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Somerset Hyperacute Stroke Reconfiguration
Update for Somerset ICB

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Purpose of session

- Update current position in relation to Somerset Acute Stroke reconfiguration
- Approve the pre-consultation business case (PCBC) and appendices
- Approve public consultation
- Understand the next steps and timescales

Recommendations and next steps

- ***Note*** the progress of the stroke programme of work
- ***Approve*** the final Pre-Consultation Business Case and Appendices
- ***Approve*** the decision to start public consultation

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Somerset stroke services reconfiguration

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- 2019 **Stroke Services Review** as part of Fit for My Future Programme
  - Recommendations for review of Hyperacute Stroke and TIA
- 2021 **Case for Change** written
  - Signed off in March 2022
  - Desktop review by Clinical Senate
  - Agreement that significant service change was likely, and therefore formal consultation would be required
- **Pre-consultation business case** (PCBC) April to November 2022
  - Co-developed with experts by experience, clinical experts and wider stakeholders
  - Details process of getting from longlist to shortlist and on to consultation
  - Regular updating of Somerset, Dorset and neighbouring systems Health and Overview Scrutiny Committees
  - Undergoes regular assurance from SW Clinical Senate and NHSE
  - Legal review of draft PCBC by Bevan Brittan and support from the Consultation Institute
- **Consultation - likely end January 2023 to April 2023** WE ARE HERE
  - Noting outcomes from Senate and NHSE Stage 2 assurance - ICB Board approval to consult
- **Consideration of consultation feedback**
  - Dates TBC – likely April – June 2023
- **Decision-making business case** (DMBC)
  - To be developed based on outcome of consultation April – September 2023
  - FFMF Programme Board and ICB Board to approve final decision
- **Implementation**
  - Detailed planning from Autumn 2023
  - Date TBC – phased approach and implementation likely to be completed spring 2024

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Context and Background

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Context and Background

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The acute stroke options described (slide 6) have been developed with substantial engagement from local clinicians and staff, people with lived experience, community and voluntary sector partners and colleagues from our neighbouring health systems.

As part of the acute stroke services review, it was necessary to review the provision offered to people experiencing a transient ischaemic attack (TIA). TIA will not be part of the formal consultation and the outcome will be determined once a decision has been made on the future of hyper acute and acute stroke services.

The proposals for reconfiguring acute stroke services in Somerset will be significant and will therefore need to go to formal public consultation.

Public consultation will be undertaken in line with NHS England guidance with support from The Consultation Institute.

We will continue to fully engage with staff and the public in a way that ensures many voices, including those which are often under-represented, are heard.

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Final stroke shortlist

The final stroke shortlist has gone through a robust process of:

- **Longlist assessment**
  using "pass/fail" hurdle criteria, May 2022
- **Options appraisal assessment**
  by Steering Group 24/05/22
- **Shortlist sign off**
  by FFMF PB (virtually) 09/06/22, with formal sign off 14/07/22 and by Executive Committee on 08/09/22
- **Stakeholder engagement** with:
  - Experts by Experience workshop (virtual) – 23/05/22
  - Clinical Reference Group (Taunton) 23/06/22
  - Experts by Experience workshop (virtual) 29/06/22
  - Clinical Reference Group (Yeovil) July
  - Staff engagement in MPH, SFT and Dorset - July
  - Experts by Experience workshop – July
  - Experts by Experience workshop - August

Option A	Option B	Option C	Option D
Do Nothing No change to current model	**Do Minimum** As for option A, but with shared medical workforce	**1 HASU** Located at Musgrove Park Hospital in Taunton, no HASU in Yeovil	**1 HASU and ASU** Located at Musgrove Park Hospital in Taunton, no HASU or ASU in Yeovil
There would be **no change** to the current delivery model	There would be **no change** to the current delivery model	SWASFT would take all suspected stroke patients to **nearest HASU**	SWASFT would take all suspected stroke patients to **nearest HASU**
Yeovil emergency department (A&E) would continue to receive suspected stroke patients	Yeovil emergency department (A&E) would continue to receive suspected stroke patients	Yeovil emergency department (A&E) **would not** receive suspected stroke patients at any time	Yeovil emergency department (A&E) **would not** receive suspected stroke patients at any time
HASU services would continue to be delivered in both Taunton and Yeovil in the same way	HASU services would continue to be delivered in both Taunton and Yeovil in the same way	Most patients who would normally go to Yeovil would go to **Taunton or Dorset for their HASU** care	Most patients who would normally go to Yeovil would go to either **Taunton or Dorset for their HASU** care
Patients would receive their ASU care in the same way they currently do	Patients would receive their ASU care in the same way they currently do	Patients would return to **Yeovil for their ASU** care	Patients would remain in **Taunton or Dorset for their ASU** care
There would be **no change** to the workforce	There would be a **single medical workforce** would be shared across both sites. There would be no change to the nursing, AHP or support staff workforce	There would be **some changes** to the medical, nursing and AHP workforce	There would be **some changes** to the medical, nursing and AHP workforce
Once ready for rehabilitation, patients would ideally be **discharged closer to home** following their acute care – either home or to a community hospital	Once ready for rehabilitation, patients would ideally be **discharged closer to home** following their acute care – either home or to a community hospital	Once ready for rehabilitation, patients would ideally be **discharged closer to home** following their acute care – either home or to a community hospital	Once ready for rehabilitation, patients would ideally be **discharged closer to home** following their acute care – either home or to a community hospital
There will be **no impact** on other health systems in this option	There will be **no impact** on other health systems in this option	There will be **an impact on other health systems** in this option, primarily Dorset	There will be an **impact on other health systems** in this option, primarily Dorset

