

Health and Adult Social Care Overview and Scrutiny Committee – Supplementary agenda

A meeting of the Health and Adult Social Care Overview and Scrutiny Committee will be held on:

Date: 11 August 2015

Time: 6.30pm

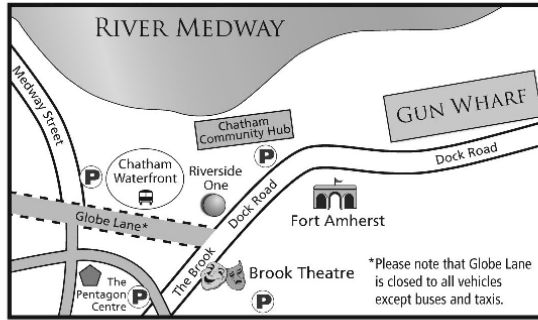
Venue: Meeting Room 2 - Level 3, Gun Wharf, Dock Road, Chatham ME4 4TR

Items

- 7 Specialised Vascular Services Reconfiguration** (Pages 3 - 18)
- This report advises the Committee of a proposal under consideration by NHSEngland (South) to reconfigure/recommission Specialist Vascular Services. In the view of NHSEngland (south) this is likely to be a substantial service reconfiguration (This will be clearer as the review works through the options).
- 8 Hyper Acute/Acute Stroke Services Reconfiguration** (Pages 19 - 20)
- This report advises the Committee of a proposal under consideration by the Kent and Medway Clinical Commissioning Groups (K&M CCGs) to reconfigure/recommission hyper acute/acute stroke services. In the view of the K&M CCGs this is a substantial service reconfiguration.

For further information please contact Rosie Gunstone, Democratic Services Officer on Telephone: 01634 332715 or Email: democratic.services@medway.gov.uk

Date: 3 August 2015



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MEDWAY COUNCIL

Gun Wharf
Dock Road
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Health Overview and Scrutiny

Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

A brief outline of the proposal with reasons for the change

Commissioning Body and contact details:
NHS England, Specialised Commissioning

Current/prospective Provider(s):
Medway NHS Foundation Trust.
East Kent Hospitals NHS University Trust.
Guys and St. Thomas' NHS Hospitals Trust

Outline of proposal with reasons:

- . A vascular services review has been initiated across Kent and Medway by NHS England (South) with regard to determining the current position of vascular services and identifying recommendations, if required, to improve the delivery model. The national specification and best practice guidance (Provision of Vascular Services Guidance, Vascular Society) have been used as the benchmark measure for the review. This reflects vascular services reviews nationally including across the South region.

The types of vascular disease treated are :

- Aortic aneurysms – a bulge in the artery wall that can rupture (treatment may be planned or as an emergency)
- Carotid artery disease, which can lead to stroke
- Arterial blockages, which can put limbs at risk

The type of treatment that might be required includes:

- Complex and potentially high risk bypass surgery to the neck, abdomen or limbs
- Balloon or stent treatment to narrowed or blocked arteries
- Blood clot dissolving treatments to the limbs
- Stent grafts of varying complexity to treat aneurysms.

What does the national specification require of specialist vascular centres?

The national specification requires specialist vascular centres to:

- Serve a minimum population of 800,000 to ensure all staff can treat enough different cases to maintain their competency and improve their skills.
- Have the right mix of highly skilled and experienced staff who each carry out enough specific procedures to maintain and improve their skills
- Have 24/7 on-site vascular surgery and interventional radiology on-call rotas that are staffed by a minimum of six vascular surgeons and six interventional radiologists, to ensure consistent high-quality care;
- Provide access to cutting-edge technology, including a hybrid operating theatre for endovascular (minimally invasive) aortic procedures;
- Provide a dedicated vascular ward and nursing staff;
- Have a specialist team to manage patients with vascular disease that includes vascular surgeons, interventional radiologists, specialist nurses, vascular scientists, diabetes specialists, stroke physicians, cardiac surgeons, orthopaedic surgeons, and emergency medicine, among other specialties, to provide a comprehensive multi-disciplinary service;
- Be part of a wider clinical network which increases benefits for patients by providing oversight, governance and opportunities for innovative treatment for patients and development for staff.

