

Wellbeing and Health Scrutiny Board
 14 September 2016

Next steps with Surrey Stroke Services – Update

Purpose of the report: Scrutiny of Services

The Surrey Clinical Commissioning Group (CCG) Collaborative previously informed the Wellbeing and Health Scrutiny Board about work being undertaken to commission improved stroke services, following the Surrey Stroke Review. This update outlines progress working with health systems across Surrey and proposed engagement approaches. Advice is required about the timeline for formal public consultation.

1. Background

- 1.1 Every year up to 2,500 people in Surrey have a stroke. This number is likely to rise because the population is aging. Most of these people go to hospital then move on to use community rehabilitation services. Getting fast effective treatment can save lives and prevent long-term disability.
- 1.2 Following the publication of national guidelines, between late 2014 and late 2015 the Surrey Stroke Review examined whether local stroke services met the criteria for providing good stroke care. The Surrey Stroke Review collected feedback from local people, clinicians, voluntary and community groups, a panel of national experts and other stakeholders. Data was compiled about the number of people using stroke services and the quality of the services provided. The Review found that services could be enhanced to provide better care and to meet the South East Coast Stroke Services Specification. A review of key success factors was undertaken by the South East Coast Clinical Senate.
- 1.3 All CCGs in Surrey have assigned delegated committees of their Governing Bodies to oversee the next steps. These CCG Committees in Common gave the three health systems in Surrey (East, West and Surrey / Hampshire borders) an opportunity to propose how they will deliver the South East Coast Stroke Services Specification, which is based on the national stroke specification. In June 2016, each system submitted a proposal about how to improve stroke services locally and the CCGs have given systems feedback about areas that need further development. Each system will submit an update on 19th September and the Committees in Common will meet on 6th October 2016 to consider updated proposals and plan next steps.
- 1.4 This document provides an update about the work systems are doing to plan stroke services. It also outlines engagement and communication plans to help stakeholders stay involved and informed, building on the engagement work that took place in 2015.

2. Update about the process

- 2.1 The outcome of the Surrey Stroke Services Review was a recognised need to further enhance stroke services, building on the good work that is already happening. The CCG Collaborative is using a structured process to achieve the recommendations of the Review, which involves working with hospitals and community health and care organisations to plan the best way of implementing an evidence-based specification for stroke services. Once commissioners are satisfied that the proposals from systems are feasible, safe and affordable, are in line with local needs and views and provide high quality care, the outcomes may be commissioned through a variation to existing contracts.
- 2.2 Systems are putting forward proposals to deliver a holistic pathway of care from the time people have a stroke through to six months after discharge from hospital. This includes care in hospital as well as in the community.
- 2.3 When people have a stroke they are taken to a hospital providing the most specialised acute care. These services are called hyperacute units. Based on population numbers and hospital capacity, the Surrey Stroke Review examined evidence about having one, two or three hyperacute stroke units (HASUs) located in different parts of Surrey as part of a whole pathway of care. The CCG Committees in Common have asked local health and care systems to work together to propose where HASUs might be best located and how they would integrate with the wider pathway of care. An outline of the stroke pathway was provided at the November 2015 Wellbeing and Health Scrutiny Board meeting and is not repeated here.
- 2.4 At the moment, the CCGs are exploring whether it would be feasible to have three HASUs across Surrey, though no decision will be made about this until after the systems have demonstrated this is possible and people's views are considered via public consultation. Each of the acute trusts that may house a HASU has been asked to facilitate the development of plans to meet the South East Coast Stroke Services Specification, working closely with others in the local health system. The three systems are:
- East system: SASH and Epsom (supported by Surrey Downs and East Surrey CCGs)
 - West system: St Peter's (part of ASPH) and RSCH (supported by Guildford and Waverley and North West Surrey CCGs)
 - Surrey and Hampshire borders system: Frimley (supported by Surrey Heath and North East Hampshire and Farnham CCGs)
- 2.5 In June/July 2016, the systems submitted proposals for a full stroke pathway of care. An assurance panel made up of national and local experts, including clinicians, the Stroke Association, service user and carer representatives, Royal College members, NHS England, Health Education England, CCG stakeholders and others reviewed the proposals using pre-set assurance criteria.
- 2.6 The CCG Committees in Common examined the proposals and the expert feedback in July 2016. They decided that progress had been made in each system but there was more work to do to make sure that the proposals were feasible and offered the best quality and value services for local people. Each system is developing their proposals with engagement from partners and local service users and is due to present an update by 19th September 2016.
- 2.7 On 6th October 2016 the Committees in Common will meet to review the proposals submitted by each system and decide next steps. Until this time it is not possible to say whether significant variations to services will be proposed, but this may be likely and so plans have been developed for ongoing engagement and consultation.

