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05 January 2023

Dear Member,

Health and Adult Social Care Scrutiny Committee - Wednesday, 11 January 2023

Please find enclosed the following documents for consideration at the meeting of the Health and Adult Social Care Scrutiny Committee on Wednesday, 11 January 2023 which were unavailable when the agenda was published.

Agenda No	Item	
5.	**West Sussex Stroke Programme**	(Pages 3 - 22)

Yours sincerely

Tony Kershaw
Director of Law and Assurance

To all members of the Health and Adult Social Care Scrutiny Committee

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Heath and Adult Social Care Scrutiny Committee

11 January 2023

West Sussex Stroke Programme

Report by Director of Law and Assurance

Summary

The Health and Adult Social Care Scrutiny Committee (HASC) was updated by NHS Sussex on the West Sussex Stroke Programme in October 2020, July 2021 and November 2021.

The aim of the Programme is to address gaps in service provision in the coastal area of West Sussex identified through a review in 2019. This review looked at the whole stroke pathway from prevention, acute phase to rehabilitation and life after stroke services. The Programme aims to ensure that local stroke services are fully compliant with national standards, achieving the highest levels of performance to deliver improved outcomes for patients.

The report at Appendix A provides an update on progress following the development of the Stroke Case for Change and includes details of consultation and engagement plans for the Programme. The proposals in this paper focus specially on addressing the acute stroke model.

Focus for scrutiny

For the Committee to assess the NHS Sussex proposal to change stroke services and determine whether this constitutes a substantial variation in the provision of service, and if so, whether it requires further scrutiny. In carrying out this assessment, the Committee should refer to the guidance for determining NHS service change proposals attached at Appendix B.

Key lines of enquiry include:

1) The reasons for the proposed change, and whether it will improve patient outcomes and clinical quality

2) How the proposed change will impact on parents/carers and families

3) Plans for further engagement with HASC regarding public consultation requirements of the acute stroke model.

The Chairman will summarise the debate, which will then be shared with NHS Sussex.

1. Background and context

1.1 The background and context to this item for scrutiny are set out in the attached report. There are no resource or risk implications directly affecting West Sussex County Council, as this is a report by the NHS, relating to NHS services.

Tony Kershaw
Director of Law and Assurance

Contact Officer
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Appendices

Appendix A: Report from NHS Sussex

Appendix B: Checklist for NHS Service Change Proposals

Background Papers: None

Report to West Sussex Health & Adult Social Care Scrutiny Committee

11 January 2023

West Sussex Stroke Programme

Report by: Pennie Ford, Executive Managing Director West Sussex, NHS Sussex

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1. Summary

1.1 At the NHS Sussex Integrated Care Board public meeting on 4 January the Board agreed a Pre Consultation Business Case setting out specific proposals developed in partnership with University Hospitals Sussex NHS Foundation Trust (UHSussex) to reconfigure the acute stroke services for the coastal area of West Sussex which covers the population of Adur, Arun, Chichester, Worthing and south of Horsham. NHS Sussex also agreed to undertake a 12 week public consultation on these proposals from the end of January 2023 to April 2023.

1.2 This report will:

- Provide an update regarding the proposal for an Acute Stroke Centre for the coastal area of West Sussex led by UHSussex and provide assurance of the process being followed
- Provide the details of the engagement work to date and plans for public consultation for the programme
- Provide an opportunity for the West Sussex Health & Adult Social Care Scrutiny Committee (HASC) to consider whether the proposals constitute a substantial variation to services requiring formal consultation with HASC and to comment on the plans for public consultation.

1.3 The Pre Consultation Business Case, communications and engagement plan and supporting documents are available on the NHS Sussex website.

2. Introduction

2.1 Stroke is a preventable and treatable disease; however, it is one of the leading causes of death in the UK and the largest single cause of severe disability. One in eight strokes are fatal within the first 30 days, with one in four strokes fatal within a year.

2.2 In the UK over 100,000 people have a stroke every year and many more experience the warning condition of a transient ischaemic attack (TIA). The latest five-year average age-standardised mortality rate for stroke is 61.7 deaths per 100,000 and 1.2 million stroke survivors have significant disabilities.

2.3 For the past two years NHS Sussex and UHSussex have been working with other partners to carry out a comprehensive review of stroke services in the coastal area of West Sussex, which covers the population of Adur, Arun, Chichester, Worthing and south of Horsham.

2.4 In 2020 the clinically led "Case for Change" report set out the strong evidence base that investigations and interventions for stroke are best delivered as part of a 24/7 networked service that includes Comprehensive Stroke Centres (CSC) and Acute Stroke Centres (ASC) of sufficient size to ensure expertise, time critical treatments, efficiency, and a sustainable workforce. Rapid specialist assessment and intervention in the initial "hyper acute" phase is time critical (the first 72 hours after a stroke) and reduces mortality and improves long-term outcomes for stroke patients. The report also sets out the actions required to meet national stroke standards and expectations for the services delivered to the coastal population of West Sussex across the whole pathway.