The Aim of the Kent and Medway Vascular Services Review:

To make recommendations that ensure that quality safe and sustainable vascular services can be delivered now and into the future for Kent and Medway residents.

- . **The Case for Change illustrates that Kent and Medway vascular services are not currently fully operating within the national clinical guidance or service specification. There have also been concerns raised in relation to sustainability.**
- . **There is therefore a need to identify clinically led solutions that can resolve the non-compliance, ensuring a quality and sustainable service and improving outcomes for patients.**
- .
- . In Kent and Medway arterial surgery is commissioned from two K&M providers, Medway Foundation Trust (MFT) and East Kent Hospitals University Foundation Trust (EKUHFT).
- . Neither of these providers is fully compliant with the specification which means that there is a commissioner led requirement to review/derogation in place for both Trusts.
- . This review addresses these issues.

- . A significant proportion of Kent and Medway activity (circa 28%) flows into London, mainly to Guys and St.Thomas' Hospitals Foundation Trust.
- . In 2013/14 a total of 897 Kent and Medway residents received Specialised Vascular Services.

When referencing the national service specification and the Vascular Society Provision of Vascular Services Guidance (POVS 2013 and annual updates) the position in Kent and Medway demonstrates that the key areas of non-compliance relate to:

- . No vascular network across Kent and Medway. (Vascular networks are recommended as they ensure consistent delivery of best practice and clear pathways with other clinical areas) Local pathways appear generally cohesive however there is a lack of clarity in relation to the pathway into the London network and the relationship with the Diabetic network.
- . The populations currently served by East Kent University Hospitals NHS Foundation Trust and Medway Foundation Trust are both below the required level of 800,000.
- . At both K&M Trusts the total volume of activity for some of the core index procedures is either borderline or below the recommended numbers.
- . The consultant workforce numbers are currently lower than required and the sustainability of the current vascular surgical and IR roles is a concern.
- . Some vascular care is delivered at other acute sites in Kent and Medway through visiting specialists; this includes some surgery and outpatient care. This pathway is not clear.

This Case for Change will reflect the learning from Public Listening Events, the South East Coast Clinical Senate and the Vascular Review Programme Advisory Board members and the national clinical guidance and specification.

The next steps will proceed to work to develop options to address the issues identified within the Case for Change to enable sustainable vascular services based on clinical best practice for Kent and Medway residents. This will include working with local and national clinical leads in Vascular services and the local Kent and Medway population modelling the possible options and impacts.

- . These options may range from;
- . do nothing ,
- . centralising Vascular surgery on a single site within a Kent and Medway network

- . Delivery of vascular surgery through the SE London Vascular network.
- . Delivery of K&M Vascular services through a collaborative network model
- . All options will consider the Vascular pathway from identification and diagnosis through treatment, discharge and follow up.
- . The review will fully consider the impact of any service changes on other key clinical dependencies in particular Interventional radiology and including renal services, diabetic services, emergency care and high risk maternity care.

The Case for Change makes two recommendations to NHS England, Specialised Commissioners;

- . To recognise that there is a Case for Change if services in Kent and Medway are to comply with the national specification and clinical best practice guidance to ensure both quality and service sustainability of vascular services.
- . To agree to proceeding with an option appraisal process to identify a consensus agreement on the preferred solution going forward.

There is a clinically-led Programme Board working with NHS England to consider what needs to be done.

Public health specialists are taking a detailed look at the needs of the area and its predicted growth to help us plan for the future. Expert specialists from the Vascular Society are advising the local Programme Board.

Concerns and evidence about the current services have been shared with the South East Coast Clinical Senate, which maintains an overview of health services across Kent, Surrey and Sussex. The Senate's role is to check that plans for changing inpatient vascular services are clinically sound and will improve outcomes for patients.

