

(Draft) Minutes of the

West Surrey Stroke Systems Committees in Common (WSSS CiC)

7 September 2017 – 10.00 a.m. – 12.00 p.m.

HG Wells Conference and Events Centre, Church Road East, Woking,

Present:

Peter Collis	Convenor	Lay Member for Governance and Deputy Chair, NHS Surrey Downs CCG
Voting Members:		
Matthew Tait	Joint Accountable Officer	Guildford and Waverly CCG, North West Surrey CCG and Surrey Downs CCG
Dr David Eyre-Brook	Clinical Chair of the Governing Body	Guildford and Waverley CCG
Sue Tresman	Lay Member Quality and Clinical Governance and Vice Chair	Guildford and Waverley CCG
Karen McDowell	Chief Finance Officer	Guildford and Waverley CCG
Dr Jags Rai	Chair of Clinical Executive Committee and Locality Lead	North West Surrey CCG
Julia Dutchman-Bailey	Lay Member, Governing Body Nurse and Chair of Quality Committee	North West Surrey CCG
Mark Baker	Chief Finance Officer	North West Surrey CCG
In Attendance		
Elaine Newton	Director of Governance and Compliance	Guildford and Waverley CCG
Karen Thorburn	Director of System Redesign	North West Surrey CCG
Niki Baier	Director of Contracts	Guildford and Waverley CCG
Paul Mitchell (minutes)	Governing Body Secretary	North West Surrey CCG
Presentations		
Claire Hall	Clinical Education Lead/Critical Care Pathways Lead	SECAMB
Katy Coope	Head of Organisational Strategy and Engagement	NHS Transformation unit
Michael Cheng,	Healthcare Analyst	NHS Transformation unit

Plus 30 representatives of local NHS organisations, local organisations and members of the public (Appendix 1)

1. Welcome, Introductions and Apologies

Peter Collis, Committees in Common Convenor, welcomed all attendees to the meeting. He highlighted that:

- This was a meeting in public, as distinct from a public meeting, the purpose of which was to respond to the feedback arising from the 12-week consultation period on the West Surrey stroke services review proposals, where people were invited to have their say. There would be time made available to take questions from the public after the two presentations had been made.
- Delegates from the Governing Bodies of Guildford and Waverley CCG and North West Surrey CCG respectively have been nominated to take decisions in accordance with the Terms of Reference for the West Surrey Stroke Services Committees in Common.
- Committees in Common delegates have been asked to:
 - consider the consultation feedback
 - take informed decisions on the future stroke model of care.

2. Declaration of Interests

No conflict of interests were declared by members of the Committees.

3. Terms of Reference

The terms of reference for the Committees in Common had been published. It was noted that these had been approved by Guildford and Waverley CCG and North West Surrey CCG Governing Bodies.

4. Convenor's introduction

Peter Collis reminded the meeting of the main issues for consideration:

- I. Respond to the key themes of the public consultation, as presented in an independent report.
- II. Agree for the West system the HASU/ASU provision and the Transient Ischaemic Attack (TIA) provision.
- III. Agree for the West system – (for Guildford and Waverley resident population and for NW Surrey resident population respectively), the hospital/bedded rehabilitation facilities associated with the HASU/ASU provision.
- IV. Affirm commitment to the additional resource across the integrated stroke care pathway from onset of stroke to six month follow up.

- V. Recognise the commitment of SECAMB to support the delivery of the model of care.
- VI. Take any other decisions required in relation to the West Surrey Stroke System and any of the key themes of the consultation that may emerge, that would otherwise be taken by the CCG Governing Bodies.

5. Presentation on feedback from the public consultation on stroke services (Appendix 2)

Katy Coope, Head of Organisational Strategy and Engagement and Michael Cheng, Healthcare Analyst NHS Transformation Unit provided an analysis of selected feedback following the public consultation on changes to stroke care.

Katy Coope explained the role of NHS Transformation Unit and the processes used to review the responses from the consultation.

The NHS TU had analysed the responses by quantitative analysis, in order to see how responses differed across respondents, such as age, and by qualitative analysis of the comments made in the responses, of notes in the meetings and the written responses.

