Subject:	**Central Sussex Stroke Services Review briefing**
To:	**All members of the Brighton and Hove Health Overview & Scrutiny Committee**
From:	**Central Sussex Stroke Programme Board**
Authors:	Caroline Huff, Central Sussex and East Surrey Alliance Clinical Programme Director
Date:	30-09-2016
Key points	This report includes a summary of: • The clinical engagement completed • Brighton and Hove CCG Governing Body response • BSUH Staff response • Quality of the service data • Any further patient and family engagement and BSUH mitigating actions • Response from affected partner organisations (county councils and SECAMB)

1. Background

The NHS Five Year Forward View, published in October 2014 by NHS England, identified that for some services, such as stroke, there is a compelling case for greater concentration of care. More specifically it highlights the strong relationship between the number of patients and the quality of care, derived from the greater experience these more practised clinicians have, access to costly specialised facilities and equipment, and the greater standardisation of care that tends to occur. The document specifically highlights the London service change of consolidating 32 stroke units into eight hyperacute units (units where patients are cared for for the first three days) and a further 24 units providing care after the first 72 hours, and highlights that this has achieved a 17% reduction in 30-day mortality and a 7% reduction in patient length of stay.(NHSE, 2016).

There is also a compelling economic argument for reducing the number and severity of strokes. A study by Youman et al. (2003) identified that for every patient who experiences a stroke, the cost to the NHS in the UK is £15,306 over 5 years and, when informal care costs are included, the amount increases to £29,405 (2001/2002 prices).

2. Clinical engagement

2.1 The Central Sussex Stroke Programme Board for High Weald Lewes Havens CCG, Brighton and Hove CCG and Horsham and Mid Sussex CCG have been working together, in collaboration with their neighbouring CCGs, Trusts and County Councils, to complete that detailed options appraisal. The Group has been chaired by the Stroke GP Lead for HMS CCG. Membership includes over 30:

- Senior Clinicians and Managers from the CCGs (Brighton and Hove CCG, High Weald Lewes Havens CCG, Horsham and Mid Sussex CCG and Crawley CCG and Coastal West Sussex CCG),
- Acute Trusts (Brighton and Sussex University Hospitals NHS Trust, East Sussex Healthcare Trust and Surrey and Sussex Healthcare Trust),
- The South East Coast Ambulance Service,
- Sussex Community NHS Foundation Trust, Sussex Partnership Foundation Trust,
- Councils (West Sussex County Council, Brighton and Hove City Council and East Sussex County Council),
- 2 lay members and the South East Clinical Network.

This Group has agreed that their preferred option is to have a joint Hyper Acute Stroke Unit/Acute Stroke Unit at the RSCH only at BSUH and no longer have a stroke in-patient service at PRH.

2.2 During August and September, the CCG Clinical Executive Groups and some of the GP locality groups have considered the Central Sussex Stroke review. These groups included 24 GPs and senior Clinicians (10 from BH CCG, 8 from HWLH CCG and 6 from HMS CCG) and agreed that clinically, the preferred option was the

correct thing to do to improve the care for stroke patients. They raised a number of questions for assurance, which have been responded to by Dr Nicky Gainsborough, BSUH Stroke Consultant. These included:

- There has been minimal impact on other patients at RSCH and on critical care from the temporary divert. Since February 2016, the Trust and CCGs agreed to temporarily not treat stroke patients at PRH as the specialist stroke staffing levels were inadequate due to several staff leaving and not being able to recruit replacement staff.
- The pre alert call to the Stroke Specialist Team has not been hampered by ambulances queuing outside the emergency department (ED) throughout the temporary divert and patients are received quickly and efficiently by the stroke specialist team who meet the ambulance at the A/E Front door
- There have not been an increase in "Delayed Transfers of Care" on the system due to the divert, but Length of Stay at RSCH for Stroke patients will have increased due to pressures on social care in the West and East.
- Work is underway across Sussex to increase access to Early Supported Discharge/responsive services and 6 month reviews.
- 7 day-a-week services will deliver better outcomes, less disability and lower Length of Stay**.**

2.3 GPs in Horsham and Mid Sussex, High Weald Lewes Havens and Brighton and Hove CCG areas received a written update on the stroke review during August 2016 and the CCG GP clinical leads for stroke have been discussing the review and recommended option at meetings with their GP colleagues.

