

Committee Services and Scrutiny

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The person dealing with this matter is

Louise Peek



LONDON BOROUGH OF
BEXLEY

To - km.stroke@nhs.net

Dear Mr Glenn Douglas, Chief Executive, Kent and Medway Sustainability & Transformation Partnership and Mr Mike Gill, Chairman of the CCG Joint Committee

KENT AND MEDWAY STROKE REVIEW

As you know, Michael Ridgwell, the Programme Director for the Kent and Medway STP wrote to me on 12th October 2017 to advise me of your ongoing stroke review. Darent Valley Hospital (DVH) is the nearest acute hospital for a large proportion of the Bexley population. Many of our residents use the hospital and would be affected by any changes to services provided there. I therefore arranged for Mr Ridgwell to attend the next meeting of the People Overview and Scrutiny Committee (Bexley Council's Health OSC) on 29th November to brief Members. At that meeting and based on the information available to us, we agreed that your proposals to reconfigure stroke services in Kent and Medway would likely represent a substantial service variation for Bexley residents. We were therefore required to establish a Joint Health Overview and Scrutiny Committee (JHOSC) with other similarly affected local authorities to formally consider and respond to your proposals.

Unfortunately the process of establishing the JHOSC has taken some time. However Bexley HOSC Councillors consider that it is very important we respond to your public consultation. As local representatives we owe it to our residents to do all that we can to ensure that they can receive high quality health care close to home. We acknowledge and support the clinical case for the proposed changes to stroke services that was outlined to us. We note that a similar reconfiguration of stroke services as part of the Healthcare for London programme in 2010 has improved outcomes for stroke patients in London and delivered fewer stroke related deaths. We consider that the similarly proposed acute model of care for stroke at Hyper Acute and Acute Stroke Units (HASU/ASU) across Kent and Medway, if carefully implemented and delivered, has the potential to realise considerable improvements to patient care and clinical outcomes.

We support proposals to improve health services provided to Bexley residents and therefore our preferred options for stroke services in Kent and Medway are options A, B and E, that include services being retained and enhanced at DVH.

The following sections of this letter set out why we support these options:

Accessibility of Stroke Services to the Bexley population

We note that the pre-consultation business case for the stroke review states that in 2016/17 there were 219 confirmed stroke patients at the PRUH who would otherwise have had a shorter travel time to DVH. These patients will mostly have been Bexley residents and in some cases Greenwich residents, who therefore will clearly benefit from improved stroke services being available closer to home at DVH. Providing a HASU at DVH will improve



Bexley residents' access to specialist acute care and will enable those patients to receive quicker access to vital services. It is important to note that the PRUH is very inaccessible to many of our residents. Transport links are poor and routes by car and public transport difficult and congested. In many cases where the PRUH appears the closest hospital by distance, it will be still quicker to travel to DVH.

Starting with 'A Picture of Health' in 2007, Bexley residents have seen a gradual removal of acute healthcare from the Borough. In an emergency and for all other acute services our residents must use their nearest out of Borough hospital, whether this is DVH, the Princess Royal University Hospital (PRUH), or Queen Elizabeth Hospital (QEH) in Greenwich. Working closely with our local health partners, we have been able to secure a bright future for the Queen Mary's Hospital campus in Bexley, with a diverse range of clinical services being provided there. Still, as vital acute services have been withdrawn from our Borough, residents have shared their concerns with us about accessibility, increased pressures and the decreasing availability of local services to meet local needs.

Bexley's population is ageing; as of 2015, 16% of Bexley's residents were aged 65 and over, which is ranked as the third highest in London. GLA projections also demonstrate that this could increase to 22% of Bexley's population by 2050. Bexley currently has the 4th highest average age in London at 39 years. Age is closely correlated to a higher incidence of stroke and data from the current 2017/18 period shows that over 78% of Bexley stroke admissions were those aged 65 and over, which would mean that Bexley's population is statistically at a higher risk of suffering from stroke than other areas of London. In 2010, Bexley had the fourth highest stroke incidence rate in London and has a prevalence rate of approximately 1.5% with little variation in recent years.

