

**Report of the Director of Human Resources,
Performance & Communications,
to the Overview and Scrutiny Committee (OSC)
on Tuesday 8th November 2016**

**Proposed Changes to Hyper Acute Stroke & Children's Surgery and
Anaesthesia Services Consultations – Cover Report**

1.0 Introduction and Background

1.1 NHS Clinical Commissioning Groups (CCGs) are responsible for commissioning (paying for) local health services in their region. As more people use NHS services, live longer and technology to deliver care improves, planning and commissioning of effective, sustainable services becomes increasingly urgent. Additionally, for some services, there won't be enough trained and experienced staff in the future.

1.2 'Commissioners Working Together (CWT)' is a collaborative of eight CCGs (Barnsley, Bassetlaw, Doncaster, Hardwick, North Derbyshire, Rotherham, Sheffield and Wakefield) and NHS England, across South and Mid Yorkshire, Bassetlaw and North Derbyshire. They are looking at NHS services across this geographical footprint in order to plan and commission the best local services possible within available resources. A map of the relevant area is shown below:



1.3 As a result of this, in accordance with legislation, a Joint Health Overview and Scrutiny Committee (JHOSC) has been established to ensure the needs of local people are an integral part of the delivery and development of services. The relevant Local Authorities represented on the JHOSC by locally Elected Members are: Barnsley Metropolitan Borough Council; Derbyshire County Council; Doncaster Metropolitan Borough Council; Nottinghamshire County Council; Rotherham Metropolitan Borough Council; Sheffield City Council and Wakefield Metropolitan District Council.

1.4 As part of CWT, changes to NHS Hyper Acute Stroke Services (care up to first 72 hours) and Children's Surgery and Anesthesia services across the geographical footprint have been proposed. Earlier this year, feedback was gathered from a number of stakeholders on these services, which was used to formulate the proposals that are now being formally consulted upon for 16 weeks from 3rd October 2016 until 20th January 2017. The final decisions will be made in February 2017.

2.0 What does this mean for Barnsley?

2.1 Hyper Acute Stroke Services

Working with the clinicians and managers from each of the hospitals, supported by independent strategic clinical advice and an independent review, the commissioners have developed a proposal to reduce the number of hyper acute stroke units from five to three. This proposal recommends the hyper acute stroke units in Barnsley and Rotherham close and three units remain in Chesterfield, Doncaster and Sheffield.

2.2 Barnsley Hospital (Barnsley Hospital NHS Foundation Trust-BHNFT) agree that current services across the region are unsustainable and they have a role in ensuring that everyone has access to high quality care and treatment in the first 72 hours of a stroke. They must be ready to put changes in place so are making plans to do this as doing nothing is not an option.

2.3 The changes mean that Barnsley patients in need of critical care would be taken to Doncaster, Sheffield or Wakefield. Following the critical care period, they would be discharged either to their own home to continue their rehabilitation in the community or will be transferred back to Barnsley Hospital's stroke unit.

2.4 Children's Surgery and Anaesthesia Services

The commissioners and hospitals have developed three options which could reduce the number of hospitals where operations for some conditions for children are carried out at night, at a weekend, or require an overnight stay. Operations under these circumstances would no longer be provided in Barnsley, Chesterfield, Doncaster or Rotherham.

2.5 Again, Barnsley Hospital agree that current services across the region are not sustainable and they want to make sure everyone has access to high quality care in children's surgery and anaesthesia services. To do nothing is not an option, and so they must therefore be ready to put the changes in place and are making plans to do this.

2.6 At the moment this means no changes to services as the proposals are still subject to public consultation. Copies of the consultation documents which outline the proposals, how these have been developed and what these mean for services users are attached (Item 4b - Hyper Acute Stroke Services Consultation Document, Item 4c - Children's Surgery and Anaesthesia Services Consultation Document) and can also be accessed at www.smybndccgs.nhs.uk.

3.0 Consultation Feedback

3.1 Since the consultation opened on 3rd October 2016, as of 24th October 2016, the following responses have been received:

3.2 Hyper Acute Stroke Services

22 out of 36 responses are from Barnsley postcodes. Of this, 6 agree with the proposals, 16 disagree. Overall: 13 out of 36 agree, 23 disagree

Some 'agree' comments from Barnsley residents:

- "I'd like to go to the best place not necessarily the nearest. If you can guarantee that I'd get there in time then I agree with the changes."
- "I understand that the first 72 hours is the most vital and if this care can be best given by experienced specialised staff in specific centres then this makes good sense. If I had a stroke this is the care I would want. It is more important that the care is right than that it is local at first."

