Somerset County Council
Scrutiny for Policies, Adults and Health Committee

Update on Hyper Acute Stroke Care

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Cabinet Member:
Division and Local Member:

1. Summary

1.1 The Health and Care Strategy is a strategy for how we will support the health and wellbeing of the people of Somerset by changing the way we commission and deliver health and care services. It is jointly led by NHS Somerset Integrated Care Board (ICB) and Somerset County Council and includes the main NHS provider organisations in the county.

1.2 The stroke strategy for Somerset was drafted in 2019 and provides a direction of travel for the next five years, setting out how stroke services should operate across the pathway from prevention to living with the impacts of stroke. Many of the recommendations within this strategy have been implemented.

1.2 This report provides an update on the development of hospital based hyper acute and acute stroke services in Somerset and Transient Ischaemic Attack (TIA) services in Somerset.

1.3 This consultation does not include the support and rehabilitation that is provided when patients are discharged from hospital following a stroke. Patients would continue to receive community rehabilitation stroke care, provided in the local community as they would do now. No changes are being proposed to the stroke rehabilitation services provided at South Petherton Community Hospital or Williton Community Hospital. The early supportive discharge at home scheme where rehabilitation is provided in your home would continue to be offered.

2. Issues for consideration / Recommendations

Members are asked to note the update, comment on the formative options, and support the direction of travel to progress to formal public consultation on the hyper-acute and acute stroke services options that will be tested with staff, patients, and the public.

3. Review of shortlisted options

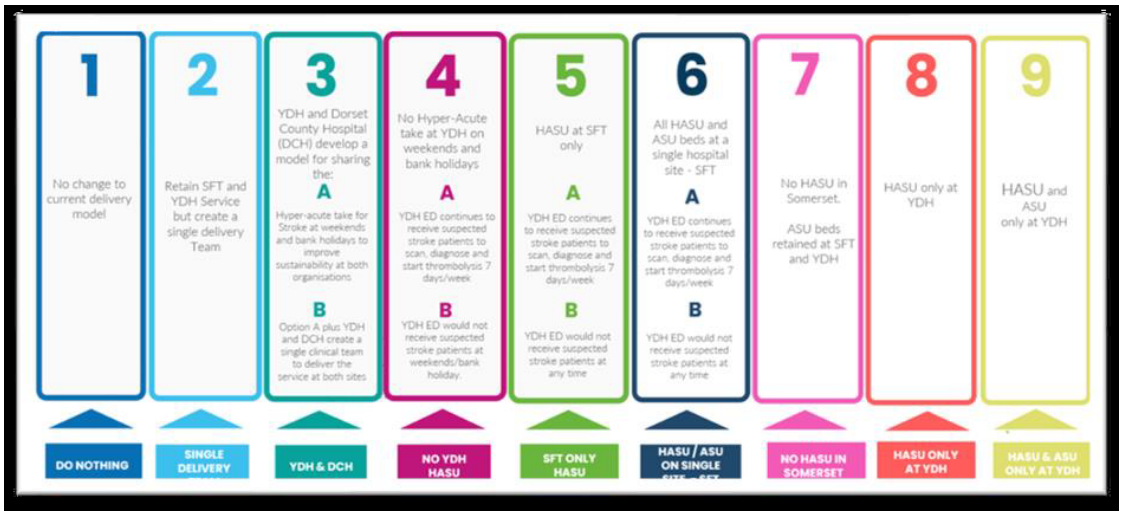
In considering how we can address the current issues and improving hyper acute and acute stroke care in Somerset, we have been engaging with local clinicians and staff, people with lived experience, community and voluntary sector partners and colleagues from our neighbouring health systems.

The following groups were involved throughout the process from longlist development through to the identification of the preferred options for consultation for both stroke and TIA:

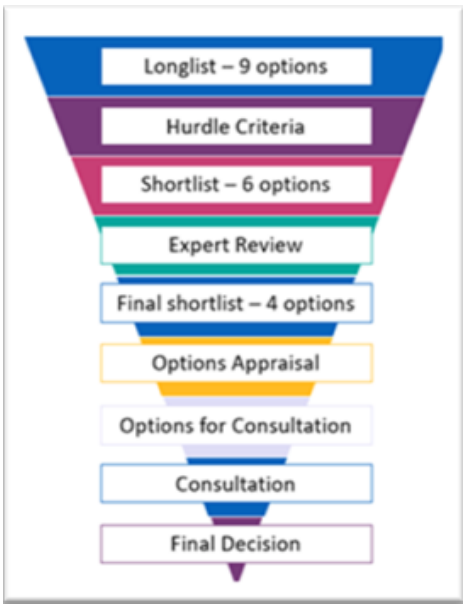
People with lived experience
Clinical Reference Group
Somerset NHS Foundation Trust Stroke & Emergency Department Team
Yeovil District Hospital Stroke & Emergency Department Team
Dorset County Hospital Stroke team
Southwestern Ambulance NHS Foundation Trust (SWASFT)
Voluntary, Community and Social Enterprise Partners

At the start of the process, we identified a long list of all the possible ways in which we could change the hyperacute stroke service, including an option to not change it at all.