3. Potential service changes

- 3.1 Based on preliminary proposals submitted by the systems, it appears that in the East and West Surrey areas there could be changes that would be interpreted as significant variations in the hospital component of the pathway. Currently, five hospital sites in Surrey provide services for people suspected of having a stroke:
- East Surrey Hospital
 - Epsom General Hospital
 - Frimley Park Hospital
 - Royal Surrey County Hospital
 - St. Peter's Hospital
- 3.2 However these five sites are not set up as full hyperacute stroke units, meeting all of the national and South East Coast Specification criteria. Only one site at present (Frimley) meets the broad criteria. To address this gap, the preliminary proposals received from systems involve enhancing services such that three sites would become hyperacute stroke units, with step down care also located on site:
- East Surrey Hospital (possibly also having follow-on care at Epsom Hospital)
 - Frimley Park Hospital
 - St. Peter's Hospital
- 3.3 It is important to emphasise that **these initial proposals from systems are subject to change** and are reported here to show what systems are currently considering.
- 3.4 The populations that are likely to be most affected by these potential service changes span all of the CCGs in Surrey. The potential changes to specialist stroke care are being brought about to benefit the entire population of Surrey who may be affected by a stroke and so all CCGs will work together to support engagement and consultation activities and to plan next steps.

4. Communications and engagement

- 4.1 Depending on the updated proposals to be submitted by systems, in the East and West Surrey areas the potential changes outlined above could be interpreted as significant variations to service. This may also impact on activity flows to and from the Hampshire and Borders system (and Sussex).
- 4.2 In line with good practice and to meet the legislative requirements set out in the Health and Social Care Act of 2012 (sections 13Q, 14Z2 and 242) and the four tests outlined in the Mandate from the Government to NHS England, public and service user involvement needs to be an integral part of any service change process. The Surrey CCG Collaborative recognises that engagement should be early and continue through all stages using a broad range of engagement activities. If significant service change is being proposed, then there may also be a legal requirement for public consultation.
- 4.3 Early engagement has helped to develop the process to date. As part of the Surrey Stroke Review, the public, service users and carers and other stakeholders were asked to share their views regarding the relative importance of different aspects of stroke care, from prevention through acute care and into rehabilitation and life after stroke. Three public meetings were held in September 2015, an online and paper survey was completed by more than 300 people, a database of more than 200 people and organisations was developed to receive updates and service users, carers and service user organisations were involved in events to shape the Specification that systems are now responding to. The Stroke Association remains part of the assurance panel helping to review and shape proposals.

- 4.4 Building on this early engagement work, a plan has been developed for engagement and consultation activities (see Appendix A). This proposes a timeline as follows:
- 27th September 2016: NHS England stage one assurance process to make sure Surrey CCGs are fulfilling the terms of the Mandate from Government
 - 6th October 2016: CCG Committees in Common agree next steps in the process based on proposals submitted by systems and review draft public consultation documentation
 - 1 November 2016 – 7 February 2017: public consultation if significant service change is proposed (14 week period rather than 12 weeks to account for holiday season). **The consultation period start and end may alter depending on the findings of NHS England's assurance process**
 - March 2017: outcome of public consultation considered by Committees in Common alongside other evidence and decision made about next steps
 - September 2017: potential commencement date of service changes
- 4.5 The Surrey CCG Collaborative would like feedback from the Wellbeing and Health Scrutiny Board about the proposed communication plans, including the recommended time period for consultation.

