

Changes to acute stroke services in Nottingham and Nottinghamshire

Briefing for Health Overview and Scrutiny Committee

16th September 2021

Dear Colleagues

Over the course of the Covid-19 pandemic, the Committee has been briefed on changes to services that have been made to ensure that our patients and staff remain safe. In the main, these were changes made by providers to manage workforce and operational pressures and to maintain patient safety.

The Committee was informed on 24th June 2020 of a change that was implemented in July 2020 to reconfigure local acute stroke services to manage the risk of Covid-19 infections among our patients and staff. This change supported Nottingham University Hospitals (NUH) to treat patients with Covid-19 separately to those who are not infected by creating additional capacity on the City Campus site.

The attached paper (Appendix 1) describes the reconfiguration that has taken place which supported the restoration of NHS services while also being clinically beneficial for the treatment of stroke.

As described at the time the change was implemented, 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.

The temporary change to Acute Stroke Services at NUH supported the response to the Covid-19 pandemic and has aligned service provision with regional and national recommendations. In order to deliver further benefits for people experiencing a stroke, the potential opportunities provided by making this a permanent service change are now being reviewed.

This development is subject to the usual procedures for service reconfigurations, including our requirement as the Commissioner to consult the Local Authority.

The next stage in this proposal is to undertake engagement with service users, clinicians and associated health and care services impacted by the reconfiguration. It is proposed to undertake this engagement over the next 6 months, recognising the current operational challenges for the system, and provide an update to the Committee in April 2022.

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



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