



## DRAFT CONSULTATION DOCUMENTS

### Providing hyper acute stroke services in South Yorkshire and Bassetlaw and North Derbyshire

Following a review into hyper acute stroke services in South Yorkshire and Bassetlaw and North Derbyshire, we are now considering a number of options for the future of the service.

At the moment, depending on where people live, they will have a different experience and receive different standards of care and our local doctors, nurses, healthcare staff and clinical experts all agreed that this shouldn't be the case.

Between January and April this year, we held an open pre-consultation to ask patients and members of the public what would matter to them when accessing these two services. All feedback has been central to the development of the options which have been agreed by all our local NHS clinical commissioners and councillor health leads.

We want to know what you think. Between 3 October 2016 and 6 January 2017 we want your opinions on our options to change and improve our hyper acute stroke services.

#### 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

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

They are:

- Where you are cared for up to the first 72 hours 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

## Why do we want to improve these services?

- At the moment, 3 out of 5 of our critical care units (HASUs) admit less than 600 patients a year which is below the best practice minimum of 900 per year – meaning our workforce isn't being used in the best, or most efficient way, so could become deskilled
- We need more stroke doctors and nurses to run the existing services – but there aren't enough locally and nationally and this is leading to problems with medical cover in our local hospitals – and we have already seen temporary closures of some of our units.
- How quickly scans and tests are done, and reported – which help to diagnose and then treat patients – varies from hospital to hospital
- Due to this delay in the necessary tests being done, there is a delay in some treatments that should be given after having a stroke
- We currently have two units less than 15 miles away from each other which, separately, are unsustainable (and currently treat less than 600 patients a year)

Because of the reasons above, the experience and treatment our patients receive currently varies across our region and it is getting harder to provide the level and quality of safe services that we expect.

## What are the options?

We are recommending that we change services by adopting a system wide solution, working together better for the benefit of every stroke patient in South Yorkshire and Bassetlaw and North Derbyshire. Based on feedback from our doctors, nurses and regional and national clinical experts, we think option one would allow us to do this, with further work being carried out to consider the second option in the future.

### **Option 1:**

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.

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

This is because 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've left hospital, will also be provided closer to where you live.

## Option 2:

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

- Doncaster Royal Infirmary
- The Royal Hallamshire Hospital, Sheffield

This would mean that Barnsley, Chesterfield and Rotherham hospitals would no longer provide critical care for people who have had a stroke.

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

This is because 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've left hospital, will also be provided closer to where you live.

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

In the future, if you had a stroke, you may be taken to another South Yorkshire hospital for the first 72 hours of your care, but at the moment, nothing will change and you will be taken to and treated in Barnsley and Rotherham.

Any decision to change this is subject to public consultation.

### If you want to change services, should I be worried that this means they're not safe at the moment?

No. For the reasons mentioned, we want to improve services so our patients get consistent and continued high quality and sustainable care - while avoiding care becoming unsafe in the future.

We know that to provide the best services for our patients, we could do things better and we believe that one of the best ways to do this is to work across a wider area – ensuring safe staffing levels and using skills and resources in a more efficient and effective way.

### Let us know what you think!

>To include personal details questions including equal opps form (no names)<

### Do you agree or disagree with our proposal to change the way we provide hyper acute stroke services?

Agree  
Disagree  
Don't know

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

(Comment box)

**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. Which of our proposed options do you prefer?**

**Option 1**  
(Details in box)

**Option 2**  
(Details in box)

**Why do you think this is the best option?**

(Comment box)

**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**

(Comment box)

**What happens next?**

Between 3 October 2016 and 6 January 2017, we will be asking for people living in South Yorkshire and Bassetlaw and North Derbyshire to let us know what they think about our proposals to change hyper acute stroke services.

The results of this consultation will be presented to the Commissioners Working Together (joint CCG) board and the joint health overview and scrutiny committee 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.