



Department of  
**Health**  
An Roinn Sláinte  
Máinnystrie O Poustie  
[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

## **RESHAPING STROKE CARE – SAVING LIVES, REDUCING DISABILITY**

### **Consultation Questionnaire**

**26 March 2019**

**Prepared by:**

**Hospital Services Reform**

**Department of Health**

**Annexe 3**

**Castle Buildings**

**Stormont Estate**

**Belfast BT4 3SQ**

**Phone: (028) 9076 5643**

**Email: [StrokeConsultation@health-ni.gov.uk](mailto:StrokeConsultation@health-ni.gov.uk)**

**Website: <https://www.health-ni.gov.uk/consultations> or**

**<https://consultations.nidirect.gov.uk/>**

## RESPONDING TO THE CONSULTATION

You can let us know your views by completing our Consultation Questionnaire online via <https://consultations.nidirect.gov.uk/>

You can also complete our Consultation Questionnaire and submit the completed document to the Department by email or by returning a completed hard copy to the address below.

If this document is not in a format that suits your needs, please contact us and we can discuss alternative arrangements. Before you submit your response, please read the information at **Annex A** about the effect of the Freedom of Information Act 2000, the Environmental Regulations 2004, the Data Protection Act 2018 (DPA) and the General Data Protection Regulation (EU) 2016/679 on the confidentiality of responses to public consultation exercises.

For further information about how we process your information please see the following link which will take you to the Departmental Privacy Notice:

<https://www.health-ni.gov.uk/sites/default/files/publications/health/DoH-Privacy-Notice.pdf>

### Section 1 – Consultee Details

<b>Name (Optional):</b>	<b>Dr Sue Pound</b>
<b>Organisation and job title (if applicable):</b>	<b>Vice President, Royal College of Physicians of Edinburgh</b>
<b>Address:</b>	<b>11 Queen Street, Edinburgh EH2 1JQ</b>
<b>Email:</b>	<b>l.paterson@rcpe.ac.uk</b>

Are you responding on behalf of your organisation or as an individual?

**Organisation**

**Individual**

**(Please Tick)**

**If replying as an individual, please indicate if you do not wish for your identity to be made public.**

**Whilst not essential, it would assist the Department in analysing responses if responding on behalf of an organisation you could provide details of who your organisation represents and, where applicable, how the views of members were assembled.**

The last date for responses to this consultation is **2 August 2019**.

Responses should be sent to:

**Email:**            [StrokeConsultation@health-ni.gov.uk](mailto:StrokeConsultation@health-ni.gov.uk)

**By post:**        Hospital Services Reform  
                  Department of Health  
                  Annexe 3  
                  Castle Buildings  
                  Stormont Estate  
                  Belfast BT4 3SQ

## **Section 2 – Questions relating to Reshaping Stroke Care – Saving Lives, Reducing Disability in Northern Ireland**

These questions should be read in conjunction with the proposals set out in the accompanying consultation document.

<b>Question 1: Do you agree that stroke patients should be admitted as soon as possible to specialist centres to deliver the best possible outcomes? (Please Tick)</b>	<b>Yes</b>	<input checked="" type="checkbox"/>
	<b>No</b>	<input type="checkbox"/>
<i>Please use this space to expand your answer.</i>		
<p>Generally yes: the case for admission for specialist care as soon as possible after a stroke is clearly made. The College would be strongly supportive of such a strategy, providing that it is also recognised that there may be a small minority of patients who would receive the best and most appropriate care by following a more local, conservative approach.</p> <p>These may be very frail; debilitated or terminally ill patients who have poor life expectancy, and who may be best served by a more caring and more conservative approach in a local hospital. These would be a small minority of patients and could be carefully selected by agreed criteria.</p>		
<b>Question 2: Do you agree that, to deliver an effective service, staff need the opportunity to build and develop their specialist expertise? (Please Tick)</b>	<b>Yes</b>	<input checked="" type="checkbox"/>
	<b>No</b>	<input type="checkbox"/>
<i>Please use this space to expand your answer:</i>		
<p>The guidance from our sister College RCPL and the Sentinel Stroke National Audit Programme (SSNAP) on numbers needed to treat to maintain expertise should be a criterion of the highest importance in designing stroke services moving forward.</p> <p>The most effective emergency treatment for new acute stroke is mechanical thrombectomy. There are not enough interventional radiologists to perform this in the UK. Currently radiologists are the only type of doctor who performs mechanical thrombectomy in the UK, in contrast to Europe and USA.</p> <p>To provide a comprehensive service, additional doctors will need to acquire new techniques eg. mechanical thrombectomy through training or credentialing. In Texas, USA, their health service runs a 2 year mechanical thrombectomy training course. Last year 19/20 were neurologists (physicians) joining the mechanical thrombectomy 2 year training course - and only 1/20 was a neuroradiologist.</p>		

<b>Question 3: Do you agree that delivering better outcomes should take priority over additional travel time? (Please Tick)</b>	<b>Yes</b>	<b>x</b>
	<b>No</b>	

*Please use this space to expand your answer:*

The benefits of enhanced outcomes at the cost of longer travel times should continue to be emphasised.

