



**Clinical Senate  
Yorkshire and the Humber**

*“An independent source of strategic clinical advice for Yorkshire and the Humber”*

# **Clinical Senate Review**

**for**

# **Healthy Lives Healthy Futures Hyper Acute Stroke Proposals**

**Draft 0.2**

Clinical Senate Reviews are designed to ensure that proposals for large scale change and reconfiguration are sound and evidence-based, in the best interest of patients and will improve the quality, safety and sustainability of care.

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Yorkshire and the Humber Clinical Senate  
Joanne.poole1@nhs.net

4<sup>th</sup> October 2014

## Version Control

Document Version	Date	Comments	Drafted by
Version 0.1	4 <sup>th</sup> October	Based on email comments and discussion in 2 Council meetings	Joanne Poole
Version 0.2	8 <sup>th</sup> October	Based on further discussion with the Chair and further comment from the SCN	Joanne Poole

## **1. Chair's Foreword**

- 1.1 The Senate thanks Northern Lincolnshire Commissioners for the opportunity to review their proposals for the development of their hyper acute stroke services. Following a review of the evidence the Senate is able to provide the endorsement of the commissioners preferred option. This needs to be considered as the holding position for Northern Lincolnshire pending the outcome of the wider review of Hyper Acute Stroke Units across Yorkshire and the Humber. The Senate advises that the configuration for Northern Lincolnshire cannot be considered in isolation to these wider commissioning strategies.

## 2. Summary Recommendations

- 2.1 The Senate reviewed the body of written evidence provided and agree that the hyper acute stroke service should remain centralised at the Scunthorpe site. The Senate took into consideration the evidence provided on the quality of care, the deliverability of that care and the demographic impact. The Senate considered several key factors:
- I. A centralised service on a single site is the only way of delivering a quality HASU service for the Northern Lincolnshire population. Current emerging national opinion, based on views from the National Clinical Director for Stroke, is that there are critical size factors for a stroke unit and that a hyper acute stroke unit (HASU) requires 650 – 1500 admissions a year. This admission rate cannot be achieved by maintaining a HASU at both Scunthorpe and Grimsby sites.
  - II. If the service was decommissioned within Northern Lincolnshire there would be implications for patient safety due to the length of the average transfer time.
  - III. Locating the service at Diana Princess of Wales Hospital (DPoW) in Grimsby is likely to create a flow of patients outside of the Trust who would access services at Doncaster Hospital. This could impact on the critical mass of the service within Northern Lincolnshire and the impact assessment on Doncaster would need full consideration for this option. The Senate has not seen the evidence of this assessment.
  - IV. Scunthorpe is currently performing well in the Stroke Sentinal National Audit Programme SSNAP data, achieving an overall “B” score in the April – June 2014 data, the only unit to achieve this within Yorkshire and the Humber.
- 2.2 The Senate recommendation for Scunthorpe to remain the HASU is to be considered as the holding position for Northern Lincolnshire pending the outcome of the wider review of Hyper Acute Stroke Units for the 3 sub regions of Yorkshire and the Humber due to report in 2015. The commissioning strategy for the location of the Major Emergency Centres and Emergency Centres within South Humber will also impact upon the treatment and management of hyper acute stroke. The configuration for Northern Lincolnshire cannot be considered in isolation to these wider commissioning strategies.

### 3. Background

#### Clinical Area

- 3.1 North East Lincolnshire and North Lincolnshire CCGs approached the Clinical Senate to review the options that are being considered for service change, including the preferred option, and contribute with any issues or concerns that may need to be considered before going to consultation. The three areas referred to the Senate were identified as:
- Hyper acute stroke services
  - ENT surgery
  - Children's surgery
- 3.2 This report focuses on hyper acute stroke proposals
- 3.3 The options under consideration for the stroke service are:
- Decentralise the service providing the stroke service in Grimsby and Scunthorpe
  - Centralise the hyper acute stroke service on the Scunthorpe General Hospital site
  - Centralise the hyper acute stroke service on the Diana Princess of Wales site
  - Decommission the Northern Lincolnshire Service
- 3.4 The CCGs wish to refer to the Clinical Senate review in their communications around service change to show that there has been a wider clinical view on these areas, and that the potential risks and benefits of all the proposals have been discussed outside of the Northern Lincolnshire area. The Senate was also asked to specifically address the points raised by the North East Lincolnshire (NEL) Scrutiny Group within the report.
- 3.5 The Senate has been approached in their role in providing independent clinical advice into the assurance process; the assurer is NHS England North Yorkshire and the Humber Area Team.