2.5 The recommendations identified the need to improve the approach to prevention, to provide robust and patient-centred rehabilitation services in the community and to address and change the acute stroke model currently operating in coastal West Sussex.

2.6 Clinicians from stroke services, general practice and the ambulance service led the review, and it has helped to identify improvements we need to make to provide the best care to the people who live, work and visit our communities and ensure we are meeting national guidelines for the treatment of stroke.

2.7 Progress has already been made in relation to the provision of community stroke rehabilitation services and an enhanced focus is being given to the prevention actions (such as increasing identification of hypertension and atrial fibrillation which leads to treatment) which are needed to reduce the likelihood of someone experiencing a stroke.

2.8 Due to the level of change required, the proposals in this paper focus specifically on addressing the acute stroke model.

3. What needs to change

3.1 UHSussex provides acute stroke care from three sites – Royal Sussex County Hospital in Brighton, Worthing Hospital, and St Richard's Hospital in Chichester. The Royal Sussex County Hospital is a specialist CSC, providing thrombectomy as well as hyper-acute and acute stroke care. Worthing Hospital and St Richard's Hospital both provide acute stroke care. The number of strokes reported for each site during 21/22 were 554 for Royal Sussex County Hospital, 517 for St Richard's Hospital and 518 for Worthing Hospital.

3.2 Historically Worthing Hospital and St Richard's Hospital have provided good stroke care, performing well in the national audit of stroke services and recording average levels of mortality for stroke patients. However, there are several areas where services are not consistently meeting the national standards expected of an ASC and number of these cannot be improved without a significant change in the current service model. For example:

- Stroke admissions at Worthing Hospital and St Richard's Hospital are below the nationally recommended minimum of 600 per annum.
- Although the units receive stroke patients 7 days a week, there is a lack of stroke specialist consultant cover at weekends.
- There is a TIA service, but it only runs on weekdays, rather than being a seven-day service.

- Acute rehabilitation also runs on weekdays, rather than being a seven-day service.
- The specialist nursing ratios on the stroke wards do not meet the expected national standards
- Scanning support services are not always available, particularly out of hours.

3.3 Our proposal is to develop a nationally compliant ASC model to deliver specialist stroke services 24 hours a day, seven days a week with clinically effective and sustainable high-quality services. This will ensure the service is sustainable for the future, will improve clinical outcomes, will meet the quality standards, and address the current inequalities in outcomes, access, and experience

4. How we developed the proposal - Option development and appraisal

4.1 During late 2021 and early 2022 NHS Sussex and UHSussex worked with other partners to review the acute hospital services and the options for the improvements needed. A long list of six options for the ASC was developed by the UHSussex senior clinical and management teams during summer 2021 and these were discussed with HASC in November 2021.

4.2 The long list of options was:

- Option 1 – Do Nothing
- Option 2 – ASC at both Worthing Hospital and St. Richard's Hospital in Chichester
- Option 3a – ASC at Worthing Hospital, provide post hyper acute care at St. Richard's Hospital in Chichester
- Option 3b – ASC at Worthing Hospital, provide full period of acute care in this site
- Option 4a – ASC at St. Richard's Hospital in Chichester, provide post hyper acute care in Worthing Hospital
- Option 4b – ASC at St. Richard's Hospital in Chichester, provide full period of acute care at this site

4.3 An extensive options appraisal process has been undertaken to review each of these against criteria based on the UHSussex Patient First model. Three options appraisal workshops took place between November 2021 and February 2022 to assess and score each of the options against agreed criteria.

4.4 Chaired by NHS Sussex, a wide range of stakeholders were part of the workshops: UHSussex (clinical, communications, finance, managerial), South East Coast Ambulance NHS Foundation Trust, West Sussex Healthwatch, Stroke Association, NHS Sussex (quality and finance), Sussex Integrated Stroke Delivery Network (ISDN) and West Sussex County Council (WSCC) Public Health. The process was also informed by the public engagement exercise conducted during the summer of 2021, see section 9.

4.5 The appraisal criteria were:

- Patient: Clinical – will it improve patient experience and enable access to rehabilitation support

- Patient: Accessibility – will it maintain safe and timely access and address health inequalities
- People: Workforce - will it meet national workforce specifications
- People: Sustainable workforce solution – will it help to attract and retain the right level of specialist skilled staff
- Quality: National guidance – will it improve clinical outcomes and meet service specifications and quality standards
- Sustainability: Finance – will it be affordable and provide good value for money.
- Sustainability: Environment - will it meet environmental building standards and support reduction in NHS carbon footprint.
- Systems and Partnerships: Overall feasibility – will it meet minimum activity levels, be acceptable and have no adverse impact to wider partners.

