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Report to the NHS Somerset Integrated Care Board on 30 November 2023

Title: Reconfiguration of Stroke Services – Review of Option Viability prior to Decision Making Business Case	**Enclosure E**

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Summary and Purpose of Paper

This paper provides an update on the viability of the options which were contained within *Somerset Acute Hospital-based Stroke Services Reconfiguration: Pre-Consultation Business Case*[1] considered by the ICB Board on 26 January 2023 where approval was given to proceed to consultation.

Since undertaking the consultation, we have sought to combine what we heard with other aspects of the proposed changes to stroke services including financial, geographical, logistic, and operational considerations. Further assessment of a range of information has identified information which was not available prior to launching the consultation. What we now know is:

- There was significant concern heard during the consultation that family and loved ones play an important role in the patient's recovery and the impact of not being able to see loved ones could have on the wellbeing of patients.

- It is not possible to deliver the entirety of Option B at the Dorchester County Hospital site and even a partly implemented solution would require significant capital investment which would have to be diverted from other planned improvements in Somerset, to support both Dorchester County Hospital and Musgrove Park Hospital to provide stroke services and could not be implemented within the two-year timetable set.

This, put alongside the strong public opinion heard through the public consultation around the adverse impact on families and carers if stroke services were completely removed from Yeovil has led to the recommendation to discount Option B and to work with Option A as a preferred Option.

We expect our work on acute hospital-based stroke services to be completed early next year, so we will be able to put forward a final decision-making business case to the NHS Somerset Board.

[1] FINAL-Somerset-Hyperacute-Stroke-PCBC-V4.0.pdf (oursomerset.org.uk)

A final decision on the future of stroke services is expected to be made in January in 2024.

Recommendations and next steps

A recommendation is made to the ICB Board to **Approve** the discounting of Option B and to work with Option A as a preferred Option.

No final decision has been made. Based on the modelling and work we have done so far; we think that the only deliverable option for the future of the hyper acute stroke services is for there to be one hyper acute stroke unit at Musgrove Park Hospital in Taunton and an acute stroke unit at both Yeovil District Hospital and Musgrove Park Hospital.

Before a final decision on the future of stroke services can be made, further modelling of the preferred option needs to be completed. This includes further analysis of the financial, geographical, and operational impact, and public feedback.

Only once this work has been completed, a recommendation for the future of hyper and acute stroke services in Somerset will be made to this Board to enable a final decision on the future of stroke services.

Impact Assessments – key issues identified.

Equality	An EIA was completed as part of the programme of work. This has been updated with feedback gained from the Consultation. The programme will reduce health inequalities by delivering equitable access to timely specialist interventions proven to reduce mortality and morbidity and best practice long-term rehabilitation support to optimise the quality of people's lives after stroke, regardless of where they live.
Quality	By centralising our hospital-based stroke services, we will be better placed to follow best practice national guidance and deliver improved outcomes for people who use Somerset services. This will include 24/7 services, address workforce issues and provide treatment in a more timely way.
Safeguarding	Safeguarding has been considered as part of the process of developing the pre consultation business case. It has been considered that safeguarding does not directly impact the shortlist of options but will be an integral part of any future implementation. We are committed to following the Mental Capacity Act and engaging with robust capacity and best interest assessments. As any changes to services are implemented, due regard will be given to ensure the services meets our responsibilities outlined in the MCA including Deprivation of Liberty safeguards and Liberty Protection Safeguards as well as our statutory safeguarding duties.
Privacy	There are no information sharing implications of this report.
Engagement	The paper takes into account feedback gathered during an extensive 12 week public consultation and further conversations with key stakeholders.

Financial / Resource	The indicative estimates of the two options have been assessed from both a Capital and Revenue perspective. The detail of this is within the paper.

Governance or Legal	The recommendation to discount Option B is made by the Stroke Project Board. Previously the ICB Board approved the decision to proceed to consultation on 26 January 2023.
	
	The programme is being overseen by NHSE under the service change guidance and is subject to the associated assurance processes[2]. This has included a Clinical Review Panel by the South West Clinical Senate.
	
	Legal advice was taken in relation to public consultation, completion of the PCBC and further option assessment.
	