#### Current Position

- 3.6 The Senate received the draft documentation for the stroke proposals on the 30<sup>th</sup> April 2014 which were further updated with the evaluation scoring and re-sent to the Senate on 16<sup>th</sup> May. Further updates were received on the 23<sup>rd</sup> May with a request for the Senate to report on 3<sup>rd</sup> June. The Senate wished to consider the Strategic Clinical Network peer review report on the stroke services in Scunthorpe in their consideration and the Senate report deadline was therefore extended until the end June.

3.7 The commissioners and the assurers further considered the external scrutiny required and it was agreed that the Senate consideration could run alongside the public consultation to provide the report at the end of September. The Senate requested further evidence from the commissioners on 21<sup>st</sup> July and this was received on 22<sup>nd</sup> August. During the May to September timescale it was not possible to organise a teleconference between the stroke leads within the Acute Trust and the Senate Council leads. Following the Council meeting on 24<sup>th</sup> September the Senate confirmed that we would report without the teleconference. On 1<sup>st</sup> October the Senate received the recommendations from the North East Lincolnshire Scrutiny Group and were asked to address the points raised within our report.

## 4. Recommendations

4.1 The Senate was asked to review the options that are being considered for service change, including the preferred option, and contribute with any issues or concerns that may need to be considered. The Senate found the evidence supplied to be logical and well set out with good reasoned arguments and are in agreement with the preferred option to maintain the centralisation of the service at Scunthorpe General Hospital.

4.2 The Senate recommends, however, that the review of these options need to be considered in the wider context of the regional review of resilience, workforce and service provision of Hyper Acute Stroke Units for the 3 sub regions of Yorkshire and the Humber due to report in 2015. The commissioning strategy for the location of the Major Emergency Centres and Emergency Centres within South Humber will also impact upon the treatment and management of hyper acute stroke. The configuration for Northern Lincolnshire cannot be considered in isolation to these wider commissioning strategies. The commissioners should therefore consider the outcome of this option appraisal to be a holding position pending the outcome of these wider reviews.

4.3 Taking each of the options in turn:

### Decentralise the service providing the stroke service in Grimsby and Scunthorpe

4.4 The Senate opinion is that a multi-site HASU service is very likely to result in poor outcomes. All evidence indicates that centralised high volume HASU produces good results. Providing 2 services within Northern Lincolnshire would not provide the critical mass of patients needed to provide staff with exposure to provide thrombolysis to patients regularly. This option would provide ongoing challenges in the recruitment and retention of staff, particularly supporting 2 on call consultant rotas and 2 teams of stroke responder nurses to run a safe service across 2 sites. The Senate recognises that a centralised service may seem less acceptable to the public but notes that this only applies to the first 72 hours of care and after that time the patient will be repatriated to their local site for rehabilitation and ongoing treatment

### Centralise the hyper acute stroke service on the Scunthorpe General Hospital site

4.5 The Senate is assured from the analysis of the data and the peer review report that Scunthorpe are offering a safe and effective service. From the evidence that has been

presented to the Senate we support the preferred option to centralise the hyper acute stroke service on the Scunthorpe site. The Senate do not feel there is any compelling evidence which would support the need to move the service.

4.6 The Senate recognised that centralisation of the service onto the Scunthorpe site has delivered improvements to the quality and safety of the service resulting in the service achieving an overall B (between 70% and less than 80% amalgamated across all the key domains) in the (SSNAP) data in April to June 2014. Scunthorpe has been the only unit in Yorkshire and the Humber to achieve this level.