5. Recommended option and benefits

5.1 Following the detailed analysis and options appraisal process it is recommended that option 4b best meets the agreed option appraisal criteria and is the viable option for public consultation.

5.2 This option would mean population of Adur, Arun, Chichester, Worthing and south of Horsham would access acute stroke services for the full episode of acute care at a single sited ASC at St Richard's Hospital in Chichester, or the comprehensive stroke centre at the Royal Sussex County Hospital in Brighton. This means:

- The unit at St Richard's Hospital would be upgraded to an ASC providing specialist stroke services and workforce 24 hours a day, seven days week. Worthing Hospital would not be a receiving site for acute stroke events.
- Patients conveyed by ambulance would be received by a specialist team at either St Richard's Hospital or Royal Sussex County Hospital in Brighton. The travel time to either site is safely within the expected 60 minutes.
- Every patient could remain at the receiving hospital for the full acute period until ready to be discharged home, into a community setting or onto more specialist rehabilitation.
- Most people who have had a stroke arrive by ambulance, however a small number may self-present or experience a stroke event at Worthing Hospital. They would then be clinically assessed and supported by the clinical team and Royal Sussex County Hospital/St Richard's Hospital stroke consultants via telemedicine. Once stabilised and if they require specialist intervention, they would be conveyed by ambulance to the relevant receiving hospital site.
- There will be a small number of patients who may require further ongoing hospital care before being discharged, who no longer need the specialist care provided on a stroke ward. Where it is more convenient for them and their families, they could be transferred back to Worthing Hospital to complete their hospital stay.
- The pathway would include flow into the new Early Supported Discharge Service

5.3 The option appraisal outcome considered that this option would:

- be clinically viable, deliver the quality and outcome improvements and supported by system partners
- enable UHSussex to fully meet the national criteria for ASCs providing comprehensive Hyper-Acute services, 7 days a week
- ensure patients received a single hyper-acute and acute episode of care without transfer between sites
- 53% of current Worthing hospital patients would be conveyed to Royal Sussex County Hospital and 47% to St Richard's Hospital. This would ensure the number of patients admitted to St. Richard's Hospital and Royal Sussex County Hospital will be above the required minimum volumes. There would be a small increase in total bed numbers by 3 from the current 55 to 58 beds.
- see more people going direct to the CSC at Royal Sussex County Hospital which benefits the clinical scale for that service with capacity available in the new 3Ts development, now known as the Louisa Martindale Building, on the Brighton site.
- does not destabilise any neighbouring Trusts, and ensures that patients from the area continue to be treated for stroke by UHSussex in Sussex
- most sustainable option for workforce
- viable option in terms of estate and environment as the additional capacity is available in the new building at Royal Sussex County Hospital and can be accommodated at St Richard's Hospital with some capital works to existing buildings.
- most affordable of all the feasible options
- Based on 2021/22 modelling the summary of activity and bed numbers would be as follows:

Table 1 Stroke Bed Numbers

Summary	St Richard's Hospital	Worthing Hospital	Royal Sussex County Hospital
Hyper acute	8	0	9
ASC and other	30	6	28
All bed total	38	6	37
Existing bed base	27	28	23
Change	+11	-22	+14

6. Other options considered

6.1 All six options were reviewed as part of the detailed options appraisal process. The conclusion of the process is detailed below. The other options were considered not viable to take forward for consultation. Reasons why are set out in more detail in the Pre-Consultation Business Case.

6.2 Following completion of the initial option appraisal in November 2021, options one and two were not pursued further. Option one was discounted as

the current stroke units and model do not meet national quality, staffing and activity throughput level requirements.

6.3 Option two was discounted due to the significant staffing requirement inherent with this model and the lower activity throughput levels across both sites. This model would not be viable and therefore would not meet the ambition of improving quality, patient outcomes and would be financially unsustainable.

6.4 Following the first workshop, Options 3a, 3b, 4a and 4b were considered to have enough merit to warrant further detailed impact analysis. This was conducted over a further two-month period and enabled each option to be considered further to understand if they met each criterion. This analysis concluded options 3a, 3b and 4a were not viable options.

6.5 For option 3a and 3b this was mainly due to the destabilising impact it would have on another health system's ability to deliver good and quality care to their own and West Sussex patients, due to a significant flow of additional activity to the Portsmouth system. The detailed modelling showed these options would increase stroke admissions by about 400 to Queen Alexandra Hospital in Portsmouth. Following discussion with representatives of that system it was agreed this would not be viable.

