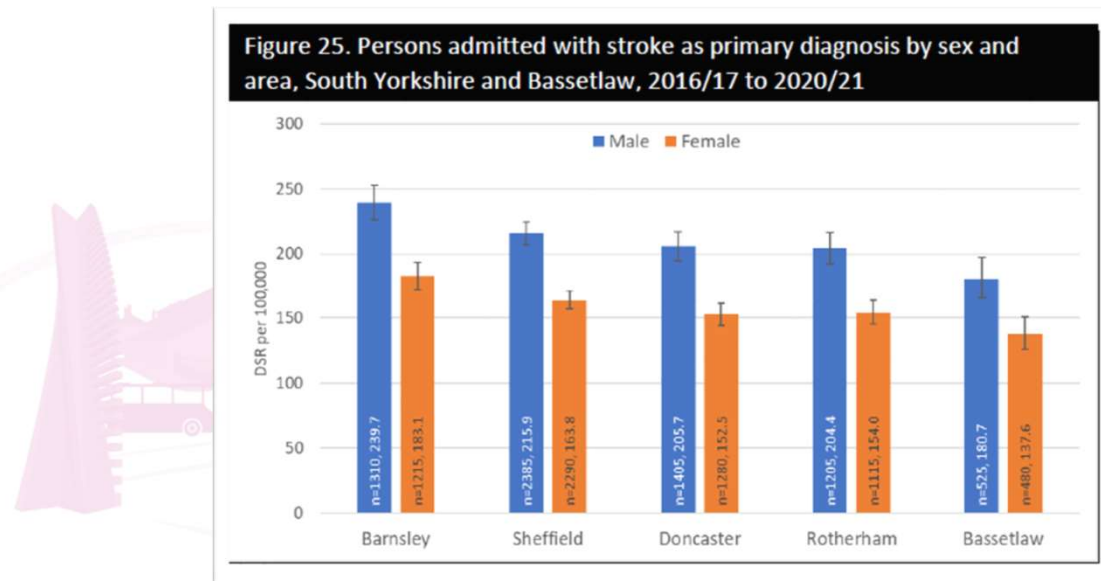
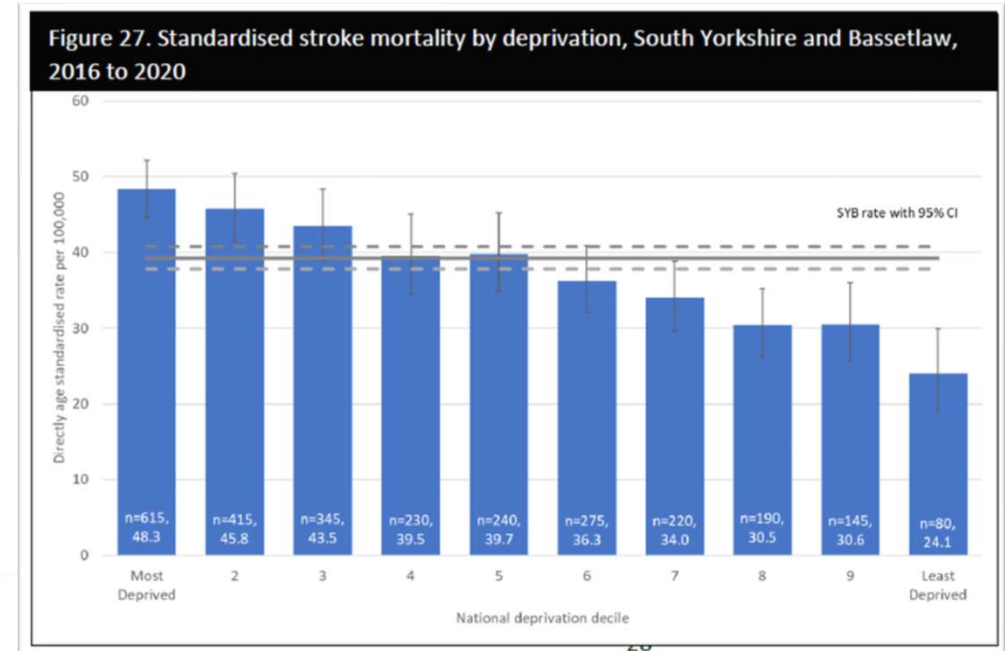
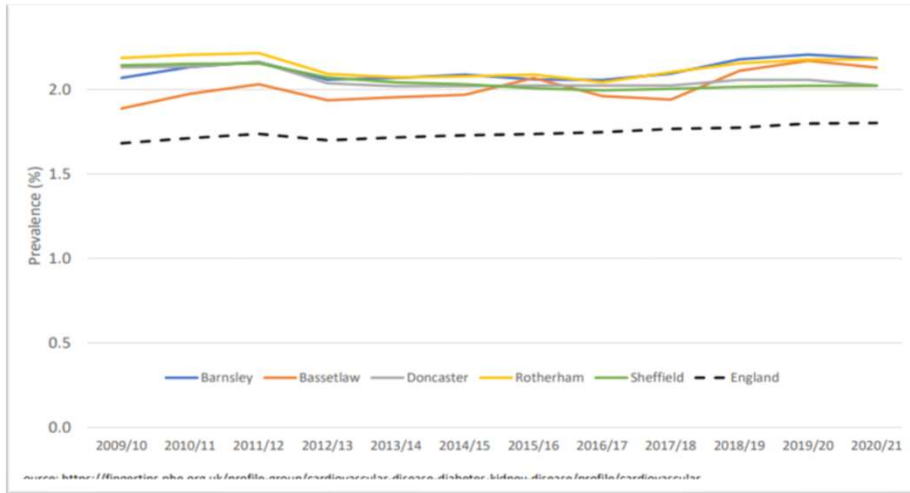
# Arrival Times and Presentation to Hospital

