

York Teaching Hospital

NHS Foundation Trust

Chairman & Chief Executive's Office

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Rt Hon Robert Goodwill MP
6 Albermarle Crescent
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Dear Robert,

Thank you for your letter outlining constituents' concerns regarding changes to stroke services.

As you may be aware, by far the majority of patients who attend Scarborough Hospital's emergency department with a suspected stroke are already transferred to York Hospital where they can benefit from the expertise and treatment offered in the Hyper Acute Stroke Unit. This has been the case since 2015, when the model of stroke services was changed as a result of staffing pressures brought about by the retirement of two consultants and no success in recruiting replacements.

Since 2015, patients with symptoms of a stroke who present as 'walk ins' or who are brought by ambulance to the Emergency Department at Scarborough Hospital are assessed and those requiring acute intervention are transferred by ambulance to York.

Patients are then discharged home from this unit or transferred back to Scarborough Hospital for further rehabilitation (usually after 72 hours).

The latest change means that patients suffering a stroke will now bypass the intermediate step of going to Scarborough Hospital's emergency department, and will instead be taken directly by ambulance to their nearest hospital with a hyper-acute stroke unit. This may be York, Hull or Middlesbrough and will be dependent on which is closest to where the patient is picked up. The chief intervention of stroke care is not thrombolysis, it is access to a hyper-acute stroke unit and the expertise and care delivered there. This change means that patients will now access such a unit directly, rather than going via an emergency department in a hospital that does not have a hyper-acute stroke unit.

Follow up clinics for patients who have been discharged from their in-patient care (typically at about six weeks post discharge) and clinics for patients who have been diagnosed with a TIA rather than a stroke (usually requiring an appointment within 24 hours) will continue to be offered locally at Scarborough Hospital.

The focus for stroke care at Scarborough Hospital will be on delivering high quality rehabilitation in a designated Stroke Rehabilitation Ward with local medical cover and appropriate therapy services both in the hospital and the community.

As you observed first-hand on your visit to Royal Victoria Hospital in Belfast, concentrating expertise in centres of excellence can improve survival rates and services across the country have been adopting this approach for some time.

In our case the urgency to review the service has arisen because the consultant who provides cover for the service in Scarborough gave notice, leaving only three consultants across the two sites. Significant efforts were made to secure a replacement, however this instigated an important discussion within the clinical teams around the longer-term future of the service (as currently configured) and whether outcomes could be further improved through direct access to the hyper-acute stroke unit.

The changes have been discussed with local Health Overview and Scrutiny Committees. The Regional Stroke Network Clinical Director and the National Stroke Clinical Director are also aware and are supportive of the changes.

This is a temporary change to enable us to ensure the safest care for patients within the constraints of the staffing resources we have available, and to allow The Humber, Coast and Vale Stroke Network to consider how the service could be delivered in the longer term and what a sustainable solution may be for the future. However, given national professional clinical guidance this emerging model which will improve access times to hyper acute stroke units is likely to be the direction of travel in the longer term.

Please do contact me if you have any further questions or alternatively I am happy to arrange a telephone call to discuss further.

Yours sincerely



Simon Morrill
Chief Executive