Clinical Senate
Yorkshire and the Humber

"An independent source of strategic clinical advice for Yorkshire and the Humber"

Our Ref:
Your Ref:

NHS England – North (Yorkshire and the Humber)
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1st July 2016

Dear Y&H Strategic Clinical Network & Commissioners

Thank you for the opportunity for the Yorkshire and the Humber Clinical Senate to review the Yorkshire and the Humber hyper-acute stroke services (HASS) blueprint. The Senate reconvened members of the Expert Working Group who reviewed the Working Together Case for Change and Scenario Appraisal as part of the Stage 1 Strategic Sense Check to discuss the blueprint on 5th April 2016.

Our draft initial findings were presented back to stakeholders across Yorkshire & the Humber at a meeting held on 13th April 2016 as requested. The key points of the Expert Working Group discussion are summarised below.

The role of the Clinical Senate is to ensure that there are sustainable quality services which are resilient 24/7/365, have good outcomes, are safe and provide a positive patient experience. It does not advocate sustaining individual organisations.

The Senate considered the blueprint as a step in the right direction, however, the current situation with regards to stroke services in Yorkshire and the Humber is, in general, that Sentinel Stroke National Audit Programme (SSNAP) scores remain mid-range with key metrics not being met. The document does not address how internally, wherever they are placed, services will improve their performance and quality. HASU services have to deliver against the quality standards and the pace of improvement within Yorkshire & Humber is not considered to be as quick as it should be.

The commissioning guide that is referenced within the documentation with regards to the activity metrics was not made available. However, the Senate considered that 1,200 confirmed strokes as the maximum threshold for clinical activity could be challenged and suggest that an upper threshold of 1,500 confirmed strokes per annum (in line with national guidance) could be a viable option if the workforce is concentrated in fewer sites.

In relation to travel time the Senate consider that the vital metric to consider is the stroke to needle time comprising two components; the call to door time which is the responsibility of the ambulance services and the door to needle time which is the responsibility of the receiving service. Providers should consider how services can be improved and made more efficient to reduce door to needle time which can compensate for longer travel times without impacting on the quality of care.

Specific Comments on the Recommendations

Recommendation One: The Senates advise is that 10/11 HASU services is not radical enough to ensure sustainable services and that a maximum clinical activity threshold of 1,500 confirmed strokes per annum should be considered in line with national guidance. Reducing the number of sites should allow for better development of the workforce to meet the quality standards and deliver 24/7/365 care.

Recommendation Two: The Senate advise that the Scarborough/York model remains to be considered as work in progress that is still under assessment. It is therefore too early to make judgements with regards to how well it is working.

Recommendation Three: The senate advise that, in line with recommendation one, the clinical activity maximum threshold be reconsidered as it is concerned that a reduction to four HASUs in West Yorkshire will not sufficiently address quality issues.

Recommendation Four: Although the Senate acknowledge that it would be highly unlikely that Sheffield would not remain as a HASU, it is not within the Senates remit to support specific locations.

General Comments

The Senate is strongly supportive of developing the whole of the stroke pathway of which HASU is only a small element. There is concern that by focussing on the HAS service, the rest of the pathway will not get developed. The Senate therefore recommend that a Clinical Lead is appointed for each of the three geographical footprints to oversee the whole stroke pathway including rehabilitation services that are responsive to patient need.

Yours sincerely

Chris Welsh
Senate Chair
NHS England – North
(Yorkshire and the Humber)