
**CONSULTATION ON THE FUTURE OF HYPER-ACUTE STROKE SERVICES IN
DARLINGTON**

Responsible Cabinet Member - Councillor Andy Scott, Health and Partnerships Portfolio

Responsible Director - Murray Rose, Director of People

SUMMARY REPORT

Purpose of the Report

1. To agree a plan of engagement for Darlington's response to the consultation on the future of hyper-acute strokes services in County Durham and Darlington.

Summary

2. The NHS started formal consultation on the future of hyper-acute stroke services on Monday, 20 June 2011. The way that these services may be delivered in the future could have important ramifications for the health and well-being of Darlington residents.
3. NHS County Durham and Darlington are consulting on the proposals until 11 September 2011. The full document can be downloaded at www.haveasay.org.uk and the consultation questionnaire is also available on that website. They are consulting on the following issues:-
 - (a) A split-site model for delivery of hyper-acute services cannot continue.
 - (b) Move to a single site option for delivery of hyper-acute stroke services is the best model.
 - (c) Specialist care is more important than care closer to home
 - (d) The University Hospital, North Durham is the preferred site for a single site.
4. Eleven options were considered and scored against eight weighted criteria. Single site options at University Hospital North Durham and Darlington Memorial Hospital scored highest.
5. Each of the issues subject to consultation has an impact on Darlington residents. Firstly, local residents have an opportunity to comment on the proposal that the current delivery of services on two sites within the Durham and Darlington local authority boundaries is not sustainable. They may also have views about such a service being delivered from hospitals in other areas which are accessible to Darlington residents (for example, Teesside). Darlington residents will have views about where they want to access specialist services and

may not confine their preferences to within particular administrative boundaries – covering the consultation issue in paragraph 3 (c).

6. In particular, though, the proposal in paragraph 3 (d), above, has raised significant concerns amongst local stakeholders. Significant numbers of patients currently are transported to Darlington Memorial Hospital for hyper-acute episodes and the proposal being made is for patients suffering such episodes in the future to be transported instead to The University Hospital, North Durham. The reason that The University Hospital, North Durham is the proposed location is largely based on data about travel times for patients to each of the possible sites. This is a significant element within the overall consultation proposals and one which must be subjected to rigorous scrutiny. This requires that the data used to inform the proposal is truly comprehensive and has been tested thoroughly. The consultation proposal from NHS County Durham and Darlington referred to in paragraph 3 states that the *'the score between the top two options is marginal ie whether to be based at Durham or Darlington'*. Because the differences are so marginal, they require thorough scrutiny and review.
7. Discussion in Darlington to date has raised a number of further concerns which are outlined at paragraph 16 of the main report. An area of concern about the proposal in paragraph 3 (d) includes concerns about the sufficiency of the data used to support the proposed location of the service in Durham, rather than in Darlington and the patient outcomes in respect of the two proposals. Officers from Darlington Borough Council are currently reviewing this data. In addition, early feedback from the Growing Older Living in Darlington (GOLD) Health Group has raised questions again about travel times, wider determinants of stroke risk, the consultation process itself and a range of clinical issues.
8. To ensure that the voice of Darlington residents is properly heard in this consultation, it is proposed that a formal response is developed from Darlington Borough Council and that Darlington Partnership is invited to do the same. This will ensure that the fullest range of responses from elected Members, members of the public and stakeholder organisations is heard.
9. A plan of engagement is set out from paragraph 22. The plan of engagement includes delegating the responsibility for submitting a response on behalf of the Council to the Director of People. This is proposed because the consultation is being carried out during a period which includes the summer recess, and in particular because the consultation deadline expires before the next meeting of Cabinet.

Recommendations

10. It is recommended that:-
 - (a) Cabinet note the areas of concern being raised about the proposed location for the hyper-acute stroke service.
 - (b) The plan of engagement is agreed.
 - (c) Cabinet are asked to note that Health and Well Being Scrutiny are commissioning further research and engagement activity (as described in the plan of engagement) from a Task and Finish group.