4.7 In their review the Senate acknowledged the peer review report and its recommendations on how to continue to improve the stroke service in Scunthorpe. It is outside the remit of the Senate to consider the detail of how the Trust takes forward the recommendations from this peer review report but notes that there is ongoing work to improve the pathways.

#### Centralise the hyper acute stroke service on the Diana Princess of Wales site

4.8 The Senate considered whether we have enough evidence to demonstrate that the geography of the Scunthorpe unit makes the best sense for the patient flows. The ambulance times impact analysis only looked at access times and didn't consider the impact of the logistical shift of ambulance resources and the knock-on effect that this has on red1 call responses. From the evidence presented however the Senate does not support the option to locate the HASU at Grimsby. Re-locating to Grimsby is likely to result in a considerable outflow of patients from Northern Lincolnshire to Doncaster and there has been no evidence presented which assesses Doncaster's ability to absorb that activity or whether there remains a viable critical mass for Grimsby. This change would also require significant investment in training and development of staff at Grimsby and have resource implications for diagnostics.

#### Decommission the Northern Lincolnshire Service

4.8 The Senate noted that Hull and East Yorkshire Hospitals would need to make a significant investment in the infrastructure, equipment and staff to take this service and make provision in the Emergency Department for the impact of stroke mimics. The Senate agreed with the concerns that this location would take the blue light transfer time to over 30 minutes which is a quality concern.

## 5. North East Lincolnshire Council's Health Scrutiny Panel

5.1 The Senate was asked to address the comments from the North East Lincolnshire Council Health Scrutiny Panel in the report (see Appendix 5).

5.2 The Senate notes that the preferred option from the Council is for the Hyper-Acute Stroke Services to be delivered from both Diana, Princess of Wales Hospital (DPoW) and Scunthorpe General Hospital (SGH). The Senate opinion is that a multi-site HASU service is very likely to result in poor outcomes. All evidence indicates that centralised high volume HASU produces better results. The Senate's view is that the multi-site option would be against the national direction for the centralisation of services and bring the number of admissions to a Hyper Acute stroke service below the recommended level needed to maintain a viable service.

5.3 If a 2 site service is not viable the North East Lincolnshire Health Scrutiny panel's preferred option is to centralise the HASU services at DPoW. The Senate is not in agreement with this option from the evidence presented. The Senate opinion is that re-locating the service to Grimsby is likely to result in a considerable outflow of patients from Northern Lincolnshire to Doncaster and there has been no assessment of Doncaster's ability to absorb that activity or whether there remains a viable critical mass for the Grimsby site. The Senate also understands that there were previously problems with recruitment and retention of staff at DPoW which the Council has not addressed within their proposal. The Senate do not feel there is any compelling evidence presented which would support the need to move the service to Grimsby.

5.4 The Senate agrees that there would need to be significant investment in diagnostics if this option is to be considered further but does not have the evidence to consider whether the second scanner should be funded regardless of the outcome of this consultation.

5.5 The NELC Health Scrutiny Panel has major concerns for the health and safety of the residents of North East Lincolnshire if hyper-acute stroke services are to remain centralised solely at SGH. The main concerns are that there are higher numbers of people suffering from stroke in North East Lincolnshire than in North Lincolnshire. The Council comments include concerns that travel times for NEL patients are longer than presented in the original travel analysis. The Senate can only comment on the travel analysis provided to us and the evidence presented supports the Scunthorpe site option. If commissioners have further data that suggests more problems with access then this would need to be made available to the Senate.

5.6 Further statistical analysis of the travel times, the variation and the outcomes should be taken into account in the wider regional review of Hyper Acute stroke services. The Senate maintains that the holding position should be that the service continues to be provided from the Scunthorpe site.