	There is a legal duty on NHS organisations to involve patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate:
	• Section 242, of the NHS Act 2006, places a duty on the NHS to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate.
	• Section 244, of the NHS Act 2006, requires NHS bodies to consult relevant local authority Overview and Scrutiny Committees on any proposals for substantial variations or substantial developments of health services. This duty is additional to the duty of involvement under section 242 (which applies to patients and the public rather than to Overview and Scrutiny Committees).
	• The NHS Act 2012, Section 14Z45 places a duty on ICBs to make arrangements to ensure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):
	  o in the planning of the commissioning arrangements by the integrated care board;
	  o in the development and consideration or proposals by the integrated care board for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them;
	  o in decisions of the integrated care board affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

Sustainability	Consideration has been made to increased travel times for carers and family being part of and supporting rehabilitation after having a stroke which is key to recovery and was consistently noted in the consultation feedback.
Risk Description	Reputational damage to organisations from legal challenge brought by members of the public (Judicial Review and/or Independent Reconfiguration Panel.

Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	5	3	15	446

[2] planning-assuring-delivering-service-change-v6-1.pdf (england.nhs.uk)

RECONFIGURATION OF STROKE SERVICES – REVIEW OF OPTION VIABILITY PRIOR TO DECISION MAKING

21 November 2023

RECONFIGURATION OF STROKE SERVICES – REVIEW OF OPTION VIABILITY PRIOR TO DECISION MAKING BUSINESS CASE

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RECONFIGURATION OF STROKE SERVICES – REVIEW OF OPTION VIABILITY PRIOR TO DECISION MAKING BUSINESS CASE

1 EXECUTIVE SUMMARY AND PURPOSE OF PAPER

1.1 This paper provides an update on the viability of the options which were contained within *Somerset Acute Hospital-based Stroke Services Reconfiguration: Pre-Consultation Business Case*[1] considered by the ICB Board on 26 January 2023 where approval was given to proceed to consultation. The two options for change were taken to Public Consultation between January and April 2023 which were as follows:

Figure 1: Options taken to public consultation

OPTION A	OPTION B
A single **hyper acute unit** in Somerset at Musgrove Park Hospital, Taunton Patients will be taken to their nearest Hyper Acute Stroke Unit (this could be Dorchester, Bath, Salisbury or Taunton)	
An **acute stroke unit** at **both** Musgrove Park Hospital and Yeovil District Hospital.	A **single acute stroke unit** at Musgrove Park Hospital, Taunton.

The public consultation was one part of a bigger piece of ongoing work, that continues to consider all aspects of the proposed changes to stroke services, including financial, geographical, logistic, and operational considerations. Part of the process includes a further options appraisal where a range of information will be reviewed to get to a preferred option for the future.

The findings from the consultation have been independently reviewed by ORS and a summary of the key insights from this report are being shared at the November ICB Board meeting[2].

Since undertaking the consultation, we have sought to combine what we heard with other aspects of the proposed changes to stroke services including financial, geographical, logistic, and operational considerations. Further assessment of a range of information identified information which was not available prior to launching the consultation. What we now know is:

- There was significant concern heard during the consultation that family and loved ones play an important role in the patient's recovery and the impact of not being able to see loved ones could have on the wellbeing of patients

- It is not possible to deliver the entirety of Option B at the Dorchester County Hospital site and even a partly implemented solution would require significant capital investment which would have to be diverted from other planned improvements in

[1] FINAL-Somerset-Hyperacute-Stroke-PCBC-V4.0.pdf (oursomerset.org.uk)
[2] Board papers and meetings - NHS Somerset ICB

Somerset, to support both Dorchester County Hospital and Musgrove Park Hospital to provide stroke services and could not be implemented within the two year timetable set.

This, put alongside the strong public opinion heard through the public consultation around the adverse impact on families and carers if stroke services were completely removed from Yeovil has led to the **recommendation** to discount Option B and to work with Option A as a preferred Option.

We expect our work on acute hospital-based stroke services to be completed early next year, so we will be able to put forward a final decision-making business case to the NHS Somerset Board.
A final decision on the future of stroke services is expected to be made in January 2024.

