



**North  
Somerset**  
COUNCIL



# Joint Health Overview and Scrutiny Committee

15 March 2021

**Report of:** BNSSG Stroke Programme

**Title:** BNSSG Stroke Programme

**Ward:** BNSSG

**Officer Presenting Report:** Chris Burton (Stroke Programme Senior Responsible Officer and Medical Director, North Bristol NHS Trust) & Rebecca Dunn (Stroke Programme Director, BNSSG CCG)

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## Recommendation

The committee is asked to:

1. Note this update report and the progress made by the BNSSG stroke programme in planning for consultation
2. Share comments and feedback on the plan for public consultation, considering whether the committee supports it as a plan for a full and meaningful consultation, particularly considering flexibilities that may be required in delivering the consultation in the context of the pandemic and any government restrictions at that time
3. Support the draft evaluation criteria that have been developed as appropriate for the decision-making process that will confirm the final option for implementation in the period following consultation
4. Note that once a decision to consult has been made by the BNSSG governing body we will discuss with JHOSC the proposed date by which we would require JHOSC to provide any comments on our proposals. In addition, to confirm how JHOSC would like to be consulted with on our proposals once the decision to consult has been made,

## Summary

Recommendation 1.

The BNSSG Stroke Programme has galvanised stakeholders from all backgrounds and professions around a shared vision for stroke care for the future; a vision for everyone in BNSSG to have the best opportunity to survive and thrive after stroke.

There are compelling reasons to change the provision of stroke care in BNSSG:

- Demand for stroke care is increasing by 3-5% every year and the specialist stroke workforce available to provide care is limited.
- The provision of stroke services varies depending on where people live in BNSSG.
- Outcomes for people that have a stroke in BNSSG vary depending on where they receive treatment and our current service provision does not consistently meet national standards.
- NHS commissioners have a responsibility to ensure that every pound spent on behalf of tax payers offers as much health benefit to the population as possible and the way stroke services are currently organised and configured does not consistently deliver that.

To address the case for change, clinicians of all professions, people with lived-experience of stroke, voluntary sector workers, social care staff, and service managers have been working together to redesign the stroke service provided to people in BNSSG. They are working to produce evidence based proposals directly in line with the draft National Stroke Service Specification with the aim of ensuring that everyone in BNSSG will benefit from life-changing treatment in a specialised hyper-acute stroke unit, usually in the first 72 hours following a stroke.

Clinicians, patients, and health and care leaders are also looking at how best to improve community-based stroke support across BNSSG. Our ambition is for a new integrated community stroke service that will support the delivery of the proposals for hospital care and, most importantly, ensure that everyone in the BNSSG area has improved, and equal, access to rehabilitation care at home and in the community.

Since we last met with the JHOSC we have been continuing to make good progress on designing and refining a proposed new model of stroke care, developing proposed options for how that care could be delivered in BNSSG in the future, working with our regulators and the South West Clinical Senate in terms of assurance on the development of our pre-consultation business case and the progress of our work, and in planning and preparing for public consultation. We believe we are on track to hold our public consultation in the summer of this year.

### Recommendation 2.

We have drafted a plan for public consultation that outlines the principles driving our approach and the core activity we will deliver to encourage responses to our twelve-week consultation. Our plan describes in detail how we will make sure we get as broad and as diverse a range of views and opinions as possible, including those from the nine protected characteristic groups under the equalities legislation and those from seldom heard and marginalised groups. It describes how we will use different research methodologies to engage a representative sample of the BNSSG catchment population. We will also focus on making sure we reach out to those who are most likely to be impacted by stroke and therefore most likely to be impacted by our proposed changes to the way stroke services are delivered.

Importantly, our consultation plan takes account of the pandemic environment we are currently in and has described how we will engage and consult in a covid-safe way and in line with government regulations at that time, being flexible in our planning as needed. We have purposefully sought to exploit digital means of engagement – for example, through online listening events – but also to recognise the digitally excluded and those who can't or don't want to use digital means to engage, through the provision of printed materials, a telephone enquiry line and telephone surveys.

Responses to our consultation will be analysed by an independent agency, as per best practice. Their report will be considered in full by BNSSG governing body members in the decision-making phase of our programme. The report will form an important part of our decision-making business case. We are planning that responses to the consultation will be considered by the governing body later this year alongside a range of other data and evidence (clinical, financial, workforce, estates etc) we have collated over the course of our review.

### Recommendation 3.

As previously discussed with JHOSC members, we have used a clinically led evaluation process to help assess and evaluate our potential options to deliver our proposed new model of care for stroke services. Option development is a careful process over a period of time, assessing, evaluating and funnelling potential options from a long list to a medium list and eventually leading to a shortlist of potential options for consultation. Whilst we have not yet launched our consultation (which is planned to take place in the summer this year), nor yet confirmed through our public governing body meeting the options on which we will consult, we are already starting to map out the work we will need to progress once consultation has been completed. As we approach the pre-election period before local elections, we are aware that JHOSC may not meet again until mid to late summer. For that reason, we want to share with members now the refined evaluation criteria that we propose to use in our decision-making process later this year. Our original evaluation criteria were developed in conjunction with local people and clinicians as part of the BNSSG Healthy Weston Programme. This was agreed by the Joint Health Overview and Scrutiny Committee (JHOSC) on 26 September 2018. The suite of evaluation criteria was tailored to the BNSSG Stroke Programme with the support of specialist stroke clinicians in order to ensure that it was appropriate for application to the stroke service.

Following consultation with the public on the options for service change, further decision making will be required as part of the BNSSG Stroke Programme. The JHOSC are asked to confirm that the proposed evaluation criteria are appropriate for final decision making, noting that these have been reviewed and updated by the BNSSG Stroke Programme Team.

### Recommendation 4.

Whilst we are not planning to launch our consultation on stroke services until the summer of this year, we are aware that JHOSC may not meet again for several months due to the pause over the pre- and post-election period. We want to confirm that once the BNSSG CCG governing body has taken the decision to consult we will liaise with JHOSC to agree a date by which we would require JHOSC to provide any comments on our proposals. In turn we will also provide JHOSC with the proposed date by which the CCG intends to

make a decision as to whether it will proceed with the proposal(s). This is in accordance with our duties set out in regulation 23 of the Health Scrutiny Regulations.

We also wish to discuss how JHOSC would like to be consulted with directly about our proposals. For example, what information you would like to consider – either shared in advance or as part of our next and future meetings, and how often you would like to meet during our consultation period.