

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	21 November 2017
Report Title:	Proposals to Develop or Vary Services
Report From:	Director of Transformation & Governance

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1. Summary and Purpose

- 1.1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee.
- 1.2. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
- 1.3. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services agreed by the Hampshire, Isle of Wight, Portsmouth and Southampton Joint Committee in November 2010, last updated in July 2016 (due to be further updated in January 2018). This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health.
- 1.4. This Report is presented to the Committee in three parts:
 - a. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.
 - b. *Items for monitoring:* these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.

- c. *Items for information:* these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements
- 1.5. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim of maximising well being.

Items for Monitoring

2. NHS Guildford and Waverley Clinical Commissioning Group (CCG): West Surrey Stroke Services

Context

- 2.1 The NHS, or any provider of NHS services, is required to consult the health scrutiny committee on any substantial or temporary variations to the provision of the health service, and to provide any information that the Committee may require to enable them to carry out scrutiny of the planning, provision and operation of this service.

Background

- 2.2 Six Clinical Commissioning Groups (CCGs) in Surrey led a review of how stroke services are provided in their geography in order to deliver services that meet the South East Coast Stroke Services Specification, and to enhance care in the region.
- 2.3 Historically, three hospitals in West Surrey have provided some specialist stroke care; Frimley Park (Camberley), Royal Surrey County (Guildford), and St Peter's (Chertsey). The Surrey CCGs proposed a service model where there would be two larger hyperacute units providing highly specialist care at Frimley Park and St Peter's Hospital. Resultantly, there would be no specialist stroke care provided at Royal Surrey Hospital if the proposals were agreed. It should be noted that all providers supported this proposal.
- 2.4 Patients suspected of having a stroke in some parts of North East and South East Hampshire were previously conveyed by ambulance to either Frimley Park Hospital on the Surrey / Hampshire border, or Royal Surrey County Hospital in Guildford. The majority of the population of Hampshire were not affected by the proposals, as the hyperacute stroke unit provided by Hampshire Hospitals NHS Foundation Trust was not part of the review.

- 2.5 A paper was [considered by the HASC in June 2017](#) detailing the background to the stroke review, engagement to date, consultation activities and next steps. It was resolved that whilst the proposals constituted a substantial change in service, it would have a positive impact on the affected population in Hampshire, and therefore the Committee supported the outlined model.

Update

- 2.6 An update report has been received from the CCGs ([Appendix One](#)) which details:
- The outcomes of the consultation
 - The CCGs' response to the consultation feedback
 - The decision taken by the 'West Surrey Stroke Services Committees in Common', including a number of amendments designed to respond to feedback from the public
 - Implementation of the new model
 - Impact on residents in South East Hampshire
- 2.7 Of the 402 questionnaire responses received as part of the consultation, 25 of these were from those residing in South East and North East Hampshire. The primary concern highlighted was the performance of South East Coast Ambulance NHS Foundation Trust (SECAMB), and travel times to Frimley Park Hospital. The report details the measures proposed by the CCGs to respond to these issues.
- 2.8 A decision was taken by the West Surrey Stroke Services Committees in Common meeting on 7 September, where an amended set of proposals were agreed. This included the amended recommendation to network the Hyperacute Stroke Unit located at Frimley Park Hospital with an Acute Stroke Unit and specialist bedded stroke rehabilitation at the Royal Surrey County Hospital, which would see some stroke service provision retained at this hospital.
- 2.9 Although the new service model has not yet been implemented, the CCGs continue to commission an interim model of stroke care, reported to the Committee in June, which sees patients in areas of South East and North East Hampshire suspected of suffering a stroke being conveyed to Frimley Park Hospital, instead of Royal Surrey County Hospital. Data provided on the last eight months of this arrangement show an improvement in ambulance response time for those living in the Bordon area compared to the previous model. Comparable data is not yet available for those in Liphook, as zero suspected strokes been recorded. It is intended that the new model will be fully implemented by March 2018.

Recommendations

2.10 That the Committee:

- a. Note the outcomes of the consultation and final proposals for stroke services in West Surrey, which impact on some areas of South Eastern Hampshire..
- b. Request a further update once the new service model has been fully embedded, to include monitoring information on the ambulance response times in the South East Hampshire area.

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

Proposals to Vary Services - NHS
Guildford and Waverley and NHS North
West Surrey CCGs: West Surrey Stroke
Services

<http://democracy.hants.gov.uk/ieListDocuments.aspx?CId=184&MId=348&Ver=4>

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

- 1.1 This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

2. Impact on Crime and Disorder:

- 2.1 This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

3. Climate Change:

- 3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

This is a covering report which appends reports under consideration by the Committee; therefore this section is not applicable to this work report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

- 3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this work report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

Update Report for Hampshire Health and Adult Social Care Select Committee (HASC), Hampshire County Council, 21 November 2017

West Surrey Stroke Services: Update on Implementation

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Background

Representatives of the two CCGs detailed above attended the HASC on 20 June 2017 to provide an [overview](#) of the Surrey Stroke Review and the public consultation that had been undertaken earlier in the year on proposals to improve provision of stroke care in West Surrey that would result in a service variation; this proposed variation would affect residents in parts of South East Hampshire bordering Surrey.