2 BACKGROUND

2.1 Stroke is both a sudden and devastating life event, with 100,000 new strokes a year and over a million people living with the consequences of stroke. It is the single largest cause of complex disability and therefore has a significant impact on health and social care, unpaid carers, and lost productivity.

As already described, the demand for stroke care is predicted to increase over the coming years. As such, the number of specialist stroke staff will need to increase to ensure the delivery of safe and effective stroke care, in line with national guidance.
It is widely accepted that to provide sufficient patient volumes to make a hyperacute stroke service clinically sustainable, to maintain expertise and to ensure good clinical outcomes, 600 stroke patient admissions per year are required.

This is achieved in Musgrove Park Hospital, however Yeovil District Hospital does not achieve the required yearly numbers to be able to deliver a clinically sustainable hyperacute stroke service.

Changing stroke services in Somerset would have the biggest impact on the Dorset system.

We have engaged with and involved our neighbouring health systems and organisations throughout the development of our case for change and PCBC. Key partners from Dorset and SWASFT have been present on our Steering Group and Clinical Reference Group.

Our vision for adult stroke care is that:

“Stroke patients in Somerset will receive timely acute interventions and receive access to world-class services, regardless of where they live.”

3 CASE FOR CHANGE

3.1 In 2019 a review of the Somerset configuration of stroke services was carried out as part of the Fit For my Future Programme. A key recommendation from this strategy was to review the way Hyper Acute Stroke Unit (HASU) and Transient Ischaemic Attack (TIA) services are provided in Somerset.

3.2 The main reasons for needing to reconfigure acute stroke services within Somerset are:

Workforce sustainability
This is a burning platform, with significant risks caused by ongoing challenges with recruitment and retention of specialist staff.

- There are not enough specialist stroke staff to deliver 24/7 consultant cover
- There are not enough specialist nursing staff or therapists to meet the national standards for stroke care
- The current Stroke Consultant at Yeovil is due to retire and recruitment for the post has not been successful

Clinical outcomes
We are failing to meet several national performance targets in relation to hyperacute and acute care in both Taunton and Yeovil which have a negative impact on clinical outcomes, including:

- Being quickly seen by a consultant stroke specialist
- Getting a timely brain scan
- Timely access to treatment, including thrombolysis and thrombectomy
- Getting timely TIA assessment and management
- Getting a multidisciplinary team assessment, including swallow screening
- Spending most of the time following a stroke on a stroke ward

Inequalities
There is currently variation and inequitable provision of acute stroke care across the county, especially over weekends and out of hours.

Financial sustainability
There is currently a poor correlation between the money spent on stroke and the outcomes achieved. There is opportunity to reduce the long-term care costs associated with stroke by improving the outcomes in the hyperacute phase.

4 PUBLIC CONSULTATION ON THE OPTIONS FOR CHANGE

4.1 In January 2023 the Pre-Consultation Business Case[3] was presented to the ICB Board who gave approval to go to public consultation with two options.

OPTION A	OPTION B
A single **hyper acute unit** in Somerset at Musgrove Park Hospital, Taunton Patients will be taken to their nearest Hyper Acute Stroke Unit (this could be Dorchester, Bath, Salisbury or Taunton)	
An **acute stroke unit** at **both** Musgrove Park Hospital and Yeovil District Hospital.	A **single acute stroke unit** at Musgrove Park Hospital, Taunton.

The summary of the impact of these changes is shown below.

Option A Hyperacute and acute stroke care and TIA services	**Option B** Hyperacute and acute stroke care and TIA services
Single HASU at Musgrove Park Hospital in Taunton. No HASU in Yeovil. ASU at Taunton and Yeovil.	Single HASU at Musgrove Park Hospital in Taunton. No HASU in Yeovil. No HASU or ASU at Yeovil
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 not** receive suspected stroke patients at any time unless patient walks in	Yeovil emergency department (A&E) **would not** receive suspected stroke patients at any time unless patient walks in
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 Dorchester for their HASU** care
Somerset patients would return to **Yeovil for their ASU** care	Patients would remain in **Taunton or Dorchester for their ASU** care
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

[3] FINAL-Somerset-Hyperacute-Stroke-PCBC-V4.0.pdf (oursomerset.org.uk)

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
TIA service would be delivered 5 days a week in Yeovil and at weekends patients would be directed to Taunton service.	**TIA** services would be delivered 7 days a week in Taunton. There would be no TIA service at Yeovil.

