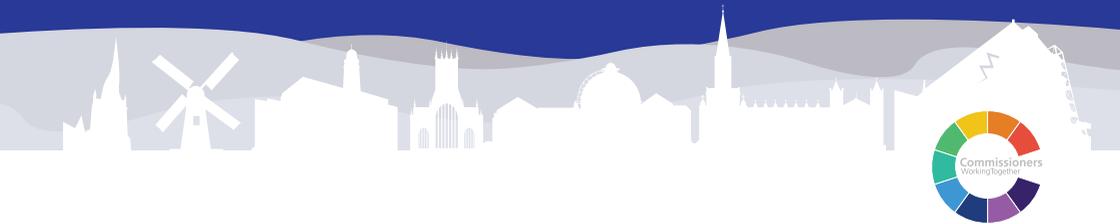




# Consultation to change hyper acute stroke services in South Yorkshire, Bassetlaw and North Derbyshire



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At the moment, depending on where you live in South Yorkshire, Bassetlaw and North Derbyshire, you would have a different experience and receive different standards of care if you had a stroke - and our local doctors, nurses, healthcare staff and clinical experts all agree that this isn't fair.

To help us with our review, between January and April this year, we asked you, patients and the public, what would matter to you if you or a loved one had a stroke.

You said it was important to:

- Be seen quickly when you arrive at a hospital
- Be seen and treated by knowledgeable staff
- Have a safe and quality service
- Have fast ambulance response and travel times
- Have good access to rehabilitation services locally

All feedback has been used to help develop our proposal for the future of hyper acute stroke services - and now we want to know what you think. Between 3 October 2016 and 20 January 2017, you can get involved by filling in the form at the back of this booklet and return it by freepost to:

Freepost COMMISSIONERS WORKING TOGETHER

Or, respond online at [www.smybndccgs.nhs.uk](http://www.smybndccgs.nhs.uk)

## What are we proposing to change and where?

We are proposing to change hyper acute stroke services to improve the experience of patients needing stroke care in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield.

### What are hyper acute stroke services or units (HASUs)?

#### They are:

- Where you are cared for up to the first 72 hours (or sooner if medically stable) after having a stroke when you need more specialist 'critical' care.

#### They are not:

- "Acute stroke" units/wards - which is where you are cared for after the first 72 hours of having a stroke until you are ready to go home from hospital.
- Rehabilitation services, such as speech and language and physiotherapies, which help you get better once you've gone home from the hospital.
- We are not proposing to close any units.

## Why do we want to improve these services?

**1. Three out of five of hyper acute stroke units (HASUs) admit less than 600 patients a year.**

### Why is this an issue?

This is below the national best practice minimum - meaning stroke doctors and nurses in some of our units risk becoming deskilled - which in turn would mean you may not get the best possible or safest care in the future.

**2. We need more stroke doctors and nurses to run the existing services - but there aren't enough locally and nationally**

### Why is this an issue?

This means there are problems with medical cover in our local hospitals - and we have already seen temporary closures of some of our services because there aren't enough doctors or nurses available.



### 3. How quickly scans and tests are done and reported varies from hospital to hospital

#### Why is this an issue?

Due to a delay in the necessary tests being done, which help to diagnose patients, there is a delay in some treatments that should be given after having a stroke.

We want every stroke patient in our region to have the safest and best possible care so they get better quicker and have less chance of living with a disability when they go home.

### What are we proposing?

There is one proposal we would like your views on.

The proposal on which we are consulting - three centres

If you live in South Yorkshire and Bassetlaw and North Derbyshire and have a stroke, you would receive hyper acute stroke care in:

- Chesterfield Royal Hospital
- Doncaster Royal Infirmary
- The Royal Hallamshire Hospital, Sheffield



This would mean that Barnsley and Rotherham hospitals would no longer provide hyper acute care for people who have had a stroke. Although Chesterfield Royal Hospital receives less than 600 patients a year, it is in a different NHS region (East Midlands) and therefore remains as a centre in our proposal. These services may be considered as part of an East Midlands review in the future.

After the first 72 hours of receiving critical care, if you live in Barnsley or Rotherham and are well enough, you would be transferred to your local hospital for the remainder of your care.

