
From: Poole Joanne (NHS ENGLAND)
Sent: 21 July 2016 09:51
To: Philbin Mandy (NHS SHEFFIELD CCG)
Subject: Senate Summary - HASU Options Appraisal

Dear Mandy

The Yorkshire and the Humber Clinical Senate has now had opportunity to consider the HASU options appraisal. Our formal feedback via Chair's letter will be with you by the 10th August as agreed. You also requested a summary of the main points of our advice by email by the 23rd July and I have listed these below:

- There is a clear clinical evidence base to support the reduction in the number of HASUs but there is not a clear route within the paper to explain the decision of 3c as the preferred option i.e. no clear comparison of benefits between 3c and 3d.
- We recognise the uncertainty of the situation in East Mids but the preferred option is still favouring the retention of a unit whose activity is below the figure of 650 strokes per annum which is a minimum for a viable service agreed nationally . We also have concerns about the cross boundary issues to the north with pressures on the stroke service in Mid Yorkshire and the paper provides no reassurance of their ability to handle the increased activity resulting from your reconfiguration (although I know you have been having those conversations). So in essence at this stage an option appraisal should have more clarification on the cross boundary issues so as it is clear whether the preferred options are clinically viable
- With regard to the upper threshold we have previously stated that an upper threshold of 1,500 confirmed strokes per annum could be a viable option for this geography but we don't feel that the statement on page 9 about this being our ambition is a fair interpretation of our previous advice.
- We remain concerned about the lack of reference to the need to improve quality of services including door to needle time. Sheffield will remain as a HASU in all options but SSNAP data shows quality concerns with their existing service so how are these going to be addressed?
- Finally we wish to re-iterate our previous comments on the need to develop the whole of the stroke pathway of which HASU is only a small element. The options paper makes it clear that this is only considering HASU but at what point do commissioners consider the totality of the pathway?

We do not wish to hold up the consultation process as there is some urgency needed in addressing the quality issues and getting on with delivering the revised service but in summary there are still some gaps in terms of what is provided in the options paper.

I hope this is a helpful summary at this point.

Kind regards

Jo

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