Although overall, Bexley is not a deprived borough, there are pockets of deprivation present. Eight of Bexley's Lower Layer Super Output Areas (LSOAs) are in the top 20% most deprived LSOAs in the country, most of which are located in the north of the borough, for whom DVH is more easily accessible than the Princess Royal University Hospital PRUH or other centres in Kent. Access to healthcare is very important for these populations. Studies have shown that in general, people from more deprived areas have an increased risk of stroke. Impacts are also likely for families and carers of such populations who would be less able to afford the travel to facilities further away from their homes in contrast to DVH which has cheaper, more direct public transport options available for those communities.

Concerns were raised at Healthwatch Bexley's stroke review focus group on the 11th April 2018 that for Bexley residents, travel times to the PRUH can often take longer than the 30 minutes as suggested in the consultation document. Particular concern was raised for those living in the North of the Borough where health is generally poorer, communities are more deprived and there are more BME groups living at risk of stroke. Attendees were concerned that those communities would be part of the 25% that cannot get to a centre within 30 minutes unless DVH is an option. It was reported that in some cases it can take residents as many as 3 buses to get to the PRUH for non-drivers. The group were also of the view that plans for new housing and growth in the borough (particularly the north) and the influx of people to the Borough through the new Crossrail service, will increase the number of residents and local demand which should be justification for a HASU at DVH. Attendees indicated that the future population growth needs to be carefully considered.

For all of the above reasons it would therefore be very disappointing for Bexley should DVH not be selected as a HASU site. It is clearly evident that there is a need for acute stroke services for our residents within the DVH catchment, particularly in view of the

demographic data. It would be extremely difficult to justify to residents why yet again they are losing services at their local hospital given that health provision/infrastructure in this part of London is comparatively sparse.

Accessibility of Other Services

The pre-consultation business case outlines services that should be co-located at the same hospital site as a HASU. These include emergency medicine, acute and general medicine, and critical care (adults). We are concerned that sites where stroke services will be withdrawn will therefore see some or all of these services removed in order to “appropriately maintain clinical inter-dependent services across the wider STP programme”, as stated in the business case. If DVH is not selected as a HASU site, we seek assurances about the continued provision of those inter-dependent services at DVH. We would oppose in the strongest terms additional services being withdrawn from DVH. For a number of years many of our residents have relied on these services given that they cannot be accessed within Bexley borough.

Impact on SE London

In 2016/17, the pre-consultation business case states that DVH dealt with 434 confirmed stroke cases. This is the second highest number across hospitals in Kent and Medway, second only to the Medway Maritime Hospital. There is therefore clearly a significant demand for stroke services within the DVH catchment already, which is not too far below the required volume of a minimum 500 cases per year in the proposed service model.

Because Bexley does not have an acute hospital within the Borough, considerations around the strategic fit of the various consultation options stretch beyond Bexley and into SE London as a whole. Clearly if stroke services are withdrawn from DVH, we are very concerned about the resulting patient flows into SE London and for Bexley residents particularly, the resulting impact on stroke services at the PRUH and University Hospital Lewisham (UHL). The pre-consultation business case states for example, that HASUs in SEL are already at full capacity. Activity mapping for the various options under consultation shows a significant increase of patient flow into SE London if there are no stroke services at DVH. This is more than the projected increase of patients that would flow to DVH if stroke services were to remain there. It would seem that fewer patients would be affected should DVH retain its stroke services than not, thus this would appear a less disruptive option for patients.

We think further clarity is required on the potential impact on acute stroke services in South East London if there are no stroke services at DVH. We need assurances that there is capacity to manage any projected increase in patients in SE London and if not, how this will be addressed. Our residents whose acute stroke pathway currently includes the PRUH should not be adversely affected or see their access to this service reduce as a result of increased patient flows from Kent. We think there are questions that need to be answered about where Bexley patients would be diverted should there be no stroke services at DVH and the PRUH reaches capacity. We would be concerned for example if this meant that there was potential for Bexley patients to be treated further into Kent. The Kent model proposes ASUs being co-located with HASUs, which would mean that there is a risk of residents being treated potentially for several weeks some considerable distance from home. This would make it very difficult for family and friends to visit and support them, which is a vital component of their recovery.

As Chairman of the Our Healthier South East London JHOSC, of which all SE London Councils are Members, I raised all of these concerns with the Committee at our meeting on 12th March 2018. All Members shared Bexley's concerns about potential impacts on SE London should stroke services be withdrawn from DVH and agreed to support stroke services being retained at DVH.