Somerset ICB undertook a twelve-week period of consultation[4], from January to April 2023, which gathered feedback on the future of acute hospital-based stroke services in Somerset, from people living in Somerset, people who use Somerset hospitals and partner organisations who are impacted by these proposals.

5 PROCESS FOR DEVELOPING THE ORIGINAL OPTIONS

The options were developed with substantial engagement from local clinicians and staff, people with lived experience, community and voluntary sector partners and colleagues from neighbouring health systems.

At the start of the process a **long-list** of **9 options** was developed. This long-list was based on all the possible ways we could change the hyperacute stroke service, including an option to not change it at all.
A set of **Hurdle Criteria** were developed to test each option against. The Hurdle Criteria were scored with a Pass or Fail.

A range of expert groups were asked to review the long list, as follows:

- Experts by Experience
- Taunton Stroke Team
- Yeovil Stroke Team
- Dorset Stroke team
- The Ambulance Service
- Taunton Emergency Department Team
- Yeovil Emergency Department Team
- Options with more passes than fails were added to the shortlist, along with the Do Nothing option.
- A **shortlist** with **6 options** was developed.

These 6 options were reviewed by the Stroke Steering Group and reduced to 4 options based on clinical safety. A **final shortlist** of **4 options** was agreed and approved by FFMF Programme Board.

The shortlisted options were reviewed by the Stroke Steering Group and Stakeholder Reference Group and each option was ranked based on the outcomes of the hurdle criteria assessment, stakeholder assessment of the shortlist and outputs from the modelling.

[4] Documents, information sheets and videos - Our Somerset

The four shortlisted options were assessed by a Clinical Review panel of the South West Clinical Senate in September 2022[5]. The panel deemed that the first two options would not address the reasons set out in the Case for Change and provided assurance for two options that were consistent with a strong clinical evidence base: Option C (HASU at SFT only) and Option D (All HASU and ASU beds at a single hospital site - SFT).

Following the review of the shortlisted options and the clinical senate review, two preferred options were identified to take forward and they formed the basis of consultation between 30th January and 24th April 2023.

6 ACTIONS TAKEN SINCE THE CONSULTATION

6.1 Feedback from the consultation has been gathered and analysed. This analysis has been considered by the Stroke Steering Group, Stakeholder Reference Group and the Stroke Project Board.

We have developed a 'You said, we are doing report' which will be published at the November 2023 ICB Board to set out the actions we are taking in response to what we heard during the consultation.

Additional modelling and analysis at a more detailed level about the two shortlisted options which formed the basis of consultation and several areas have been identified which were not available at the time of commencing the consultation.

This additional information can be summarised under two main themes:

- There was significant concern heard during the consultation that family and loved ones play an important role in a patient's recovery and the impact of not being able to see loved ones could have on the wellbeing of patients

[5] Somerset-Stroke-CRP-Report-Sept-2022-V1.1_FINAL_.pdf (swsenate.nhs.uk)

    - Concerns around increased travel times to other hospitals for emergency stroke care, especially in the context of the time critical nature of stroke.
    - Suggestions were made around making travel easier for visiting family, helping with car parking costs and having available accommodation nearby.
    - The importance of easy access for visitors was stressed, as visits from loved ones was seen as being crucial to stroke patients' recovery.
    - Concerns raised around the current ambulance waiting times adding to the delay in getting treatment.

- It is not possible to deliver the entirety of Option B at the Dorchester County Hospital site and even a partly implemented solution would require significant capital investment which would have to be diverted from other planned improvements in Somerset, to support both Dorchester County Hospital and Musgrove Park Hospital to provide stroke services and could not be implemented within the two-year timetable set.

7 PROCESS FOR REVIEWING THE VIABILITY OF THE TWO REMAINING OPTIONS

7.1 Following the public consultation, the two options have been going through some detailed work up by system colleagues, along with Subject Matter Experts within Somerset Foundation Trust and continuing discussion with Dorchester County Hospital senior management and clinical staff.