5.7 The Senate recognises the impact on family and friends of the centralised service and acknowledges the support a patient needs from family and friends within the first few hours. The Senate advises that the benefits of providing patients with access to a high quality centralised service outweigh the convenience of providing a local service. The

impact is minimised by the HASU only needing a 24 -72 hour stay before repatriation to DPoW for acute care and rehabilitation.

5.8 Members of the Council panel are also concerned about a difference in opinion between professionals regarding the NICE guidance for what constitutes the “golden hour” e.g. whether this is from when a patient starts having a stroke or the hour from when they arrive at hospital. The Senate has sought advice from the Yorkshire and the Humber CVD Strategic Clinical Network who have advised that stroke must be treated within 3 hours from the known time of onset of symptoms and at the latest up to 4.5 hours from the known time of onset. The time starts from when the patient’s onset of symptoms starts and not from their admission to hospital. This time of onset is referenced in NICE Technology Appraisal Guidance 122 reviewed in April 2010. <https://www.nice.org.uk/guidance/cg68/chapter/1-guidance#specialist-care-for-people-with-acute-stroke>.

5.9 Transport times are only one component of the time between onset of symptoms and thrombolysis. The "door to needle" time is the standard by which all hospital units in the UK are monitored using the SSNAP mandatory audit and this reflects how well the hospital service operated. What has been shown by the London re-organisation is that teams that are doing thrombolysis more frequently have better outcomes (as with many surgical procedures) and that a reduction in door to needle times compensates for any increased travelling time. The current national view is that hyper-acute stroke units need to see between 600 and 1500 confirmed strokes per year to develop this expertise - if you take a reasonable thrombolysis rate as 10% then this would be a minimum of about 2 / week. Anything less and the thrombolysis call becomes a really unusual event which results in procedures not running smoothly and staff given insufficient exposure to maintain expertise

5.10 The Council panel also has concerns about the very small sample of the Healthy Lives/Healthy Futures surveys and do not believe that these can be used as a representative sample of NEL. The Senate has not considered the sample size within its response and has limited its review to the clinical evidence presented.

## 6. Summary and Conclusions

6.1 A centralised service on a single site is the only way of delivering a quality HASU service for the Northern Lincolnshire population. The evidence supplied to the Senate was logical and well set out with good reasoned arguments and we are in agreement with the preferred option to maintain the centralisation of the service at Scunthorpe General Hospital. The evidence did not provide a compelling argument to re-locate the service on a single site at Grimsby or to decommission the service within Northern Lincolnshire.

6.2 The Senate recommendation for Scunthorpe to remain the HASU is to be considered as the holding position for Northern Lincolnshire pending the outcome of the wider review of Hyper Acute Stroke Units for the 3 sub regions of Yorkshire and the Humber due to report in 2015. The commissioning strategy for the location of the Major Emergency Centres and

Emergency Centres within South Humber will also impact upon the treatment and management of hyper acute stroke. The configuration for Northern Lincolnshire cannot be considered in isolation to these wider commissioning strategies.

# APPENDICES

## Appendix 1

### LIST OF MEMBERS LEADING ON THIS REVIEW

Matthew Fay

Andrew Phillips

The HLHF proposals for Hyper Acute Stroke services were discussed at the July and September Council meeting.

A full list of Council members can be found on our website: [www.yhsenate.nhs.uk](http://www.yhsenate.nhs.uk)

The Senate also worked closely with the Strategic Clinical Network for stroke services particularly John Bamford, West Yorkshire Stroke Strategic Clinical Network Clinical Lead, Consultant Neurologist and Clinical Associate Professor and Graham Venables, Clinical Director for Strategic Clinical Networks, Consultant Neurologist and Stroke Specialist.