The final longlist was as follows:



Stroke process



A range of expert groups were asked to review this longlist of nine options that we could use to improve hyper acute and acute stroke care against a set of Hurdle

Criteria which scored a Pass or Fail. These groups were as follows:

- People with lived experience
- Taunton Stroke Team
- Yeovil Stroke Team
- Dorset Stroke team
- The Ambulance Service
- Taunton Emergency Department Team
- Yeovil Emergency Department Team

Options with more passes than fails were added to the shortlist, along with the Do-Nothing option. A shortlist with 6 options was developed and was reviewed by the Stroke Steering Group and reduced to 4 options based on clinical safety as taking suspected strokes to the nearest ED is not recommended nationally as best practice and leads to delays in diagnosis and treatment and will not improve outcomes.

OPTION A	**Do nothing** **HASU and ASU ay both Taunton and Yeovil.** **Same clinical model.** **All suspected strokes taken to nearest ED.**
OPTION B	Minimal change HASU and ASU at both Taunton and Yeovil. Same clinical model, but with a single medical workforce. All suspected strokes taken to nearest ED.
OPTION C	Single HASU at Taunton. No HASU at Yeovil. All suspected strokes taken to nearest HASU.
OPTION D	Single HASU and ASU at Taunton. No HASU or ASU at Yeovil. All suspected strokes taken to nearest HASU.

These four options were modelled and tested against a set of agreed criteria as described below:

1. Quality of care – impact on patient outcomes
2. Quality of care – impact on patient experience and on carer experience
3. Deliverability
4. Workforce sustainability
5. Affordability and value for money
6. Travel times for patients and their carers and visitors
7. Impact on equalities

We then reviewed with our groups the financial, workforce and sustainability modelling of the four shortlisted options and applied further options assessment using evaluation criteria. This was supported and endorsed by Fit for my Future Programme Board, Southwest Clinical Senate, Somerset Foundation Trust and Yeovil District Hospital Trust Boards, ICB Executive Committee and ICB Board.

The evaluation criteria were as follows:

1. More than 600 admissions per year
2. Equitable access to time critical interventions
3. Provision of 24/7 care

This meant that Options A and B were not taken forward and that Options C and D were identified as the preferred options to take forward to public consultation.

Option A	Option B	Option C	Option D
Do Nothing • No change to current model	**Do Minimum** • As for option A, but with shared medical workforce	**1 HASU** • Single HASU at Musgrove Park Hospital in Taunton. • No HASU in Yeovil. • ASU in Taunton and Yeovil.	**1 HASU and ASU** • Single HASU and ASU at Musgrove Park Hospital in Taunton. • No HASU or ASU at Yeovil
Not taking forward to consultation • Failure to meet the >600 admissions per year criteria. • Failure to improve access to time critical interventions. • Failure to meet the equitable access to 24/7 care criteria	**Not taking forward to consultation** • Failure to meet the >600 admissions per year criteria. • Failure to improve access to time critical interventions. • Failure to meet the equitable access to 24/7 care criteria	**Option to take forward to consultation**	**Option to take forward to consultation**

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The evaluation process by clinicians, staff, people with lived experience and community and voluntary sector organisations, identified that hyper acute stroke services would be better delivered from one hospital site in Somerset, instead of two.

They also concluded that if hyper acute services were to be consolidated and in future delivered from a hyper acute stroke unit at only one hospital site in Somerset, Musgrove Park Hospital in Taunton was the only solution that could feasibly deliver a high quality, safe, and clinically sustainable hyper acute service.

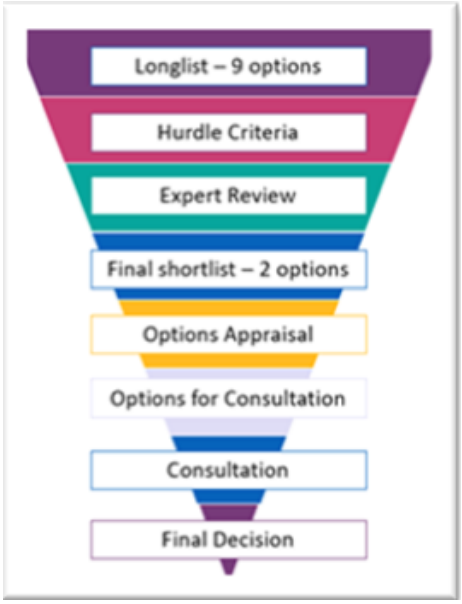
Evidence indicated that Musgrove Park Hospital would be better placed to manage an increase in stroke attendance at its Emergency Department. Musgrove Park Hospital also has other services onsite, such as neurology and vascular surgery, which could assist in the rapid treatment of stroke patients and would reduce the need for hospital transfers from Yeovil District Hospital for patients that need these services.