SSNAP Annual Report Team Centred Data	2020/21				2021/22			
	National	Barnsley Hospital	Pinderfields Hospital	Rotherham Hospital	National	Barnsley Hospital	Pinderfields Hospital	Rotherham Hospital
In hospital strokes	5.0%	3.4%	4.3%	4.7%	5.3%	6.4%	5.5%	9.1%
Arrival by ambulance	80.6%	65.8%	79.1%	62%	75.5%	61.6%	73.8%	No data
Approximate % of patient self presenting /or via another route e.g. GP	14.4%	30.8%	16.6%	33.3%	19.2%	32%	20.7%	No data
Median stroke symptom onset to arrival time at hospital (hours: minutes)	3:25	20:03	3:25	3:30	3:47	26:29	3:35	No data

*\*When we look at the 2020/21 data and include Barnsley patients that go to HASU's the symptom onset to arrival at hospital reduces to 11:42 - but this is still longer than we want it to be and for similar populations (E.g. Rotherham - 3:20)*



# Stroke Prevalence and Stroke Admissions





# Crude Stroke Admissions and Mortality

**Table 7. Hospital admission for stroke, 12 highest crude rates by MSOA, South Yorkshire and Bassetlaw, 2016/17 to 2020/21**

Local authority	MSOA code	MSOA descriptive name	Crude rate per 100,000
Sheffield	E02001629	<a href="#">Shirecliffe &amp; Parkwood Springs</a>	287.5
Barnsley	E02001527	<a href="#">Dodworth</a>	278.0
Barnsley	E02001529	<a href="#">Worsbrough</a>	273.3
Barnsley	E02001525	<a href="#">Worsbrough Common</a>	272.1
Sheffield	E02001662	<a href="#">Intake</a>	266.2
Sheffield	E02001659	<a href="#">Woodhouse West</a>	264.5
Rotherham	E02001601	<a href="#">Whiston</a>	264.3
Barnsley	E02001528	<a href="#">Darfield &amp; Great Houghton</a>	264.1
Sheffield	E02001615	<a href="#">Grenoside &amp; Ecclesfield North</a>	262.4
Sheffield	E02001672	<a href="#">Charnock &amp; Basegreen</a>	260.6
Sheffield	E02001654	<a href="#">Woodhouse Mill</a>	256.9
Barnsley	E02001512	<a href="#">Mapplewell &amp; Staincross</a>	250.8

