

16 April 2013		ITEM: 7
Health and Well-being Overview and Scrutiny Committee		
Essex Stroke Review - Update		
Report of: William Guy, Head of Commissioning, NHS Thurrock Clinical Commissioning Group and Wendy Smith, Communications Lead for Essex Stroke Review		
Wards and communities affected: All	Key Decision: Non-key (for information)	
Accountable Head of Service: N/A		
Accountable Director: N/A		
This report is Public		
Purpose of Report: To keep members of the HOSC updated on a potential significant strategic service change to improve stroke services for the residents of Essex, Southend and Thurrock.		

EXECUTIVE SUMMARY

- Essex Clinical Commissioning Groups (CCGs) are considering improvements for stroke services on the basis of a recommendation from a clinical options appraisal. The improvements would involve commissioning a redesign of all stroke services from prevention to hospital care and community services.
- A key feature of the improved service would be a hyper-acute stroke unit in three of the five Essex hospitals in addition to acute stroke units in all five hospitals. The current recommended configuration would see a hyper-acute stroke unit in Chelmsford, Colchester and Southend.
- This is only a recommendation at this stage. There is further work in hand, for example, to examine the financial implications and issues of cross-border patient flows. With this further information, proposals would be subject to full public consultation before reaching final commissioning decisions.

1. RECOMMENDATIONS:

- 1.1 Committee Members are asked to note this report and give their views on the Essex Stroke Review.**
- 1.2 This is an initial briefing, the first of several to involve the HOSC in preparation for and the actual process of public consultation later in the**

year. Members are asked to advise on how they would wish to continue their involvement with the Essex Stroke Review.

2. INTRODUCTION AND BACKGROUND:

- 2.1 The Essex Stroke Review is a continuation of work started by the previous strategic health authority, NHS Midlands and East. It aims to secure excellent stroke care for the future, consistently across the Midlands and East region, so that patients have better chances of survival and recovery.
- 2.2 National and international clinical evidence shows that consolidating specialist stroke expertise in fewer centres offers the best approach to managing the important first three days of care after a stroke. This potentially lowers the risk of complications and potentially increases life-chances and speed of recovery.
- 2.3 Stroke services in Essex are generally performing well, in some ways among the best in the region.
- 2.4 However, there are more ways in which we can excel in this high priority area of healthcare. The review that we are undertaking in Essex seeks to achieve this ambition with a higher level of service that will be sustainable into the future.

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

- 3.1 Hyper-acute stroke units in three hospitals would give all patients in Essex immediate access to top stroke specialists 24 hours a day, 7 days a week. This is not currently available for all patients in Essex.
- 3.2 The hyper-acute stroke units would provide critical care for patients in the first three crucial days of having a stroke. After that, patients would return to their nearest stroke unit, if they needed further specialist care, or they would return home with a full rehabilitation programme.
- 3.3 Four of the five acute hospitals in Essex have demonstrated the potential to provide hyper acute services. These are:
 - Basildon & Thurrock University Hospitals NHS Foundation Trust
 - Colchester Hospitals University NHS Foundation Trust
 - Mid Essex Hospital Services NHS Trust
 - Southend University Hospitals NHS Foundation Trust
- 3.4 Healthcare commissioners in Essex looked at 31 possible options for configuring the enhanced hyper-acute stroke units, which was then shortlisted to six possible configurations. Hospital services providers were invited to submit proposals on how they would develop enhanced services. A panel of clinicians, healthcare commissioners and a lay representative evaluated these and reached the recommendation that there should be three hyper-acute stroke units in Chelmsford, Colchester and Southend.

- 3.5 The Essex Stroke Review will continue the work that started at regional level with a more detailed exploration of the potential clinical benefits, operational model and financial implications for Essex, Southend and Thurrock.
- 3.6 At the same time, discussions and engagement with local communities will continue to inform developments.
- 3.7 The Essex Stroke Review will report in the autumn with the detailed pros and cons of options for consideration for public consultation by the Essex CCGs. Following public consultation, the final outcome will be considered again by the CCGs, most likely in January 2014.
- 3.8 Subject to the findings of the Essex Stroke Review, the outcome of public consultation and the approval of the Essex CCG boards, a redesigned service would be implemented during 2014/15.

4. REASONS FOR RECOMMENDATION:

- 4.1 To ensure formal engagement of the Essex HOSCs in this potential significant strategic service change.

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

- 5.1 A public consultation, later in the year, will explain the way that enhanced stroke services would work, the potential options for Essex, the pros and cons of each option and the reasons for the preferred option.
- 5.2 Before that, we will be holding discussions with stakeholders across Essex to explore fully the potential benefits and risks of the proposed future configuration of services. This discussion programme will be based on a published document of the work to date and feedback will inform the final consultation document.
- 5.3 While the review looks at further details of clinical benefits, operational models, cross-border issues and financial issues, we will engage local people and organisations in discussions leading to a public consultation in the autumn of 2013.

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

- 6.1 The implications of the proposed service improvements are that people who have had a stroke or are at risk of having a stroke would have better health outcomes. This includes potentially better chances of survival and a lower risk of suffering disabling complications.

6.2 A full impact assessment relating specifically to Thurrock patients will be part of the work of the Essex Stroke Review that is continuing over the next few months.

APPENDICES TO THIS REPORT:

- Appendix 1 provides a summary update in presentation format

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