Transient Ischaemic Attack (TIA) process

Although not part of the proposed formal consultation, we have also been looking at our Transient Ischemic Attack (TIA) services to see how we can offer a better service.

We are looking at how we could offer a service across more days at both hospitals. The outcome of this will be determined once a decision has been made on the future of hyper acute and acute stroke services.

For the TIA process we identified a long list of all the possible ways in which we could change the TIA service, including an option to not change it at all.



As with stroke the long list of options was reviewed by a range of expert group against a set of Hurdle Criteria which scored a Pass or Fail.

Options with more passes than fails were added to the shortlist, A shortlist with 2 options was developed and was reviewed by the Stroke Steering Group.

The final TIA shortlist has gone through a robust process of:

Longlist assessment using “pass/fail” hurdle criteria, June 2022
Longlist assessment by Clinical Reference Group 23/06/22
Options appraisal assessment by Steering Group 28/06/22
Shortlist sign off by FFMF PB 14/07/22
Clinical Reference Group (Yeovil) July
Staff engagement in MPH, SFT and Dorset July 2022
Experts by Experience workshop (face to face) July 2022

The shortlisted options for TIA are as follows:

OPTION A (PREVIOUSLY OPTION 1) NO CHANGE	OPTION B (PREVIOUSLY OPTION 8) 7 DAY SERVICE YEOVIL AND TAUNTON
7-day TIA service at **SFT**	**7-day** TIA service at **SFT**
5-day TIA service at **YDH**	**7-day** TIA service at **YDH**

The ability to deliver Option B is dependent on the outcomes of the stroke consultation.

4. Potential impact of the changes on neighbouring systems

We recognise that changing the way in which stroke care is provided may impact Somerset residents as well as the Dorset residents who use services at Yeovil District Hospital.

We continue to engage with and involve our neighbouring health systems and organisations with the development of our case for change and Pre-Consultation Business Case (PCBC). Key partners from Dorset and SWASFT have been present on our Steering Group and Clinical Reference Group. Several organisations have provided letters of support.

4.1 Many of our neighbouring systems are reviewing or have reviewed their stroke services.

Changes to stroke services being implemented in Bristol, North Somerset & South Gloucestershire (BNSSG) mean that Musgrove Park Hospital will need to provide

hyper acute stroke care to a number of additional patients per week. The changes we make to our services will take account of this.

The greatest impact of any change we make, is likely to be on the Dorset healthcare system.

Dorset County Hospital have been active members of our review and are supportive of the changes these proposals would bring to Dorset County Hospital, Dorchester. Dorset County Hospital will be taking these proposals into account as they develop their own plans for their hyper acute stroke unit at Dorset County Hospital.

A letter of support has been received from Chief Executives at Dorset County Hospital and NHS Dorset for the Somerset proposal.

We are working with colleagues in NHS Dorset Integrated Care Board and Dorset County Hospital NHS Foundation Trust to understand how our stroke services can best work together to improve outcomes for both Somerset and Dorset residents. We have also updated the Dorset People and Health Scrutiny Committee during week commencing 16 January 2023 with progress on our review of hospital-based stroke services in Somerset.

5. Public Sector Equality Duty

5.1 The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. We are engaging with a range of people and organisations representing protected groups, utilising known contacts within Somerset to build the Equality Impact Assessment.

We recognise that centralising services may have an impact on older people, those with a disability or their carers. We will ensure that through the consultation process we use a range of methods to gain feedback from these groups specifically by using appropriate communication methods e.g., use Plain English and consult on what means of communication, e.g., letter, email, or telephone call and ensure public consultation activity takes place in venues and at times that enable access; provide transport if required; Utilising digital/virtual solutions as appropriate.

6. South-West Clinical Senate Scrutiny

The Southwest Clinical Senate provided a report on 21 October 2022 with recommendations from Clinical Review Panel held on 28 September 2022 where they assessed the proposals for the reconfiguration of the Somerset hyper acute and acute stroke services.

This was an independent clinical review carried out to inform the NHS England stage 2 assurance checkpoint which considers whether proposals for large-scale service change meet the Department of Health's 5 tests for service change.

The Senate principally considers tests 3 and 5; the evidence base for the clinical model and the ‘bed test’ to understand whether any significant bed closures can meet one of three conditions around alternative provision, treatment, and bed usage.