6.6 In addition, access difficulties would be increased for West Sussex carers, relatives, and provider partners. Options 3a and 3b would have the least overall impact upon patient travel times but would mean patients would be conveyed out of Sussex causing challenges for Sussex partners and discharge arrangements. Following discussion with South East Coast Ambulance NHS Foundation Trust it was also identified this would create additional time for each conveyance as they travelled back to West Sussex.

6.7 For option 4a, the required workforce to deliver this service on two sites was considered unrealistic and costly due to national shortages of specialist staff and the significant workforce, finance and estates requirements would not be sustainable. In addition, there would be a detrimental impact on quality and clinical outcomes due to the required move between sites in the post hyper acute phase, which would be an inequitable impact on Worthing patients. Engagement in summer 2021 had also shown importance of consistent and continuing dialogue with patients, families, carers or representatives that would be challenging across two sites.

7. The process of assurance

7.1 The NHS England Planning, Assuring and Delivering Service Change framework requires that any proposal for reconfiguration must meet the governments four tests, NHS England's test for proposed bed closures (not applicable for this proposal), best practice checks and is affordable in capital and revenue terms. The government's four tests of service change are: -

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- Clear, clinical evidence base.
- Support for proposals from clinical commissioners

7.2 Confirmation of assurance against these requirements has been received from NHS England

7.3 In developing our options, our final draft proposals, and the Pre-Consultation Business Case we have: -

- responded to the case for change, made by clinicians about what changes were required
- considered the outputs from engagement with local people and staff and used these to inform the Pre Consultation Business Case.
- developed the Pre Consultation Business Case with due regard to our duties to reduce inequalities and promote integration of health services where this will improve the quality of those services, in addition to ensuring compliance with all relevant equality duties.
- assessed the impacts of our proposal by undertaking a Quality Impact Assessment (QIA) and an Equality and Health Inequality Impact Assessment (EHIIA) to identify any potential negative impacts and identified appropriate mitigating actions.
- tested the proposals with the South East Clinical Senate and taken into account their recommendations
- assessed our proposal against the NHS Four Tests for service reconfigurations, engaged extensively with NHS England and completed a rigorous assurance process in relation to the proposal and our consultation and engagement plans
- developed our proposal and associated consultation plans to ensure that:
    - a decision will not be taken until after public consultation
    - local people and stakeholders have information that enables them to engage in the consultation and inform our decision
    - there is adequate time for people to participate in the consultation
    - we will demonstrate how we have taken account of engagement and formal consultation by publication of a consultation feedback report describing this
- considered opinions and insight from a number service leads and managers

7.4 The QIA scored highly in terms of a positive impact on patient safety, experience, and clinical effectiveness. The QIA concluded there was no discrimination or negative impact of the proposed change, and all opportunities to promote equality have been undertaken. The impact to families/carers of potential increases in travel times to visit stroke patients was explored in more detail in the Equality Health Impact Assessment.

7.5 The QIA will continue to be developed as the proposals progress to ensure that quality and safety considerations are built into the outcome.

7.6 We have also considered the financial impact and viability. The proposed UHSussex costs of option 4b during the option appraisal were the lowest of all options proposed to meet the new ASC model of delivery. There is an increase in revenue cost above the do-nothing option, but this is considered to represent the

best value for achieving the benefits arising from meeting ASC workforce specifications and having a comprehensive stroke unit with activity above the volume estimated for financial sustainability in NHSE guidance. NHS Sussex and UHSussex have confirmed the system commitment to support the revenue consequences. Capital costs are being prioritised by NHS Sussex and will be jointly met by the system and UHSussex.

8. Equality, Diversity, and Health Inequalities

8.1 It is important that with any proposed service change we align with the aims of an Integrated Care System and address the NHS Sussex duties to reduce inequalities of access and outcomes and the Public Sector Equality Duty.

8.2 Two EHIIAs have been completed during the process. In July 2021 (public engagement) and January 2022 (post option appraisal) and reviewed in November 2022.

8.3 Both impact assessments highlight the positive impact on the local population in terms of improved morbidity and mortality outcomes and the proposals address the current inequalities in access across Sussex to acute stroke services that meet national stroke standards and expectations.

8.4 Areas which required further consideration were in terms of the need to reach particular groups and communities in relation to the impact on carers and families who will have to travel further to an alternative hospital site than would have previously been the case.

8.5 The EHIIAs have informed engagement activity and guided the areas and population groups which need targeted engagement to seek their views. Specific questions will also be asked around views or concerns about increased travel and ideas will be sought about what support would be most helpful in mitigating any difficulties this may cause. This will also ensure we address our duty to reduce inequalities of access, as experienced by carers and family. The EHIIA is a live document and will continue to be developed with the proposal.