The conclusions from the quantitative analysis were that levels of agreement/disagreement were determined mainly by location; there was no consistent relationship between levels of agreement and other characteristics of the respondents. This may have been due to the low numbers of respondents in some areas.

The major themes from the qualitative analysis related to travel, and factors that were related to travel, such as timely treatment, and the importance of the ambulance service. The other major theme was around the Royal Surrey County Hospital, and future services at the RSCH.

It was noted that similar themes were raised to a consultation held in Greater Manchester.

David Eyre-Brook commented that there were low figures for attendance at public meetings in some areas and asked how the meetings had been publicised? Liz Patroe, Head of Partnership and Engagement at Guildford and Waverley CCG responded to the question outlining that information had been posted on CCG websites, publicity had been covered in local papers and displayed in NHS buildings and Council offices and that stakeholders and Patient Participation Groups had been informed as well as the Stroke Association.

Sue Tresman asked about the different levels of responses in parts of West Surrey. This tied in with conclusions from the analysis that levels of agreement/disagreement were determined mainly by location linked to the proposals for change.

Jags Rai asked whether the pattern of response was similar to other consultations. Katy Coope confirmed this was the case.

Julia Dutchman-Bailey asked what efforts had been made to engage hard to reach groups? It was noted that local patient groups, particularly stroke groups had been contacted.

6. Presentation of South East Coast Ambulance's response to key themes of consultation feedback. (Appendix 3)

Claire Hall, Clinical Education Lead/Critical Care Pathways Lead, presented the SECAMB response to the key themes of the consultation feedback.

Claire Hall confirmed that an emergency options appraisal had been carried out following the temporary closure of the HASU at RSCH. There had been no change to the average response times. She also presented the on scene and call to hospital times and the outcome by area. She explained that the long call to hospital times were caused by factors such as initial call streaming the acuity of the patients and the requirement for additional resources, such as HEMS and Bariatric.

She provided an outline of current action including regular staff education about reducing on scene times; working with all hospitals on pre-alerts directly to the stroke unit; working with hospitals across the Trust on direct access to the stroke unit by-passing EDs and the introduction of the Ambulance Response Programme.

Similar transformation programmes in London and Manchester had highlighted concerns about response times but other aspects needed to be considered. The critical issue was the thrombolisation time. She advised that the higher quality of care in specialist units more than compensated for additional response times in determining overall outcomes.

Next steps would include the review of the response model to ensure the right resource at the right time; the education of staff on all aspects of stroke care; continuing to work with hospitals to improve flow; carrying out an end to end audit, and working with the entire health system to improve outcomes.

Sue Tresman commented that while travel times figure strongly in the responses to the consultation other factors were important. She highlighted the importance of patient flows direct to scanners, and asked what were the timescales to expedite? Claire Hall replied that ASPH were actively working on this but there were logistical issues to resolve such as the layout of buildings, space where patients were assessed and the physical flow through the hospital.

Karen Thorburn commented that conveyance from Guildford and Waverley to Frimley Park Hospital had been introduced a number of years ago for patients with heart attacks and enquired as to whether this worked well. Claire Hall responded that this was the case and that the pathway worked well and had similar call to needle time requirements which were achieved.

Matthew Tait reassured the meeting that work was taking place with SECAMB as an organisation to improve overall performance and provide the right level of investment.

7. Questions and comments from the public.

Peter Collis opened the meeting to questions and comments from members of the public. These included:

- Cranleigh residents will receive a less favourable outcome from the proposals in view of the journey times to Frimley Park Hospital.
- For some parts of SW Surrey it would be quicker to go to hospitals in Portsmouth.
- Why not RAG rate different geographical areas for access to services?
- Governors at RSCH accept the proposed networked ASU. Guildford residents would like a similar arrangement with ASPH to be explored.
- Many people thought the consultation was loaded and so did not respond.
- The local NHS organisations had failed to get their message across to the public.
- Further thought is required on longer term rehabilitation packages of care.

8. Commissioners' response – West Surrey Stroke Services report for Committees in Common

Matthew Tait commented that the proposals had been developed in the light of clinical evidence which recommended the benefits of concentrating expertise and services on fewer sites. The workforce challenges at RSCH had forced the development of an interim model which had been assessed and had helped inform the revised proposals. He accepted consultations are challenging and we are always keen to receive feedback and take forward the learning. He took on board the comments which had been made in response to the consultation and at the meeting. Matthew confirmed support for the Surrey Stroke Review for three co-located HASU/ASU across Surrey and the proposal for West Surrey for a HASU/ASU at both FPH and ASPH.

