



**Review of proposals to change hyper acute stroke
services and children's surgery and anaesthesia services
across**

**South and Mid Yorkshire, Bassetlaw and North
Derbyshire**

Joint Overview and Scrutiny Committee

April 3 2017

Agenda

- Cases for change
- Consultation analysis
- Questions

Hyper acute stroke services

- the case for change

Why change?

- **Compelling national evidence** that organised stroke care in a designated stroke unit with rapid access to treatment has significant impact on:
 - improving outcomes
 - reducing avoidable disability
 - reducing length of stay and mortality
 - London reduced 90 day mortality by 5% (absolute reduction of 1.1%) and
 - reduced LOS by 1.4 days (London) and 2 days (Manchester)
 - and where higher throughput, have improved thrombolysis rates and increased adherence to guidelines, associated with improved stroke outcomes

Why change?

- **Demographics** – numbers of stroke patients are set to increase
- **Variation in quality** – especially timeliness of treatment, access to scanning, thrombolysis rates
- **Workforce challenges** - shortage of medical staff, variability in the level of trained nursing staff and not enough key therapy staff
- **Resilience** - the Clinical Senate endorsed the expert view that the total number of patients to access a hyper acute stroke service in order to maintain clinical competency should be a minimum of 600 patients with a maximum of 1500 (3 out of 5 see less than 600)

One proposal on which we consulted:

To have three hyper acute stroke service centres in:

- Chesterfield Royal Hospital
- Doncaster Royal Infirmary
- The Royal Hallamshire Hospital, Sheffield

Hyper acute stroke services are where people are cared for up to the first 72 hours after having a stroke when they need more specialist 'critical' care.

The proposal means that Barnsley and Rotherham hospitals would no longer provide hyper acute care for people who have had a stroke. After the first 72 hours of receiving critical care, or sooner if well enough, they would be transferred to back to Barnsley or Rotherham hospital for the remainder of their care.

Since we started the review, the picture has worsened. Recent SSNAP data shows:

- **Increasing numbers of patients are having strokes**
 - All hospitals have seen an increase in the last two years
- **There is still variation in quality**
 - 3 out of 5 providers are below the national average for providing scans within 1 hour
 - decrease in patients being admitted direct to a stroke unit within 4 hours in 2 units
 - the percentage of all stroke patients given thrombolysis is lower for all providers than the national average
 - access to early specialist assessment across the region is lower than the national average
- **Workforce challenges**
 - since September 2016, Barnsley Hospital has been without substantive stroke consultants and unable to provide key elements of hyper acute stroke (thrombolysis)

Impact of the proposals

Criteria we need to take account of	What the evidence shows
Ambulance travel - access meets 45 minutes for 95% of population	Travel impact assessment and analysis confirms journey times within 45 – 60 mins
HASS activity levels - Clinical critical mass, of >600 and <1,500 stroke admissions per annum	Two (South Yorkshire and Bassetlaw) units would be within the range
Transformation should minimise cross-boundary impact	All patient flows remain within the original planning footprint
Is there a 7 day service being offered?	Greater opportunity to achieve through organised units & consolidating activity into 2 units
Adequate workforce - performance against SSNAP scores (case for change)	As above
Impact of change on visitors and carers travel time (pre consultation)	Travel impact assessment confirms journey times within 45 – 90 mins

Travel impact

- The vast majority of the population is within 30 – 45 minute drive-time to the proposed HASUs – with cost of parking actually being less than they would currently pay at their local centres for up to 4 hours.
- 26 and 27% of Rotherham and Barnsley don't have cars (census data) and so we analysed the impact of travelling by public transport. Majority can get to a site within 90 minutes (as a visitor) on buses, trains or trams.
- For places outside this travel time, they would mostly be treated/travel to a different NHS region (eg, very west of North Derbyshire would likely go to Manchester or Stockport and Cottam (Bassetlaw) are more likely to go to Lincoln).
- Travel by public transport from Barnsley to Pinderfields as a visitor would mean an increased cost due to crossing the South to West Yorkshire border.

Children's surgery and anaesthesia services

- the case for change

Why change?

- Some children have better experiences, better and faster treatment and better access to services than others.
- Some of our hospital doctors and nurses don't treat as many children as others do.
- It is better and safer for them to be seen by a surgeon and an anaesthetist who is trained and regularly operates on children.
- Nationally, there aren't enough healthcare professionals qualified to treat the amount of children who need surgery every year.

Why change?

- **Not enough skilled and trained workforce** to maintain the current model of care and provision across all centres and sites
- **We need to work across a larger geographical footprint** and across organisational boundaries
- **We need a network of provision** across sites in a planned way that ensures equity of access, equity of standards in care pathways and care as close to home as possible
- **We need to consolidate skills and expertise** and begin to develop 'hubs' that host more expertise where need can be met and provision can be sustained for certain care pathways
- **We need to work through post-operative care** pathways alongside the dependency of paediatric care and support a model of timely discharge linked to local safe clinical management for post-operative recovery.

