



# Kent and Medway Sustainability and Transformation Partnership

**Stroke Joint Health Overview and Scrutiny Committee**

Discussion Document

05 July 2018

*Transforming health and social care in Kent and Medway* is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.



# Agenda

Item		Time
Welcome, introductions and objectives	PD	14:00
Consultation review	LR/SH	14:10
Options evaluation	PD	14:45
Workforce update	PD	15:15
Next steps	PD	15:35
AOB	PD	15:50



## Objectives (Patricia Davies)

**The Joint Health Overview and Scrutiny Committee is asked to:**

- a) **NOTE and DISCUSS** the consultation response
- b) **NOTE** the options evaluation principles
- c) **NOTE** the workforce update
- d) **NOTE** the next steps
- e) **AGREE** further meeting dates



## Consultation responses (Lucy Readings/Steph Hood)

### Facts and figures

- 2,240 responses to the online questionnaire
- 312 hard copy questionnaires
- Notes from 28 public listening events attended by 850 people
- Notes from meetings and forums hosted by others where we discussed the proposals
- Notes from consultation events with staff in NHS trusts
- 701 telephone interview responses
- Notes from 442 face to face discussions through focus groups, street surveys and outreach engagement
- 500+ email / postal / phone comments and questions
- 500+ comments and questions through social media
- 1,683 postcard responses and a petition with ~3500 signatures received from a group in Thanet
- >14,000 users on our website and >50,000 page views during the consultation period
- Twitter reach >500,000; Facebook reach >50,000; >4,000 page engagements on Facebook; YouTube >1,000 views of our videos




## Option evaluation principles (Patricia Davies)

### Overarching principles:

1. The aim of the options evaluation is to differentiate between the options in order to determine a preferred option
2. The evaluation criteria used within the PCBC will be applied to maintain consistency
3. Additional evaluation criteria will only be added if it should emerge from the consultation
4. The evaluation criteria will be weighted to differentiate between options



## Options evaluation process

- The evaluation criteria to be agreed and applied by the Stroke Joint Committee of CCGs
- Individual sites to be evaluated against each of the sub-criteria and assigned an evaluation:  

- Each option to be assigned an evaluation against each of the sub-criteria using the individual site evaluations within that option



## The evaluation criteria used in the PCBC:

	Criteria	Sub-criteria
1	Quality of care for all	<ul style="list-style-type: none"> <li>Clinical effectiveness and responsiveness</li> <li>Safety</li> <li>Patient experience</li> </ul>
2	Access to care for all	<ul style="list-style-type: none"> <li>Distance and time to access services</li> <li>Service operating hours</li> </ul>
3	Workforce	<ul style="list-style-type: none"> <li>Scale of impact</li> <li>Sustainability</li> <li>Impact on local workforce</li> </ul>
4	Ability to deliver	<ul style="list-style-type: none"> <li>Expected time to deliver</li> <li>Co-dependencies with other strategies</li> <li>Trust ability to deliver</li> </ul>
5	Affordability and value for money	<ul style="list-style-type: none"> <li>Revenue costs</li> <li>Capital costs</li> <li>Transition costs</li> <li>Net present value</li> </ul>

How should the criteria be weighted?



# The South East Coast Clinical Senate has set out the clinical co-dependencies required for a HASU

Service should be co-located in the same hospital

Emergency medicine
Acute and General Medicine
Elderly Medicine
Respiratory Medicine
Urgent GI Endoscopy
Critical Care (adults)
Gen Anaesthetics
Acute Cardiology
X-ray and diagnostic ultrasound
CT
MRI
OT
Physio
Acute (Liaison) Mental Health

Service should come to patient (patient transfer not appropriate), but could be provided by visiting/inreach from another

Nephrology
Palliative Care
Neurology
Speech and Language
Dietetics

Ideally on same site but could alternatively be networked via robust emergency and elective referral and transfer protocols

Medical Gastroenterology
Ophthalmology
General Surgery
Trauma
Orthopaedics
Hub Vascular Surgery
Neurosurgery
Critical Care (paediatric)*
Acute Stroke Unit
Inpatient dialysis
Acute Paediatrics
Nuclear Medicine
IR
Clinical and lab microbiology
Urgent diagnostic haematology
Acute inpatient rehabilitation





## Pathway development (Patricia Davies)

The Stroke Clinical Reference Group is focussed on developing the following pathways:

- TIA
- Rehabilitation and ESD
- Neuro surgery
- Decompressive surgery
- Haemorrhagic stroke
- Mechanical thrombectomy
- Intra-hospital transfers

