Professor Tony Rudd
National Clinical Director for Stroke
NHS England

Telephone:
Email address:

21 July, 2017

Dr Shaz Wahid
Medical Director
South Tyneside NHS Foundation Trust and Path to Excellence Clinical Lead

Dear Dr Wahid

Re: Stroke service change proposals

Thank you for giving me the opportunity to review and comment on your proposed changes to stroke services across South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust as part of the Path to Excellence acute service review programme. Please accept this letter as more detailed feedback, following my previous email confirming support for the proposals.

Firstly, I am delighted to see that the two acute Trusts are working in partnership with the Clinical Commissioning Groups to prioritise this clinical area, given the inextricable link between the way stroke services are organised and clinical outcomes. Although there have been considerable improvements in stroke services nationally in recent years, there is still significant variation in care quality and clinical outcomes and your local organisations are not immune to this.

The South Tyneside and Sunderland Sentinel Stroke National Audit Programme (SSNAP) clinical performance is a clear driver for service transformation alone and it is evident that service delivery in your local area is compounded by the workforce pressures the acute Trusts face in attempting to provide stroke services across two clinical sites. You are clearly well aware of the compelling case for stroke service consolidation that was set out in the NHS Five Year Forward View, underpinned by evidence from the development of effective hyperacute acute stroke units (HASU) in London and Manchester. As you will know, there is an increasing evidence base that greater service consolidation will deliver considerable clinical benefits through access to more practiced clinicians, specialised facilities and increased standardisation of care.

The consolidation of the hyperacute part of the stroke pathway which features in all three of your proposed options will certainly deliver much-needed improvements in local stroke care for your local population, contributing to both workforce stability and

the achievement of a critical mass of patients. I also note that your proposals are in keeping with your local clinical network for cardiovascular disease's recommendations on hyperacute stroke care across the wider Cumbria and North East area.

Your proposals will contribute to the delivery of the four priority clinical standards that NHS England expects to underpin the delivery of seven day services in all applicable clinical areas by 2020. The options you have outlined will deliver more prompt access to diagnostics and ensure timely senior medical professional review that we know is crucial to effective stroke treatment. They will also ensure increased time spent on a specialist stroke ward where patients will receive the specialist stroke nursing care that we know is linked to decreased mortality. The benefit of specialist hyperacute stroke service provision available from a single site should significantly offset any additional travel impact, on the proviso that accessibility remains within the thresholds for national ambulance performance targets relating to the timely delivery of suspected stroke patients to hospital.

That said, I would urge you to carefully consider pathways for referral for patients presenting at non-HASU sites, together with any pathways for referral to other interdependent, off-site specialist treatment.

I note that the two options which involve the repatriation of some stroke patients to their respective district general hospital carry some limitations for both medical workforce and therapy staff availability which may limit equivalent progress in the latter parts of the stroke pathway. While I fully appreciate that a repatriation model can be appealing to local communities, I would encourage these risks to be fully weighed up against the risks of ensuring appropriate capacity in your preferred, full-consolidation option. Equally, I would advise that a full cost benefit analysis of all options is undertaken prior to any final decision being made to ensure maximum clinical gain with minimal financial impact.

I would expect that your acute stroke service plans are equally complemented by out of hospital work to appropriately prevent strokes and hospital admissions, particularly through the diagnosis and treatment of atrial fibrillation through anti-coagulation therapy.

I am hopeful that you find this feedback helpful in informing the clinical teams within both the Trusts and Clinical Commissioning Groups when you reach the decision making stage of the service change process. In addressing any of the points that I have raised you may find it helpful to refer to the national Stroke Services Configuration Decision Support Guide, produced by the Birmingham, Solihull and Black Country Local Clinical Advisory Group and building on work undertaken by NHS Midlands and East Stroke Review and External Expert Advisory Group, if you have not already done so.

I am happy to support the remaining stages of the change process in any way that you feel may be helpful in order to expedite your proposals and to bring about the highest quality stroke services for your local population.

Yours sincerely,

Professor Tony Rudd
National Clinical Director for Stroke
NHS England

CC:

- Dr David Hambleton, Chief Officer, South Tyneside Clinical Commissioning Group
- David Gallagher, Chief Officer, Sunderland Clinical Commissioning Group
- Ken Bremner, Chief Executive, South Tyneside and Sunderland NHS Foundation Trust
- Peter Sutton, Director of Strategy and Business Development, City Hospitals Sunderland NHS Foundation Trust
- Matt Brown, Interim Chief Operating Officer, South Tyneside CCG
- Scott Watson, Director of Contracting & Informatics, Sunderland CCG
- Patrick Garner, Programme Manager, South Tyneside and Sunderland Healthcare Group