- (d) Cabinet is asked to delegate the task of submitting a response to the consultation to the Director of People and to incorporate the work of the Health and Well Being Review Group as part of this process. Response to be submitted prior to 11 September 2011.

Reasons

11. To ensure that the views of Darlington residents and their representatives are fully heard in the consultation on the future of hyper-acute stroke services in Darlington and County Durham and because the consultation period ends before the next meeting of Cabinet.

**Murray Rose,
Director of Services for People**

Background Papers

Improving Stroke Care for the people of County Durham and Darlington: A public consultation on proposed changes to hyper-acute stroke services
Published by NHS County Durham and Darlington

David Plews: Extension 2023
Mary Hall: Extension 2676

S17 Crime and Disorder	This report has no implications for Crime & Disorder.
Health and Well Being	This report has implications to the address Health and Well Being of residents of Darlington, through scrutinising proposals for the provision of hyper-acute stroke services in County Durham and Darlington.
Carbon Impact	This report has no implications for Carbon Emissions.
Diversity	Stroke affects different demographic groups in different ways. This report recommends a plan of engagement which is sensitive to these differences.
Wards Affected	Stroke affects different demographic groups in different ways. This report recommends a plan of engagement which is sensitive to these differences.
Groups Affected	Stroke affects different demographic groups in different ways. This report recommends a plan of engagement which is sensitive to these differences.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision.
One Darlington: Perfectly Placed	The report contributes to the delivery of the objectives of the Health Darlington objective within the Sustainable Community Strategy.
Efficiency	There are no issues relating to Efficiency which this report needs to address.

MAIN REPORT

Information and Analysis

12. The issues outlined in the NHS's consultation were identified following an analysis of eleven options by the Stroke Strategy Implementation Group:-
- (a) Continuation of two site 24/7 hyperacute model at University Hospital North Durham (UNHD) and Dalington Memorial Hospital (DMH) [and rehabilitation unit at Bishop Auckland Hospital (BAH)];
 - (b) Single site 24/7 hyperacute model at UNHD (and rehabilitation at BAH);
 - (c) Single site 24/7 hyperacute model at DMH (and rehabilitation at BAH);
 - (d) Single site 24/7 hyperacute and rehabilitation model at BAH;
 - (e) Two site 24/7 hyperacute model – UHND and DMH (and out-of-hours diversion to single site at UHND and rehabilitation at BAH);
 - (f) Two site 24/7 hyperacute model – UHND and DMH (and out-of-hours diversion to single site at DMH and rehabilitation at BAH);
 - (g) “Drip and ship”* including telemedicine and single site 24/7 hyperacute model at UHND (and rehabilitation at BAH);
 - (h) “Drip and ship”* including telemedicine and single site 24/7 hyperacute model at DMH (and rehabilitation at BAH);
 - (i) Single site 24/7 hyperacute model at UNHD (and “drip and ship” to hospitals in Newcastle or Teesside and rehabilitation at BAH);
 - (j) Single site 24/7 hyperacute model at DMH (and “drip and ship” with neighbouring Trusts and rehabilitation at BAH);
 - (k) Regional hyperacute stroke service in Newcastle or Teesside, outside of County Durham and Darlington.

*“drip and ship” is the term given to the management of patients using intravenous drugs before and during their transfer to another hospital.

13. These eleven options were analysed against eight criteria. The criteria were weighted in the following way “to help ensure a high quality, long-term stroke hyperacute service for County Durham and Darlington”:

Benefit Criteria	Rank	% weighting
Clinical quality	1	17%
Sustainability/flexibility	2	16%
Equity of access	3	15%
Efficiency	4	14%
Workforce	5	14%
Functional suitability	6	11%
Acceptability	7	8%
Cost effectiveness	8	6%

14. Using this approach the Stroke Strategy Implementation Group's sub-group scored the eleven options. Options (b) - single site UHND and (c) - single site DMH, scored most highly. The scores were very close with 841 and 815 points respectively. (Full details of scoring for all the other options are available in the background papers.)
15. As the difference between the options is marginal, attention naturally focuses on the scoring process that was used, the data that informed this, and the way that this has been communicated through the consultation programme. Some commentators have already

noted that with a fuller data set relating to ambulance journey times, patient outcomes and potential pathways that include the geographical areas surrounding Darlington, the scoring for equity of access may have changed. This in turn may have led to the placing of the top two options being reversed.