We are not looking to make changes to 'acute' stroke care which is care received after the first 72 hours until you go home from hospital and this will still be provided in all our local hospitals.

Rehabilitation services, such as speech and language and physiotherapies, which help you to get better once you leave hospital, will still also be provided closer to where you live.

We are recommending that we change services by working together better to improve survival rates while also improving the quality of life for patients

by reducing their chances of living with disabilities once they leave hospital.

Based on feedback from our doctors, nurses and regional and national clinical experts, we think our proposal would allow us to do this.

### **I live in Barnsley / Rotherham where will I go if I have a stroke?**

In the future, if you have a stroke, you would be taken to a hyper acute stroke unit in Doncaster or Sheffield for the first 72 hours of your care. If you live in the north of Barnsley, you may also be taken to Wakefield for these few days. At the moment though, nothing will change and you will be taken to and treated in Barnsley and Rotherham.



## What happens next?

Between 3 October 2016 and 20 January 2017, if you live in South Yorkshire, Bassetlaw and North Derbyshire, we are asking you what you think about our proposal to change hyper acute stroke services.

The results of this consultation will be presented to the Commissioners Working Together board who will make a decision on how hyper acute stroke services will be provided in our region.

When making a final decision, we will consider:

- All patient and public feedback
- The impact on access to services, including travel times
- The impact on quality and safety of the service

We expect a decision to be made in February 2017.

## How have we developed the options?

We developed the options with clinical and managerial NHS staff who provide hyper acute stroke services in our region's hospitals and also with the NHS staff who 'buy' and monitor the standards of the services (in clinical commissioning groups). This 'stroke group' was set up to support and oversee the review and has been meeting regularly to consider how we can make the improvements needed.

We looked at:

- **Getting to a hospital** - can patients easily access these services, either independently or by ambulance within 45 minutes? (Which is the national standard)
- **Number of patients** - if services changed, would the remaining HASUs be able to treat the potential higher number of patients being seen?
- **Impact on other areas** - would changing services in our region affect services and patients in neighbouring areas?
- **Patient experience** - based on what our pre-consultation told us was important to people (access to expert, quality care, travel times etc), would the proposed options deliver this and improve current patient and carer experience?

- **Seven day services** - would we have enough capacity to be able to provide these services seven days a week?
- **Number of staff** - how could our current workforce best meet the needs of our patients?

Decisions to consider or rule out options were based on which would provide the highest quality and safe services for patients as well as making sure they are sustainable for the future. This was done in three stages.

In the first stage of the review, we looked at:

<p><b>Option 1: do nothing</b></p> <p>This option was ruled out because of current quality, performance and sustainability challengers</p>
<p><b>Option 2: improve quality and sustainability of current five units</b></p> <p>This option was ruled out because quality, performance and sustainability cannot be improved under current circumstances</p>
<p><b>Option 3: transform how we provide hyper acute stroke care</b></p> <p>This option was supported because this is likely to improve quality, performance and sustainability for all populations</p>

Our review was shared with the Yorkshire and the Humber Senate - who give independent strategic clinical advice - who supported our findings. They also recommended that our review

was considered in context of the full regional picture and any potential impact.

In the second stage of the review, we considered the options for transforming how we provide care. We also listened to advice from experts in the Yorkshire and Humber Clinical Network about how hyper acute stroke services should look across our region.

<p><b>Option 3a: five centres</b></p> <p>This option was ruled out because five centres would be unable to meet the minimum recommended number of stroke cases for each single centre (600 patients a year)</p>
<p><b>Option 3b: four centres</b></p> <p>This option was supported and includes consideration of the North Derbyshire and Hardwick populations and the Chesterfield hyper acute stroke centre</p>
<p><b>Option 3c: three centres</b></p> <p>This option was supported and considers an upper limit of 1200 patients a year but does not take potential service changes in East Midlands into consideration</p>
<p><b>Option 3d: two centres (Y&amp;H blueprint using 1500 metrics)</b></p> <p>This option was supported and should be considered, but is dependent on configuration across the region</p>
<p><b>Option 3e: one centre</b></p> <p>This option was ruled out because the number of strokes across the region and maximum number for a single centre would not work</p>



Their review looked at travel times and the size of units and recommended that we consider reducing to two hyper acute stroke units in South Yorkshire and Bassetlaw.