## Appendix 2

### COUNCIL MEMBERS' DECLARATION OF INTERESTS

Name	Title	Organisation	Date of Declaration	Reason for Declaration	Date of Response	Proposed way of Managing Conflict
Paul Twomey	Medical Director	NHS England North Yorkshire Area Team	15.4.14	NLaG falls within the North Yorkshire's Area Team boundaries	16.4.14	Many thanks for your email declaring a conflict of interest in relation to the work referred to us from North Lincolnshire and NE Lincolnshire CCGs for their proposals within Healthy Lives Healthy Futures. Your conflict arises because you are Medical Director of the Area Team responsible for assuring this work. To manage this conflict of interest we need to ensure that you do not take part in any Council or sub group discussions as they relate to this matter.

## Appendix 3

## Template to request advice from the Yorkshire and the Humber Clinical Senate

**Name of the lead (sponsoring) body requesting advice:** NEL CCG and NL CCG

**Type of organisation:** Clinical Commissioning Groups

**Name of main contact:** Jenny Briggs

**Designation:** Strategic Lead, Healthy Lives, Healthy Futures

**Email:** jenny.briggs1@nhs.net

**Tel:** 07795 908890

**Date of request:** Feb 2014

**Please note other organisations requesting this advice (if more than the lead body noted above):**

The CSU is programme managing the work on behalf of 2 CCGs.

**Is the Senate being consulted for advice or as part of the formal assurance process?**

This is for advice and feedback to form a clinical assurance element of the programme, which will feed into the work taken to public consultation.

**Please state as clearly as possible what advice you are requesting from the Clinical Senate.**

We would like the clinical senate to review the options that we are considering for service change, including our preferred option, and contribute with any issues or concerns that we may need to consider before going to consultation. The three areas are expected to be:

- Hyper acute stroke services
- ENT surgery
- Children's surgery

**Please state your rationale for requesting the advice? (What is the issue, what is its scope, what will it address, how important is it, what is the breadth of interest in it?).**

Each of the three areas is being considered for centralisation onto one hospital site, rather than being delivered at both DGH sites. This recommendation is based on national best practice around volumes, and also local clinical team recommendations around quality and safety improvements that could be facilitated through centralisation.

This is not expected to save money or contribute to the overall financial "gap"

**What is the purpose of the advice? (How will the advice be used and by whom, how may it impact on individuals, NHS/other bodies etc.?).**

We would like to be able to refer to the clinical senate review in our communications around service change to show that there has been a wider clinical view on these areas, and that we have discussed it outside of the Northern Lincolnshire area.

We are conscious that only involving local clinicians could be criticised by the public if they don't like the preferred options we are suggesting.

**Please provide a brief explanation of the current position in respect of this issue(s) (include background, key people already involved).**

A range of provider and commissioner clinicians, (not just medical staff), have been involved in the work so far and we are working through the location discussions with our clinical working groups. This will be taken through our Clinical Advisory Group which is a formal sub group of the programme board and chaired by Hugo Mascie-Taylor.

**When is the advice required by? Please note any critical dates.**

We would like the senate workshop to take place on 10<sup>th</sup> April if possible.

Our decision making programme board meeting will take place on 17<sup>th</sup> April.

The COM and Governing Body decisions will take place early May.

**Has any advice already been given about this issue? If so please state the advice received, from whom, what happened as a consequence and why further advice is being sought?**

We have had advice from local clinicians and also Hugo Mascie-Taylor, and also drawn on national best practice and evidence. We had always planned to draw on the Senate's expertise to support a clinical assurance process.

**Is the issue on which you are seeking advice subject to any other advisory or scrutiny processes? If yes please outline what this involves and where this request for advice from the Clinical Senate fits into that process (state N/A if not applicable)**

We are also working with the Gateway team to provide programme assurance on the non-clinical elements.