16. The NHS's preferred option (a single site at UHND) would raise a number of issues for Darlington residents:-
 - (a) There would be difficulty for families visiting ill relatives at an inaccessible hospital (especially given rehabilitation is in Bishop Auckland);
 - (b) Why do Darlington residents have to travel away from the biggest centre of population in County Durham and Darlington with an established hospital for treatment for hyperacute stroke?
 - (c) How have the wider determinants of stroke risk been considered in the proposals?
 - (d) What are the risks of Darlington residents having to travel further for urgent stroke care?
 - (e) What might data from Teesside and North Yorkshire tell us about journey times and patient outcomes?
 - (f) What about traffic/road closures and the effects on accessing urgent care?
 - (g) How will air ambulance services access the Durham and Darlington sites?
 - (h) What will the implementation of the preferred proposals have on A&E waiting times at both sites?
 - (i) What will be the impact on future clinical services in Darlington of siting hyper-acute stroke services in Durham?
 - (j) What was Darlington's representation on the Stroke Strategy Group?
 - (k) What was Darlington's representation on the Stroke Strategy Group's analysis and scoring sub-group?
 - (l) What impact will the location of a single site service have on local treatments for Transient Ischaemic Attack (TIA) and the recruitment and retention of staff to deliver those services?

17. Cabinet are aware of the public concern in Darlington about the proposed changes to the provision of hyper-acute stroke services for Darlington residents. Discussions have taken place since the Autumn and included discussion at the Health and Well-Being Scrutiny Committee on 22 March 2011. A number of questions were raised by that Scrutiny in relation to the proposals and these were forwarded to the NHS County Durham and Darlington for a response. The responses were presented at a further Health and Well-Being Scrutiny Committee meeting on 21 June 2011. Members of the Health and Well-Being Scrutiny Committee continue to voice their concerns about the comprehensiveness of some of the evidence used by NHS County Durham and Darlington in formulating the proposals

18. The consultation process is being led by NHS County Durham and Darlington in liaison with County Durham and Darlington Foundation Trust. The formal consultation was launched on 20 June 2011 and will cease at 5:00 pm on 11 September 2011.

19. The deadline for response includes the holiday period and this makes it difficult in terms of consultation with a wide range of stakeholders. It is important that residents in Darlington and their representatives are supported to make an informed decision. For this reason, a consultation plan has been developed in order to provide the Council with valuable information to feed into its response to the NHS consultation process.

20. A timetable for engagement has been developed for the Local Authority and a recommended timetable is suggested for Darlington Partnership. Broader communications with the general public will take place using the local media and other mechanisms to engage the public of Darlington and support them to have their say. In addition to the Council's response and the Darlington Partnership response, individuals and interested parties are able to make their own responses directly, as outlined previously in this report in Paragraph 3.

Timetable for Engagement

21. It is important that all key stakeholders within Darlington have the opportunity to engage in this consultation. Successful engagement will only take place if there are a range of opportunities for groups and individuals to participate. For this reason, the timetable of engagement looks at internal Council mechanisms and includes suggestions for engagement with Darlington Partnership-led opportunities, together with a broader communications plan to inform residents and support their engagement in the process.

The timetable for engagement: Darlington Borough Council

22. The Local Authority timetable for engagement is set out below and this is a suggested way forward that will allow maximum involvement at a time when the Council is in recess in August and has no formal public meetings. This timetable has been discussed with Health and Well Being Scrutiny meeting on 21 June 2011.

