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Dear Becca,

BNSSG Stroke Service Reconfiguration: Stage 1 Assurance

Thank you for the submission of supporting materials and the preparatory work ahead of our Stage 1 Strategic Sense Check held by teleconference call on Wednesday, 18th March 2020. This letter summarises the outcomes from our discussions and the actions needed to progress to Stage 2 assurance.

1. Background to the scheme

There is currently significant variation in the way stroke services are provided across the BNSSG STP. Acute Trusts are failing to meet many of the national clinical and quality standards for stroke, and stroke patients often remain on acute wards even after they are medically fit to be discharged. The recruitment of specialist stroke clinicians is also a significant challenge in BNSSG.

The CCG's ambition is to reconfigure stroke services to create a consistently high quality and equitable service for patients across BNSSG, in line with national clinical guidance including the NHS Long Term Plan, which will both improve outcomes for patients and provide a more sustainable model of care.

ACTION: As work progresses in the PCBC, please share your updates on setting out the objectives, with the aim of supporting NHSEI-BNSSG close working on the PCBC.

2. Emerging Proposals

The CCG's service reconfiguration proposals comprise three main elements:

a. Establishing a single Hyper-Acute Stroke Unit (HASU) which will serve the entire BNSSG population.

b. Establishing a number of Acute Stroke Units (ASUs) across the BNSSG STP.

c. Reconfiguring the rehabilitation pathway for stroke to support early supported discharge and care closer to home.

Acute Pathway

A meeting to evaluate the options for the location of ASUs within BNSSG STP was held on 13 February 2020. This meeting involved clinicians from all stroke provider organisations in the STP and identified that there are two main options under consideration:

Option 1: involves establishing a HASU and ASU at the North Bristol NHS Trust (NBT), while developing Sub-Acute Rehabilitation Units in Bristol, North Somerset and South Gloucestershire.

Option 2: also involves establishing a HASU and ASU at NBT, in addition to developing an ASU at UHB (to support inpatients under other specialities, such as vascular, who have experienced a stroke but cannot be transferred), and Sub-Acute Rehabilitation in Bristol, North Somerset and South Gloucestershire.

The options appraisal process has identified Option 1 as the CCG's preferred clinical model at this stage. As a result of the options appraisal process you have decided not to pursue the development of an ASU at Weston General Hospital (WGH). Changes associated with the Healthy Weston programme in North Somerset mean that WGH would be unable to support the level of acuity required for an ASU and there are insufficient staff numbers to support ASUs across three different locations. A paper outlining why options to develop an ASU at WGH are not considered to be viable will be presented to the BNSSG Clinical Stroke Programme Board in due course.

Sub-Acute Pathway

A meeting to evaluate the options for the number and location of sub-acute rehabilitation beds in the BNSSG STP was held on 26 February 2020. This workshop considered six options in total and the discussion was facilitated by an independent clinical chair; Prof. Andrew Cant, who is the chair of the North East Clinical Senate. You noted in the Stage 1 meeting how helpful this independent facilitation was to the running of the Options Appraisal Workshop by enabling a constructive and clinically driven debate.

Through the objective assessment of the individual evaluation criteria, Option C (where sub-acute rehabilitation beds are provided in each of the three BNSSG local authorities) emerged as the strongest clinical model, noting especially the importance of having support from relatives and carers in the sub-acute phase of care. There was also a consensus that a sub-acute rehabilitation facility should be made available at WGH for the North Somerset population because of the distance of this hospital from the nearest ASU.

In the supporting information you shared ahead of the Stage 1 meeting, you note the interdependencies between the proposed reconfiguration of stroke services and community rehabilitation services being developed as part of the recovery, reablement, and rehabilitation ('3Rs') programme in Bristol.

You also made it clear in the Stage 1 meeting that a considerable amount of work, including further financial and activity modelling, is required to be able to determine the future state of out of hospital care and community stroke beds.