Overall, our proposals for hyper acute stroke care were considered well-presented and motivated by a clearly articulated case for change. The Panel observed a level of optimism and enthusiasm within the team, and the sense of this being a cohesive team that has worked well together, and engaged stakeholders, to develop the

proposals.

The Panel offered assurance that Options C and D are consistent with a good clinical evidence base with the caveat that Option C was only deliverable if the workforce requirements can be delivered. Options A and B were felt not to be clinically viable

There were some key themes to address for the PCBC which are:

1. A description of the community rehabilitation model and the impact of the options on the whole pathway.
2. Consider how the issue around rehabilitation in the North Somerset population could be improved and set out the model.
3. Include the work that is happening around an integrated rehabilitation stroke service.

These have now been addressed in the PCBC.

A number of recommendations were also made in relation to implementation, and we are reviewing these and incorporating them into our ongoing solution development.

The Panel commended the team for inviting the wider audience - representatives from Dorset and Wiltshire ICS onto the Clinical Review Panel.

7. NHS England – Stage 2 Assurance Checkpoint

NHS England has a remit to assure ICBs against their statutory duties and other responsibilities under the Assurance Framework. It has a role to both support and assure the development of proposals by commissioners. ICBs are required to consider this guidance in their exercise of commissioning functions.

On 13 December 2022, NHS England undertook the Stage 2 assurance meeting to scrutinise our proposals to check that the four tests are applied and provide assurance against best practice checks.

At the time of writing this paper we await the final written report from NHS England (due 16 January 2023) which will confirm if we have demonstrated confidence and evidence that our proposals satisfy the governments four tests, alongside the NHS England's test for proposed bed closures (where appropriate), best practice checks and is affordable in capital and revenue terms.

The government's four tests of service change are:

1. Strong public and patient engagement.
2. Consistency with current and prospective need for patient choice.
3. Clear, clinical evidence base.
4. Support for proposals from clinical commissioners.

NHS England introduced a new test ("the bed test") applicable from 1 April 2017. This requires that in any proposal including plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions:

i. Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
ii. Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
iii. Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting

patient care (for example in line with the Getting it Right First-Time programme)

This this key service change test is not applicable to our adult acute stroke service reconfiguration proposals as there will be no overall reduction in bed numbers across the system, although the location of the beds might be different.

We have been working closely with NHS England throughout the development of this programme. It was a positive meeting. we have received some initial verbal feedback and we are working through NHS England's comments.

8. Public consultation

8.1 We continue to plan for our public consultation. Subject to agreement from the NHS Somerset Integrated Care Board we expect to be able to go out to public consultation at the end of January 2023. This will be a 12-week consultation.

8.2 Public consultation gives people the opportunity to provide their views before any decisions are taken. We want to gather as many different views on our proposals as possible, including potential benefits or impacts, other ideas or adjustments that could be considered before a decision is made.

8.3 We are working closely with the consultation institute to develop our consultation materials and engagement plan to ensure we follow consultation best practice.

8.4 Co-design of the consultation engagement plan and materials has been done, working with the Public and Patient stakeholder group, to ensure we communicate in plain English and reach out effectively within our consultation activity.

8.5 The consultation delivery plan encompasses a specific approach to ensuring inclusion of those impacted by health inequalities. This includes active engagement in localities and neighbourhoods identified as experiencing high levels of deprivation.

8.6 We will use a range of consultation methods to reach different key audiences with a strong focus on reaching seldom heard communities, especially those who may be more likely to be impacted by stroke. The methods of consultation will vary, including focus groups and attendance at pre-arranged outreach meetings, drop-in and pop-up meetings, and will be targeted to ensure the consultation is inclusive.

We will ensure we consult with people who may be impacted by our proposals by:

- Reaching out to people where they are, in their local neighbourhoods and local networks.
- We will make sure staff are kept informed and involved and have opportunity to respond.
- We will cover the geography, demography and diversity of Somerset, and surrounding areas impacted including Dorset, via our communications.
- We will work with partners in surrounding areas, including Dorset, to maximise our engagement and communications reach in surrounding counties where local people may be impacted by proposed changes.

8.7 We are working with an independent research organisation to develop our consultation survey. They provide expert advice and guidance to work with us to ensure we meet the highest standards of research design. Once the consultation ends, the independent research organisation will analyse all the responses and report the feedback.

9. Next steps

- Continue to engage with Dorset and neighbouring systems on potential impact of our shortlisted options
- Continue to engage with staff, people with lived experience, and their relatives and carers
- Finalise the draft Pre-Consultation Business Case
- ICB Board (Part A) to approve start of consultation 26 January 2023
- Launch 12-week public consultation

10. Background papers

Background papers can be found on the Fit for My Future website www.fitformyfuture.org.uk