Although Chesterfield has been a part of our review, their hyper acute stroke services are part of the East Midlands region - and are therefore out of our control. As further proposals to change hyper acute stroke services in Chesterfield may be considered by an East Midlands review in the future, we felt it was important to raise awareness of both our and potential future changes with the people of Chesterfield and include them in our consultation.



## Who are Commissioners Working Together?

Commissioners Working Together is a partnership between the eight NHS clinical commissioning groups (CCGs) in South and Mid Yorkshire, Bassetlaw and North Derbyshire. NHS clinical commissioning groups pay for local health services in their region and our aim is to provide better services for everyone by working together.

Our partners are:

- NHS Barnsley CCG
- NHS Bassetlaw CCG
- NHS Doncaster CCG
- NHS Hardwick CCG
- NHS North Derbyshire CCG
- NHS Rotherham CCG
- NHS Sheffield CCG
- NHS Wakefield CCG

It is important to note that hyper acute stroke services in Mid Yorkshire (Wakefield in particular) have not been a part of our review which has focused on these services in:

- Chesterfield Royal Hospital
- Barnsley Hospital
- Doncaster Royal Infirmary
- Rotherham Hospital
- The Royal Hallamshire Hospital, Sheffield



As this document has outlined, the quality of care across a region can be variable. We believe that to improve care for people, health and care services need to work more closely together, and in new ways to meet people's changing needs, often using new and emerging treatments.

Over the last few months, patient groups, the voluntary sector, hospitals, GPs, local councils, commissioners of services and the universities have come together to look at what more needs to happen to improve care for people in South Yorkshire and Bassetlaw. Together, we are in the very early stages of looking at how we can address the challenges facing our health and care services and improve the health of our population.

Our thinking starts with where people live, in their neighbourhoods focusing on people staying well. We want to introduce new services, improve co-ordination between those that exist, support people who are most at risk and adapt our workforce so that we are better meeting the health and care needs of people in their homes and clinics. We want care to flow seamlessly

from one service to the next so people don't have to tell their story twice to the different people caring for them, and everyone is working on a shared plan for individual care.

At the same time, we agree that everyone should have better access to high quality care in specialist centres and units and that, no matter where people live, they get the same standards, experience, and outcomes for their care and treatment. We will do this by working together more closely, by developing a networked approach to services.

The proposals to change how we provide hyper acute stroke services is one area where we know improvements are needed. In the coming months, we want to talk with staff and the public about getting involved in shaping what happens next.



## Let us know what you think!

If you would like the form in an alternative format, or would like help in completing the form, please let us know: [helloworkingtogether@nhs.net](mailto:helloworkingtogether@nhs.net) or call: **0114 305 4487**

Postcode

At the moment, some people have better experiences, better and faster treatment and better access to services than others - and because we want to make sure everyone has access to the same high quality care, we have developed the following options with feedback from our doctors, nurses and members of the public who took part in our pre-consultation.

### **We are consulting on one proposal - to have three centres.**

One at Chesterfield Royal Hospital, one at Doncaster Royal Infirmary and one at the Royal Hallamshire Hospital Sheffield.

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### **Do you agree or disagree with the three centre option to change the way we provide hyper acute stroke services?**

Agree     Disagree     Don't know

**If you agree with this option to change the way we provide hyper acute stroke services, please let us know why:**

(Comments)

**If you disagree with this option to change the way we provide hyper acute stroke services, please let us know why:**

(Comments)

**Do you think there is another option we could consider?**

Yes  No  Don't know

**If you answered yes, please describe this below and say why you would prefer this option**

(Comments)

# Equality monitoring form

As part of taking part in this consultation, please complete our equality monitoring form.

## Why we need this information?

In completing this form, you will help us understand who we are reaching and how to better serve everyone in our community. You do have a right not to disclose the information; however, by doing so you may impact our ability to ensure equality of opportunity.

All details are held in accordance with the Data Protection Act 1998 with the information you provide being

anonymous and will not be stored with any identifying information about you.