To achieve assurance at Stage 2, NHSE&I will require the full outputs from the BNSSG demand and capacity modelling and resultant estimate of bed numbers, and equivalent capacity to be achieved through support to care at home.

3. Options Appraisal Criteria

You explained that you have based your Options Appraisal Criteria on those previously used for the Healthy Weston programme, building on the CCG's extensive engagement in deriving these, including work with North Somerset HOSC, and as reviewed by the BNSSG Stroke Programme Board (as detailed in the supporting materials shared with NHSE&I ahead of the Stage 1 meeting).

ACTION: share evaluation criteria and seek views with Joint Health Overview and Scrutiny Committee, including Bristol, South Gloucestershire and North Somerset local authorities.

4. Stage 1 Assurance

Our meeting on 18 March discussed the proposed reconfiguration of stroke services across the BNSSG STP in the context of NHS England's assurance framework, and our initial assessment is summarised below.

- **Key test 1: Strong public and patient engagement**

Thank you for briefing us on the initial phase of your public engagement, which was carried out between May 2019 and February 2020, and gathered over 420 pieces of feedback from more than 130 individuals, by working with existing stroke support groups in the voluntary sector and through the set-up of two dedicated workshops to discuss the options for reconfiguring the (i) acute pathway and (ii) sub-acute pathway. This has been in addition to applying the learning from previous engagement activity carried out for the Healthy Weston programme, where there are common themes (e.g. care closer to home).

ACTIONS:

- Complete mapping of all pre-engagement activities completed to date and identification of any gaps.
- Strengthen engagement activities in South Gloucestershire.
- Strengthen involvement of primary care, noting the timing for this will now be driven by when capacity becomes available post-pandemic.

It was noted in the Stage 1 meeting that local elections scheduled to take place on 7 May 2020 have been postponed for 12 months in response to Covid-19. Equally, engagement and consultation activities will be limited as a result of Covid 19.

With regards the statutory requirement for 'significant' service reconfiguration proposals to be discussed with the Local Authority Overview and Scrutiny Committees (OSCs), you confirmed that you held a closed meeting with HOSC chairs at the end of February 2020 to discuss the scope of your proposals and your planned approach to engagement. You have yet to present your proposals at a joint OCS meeting, and the OSCs have yet to give you their opinion about whether formal public consultation is required, and if so on which aspects of your proposals. These discussions will need to have concluded on joint OSC views on the requirements for consultation ahead of our Stage 2 assurance meeting.

- **Key test 2: Consistency with current and prospective patient choice**

At the Stage 1 meeting you informed us that you are in the process of drafting an Equality Impact Assessment (EIA) which you will present at the next BNSSG Stroke Programme Board Meeting for review and comment. This EIA will look at how different groups are likely

to be affected by the changes you are proposing, as well as and the types of mitigating actions required.

You also outlined the work you are doing with Local Authorities to support greater integration between health and social care in relation to the stroke pathway, highlighting that Sirona will become the main provider of adult community care across the BNSSG STP from 1 April 2020 when a new community services contract takes effect.

To achieve assurance at Stage 2, NHSE&I will require an impact assessment that describes how the feedback from engagement activities has impacted on the nature of the proposals, and how the options proposed for consultation (e.g. the location of HASU and ASU services) are likely to affect patients' choice of place and type of service, and any relevant mitigations.

ACTION: NHSEI to share examples of how other PCBCs for stroke proposals have addressed patient choice.

- **Key test 3: Clear, clinical evidence base**

We discussed the recent SW Clinical Senate desktop review of your proposals. You confirmed that the Clinical Senate's review had been well received by the CCG, commending the clear and supportive way in which the senate's report had been written.

We were impressed in the meeting by your ambition to improve Early Supported Discharge (ESD) from hospital for stroke patients, as well as your understanding of the challenges currently faced by patients transitioning from acute care into community-based rehabilitation or reablement services, and the opportunity to deliver greater consistency in the way stroke rehabilitation and reablement services are provided across the STP.

