

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>29 September 2016</b>
<b>Sponsor:</b>	<b>Director of Strategy and Commercial Development</b>
<b>Paper Author:</b>	<b>Service Strategy Director</b>
<b>Subject:</b>	<b>Central Sussex Stroke Services Review</b>

#### **Executive summary**

The attached paper provides an update on progress of the Central Sussex Stroke Services Review. Since March 2014, the CCGs in Sussex have been reviewing the configuration of Stroke services across Sussex, looking at what improvements could be made in primary, community and secondary care. In November 2015, following Board level review and approval, the Trust submitted its preferred option of locating a joint Hyper Acute and Acute Stroke Unit (HASU/ASU) on the Royal Sussex County Hospital (RSCH) site. This was reviewed by the South East Coast Clinical Senate, who published their findings in December 2015. The findings were supportive of the Brighton & Sussex University Hospitals' preferred option, strongly favouring the RSCH HASU option over the Princess Royal Hospital (PRH) option.

The preferred option is currently being considered for approval by the Governing Bodies of the three CCGs affected. Papers have also been submitted to the Health Overview and Scrutiny panels in East and West Sussex and in Brighton and Hove. These bodies are considering whether or not the change proposed represents a 'substantial service change' and if so, what the timescales and methodology for further scrutiny would be required.

#### **Action required**

The Board is asked to review the progress of the Trust's preferred option for stroke reconfiguration with CCGs and HASC/HOSCs.

<b>Links to corporate objectives</b>	The preferred option for stroke reconfiguration seeks to provide the highest quality, clinically and financially sustainable service, with excellent patient experience and outcomes
<b>Identified risks and risk management actions</b>	The Trust and CCGs require the view of the Health Overview and Scrutiny Committees of East Sussex, West Sussex and Brighton and Hove on the scale of the change in order to proceed to the next step. The CCGs and Trust have been working closely with the Councils to ensure a smooth process.
<b>Resource implications</b>	Resource implications of any change will be fully explored as part of the Full Business Case
<b>Report history</b>	N/A

## **Report to the Board of Directors, 29<sup>th</sup> September 2016 Central Sussex Stroke Services Review**

### **1. Introduction**

1.1. Horsham and Mid Sussex CCG, Brighton and Hove CCG and High Weald Lewis Havens CCG, are seeking a view from West Sussex Health and Adult Social Care Select Committee, Brighton and Hove Health Overview and Scrutiny Committee and East Sussex Health Overview and Scrutiny Committee as to whether or not they consider the Central Sussex Stroke Programme Board's preferred reconfiguration option for Stroke as a 'substantial service change'. The preferred option involves the centralisation of the Trust's stroke services onto one site, creating a joint Hyper Acute Stroke Unit (HASU) and Acute Stroke Unit (ASU) on the Royal Sussex County Hospital (RSCH) site. At the same time the CCGs' Governing Bodies are considering for approval the preferred option.

### **2. Background**

- 2.1. Historically, Brighton & Sussex University Hospitals (BSUH) has provided Stroke Services over two sites; PRH and RSCH. In the light of growing evidence and clinical consensus, the Trust set out in its Clinical Strategy (March 2014) its preference to provide hyper-acute stroke services from a single site
- 2.2. Since this time the Trust has been working with the Sussex Collaborative to consider the options available for BSUH in the context of wider configuration across Sussex. The Trust worked up a number of options for reconfiguration, including a HASU/ASU at PRH, a split site option with the HASU on one site and an ASU on the other site, and a HASU on both sites.
- 2.3. In November 2015, these options were reviewed by the Trust Board, with the preferred option being to single site stroke with a combined HASU/ASU on the RSCH site. This option appraisal was submitted to the South East Clinical Senate for review. In December 2015 the Senate published its findings, which strongly supported the Trust's preferred option.
- 2.4. This work was then taken up by the Central Sussex Stroke Programme Board, which was convened by the three CCGs concerned (Brighton & Hove CCG, Horsham & Mid-Sussex CCG and High Weald Lewes Havens CCG) of which BSUH has been an active member.
- 2.5. The Central Sussex Stroke Programme Board has further refined the proposed reconfiguration options, which includes the whole stroke pathway from prevention through to community rehabilitation.
- 2.6. Since February 2016, BSUH has put in place a temporary stroke divert from PRH to RSCH, as it has not been able to secure sufficient trained nursing staff at PRH to provide a comprehensive stroke service at all times. Nurses have been recruited and are currently being trained. The divert will not be lifted until sufficient trained nurses are in place to provide the service, which is not likely to be before early 2017.

### **3. Next Steps**

- 3.1. The preferred option is now being considered by the governing bodies of the three CCGs during September and October. The Central Sussex Stroke Programme Board is seeking endorsement of the preferred option so it can proceed to detailed planning and subsequent implementation.
- 3.2. The CCGs are also seeking the views of West Sussex Health and Adult Social Care Select Committee, Brighton and Hove Health Overview and Scrutiny Committee and East Sussex Health Overview and Scrutiny Committee as to whether the preferred option would represent a 'substantial service change'. Whether or not a change is substantial is a matter of judgement for each of the Committees, the decision based on the numbers of patients affected, the nature of the change and any wider ramifications of the change.
- 3.3. Should any of the HASC/HOSCs decide that this does represent a 'substantial service change' they will also determine the timescales and methodology for any further scrutiny required. They will also make suggestions as to the potential methodologies for public engagement over the change.
- 3.4. The decision of the CCG Governing Bodies, and of the HASC/HOSCs will determine the nature and pace of what happens next. Prior to any change being agreed, the Trust will need to produce a Full Business Case, which will look in detail at the clinical, financial and quality implications of the proposal. This will be considered by the Trust Board.

### **4. Recommendation**

- 4.1. The Board is asked to review the progress of the Trust's preferred option for stroke reconfiguration with CCGs and HASC/HOSCs.

**Oliver Phillips**  
**Service Strategy Director**  
**September 2016**