To assess these findings, we used the same process which was originally undertaken to move from a long list of options to a short list of options which involved the application of a series of "pass/fail" criteria. The detail of this is contained within the PCBC[6] and were adapted from those used by BNSSG in their stroke review. A small number of amendments were made to ensure they reflected the local context and these were approved by the Stroke Steering Group, on 26th April 2022, as suitable and appropriate for use within Somerset.

A summary of these hurdle criteria are shown below.

- Quality of Care - impact on outcomes
    - Clinical Effectiveness / Patient Safety / Access to care
- Quality of Care – impact on patient and carer experience
- Deliverability
    - Expected time to deliver / Co-dependencies
- Workforce sustainability
    - Scale of Impact for Current staff / Future staff
- Travel times for patients, carers and their visitors

[6] FINAL-Somerset-Hyperacute-Stroke-PCBC-V4.0.pdf (oursomerset.org.uk)

- Distance, cost, and time to access services
- Impact on equalities

At the initial application of the hurdle criteria, information on the financial impact was not available at the time. On the reapplication of the hurdle criteria, we have considered the financial impact of both options.

This has enabled us to evidence whether anything has changed since the initial application of the hurdle criteria which would rule out an option. The same range of expert groups were asked to review the Options and support the application of the hurdle criteria, as follows:

- Experts by Experience
- MPH Stroke Team
- YDH Stroke Team
- Dorset Stroke team
- SWASFT
- SFT Emergency Department
- YDH Emergency Department

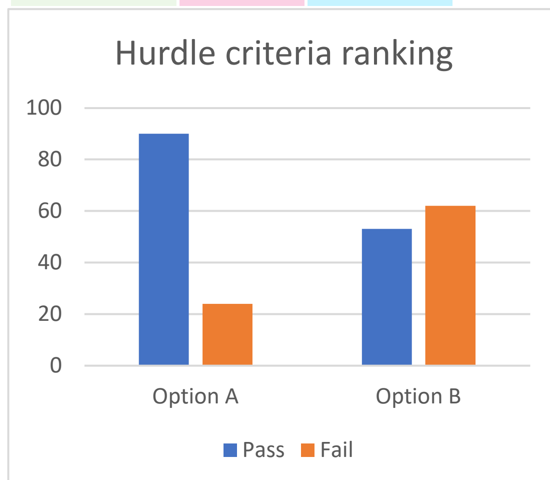
The Directors of Finance within Somerset ICS, working with their colleagues in Dorset to understand the financial impact of the options.

8 FINDINGS OF THE REAPPLICATION OF THE HURDLE CRITERIA

8.1 The reapplication of the hurdle criteria demonstrated that Option B was no longer viable, with more fails than passes, particularly within the deliverability element and travel times for carers.

Option B would require a temporary solution at Dorchester County Hospital of temporary wards, before a final solution was made. This would not be implemented within the next two years.

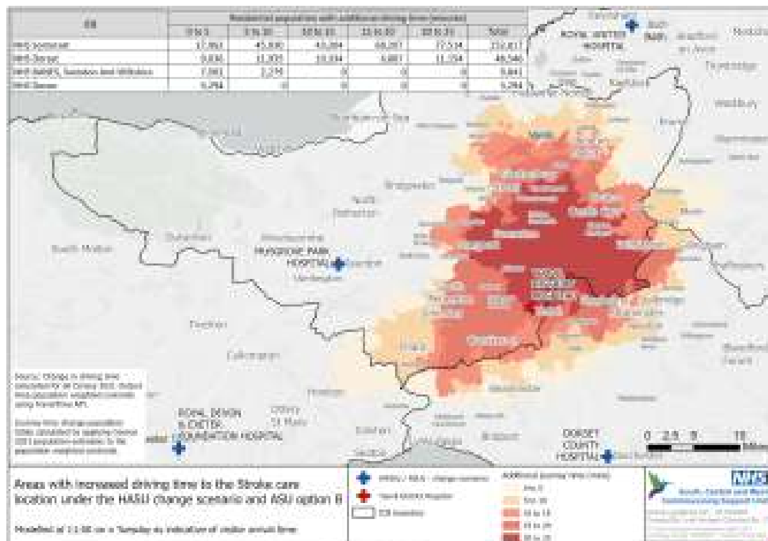
	Pass	Fail
Option A	90	24
Option B	53	62



The main hurdle criteria where there were more passes than fails for Option B were on deliverability within two years and travel times. Workforce sustainability also had a higher number of fails for Option B.