9. Patient and public engagement

9.1 The Pre Consultation Business Case sets how the duties to involve the public, carers and their representatives at all elements of the decision-making process has been addressed. Healthwatch West Sussex, Stroke Association and community ambassadors have been fully engaged in the development of the case for change and decision-making groups in relation to this proposal.

9.2 During Summer 2021, NHS Sussex undertook public engagement with local people and stakeholders to consider what was important to the public about stroke services. Those engaged included people who use our services, their carers and families, Healthwatch West Sussex, the local voluntary and community sector, members of our communities who experience health inequalities.

9.3 Feedback covered the following themes and was fed into the option appraisal process:

- Ambulance experience and timeliness of receiving service
- The need for an explicit stroke diagnosis (confirmed or suspected) shared with both stroke survivor and carers/next of kin
- Levels of continuing dialogue with stroke survivors and their carers/next of kin after a hospital stay

- The need for reassurance and comprehensive care plans before leaving hospital
- Timely transport home
- Patience in communicating with aphasia sufferers
- Ideas and solutions to increase knowledge of stroke prevention across West Sussex
- Ongoing support needed to sustain local stroke clubs and drop-in groups across West Sussex

10. Public consultation

10.1 It has been proposed that a 12-week public consultation will take place to actively seek the views of a wide range of patients, carers and representatives, the public and staff. The objectives of the public consultation will be to:

- Actively seek the views of a wide range of patients, carers, representatives and the public on the proposals for the future of stroke services over a 12-week period through effective engagement.
- Ensure we are reaching and hearing from cohorts of patients in coastal area of West Sussex who we know have greater needs, as referenced in the EHIIA
- Produce a fair and non-biased evaluation of the information gathered during the public consultation to share with decision makers

10.2 A joint plan has been developed by NHS Sussex and UHSussex for the consultation including the priority to reach and hear from people and patients who we know have greater needs. The full plan is available on the NHS Sussex website.

10.3 A large and varied range of communications and engagement activity will take place and will involve broad areas: engagement; key documents; core communications; visual identity; and promotion. An independent organisation has been commissioned to deliver a robust bias-free evaluation of the information gathered during the public consultation.

Engagement

10.4 The engagement activity will involve several different methods according to the needs of the target audience. This will include:

- Verbal briefings – with opportunities for questions.
- Formal meetings as part of statutory organisational governance.
- Co-production workshops.
- Digital engagement.
- Existing partnership groups and drop in opportunities.
- Targeted outreach to specific communities and groups including an approach of actively going out to communities alongside Voluntary Community and Social Enterprise and local authority partners.
- Paper surveys (in key community languages) distributed and shared acknowledging the barrier of digital exclusion.

10.5 Recognising coastal area of West Sussex has a significant ageing population, with increases highlighted in the latest census data (2021), our engagement activity will have a focus on reaching this population group. Additionally, this population group is more likely to have existing long-term conditions and other risk factors such as atrial fibrillation and hypertension, adding to the likelihood of a stroke. Due to this we will also use this opportunity to promote messages of prevention.

10.6 There will be targeted engagement with communities with protected characteristics, notably those with increased risk of stroke and those that face broader health inequalities and barriers to access to health services locally. This includes areas of deprivation (according to latest Index of Multiple Deprivation) across coastal West Sussex including but not limited to Courtwick with Toddington in Littlehampton, Peveril, Marine and Worthing Central and Bognor Regis Town.

10.7 Learning from other NHS Sussex engagement and consultations has revealed a considered hyper-local approach is required to reach community members and groups as described above. This approach is embedded within the public consultation engagement for the West Sussex (Coastal) acute stroke programme. Working closely with our partners and stakeholders at a hyper-place level, via Arun, Adur & Worthing, and Horsham Local Community Networks, is key to reaching communities at place.

Key documents

10.8 Several key documents will support the programme. These will be hosted on the public website and published proactively. They include:

- Public consultation document
- Questionnaire
- Frequently asked questions
- Equality impact assessment
- Quality impact assessment
- Pre-Consultation Business Case

Core communications

10.9 A set of core communications will be developed to provide a suite of information that can be adapted for different audiences and support the engagement work. This will include:

- Core narrative: A core narrative that represents the case for change, which will inform subsequent communications and engagement. This will provide the key messages to ensure consistency in communication.
- Targeted slide-packs: A set of slide packs for each audience group to ensure there is an effective approach to engagement at formal meetings and informal briefings.
- Public document: A easy-to-understand document on the totality of the proposed changes and the reasons for them.
- FAQs: A frequently asked questions document will be developed, and regularly added to, that will be available on the public website. This will help reduce the risk of misunderstanding and misconceptions among stakeholders.

