

## Appendix 1



# **Hyper Acute Stroke Services Options Appraisal**

## **Summary for the OSC**

### **1. Purpose**

The purpose of this paper is to:

- Summarise the work undertaken to date, by our CCGs, in reviewing hyper acute stroke (HAS) services across South Yorkshire and Bassetlaw and North Derbyshire.
- Inform the OSC on the progress around the ongoing work and motion towards public consultation on the options for the reconfiguration for the hyper acute stroke services (HASUs).

This change is confined to the hyper acute part of the stroke pathway which is the first 72 hours of care.

### **2. Background and Context**

Over the past eighteen months the region's CCGs have undertaken a review of hyper acute stroke services across South Yorkshire, Bassetlaw and North Derbyshire as *Commissioners Working Together*. The current model of delivery for hyper acute stroke (HAS) services is delivered from 5 units in Barnsley, Chesterfield, Doncaster, Rotherham and Sheffield.

The main drivers for considering change are outlined below and these remain. In particular, a sustainable workforce to deliver hyper acute stroke services remains a significant challenge.

Key messages from the review:

- 3 out of 5 HASU centers admit less than the best practice minimum of 600 per unit
- There is a shortage of medical, nursing and therapy staffing
- Door to needle time of over 1 hour in most places

- Low thrombolysis rates across all providers
- Not achieving 1 hour scanning time
- Unsustainable medical rotas
- Gaps in early supported discharge
- Education and training required for delegated staff
- Delays in endarterectomy

Our review was shared with the Yorkshire and the Humber Senate who supported our findings. The senate also recommended that our review was considered in context of the full regional picture with any potential impact taken into account.

In June 2015, CCGs supported the case for change with a clear mandate to develop options for future service delivery and the Yorkshire and the Humber Strategic Clinical Network (SCN) took forward the development of a 'Blueprint' for HAS across Yorkshire and the Humber.

The principle of the Blueprint was to provide a high level overview of what would provide clinically safe and sustainable HAS services and ensure the best equity of access for all our local populations.

Summary of key themes from 'HAS Blueprint':

Reconfiguration in South Yorkshire and Bassetlaw should include:

- A plan to reduce the number of HAS within the South Yorkshire and Bassetlaw and move to a minimum of 2 units
- Consider the cross-boundary impact and East Midland review for Chesterfield unit
- Transformation should include a review of patients flows
- No center should exceed the maximum stroke numbers of 1500
- Best practice travel time of 45 minutes and clinical viability
- Steps to improve clinical outcomes and provide sustainable stroke services.
- Reconfigure total number of HAS (services should deliver more than 900 interventions per year) to support clinical outcomes and improve performance seen in the SSNAP reports

The SCN presented the 'Blueprint' in April 2016 and subsequently the Senate reviewed the findings.

The final June recommendations in the SCN Blueprint for hyper acute stroke now recommends that for South Yorkshire and Bassetlaw, HAS services should include consideration of the viability of reducing the number of HAS services to a minimum of 2.

### **3. Stakeholder engagement and pre-consultation**

Commissioners Working Together have facilitated significant stakeholder engagement throughout the review process engaging in particular with providers and commissioners and other key partners via a series of workshops, engagement events and the stroke steering group between January 2015 and May 2016.

Between January and April 2016, Commissioners Working Together held an open pre-

consultation for the review of hyper acute stroke services across South Yorkshire and Bassetlaw and North Derbyshire. The question, 'what matters to you when accessing urgent stroke services' was asked with conversations held face to face and across social and digital media. Thousands of people accessed the website to read about the case for change, several hundred were involved in face to face discussions and over two hundred responses were received.

The key themes emerging were: being seen quickly when get to hospital, being seen and treated by knowledgeable staff, safety and quality of service, fast ambulance response/travel times and good access to rehabilitation services locally.

A communication and engagement strategy for consultation has been developed for the next phase of this work and to enable us to progress to consultation with the public about proposed changes to HAS in the autumn.

#### **4. Developing options**

The development of the options appraisal framework to support improvements to the delivery of HASU has been undertaken working with the stroke steering group, comprising of commissioners and providers from across our Working Together partners. The steering group has also been established to support and oversee this work. The focus has been on ensuring that the appropriate outcome measures and weighting were allocated to the options appraisal matrix this was then used to review the various options and those that are most likely to impact on overall improvements to outcomes and sustainability of services.

The matrix reviewed:

- Access meets 45 mins (provided by YAS)
- HASU activity levels (and the impact from reducing a HASU)
- Cross boundary impact (recognising Mid Yorkshire and East Midlands)
- 7 day working
- Workforce
- Impact on visitors (information obtained from pre –consultation)
- Finance

This approach provided a comprehensive review and evaluation to support recommendations to improve clinical outcomes and sustainability. A full business case with detailed financial analysis is currently being developed based on the outcome of the options appraisal and will be completed in the next 2 months. The working hypothesis is that positive impact on outcomes can be achieved at null cost. This is based on change that has taken place in other parts of the country with a similar approach. We are also working with our partners in West Yorkshire and Derbyshire on the potential cross-boundary impact.

## 5. Summary of the outcome of the optional appraisal matrix



The outcome of the options appraisal identifies a preferred option and it is proposed that we consult the public on this preferred option from October 2016. A consultation strategy has been developed to support this process with engagement from all local communications and engagement teams.

The preferred option is that we will move from a 5 hyper acute stroke unit's model to a 3 unit model in the first stage.

The preferred option is that hyper acute stroke will be provided at Sheffield, Doncaster and Chesterfield.

Chesterfield is currently being considered as part of the East Midlands review and therefore any potential changes to the hyper acute stroke unit in Chesterfield will need to be considered in light of this review and therefore in stage 2.

The benefits of this change are that we will move to a more sustainable model of Stroke care provision for all parts of the clinical pathway and impact on the original divers for change outline in the case for change and specifically:

- Hyper acute – first 72 hours
- Acute stroke service – delivered in all 5 local sites

- Rehabilitation - delivered in all 5 local sites

Further work is required on the “do-ability” aspect which will support the operationalizing of the recommendations in the future. This is being taken forward with the stroke steering group. This work is currently taking place and will support the pre consultation business case which will be shared with NHSE to gain Level 2 assurance.

## **6. Assurance**

Preparation work is currently being undertaken in order to submit the evidence to support Level 2 Assurance with NHSE.

This has included seeking guidance from the Clinical Senate, undertaking an Equality Impact Assessment and reviewing the viability of the current and proposed financial modeling.

## **7. Summary next steps**

- Stage 2 Assurance for NHS England 17<sup>th</sup> August
- Financial analysis and full business case development September
- Formal consolation on preferred option 1<sup>st</sup> October for 14 weeks

## **8. Recommendation**

OSC is asked to:

- Note progress of the work and the implications for moving forward through NHSE Level 2 Assurance and towards public consultation for the options in October.

**Paper prepared by Mandy Philbin 28<sup>th</sup> July on behalf of Professor Graham Venables  
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To be read in conjunction with the full Options Appraisal**