

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **29 September 2016**

By: **Assistant Chief Executive**

Title: **Sussex Stroke Review**

Purpose: **To update HOSC on recommendations arising from the Sussex Stroke Review, specifically relating to services provided by Brighton and Sussex University Hospitals NHS Trust to residents in central Sussex.**

RECOMMENDATIONS

- 1) To note 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**
 - 2) To decide whether the change proposed is considered a 'substantial development or variation to services' requiring formal consultation with HOSC and, if so, to consider the methodology for any further scrutiny required.**
 - 3) To suggest a potential methodology for public engagement on the change proposed.**
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1. Background

1.1 In March 2016 HOSC received a report on the Sussex Collaborative Review of Stroke Services. The review was undertaken in response to concerns that were raised over performance of some current services and a lack of progress in some areas against the standards outlined in the National Stroke Strategy published in 2007.

1.2 A review of best practice evidence had been completed and a gap analysis against current stroke service provision in Sussex concluded, resulting in a draft case for change document. The clinical review evaluated the pathway from prevention to community rehabilitation with the most significant recommendation being to reconfigure some stroke services that are outside of East Sussex but which do provide for some East Sussex residents. Potential reconfiguration does not apply to East Sussex Healthcare Trust where this has already been implemented. Options were in development by Brighton and Sussex University Hospitals NHS Trust (BSUH) and by Western Sussex Hospitals NHS Foundation Trust, in conjunction with their lead commissioners, to develop thinking regarding the best clinical configuration.

1.3 In relation to BSUH, a Central Sussex Stroke Programme Board was established to support the Trust and the community providers with developing their services and to oversee the development of options in response to the review. High Weald Lewes Havens (HWLH) Clinical Commissioning Group (CCG) is a member of this board.

2. Supporting information

2.1 Appendix 1 is a report from HWLH CCG providing an update on the work of the Central Sussex Stroke Programme Board. This includes the seven options considered by the Board for the future configuration of services at BSUH. The preferred way forward is option 6 – to develop a fully compliant hyper acute stroke unit (HASU) with a co-located acute stroke unit (ASU) at RSCH (i.e. no HASU or ASU provided at PRH). Patients with suspected stroke will present to RSCH where

they will be admitted for the full duration of their stroke episode. All other options have been discounted for a range of reasons as detailed in the report.

2.2 Since February 2016 a temporary divert of all BSUH acute stroke cases has been in place from PRH to RSCH due to staffing issues. The preferred option would effectively make this situation permanent.

2.3 Representatives from HWLH CCG will attend HOSC to take questions on the report.

3. Conclusion and recommendation

3.1 HOSC is asked to consider whether the proposed permanent reconfiguration constitutes a substantial development or variation to services which requires formal consultation with HOSC. The same proposal is being considered by the health scrutiny committees in West Sussex (also 29 September) and Brighton and Hove (19 October).

3.2 If HOSC decides the proposed change is substantial, it is recommended the Committee considers potential scrutiny arrangements. It is recommended that a joint approach to scrutiny is put in place with the two affected neighbouring HOSCs in order to avoid duplication.

3.3 In addition to their duty to consult the relevant HOSC(s) on a potential substantial service change, NHS organisations also have duties to ensure appropriate engagement with patients, public and other stakeholders in the planning of services. HOSC may wish to make comments or suggestions to the CCG in relation to the scope and nature of public involvement which would be appropriate in this case. For example, the possibility of formal targeted consultation concentrating on those living in the Haywards Health area and in the catchment area of the PRH, who would have otherwise have been admitted to the PRH when presenting with a stroke.

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