

Coventry and Warwickshire Joint Health Overview and Scrutiny Committee

14 October 2019

Developing Stroke Services in Coventry and Warwickshire - Public Consultation

Recommendation(s)

1. For the Joint Health Overview and Scrutiny Committee to review the attached Pre Consultation Business Case and Consultation Documentation
2. For the Joint Health Overview and Scrutiny Committee to provide their formal response to the Consultation

1.0 Key Issues

- 1.1 The aim of our proposals are to improve stroke services, which are part of both CCG plans and the health and care system improvements identified by the Coventry and Warwickshire Health and Care partnership.
- 1.2 Comparisons of the performance and outcomes of current local stroke services against best practice standards and the achievements of other health systems in England, show we could achieve better health outcomes for patients and more effective and efficient services. It is clear from the analysis of current service provision that there is also considerable unwarranted variation and inequity in the range of services available for patients across the system.

2.0 Options and Proposal

- 2.1 Options for the future delivery of stroke care have been co-produced and appraised through a process involving extensive professional, patient and public engagement.
- 2.2 The resultant Pre-Consultation Business Case (PCBC) describes the process and outputs in detail, proposing the implementation of a new service configuration that would see:
 - Removal of the current inequities in service provision across Coventry and Warwickshire
 - Prevention of c.230 strokes in 3 years by bringing anticoagulation prescribing to best practice levels
 - Centralisation of hyper-acute and acute care at University Hospitals Coventry and Warwickshire (UHCW)

- The provision of 2 sites for bedded rehabilitation at George Eliot Hospital and Leamington Rehabilitation Hospital for the 30% of the population experiencing a stroke who cannot go home with Early Supported Discharge or Community Stroke Rehabilitation
 - The provision of new community services to deliver consistent Early Supported Discharge and Community Stroke Rehabilitation services at home for 70% of stroke patients, enabling them to return directly home after hyper acute and/or acute care.
- 2.3 The preferred future stroke pathway and delivery model will create services that meet the NHS Midlands and East Stroke Service Specification and will enable providers to deliver an “A” rating on The Sentinel Stroke National Audit Programme (SSNAP) performance targets for stroke care.
- 2.4 Extensive public and patient engagement and co-production to help inform and shape the proposed pathway has taken place over the last 4 years (details included within the PCBC). Further public engagement is being gathered via a public consultation process on the proposed future stroke pathway.
- 2.5 Clinical engagement with acute and community stroke clinicians has taken place in developing the pathway options to ensure that any proposals are deliverable and achieve the best practice clinical outcomes
- 2.6 The preferred future stroke pathway considerably improves the quality of outcomes and clinical care and removes the current significant unwarranted variation in access to care provision across Coventry and Warwickshire.
- 2.7 It is unusual for us to develop a PCBC that only proposes one option to achieve the improvements, however this is a proposal for a whole stroke pathway improvement and not just a business case for a single service improvement. The complexity and interdependencies of handover of care, and need for an integrated workforce approach across the pathway, has led to the proposed option and pathway.
- 2.8 The PCBC was submitted to NHS England for a Strategic Service Change Regional Panel review and assessment of the readiness to proceed to public consultation. The NHS England Panel review meeting took place on 15 August 2019. The Panel granted provisional assurance against the five assurance tests in the NHS England Planning, Assuring and Delivering Service Change for Patients, subject to minor amendments.
- 2.9 These amendments have been completed, and the resulting consultation document has been signed off by NHS Coventry and Rugby Clinical Commissioning Group, NHS South Warwickshire Clinical Commissioning Group Governing Body and NHS Warwickshire North Governing Body in preparation for consultation.
- 2.10 The full Consultation Document is attached to this paper for your formal response. Please note that this document is still undergoing final minor

amendments, prior to the consultation launch. Any further changes will be highlighted verbally at the meeting.

3.0 Financial Implications

- 3.1 Detailed modelling and remodelling has been undertaken throughout the development of the PCBC to quantify the projected demand for stroke services; this has taken full account of forecast population and housing growth.
- 3.2 The activity projects have then been used to derive costs of the proposed new model. The table below summarises the current and future additional cost of the proposed stroke pathway/service. It must be noted that the increase in acute/bedded costs to CCGs identified is due to national tariff changes that are already within contractual baselines.
- 3.3 All commissioner and provider organisations have signed up to delivering the proposed model within the financial envelope identified and have included this within their financial plans, with this forming a part of the developing five year plan. Whilst financial risks have been identified, all commissioning and provider organisations involved have signed up to jointly mitigating these risks.
- 3.4 This proposal represents an investment of nearly £3.1 million into the Coventry and Warwickshire Health System.

	Current Investment by CCG	Cost of Proposed Model
	£000s	£000s
Community Early Supported Discharge and Rehabilitation	1,663	4,775
Ambulance additional journeys		171
Atrial Fibrillation Community Investment		128
Community elements	1,663	5,074

Additional cost of community model	3,411
Additional cost of Acute model	374
Less savings on Continuing HealthCare packages	-700
Net additional CCG investment	3,085

4.0 Environmental Implications

- 4.1 An Integrated Impact Assessment has been produced for the proposals, which can be found at

<https://www.strokecovwarks.nhs.uk/mf.ashx?ID=41245f6d-f5c1-4025-97d7-b90a4e8637d2>

5.0 Timescales associated with the decision and next steps

- 5.1 Proposed timescale for public consultation: Wednesday 9 October 2019 to Tuesday 21 January 2020, with a formal pause from Monday 23 December 2019 to Sunday 5 January 2020 (to recognise the Christmas holiday period and potential for members of the public to be unable to contribute).
- 5.2 This results in a consultation period of 14 weeks.

Background Papers

1. Developing stroke services in Coventry and Warwickshire Public Consultation - Full Document.
2. Improving Stroke Outcomes for Coventry and Warwickshire Pre-Consultation Business Case
3. The appendices to the Pre-Consultation Business Case - <https://www.coventryrugbyccg.nhs.uk/mf.ashx?ID=fe0bcbe5-5231-4999-a51b-40c08b72991d>

	Name	Contact Information
Report Author	Rose Uwins, Senior Communications and Engagement Manager, NHS Coventry and Rugby Clinical Commissioning Group and NHS Warwickshire North Clinical Commissioning Group	rose.uwins@coventryrugbyccg.nhs.uk Tel: 07979232001
Accountable Officer	Adrian Stokes, Interim Accountable Officer, NHS Coventry and Rugby Clinical Commissioning Group and NHS Warwickshire North Clinical Commissioning Group	