DONCASTER METROPOLITAN BOROUGH COUNCIL

COMMISSIONING WORKING TOGETHER JOINT REGIONAL OVERVIEW AND SCRUTINY COMMITTEE

MONDAY, 8TH AUGUST, 2016

A MEETING of the COMMISSIONING WORKING TOGETHER JOINT REGIONAL OVERVIEW AND SCRUTINY COMMITTEE was held at the OAK HOUSE, BRAMLEY, ROTHERHAM, S66 1YY on MONDAY, 8TH AUGUST, 2016, at 3.30 pm.

PRESENT:

Chair – Councillor R Blake

Councillors Rachael Blake (Doncaster MBC), Elizabeth Rhodes (Wakefield MDC), Stuart Sansome (Rotherham MBC), Jeff Ennis (Barnsley MBC), Colleen Harwood (Nottinghamshire County Council), Pat Midgley (Sheffield City Council) and Sean Bambrick (Derbyshire County Council)

ALSO IN ATTENDANCE

C Rothwell Doncaster MBC
A Wood Wakefield MDC
J Spurling Rotherham MBC
A Nicholson Sheffield CC
A Morley Barnsley MBC
M Gately Nottinghamshire CC
A Fawley Nottinghamshire CC
J Wardle Derbyshire CC
W Cleary-Gray Commissioners Working Together
H Stevens Commissioners Working Together
S Jones Commissioners Working Together
G Venables NHSE Clinical lead for Stroke work stream
T Moorhead Clinical Lead for Children's Services work stream
J Pederson Doncaster CCTG
M Ruff Sheffield CCG
M Ezro Wakefield CCG
C Edwards Rotherham CCG
S Allinson North Derbyshire CCG
A Knowles NHS England
L Smith Barnsley CCG

APOLOGIES:

Apologies for absence were received from Councillors

1 Apologies for Absence.

There were no apologies for absence

2 To consider the extent, if any, to which the public and press are to be excluded from the meeting.

None

3 Declarations of Interest, if any.

There were no declarations of interest.

4 Minutes of the Meeting held on 23rd May, 2016.

The minutes of the meeting held on 23rd May, 2016 were agreed as a correct record.

5 Commissioners Working Together HASU (Hyper Acute Stroke Unit) Stage 3 Detailed Option Appraisal.

Graham Venables, Clinical lead for Stroke work stream provided a presentation relating to a review of hyper acute stroke services across South Yorkshire, that had been undertaken over the past 18 months.

Consultation had been undertaken with doctors, nurses and healthcare staff in hospitals, NHS staff who commission hospital and GP services and data and clinical experts about what the future for critical care stroke patients might look like in the region.

The Committee learnt:-

- If HASU centres admit less than the best practice minimum of 600 per unit but over 1,500 then there is a risk of burn out.
- Doctors, nurses and healthcare staff all agree that the way critical care for stroke patients is provided across the region won't meet their high standards in the future – this needs to change. There were currently unsustainable medical rotas.
- More stroke doctors and nurses to run the services were required – there were not enough locally or nationally
- There is low QUALITY of care (SSNAP data) across 4/5 hospitals
- Patients need GOOD care for the first 72 hours (hyper acute stage)

The Committee was provided with details of the appraisal process and preferred options for moving the service forward over the next 5 years.

It was recommended that the services change by adopting a system wide solution, working together better for the benefit of every stroke patient in South Yorkshire and Bassetlaw and North Derbyshire.

Based on feedback from doctors, nurses and regional and national clinical experts, the following option would allow this, with further work being carried out to consider the second option in the future.

A number of options had been discounted by the working group leaving two preferred options:

OPTION 1

The proposal is that if you live in South Yorkshire and Bassetlaw and North Derbyshire and have a stroke, you would receive hyper acute stroke care in:

•Chesterfield Royal Hospital
•Doncaster Royal Infirmary
•The Royal Hallamshire Hospital, Sheffield

This would mean that Barnsley and Rotherham hospitals would no longer provide hyper acute care for people who have had a stroke.

Chesterfield was not a part of this review as it is sited within the East Midlands region.

