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| <b>Thursday 11<sup>th</sup> July 2013</b>  |  | <b>ITEM: 7</b> |
| <b>Health and Well-Being Board</b>   |  |                |
| <b>Stroke Services Development Update</b>  |  |                |
| <b>Report of:</b> William Guy, Head of Commissioning, Thurrock Clinical Commissioning Group  |  |                |
| <b>Wards and communities affected:</b><br>Thurrock Local Authority (and the whole of Essex)  | <b>Key Decision:</b><br>Non key (update) |                |
| <b>Accountable Head of Service:</b> Mandy Ansell, Chief Operating Officer, Thurrock Clinical Commissioning Group   |  |                |
| <b>Accountable Director:</b> Mandy Ansell, Chief Operating Officer, Thurrock Clinical Commissioning Group  |  |                |
| <b>This report is</b> Public   |  |                |
| <b>Purpose of Report:</b> The purpose of this report is to update members of the process of the development of Stroke Services in Essex and in particular the proposed reconfiguration of Hyper Acute Stroke Units to a three centre model in Essex (Colchester, Broomfield and Southend Hospital). This update is provided ahead of the presenting of the formal business case to both the HOSC and the Health and Wellbeing Board in September 2013 as part of the formal consultation period. |  |                |

**EXECUTIVE SUMMARY**

This paper provides members with an update on the development of the full business case for the development of Hyper Acute Stroke Services across Essex. This business case stems from the Midlands and East review of Stroke Services that commenced in 2012. The provisional evaluation recommended a three site option for Essex namely Colchester, Broomfield and Southend. This proposal was presented to the Boards of the Clinical Commissioning Groups in January 2013. A full business case is now under development. The business case will be presented to the CCG Boards in July 2013. If the recommendation for the provision of Hyper Acute Units is supported, a formal three month consultation will be undertaken between August and October 2013. If this process is successful, the reconfiguration will begin to be mobilised from April 2014.

Members are asked to note this update and receive the full business case in September 2013.

**1. RECOMMENDATIONS:**

**1.1 Members are asked to note this update.**

**2. INTRODUCTION AND BACKGROUND:**

2.1 As part of the Midlands and East review of Stroke Services, the Essex Stroke Commissioning Group has undertaken a review of stroke services with the aim of implementing a new service specification that has been prescribed as national best practice. A key part of this new specification is the Hyper Acute Stroke Unit (HASU). The HASU is the place of care for patients following a suspected stroke (average length of stay 72 period). During this period the patients will need to have diagnostics, potential thrombolysing and specialist care to maximise their longer term outcomes. The specification for HASU services requires a minimum annual throughput of 600 cases. Currently, only one centre in Essex consistently receives this volume of activity per annum (Colchester). As a result of this requirement and the needs of the wider specification (access to diagnostics, staffing requirements, access to 24/7 services), the Stroke Commissioning Group have undertaken an evaluation of all potential options for delivering the new specification across Essex. This has culminated in a recommendation of a three HASU configuration of Colchester, Broomfield and Southend. NB. All five acute trusts in Essex would retain Acute Stroke Units.

This proposal was initially presented to CCG Boards in January/February 2013 to seek recommendation on the clinical model. This was supported by six of the seven CCGs in Essex. Thurrock CCG neither declined or endorsed the proposal as they felt that further information was required on the following;

- the impact on ambulance travelling times
- the proposal for ensuring a full consultation is undertaken
- the impact on Queens Hospital (as a number of patients would be travelling to Queens as their nearest option).
- The full financial business case to ensure that this proposal represented value for money.

The proposal has also been presented to the Health and Wellbeing Board and Thurrock HOSC (April 2013).

**3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:**

3.1 Since February 2013 a number of task and finish groups have been established under an Essex Stroke Board (chaired by the Essex Area Team) to oversee the development of a full business case to support the proposed reconfiguration of stroke services across Essex. The summary below outlines the developments undertaken. The formal business case is being presented to Clinical Commissioning Group Boards in July and if endorsed will be presented to the Health and Wellbeing Board and HOSC in September 2013.

**Clinical Case**

A clinical working group has been established with lead clinicians from all acute providers, clinical commissioning groups and the Essex Area Team to

supplement the clinical case for change alongside the evidence provided by the Midlands and East Stroke Review.

Based on the impact of the establishment of Hyper Acute Stroke Units elsewhere in the country (in particular London), this group has forecast the likely improvement in health outcomes if the HASU model is adopted in Essex.

In addition, the group has considered the impact of increased ambulance travelling times resulting from fewer stroke units across Essex. The conclusion of this exercise is that the quality of the service received when the patient arrives at hospital would outweigh the increase in average journey times for patients.

The group has also reviewed the specifications to ensure that they endorse best practice and offer value for money.