**Please note any other information that you feel would be helpful to the Clinical Senate in considering this request.**

Please send the completed template to: [joanne.poole1@nhs.net](mailto:joanne.poole1@nhs.net). For enquiries contact Joanne Poole, Yorkshire and the Humber Clinical Senate Manager at the above email or 01138253397 or 07900715369

## Appendix 4

### BACKGROUND INFORMATION

There follows a list of documentation provided to the Senate:

- Hyper Acute Stroke Option Appraisal 16<sup>th</sup> May 2014
- Appendix 1 NLaG Hyper Acute Stroke Services Business Case July 2013
- Appendix 2 Health Needs Assessment for Hyper Acute Stroke and ENT May 2014 v3
- Appendix 3 Pre Summit Stakeholder Engagement August 2013
- Appendix 4 HLHF Case for Change July 2013
- Appendix 5 Promoting the Case for Change Engagement Report Oct 2013
- Appendix 6 Moving the Conversation on Engagement Report July 2014
- Appendix 7 Transport Analysis Hyper Acute Stroke and ENT May 2014 v3
- Appendix 8 Equality Impact Assessment Hyper Acute Stroke May 2014
- Appendix 9 Evaluation Criteria Assessment Hyper Acute Stroke May 2014 v3
- Trustwide stroke activity and mortality April 2013 to July 2014
- Report of the Accreditation Visit 12 June 2014
- SSNAP data for Scunthorpe and Grimsby January 2013 – June 2014
- Deanery Quality Management Report March 2014



## Appendix 5

### North East Lincolnshire Council

#### Health Scrutiny Panel

This is the formal response of North East Lincolnshire Council's Health Scrutiny Panel to the current NHS consultation on Hyper-Acute Stroke Services and Ear, Nose and Throat Inpatient Surgery at Diana, Princess of Wales Hospital, Grimsby and Scunthorpe General Hospital. This forms part of the Healthy Lives/Healthy Futures NHS Review programme in North and North East Lincolnshire. This response has been agreed by the full panel after a full panel meeting on 5 August 2014 and a working group meeting on 16 September 2014.

#### Healthy Lives / Healthy Futures – Public Consultation Document

#### ***Tell us what you think about Hyper-Acute Stroke Services and ENT Services***

- 1. Do you agree with our preferred ideas for Hyper-Acute Stroke Care staying at Scunthorpe General Hospital (SGH) and Ear, Nose and Throat (ENT) Inpatient Surgery being centralised at Diana Princess of Wales Hospital (DPoW)?**

Yes	
No	✓

#### **If no, please tell us why**

##### Hyper-Acute Stroke Services

North East Lincolnshire Council's Health Scrutiny Panel's preferred option is for Hyper-Acute Stroke Services to be delivered from both Diana, Princess of Wales Hospital (DPoW) and Scunthorpe General Hospital (SGH). This was voted unanimously by the panel at a working group meeting on the 16 September 2014.

However, members of the panel accept that this option is very unlikely due to the number of patients being treated for a stroke in Grimsby not being high enough to keep the skills of the staff at the required level. Therefore, if the centralisation of hyper-acute stroke services is absolutely essential, the North East Lincolnshire Health Scrutiny panel's preferred option is to centralise

those services at DPoW.

The panel accepts that there have been significant improvements in the quality of care and in the mortality rates as a result of the temporary move to SGH, however the panel feel that this is due to the fact that services are now 24/7, rather than the physical location of the service. The panel also accept that two computerised tomography scanners are an important feature of a hyper-acute stroke service, but feel that DPoW should also have a second scanner and that this is important not only for hyper-acute stroke care, but for other diagnostic health services. The panel feels that the funding for a second scanner should be raised regardless of the outcome of this consultation.

The NELC Health Scrutiny Panel has major concerns for the health and safety of the residents of North East Lincolnshire if hyper-acute stroke services are to remain centralised solely at SGH.