Intended decision date and deadline for comments (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

The Case for Change and Decision making Process timeline is approval at the K&M Vascular Services Review Programme Advisory Board (PAB) in July 2015 . This will be formally approved through the Specialised Commissioning Operational delivery group in the summer.

HOSC and HASC engagement will commence with the case for Change July/August and will be undertaken throughout the process.

The Options Appraisal will aim to produce a preferred option for NHSEngland specialised commissioning late Autumn 2015 followed by formal consultation as required.

If approved any changes are anticipated to begin implementation from April 2016.

Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

The preferred options will ensure that all K&M residents are equally able to receive quality and sustainable Vascular Services in line with the national specification that promotes positive patient outcomes.

Improved outcomes for vascular patients is aligned with the identified need to improve the impact of Cardiovascular disease on the population.

Development of a network model for K&M patients will increase consistent access through a clear and accessible pathway.

The patients' own health care front door/entrance into health care services will ensure immediate access into the specialised pathway required for Vascular Care.

The improved pathway will ensure that there is earlier intervention particularly in proactively managing Diabetic patients.

The pathway will support and enhance the national screening programme for Abdominal Aortic Aneurysms.

The network model will engage a wider group of health providers across Kent and Medway and should enable a smooth and speedier repatriation to local

hospital or discharge home. This will maximise use of both the specialised service and the supporting health and social care services.

Please provide evidence that the proposal meets the Government's four tests for reconfigurations (introduced in the NHS Operating Framework 2010-2011):

Test 1 - Strong public and patient engagement

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

(1) A Communication and Engagement plan is in place and monitored through the review Programme Advisory Board. This plan identifies key public/patient engagement activities along the review pathway.

Key milestones will reflect patient and public involvement.

This includes;

- Developing and understanding the Case for Change
- Reflecting views and feedback into the decision making process development
- Involvement in reviewing potential options and the short list and developing through options appraisal the preferred option.

(2) Engagement has/will take place with;

- Local K&M, London and expert clinicians
- Public Health
- HWB
- Kent and Medway Healthwatch
- K&M CCG's
- K&M and South East London Providers.
- NHEngland South
- Cardiovascular Clinical Network, NHS England South
- Patient/public groups identified through the Vascular services providers, local public interest groups, CCG public and patient groups.
- National Vascular Society
- NHS England South vascular review programme leads
- NHS England South specialised commissioning
- SE London, Specialised Commissioners.
- South East Clinical senate

Feedback from the various engagement forums have and will be included into

the review, The Case for Change, the Decision making Process and the options appraisal process.

Key impacts to date have to been to expand the review to ensure the London pathway is fully incorporated and the impact of this activity fully considered in the review.

To consider a wider range of options including consideration of repatriation of activity.

To undertake detailed understanding of key interdependencies in particular the impact on Interventional radiology within K&M

To clearly understand the impact of travel times and access on possible options.

Early public feedback relates to the importance of supporting patients across the pathway, safe and rapid access to specialist care, appropriate specialist skills available.

(3)Yes.

(4) As above, engagement is currently ongoing and formal consultation will take place if required once the final option is agreed.

(5) All feedback will be considered and considerable weight has/will be taken into account of all engagement feedback within the context of delivering a safe specification that can meet the specification and provide a high quality safe service to Kent and Medway residents

Test 2 - Consistency with current and prospective need for patient choice

The review will review the impact of patient choice within the options appraisal and the impact of the options on patient choice.

There is a clear pattern of patient and clinical choice that has resulted in the particular pathways of care and referrals. This particularly accounts for approximately 28% of activity into SE London providers. This will be particularly considered when working with the patients and public through the options appraisal

Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

I. Yes;

The Case for Change illustrates that the current delivery within K&M is not fully meeting the evidence based specification. The specification and vascular society guidance provides a clear evidence base that shows improved patient outcomes and this will be the basis of decision making for the preferred option.

- II. All Kent and Medway residents will continue to be able to access Vascular specialist services. Dependent on the preferred option some patients may need to travel to a different Arterial centre (In patient unit) for care, this may be further than they currently do.

