

<b>Title of paper:</b>	Stroke Change Project		
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<b>Date:</b>	10 <sup>th</sup> July 2015		
<b>Meeting:</b>	Governing Body		
<b>Agenda item:</b>	7	<b>Attachment:</b>	04
<b>For:</b>	Decision		
<p><b>Executive Summary:</b></p> <p>Work has been undertaken by the Surrey CCG's over the last several months on reviewing the clinical need for change to stroke services in Surrey. This has been described to Governing Body members in a recent seminar.</p> <p>Nationally there is considerable evidence that stroke services need to be provided in such a way that maximises the chances of patients surviving, and maximises their prospect of recovering with a minimum of long term impairment. Currently there are many parts of the country, including Surrey, where services are not appropriately configured and where lack of access to a properly staffed and supported Hyper-Acute Stroke Unit (HASU) can put patients at risk.</p> <p>There has already been a significant amount of evidence based work done with clinicians, supported by the Royal College of Physicians. This indicates the need for changes to be made in Surrey in line with national best practice and clinical evidence. The expert panel suggest that only three of the five current sites in Surrey should provide HASU level services</p> <p>Key milestones for this work are:</p> <ul style="list-style-type: none"> <li>• Clinical engagement workshop: 29 July 2015</li> <li>• Sign off case for change and options: Early Sept</li> <li>• Public consultation: Sept – Dec 2015</li> <li>• Decisions about commissioning: Feb 2016</li> <li>• Mobilisation: April 2016 onwards</li> </ul>			

It is proposed to now form a Committee In Common (CIC) with the other five CCGs to take this work forward. Each CCG Governing Body will be asked to delegate a 'committee' of up to three representatives to make decisions within the scope of delegated authority. Key aspects of this are as follows:

- Whilst CCGs retain autonomy, the committees would be delegated to meet and make their decision without reference back to the Governing Bodies.
- Each committee of three should include a GP and a lay member.
- The overall process should be chaired by a lay member.
- The aim is to achieve a consensus if possible, if not then a majority vote. There will a higher test for more critical decisions
- The aim would be for the committee in common to meet in public other than where normal Part II provisions apply.

The Governing Body is asked to agree in principle to enter into the Committee In Common approach, subject to final agreement on terms of reference that are still under discussion between the CCGs in the Surrey Collaborative, and on the basis that there may be a requirement for an additional circular resolution of Governing Body members in order to finalise these.

### Compliance section

Please identify any significant issues relating to the following

Risk Register and Assurance Framework	Stroke services are on the risk register
Patient and Public Engagement	This would include formal consultation as appropriate
Patient Safety & Quality	The aim of the process is to improve the clinical safety and effectiveness of stroke services across Surrey
Financial implications	It is expected that the reconfiguration would be within existing budgets
Conflicts of interest	No specific issues
Information Governance	No specific issues but any service change would be subject to a privacy impact assessment

<p><b>Equality and Diversity</b></p>	<p>An equality impact assessment will be conducted as part of the process.</p>
<p><b>Any other legal or compliance issues</b></p>	<p>There is a statutory duty to consult on a service change of this nature.</p>
<p><b>Accompanying papers</b> (please list): None</p>	
<p><b>Summary:</b> What is the Governing Body being asked to do and why? AGREE in principle to form a committee in common with other Surrey CCGs to take forward the work on stroke change.</p>	