Different factors should also be taken into account, including:

a) Who is travelling. For example, in the USA there are centres where the neurologist travels to the local hospital to perform emergency treatment eg mechanical thrombectomy rather than the patient travelling to the specialist centre.

b) Well organised and appropriate transport to move the patient to the specialist centre initially, and equally important adequate infrastructure to return the patient efficiently from a specialist treatment centre back to their local hospital if longer term rehabilitation is required, within an appropriate time frame.

The regular recent media stories of limited ambulance coverage in Northern Ireland is therefore of considerable concern and, if confirmed to be true, would point to an urgent need for investment or service reconfiguration to allow increased travel time to be achieved without detriment to the patient.

<b>Question 4: Would the availability of additional measures such as the availability of an air ambulance address your concerns about additional travel time? (Please Tick)</b>	<b>Yes</b>	<b>x</b>
	<b>No</b>	

*Please use this space to expand your answer:*

To some extent. The College would welcome more detail on the current ambulance service capability and any proposed air ambulance service. There is lack of any substantial detail at present in this consultation document.

<b>Question 5: Which of the options do you think delivers the maximum benefit for stroke patients in NI? (Please Tick)</b>	<b>Option A</b>	
	<b>Option B</b>	
	<b>Option C</b>	
	<b>Option D</b>	
	<b>Option E</b>	
	<b>Option F</b>	<b>x</b>
<i>Please use this space to expand your answer:</i>		
<p>The College prefers options D, E or F as they appear to be the most sustainable, albeit with a small cost in terms of travel time. As the history of phased approaches is poor, and often unlikely to happen, a final preference would therefore be for F.</p>		
<b>Question 6: Are there additional options that we have not considered? (Please Tick)</b>	<b>Yes</b>	
	<b>No</b>	<b>x</b>
<i>Please use this space to expand your answer:</i>		

### Section 3 – Equality and Human Rights

Section 75 of the [NI Act 1998](#) requires departments in carrying out their functions relating to NI to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between person with a disability and persons without; and
- between persons with dependants and persons without.

You may wish to refer to the Equality Screening, Disability Duties and Human Rights Assessment Template at <https://www.health-ni.gov.uk/consultations>

<b>Question 7: Are any of the options set out in the consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the 1998 Act? (Please Tick)</b>	<b>Yes</b>	
	<b>No</b>	<b>x</b>
<i>If yes, please state the group(s) and provide comment on how these adverse impacts could be reduced or alleviated in the proposals:</i>		

<b>Question 8: Are you aware of any indication or evidence – qualitative or quantitative – that any of the options set out in the consultation document may have an adverse impact on equality of opportunity or on good relations? (Please Tick)</b>	<b>Yes</b>	
	<b>No</b>	<b>x</b>
<i>If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact:</i>		
<b>Question 9: Is there an opportunity to better promote equality of opportunity or good relations? (Please Tick)</b>	<b>Yes</b>	
	<b>No</b>	<b>x</b>
<i>If yes, please give details as to how:</i>		
<b>Question 10: Are there any aspects of the proposals in the consultation where potential human rights violations may occur? (Please Tick)</b>	<b>Yes</b>	
	<b>No</b>	<b>x</b>
<i>If yes, please give details as to how:</i>		

## Section 4 – Rural Impact

The Rural Needs Act (NI) 2016 became operational on the 1 June 2017 and places a duty on public authorities, including government departments, to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans and when designing and delivering public services. A draft rural needs impact assessment has been prepared against these policy proposals.

<b>Question 11: Are the actions/proposals set out in this consultation document likely to have an adverse impact on rural areas? (Please Tick)</b>	<b>Yes</b>	<b>x</b>
	<b>No</b>	
<i>If yes, please provide comment on how these adverse impacts could be reduced or alleviated:</i>		
<p>Potentially yes –</p> <p>a) Without adequate investment in the ambulance service, rural areas are likely to be disadvantaged.</p>		

- b) by reducing local hospitals of expertise to recognise stroke and when hyperacute care may be needed, access to hyperacute care may worsen for people in rural areas. Potential get-arounds include a 24/7 telestroke link – enabling rapid advice to be provided. Regular feedback and mortality and morbidity update meetings via teleconference would also assist.

**Responses must be received no later than 5pm on 2 August 2019.**

**Thank you for your comments.**

## **ANNEX A**

### **Confidentiality and Access to information Legislation**

The Department may publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be published or disclosed on request in accordance with information legislation; these chiefly being the Freedom of Information Act 2000 (FOIA), the Environmental Information Regulations 2004 (EIR), the Data Protection Act 2018 (DPA) and the General Data Protection Regulation (GDPR) (EU) 2016/679. The Department can only refuse to disclose information in exceptional circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The FOIA gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

If you do not wish information about your identity to be made public please include an explanation in your response. Being transparent and providing accessible information to individuals about how we may use personal data is a key element of the DPA and the General Data Protection Regulation (EU) 2016/679. The Department is committed to building trust and confidence in our ability to process personal information. This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances.

For further information about confidentiality of responses please contact the Information Commissioner's Office on **0303 123 1113** or via <https://ico.org.uk/global/contact-us/>