Members of this committee requested an update on the work undertaken to date with Hampshire's two ambulance providers to ensure that the proposals can be fully supported, as well as the full outcomes of the public consultation and the actions the CCG will take to meet feedback from this exercise.

Outcomes of the consultation

The [Consultation Outcome Report](#), written by the independent NHS Transformation Unit following their analysis of the substantial feedback received during the consultation, was published on 28 June 2017.

Altogether 402 questionnaires were completed during the consultation; 25 of these were completed by residents of East Hampshire¹. Of these, the majority of respondents disagreed with the following three statements, although there are a significant proportion of residents that support them:

¹ The NHS TU notes that "*the responses to any consultation will tend to be higher in areas most likely affected by proposals and as such this report is representative of those individuals who wanted their views to be taken into account and not representative of the population as a whole. In particular, the questionnaire responses from all areas demonstrate a higher proportion of responses from older members of the population and responses from Guildford and Waverley demonstrate a higher proportion of female responses than seen in their population overall. Those with caring responsibilities are more highly represented across all areas than would be seen in the population overall*".

- Statement 1: Access to seven day specialist stroke services should be provided at Frimley Park Hospital and St Peter's Hospital to enable more people to survive a stroke and minimise risk of disability
- Statement 2: Seven day clinics for transient ischaemic attacks (TIA) should be provided at Frimley Park Hospital and St Peter's Hospital as part of the specialist stroke service
- Statement 3: The reason for concentrating in-hospital stroke specialist rehabilitation services in fewer hospitals in West Surrey is justified and supported

The themes most commonly arising through comments are detailed below (for all respondents):

- Concerns about the removal of services from the Royal Surrey County Hospital, preference to position some of the stroke services at the Royal Surrey County Hospital and concerns about the future of that hospital. These comments about the change are particularly notable amongst the respondents from Guildford, Waverley and East Hampshire
- The importance of timely stroke treatment
- Recognition that creation of specialist units with specialist workforce and equipment has benefits, with differences of opinion on where these units should be located
- The importance of equitable access and concerns that the plans create inequity of access across the county
- References to travel distance and time, linked to implications for timely treatment, visitor access and patient wellbeing
- The importance of ambulance availability and concerns about SECAMB ambulance times in relation to the current service and the success of the proposed plans
- Other aspects of travel, such as public transport issues

The special interest groups additionally highlighted the following aspects:

- Consideration of care once stroke patients are discharged from hospital
- Provision of measures to help those with learning disabilities adapt to changes
- Expected population growth in south Surrey with related concerns about the service for this population under the plans
- Importance of access to finance and practical implementation in achieving plans

It is highly recommended that members of the committee read the consultation outcome report to find out finer details regarding feedback from residents of East Hampshire.

Response to consultation feedback

Guildford & Waverley CCG and North West Surrey CCG detailed their response to the consultation feedback in a [report](#) for the West Surrey Stroke Services Committees in Common, published on 31 August 2017.

West Surrey Stroke Services Committees in Common

The West Surrey Stroke Committees in Common met in public on 7 September 2017 in Woking with the aim of fulfilling the following remit, as described in its [Terms of Reference](#):

1. Respond to the key themes of the public consultation, as presented in an independent report
2. Agree for the West system the hyperacute stroke unit (HASU)/acute stroke unit (ASU) provision and the TIA provision.
3. Agree for the West system – (for Guildford and Waverley resident population and for North West Surrey resident population respectively), the hospital/bedded rehabilitation facilities associated with the HASU/ASU provision.
4. Affirm commitment to the additional resource across the integrated stroke care pathway from onset of stroke to six month follow up.
5. Recognise commitment of South East Coast Ambulance Service (SECAMB) to support delivery of the model of care.
6. Take any other decisions required in relation to the West Surrey Stroke System and any of the key themes of the consultation that may emerge, that would otherwise be taken by the CCG Governing Bodies.

In response to the considerable feedback regarding concerns about emergency ambulance travel times to the proposed sites for the HASUs, South East Coast Ambulance Service were asked to present how they plan to support delivery of the proposed model of care and details of an audit undertaken by them in July and August 2017 focused on South Surrey (Waverley). This presentation can be found [here](#).

The CCGs responded to the feedback received from the public by **making amendments** to the model of care consulted upon, through close working with providers.