As presented, the draft proposals suggest that the clinical models and pathways are likely to be compliant with national guidance and models of care. We will seek independent clinical advice on the final proposals, once set out in the PCBC, with the South West Clinical Senate.

We noted that the Clinical Senate's desktop review was carried out at an early stage in the development of your proposals. Their report highlighted a number of areas where further work is required in order to provide assurance at Stage 2 meeting (e.g. workforce modelling) and we would advise you to liaise directly with the Senate in relation to these areas.

- **Key test 4: Support from GP commissioners**

We recognise that up to this point the focus of your work has been on developing options for stroke services across BNSSG, and that you are now looking to shift your focus to the engagement of clinicians, including GPs, around these proposals, recognising that this could prove challenging while clinicians are prioritising Covid-19.

It was noted in the Stage 1 meeting that there is broad clinical support for the establishment of a centralised HASU serving the BNSSG population, as well as the benefits from co-locating an ASU alongside the HASU, provided that sufficient alternative provision is put in place at Acute Trusts which are not designated as an ASU.

You updated us that the proposals had received unanimous GP support from the BNSSG Commissioning Executive Group. You recognised that primary care staff will have an important role to play in advocating your service reconfigruation proposals to patients and the public, and that further work is needed with this vital stakeholder group. You explained

that you have identified a GP Lead, plus plans to engage with GPs directly about these proposals through existing GP locality networks.

For Stage 2 assurance, we will seek confirmation that you have discussed your service reconfiguration proposals with GPs and neighbouring clinical commissioners, and that these stakeholders are supportive of your taking these proposals out to public consultation

- **Key test 5: Patient care test (5th 'beds test')**

We discussed the importance of Stage 2 assurance against this test, recognising that further modelling work is required to provide assurance against this test. Any consultation proposals involving a reduction in the number of existing hospital beds in any location will therefore need to demonstrate that one or more of the following three conditions are met:

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

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

3. *Where the 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).*

- **Financial Checks**

We discussed the financial modelling you had carried out to date. You confirmed that the total turnover of the affected services (for all sites impacted by the transition, at current prices) is likely to be circa £22m, far less than the NHSEI threshold for national assurance processes of £350 million in any one year. Further modelling is required to confirm the exact capital value of this scheme and you expect this to be less than £50 million.

Given these financial values, we can confirm that the NHSEI level of assurance needed for BNSSG CCG's stroke proposals will rest with the NHS/I SW Regional Director.

You highlighted the positive engagement with social care and the appetite across health and social care to formulate integrated proposals and to fully understand the baseline position across the STP, with a view to making the social care offer much more consistent across the patch too. We understand that you will be presenting the baseline financial position for these proposals to the BNSSG Stroke Programme Board before the end of March 2020.

Ahead of Stage 2 assurance, we recommend close working with NHSEI, via Linzi Holden, in support of the development of the PCBC financial modelling.

- **Other Best Practice Checks**

We noted that the SW Clinical Senate raised a number of queries about workforce in their desktop review and you explained that your proposals aim to develop a single, more effective, and more integrated stroke workforce across the BNSSG system, responding to the appetite for creating more flexible roles amongst the stroke clinicians, and that you would be presenting initial workforce plans to the BNSSG Stroke Programme Board before the end of March 2020.

We emphasised the importance of taking digital technology and digital transformation into consideration as part of the development of your proposals, highlighting the opportunities for Artificial Intelligence (AI) in relation to the stroke pathway, as well as reflecting on the learning from other service reconfigurations with regards to ensuing that historical information flows into the new system.

ACTION: Currently no allocated budgets are shown within the 20-21 draft BNSSG Operating Plan submissions for digital investment for stroke proposals. Further discussion needed with NHSEI Head of Digital and BNSSG digital leads.