Matthew Tait confirmed that commissioners were recommending that:

- NWS population is best served by a co-located HASU/ASU at St Peters' Hospital, Chertsey in line with the original proposal.
- Further that bedded rehabilitation continues to be provided from Ashford Hospital while the stroke pathway is mobilised with increased early supported discharge (ESD) provision, and that over a period of 2 years that ASPH consolidate stroke rehabilitation beds to a single site.
- Guildford and Waverley populations will be best served by co-located HASU/ASU at ASPH, and HASU at FPH with a networked ASU in RSCH.
- Further, that specialist bedded rehabilitation is provided from RSCH.
- NWS CCG and G&W CCG are committed to ensuring that the stroke pathway delivers the improved outcomes for patients and that the hospitals providing the stroke services are sustainable for the future.

Matthew Tait confirmed the commitment to the additional resource across the integrated stroke care pathway from onset of stroke to six month follow up.

Matthew Tait then outlined the next steps if the recommendations were agreed. In order to ensure that the pathways set out in this document were delivered, as modelled, the CCGs will establish a Surrey wide stroke oversight group which will include the commissioners and providers across Surrey to ensure that Surrey wide services are sustainable going forward and any interdependencies are identified and managed.

The stroke oversight group will have a specific focus on ensuring the West Surrey pathway is delivered in line with the proposals set out in the report to the CiCs and will have a responsibility to address issues where they arise, taking remedial actions should they be necessary. Specific issues will include an assessment of the rehabilitation model and a further attention to the performance of ambulance services across Surrey.

9. Questions and comments from Committees.

David Eyre-Brook commented that there was very strong evidence to support the movement from five entry points to three HASUs. The expert panel had supported the proposal.

Julia Dutchman-Bailey asked how workforce issues will impact on the recommendation. Karen Thorburn confirmed that all models had been reviewed and assured by panel including NHS England and the Clinical Senate. One important part of that review was workforce and the evidence based minimum standards set out in the specification. The proposed network model has been assessed and will ensure that minimum standards are met and exceeded in terms of staffing. One of the primary reasons for consolidating provision was to secure sustainable workforce across medical, nursing and therapies and to improve outcomes as a result. It is possible that there may be some challenges in sustaining workforce levels however the commissioners propose that this will be part of the core function of the Surrey Stroke Oversight Group, this is an important element of the work of that group in particular to ensure any population changes are factored in to the models going forward.

Sue Tresman commented that future specialist stroke rehabilitation services must take account of accessibility for relatives. Non specialist community rehabilitation services will continue to be provided locally. Early Supported Discharge is a key feature of the proposed model and will be provided from its current base in Milford.

10. Decision and next steps

Following the outcome of Public Consultation, North West Surrey CCG and Guildford and Waverley CCG had reviewed the feedback and make the following recommendations for approval regarding the delivery of stroke services within West Surrey:

- NWS population is best served by a co-located HASU/ASU at St Peters' Hospital, Chertsey in line with the original proposal.
- Bedded rehabilitation continues to be provided from Ashford Hospital while the stroke pathway is mobilised with increased ESD provision, and that over a period of 2 years that ASPH consolidate stroke rehabilitation beds to a single site.
- Guildford and Waverley population will be best served by co-located HASU/ASU at ASPH, and HASU at FPH with a networked ASU in RSCH.
- Specialist bedded rehabilitation is provided from RSCH.

North West Surrey CCG supported the proposals.

Guildford and Waverley CCG supported the proposals.

Matthew Tait as Accountable Officer supported the proposals.

Matthew Tait outlined the next steps. The CCGs and provider organisations would now move to implementation. A Surrey Stroke Oversight Group would be set up and report back on progress to the CCG Governing Bodies.

11. Closure

Peter Collis offered thanks to the staff of the NHS organisations, members of the public and members of the committees for their attendance and contributions made.

The meeting was closed at 12.00 noon.

PNJM/ September 2017