Three options on which we consulted:

Option 1:

- Chesterfield Royal Hospital
- Doncaster Royal Infirmary
- Pinderfields General Hospital in Wakefield
- Sheffield Children's Hospital

Option 2 (our preferred option):

- Doncaster Royal Infirmary
- Pinderfields General Hospital in Wakefield
- Sheffield Children's Hospital

Option 3:

- Pinderfields General Hospital in Wakefield
- Sheffield Children's Hospital

Implications and assumptions

- All providers expect to meet clinical standards **in-hours** – to be validated & confirmed through an agreed approach
- Clinical pathways developed and further analysis shows only small numbers of children requiring surgery, **very urgently and out of hours**, are affected.
- This fits with feedback received;
 - Majority of care to be kept as local as possible, whilst ensuring that children receive the right care
 - Staff in local hospitals remain experienced in caring for children through in-hours provision

Travel impact

- The vast majority of the population is within 30 – 45 minute drive-time to the proposed centres – with cost of parking in Doncaster and Wakefield less than they would currently pay at their local centres for up to 4 hours.
- For Barnsley and Chesterfield patients (families) there would be a 141% and 102% increase in parking charges at Sheffield Children's Hospital respectively.
- 26 and 27% of Rotherham and Barnsley don't have cars (census data) and so we analysed the impact of travelling by public transport. Majority can get to a site within 90 minutes maximum (as a visitor) on buses, trains or trams.
- For places outside this travel time, they would mostly be treated/travel to a different NHS region (eg, very west of North Derbyshire would likely go to Manchester or Stockport and Cottam (Bassetlaw) are more likely to go to Lincoln).



The consultation process

There were a number of ways in which all internal and external stakeholders could respond to the consultation, these were:

- Online consultation questionnaire
- Paper surveys
- Meetings and events eg, public meetings and focus group
- Individual submissions eg, via telephone, email or letter
- Representative telephone survey
- Online poll

Communications and engagement activity

- **Digital communications and engagement**
 - 8,318 unique visitors used the CWT website
 - 62,000 page visits to the consultation webpages
- **Broadcast and print media releases**
 - 19 pieces of coverage in local, regional and national media
- **Social media**
 - Tweets generated more than 55,000 impressions
 - CWT's 21 Facebook posts reached 16,991 people and saw 939 users take action
- **Public consultation events**
- **Specific interest engagement** via email, hard copies of the consultation documents and meetings

Communications and engagement activity

- **Seldom heard group** engagement via email, hard copies of the consultation documents and discussion groups
- **Stakeholder briefings** including local MPs and councillors, Health and Wellbeing Board, Health Overview and Scrutiny Committees
- **Staff briefings** via internal communications channels, newsletters, forums and groups
- **Hard copies** of the consultation documents, postcards and flyers distributed to hospitals, GP practices, libraries and children's centres, dental practices, campaign groups, town halls, community venues and organisations and at public events. 50,000 copies of the consultation document were printed and distributed on request through these channels



The responses

- 1109 for **hyper acute stroke services**
- 1268 for **children's surgery and anaesthesia services**

282/405 were from the online survey

58/83 were from the paper survey

740/740 were from the telephone survey

6/3 individual written submissions

6/6 from partner organisations

16/30 public meetings/focus groups/local groups

1/1 petition

Children's surgery and anaesthesia services

CCG area	Consultation survey respondents		Telephone survey respondents	
	Actual	%	Actual	%
Barnsley	98	20%	72	10%
Bassetlaw	14	3%	33	4%
Doncaster	57	12%	98	13%
North Derbyshire and Hardwick (combined)	227	46%	227	31%
Rotherham	52	11%	106	14%
Sheffield	31	6%	139	19%
Wakefield	3	1%	65	9%
Other	3	1%	0	0%
Did not say	3	1%	0	0%
Total	488	100%	740	100%

Hyper acute stroke services

CCG area	Consultation survey respondents		Telephone survey respondents	
	Actual	%	Actual	%
Barnsley	132	39%	72	10%
Bassetlaw	14	4%	33	4%
Doncaster	52	15%	98	13%
North Derbyshire and Hardwick (combined)	16	5%	227	31%
Rotherham	75	22%	106	14%
Sheffield	41	12%	139	19%
Wakefield	3	1%	65	9%
Other	3	1%	0	0%
Did not say	4	1%	0	0%
Total	340	100%	740	100%

What did people say?

Children's

- Respondents tend to agree with the proposed changes (63% of telephone survey respondents agree and 43% of self-selecting survey respondents agree)
- However, there are over a third of self-selecting respondents (39%) who disagree with the proposals compared to 13% of randomly selected telephone survey respondents.
- Higher level of disagreement with the proposals from self-selecting consultation survey respondents. These responses tend to come from Barnsley, Bassetlaw, Wakefield, North Derbyshire and Hardwick.