2.4 HMS CCG Governing Body discussed the review and preferred option at their Governing Body meeting on 06/09/2016 where there was broad agreement with the proposed reconfiguration plans. Brighton and Hove CCG Governing Body was on 27/09/2016 and they confirmed there was support from clinicians on the Governing Body around the model of care and the better outcomes for patient. They have delegated the final agreement to the BH CCG Clinical Strategy meeting on 11/10/2016 as the CCG wanted reassurances or mitigation that other acute trusts in the footprint would provide support if needed. This was to enable reassurance to be received about mitigation which could be needed if there were any further increases in admissions of stroke patients from West Sussex to the RSCH. However, CWS CCG confirmed at the WS HASC on 29/09/2016 that there are no plans in the short term (within the next 3 years) to make any changes to their 2 site service at WSHT. High Weald Lewes Havens CCG Governing Body was on 27/09/2016 and they agreed to support the preferred option.

2.5 At the Central Sussex Stroke Programme Board on 01/09/2016, the BSUH Service Strategy Director confirmed that Staff affected are generally positive about the change. BSUH has actively engaged staff to date in discussing the potential changes to stroke services. As we move closer towards a decision regarding reconfiguration, BSUH will establish monthly meetings to ensure that staff are fully informed and able to input into the process. The changes proposed may lead to staff members roles being affected. The Trust will ensure that there is appropriate staff consultation in these circumstances, which will include negotiation on any mitigating actions which the Trust will consider.

2.6 The mobilisation plan drafted by the Trust estimates that, once consultation is complete and the funding confirmed, the Trust will need a minimum of 12 months to implement. This allows 3 months for Board approval and staff consultation, a further 6 months to advertise, appoint and have staff in place, and a further 3 months to induct and train staff.

2.7 At the WS HASC ON 29/09/2016, it was decided that the case was strong for improved quality and outcomes for the preferred option and, therefore, did not believe this was a substantial change requiring formal consultation. At the ES HOSC, held simultaneously, it was agreed that they did consider the change to substantial requiring formal public consultation, which should be 'proportionate and targeted' to those most likely to be affected.

3. Impact on patients and their families of the preferred option

3.1 At the Central Sussex Stroke Programme Board on 01/09/2016, East Sussex Healthcare NHS Trust (ESHT) confirmed that since they centralised services onto the Eastbourne site in 2012, the standard of care received by patients has improved across all domains.

3.2 Evidence from the national Stroke audit (SNAPP) shows excellent standards of care at the RSCH which are now being experienced by all stroke patients. These include:

- Shorter time to Consultant review
  - 97% seen < 24 hours (nationally 79.1%)
  - Average time to review of 4h 27min (nationally 12h 3min)

- CT scan in less than 1 hour
  - 71.1% of patients (nationally 48.4%)
  - Average wait for scan of 34 minutes, (nationally 3h 51min)
- This leads to higher thrombolysis rate
  - 14.8% (nationally 11.4%)
- Shorter time to Specialist Nurse review
  - 94.1% < 24 hours (nationally 89%)
  - Average time to review of 13 minutes (nationally 1h 30min)
- Higher number of initial swallow assessments
  - 95.8% (nationally 71.2%)
- All patients receive nutrition screen and dietician review
  - 100% (nationally 90.2%)
- Higher rates of mood and cognition screening by discharge
  - 97.5% (nationally 89.2%)
- Continence plan in less than 3 weeks
  - 93% (nationally 89.7%)
- Consultant delivered ward rounds at Royal Sussex County Hospital 7 days a week

3.3 The changes will allow for a range of quality improvements, many of which are set out in the options appraisal. Centralising services with fully staffed Hyper Acute Stroke Unit will improve a range of SSNAP standards, including

- Admission direct to a stroke ward
- Time to thrombolysis, especially out of ours
- Improved Occupational Therapy services
- Improved Physiotherapy services
- Improved Speech and Language services