OPTION 2
The proposal is that if you live in South Yorkshire and Bassetlaw and North Derbyshire and have a stroke, you would receive hyper acute stroke care in:

•Doncaster Royal Infirmary
•The Royal Hallamshire Hospital, Sheffield

This would mean that Barnsley, Rotherham and Chesterfield hospitals would no longer provide hyper acute care for people who have had a stroke.

Chesterfield was not a part of this review as it is within the East Midlands region and so this element is subject to decision elsewhere. However, we will need to talk to people about this possibility as part of our consultation process.

It was stressed that stroke care was divided into three phases:

1. Every person enters the acute critical care unit where the physical status is monitored;

   When they are stabilised they move into:-

2. Rehabilitation in hospital; and

3. Phased return to home.

It was stressed that to deliver a sustainable stroke response service the following support was required Consultant, training staff, nurses, continence advisers and social workers. Early assessments were essential
Following the presentation, Councillors undertook discussion on the following areas:

<u>Staffing, funding and skills shortage</u>
Concern was expressed that many doctors could train for Acute stroke care however there was not the funding in place for them to do so.

It was highlighted that one of the reasons to consolidate the Hyper Acute Stroke Units was to address the skills shortage, which was increasing year on year. It was

reported it was not just a local issue but a national problem and the position had been forwarded to the Department for Health as a real worry.

The proposals for the next five years would provide security for the region with staff, for example in Rotherham staff would be offered to undertake skills they have learnt in high functioning teams and trained for, in Sheffield or Doncaster hospitals.

The service was reviewed to plan a future model, with week on week intense provision and workforce challenges no one could be certain of the exact requirements. Sometimes staff could be difficult to recruit in Yorkshire but this was due to personal issues rather than medical issues. There was a lot of attraction for medical staff in stroke care provision towards the end of people's careers.

It was recognised by professional bodies who work in the health field there was a shortage of funded opportunities for stroke positions. and that some of the funded training posts in London could not be filled and the money was transferred to the Yorkshire region.

It was reiterated that there were no proposals to change the number of consultants but for them to move to different locations across the region.Proposals would provide a much more sustainable service and provision.

First 72 hours of care

It was noted that to reduce the number of stroke patients dying with pneumonia, a swallow test must be undertaken immediately. Early intervention with such a test stops incidents of this nature.
When a person has a suspected stroke the first responder does an initial assessment before a patient is transferred to hospital, with times and standard that have to be met. Ambulance staff undertake informal assessments to ensure the information is available for clinicians on arrival at hospital. Once a patient arrives the meet and greet team take them from the ambulance direct to the CT scan area.
In response to queries raised, Aspirin was not administered in the ambulance and it was noted that Newcastle hospital were currently investigating use of this treatment.

Travel times to hospital/repatriation to local area and home

In response to questions and concerns raised by the Committee, it was explained that the worst case scenarios of travel time by ambulance have been considered and meet the 45 minute deadline taking into account variable with travel/road conditions and weather. It was explained that someone from Bassetlaw would be transported to Doncaster within the 45 minute and in reality could reach Leeds in this timeframe.
At this point some Members highlighted that there had been difficulties with ambulance response times and how this would impact on the 45 minute time frame.

The Committee expressed concern that generally people who had strokes were older, meaning relatives would have to travel a long distance to undertake visits. The proposals would provide initial treatment for patients at one of the three or two hospitals for the first 72 hours following which, they would be repatriated to the area where they live for the recuperation period. During pre-consultation stage outcomes were clear that people would be willing to travel the distance to the proposed hospital sites.

Members fully understood that from a clinical point of view it was more advantageous for a patient to be transferred to strengthened Hyper Acute Stroke dedicated hospitals for the first 48 to 72 hours, and were assured that they would not be moved unless their condition was stable and allowed the patient to be transferred.

It was explained that if a patient from the Barnsley area was treated initially at Sheffield, for recuperation they would not be transferred to a ward at Sheffield, but back to Barnsley hospital.

With regard to returning home following treatment, the Committee highlighted that good partnership working needed to be in place.

Treatment that could be provided by a Hyper Acute Stroke Unit

With two or three centres one of the treatments provided could be blood clot sucking undertaken via a catheter via the artery to brain.

Consultation

The Committee was assured that when consultation was provided to members of the public it would give details of all options for discussion.