The key issue to be considered will be any possible impact on travel times and journeys for patients and their families. This will also be considered within the clinical guidance from the vascular society guidance in relation to travel times to ensure there is no negative impact on patient outcomes. The recommendation will be based on delivering improved outcomes for all K&M patients

- III. Yes. The preferred outcome will enable the delivery of the national specification, and improving outcomes for vascular patients has and is a national priority and a priority for NHSEngland Specialised Commissioning.

Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

Clinical commissioners are part of the review process and approval of the preferred option is a key milestone in the process.

Approval by clinical commissioning of the Case for Change has been achieved through representation at the Programme advisory Board and

discussion with CCGs.

The Programme Board (and review) is led by NHEngland South Medical Director and the members include lead vascular surgeons and Interventional radiologists from the three main providers of Vascular services. Clinical leads from the remaining hospitals in Kent and Medway are also on the programme board.

The Vascular society is represented on the programme board and Interventional radiology is represented by an independent clinical expert.

Patient safety and patient choice have been key to the approval by the clinical commissioners with concerns raised re sustainability of the current provision and any considerations that impact on patient choice.

A Quality review of patient safety is built into the options appraisal process. The preferred option will ensure that patient safety is a priority and the recommendation will ensure safe and sustainable clinical practice for Kent and Medway residents. This will include all aspects of the patient journey, the clinical skills and workforce and facilities and the ability of the provider to meet quality and safety measures.

Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

(a) Currently 897 Kent and Medway patients have received Vascular surgery (13/14 activity)

(b) No, the delivery sites may change but the service will remain available for all current and future vascular patients.

(c) Yes we anticipate that there will be an ability to develop innovative practice through the preferred option and to increase access to out patients, diagnostics, local day surgery availability.

(d) Depending on the preferred option some patients may have to travel further to a central site. The establishment of the network model will aim to ensure that emergency patients are appropriately transferred between hospitals .

Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

(a) The projected population growth and growth in age groups and clinical risk factors for Kent and Medway has been taken into account in planning activity and will be fully explored in each possible option.

Review of planned developments has been considered in relation to increasing population and demographics.

(b) Depending on the preferred options, patient flows could increase or reduce into SE London and could flow into a single K&M hub, the site is yet to be considered as part of the review process.

The catchment area is unlikely to increase although a potential is that an improved and sustainable K&M model will increase patient choice to flow into K&M.

Diversity Impact

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

Early development of an Equality Impact Assessment has been undertaken and detailed work will be undertaken through the options appraisal process

Financial Sustainability

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) What would be the impact of 'no change'?

Detailed financial modelling will be undertaken through the option appraisal process.

- (a) Depend on the preferred option but will not impact on overall demand or cost.
- (b) The proposal is not driven by financial reasons, it is expected that the preferred option will make the model financially viable as this is not currently the case with the existing model.
- (c) The review will understand the current cost of the existing model and the short/medium/long term sustainability of this, including the viability for the individual Trusts

Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

- (a) This will be fully understood through the option appraisal and understanding of activity numbers into the options but initial analysis would suggest little additional infrastructure is required if any.
- (b) Transport implications will depend on the preferred option. This will be significant if there is only a London hub, no impact if there is no change and an impact of there is a centralised K&M service. The detail is currently being worked through to understand both emergency travel and public transport for relatives. The possible increase in access to out patient services will assist some K&M patients with reduced travel.

Is there any other information you feel the Committee should consider?

Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny

We envisage that the current model is not sustainable and cannot deliver the best practice requirements/national specification or make continued improvements in patient outcomes.

This review may result in a change to the current model of provision such as a reduction of the number of arterial (in patient) centres in Kent and Medway or a network collaborative model and may also create a change in patient access to the service.

Review specialist vascular services: summary of patient and public feedback at 10 listening events July 2015

Listening events

For the early engagement on specialist vascular services by NHS England, the South East Commissioning Support Unit was commissioned to facilitate 10 public listening events. These took place during July 2015, which were combined and publicised with a series of listening events about stroke services in Kent and Medway. These took place in each Clinical Commissioning Group area (some having more than one to reach local residents) although the numbers were small overall, 64 people took part in the discussions about vascular services. There were a range of people who had used vascular services, their family, interested members of the public with some clinicians, CCG lay reps and commissioners.