3.4 At the Central Sussex Stroke Programme Board on 01/09/2016, the Group reviewed the Equality Impact Assessment of the proposed changes to ensure they have considered the potential impact on all people with 'protected characteristics' including:

- Ensuring early supported discharge service is in place,
- Preparing information for carers on transport into Brighton, and parking facilities at RSCH and nearby.
- Ensure appointment times take account of distance required to travel (e.g. ensure they are not first thing in the morning)
- Reviewing HASU/ASU visiting times to give more flexibility for carers; ensure carers are provided with information about ward routines as a matter of course. An ASU is a stroke unit for 4-10 days after admission. At RSCH the HASU and ASU are combined.

Equality Group	Specific Action	Monitoring Arrangements
Age	Ensure access to early supported discharge is available. Ensure discharge support services are in place in both areas.	The CCGs are working with Sussex Community Foundation Trust to outline the timeframes for re-organising community responsive/Early Supported Discharge services for patients being discharged from BSUH.
Deaf patients and those with overseas language support needs	Ensure information on interpreting services are available to all staff, and that all staff are aware of the need for trained interpreters in preference to reliance on family members	We have a translation service that we can access
Carers	Develop a carers' information pack as a co design process with local carers' support organisations. Ensure information is appropriate to the selected option	Carers bi monthly meeting to support and review information. Comprehensive information given to patient/carer on discharge
Gender reassignment	Ensure staff have appropriate training/awareness in order to support trans patients and carers appropriately	Current monitored rate 68% trained

3.5 - During August and September 2016, the Crawley, Horsham and Mid Sussex, High Weald Lewes Havens and Brighton and Hove CCGs sent updates on the stroke review and its outcomes to 19 patient and public groups

who were involved in the previous engagement, such as stroke groups and clubs for stroke patients and carers. In these communications, the programme board has reiterated its commitment to further patient and public engagement, if advised to do so by the health scrutiny committees of West Sussex and East Sussex County Councils and Brighton & Hove City Council
before final decisions are made.

3.6 Privacy Impact Assessment-BSUH believe that there are no impacts regarding privacy relating to this proposal.

4 Feedback from affected local services

4.1 South East Coast Ambulance (SECAMB) Service

At the Central Sussex Stroke Programme Board on 1st September 2016, SECAMB confirmed that of the options put forward, Option 6 (HASU/ASU at RSCH) represents the best possible option, based on the following factors:

i. Locating the services at RSCH will lead to lower average inbound ambulance travel times for the majority of the patient population BSUH serves (compared to locating the services at PRH), maximising the likelihood of timely access to definitive care
ii. SECAmb welcomes the reduction in complexity that locating all services in a single site with 24/7 access brings. This will make clinical decision-making simpler and improve safety for patients.
iii. Since February 2016, a temporary stroke service divert has been in place due to non-availability of specialist staff to support the stroke service at the PRH site. This has led to patients who would otherwise be taken to PRH being conveyed to RSCH, and (in small numbers) to East Surrey hospital. To date, there have been no adverse incidents or complaints associated with this change that SECAmb is aware of. This provides some further reassurance as to the viability of this option.
iv. The maximum increase in journey times is approximately 35 minutes, based on expected travel times from the geographical centre of each electoral ward to PRH and alternative hospital sites where stroke services are provided. The maximum travel inbound travel time remains under 45 minutes for patients in all electoral wards affected by this proposed change.
v. SECAmb's standard practice is to pre-alert hospitals to enable them to prepare to receive patients with complex needs such as potential strokes, traumatic injury etc. This enables a fast handover to the hospital's specialist team and thereby minimises the time from the initial 999 call to receiving definitive treatment and care.
vi. However, increased travel times increase the overall job cycle time, reducing the level of resource available to respond to other incidents. It was agreed that this would be given due consideration in the CCG/SECAMB contracting discussions.

4.2 The table below shows average expected travel times from the geographical centre of each electoral ward for which PRH is the nearest hospital, and shows the increased journey time resulting from the need to travel to an alternative specialist site.

