3 September 2013	ITEM: 6

Health & Wellbeing Overview & Scrutiny Committee

Stroke Services Development Update (September 2013)

Report of: William Guy, Head of Commissioning, Thurrock Clinical Commissioning Group

Wards and communities affected:	**Key Decision:**
Thurrock Local Authority (and the whole of Essex)	Non key (update)

Accountable Head of Service: William Guy, Head of Commissioning, Thurrock Clinical Commissioning Group

Accountable Director: Mandy Ansell, Chief Operating Officer, Thurrock Clinical Commissioning Group

This report is public

Purpose of Report: 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 during the formal consultation period that will run from October 2013 – December 2013.

This is later than the original intended timeframe that would have seen the paper being presented to CCG Boards in July 2013 and subsequently to HOSC in September 2013. This delay is due to the innovative work that is being undertaken in developing the financial model to support the change.

This report also provides an update on the development of Vascular Services Reconfiguration (being led by NHS England) and provides an overview of the recommendations and next steps with this development.

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. It should be noted that the clinical case for change was neither supported nor rejected by the CCG Board.

A full business case is now under development. The business case will be presented to the CCG Boards in September 2013. If the recommendation for the provision of Hyper Acute Units is supported, a formal three month consultation will be undertaken between October and December 2013. If this process is successful, the reconfiguration will begin to be mobilised from April 2014 onwards. The full service is not likely to be in place until 2015/16 at the earliest.

Members are asked to note this update and receive the full business case in during the consultation process – October to December 2013.

This paper also includes the update on the reconfiguration of Vascular Services across the East of England. This includes the recommended configuration and the next steps proposed with this project.

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.

2.2 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.

2.3 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 September 2013 and if endorsed will be presented to the Health and Wellbeing Board and HOSC during the consultation period October – December 2013. This is later than the original intended timeframe that would have seen the paper being presented to CCG Boards in July 2013 and subsequently to HOSC in September 2013. This delay is due to the innovative work that is being undertaken in developing the financial model to support the change.

3.2 **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.

3.3 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.

3.4 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.

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

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

3.7 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.

3.8 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.

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

3.10 **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.

3.11 In early July 2013, a local stakeholder meeting was held with the support of Thurrock Healthwatch. This was a well-attended event with many previous service users. There were several concerns voiced that echoed the concerns/areas of clarity required by the CCG Board as part of the full business case. In addition there were concerns as to whether the proposed consultation would be limited by virtue of there only being one model presented for consideration.

3.12 **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.

3.13 **Vascular Services Update**

In March 2011, the Primary Care Trusts (PCTs) in the east of England region engaged the former Midlands and East Specialised Commissioning Group (SCG) to lead the work needed to review and establish effective joint emergency and elective vascular surgery networks for the region. The work had three main objectives:

1. To improve outcomes.
2. To implement best practice for vascular surgery as described by the VSGBI.
3. To ensure that all services are compliant with the quality requirements to support the national AAA screening programme.

3.14 A vascular steering group was set up in July 2011 to lead the review of current services and to ensure a broad representation from expert clinicians and commissioners, to patients and patient representatives who have used the services.

3.15 Between September and December 2012, the SCG undertook an options appraisal, working with Trusts and Commissioners (PCT and Clinical Commissioning Group representation as appropriate) to:

- Identify the potential options
- Develop criteria and weighting
- Evaluate the options

Make recommendations on future reconfiguration of vascular services, and in particular the designation of arterial centres.

3.16 In February 2013 the project group's recommendations were reviewed by an external panel of experts from Gateway and NCAT. The key themes from NCAT were:

- The evidence base for the changes is robust and supports a service reconfiguration.
- Robust network arrangements need to be put in place to ensure that renal patients are not disadvantaged in Hertfordshire.
- The co-location of vascular surgical services with inpatient cardiac surgery and cardiology requires careful consideration.
- Further external visits should take place to assess the Trust estate in each area (these visits have now taken place).
- Formal network structures will need to be established.

The key recommendations from the Gateway team related to ensuring effective transition of the project, and ensuring a clear decision making process post April 2013**.**

3.17 *The recommendations for Essex*
Having carried out a full options appraisal we have made some recommendations for the configuration of networks across mid/west Essex and south Essex:

3.18 Chelmsford/Harlow network – it is recommended that Chelmsford is the main arterial centre and Harlow is a non-arterial centre.
Southend/Basildon network – it is recommended that Southend is the arterial centre and Basildon as a non-arterial centre.

3.19 *Co – located services*
The most significant services interdependencies are hyper acute stroke services, cardiac and renal services. Clearly there is also a strong relationship with a range of other services e.g. diabetes, trauma. The only mandated co-

located specialties identified in the national service specification are interventional radiology and critical care.
It is clearly essential that the pathways for renal patients are developed and both Southend and Chelmsford have inpatient renal units and dialysis.
In relation to cardiac services, a number of arterial centres are not co-located with a cardiac centre, and from the perspective of the arterial centres this has not created difficulties. The recently published vascular service specification indicates that cardiac surgery is interdependent but not co-located. To take the specific example of Basildon, the Trust would retain 9-5 vascular consultant presence, when support to the cardiothoracic centre (CTC) would be routinely available. In addition, Southend has offered a second on-call arrangement to the CTC for any emergencies which are agreed to be very low in number.

3.20 Stroke services will be subject to consultation in Essex in late 2013.
The current recommendations are consistent with the national service specification

3.21 *Next steps for vascular*
Essex HOSC has previously indicated that they do not envisage a requirement for further consultation given the extent of engagement to date.
It is envisaged that a decision will be taken in early Autumn 2013, with implementation of changes to services within 12 months of the decision.

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

Not applicable

7.1 **<u>Other implications</u> (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)

APPENDICES TO THIS REPORT:

- Briefing for Thurrock HOSC Members: An update into the on-going review of vascular services in the east of England

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