5. Conclusions

- 5.1 The Surrey Stroke Review concluded in 2015 that stroke services need to be improved to meet national guidelines and the South East Coast Stroke Service Specification. CCGs have asked three health systems in Surrey, led by sites that may provide highly specialised acute stroke care, to develop proposals about how they will meet the Specification for the whole pathway of care, through to six months after discharge. The CCGs have set a financial envelope which includes additional investment for some services. Service users and carers, members of the public and stakeholder organisations have been involved throughout the process, including being part of the panel reviewing proposals and hearing presentations from providers.
- 5.2 Updated proposals are due from systems on 19th September. It is likely that two of the systems may propose relocating some services and if so, formal public consultation may be required to further refine proposals before decisions are made by the CCGs about next steps.

6. Public health impacts

- 6.1 The population of Surrey continues to grow and to age. Having rapid access to high quality specialist stroke care and a holistic pathway of care is key to improving survival and reducing disability. The structured process being used by the Surrey CCG Collaborative aims to ensure services in Surrey meet the South East Coast Stroke Services Specification, thus improving public health outcomes.

7. Recommendations

- 7.1 The Surrey CCG Collaborative asks that the Wellbeing and Health Scrutiny Board notes the process underway to develop stroke services.
- 7.2 The Surrey CCG Collaborative asks that the Wellbeing and Health Scrutiny Board provides recommendations to help further refine engagement and consultation plans and time periods.

8. Next steps

- 8.1. The CCG Collaborative will report back to the Wellbeing and Health Scrutiny Board following the October review of next steps.

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Sources/background papers: Service specification, assurance criteria; initial proposals from systems; Committees in Common papers; Clinical Senate paper, Health and Social Care Act, NHS England guidelines, stroke services communications and engagement plan.

Appendix A: Draft Surrey stroke engagement and consultation plan – August 2016

1. Purpose

This document sets out a suggested framework for engagement and consultation about potential changes to stroke services across Surrey. It is a draft document, subject to change in line with recommendations from the Wellbeing and Health Scrutiny Board, CCG communications teams, NHS England and other stakeholders.

The document is based on the premise that there may be substantial variations to services proposed by health systems in Surrey, though revised proposals will not be received and reviewed by the CCGs until September/October 2016. At the time of writing it is therefore not possible to state what service variations may be proposed and considered worthy of further discussion and consultation.

2. Background

The Surrey Stroke Review was initiated in 2014 and sought to engage clinicians, people using services and wider stakeholders about how to improve stroke services across Surrey. The Review looked across the whole pathway, focusing on the time from having a stroke through to rehabilitation and ongoing care up to six months afterwards.

During the Review, CCGs engaged with service users, carers, community groups and wider stakeholders about a number of principles including what works well within existing stroke pathways, what works less well and how far service users would be willing to travel to receive the best care. The engagement included feedback from more than 500 people through events, surveys and emailed communications. However the engagement did not include a great deal of detail about future pathways as these remained uncertain.

After taking into account evidence, including stakeholder feedback, in 2015 the Stroke Review concluded that more could be done to improve stroke services in Surrey to reduce death rates and reduce disability following a stroke. Hospitals, community service providers and community groups were asked to work together in three systems (East, West and Surrey/Hampshire Borders) to develop proposals to improve stroke services. There was a requirement to engage with service users and other stakeholders in developing these proposals.

Preliminary proposals were submitted to commissioners in June 2016. The commissioners reviewed the proposals in July and agreed that the material contained potential to bring services into line with the South East Coast Stroke Specification and national guidelines, thus improving outcomes for local people. Whilst further work is required by systems to develop their proposals and demonstrate that they are feasible, safe and affordable, the CCGs agreed that plans to engage and subsequently consult stakeholders, service users and the public should be prepared so that people are kept up to date with the process and continue to have an opportunity to contribute. It was agreed that engagement and consultation plans should be set within a Surrey-wide framework, whilst acknowledging the importance of local adaptation and differing engagement and consultation needs.