Electoral Ward	Patient Incidents	Nearest Hospital	Travel Time (current, hh:mm)	Next Nearest Hospital	Travel Time (new, hh:mm)	Patient journey time increase (hh:mm)
Haywards Heath Franklands	9	PRH	00:00	Royal Sussex County	00:31	00:31
Haywards Heath Bentswood	12	PRH	00:02	Royal Sussex County	00:35	00:33
Haywards Heath Ashenground	5	PRH	00:02	Royal Sussex County	00:33	00:31
Haywards Heath Heath	8	PRH	00:03	Royal Sussex County	00:34	00:31
Haywards Heath Lucastes	8	PRH	00:03	Royal Sussex County	00:31	00:28
Lindfield	9	PRH	00:04	Royal Sussex County	00:33	00:29
Cuckfield	4	PRH	00:08	East Surrey	00:30	00:22
Chailey and Wivelsfield	2	PRH	00:08	Royal Sussex County	00:29	00:21
Burgess Hill Franklands	7	PRH	00:10	Royal Sussex County	00:28	00:18
Burgess Hill Leylands	8	PRH	00:10	Royal Sussex County	00:28	00:18
Burgess Hill St. Andrews	5	PRH	00:11	Royal Sussex County	00:30	00:19
Burgess Hill Dunstall	3	PRH	00:11	Royal Sussex County	00:28	00:17
Burgess Hill Victoria	8	PRH	00:12	Royal Sussex County	00:25	00:13
Ditchling and Westmeston	5	PRH	00:12	Royal Sussex County	00:23	00:11
High Weald	6	PRH	00:13	East Surrey	00:34	00:21
Newick	4	PRH	00:13	Royal Sussex County	00:31	00:18
Bolney	0	PRH	00:13	Royal Sussex County	00:26	00:13
Burgess Hill Meeds	10	PRH	00:13	Royal Sussex County	00:24	00:11
Ardingly and Balcombe	6	PRH	00:14	East Surrey	00:24	00:10
Hassocks	18	PRH	00:14	Royal Sussex County	00:22	00:08
Danehill/Fletching/Nutley	5	PRH	00:15	Eastbourne	00:34	00:19
Plumpton, Streat, East Chiltingtor	0	PRH	00:16	Royal Sussex County	00:25	00:09
Hurstpierpoint and Downs	4	PRH	00:16	Royal Sussex County	00:19	00:03
Barcombe and Hamsey	0	PRH	00:18	Royal Sussex County	00:23	00:05
Uckfield North	3	PRH	00:20	Eastbourne	00:34	00:14
Cowfold, Shermanbury and West	4	PRH	00:20	Worthing	00:30	00:10
Nuthurst	2	PRH	00:20	East Surrey	00:30	00:10
Uckfield Central	3	PRH	00:21	Royal Sussex County	00:32	00:11
Broadfield South	0	PRH	00:21	East Surrey	00:22	00:01
Uckfield New Town	3	PRH	00:22	Eastbourne	00:31	00:09
Tilgate	0	PRH	00:22	East Surrey	00:24	00:02
Henfield	9	PRH	00:22	Worthing	00:24	00:02
Crawley Down and Turners Hill	1	PRH	00:22	Princess Royal	00:22	00:00
Uckfield Ridgewood	1	PRH	00:23	Royal Sussex County	00:27	00:04
Broadfield North	0	PRH	00:23	East Surrey	00:24	00:01
Rusper and Colgate	0	PRH	00:23	East Surrey	00:24	00:01
Buxted and Maresfield	6	PRH	00:24	Royal Sussex County	00:38	00:14
Bewbush	0	PRH	00:24	Princess Royal	00:24	00:00
East Grinstead Herontye	0	PRH	00:25	East Surrey	00:28	00:03
Hartfield	3	PRH	00:26	East Surrey	00:38	00:12
Southwater	4	PRH	00:26	Worthing	00:36	00:10
Forest	1	PRH	00:26	East Surrey	00:33	00:07
Horsham Park	1	PRH	00:26	East Surrey	00:33	00:07
Ashurst Wood	0	PRH	00:26	East Surrey	00:30	00:04
Forest Row	1	PRH	00:27	East Surrey	00:32	00:05
Holbrook West	0	PRH	00:27	East Surrey	00:28	00:01
Roffey South	2	PRH	00:27	East Surrey	00:28	00:01
Crowborough St. Johns	0	PRH	00:28	Royal Sussex County	00:42	00:14
Denne	4	PRH	00:28	East Surrey	00:36	00:08
Roffey North	2	PRH	00:28	East Surrey	00:29	00:01
Crowborough West	0	PRH	00:29	Royal Sussex County	00:42	00:13
Trafalgar	0	PRH	00:29	East Surrey	00:34	00:05
Holbrook East	0	PRH	00:29	East Surrey	00:30	00:01
East Grinstead Ashplats	2	PRH	00:29	East Surrey	00:30	00:01
Itchingfield, Slinfold and Warnhar	4	PRH	00:31	East Surrey	00:35	00:04
Broadbridge Heath	3	PRH	00:31	East Surrey	00:35	00:04
Crowborough East	0	PRH	00:32	Eastbourne	00:42	00:10
Crowborough North	0	PRH	00:33	Eastbourne	00:44	00:11
Crowborough Jarvis Brook	0	PRH	00:34	Eastbourne	00:42	00:08
Rotherfield	1	PRH	00:34	Eastbourne	00:40	00:06
Frant/Withyham	0	PRH	00:37	Conquest	00:44	00:07