- Dedicated webpage: A webpage on the Integrated Care System (ICS) website to act as a landing page for all core communications. This will provide one recognised place for all relevant information.

Promotion

10.10 A promotional campaign will be developed alongside the engagement to ensure progress and benefit is consistently and regularly communicated to stakeholders. This will predominantly be targeted for the public and patients but will be used as both a communication and engagement tool for other stakeholders. This will include:

- Animation: An easy-to-understand animation to explain the proposed changes and the benefits they will bring to the population.
- Leaflets and posters: A series of materials with relevant, localised key messages, promoting ways to get involved, and disseminated/made available in a wide range of public locations. These may include hospital wards, GP practices and other health setting waiting areas, libraries, faith groups/places of worship, and via community and voluntary sector partners, etc.
- Video series: A set of talking head videos that focus on different areas of the transformation and the benefits they would bring.
- Alternative formats: We will produce culturally accessible materials using community languages as well as British Sign Language (BSL) interpreted video content, offer materials in large print and braille, and easy read materials for those with learning disabilities.
- Digital promotion: Engagement HQ, the ICS website, social media, and online forums will be key elements of our communication and engagement plan. We will work with relevant community Facebook groups, who have established audiences of followers and connections, to help us engage with local people and share our information and communications materials. We will consider using paid for advertising on social media channels such as Facebook and Instagram to target specific groups of people we are struggling to reach, identified by community insight and data.
- Webinars: A series of webinars that will allow stakeholders to hear directly from those involved in change to aid learning and understanding.
- Case studies: A series of case studies with examples of good practice and how the proposed change would improve the lives of individuals and communities.
- Media: A media plan that has a regular series of articles on system development and integration. Clinical spokespeople will be the primary spokespeople for the programme, in the main from the clinical reference group.

11. Next steps

11.1 The proposals were considered at the NHS Sussex Board meeting in public on 4 January and agreement given to go ahead with public consultation.

11.2 This consultation is proposed for late Jan/February to April 2023 as described in this paper, across the affected population, with particular attention paid to service users, their carers and representatives and those who experience health inequalities, and to extensively engage with stakeholders. Subject to the HASC decision this would include the statutory consultation with HASC.

11.3 NHS Sussex and UHSussex will then consider and respond to the feedback from consultation with the evaluation provided through the independent organisation which is expected to be received in May 2023.

11.4 After that a final recommendation would be considered and a Decision-Making Business Case developed. NHS Sussex, UHSussex and NHS England approval would be sought on the concluding recommendation and a final decision would be made by NHS Sussex Board with consideration by HASC; it is anticipated that the earliest this would be is September 2023.

11.5 If agreed, the proposals would then transition to an implementation phase during the third quarter of 2023/24.

12. Conclusion

12.1 The West Sussex (Coastal) Stroke transformation programme started in 2018. The Covid19 pandemic delayed delivery on this transformation but since then significant action has been taken to progress plans.

12.2 The Pre Consultation Business Case and associated documents set out a compelling case for change with a clear clinical rationale, the benefits patients will receive, and what we need to do to ensure this transformation impacts positively on the health outcomes of our population. It describes in detail the actions which have been taken, the review process and the information which supported the option appraisal.

12.3 It concludes with a proposal of how the acute stroke services of coastal West Sussex could most effectively be provided and for public consultation on the recommended option.

12.4 The single proposed option, known as 4b, recommends that the population of Adur, Arun, Chichester, Worthing, south of Horsham access acute stroke services for the full episode of acute care at a single sited ASC at St Richard's Hospital Chichester, or the comprehensive stroke centre at the Royal Sussex County Hospital in Brighton.

12.5 Clinicians from stroke services, general practice and the ambulance service have led the review and in developing the proposals, we also spoke directly to people who use our services, their carers and families, Healthwatch West Sussex, the local voluntary and community sector, and members of our communities who experience health inequalities.

12.6 Their feedback and what people have told us so far has helped shape our proposals and give us the best opportunity to meet the challenges we face to provide the best quality care for all our patients who experience a stroke, now and for years to come.

West Sussex Health and Adult Social Care Scrutiny Committee (HASC)
Checklist for NHS Service Change Proposals

Purpose:

- For the NHS to identify what proposals should be notified to HASC
- For HASC to identify whether proposals are substantial and should be subject to scrutiny
- To set out a number of trigger questions/criteria for HASC to consider in liaison with the NHS

Background – NHS duty to consult

NHS bodies (and providers and commissioners of NHS services) have a statutory duty to consult the HASC on any proposals they may have for any substantial development of or variation to the health service in the area. This is additional to the duty NHS bodies have to consult and involve patients and the public. It is also additional to the discussions that NHS bodies will have with the local authority about service developments especially where they link to local authority services.