In accordance with the Terms of Reference for the Committees in Common the following decisions were made regarding the future model of stroke care in West Surrey:

- A Hyperacute Stroke Unit (HASU) and an Acute Stroke Unit (ASU) will be co-located at St Peter's Hospital
 - This affects patients in North West Surrey and some parts of Guildford ²
- Specialist bedded stroke rehabilitation for stroke patients in North West Surrey will be consolidated onto one site over a two-year period
- The Hyperacute Stroke Unit (HASU) located at Frimley Park Hospital will be networked with an Acute Stroke Unit (ASU) and specialist bedded stroke rehabilitation at the Royal Surrey County Hospital

² SECAMB committed to supporting the model of care which includes the commitment to convey patients who are FAST positive to their closest HASU.

- **This affects patients in Waverley, some parts of Guildford and some parts of South East Hampshire³**
- Non-specialist rehabilitation will continue to be delivered as part of Adult Community Health Services.

In addition to the key decisions taken as detailed above, the Committees in Common affirmed commitment to the additional resource across the integrated stroke pathway from onset to six months and recognised the commitment of SECAMB to support the model of care.

Implementation of the new model of stroke care

A Stroke Oversight Group, created to provide oversight of the interim stroke service arrangements that commenced in January 2017, will continue to have oversight of the implementation of the above model of care. The first meeting since the above decisions took place on 24 October 2017.

The changes in the model of stroke care are being implemented over the next few months. These changes that will be introduced cover the entire stroke pathway and require specialist staff to be recruited and/or moved to new roles. In addition, new care pathways need to be fully operationalised e.g. the TIA pathway. Providers are now mobilising these changes under the contractual oversight of the CCGs. Full implementation is planned by the end of March 2018.

During this period of time, the [interim model of stroke care](#) introduced in January 2017 continues to operate whereby patients in Waverley and parts of South East Hampshire are taken to Frimley Park Hospital (FPH) for HASU care and transferred, if and when medically stable, to the Royal Surrey County Hospital (RSCH) for acute stroke care with bedded stroke specialist rehabilitation being provided at Milford Hospital.

Recognising the commitment of SECAMB to support the new model of stroke care; the concerns raised during the consultation regarding ambulance response and travel times and the current situation whereby SECAMB remains in special measures (as directed by the Care Quality Commission), performance is being closely monitored by North West Surrey CCG (lead commissioner across Surrey for 999 services) via monthly contractual meetings.

Impact on residents of South East Hampshire

NHS South East Hants CCG has carried out analysis of data with South Central Ambulance Service (SCAS) to determine the impact of the interim model of care on residents who are FAST positive at scene. This information is presented below.

Patients are getting to FPH quicker than they used to get to RSCH since Jan 2017 i.e. faster '*clock start to on-scene*' and '*clock start to hospital*'.

² SECAMB committed to supporting the model of care which includes the commitment to convey patients who are FAST positive to their closest HASU.

SUMMARY			Demand (no. of patients)	Clock start (call) to on-scene	Clock start (call) to hospital	% in 8 mins
a)	Bordon to RSCH	01/04/16 - 31/12/16	7	00:11:39	01:17:14	0%
		(Q1-3 of 16/17)				
b)	Liphook to RSCH	01/04/16 - 31/12/16	8	00:12:50	01:12:00	57.10%
		(Q1-3 of 16/17)				
c)	Bordon to Frimley	01/01/17 - 30/09/17	14	00:10:40	01:10:14	34.50%
		(Q3 16/17 to Q2 17/18)				
d)	Liphook to Frimley	01/01/17 - 30/09/17	0			
		(Q3 16/17 to Q2 17/18)				

Data Notes:

- The data is based on patients from the exact postcodes for Bordon (GU35 0) and Liphook (GU30 7).
- The time and performance figures are based on the Red 2 incidents only.

It can be seen from the table above that all patients conveyed from South East Hampshire to FPH have arrived there within less than two hours of clock start (call to 999), recognised as best practice in the South East [stroke service specification](#).

FPH has achieved level A (top performance) for national stroke audit indicators in the last three quarters of data collection. This compares favourably to Queen Alexandra Hospital Portsmouth and Southampton General Hospital as can be seen in the summary table below.

	No. patients from your CCG admitted to this team:	Latest result for this team (all patients from all CCGs)	Previous result for this team (all patients from all CCGs)	Previous result for this team (all patients from all CCGs)
118 patients were submitted to SSNAP (Apr-Jul 2017):		Apr-Jul 2017	Dec 2016-Mar 2017	Aug-Nov 2016
Queen Alexandra Hospital Portsmouth	99 patients	SSNAP level D	SSNAP level C	SSNAP level B
Frimley Park Hospital	7 patients	SSNAP level A	SSNAP level A	SSNAP level A
Southampton General Hospital	4 patients	SSNAP level B	SSNAP level B	SSNAP level B

It can be summarised that the interim model of care, which will be replicated through substantive service changes in the coming months, has not negatively impacted the quality of stroke care received by residents in SE Hampshire.