Committee	Date
Cabinet	19 July 2011
Council – full consultation would not have taken place at this point with the voluntary and community sector or other stakeholders. This report recommends delegating to the Director of People the power to incorporate the work of the Health and Well Being Scrutiny Committee in the Darlington Borough Council response.	21 July 2011
Health and Well Being Scrutiny Committee to establish a Hyper-Acute Stroke Services Consultation Review Group to meet and take evidence.	From 21 June – 29 August 2011
Hyper-Acute Stroke Services Consultation Review Group receive minutes of discussion held from Darlington Partnership Executive Group of 13 July 2011	20 July 2011
Hyper-Acute Stroke Services Consultation Review Group to write a suggested formal response	29 August 2011
Health & Well Being Scrutiny Committee formally debate and agree a formal response to be incorporated into the response of the Director of People.	30 August 2011
Response formally submitted to NHS County Durham and Darlington	Before 11 September 2011

23. In addition to the above, the Monitoring and Co-ordination Group meeting on 4 July 2011 will ensure that the impact of the review on other services is identified.
24. Consultation with the Care Home Managers Group will take place on the 10 August 2011 and will inform the Hyper-Acute Stroke Services Consultation Review Group findings.

The suggested timetable for engagement: Darlington Partnership

25. Darlington Partnership is an important mechanism for broader stakeholder engagement across all sectors. This is a key consultation that could have long-term implications for the future of health and social care services in Darlington.
26. NHS County Durham and Darlington have already met with the Darlington Partnership Board on 22 June 2011 to discuss future plans and provided an opportunity to discuss the suggested timetable in this report.
27. Growing Older Living in Darlington have already undertaken work to look at stroke services and further work is planned. It is proposed to ask GOLD to undertake detailed discussion through their Health Group which could then form the basis of further discussion at the Older People's Partnership Board.
28. The Older Person's Partnership Board is a sub-group of the Healthy Darlington theme group of Darlington Partnership.
29. Agreement has also been received to ask the Healthy Network, supported by eVOLution, to act as a conduit to ensure Voluntary and Community Sector engagement in the consultation process. This would ensure that organisations, including the Local Involvement Network (LINK), Stroke Club, Age UK, Stroke Network, Hundens Lane Rehabilitation users, Carers Groups and the National Stroke Association, are enabled to engage.
30. A timetable of engagement with the Darlington Partnership is set out below.

Stakeholder	Date
GOLD Health Group	4 July 2011
Older People's Partnership Board – presentation and discussion based on the feedback from GOLD but engaging Age UK and broader stakeholders	12 July 2011
Darlington Partnership Board – seek agreement that the Darlington Partnership Executive Group is given delegated power to respond to the consultation	13 July 2011
Healthy Darlington Special Meeting – paper to set out the outcomes of discussions at the Older People's Partnership Board	Late July or early August 2011
Darlington Partnership Board Executive Group meet to agree response with the Council response being based on feedback from Health and Well-Being Scrutiny	31 st August 2011
Response submitted to PCT	Before 11Sept

Communications Plan

31. A detailed communication plan will be developed to include key messages at each stage of the process.
32. Residents of Darlington have the opportunity to engage through the Scrutiny meetings and formal Council settings. Further opportunity to have dialogue with local residents could take place through the work of Hyper-Acute Stroke Services Consultation Review Group of Scrutiny.
33. It is important to ensure that members of the public have a clear route to send in their response and it is proposed that there is a link to the 'Get Involved' page of the NHS County Durham and Darlington consultation. This sets out the mechanisms for making a direct response including providing a link to the questionnaire, FREEPOST details and a list of the public events being organised by NHS County Durham and Darlington.
34. All events organised by the Council regarding this consultation will ensure that all views expressed are fed back accurately to the NHS County Durham and Darlington consultation.

Consultation

35. In preparing this report Health and Well Being Scrutiny have been consulted. Some stakeholder groups have also made preliminary comments. Cabinet should be aware that these responses so far have indicated that:-
 - (a) The scores for the top two options (single site Durham and single site Darlington) are much closer than the first twenty-four pages of the consultation document suggest.
 - (b) Council Officers are still unable to access decisive data relating to the consultation – Health colleagues have cited reasons of patient confidentiality for this. Council Officers remain convinced that there are ways around this.
 - (c) The Gold Health Group have also brought forward a number of issues, which are included in the list at paragraph 16 above.

Conclusion

36. This report and the plan of engagement have been developed to ensure the fullest range of responses to each of the proposals and to give a strong voice to the people of Darlington in shaping the health care that they want.