3. Duty to engage

CCGs want to ensure that local people and clinicians remain actively engaged in stroke services development. Now that systems are refining their proposals it is time to undertake more detailed engagement activities.

Furthermore, formal public consultation is legally required where change is deemed to be significant. Good practice suggests this should be preceded by a period of wider engagement to ensure 'no surprises' when consultation is launched.

To meet the legislative requirements set out in the Health and Social Care Act of 2012 (sections 13Q, 14Z2 and 242) and the four tests outlined in the Mandate from the Government to NHS England, involvement needs to be an integral part of the service change process. Engagement should be early and continue through all stages using a broad range of engagement activities.

At a meeting on 6th October 2016, the CCGs will review proposals from systems and decide:

1. whether the proposals appear to be a feasible, safe and affordable way to deliver the improvements required to stroke services
2. if so and the proposals constitute a significant service change (such as a relocation of services), the timeframe, activities and materials for public consultation

However, prior to this decision, CCGs will be working with partners to raise awareness about the process and to let people know that a consultation may be launched.

4. Taking a Surrey-wide approach

The Surrey Stroke Review was undertaken county-wide and the governance structure for next steps is also Surrey-wide (CCG Committees in Common) to ensure improved and consistent quality of care for patients across Surrey. The CCGs have therefore decided that any engagement and consultation activities will take place within a Surrey-wide framework. It is acknowledged that specific activities may be adapted to best meet local needs, but the communications leads within each CCG will work together to ensure a consistent approach and messaging across the county.

Each CCG will allocate a communications and engagement lead to take responsibility for organising local engagement and consultation activities. This will be facilitated and overseen by a Surrey-wide lead to ensure that all areas have an appropriate level of engagement and that there is consistency in the messages and approaches.

Surrey-wide messages may include (subject to refinement and agreement):

- In 2014 the NHS across Surrey launched the Surrey Stroke Review looking at how Surrey residents could have access to good stroke services, at all stages of their care, so anyone suffering a stroke has the best possible chances of recovery.
- Looking across Surrey and comparing information to other parts of the country, the Review found that although people in Surrey generally like the stroke care they receive in hospital, not all people in Surrey have access the very best care and treatment and more could be done to improve services in hospital and the community.
- Clinical evidence shows that having access to the most specialist hospital services immediately after a stroke gives people the best possible chances of recovery and helps to reduce the consequences of stroke. The NHS needs to make sure people across Surrey, no matter where they live, have access to this specialist care when they need it.
- Surrey doesn't have a big enough population or enough specialist professionals and equipment to have the most specialist care at every hospital. Even with unlimited resources there are not enough specialist stroke clinicians available to provide this care.
- The NHS has spoken with staff, service users, carers and other stakeholders – working closely with the Stroke Association – to understand what works well, what doesn't work so well and what local people think is important. People told us they think access to the best care is important and that most people would be willing to travel a little further to access the very best specialist care. People told us that good access to care after hospital discharge is also important, with high quality and joined up community care and support.
- Taking all feedback into account and considering available clinical evidence, the NHS decided that the safest and most effective approach would be to have hyper-acute (specialist) stroke units spread across the county, with earlier supported discharge from hospital and improved community support for patients, carers and their families. Local health and care organisations are working together to develop local suggestions for providing this improved service.

5. Wider engagement

A communications lead at each CCG has been tasked with organising wider engagement with key stakeholders and opinion formers between August and October 2016. Communications leads are meeting in early September to plan this activity and ensure a consistent approach, though each CCG will determine how best to engage its local stakeholders during this period.

No later than mid-October 2016, it is expected that each CCG (alone or in partnership with other CCGs) will have completed:

- meetings with local borough councils / elected members
- MP briefings
- meeting with Surrey Healthwatch
- discussion with local patient and public engagement forums/PPGs (e.g. as 'business as usual' communication and engagement)
- using member / patient newsletters, websites and public board reports to raise awareness that a consultation may be launched
- offering to talk at key local community / patient group meetings (e.g. stroke support groups, Older People's Networks and others)

CCGs will work alongside provider organisations to conduct these engagement activities as appropriate.