The information that we need, as outlined in the 2010 Equality Act, includes information about age, disability, gender reassignment, marital status, maternity, race, religious belief, sex, and sexual orientation.

Please select the boxes which are relevant to you

## Ethnicity

Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.

### Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

### Mixed/multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed/multiple ethnic background

### Black/African/Caribbean/ Black British

- Caribbean
- African
- Any other Black/African/Caribbean background

### White

- English
- Northern Irish
- Scottish
- Welsh
- British
- Irish
- Gypsy/Irish traveller
- Any other White background

### Other ethnic group

- Arab
- Any other ethnic group

### Rather not say

- Rather not say

## Age

- |                                  |                                  |   |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> 10 - 14 | <input type="checkbox"/> 25 - 34 | <input type="checkbox"/> 55 - 64        |
| <input type="checkbox"/> 15 - 19 | <input type="checkbox"/> 35 - 44 | <input type="checkbox"/> 65+            |
| <input type="checkbox"/> 20 - 24 | <input type="checkbox"/> 45 - 54 | <input type="checkbox"/> Rather not say |
- 

## Sex

- Male (M)
- Female (F)
- Rather not say

## Sexual orientation

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual       |
| <input type="checkbox"/> Gay man      | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Lesbian      | <input type="checkbox"/> Rather not say |
- 

## Gender re-assignment

Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (This could include changing your name, wearing different clothes taking hormones or having any gender reassignment surgery).

- Yes     No     Rather not say
- 

## Religion / belief

- |                                      |                                 |   |   |
|--------------------------------------|---------------------------------|---|---|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Hindu  | <input type="checkbox"/> Sikh               | <input type="checkbox"/> Rather not say |
| <input type="checkbox"/> Buddhist    | <input type="checkbox"/> Jewish | <input type="checkbox"/> Atheist            |   |
| <input type="checkbox"/> Christian   | <input type="checkbox"/> Muslim | <input type="checkbox"/> Any other religion |   |

## Disability

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on ones ability to carry out normal day-to-day activities.

### Do you consider yourself to have a disability according to the above definition?

- Yes, limited a lot     Yes, limited a little     No     Rather not say

### If you selected yes, please indicate your disability:

- |  |   |
|--|---|
| <input type="checkbox"/> Vision (e.g. blindness or partial sight)  | <input type="checkbox"/> Mental health  |
| <input type="checkbox"/> Hearing (e.g. deafness or partial hearing)  | <input type="checkbox"/> Stamina or breathing difficulty  |
| <input type="checkbox"/> Mobility (e.g. difficulty walking short distances, climbing stairs, lifting and carrying) | <input type="checkbox"/> Social or behavioural issues (e.g. neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger's Syndrome) |
| <input type="checkbox"/> Learning, concentrating or remembering  | <input type="checkbox"/> Other impairment   |
|  | <input type="checkbox"/> Prefer not to say  |

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## Carer responsibility

Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

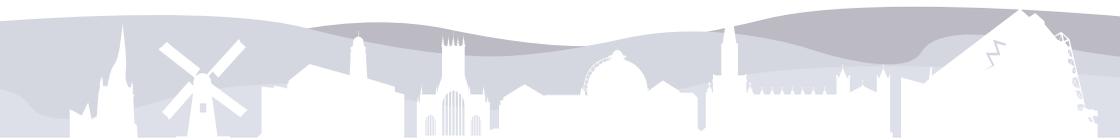
- Long-term physical or mental ill-health / disability
- Problems related to old age

- Yes     No     Rather not say

### If you selected yes, please indicate your caring responsibility (select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Primary carer of a child/children (under 18) | <input type="checkbox"/> Primary carer of disabled adult (18 and over) |
| <input type="checkbox"/> Primary carer of disabled child/children     | <input type="checkbox"/> Primary carer of older person (65+)           |
|   | <input type="checkbox"/> Secondary carer                               |
|   | <input type="checkbox"/> Rather not say                                |

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For more information and to give your views please visit the website [www.smybndccgs.nhs.uk](http://www.smybndccgs.nhs.uk)  
email us at [helloworkingtogether@nhs.net](mailto:helloworkingtogether@nhs.net)  
or call 0114 305 4487