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- We then reviewed with our groups the financial, workforce and sustainability modelling of the four shortlisted options and applied further options assessment using evaluation criteria.

- This was supported and endorsed by Fit for my Future Programme Board, Southwest Clinical Senate, Somerset Foundation Trust and Yeovil District Hospital Trust Boards, ICB Executive Committee and ICB Board.

  The evaluation criteria were as follows:
  1. More than 600 admissions per year
  2. Equitable access to time critical interventions
  3. Provision of 24/7 care

- This meant that Options A and B were not taken forward and that Options C and D were identified as the preferred options to take forward to public consultation.

Option A	Option B	Option C	Option D
Do Nothing • No change to current model	Do Minimum • As for option A, but with shared medical workforce	1 HASU • Single HASU at Musgrove Park Hospital in Taunton • No HASU in Yeovil • ASU in Taunton and Yeovil	1 HASU and ASU • Single HASU and ASU at Musgrove Park Hospital in Taunton • No HASU or ASU at Yeovil
Not taking forward to consultation • Failure to meet the >600 admissions per year criteria • Failure to improve access to time critical interventions • Failure to meet the equitable access to 24/7 care criteria	Not taking forward to consultation • Failure to meet the >600 admissions per year criteria • Failure to improve access to time critical interventions • Failure to meet the equitable access to 24/7 care criteria	Option to take forward to consultation	Option to take forward to consultation

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TIA final shortlist

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The final TIA shortlist has gone through a robust process of:

- **Longlist assessment** using "pass/fail" hurdle criteria, June 2022
- **Longlist assessment** by Clinical Reference Group 23/06/22
- **Options appraisal assessment** by Steering Group 28/06/22
- **Shortlist sign off** by FFMF PB 14/07/22

Further assessment of the shortlist by:

- Clinical Reference Group (Yeovil) July
- Staff engagement in MPH, SFT and Dorset Dates July
- Experts by Experience workshop – July

OPTION A (PREVIOUSLY OPTION 1) NO CHANGE	OPTION B (PREVIOUSLY OPTION 8) 7 DAY SERVICE YEOVIL AND TAUNTON
7-day TIA service at **SFT**	**7-day** TIA service at **SFT**
5-day TIA service at **YDH**	**7-day** TIA service at **YDH**

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South West Clinical Senate Scrutiny

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South West Clinical Senate Scrutiny

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The Southwest Clinical Senate provided a report on 21 October 2022 with recommendations from Clinical Review Panel held on 28 September 2022 where they assessed the proposals for the reconfiguration of the Somerset hyper acute and acute stroke services.

This was an independent clinical review carried out to inform the NHS England stage 2 assurance checkpoint which considers whether proposals for large-scale service change meet the Department of Health's 5 tests for service change.

The Senate principally considers tests 3 and 5; the evidence base for the clinical model and the ‘bed test’ to understand whether any significant bed closures can meet one of three conditions around alternative provision, treatment, and bed usage.

Overall, our proposals for hyper acute stroke care were considered well-presented and motivated by a clearly articulated case for change. The Panel observed a level of optimism and enthusiasm within the team, and the sense of this being a cohesive team that has worked well together, and engaged stakeholders, to develop the proposals.

The Panel offered assurance that Options C and D are consistent with a good clinical evidence base with the caveat that Option C was only deliverable if the workforce requirements can be delivered. Options A and B were felt not to be clinically viable

There were some key themes to address for the PCBC which are:

1. A description of the community rehabilitation model and the impact of the options on the whole pathway.
2. Consider how the issue around rehabilitation in the North Somerset population could be improved and set out the model.
3. Include the work that is happening around an integrated rehabilitation stroke service.

