



Greater Manchester Association of
Clinical Commissioning Groups

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To: Greater Manchester Health Scrutiny Committees

Re: Further Centralisation of Stroke Services in Greater Manchester

Dear Sir / Madam,

I am writing on behalf of the Greater Manchester Association of Clinical Commissioning Groups to share an update on the plans to improve acute stroke services in Greater Manchester. We want stroke patients to get the care they need and we are currently implementing plans to improve equity of access to the specialist services put in place 4 years ago.

In 2010 the Stroke Network supported a new service design so that people who ring 999 within 4 hours of their symptoms starting are taken by ambulance to one of three hospitals specially equipped to deal with emergency stroke patients. These specialist hospitals are Fairfield Hospital in Bury, Salford Royal Foundation Trust and Stepping Hill Hospital in Stockport. Once the emergency care is completed, patients are taken to their local district hospital for ongoing care and rehabilitation. If the ambulance is called more than 4 hours after stroke symptoms start, patients are taken directly to their local district hospital without having to go to a specialist hospital first.

We plan to develop this, in line with the original ambitions, so that all patients are taken to one of the three specialist centres, regardless of when or where their stroke takes place. Under the new services, all three centres will be open 7 days a week, and Salford will continue to be open 24 hours a day, 7 days a week. All stroke patients will stay in one of the three specialist centres for approximately the first 3 days of their care, whilst they receive the best practice care processes which are recommended in national guidance.

These changes have come about following an extensive process of review of the current model and appraisal of options to improve it. In January 2012 and most recently in November 2013 we presented to the Greater Manchester Health Scrutiny Committee, who enthusiastically endorsed the plans. A recent study (enclosed) covering over 45,000 stroke patients in England, provides further support. Researchers found that stroke patients presenting out of hours are still less likely to receive timely access to best practice care processes, such as brain scanning and rapid admission to stroke units, than patients presenting during normal hours, despite improvements over recent years. There was also evidence that, whilst short term (within 72 hours) mortality was not significantly affected, stroke patients who present to hospital at weekends have a higher risk of mortality within 30 days of being admitted.

Commenting on the recent study, "*The Effect of Out of Hours Presentation with Acute Stroke on Processes of Care and Outcomes: Analysis of data from the Stroke Improvement National Audit Programme (SINAP)*," published in the PLOS ONE journal, Professor Tony Rudd, National Clinical Director for stroke, said: "*The study shows that there are significant differences both in the patient population admitted with stroke out of hours, and in the quality of the care that they receive.*"

By centralising specialist stroke services into hyperacute centres, and giving all stroke patients access to these centres, we aim to embed services that deliver high quality care to all patients, regardless of when they present.

Please do not hesitate to get in touch if you would like any further information.

Yours faithfully,



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