6. Public consultation

If the CCGs feel that the proposals put forward by systems are feasible, safe, affordable and worth considering further, then public consultation will be launched on a Surrey-wide basis if proposals constitute a significant service change.

The rationale for a Surrey-wide approach is that even in areas where there may be little change for some patients, there may be changes to patient flow that impact on that system. It is also important to be consistent with the messages released in each area.

Surrey-wide consultation materials will be drafted, a Surrey-wide consultation website will be used and a communications lead from each CCG will be responsible for ensuring that an agreed programme of consultation activities is conducted locally. The analysis of consultation responses will be undertaken by an independent team for Surrey as a whole as well as drawing out trends for each system.

The Cabinet Office and Consultation Institute state that for significant service change a consultation of no less than 12 weeks should be considered. In this case, the consultation may span the Christmas period and so a 14 week consultation period is proposed. The suggested dates are:

- 6th October 2016: CCG Committees in Common agree next steps in the process based on proposals submitted by systems and review draft consultation documentation
- 1 November 2016 – 7 February 2017: public consultation if significant service change is proposed (14 week period rather than 12 weeks to account for holiday season)
- March 2017: outcome of public consultation considered by Committees in Common alongside other evidence and decision made about next steps
- September 2017: potential commencement date of service changes (or April 2017 if significant mobilisation is not required)

This timeline is subject to change based on CCG Committee in Common decisions, advice from the Wellbeing and Health Scrutiny Board and NHS England's assurance process, which Surrey CCGs are undergoing in September/October 2016. Regardless of the timeline, Table 1 outlines the planned consultation activities, which communication leads in each CCG would take the lead for delivering.

Table 1: Surrey stroke services draft consultation activity plan (giving examples, not an exhaustive list)

Method	Detail	Audience	When/how
Surrey-wide consultation document endorsed by all Surrey CCGs and leading provider organisations	One overarching document which clearly sets out the Surrey case for change, drawing on clinical evidence (using patient stories/examples) and engagement already undertaken as part of the Surrey Stroke Review (including both early and more recent engagement). The document would be segmented per system, with information including: details on the preferred option/s option appraisals undertaken how engagement has been taken into account so far details on exactly what would change as a result How to get involved – listing public events, questions, web address etc.	All	Made available predominantly online, with some printed copies and accessible versions.
Letter (to key local opinion formers outlining details of consultation)	MPs, borough and district councils, Health & Wellbeing Board, Surrey Healthwatch, other local health and care providers - offering more information/individual meetings etc	Key local opinion formers	Before and at start of consultation
Letter (to patients/residents who signed up to receive updates as part of Surrey Stroke Review)	Letter giving details of consultation, where to find out more information etc.	Interested patients / carers / local residents	At start of consultation
Letter (to key community / voluntary / patient groups including stroke support groups)	Letter giving details of consultation, where to find out more information etc and offering face to face presentation	Key local groups	At start of consultation Presentations likely across duration of consultation
Public meetings/events	A range of meetings across the county at locations determined by highest level of likely change. To include some traditional presentations/Q and As, and deliberative style/co-design events. Where there are cross system issues, representatives from both systems would be expected. Attendance from the Stroke Association would be desirable. Also ensuring engagement/consultation events reach wider range of people including carers and other groups that are traditionally more difficult to reach.	Public	Across duration of consultation – mixture of daytime / evening to include: Ashford, Woking, Guildford, Haslemere, Epsom, Dorking, Leatherhead, Camberley, Farnham (NB: this is not an exhaustive list)
Website	Well populated website (using one CCG website with common linking text from others), including published FAQs, key document, list of events, online feedback questionnaire	Public	Throughout from beginning of consultation
Media liaison	Launch consultation with general media release and targeted interviews – inviting local media to speak directly to key personnel in systems	Public	Throughout
Social media	Twitter and Facebook page for the consultation – tweeting key messages, dates, answering tweets/other social media contacts.	All	Throughout
Video	Consider production of short video setting out the case for change with clinical talking heads and patients + Stroke Association – to use on websites, at public meetings, link via social media, YouTube.	All	Use throughout