These have now been addressed in the PCBC.

A number of recommendations were also made in relation to implementation, and we are reviewing these and incorporating them into our ongoing solution development.

The Panel commended the team for inviting the wider audience - representatives from Dorset and Wiltshire ICS onto the Clinical Review Panel.

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NHS England – Stage 2 Assurance

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NHS England – Stage 2 Assurance

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NHS England has a remit to assure ICBs against their statutory duties and other responsibilities under the Assurance Framework. It has a role to both support and assure the development of proposals by commissioners. ICBs are required to consider this guidance in their exercise of commissioning functions.

On **13 December 2022**, NHS England undertook the Stage 2 assurance meeting to scrutinise our proposals to check that the four tests are applied and provide assurance against best practice checks.

We have received the final written report from NHS England which confirms we have demonstrated confidence and evidence that our proposals satisfy the governments four tests, alongside the NHS England's test for proposed bed closures (where appropriate), best practice checks and is affordable in capital and revenue terms.

The government's four tests of service change are:

1. Strong public and patient engagement.
2. Consistency with current and prospective need for patient choice.
3. Clear, clinical evidence base.
4. Support for proposals from clinical commissioners.

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NHS England – Stage 2 Assurance

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NHS England introduced a new test ("the bed test") applicable from 1 April 2017. This requires that in any proposal including plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions:

i. Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or

ii. Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or

iii. Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First-Time programme)

We have been working closely with NHS England throughout the development of this programme. It was a positive meeting. we have received some initial verbal feedback and we are working through NHS England's comments.

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Decision to Approve
Final Pre-Consultation Business Case

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Final Pre-Consultation Business Case

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The ICB Board is asked to approve and sign off the following draft documents:

- DRAFT Somerset Hyperacute Stroke PCBC V3.0
- PCBC Appendices FINAL 05 Jan 23

Once these have been approved by ICB Board the documents will become the final PCBC and appendices, containing all the evidence and data to support the options to be put forward for public consultation.

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Decision required:-

Approve Pre-Consultation Business Case and Appendices

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Decision to Approve Public Consultation

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Public Consultation

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On 14 December 2022 the Fit for my future Programme Board recommended that we seek approval from the Integrated Care Board to go out to public consultation at the end of January 2023. This will be a 12-week consultation.

Public consultation gives people the opportunity to provide their views before any decisions are taken. We want to gather as many different views on our proposals as possible, including potential benefits or impacts, other ideas or adjustments that could be considered before a decision is made.

Co-design of the consultation engagement plan and materials has been done, working with the Public and Patient stakeholder group, to ensure we communicate in plain English and reach out effectively within our consultation activity.

The consultation delivery plan encompasses a specific approach to ensuring inclusion of those impacted by health inequalities. This includes active engagement in localities and neighbourhoods identified as experiencing high levels of deprivation.

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Public Consultation

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We will use a range of consultation methods to reach different key audiences with a strong focus on reaching seldom heard communities, especially those who may be more likely to be impacted by stroke. The methods of consultation will vary, including focus groups and attendance at pre-arranged outreach meetings, drop-in and pop-up meetings, and will be targeted to ensure the consultation is inclusive.

We will ensure we consult with people who may be impacted by our proposals by:

- Reaching out to people where they are, in their local neighbourhoods and local networks.
- We will make sure staff are kept informed and involved and have opportunity to respond.
- We will cover the geography, demography and diversity of Somerset, and surrounding areas impacted including Dorset, via our communications.
- We will work with partners in surrounding areas, including Dorset, to maximise our engagement and communications reach in surrounding counties where local people may be impacted by proposed changes.

Once the consultation ends, the independent research organisation will analyse all the responses and report the feedback.

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Public Consultation

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In our formal public consultation we will be consulting on proposals to:

- Deliver hyper acute stroke services at one hyper acute stroke unit located at Musgrove Park Hospital in Taunton
- Deliver acute stroke services at either:
  - Two acute stroke units at both Yeovil District Hospital and Musgrove Park Hospital, Taunton; or
  - One acute stroke unit, which would need to be located at the same hospital as the hyper acute stroke unit proposed to be Musgrove Park Hospital, Taunton.

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Decision required:-

Approve public consultation

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Next Steps

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Next steps

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- Continue to work with Dorset and neighbouring systems on potential impact of our shortlisted options
- Continue to engage with staff, people with lived experience, and their relatives and carers
- Launch public consultation (subject to Board approval) – 12 weeks likely end January 2023
- Consider consultation feedback
- Develop Decision Making Business Case