3.2 **Councils in Sussex**

3.2.1 **West Sussex County Council (Adult Social Care)**: The most important issue is what is best for patients and the County Council recognise that this will be achieved through delivering the service on a single site and the arguments for that service being at the RSCH rather than PRH. The County Council officers currently have some challenges when they assess patients at RSCH. They do not have IT access or office space. West Sussex Council (Adult Social Care) supports the BSUH preferred option 6 (HASU/ASU at RSCH only) but would want to Trust to address the issue of IT access, space and staffing resource.

3.2.2 **East Sussex County Council**: Single siting of the HASU and ASU and subsequent co-location of stroke patients would ensure that all ESCC/ASC provided services are able to offer timely and consistent support to stroke patients and their carers within a single pathway.

3.2.3 **Brighton and Hove City Council**: Option 6 enables more effective social work support and proactive discharge planning to be provided and developed as patients will remain on one site. This model means we are likely to see an increase in the proportion of patients that can be discharged home with support from community services and further reduce the proportion of stroke patients that are admitted to the Sussex Rehabilitation Centre (SRC) for ongoing specialist rehabilitation.

It was agreed at the Central Sussex Stroke Programme Board on 1st September that a meeting will be set up between the Trust, the County Councils and Sussex Community Foundation Trust to explore mitigating options to address the issues raised.

4. **Substantial service change or not?**

NHS bodies (and providers and commissioners of NHS services) have a statutory duty to consult local health scrutiny committees on any proposals they may have for any substantial development of or variation to the health service in the area. There is no definition of "substantial", and it is expected that NHS bodies and HOSCs will reach a local understanding. Below is the checklist used by West Sussex HASC to determine whether plans constitute a 'substantial variation'. It is included for information only. The aim of this checklist is to help the NHS bodies and the HASC with that decision. Where it is agreed that proposals are substantial, HASC will also discuss with the NHS what public consultation is required.

Theme	Characteristics suggesting that the service change:	
	a) Is substantial	**b) Is not substantial**
What are the reasons for the proposed change?		• It is not a permanent reduction or closure of service provision but the same service delivered on one site at BSUH instead of split across 2 sites • The service change is not primarily driven by financial or other managerial factors but staffing factors have been a driver with difficulties recruiting the specialist stroke staff on 2 sites. • The service change is being driven by and will improve patient experience/outcomes, improving clinical quality and reduce risk. • This is a service improvement and an enhancement of staff levels to meet the South East Clinical Network standards. • The change will improve the health and wellbeing outcomes for local people through faster treatment and comprehensive care. • It will improve patient experience and outcomes • It is currently a temporary change but the Central Sussex Stroke Programme Board has submitted centralising the services at RSCH as their preferred long-term solution.
How will the accessibility of services and how they are delivered change?	• Some patients and their families/carers(i.e. those who were an in-patient at PRH) will have further to travel to access the BSUH Stroke in-patient service. • Locating the HASU and ASU at	• Services are being relocated to improve patient experience and outcomes • All stroke patients will be co-located with other relevant health and social care services such as