*Please Note: Includes data pre stroke pathway transformation*

**Table 11. Mortality from stroke, 12 highest crude rates by MSOA, South Yorkshire and Bassetlaw, 2016/17 to 2020/21**

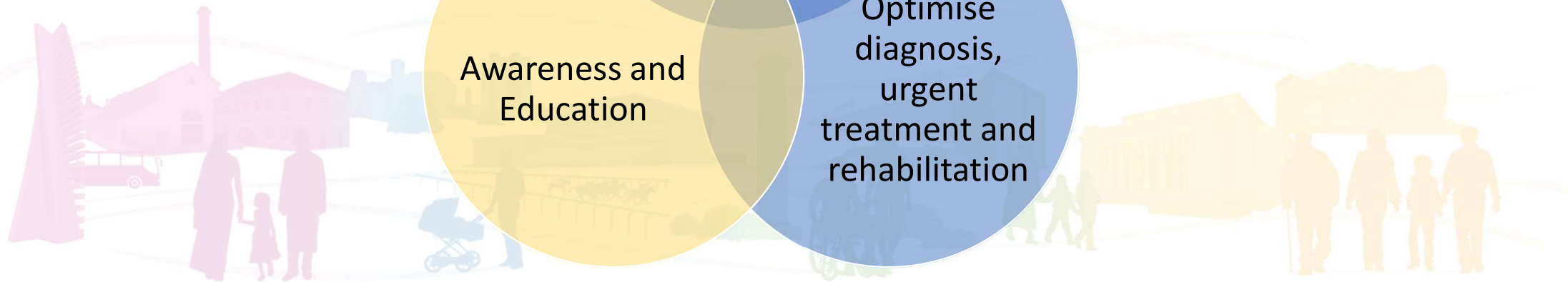
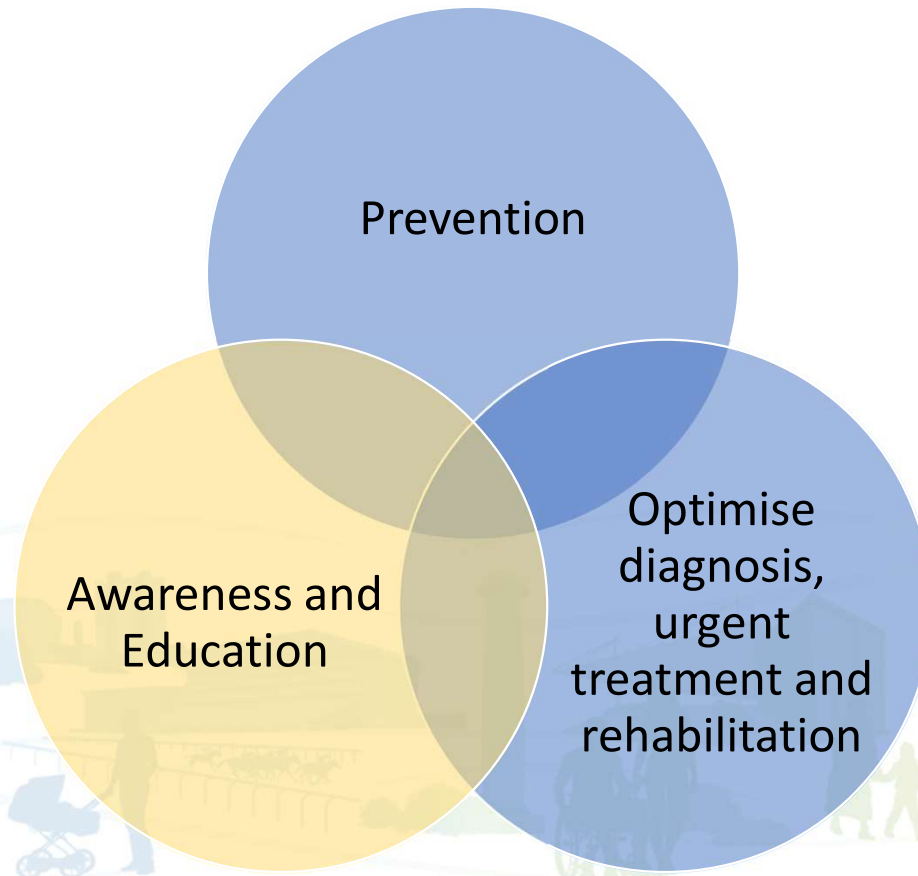
Local authority	MSOA code	MSOA descriptive name	Crude rate per 100,000
Sheffield	E02001629	<a href="#">Shirecliffe &amp; Parkwood Springs</a>	86.3
Sheffield	E02001654	<a href="#">Woodhouse Mill</a>	80.3
Doncaster	E02001543	<a href="#">Carcroft</a>	74.0
Sheffield	E02001662	<a href="#">Intake</a>	66.5
Barnsley	E02001524	<a href="#">Silkstone, Hoylandswaine &amp; Cawthorne</a>	65.8
Sheffield	E02001614	<a href="#">Chapeltown</a>	64.6
Barnsley	E02001513	<a href="#">Darton &amp; Kexborough</a>	64.5
Doncaster	E02001552	<a href="#">Armthorpe North</a>	63.6
Barnsley	E02001529	<a href="#">Worsbrough</a>	63.1
Barnsley	E02001512	<a href="#">Mapplewell &amp; Staincross</a>	62.7
Doncaster	E02001563	<a href="#">Bessacarr Bawtry Road</a>	62.2
Rotherham	E02001594	<a href="#">Rotherham Central</a>	62.0

*Please Note: This is crude data and so does not take into account local population structures / care home locations.*





# So...what do we need to focus on to improve outcomes?





# Our actions: A Whole Pathway Approach

## Awareness

Barnsley Task and Finish Group – Bespoke Public Health Campaign

Stroke Prevention Training

Stroke Awareness Video

Stroke Survivor and Carer Panel and Engagement

## Prevention

Prevention Task and Finish Group / Programme

Community Stroke Team BP Checks

Place based CVD prevention

## Pre Hospital

Pre Hospital Stroke Video Triage projects

Paramedic Training

## Acute

Peer Review Recommendations

Local Barnsley Stroke Service Improvement Plan

Expanding access to Thrombolysis ('clot busting') and Mechanical Thrombectomy ('clot retrieval')

## Rehabilitation / Life after Stroke

Barnsley Integrated Community Stroke Service – A rated

Social Prescribing Link Worker Project

Life after Stroke Worker



## New Barnsley Campaign


- Barnsley specific – language, data
- Key messages:
  - Awareness of signs and symptoms
  - Importance of calling 999





# Any Questions?

[Jaimie.shepherd1@nhs.net](mailto:Jaimie.shepherd1@nhs.net)

 @SYISDN

[KayeMann3@barnsley.gov.uk](mailto:KayeMann3@barnsley.gov.uk)