The main concerns are that there are higher numbers of people suffering from stroke in North East Lincolnshire than in North Lincolnshire. North East Lincolnshire's suffers from a huge gap in life expectancy between its affluent and less affluent neighbourhoods. Many of our residents (particularly in our less affluent wards) are dying prematurely from diseases including cardiovascular disease such as stroke. The Health Scrutiny panel feel that the emergency travel times from North East Lincolnshire to SGH is putting the lives of NEL patients at a significant risk, particularly residents whom live in the most southern parts of the borough. Travel times for NEL patients over the last year has been provided to the scrutiny panel as part of the current consultation, however these show some NEL patients having to travel for more than one hour to SGH. Panel members have concerns that these statistics do not show whether these patients survived nor do they give an indication of the patient's quality of life post-stroke, in terms of any lasting disability (which may have been prevented had they been treated sooner). Panel members also have concerns that the travel information provided masks a wide degree of variation that is not acknowledged and that confidence intervals and ranges for the travel times should have been included. In addition to this, the panel feels that the information regarding sustainable EMAS response times is inconclusive and that more detailed information and data is needed regarding EMAS capacity, for example response times would be significantly affected if an ambulance had to start its journey from Scunthorpe. Panel members are also concerned that travel times would be increased significantly further, if for any reason the A180 was closed.

Not only is the emergency travel time to SGH a major issue for the health scrutiny panel, but also the ability of family and friends to be able to travel to SGH to visit their loved ones at such a critical time, which can have a major impact on the recovery of the patient. Members of the panel felt that it was within these first few hours when a visit from relatives is most important. The deprivation levels in the less affluent neighbourhoods of North East Lincolnshire are amongst the most deprived in the country. North East Lincolnshire also has a growing older population and increasing numbers of people living with a disability. This means that income levels and car

ownership are very low in some neighbourhoods. The panel accepts that the CCG has undertaken a lot of work investigating the availability of public transport, however many areas of North East Lincolnshire Council are not serviced by a bus route at all and the panel has major concerns over the sustainability of any new transport links which may be proposed as a result of the healthy lives/healthy futures programme, as transport companies will only continue to provide a service if there is a profit to be made.

The panel accepts that some services have to be centralised due to the highly specific expertise required, eg child surgery and certain cancer treatments. However, hyper-stroke services are not services that patients can prepare to access. A stroke provides an immediate life threatening situation and its regularity is sufficient enough to warrant local services, particularly in an area with an ageing population and high levels of cardio-vascular disease.

Members of the panel are also concerned about a difference in opinion between professionals regarding the NICE guidance for what constitutes the “golden hour” eg whether this is from when a patient starts having a stroke or the hour from when they arrive at hospital.

The panel also has concerns about the very small sample of the Healthy Lives/Healthy Futures surveys and do not believe that these can be used as a representative sample of NEL. The panel members are particularly concerned that the survey results do not reflect the views of our older and vulnerable residents whom will be most affected if hyper-acute stroke services were to remain centralised at SGH.

### Ears, Nose and Throat Inpatient Surgery

Members of the panel feel that this is a much different service to the Hyper-Acute Stroke Service. Although members of the panel prefer for ENT Inpatient Surgery to remain at DPoW, this is not as critical as the Hyper-Acute Stroke service. This is because it is a service which patients can prepare for and it does not (in the vast majority of cases) present a life or death situation.

## 2. Would you like to see any of the other ideas used? If so please select **ONE** idea for each service

	Idea 1	Idea 2	Idea 3	Idea 4
Hyper Acute Stroke Care	✓		✓ (If idea 1 is impossible)	
Ear Nose and Throat Services		✓		

**Please tell us why you think these ideas are better**

The NELC Health Scrutiny Panel feels that the residents of North East Lincolnshire are at risk if Hyper-Acute Stroke Services remain solely at SGH. Although, the preferred option would be to have services at both sites, the panel recognises that this may be impossible and so the second preferred option is to centralise services at DPoW.

The panel feels that access and transport costs/times for North East Lincolnshire's older and vulnerable residents have not been adequately taken into account. Hyper Acute Stroke Services should be located where the greatest need is, which is in North East Lincolnshire.

**3. Is there anything else you think we need to think about?****Please tell us your ideas**

If Hyper Acute Stroke Services are to be centralised, a pause is needed in the programme and more investigation/challenge of all the available data is required.

In terms of future proposals for the review of local health services, consultation with health scrutiny needs to happen much earlier, with open and honest discussions and a full analysis of all available data.