Where disagreed, themes were:

- not being able to access high quality care closer to home
- impact on patient outcomes and patient safety
- other concerns

Where agreed, themes were:

- better quality of care and better health outcomes for children
- fairer and more equal access to the best services
- more effective allocation of resources
- trust in NHS locally

A number of respondents felt they could not comment on the proposed changes (especially from the telephone survey where respondents had been less likely to have been aware of the consultation or have read the consultation document)

Children's - the options

- Almost one in four consultation survey respondents (23%) did not agree with any of the options
- 42% of consultation survey respondents support option 1
- Conversely, with telephone survey respondents, 64% state that option 2 is their preferred option
- The highest lack of support for these options comes from consultation respondents in the Barnsley area
- The highest level of support for option 1 is from North Derbyshire

Alternative suggestions

People were also asked if there were other options they would like CWT to consider. The majority of people did not have alternative suggestions.

Of those who did, the key alternatives raised were:

- a plea to keep things as they are
- to have centres in all of the areas
- keeping services at Barnsley District General Hospital (most commonly cited)
- just have one specialist children's hospital for the region
- isolated cases for services to be offered at Bassetlaw and Rotherham

Meetings

- The themes emerging from the meetings are the same as those from the consultation and telephone responses.

Written submissions

- 3 written submissions by individuals
- All hospitals involved, except Sheffield Children's and Mid Yorkshire Hospitals
- Dan Jarvis MP
- Barnsley Save Our NHS

The themes emerging from the written public submissions mirror those in the surveys.

The themes emerging from the organisations can be summarised as:

- Loss of clinical skill/competence for anaesthetists (dependent on the activity reduction)
- Clarification sought on which surgery and unplanned overnight stays
- Limited capacity to facilitate transfers
- Impact on future service development
- The potential adverse impact of increased activity levels (where a hospital could see more patients as a result of change)
- Impact of tariff/funding

Stroke

- Mixed response to the three centre option. 54% of self-selecting consultation survey respondents disagree with this option and 50% of telephone survey responses agree with it.
- The patterns of agreement are similar across both survey channels except for Bassetlaw, Sheffield and Wakefield where the majority of self-selecting consultation survey respondents disagree with the three centre option compared to the telephone survey respondents in those areas.
- There are high levels of support for the three centre option in Doncaster and North Derbyshire and Hardwick (which cover hospitals where the hyper acute stroke services are being proposed). There is low level of support for this option in the Barnsley CCG area.

Where disagreed, themes were:

- Not being able to access high quality care quickly and patient safety
- Social impact
- Other concerns (lack of funding for the NHS, wish to have a centre in local area so could access high quality care, additional pressure on the ambulance service)

Where agreed, themes were:

- Quick and easy access to high quality care
- Better quality of care and improved health outcomes
- More effective allocation of resources
- Other comments

As with children's, a number of people didn't feel they could comment.

Alternative suggestions

- Almost half of the consultation survey respondents had alternative suggestions to make. The majority were making the case for Barnsley District General Hospital to have a hyper acute stroke service to make sure that local people could have quick access to time-critical care.
- The other main suggestions were to have a hyper acute stroke service in every hospital and to start investing in the right calibre of staff to make this happen.

Meetings

- The themes emerging from the meetings are the same as those from the consultation and telephone responses.

Written submissions

- 3 written submissions by individuals
- All our hospitals, except Sheffield Children's and Mid Yorkshire Hospitals
- Dan Jarvis MP
- Barnsley Save Our NHS

The themes emerging from the written public submissions mirror those in the surveys.

The themes emerging from the organisations can be summarised as:

- Support for the proposals
- Clarification on maintaining outcomes and quality of care for local populations
- Clarification on repatriation and ambulance service protocols
- Staff retention and development
- The potential adverse impact of increased activity levels (where a hospital could see more patients as a result of change)

Financial viability / affordability

Online poll

- Mid-point analysis highlighted the complexity of the narrative on the proposals and the difficulty in engaging people on the issues.
- Recommendation from the Consultation Institute to create a short poll. At the end of the poll, respondents were directed to full details of the consultations on the CWT website.
- The questions were developed to capture people's thoughts on the proposals in a different way and were checked by a market research agency.
- The themes within the poll are the same as those within the main consultation.
- The results do not inform the main consultation survey analysis and are simply intended to provide further data on people's opinions

Concluding comments

- As with all public consultations, the public response cannot be seen as representative of the population as a whole but instead is representative of interested parties who were made aware of the consultation and were motivated to respond
- Within the analysis we cannot be clear the extent to which responses are informed by the supporting information that has been provided
- The telephone survey was undertaken with a randomly selected and representative cross-section of residents to ensure that the consultation process accurately captured the views of the wider population of South and Mid Yorkshire, Bassetlaw and North Derbyshire.
- A consistent picture - there is mixed support for the proposals

- Potential changes to services, particularly where loss of services are involved, understandably cause apprehension among those who may be affected and there has been clear and vocal opposition in some areas where this is potentially the case
- The main concern highlighted across all consultation feedback is the impact on the ability for patients and families to access high quality care closer to home if the proposed changes are introduced.
- The outcomes of the consultation process will need to be considered alongside other information available

Next steps

- Joint Committee CCGs (discussion in April, Decision Making Business Case in May)
- Widely shared with all stakeholders, people who completed the consultations and made publicly available via the website

Questions?