Event attendees viewed a presentation setting out what the services consisted of, the national guidance by the vascular society, the challenges faced by services meeting this and the risks around workforce. Participants then had the opportunity to put questions to the specialist commissioners.

Following this, attendees were invited to discuss their responses to the presentation and the issues this brought up during the question and answer session. Then, in small groups facilitated by engagement staff, the attendees were able to discuss what patients wanted or expected of specialist vascular service.

Patient Quotes

- “ Nothing could have been improved in hospital, but discharging me was so slow and the trip back home was exhausting and uncomfortable with the pain “
- “ Because of having used a centre with specialist staff I would want that quality again “
- “ Fix my problem without killing me”
- “The most important thing is the way I was treated by staff and the doctors”

Patient experience of services

Generally those patients who had used the services locally or in London centres were very complimentary about the skills of the doctors and treatment they received from the staff.

There were a couple of issues raised around the speed of referral and diagnostic tests.

Screening services were raised at several events: whether they were effective enough? Despite men over 65 being the target of screening not everyone present who fit this criterion had received their letter.

Participants also asked who could request screening, and whether women should receive it. Patients also suggested that preventative steps should be promoted to patients and the risks they ran in ignoring it should be highlighted, particularly for diabetics given the high levels of amputations reported.

Emerging Themes

Vascular Services not joined-up

Patients and carers commented that when having a series of diagnostic tests, assessments, consultant visits, procedures and aftercare there is a lack of co-ordination among the different locations, services and providers.

Participants felt there should be clinical networks and better joined up working with other clinical disciplines – such as diabetes care, urgent care and maternity. So patients received better joined up services and staff had more support across different disciplines and specialties.

Importance of assurance/reassurance of ‘best’ specialist service

Patient commented on ‘Googling’ consultants while waiting for tests and referrals and wanting to be reassured that specialists were the ‘best’ or ‘top’ in their fields.

Participants felt that having access to a specialist vascular team or centre was the most reassuring in a life threatening situation, and having good access to such a service in Kent and Medway was vital.

The need for high calibre staff with the specialist skills, and capacity to deliver the service 24/7 was the most important factor in the service model.

Multi-faceted decision-making process

Patients and carers highlighted the importance of:

- Workforce and the possibility of attracting the best specialists to Kent
- Speed of access to specialist care seems vital
- Considering the specifics of local populations when planning and designing options for vascular services as the review goes forward.
- Patient/clinical choice needs to be recognised many people look to large London hospitals as centres of excellence – they can't be forced to ignore that
- Considering transport networks, especially given the recent difficulties due to operation stack

Case for change

Participants were concerned about the current circumstances, and felt the review needed to explore options for the way forward including:

- One service readily accessible to everyone by having a central location
- Considering a collaborative between the two local services
- The potential population growth in Dartford
- The feasibility of altering the flow of patients to London, whilst other participants were adamant that this would not be democratic as it ignored patient choice, the reliance and recognition of large London hospitals by resident populations currently using this service, and the clinical referrals and relationships which supported it.
- Participants ruled out the idea of relying totally on London and believe it's important to have a service in Kent and Medway
- Commissioners stressed that we still had a lot of detailed work to do before options could be considered.

What patients want from a positive service model is:

- We do want choice, but there are a lot of factors which will influence that choice, so we need good information to assess and make that choice.
- Information and communication is very important particularly for anxious family and carers
- A strong, consultant team with the relevant support staff
- People need support particularly following amputations, and to know what assistance is available
- Speedy access if emergency, and smooth access for elective care – no more poor appointment systems
- “best treatment possible, as quickly as possible” alternatively “if only 10% of vascular services are emergencies what difference does a timeframe make”
- Joined up working between services

How have we engaged the public so far?