#### Commissioning Case

The Essex Stroke Commissioning Group have undertaken further work to understand the impact on commissioning arrangements required to endorse the proposed model.

The commissioners have been participating in the East of England Ambulance Service Clinical Capacity Review currently being undertaken. This review is looking at the longer term provision of blue light ambulance services in order to meet the needs of the local population. The commissioners have ensured that stroke service changes are incorporated into this review.

The commissioners have been working with out of Essex Trusts (Queens Hospital and Lister hospital) to ensure that pathways beyond the borders of Essex are available if they are closer for Essex patients. These pathways will need to be to centres that offer the same standard of care proposed within the Essex centres.

The commissioning group have also been considering the wider stroke pathway and the opportunities for the further development of services across Essex.

#### Consultation

A full consultation process is proposed to commence when the business cases are endorsed by the Clinical Commissioning Group Boards (July 2013). This process will include a large number of stakeholders in all localities across Essex including service providers, HOSCs and Health and Wellbeing Boards (business case to be presented to Thurrock HOSC and H&WBB in September 2013), Healthwatch, LINKs, local politicians, Stroke Association and other Stroke Groups, PPE forums and others. The outcome of the consultation will be formally reported to the CCG Boards in November 2013 for consideration.

Due to the local interest in this development, Thurrock CCG are supporting the local Healthwatch and other local stakeholders to host a question and answer

session/presentation on the proposed developments on 2<sup>nd</sup> July 2013. Feedback from this meeting will be incorporated into the business case.

#### Finance Model

A finance group led by the Essex Area Team and involving all of the local acute trusts has been undertaking the development of the financial case for change. This has included reviewing the current cost for delivering stroke services, the current income hospitals receive for delivering services and then scenario planning the changes required to the tariff model to enable the development of Hyper Acute Stroke Services.

#### **4. REASONS FOR RECOMMENDATION:**

- 4.1 Members are asked to note this update and receive the full business case in September 2013 as part of the formal consultation process.

#### **5. CONSULTATION (including Overview and Scrutiny, if applicable)**

- 5.1 A full three month consultation is being undertaken from August – October 2013. The business case will be presented to the Health and Wellbeing Board and Thurrock HOSC in September 2013 as part of this process. The Clinical Commissioning Group will continue to maintain a strong dialogue with local patient groups and interested parties throughout this period.

#### **6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT**

- 6.1 The full impact of this proposal will be detailed in the Business Case to be presented in September 2013. The overarching principle of the development of stroke services is to improve outcomes for patients across Essex that have strokes or TIAs.

#### **7. IMPLICATIONS**

##### **7.1 Financial**

Implications verified by: **Mike Jones**  
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**[mxjones@thurrock.gov.uk](mailto:mxjones@thurrock.gov.uk)**

The financial impact of this development will be outlined in the full business case in September 2013.

##### **7.2 Legal**

Implications verified by: **Lucinda Bell**  
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**[Lucinda.bell@BDTLegal.org.uk](mailto:Lucinda.bell@BDTLegal.org.uk)**

It is important that there be an effective consultation for this decision. It is good practice to follow guidance published by the Cabinet Office, which recommends that:

consultation should begin when the policy development under consideration is at an early stage. The timeframe for consultation should be proportionate and realistic to allow stakeholders a sufficient period of time to respond and, depending on the nature and complexity of the proposal, may vary between two and 12 weeks.

The information that is provided as part of the consultation should be useful and accessible and the objectives of the consultation should be clear. Instead of a formal written consultation, consideration should be given to more informal ways of engaging with stakeholders, for example e-mail or web-based forums, public meetings, working groups, focus groups and surveys

Failure to consult properly and adequately can lead to a policy or decision being overturned by the courts.

There is a duty under s149 of the Equality Act 2010 (EA 2010) to have due regard to

The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the EA 2010 (*section 149(1)(a)*)

The need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it (*section 149(1)(b)*)

The need to foster good relations between persons who share a relevant protected characteristic and those who do not share it (*section 149(1)(c)*).

The duty applies throughout the decision making process.

### 7.3 **Diversity and Equality**

Implications verified by: **Samson DeAlyn**  
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**01375 652472**

The local population would need to travel out of area to access this service (Southend, Queens). However, the service is not fully available locally at present (only part of the specification is delivered by Basildon Hospital). The same level of hyper acute service would be available to all Essex patients.

### 7.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

The financial impact of this development will be outlined in the full business case in September 2013.

**BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):**

- Midlands and East Stroke review (available at [https://www.eoe.nhs.uk/page.php?page\\_id=2266](https://www.eoe.nhs.uk/page.php?page_id=2266))

**APPENDICES TO THIS REPORT:**

- N/A

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