We also briefly discussed the Programme Management resources in place to support your proposals, agreeing to keep this under review with the current need to prioritise resources for Covid-19.

5. Stage 1 Strategic Sense Check Conclusions

The purpose of Stage 1 is to ensure that service reconfiguration proposals are focused on securing sustainable improvements in the quality of services and health outcomes. I am therefore pleased to confirm our Stage 1 assurance of BNSSG CCG's plans to reconfigure stroke services across the BNSSG STP.

6. Next steps

- **Stage 2 assurance process**

I confirm that Stage 2 assurance of this scheme will be led by Dr Liz Mearns and colleagues in NHSEI's SW Strategy and Transformation directorate. Once completed, NHSEI's assurance decision confirming readiness to proceed to consultation, will be provided in a letter from the SW Regional Director.

- **Timescale for Stage 2 assurance**

Thank you for providing us with a comprehensive timeline for the development of your proposals. We agreed that, as a consequence of Covid 19, the proposed timing for moving forward with different aspects of service improvement and service reconfiguration may fall into:

- Aspects that will be fast-tracked as a result of Covid-19
- Aspects that will be progressed "back office", ready for re-initiating proposals post-pandemic
- Aspects that will stop for now

ACTION: we agreed to hold a separate conversation about future touchpoints and next steps.

We noted that clinical work must take priority and we can now confirm that Clinical Senates in England have suspended work on clinical reviews during the COVID crisis. It will not be possible to go ahead with the Clinical Panel originally scheduled for the end-April. If BNSSG identifies specific elements of the proposals which need to be implemented on a temporary basis and if the combined view is that a review of the clinical aspects of these elements by the Clinical Senate would be helpful, we will try to set up a teleconference with

appropriate clinicians from the Senate and the system at a mutually convenient time, similar to that which was set up for the interim Healthy Weston Critical Care proposals

I hope the above is helpful; if you have any queries or concerns about the service reconfiguration process or Stage 2 assurance, please contact Christina Button in the first instance (christina.button@nhs.net).

Yours sincerely

Laura Nicholas

Director of Strategic Transformation / Locality Director, NHSE/I South West

Cc

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Annex 1: Summary of Actions from Stage 1 Strategic Sense Check Meeting

As per the actions noted in this letter, we would recommend that the BNSSG CCG:

- Continue to liaise with the South West Clinical Senate about responding to the actions from their Desktop Review, as well as possible review timelines.
- As work progresses in the PCBC, please share your updates on setting out the objectives, with the aim of supporting NHSEI-BNSSG close working on the PCBC.
- Share evaluation criteria and seek views with Joint Health Overview and Scrutiny Committee, including Bristol, South Gloucestershire and North Somerset local authorities.
- Complete mapping of all pre-engagement activities completed to date and identification of any gaps.
- Strengthen engagement activities in South Gloucestershire.
- Strengthen involvement of primary care, noting the timing for this will now be driven by when capacity becomes available post-pandemic.
- NHSEI to share examples of how other PCBCs for stroke proposals have addressed patient choice
- Currently no allocated budgets are shown within the 20-21 draft BNSSG Operating Plan submissions for digital investment for stroke proposals. Further discussion is needed with NHSEI Head of Digital and BNSSG digital leads.
- We agreed to hold a separate conversation about future touchpoints and next steps.

Annex 2: List of documents shared by BNSSG STP ahead of Stage 1 Sense Check Meeting

- BNSSG Stroke Reconfiguration: Stage 1 Strategic Sense Check Briefing Slides, v0.2 dated 18th March 2020
- ASU Evaluation Meeting (Workshop 2): Outcome Summary, v4 dated 13th February 2020
- Sub-Acute Rehab Beds Evaluation Meeting: Outcome Summary, v0.3 dated 5th March 2020
- Weston General Hospital ASU: background Information, v0.2 dated 2nd March 2020
- South West Clinical Senate's Desktop Review of BNSSG Stroke Services: Report dated March 2020