	RSCH may bring some disadvantages due to the limited parking facilities available at RSCH, which may present challenges in accessing the site for patients and visitors. However, public transport links to RSCH are good, with regular bus services stopping directly outside the hospital, and regular mainline train services into Brighton from London and the South Coast. There is also a current bus service running between PRH and RSCH, which is available for public use. In the longer term, the 3Ts hospital development is expected to alleviate some of the current pressures of parking, however other options to mitigate these access problems are being explored in the short to medium term by BSUH	Interventional Radiology and the Trauma Centre
How will patients be affected?	• Patient choice of being taken by ambulance to a dedicated stroke unit as an emergency will remain. Patient choice of receiving their acute stroke care in a hospital nearer home (i.e. PRH) is reduced, but they will be benefitting from a better rehabilitation service for all patients on the single site.	• 23.4% of the BSUH current patients will be affected by the service change. However, 39% of patients who have a stroke in West Sussex are treated at PRH
Will there be any impact on the wider community and other services?	• Increased travel by families will have a negative impact on the environment of the locality • Rural areas will be more affected than those in the urban area of Brighton.	• There will be a positive impact on the economy through reducing longer-term consequences of a stroke. • Adult social care for all Councils and SECAMB have been consulted and support the service change
What are the views of key stakeholders?		• There has been significant patient, public and carer engagement throughout the process. Feedback collected from over 500 people in the summer of 2015 found that people's top three priorities for when a stroke happens are a fast ambulance response time; quick diagnosis and treatment; and the quality of medical expertise. The vast majority of people said that they would be happy to travel further to get to a HASU but said their main concern about this would be the impact on relatives and carers. Feedback from patients since the temporary divert to PRH was introduced has been positive • There has also been a very small

		review of the experiences of patients affected by the PRH temporary divert shared with HASC in September 2016.
Do the Proposals meet the DH 4 key tests for service change?		• There has been support from all 3 CCG GP-led Clinical Executive Groups. • A group of more than 20 local clinicians - including hospital doctors, GPs, nurses, therapists, patient representatives and paramedics - has been involved in reviewing our current stroke services, feedback from patients and the latest evidence on best practice. • The expert independent clinical review group included 18 local and national specialists, including the national clinical director for stroke There is a compelling case for greater concentration of stroke services, outlined in the Sussex Stroke services Case for Change and evidence of improved outcomes for patients emerging from those services who have already reduced to location of services.

The Committee is asked:

- For confirmation that the committee is content with the evidence provided, detailing the benefits and risks of the Central Sussex Stroke Programme Board's recommendation to centralise Hyper Acute Stroke services and Acute Stroke services at the Royal Sussex County Hospital, Brighton
- To decide whether the change proposed (i.e. not re-commencing the stroke service at Princess Royal Hospital, Haywards Heath) is considered a 'substantial service change' requiring a formal public consultation

References

Youman P, Wilson K, Harraf F, Kalra L. The economic burden of stroke in the United Kingdom. Pharmacoeconomics 2003;21:43-50.

NHS England (2016) Stroke services: Configuration Decision support guide.

Version	Authors	Distribution	Amendments	Date
0.1	C.Huff	Terry Lynch, Peter Lane, Nicky Gainsborough, Mohit Sharma, Dan Wood		30/08/2016
0.2	C.Huff	File	Terry Lynch added. SECAMB travel added. Substantial change evidence completed.	12/09/2016
0.3	C.Huff	file	Dan Woods suggestions	13/09/2016
0.4	C.Huff	File and send to Helena Cox	Tracked changes and comments from Helena Cox	15/09/2016
0,5	H. Cox	C.Huff	Changes suggested to response required and	20/09/2016

			adding adult Social care. CH accepted tracks	
0.7	C. Huff	John Child, Gemma Dawson	Changes following the governing bodies, HASC/HOSC	30/09/2016