



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

17th January 2021

Report of the Derby and Derbyshire Clinical Commissioning Group

Hyper Acute Stroke Services at Chesterfield Royal Hospital NHS Foundation Trust

1. Purpose of the Report

1.1 The purpose of the report is to provide a progress update on the options appraisal of the Hyper Acute Stroke Service at Chesterfield Royal Hospital NHS Foundation Trust (Chesterfield Royal Hospital).

2. Information and Analysis

2.1 As a consequence to the workforce challenges as described in the report submitted to the Improvement and Scrutiny Committee-Health on 13th September 2021. The Derbyshire Stroke Delivery Group recommended a service review and options appraisal of the hyper acute element of the stroke service.

2.2 It is recognised that any future decision on the future of the Chesterfield Royal Hospital (CRH) Hyper Acute Stroke Unit (HASU) will have a direct or indirect impact on several stakeholders ranging from patients, surrounding trusts and ambulance services. To ensure that all key stakeholders are engaged throughout the process, a task and finish group was established in May 2021 to oversee the process, reporting into the Derbyshire Stroke Delivery Group.

2.3 To manage the potential conflict of interest between members, Dr Deborah Lowe, NHSE/I National Clinical Director for Stroke Clinical Lead for Stroke was appointed Independent Chair.

3. Alternative Options Considered

3.1 At the July 21 task and finish group meeting a paper was presented that identified realistic future service options for the CRH HASU. The options were

identified via the task and finish group membership and by researching nationwide service models and good practice.

The options to be appraised include:

1. HASU provision continues as is delivered by the existing substantive Consultant, locum support and telemedicine (Do nothing).
2. The current HASU service is strengthened by redesign.
3. The Trust introduces a review and convey model; a model where patients are assessed and treated within the Accident and Emergency Department followed by immediate transfer to a Hyper Acute Stroke Unit.
4. Decommission the CRH HASU element of the Stroke Service pathway, if workforce sustainability issues cannot be resolved, with either a single HASU provider or multiple providers.
5. Review of the CRH HASU as part of a wider East Midlands review to rationalise sites; continuing to provide the service 'as is' at CRH.

3.2 To support the identification of the preferred service option and to provide transparency on decision making, the task and finish group recommended that a stakeholder workshop was organised to develop the options further, and a separate independent panel formed to make recommendations on the preferred option(s).

HASU Stakeholder Workshop

3.3 The workshop was held on Thursday 25th November at Chesterfield Rugby Club. The event was attended by all key stakeholders and chaired by Dr Ganesh Subramanian (Regional Clinical Director for Stroke).

3.4 At the workshop delegates were split into 4 breakout groups, ensuring a patient rep was included in each group. With the aid of a facilitator, each group reviewed and appraised each option against several key themes, and discussions were captured by an administrator.

HASU Independent Panel & Outcome

3.5 The independent panel was held on Monday 13th December and was chaired by Ian Gibbard, CCG Governing Body Lay Member & Chair of CCG Audit Committee.

3.6 The panel received all the evidence presented and discussed at the workshop. In addition, CRH and CCG representatives set the scene and explained the assessment process to panel members. The assessment process pro forma is attached within *Appendix A*.

3.7 The panel reviewed each of the 5 service options against the following criteria:

1. Strategic Fit
2. Clinical Effectiveness

- 3. Meeting Health Need
- 4. Accessibility
- 5. Deliverability

3.8 The panel were asked to jointly form a view as to the extent each option meets each criterion. Where consensus could not be reached, this was to be noted and reviewed through the Chair when deciding on the panel's overall recommendations at the end of the day.

3.9 For each service option the panel were required to provide recommendations as to whether the option will be shortlisted, discounted, or could proceed for further review subject to caveats. The panel agreed to the following recommendations for each of the 5 service options:

- Option 1 – Discount option. Status quo not an option.
- Option 2 – Shortlist option and make recommendations. Taken forward but with further work/caveats.
- Option 3 – Discount option. Not a safe or practical option.
- Option 4 – Reach consensus on next steps. This was not a 'preferred' option, but the panel recognised that if option 2 could not be delivered within a defined timescale, then this option will need to be considered.
- Option 5 – Reach consensus on next steps. The panel felt strongly that this option was not worded as helpfully as it could be. The panel suggested it needed to emphasise that it is not an option to 'wait' for a review and a review may not mean rationalisation of sites. This option could mean taking forward some different operating models on a regional scale akin to option 2.

Next Steps

3.10 The regional Clinical Senate has been approached to review the outputs of the workshop and independent panel, and to provide any additional recommendations around the process. The review will commence mid-January 2022 and the findings report is anticipated to be received a month later.

3.11 To take forward option 2, it is recommended that a small working group that includes independent panel members is established. The scope and membership of this group is to be agreed at the HASU Task and Finish Group 5th January 2022.

3.12 The working group will focus on the workforce challenges and consider all possible workforce models and good practice, taking learning from independent panel members. Support will also be sought from the East Midlands and South Yorkshire and Bassetlaw Integrated Stroke Delivery Networks.

3.13 The working group will be required to develop a plan and provide detail of the service redesign for option 2. The independent panel will then be requested to reconvene and assess the fully worked-up option before the commencement of the implementation phase in March 2022.

4. Implications

4.1 *Appendix B* sets out the relevant implications considered in the preparation of the report.

5. Consultation

5.1 As a preferred option has not been established it is yet to be agreed if formal consultation is required. However, stroke service users have been active and welcome members of the task and finish group and attended the workshop.

6. Background Papers

6.1 N/A

7. Appendices

7.1 Appendix 1 – Implications

8. Recommendation(s)

8.1 That the Committee is asked to note the content of the paper and indicate support for the approach taken to date.

9. Reasons for Recommendation(s)

9.1 Dependent upon the outcome of the options appraisal process there may be an impact on the population of North East Derbyshire and the access to services closer to home, on neighbouring stroke service providers or internal changes at Chesterfield Royal Hospital delivering a redesign of services. Although the outcome is important, at this stage of the process, the task and finish group wish to ensure the committee are supportive of the process and engagement approach taken to date.

Report Author: Zara Jones
Executive Director of Commissioning Operations
NHS Derby and Derbyshire Clinical Commissioning Group

Contact Details: zara.jones@nhs.net

Implications

Financial

1.1 A financial assessment of the service redesign proposal for option 2 will be presented to the HASU Task and Finish Group.

Legal

2.1 This is dependent on the service redesign proposal for option 2.

Human Resources

3.1 This is dependent on the service redesign proposal for option 2.

Information Technology

4.1 This is dependent on the service redesign proposal for option 2.

Equalities Impact

5.1 This is dependent on the service redesign proposal for option 2.

Corporate objectives and priorities for change

6.1 The Hyper Acute Stroke Unit review reflects the Joined-Up Care Derbyshire principles and system working.