There is no definition of "substantial", and it is expected that NHS bodies and the HASC will reach a local understanding. The aim of this checklist is to help this. Where it is agreed that proposals are substantial, HASC will also discuss with the NHS what public consultation is required.

Process

Providers/commissioners of NHS services should notify HASC as early as possible in the process of developing a proposal for service change, to enable a discussion about whether or not it is substantial and what the scrutiny process (if any) should be. This may be through HASC liaison members and/or the WSCC lead officer for HASC. Where time allows, the HASC Business Planning Group will give initial consideration to whether the proposal constitutes a substantial change/variation in service (using this checklist), in liaison with the NHS provider/commissioner. The Business Planning Group will then advise the HASC (through a report to the next meeting of the Committee) whether or not the service change proposal is substantial and whether or not it should be scrutinised. Alternatively, the proposal may go direct to a meeting of the HASC for consideration. Only the Committee can decide whether or not a proposal constitutes a substantial change/variation.

Where HASC agrees that a proposed service change is substantial, it will not necessarily decide to scrutinise it, for example if it is seen as positive change or where the Committee has other priorities and has to balance its workload. Where HASC does decide to carry out scrutiny of the proposal, the process for this (including timetable) will be discussed with the relevant NHS bodies.

Some service change proposals will impact on a wider area than West Sussex, and the NHS body will need to consult other health scrutiny committees. If more than one health scrutiny committee considers the proposed service change to be a substantial change/variation, then a joint health scrutiny committee may need to be formed.

Trigger questions – the checklist

Theme	Characteristics suggesting that the service change:	
	a) Is substantial	**b) Is not substantial**
What are the reasons for the proposed change?	• A permanent reduction or closure of service provision • Service change primarily driven by financial, staffing or other managerial factors • The service change plays no part in improving patient experience/outcomes, improving clinical quality or reducing risk	• A service improvement or enhancement • New/additional service • To improve health and wellbeing outcomes for local people • To improve patient experience and outcomes • To improve clinical quality and safety and reduce risk • It is a temporary change
How will the accessibility of services and how they are delivered change?	• Patients (and their families/carers) will have further to travel to access services • There is no public transport access to relocated services • There is limited parking at relocated services • There is a reduction in opening times • Changes reduce access for some sections of the community (e.g. older people; people with learning disabilities, physical and sensory disabilities, mental health needs; black and ethnic minority communities; lone parents; rural areas)	• Services are being relocated to improve patient experience and outcomes • Improved physical access (e.g. extended hours; better facilities; better transport infrastructure and parking) • Co-location with other relevant health and social care services • Improved access for all sections of the community • Services will be delivered using new technology (e.g. telecare) • Additional transport will be provided (e.g. special bus/Patient Transport Service) • The needs of families/carers have been taken into account
How will patients be affected?	• More than 25% of the potential/current patients will be negatively affected by the service change • The change will affect the whole population of the service's catchment area? (e.g. A&E) • A small number of patients is affected, but they represent all the users of a specialised service (e.g. renal services) • Patient choice is reduced	• Affected patients' needs have been fully taken into account and alternative service provision meets their needs • A small number of patients have been using the service which is designed to be accessed by more people: the service will become more viable and accessible to more people as a result of the service change • Patient choice is improved

Theme	Characteristics suggesting that the service change:	
	a) Is substantial	**b) Is not substantial**
Will there be any impact on the wider community and other services?	• There will be a negative impact on the economy and environment of the locality • There will be significant additional demand on the local transport infrastructure (e.g. extra car journeys) • Other health and social care services will be required to meet additional need due to the service change • Rural areas will be disproportionately affected	• There will be little local impact as a result of the service change • Other services have been consulted and support the service change (e.g. Adult Social Care, other NHS providers, district/borough councils as the local planning authority)
What are the views of key stakeholders?	• The service change is not supported by Healthwatch West Sussex • The service change is not supported by other key stakeholders (may include: Adults' Services, Health and Wellbeing Board; patient/service-user representative groups, local County Councillors, County Local Committees) • There has been little or no patient (and family/carer) or staff engagement in developing the service change	• The service change is supported by Healthwatch West Sussex • The service change is supported by other key stakeholders • There has been good and timely patient/staff engagement in developing the proposals
Do the Proposals meet the DH 5 key tests for service change?	• No evidence of support from CCGs • No evidence of strengthened public/patient engagement • Lack of clarity on the clinical evidence base • Proposals are inconsistent with current and prospective patient choice	**The 5 tests are:** • Support from GP commissioners • Strengthened public and patient engagement • Clarity on the clinical evidence base • Consistency with current and prospective patient choice • Proposals which include plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions *

*****Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new

workforce will be there to deliver it; and/or show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or where a 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).