**Draft pathways to be developed by 31 August 2018**



## Workforce update (Patricia Davies)

- Following the Programme Board update in April, a workforce group consisting of Stroke leads (clinical and management) has met twice with a further meeting booked on 29 June
- The sessions have focussed on developing the workforce implementation plan

### Key actions agreed for Q1/Q2:

- Development of workforce working principles- to be developed in June meet
- Workforce modelling approach-
  - Updated baseline due from providers 22 June
  - awaiting outputs from EK competency assessment (University of Lancashire) to agree approach- due end of June
  - reviewing update to Clinical Standards workforce numbers
- Pulse survey to staff running from 15 June to 30 June
- Providing a series of K&M engagement workshops for staff (booked for 20/7, 13/8 and 12/9)
- Joint recruitment event planned for Sept 18
- Develop a joint education and training plan with priority programmes- identified through EK competency assessment
- OD support being provided from the STP OD and Leadership group



# Stroke 2018-19 timeline and milestones

	2018/19									2019/20
	June	July	Aug	Sept	Oct	Nov	Dec	Q4	2019/20	Beyond
Stroke workforce group	Workforce group 29/6 CRG & Programme Board update			Workforce group	Workforce group	Workforce group	Workforce group	Workforce group		
Comms and engagement	Staff Pulse survey	20/7 Staff engagement workshop	13/8 Staff engagement workshop	12/9 Staff engagement workshop	TBC					
Workforce modelling	K competency assessment Refreshed baseline 22/6	Review workforce modelling	Review workforce modelling		DRAFT PLAN IN DEVELOPMENT					
Attraction and retention	Working principles			Recruitment event						
Education and training	HEE apprenticeship and HEE Clinical education leads part of group	Review education need following competency assessment								



## Decision Making Business Case timeline (Patricia Davies)

Workstream	Detailed work required	Owner	Deadline for completion
Consultation	<ul style="list-style-type: none"> <li>Develop consultation delivery report</li> <li>Consider consultation responses in detail</li> </ul>	Comms JCCG	Jun
Choosing a preferred option	<ul style="list-style-type: none"> <li>Update activity modelling and review evaluation of min/max activity levels               <ul style="list-style-type: none"> <li>Detailed implementation planning and independent review</li> </ul> </li> <li>Updated capital costing and sensitivity analysis               <ul style="list-style-type: none"> <li>Identify preferred option</li> </ul> </li> </ul>	CRG CRG/FWG FWG JCCCCG	Aug
Financial impact of preferred option	<ul style="list-style-type: none"> <li>Agree ambulance costs               <ul style="list-style-type: none"> <li>Transition costs</li> </ul> </li> <li>Update financial modelling</li> <li>Commissioner agreement of funding               <ul style="list-style-type: none"> <li>Agree source of capital</li> </ul> </li> </ul>	FWG	Sept-Nov
Implementation planning	<ul style="list-style-type: none"> <li>IM&amp;T</li> <li>Workforce planning</li> <li>Benefits realisation</li> <li>Equalities action plan</li> <li>Detailed clinical pathways               <ul style="list-style-type: none"> <li>Risks</li> </ul> </li> </ul>	FWG CRG CRG PMO CRG PMO	Sept-Nov
Development of DMBC	<ul style="list-style-type: none"> <li>Develop and review DMBC               <ul style="list-style-type: none"> <li>Finalise DMBC</li> </ul> </li> </ul>	PMO	Draft Oct Final Dec
Assurance of the proposals	<ul style="list-style-type: none"> <li>Clinical Senate               <ul style="list-style-type: none"> <li>NHSE/I</li> <li>JHOSC</li> </ul> </li> </ul>	CRG PMO PMO	Sept-Nov Nov/Dec TBC
Decision making	<ul style="list-style-type: none"> <li>Final review of DMBC and decision-making meeting</li> </ul>	JCCCCG	Dec
Stakeholder engagement	<ul style="list-style-type: none"> <li>Engagement with any groups identified during consultation               <ul style="list-style-type: none"> <li>On-going engagement with stakeholders</li> </ul> </li> </ul>	PMO	On-going

## Suggested further meetings with JHOSC

- **Preferred option workshop: 16 August 2018**
- **Final decision expected: Mid December 2018**

It is proposed to meet with the JHOSC prior to these key dates so the Joint Committee of CCG can take account of the JHOSC's feedback in their decision making.



## AOB (Mike Gill)