Ten listening events have been held across the county throughout July, involving over 100 people from the key stakeholders groups. Participation improved as stakeholders responded to targeted publicity and marketing materials. In addition, the engagement team worked with partner organisations to improve the participation of service users.

Some 92% of the attendees were 'very happy' or 'happy' with the event they attended. They felt 'welcomed and listened to' and found the information 'very interesting and helpful', saying they felt the information was pitched 'just right'. So far 30 people have indicated that they would like to be further involved in the review.

Summary of public feedback

Overall, the participants we spoke to reported a **positive experience of stroke services in Kent and Medway** and they were broadly **supportive of the case for change**.

A full evaluation report of the engagement is underway and will be shared at the next Review Programme Board. Patients acknowledged that 'doing nothing is not an option' and that the service is not sustainable in its current format and that it is *'reassuring that steps are in place to make changes'*. Some people felt that *'national standards cannot be ignored'* and participants supported the need to aim for excellent standards of care.

Participants supported the need to explore whether establishing centres of excellence could *'use the workforce available more effectively'* in line with national guidance. More specifically, attendees suggested a 'hub-and-spoke' approach, a *'travelling specialist'* or *'one central consultant [who] could assess patients in other areas'* or a *'rota between hospitals to keep their expertise up to a level that is recognised as being clinically adequate'*. *'I'd rather go further to get expertise'*.

Once the data had been presented, participants expressed some *'surprise'* and *'concern'* at local performance including SSNAP outcomes. Whilst some progress had been made, participants expressed concerns that this appeared *'slow'*.

Emerging themes

The following emerging themes were identified during the 10 listening events.

- **Workforce** – the need to address staff shortages and attract high quality staff was seen as a key priority.
- **Travel time** – participants recognised the need to balance travel time with the provision of efficient specialist care and good quality outcomes.
- **24/7 working** – concerns were raised in relation to a lack of 24/7 and poor out of hours service. There was a perception that poor outcomes were linked to out of hours presentation.
- **GP Appointments** – participants reported that GP appointments were often hard to make.
- **Communication** – the need to provide tailored, clear and concise information for both patients and their carers was recognised.

When participants were asked to describe what a good service might look like they focused on the need to provide a holistic service that takes into account their individual needs and personal circumstances. In addition, they identified the following:-

- **Better public health messaging** - publicising TIA symptoms and the FAST campaign. Targeted as well as generic communications messaging aimed at publicising risk factors and improving take up of health screening and health checks.
- **Diagnostic process** – reassurance that relevant training and assessment tools are being utilised and accessed by clinical staff.
- **Communication** – high quality communication with patients and carers throughout those 72 hours crucial using a variety of tools and techniques and focussing the immediate care plan. Clinical staff with high quality communication skills and a command of ‘good English’.
- **Specialist beds** – more purpose built stroke units available on a specialist wards.
- **Consistency of staff** – a dedicated clinical staff team with consistent and effective management alongside robust handover methods in order to improve the patient experience.
- **Food facilities** – access to and availability of.
- **Basic needs** – clinical staff being given enough time to ‘care’ for patients.
- **Help for lone patients** – facilitating liaison with home following emergency admission.
- **Entertainment** – the provision of entertainment in order to stimulate recovery.
- **Young patients** – an opportunity for young stroke survivors to meet and share experiences and get support perhaps through the Stoke Association.
- **Good administration** – access to up to date clinical notes shared across clinicians.
- **Stroke Association** – supported to improve signposting and disseminate information more effectively across target groups.

Feedback about information provided at the event

The majority of participants (87%) reported that that they were either “very happy” or “happy” with the information that they were provided with. However, feedback included the need for more detailed information on for example workforce, stroke incidence and performance alongside up to date SSNAP data.

Next steps

It is our intention over phases 2 and 3 to improve the breadth and depth of local engagement. We will be developing a targeted engagement programme during August and September that includes an online survey which will be promoted widely to stakeholders.

Milestones

1. To plan the appropriate engagement and communications activity to support the options assessment and appraisal, and potential consultation stages.
2. To determine the budget available for communications and engagement activity in order to fully champion the public and patient voice.