

Changes to acute stroke services in Nottingham and Nottinghamshire

Briefing for Health Overview and Scrutiny Committee

24 June 2020

Dear Colleagues

Over the course of the Covid-19 pandemic, we have issued a number of briefings to the Committee on changes to services that have been made to ensure that our patients and staff remain safe. Because the health system has had to act rapidly in response to the crisis, these briefings have been retrospective.

On 8 June 2020 we provided a summary for the Committee of all the changes made across health services in response to Covid-19. In the main, these were changes made by providers to manage workforce and operational pressures and to maintain patient safety.

We are now writing to inform you of a change that will be implemented in July 2020 to reconfigure local acute stroke services so that we can manage the risk of Covid-19 infections among our patients and staff, as we progress with restoring key NHS services.

To restore services safely, our providers need to be able to treat patients with Covid-19 separately to those who are not infected. In Nottingham specifically, this means creating additional capacity on Nottingham University Hospitals (NUH) NHS Trust City Campus site to create an additional admission assessment area. The only suitable area with direct access, which could be used as an additional assessment area, is the current Stroke Unit. The reconfiguration described in this briefing enables this work to progress, while also being clinically beneficial for the treatment of stroke services and aligned to local, regional and national plans for stroke services.

We are making these changes now due to the urgency of local system restoration and recovery. The changes will involve NUH centralising hyper acute stroke services at the Queens Medical Centre (QMC) site. This means that the Hyper Acute Stroke Unit and the Acute Stroke Ward at the City Hospital campus will move to QMC. Stroke rehabilitation services at the City Hospital will be enhanced and remain unaffected by these changes. Additional transport services for patients will be made available between sites to facilitate the reconfiguration.

These changes mean that all urgent and immediate treatment for patients with a suspected stroke will be centralised at QMC. This has two main benefits for the restoration and recovery of our services. Firstly, it enables NUH to meet a national directive to reduce infection risk from Covid-19 by creating Covid and non-Covid admission assessment areas. Secondly, it creates vital enhanced rehabilitation capacity on the City Hospital Campus for patients recovering from Covid-19 infection.

In addition to the impetus for these changes for the restoration and recovery of NHS services, there is a clear clinical case for the reconfiguration of stroke services and specifically for the centralisation of hyper acute stroke services. The change is aligned to regional and national stroke strategies and is a stated ambition of the local Clinical and Community Services Strategy review of

stroke services. This review was underpinned by strong patient and public involvement with stroke survivors forming part of the work alongside staff and clinicians, and the Stroke Association supporting a number of patient engagement sessions.

Acute stroke services at NUH are currently a national outlier in two ways. Firstly, the hyper acute stroke service is not co-located with the emergency department. Currently 40% of strokes treated by NUH present at the Emergency Department at QMC and then require transfer to City Hospital. Secondly, it is not co-located with neurosurgical intervention and mechanical thrombectomy, which are required by a proportion of stroke patients.

Although aligned to national, regional and local plan for acute stroke services we are informing you of this change as a temporary measure. There are plans to increase capacity at QMC for hyper acute stroke, which would enable this to become a permanent change. However, that development would be subject to the usual procedures for service reconfigurations, including our requirement as the Commissioner to consult the Local Authority.

For more information on the changes described in this briefing, please contact:

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