**HEALTHY LIVES, HEALTHY FUTURES**

**Consultation on Hyper-Acute Stroke Services and ENT Inpatient Surgery – Feedback Summary Paper**

1. **Purpose**

The purpose of this paper is to inform the programme board of the key feedback received from the public consultation on Hyper-Acute Stroke services and ENT Inpatient surgery and to outline the requirement for the appropriate consideration of these issues as the programme moves forward.

1. **Consultation period - overview**

This public consultation ran from 30 June to 26 September 2014. Four public events and 14 roadshow events were held across North Lincolnshire and North East Lincolnshire, with one roadshow event being held in Louth and one in Goole, East Riding. Two staff events were held at Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby respectively.

* Over 10,000 consultation booklets were distributed to key stakeholder groups, including GP Practices, libraries, residential homes and community and voluntary groups.
* **298 formal responses** to the consultation, comprising **257 questionnaires** (26 of which were Easy Read), 6 emails, 5 Stakeholder letters, 29 Comment cards and 1 Facebook query.
* Over 350 individuals were consulted at various stakeholder and community groups (including some with protected characteristics), e.g. NL & NEL Healthwatch, Stroke Association, NL & NEL OSC and NLaG staff engagement events at both SGH and DPOW

1. **Key Feedback**

A detailed analysis of the feedback can be found in the full feedback report for the Consultation phase, however the key feedback received is summarised on the next page:

Feedback from stakeholders

Formal responses to the consultation received from East Lindsey District Council, Health Scrutiny Committee for Lincolnshire, Lincolnshire East CCG, North East Lincolnshire Council Scrutiny Panel and North Lincolnshire Council Health Scrutiny Panel. These were broadly supportive of preferred options.

* NL OSC support the preferred options, and would like the CCG’s to affirm commitment to provide day-case ENT surgery at both SGH and DPOW.
* Lincolnshire Council Health Scrutiny Panel would like the ENT Inpatient Surgery outcomes to be continually monitored for the next 2 years, and they welcomed the establishment of the Transport Group in recognition of their residents’ longer journey times
* NEL OSC supports the preferred option for ENT Inpatient Surgery, but had concerns regarding the preferred option for Hyper-Acute Stroke services, as below:
  + Suggest that funding should be found for a CT scanner at Diana Princess of Wales Hospital, Grimsby, regardless of the outcome of this consultation.
  + Feel that DPOW is there preferred option for the Hyper-Acute Stroke unit due to the higher stroke prevalence rate in NEL, higher gap in life expectancy, and feel that additional travel time puts patients at risk.
  + Would like more information about patient outcomes for Hyper-Acute Stroke services (how many people survive and quality of life post stroke now compared to before centralisation).
  + Would like to see more information about EMAS capacity.
  + Feel the high numbers of older people, low income levels, low car ownership, lack of public transport means that NEL residents are impacted more adversely than NL residents would be if it was at DPOW.
  + Are concerned about what they feel is a low response rate for the consultation.
* NL Healthwatch was in full support of the preferred options, as long as day case and outpatient services remain at both Scunthorpe and Grimsby.
* NEL Healthwatch members could see and understand the rationale for the preferred options but had concerns over transport issues and access for families and carers.

A formal written response will be provided to each Scrutiny Committee and conversations with local OSC’s will continue to address the points raised, as part of the on-going engagement for the Healthy Lives, Healthy Futures programme.

Feedback from the Questionnaire

* 69% of respondents agreed with preferred options for both Hyper-acute stroke and ENT inpatient surgery
* 61% (82) of respondents who live in North East Lincolnshire agreed with the preferred option.
* 80% (52) of respondents who live in North Lincolnshire agreed with the preferred option.

Open ended responses and comments received

Feedback on Localised Care:

* Preference for both Grimsby and Scunthorpe residents to equality of access to both services and expertise in their local area
* Concerns that the Stroke unit being based at SGH would mean longer ambulance response times for those out of the area
* Transport concerns raised such as availability and cost of public transport including concerns around access for visitors and the impact on recovery of patient

Feedback on the consultation:

* Some see consultation as cost cutting exercise and highlighted costs associated with implementing the proposal
* Some concerns raised regarding accuracy of travel times stated in the consultation brochure

Feedback on Centralised care:

* Recognition of support for proposals in order to maintain expertise of workforce and to ensure care available 24/7

1. **Conclusion**

The engagement and consultation process for Healthy Lives, Healthy Futures has been robust and assured through the programme board and the involvement of NHS England as part of the programme assurance group. This process has been undertaken in accordance with legal advice. Communications and engagement was also highlighted as an area of strength by the Gateway review. As a result, whatever the content of the feedback, the process itself is unlikely to be challenged.

From the feedback received, it can be concluded that there is a significant level of support for the CCG’s preferred options for hyper acute stroke services and ENT inpatient surgery services. We have received many comments recognising the benefits of centralising these two services with regards to patient safety and quality. This view has also been confirmed by expert clinical opinion, in the form of the clinical senate, which has provided responses to the consultation in support of our preferred options.

However, there are also some clear messages coming back from some respondents, particularly in North East Lincolnshire, around concerns over travel times for stroke patients and the need for clarity on the latest clinical guidance around treatment for stroke. Some people have raised questions around how patients and families will be affected by having to travel further to receive treatment. Although the expert clinical opinion is that the benefits of providing high quality, clinically safe services outweigh the convenience of a local service, the CCG’s are committed to exploring possibilities to improve transport arrangements for patients and as such are planning to review the patient transport service and engage with local transport providers about possible solutions.

Responses from Overview and Scrutiny committees (NL, NEL and Lincs) have been broadly supportive with only North East Lincolnshire not agreeing with the CCG’s preferred option for hyper acute stroke services. NEL OSC has requested some more detailed data with respect to some aspects of the hyper acute stroke pathway. This will be discussed with them through an on-going process of engagement.

At this stage there is no significant barrier to progression of the CCG’s preferred options for consideration as final decisions by CCG boards and Council of Members.