Discharge and Rehabilitation

An essential element of the stroke pathway is rehabilitation, which includes early supported discharge. We are concerned that there has been little engagement with Bexley Adult Social Care colleagues thus far in considering the impact and mitigations should stroke services no longer be available at DVH.

LB Bexley has long established links with DVH in terms of discharge and community/social work support, with clear processes and protocols already in place. In the proposed service model for Kent and Medway, HASUs and ASUs will be co-located. If this is not at DVH there will be a real cost to the Council as we will be required to support discharge of Bexley residents from alternative sites in Kent and Medway. Our experience of moving the ASU from QEH to UHL demonstrated pressures on the discharge process. As a result, Lewisham and Greenwich NHS Trust agreed to fund a senior social work post to support this. **Should stroke services be removed from DVH, we would require a similar investment from Kent and Medway NHS to allow us to successfully support the discharge of Bexley residents from other hospital sites.**

Consultation

The previous sections of our response focus on the consultation options and the reasons we support improved stroke services at DVH. A key element of any significant service change such as this, is the meaningful engagement of patients and other stakeholders at an early stage and ongoing throughout the process. The Kent and Medway Stroke review began in late 2014, with the review moving into its pre-consultation phase in January 2017.

In terms of engagement with Bexley's Scrutiny process, the Bexley HOSC was approached about the proposals in October 2017 and in November we agreed that they would be significant for our residents and thus we began the statutory process of establishing a JHOSC. The Kent and Medway Stroke review team have responded to all of our requests for further information and have attended our Bexley HOSC meetings when invited, which has been appreciated. We were keen to ensure that Bexley should be given a full and timely opportunity to consider and comment on the options and consultation plan/document prior to the public consultation and we welcomed the attendance of the STP team at our health sub-group meeting on 30th January to present these to us. However we have been alarmed by the sudden urgency to drive the review forward to public consultation given the previous pace of the project and feel that this has been at the expense of more meaningful and timely consultation with us and our residents.

The establishment of the JHOSC has been a long process because it requires the formal agreement of four different local authorities, each with their own procedures. Although these procedures are outside the gift of the NHS, we have felt rushed to move forward at pace to meet NHS timescales, despite only being engaged in the process at a very late stage. This meant that we could not establish the required formal JHOSC prior to public consultation. Neither Bexley nor East Sussex Councils were able to participate in the existing Kent and Medway JHOSC meeting on 22nd January 2018 as full Members to consider the options and consultation plan before the public consultation was launched.

Paperwork for this meeting was not made publically available until 19th January and although provided to us informally prior to this, we were unable to share it through our own networks so that we could present a wider stakeholder and patient view at the JHOSC meeting.

We are also concerned about engagement at public level with Bexley's residents, in terms of the consultation and in particular, whether messages about the impact of a review of Kent and Medway services could have on Bexley have been appropriately conveyed. We have been presented with information detailing a range of pre-consultation engagement activity undertaken within Kent and Medway but we have not seen any examples of similar engagement within Bexley.

Attendees at Healthwatch Bexley's recent stroke review focus group on the 11th April reported that they were unclear on where patients should go if a stroke is suspected, and it was indicated that many people are unaware of the specialist stroke unit at the PRUH; the group were of the view that public knowledge and communication of future and current specialist stroke units must be improved.

In terms of the formal public consultation, we are concerned that no residents attended the first public engagement event in Erith on 22nd February. Only five residents attended the second event in Bexleyheath on 19th March. The consultation document states that you are targeting 7,000 responses to the consultation. Within this figure, we would like to know what is your target reach and response for Bexley and how you have monitored and adjusted your engagement activity and the responses received to ensure that the populations of Kent, Medway, High Weald Lewes and Haven and Bexley are all appropriately and proportionately represented within the total reach and response rates. It is important that Bexley residents' voices are heard in any service changes that will affect them.

In summary we, both as Councillors and users of local health services, want all of our residents to be able to easily access the best possible health care in a timely manner. We want to ensure that health provision meets local need in order to secure the best possible health outcomes. We therefore support proposals to improve services provided to Bexley residents with our preferred option for stroke services in Kent and Medway being one that includes stroke services being retained and enhanced at DVH.

Yours sincerely,



Cllr James Hunt
Chairman of People Overview and Scrutiny Committee
London Borough of Bexley