Standard of care

It was noted that the time it takes for a stroke patient to be properly assessed has not changed in the last 7 years, and that was not acceptable. There have been areas and standards of improvement but these would be difficult to sustain and it was stressed that nobody in the Stroke service provision arena would accept low standards.

Cross Boundary issues

Members stressed there could be cross boundary capacity issues and stressed that full consultation be undertaken to ensure all parties were aware of the current situation.

Issues relating to Pinderfields and Chesterfield Royal Hospitals were raised by Members but it was noted that this was outside the jurisdiction of this collaborative to discuss the position.

RESOLVED:- that the above discussion, progress of the work and implications for moving forward through NHSE Level 2 Assurance and towards public consultation for the options in October, be noted.

6 Commissioning Working Together Overview and Scrutiny Outline Report.

RESOLVED that Members noted the items to follow.

7 Draft Consultation Documents: - Providing hyper acute stroke services in South Yorkshire and Bassetlaw and North Derbyshire; and Providing Children's Surgery and Anaesthesia Services in South and Mid Yorkshire, Bassetlaw and North Derbyshire.

The Committee was reminded that at its meeting in May, it was agreed that the consultation process be undertaken. The Consultation information circulated with the

agenda was noted but Members requested if examples of the final consultation literature and how it would be publicised, be circulated to each individual authority giving them an opportunity to comment. It was recognised that Councillors knew their individual areas well and could advise on the best places to publicise the information.

The Committee continued by requesting that the consultation period be extended by 2 weeks to 20th January, to take account of the Christmas period as many people would be more focused on the festive season.

It was also stressed that the literature should be written in plain English to ensure maximum participation, for example, surgery be described as planned or emergency.

RESOLVED that:

A. The public consultation material and locations be circulated by the end of August to each local authority of the WTP Overview and Scrutiny Committee, for their individual input and comments;
B. The material for public consultation be provided in plain English and translation availability, to ensure a good understanding of what is being consulted on by all members of the community; and
C. consideration be given to formal consultation on preferred option being extended to conclude on 20th January, 2017.

8 Dates and Times of Future Meetings.

Venue - It was discussed that Oak House at Junction 1 of the M18, Bramley was a preferred site for future meetings.

Administration - With regard to servicing the next meeting, officers expressed a wish to meet prior to setting arrangements for the next meeting.

RESOLVED that: the next meeting be held sometime in November following agreement on Administration arrangements with the Scrutiny Officers.

9 Joint Commissioners and Provider Working Together Programmes Non-Specialised Children's Surgery and Anaesthesia - Options Appraisal.

The Committee received a presentation from Tim Moorhead, Clinical Lead for Children's Services work stream.

The Committee learnt that:-

- Medical Directors and Chief Executive Officers identified children's surgery as a priority;
- The service had been reviewed identifying current provision, standards and pathways of care and included discussions with doctors, nurses anaesthetists, managers, patients and clinical experts in other parts of the country;
- Investigated the numbers of children requiring surgery and the opportunities around wider geographical provision;

- Discussed with providers of surgery who agreed it was important to work together as a network of providers to share skills and expertise and to plan more care together as close to home as possible;
- Investigated models of changing some for the pathways of care for out of hours urgent care to provide sustainable care pathways that met national standards

The main message was that the current service could not be sustained whilst meeting national standards and the Committee discussed the proposals for consultation detailed in the presentation and supporting papers. The following areas were discussed:

- Elective/non elective surgery – including less non elective sites that could provide surgery particularly for under 3 years old and where a child needs to stay on an inpatient ward for recovery. The proposals would be for most areas to have elective planned surgery within their local hospital site unless it was a very specialist surgical procedure;
- Patient transport to and from hospital;
- Yorkshire Ambulance Service – response to child emergencies. The Committee requested that the agreed 45 minutes to transfer to hospital time be inserted into to the documents; and
- The development of 'hubs' over fewer sites so that children requiring surgery out of hours urgently get the standard of care they need.

RESOLVED: that the above discussion and the progress of the work and implications for moving forward through NHSE Level 2 Assurance and towards public consultation on the options in October, be noted.

CHAIR:_____ DATE:_____

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