We know that having carers and family being part of and supporting rehabilitation after having a stroke is key to recovery, and this was consistently noted in the consultation feedback.

Further analysis was undertaken to understand the increase in travel time to a stroke care location under the options. The map below shows that a lower proportion of Somerset residents are able to access an Acute Stroke Unit in Option B within the time bandings set out. The increase in modelled journey time at 11.00 and is intended to illustrate the increase in journey time by private car during the daytime. This is most relevant to journeys by friends and family to visit stroke patients at a HASU or ASU.



Support for providing acute stroke care at both Taunton and Yeovil hospitals was also echoed across the other consultation strands. The reasoning for most was wanting to keep services local and the potential impacts of increased journey times to reach an acute stroke unit on patients, visitors, and staff members. Early transfer back to their local area would allow carers/relatives to be more easily involved in patients' on-going care.

The hurdle criteria set deliverability criteria of two years. At the time of the reapplication of the criteria, it was expected that to deliver Option B at Dorchester County Hospital would require a temporary ward o provide the bed capacity required before a final permanent solution was made, which could not be delivered within the two years.

Since the reapplication of the hurdle criteria, it has emerged that it is not possible to deliver the entirety of bed requirements for Option B at Dorchester County Hospital site and even a partly implemented solution

would require significant capital investment which would have to be diverted from other planned improvements in Somerset, to support both Dorchester County Hospital and Musgrove Park Hospital to provide stroke services and could not be implemented within the two-year timetable set.

9 UNDERSTANDING THE FINANCIAL IMPACTS OF THE OPTIONS

9.1 Further financial modelling of both capital and revenue requirements has been undertaken of the two options. This has included a more detailed analysis by Dorset Count Hospital NHS Foundation Trust.

Capital

Indicative estimates for the implementation of Option B are that the capital required for the temporary solution at DCH is approximately £7.8m, however this would still not provide a solution to accommodate the increased demand in a 38 bed stroke unit on the DCH site, therefore Dorset ICS cannot support option B. Even if this option could accommodate the required number of beds, this represents 25% of the Somerset system capital allocation and by investing this money in stroke services means that we could not invest in other priority areas such as Electronic Health Records and a reduction in addressing the backlog maintenance requirements in Somerset.

The indicative capital costs of option A are £3.5m, and whilst this would have an impact on other areas of the system capital programme, is more manageable than option B.

The SFT capital costs of both options are relatively modest and will be managed within existing operational capital programme allocation.

Revenue
The indicative additional revenue costs at DCH of Option A is £2.63m in comparison with £3.2m for option B.

The indicative annual additional revenue costs at SFT of Option A are £2.1m and for Option B are £0.9m.

10 SUMMARY AND RECOMMENDATION

10.1 Implementation of the bed requirements under Option B is not deliverable on the Dorchester County Hospital site. Even a part implemented solution would require significant capital investment which would have to be diverted from other planned improvements in Somerset, to support both Dorchester County Hospital and Musgrove Park Hospital to provide stroke services and could not be implemented within the two-year timetable set.Put alongside the strong public opinion heard through the public consultation around the adverse impact on families and carers if stroke services were completely removed from

Yeovil a **recommendation is made to the ICB Board to discount Option B and to work with Option A as a preferred Option.**

No final decision has been made. Based on the modelling and work we have done so far; we think that the only deliverable option for the future of the hyper acute stroke services is for there to be one hyper acute stroke unit at Musgrove Park Hospital in Taunton and an acute stroke unit at both Yeovil District Hospital and Musgrove Park Hospital.

Following analysis of the public feedback, detailed modelling, and an options appraisal of the two options taken to public consultation the recommendation has now been made to discount option B, which proposed creating one hyper acute stroke unit and one acute stroke unit at Musgrove Park Hospital.

Before a final decision on the future of stroke services can be made, further modelling of the preferred option needs to be completed. This includes further analysis of the financial, geographical, and operational impact, and public feedback.

Only once this work has been completed, a recommendation for the future of hyper and acute stroke services in Somerset will be made to the NHS Somerset Board to enable them to make a final decision on the future of stroke services.