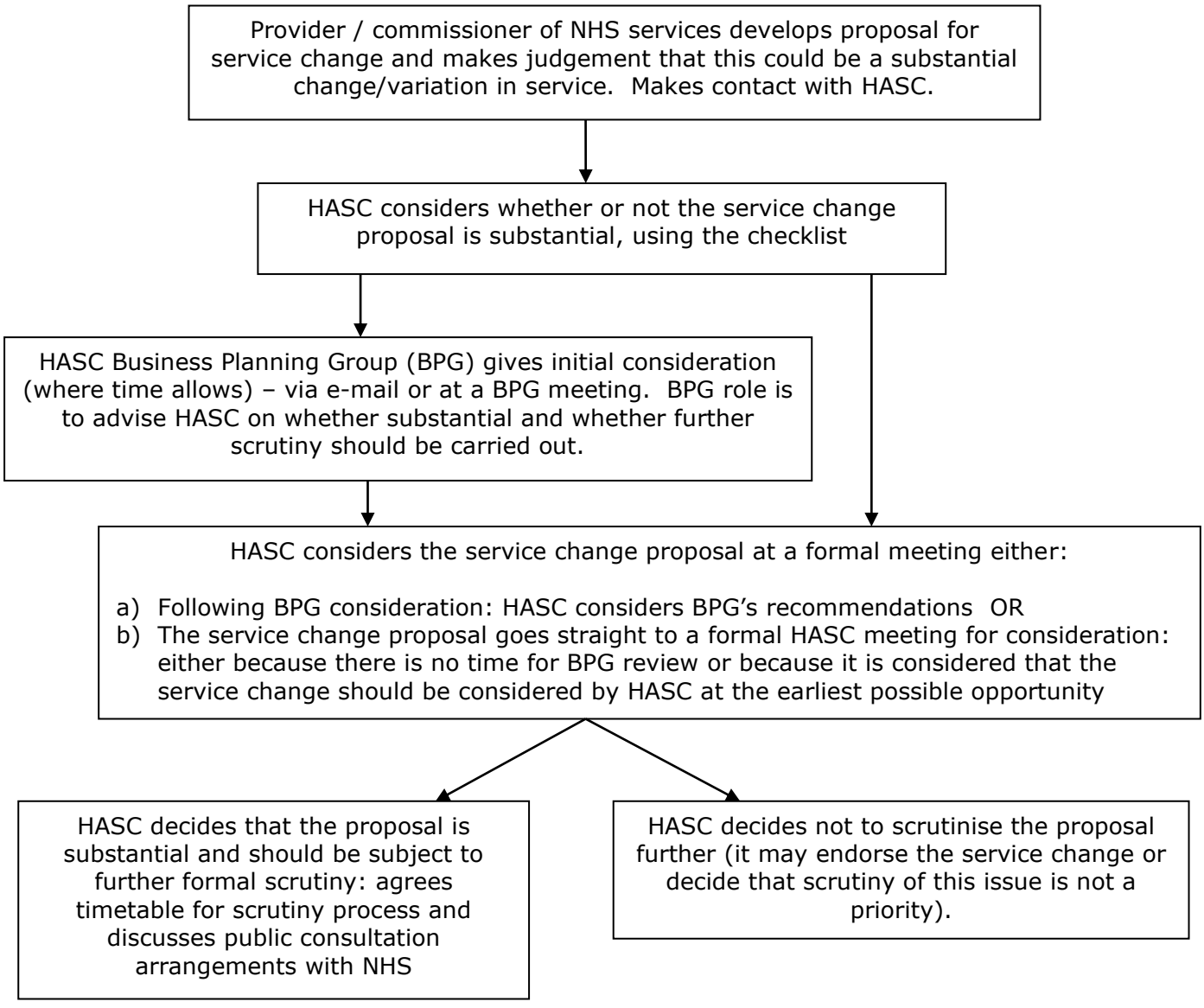
Supporting Information HASC will need

Where available, the NHS should provide the following supporting information to help HASC understand the context for the proposal and to identify whether or not the change is substantial:

- **Data on the current service:** The number and type of patients using the service (and where they are from); needs/demand analysis; patient flow data; any cross-border implications
- **Timescales & decision-making process:** Planned implementation date for service change; timing of any decision-making processes
- **Communications & Engagement:** Outcomes of any pre-consultation or engagement; the views of key stakeholders (e.g. staff, service users, patient representative groups); information on how key stakeholders have been involved in developing the proposals; information on how other service providers have been involved and how the NHS is ensuring system sustainability

If HASC agrees that the proposed service change is substantial and that it should be scrutinised by the Committee, further detailed information will be required (e.g. financial/resource implications – high level financial modelling; Equalities Impact Assessment; Risk Analysis; Business Case; communications and consultation plans)

Outline of Process



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