Some 'disagree' comments from Barnsley residents:

- "The Government should properly fund the NHS to provide the required care for patients within the hospital nearest their home."
- "When someone has had a stroke family and friends matter a great deal. It is a very stressful time for everyone and the travelling time and difficulties travelling for some people will mean that visitors will experience even more stress and may not be able to see their loved ones."

3.3 Children's Surgery and Anaesthesia Services

11 out of 35 responses are from Barnsley postcodes. 6 out of 11 agree with the proposals to change the way we provide children's surgery and anaesthesia services. 5 of the 6 agree that option 2 (the preferred option) would be the best. Overall: 16 out of 35 agree with the proposal to change the way we provide children's surgery and anaesthesia services. Of these, 13 agree option 2 (the preferred option) would be the best.

Some 'agree' comments from Barnsley residents:

- "As long as facilities for family members to support their children during and after surgery it will deliver better outcomes."
- "Reduces the number of sites to a more practical number but does not cause unmanageable workloads for the sites nominated"

Some 'disagree' comments from Barnsley residents:

- "Not everyone has easy access to transport for visiting. Although these places are geographically close, they may as well be 100 miles apart in the eyes of what is still a quite insular population."
- "When your child goes into hospital it is a traumatic time, worrying about how you can afford to visit your child is another matter. My daughter was in Barnsley, Sheffield and Leeds if I did not have the funds I would not have been able to visit her. Also the family around me were my network."

4.0 Invited witnesses

4.1 Given the proposed changes and implications for services in Barnsley, at today's meeting, a number of representatives have been invited to answer questions from the OSC regarding the proposed changes to Hyper Acute Stroke and Children's Surgery and Anaesthesia Services:

- Lesley Smith, Chief Officer, Barnsley CCG
- Helen Stevens, Associate Director of Communications and Engagement, NHS Commissioners Working Together
- Diane Wake, Chief Executive, BHNFT
- Dr Richard Jenkins, Medical Director, BHNFT

5.0 Possible areas for discussion

5.1 Members may wish to ask questions around the following areas:

- What implications will the changes have on patient outcomes and has an equality impact assessment been done on these?
- To what extent has there been learning from good practice in the delivery of these services in other areas?
- How effective are working relationships amongst key stakeholders in the design and delivery of services?
- How will you ensure ongoing patient involvement and influence in the design and delivery of these services?
- To what extent have staff been engaged throughout the consultation and are confident in the proposals put forward?
- What implications will changes have for local service providers such as Barnsley Hospital and Yorkshire Ambulance Service (YAS)?
- How will the consultation feedback be analysed and to what extent will this influence any final decisions?
- How confident are you that the right decisions are being made to ensure services are effective and sustainable?
- What impacts will the work of other NHS service commissioners and providers have on these plans and what is in place to manage this?
- How can Members support the work of NHS Services to improve outcomes for our local residents?

6.0 Background Papers and Links

- Item 4b - Hyper Acute Stroke Services Consultation Document
- Item 4c - Children's Surgery and Anaesthesia Services Consultation Document

- Commissioners Working Together (CWT) website and access to consultations online: <http://www.smybndccgs.nhs.uk/>
- Barnsley Hospital website information on Hyper Acute Stroke Services Consultation: <http://www.barnsleyhospital.nhs.uk/news/hyper-acute-stroke-unit-proposed-consultation/>
- Barnsley Hospital website information on Children's Surgery and Anaesthesia Services Consultation: <http://www.barnsleyhospital.nhs.uk/news/childrens-surgery-anaesthesia-services-across-south-yorkshire-bassetlaw/>

7.0 Glossary

BMBC – Barnsley Metropolitan Borough Council
BHNFT – Barnsley Hospital NHS Foundation Trust
CCG – Clinical Commissioning Group
CWT – Commissioners Working Together
JHOSC – Joint Health Overview and Scrutiny Committee
YAS – Yorkshire Ambulance Service

8.0 Officer Contact

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