

Item 5: Kent and Medway Stroke Review

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To: Health Overview and Scrutiny Committee, 21 May 2019

Subject: Kent and Medway Stroke Review

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Kent and Medway STP and make a final determination with regard the proposals on Hyper Acute and Acute Stroke Services in Kent and Medway.

It provides additional background information which may prove useful to Members.

1. Introduction

- (1) In Summer 2015 Kent County Council's Health Overview and Scrutiny Committee and Medway Council's Health and Adult Social Care Overview and Scrutiny Committee determined that changes being proposed by the NHS to Hyper Acute and Acute Stroke Services in Kent and Medway amounted to a proposal for a substantial variation to the health service across both areas.
- (2) The Kent and Medway NHS Joint Overview and Scrutiny Committee was therefore convened and met during 2016 and 2017 to consider and comment on the review of Hyper Acute and Acute Stroke Services, the emerging case for change and possible options for a new model of care.
- (3) On 12 December 2017 the Kent and Medway Joint HOSC was formally notified that the Joint Committee of Clinical Commissioning Groups (JCCCG) overseeing the Stroke Review (initially comprising of the eight Kent and Medway CCGs) had been expanded to include Bexley CCG and High Weald Lewes Havens CCG as activity modelling had highlighted the extent of external flows of stroke patients to Kent and Medway from Bexley and East Sussex.
- (4) As a consequence of this further analysis the relevant Committees in East Sussex and Bexley were advised of the review and both determined that the emerging proposals to reconfigure stroke services in Kent and Medway constituted a substantial variation to these services for their areas. This generated a statutory requirement to set up a new Joint Health Overview and Scrutiny Committee (JHOSC) involving Kent County Council, East Sussex County Council, Medway Council and Bexley Council for the purpose of consultation by the NHS with Overview and Scrutiny on the Stroke Review.

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- (5) Prior to the establishment of the new JHOSC, representatives of Bexley Council's People Overview and Scrutiny Committee and East Sussex County Council's Health Overview and Scrutiny Committee were invited to attend and speak at the Kent and Medway NHS Joint Overview and Scrutiny Committee on 22 January as non-voting guests. The Committee met to consider the proposed options and consultation plan for the Kent & Medway Stroke Review.
- (6) The Terms of Reference and membership of the new Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (Stroke JHOSC) were agreed by Bexley Council's People Overview and Scrutiny Committee; East Sussex County Council's Health Overview and Scrutiny Committee; and the full councils of Kent County Council and Medway Council in February and March 2018.
- (7) The Kent & Medway Stroke Review's public consultation ran from 2 February – 20 April 2018. This was a separate process to the NHS' engagement with health scrutiny.
- (8) The inaugural meeting of the Stroke JHOSC comprising representatives from the four authorities named in (6) above took place on 5 July 2018. This Committee met formally 5 times. Full details of the meetings of this Committee can be viewed online at: <https://democracy.kent.gov.uk/ieListMeetings.aspx?CId=909&Year=0>.
- (9) On 14 February 2019 the JCCCG met and unanimously agreed to implement Option B, the NHS preferred option. This option was to site co-located hyper-acute and acute stroke units alongside 7-day TIA (Transient Ischaemic Attack) clinics for high risk patients at Darent Valley Hospital, Maidstone General Hospital, and William Harvey Hospital.
- (10) On 26 February 2019 the JHOSC met to consider the decision of the JCCCG and agreed the following recommendation:

RESOLVED that: This committee recommends that the relevant committees of the partaking authorities support the decision of the Joint Committee of CCGs subject to the NHS making an undertaking to review the provision of acute and hyper acute services should demographic changes require it.

2. The Kent HOSC, 22 March Meeting

- (1) Following the conclusion of the work of the JHOSC on 26 February, the Kent HOSC met on 22 March. This was the first time the Kent HOSC had met formally to consider this issue since September 2015. At this meeting, Members had papers from the NHS in the Agenda pack, including the Decision-Making Business Case. Members also had the opportunity to hear from and put questions to representatives from the NHS.

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- (2) Members had before them the final recommendation of the JHOSC as set out in 1(10) above and the HOSC had to consider whether to accept this recommendation or agree a different recommendation.
- (3) At the conclusion of its deliberations, the HOSC agreed the following recommendation:

This Committee considers that, contrary to the new NHS Long Term Plan, the proposal for 3 HASU's will fail to provide healthcare equality to all residents of Kent, particularly those within the proposed East Kent area, but not forgetting those in West Kent, and may result in greater inequality of care.

The benefit of HASUs and most particularly the co-ordinated after-care is acknowledged, especially in metropolitan locations. However, all current evidence worldwide concludes that outcomes are still time-sensitive and it is of particular concern that the proposal presents an unacceptable and increased risk of mortality or permanent impairment of health to those at or beyond the extreme limit of internationally recommended "emergency call to needle time" at a HASU: in this case nearly 145,000 residents in Thanet (estimated to rise a further 25,000 by 2041), a densely populated outlying area of East Kent. Thanet is a holiday destination for thousands of visitors in the summer resulting in severely gridlocked roads. Travel times could be even greater than the current indicated 60 minutes.

Lifestyle is acknowledged as a contributing factor to strokes and Thanet has 78% more people in the most deprived quintile than the national average.

Furthermore, the number of residents over the age of 65 is 23% higher than the national average with a stroke prevalence which is nearly 24% higher than the national average.

Current staffing levels in the QEQM hospital in Thanet do not reflect any recruitment difficulty beyond that which prevails in other non-city hospitals and, unlike some hospitals closer to London, the number of skilled stroke personnel at the QEQM is currently among the highest three for hospital sites in Kent.

Therefore the Committee asks that the NHS consider and respond to these comments and report these back to the Committee ahead of a final determination as to whether or not to refer the decision of the JCCCG to the Secretary of State, on the grounds that the proposal is not considered to be in the best interests of the health service in the area.

3. Next Steps

- (1) As per the recommendation agreed at the meeting of 22 March 2019, the current meeting is to make “a final determination as to whether or not to refer the decision of the JCCCG to the Secretary of State, on the grounds that the proposal is not considered to be in the best interests of the health service in the area.”
- (2) The NHS have had an opportunity to hear Members concerns and questions directly and respond to them. The NHS also offered an informal briefing for Members on 7 May 2019.
- (3) As set out in the recommendation for this meeting, Members of the HOSC must consider the evidence presented by the NHS and the responses to the comments and questions made at the last meeting. The full range of legal options remains available to the HOSC as to the final decision and none is excluded by the recommendation agreed on 22 March. These options include:
 - adopting the recommendation of the JHOSC;
 - making a formal referral on the grounds that the proposal is not considered to be in the best interests of the health service in the area; or
 - making any other comment or comments on the proposal that the HOSC deems appropriate.
- (4) If the Committee considers a motion of formal referral to the Secretary of State, Members would need to be assured that the full legal requirements could be complied with. Any referral would need to include:
 - a. An explanation of the proposal being referred.
 - b. An explanation of the reasons for making the referral.
 - c. Evidence in support of these reasons.
 - d. A summary of the evidence that the proposals are not in the best interests of the health service in the area, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area.
 - e. An explanation of the steps taken by the HOSC to try to reach agreement with the relevant NHS bodies.
 - f. Evidence that the HOSC has complied with all the legal requirements of a referral.
- (5) Where a formal referral under the terms of The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 has been made, and the Department of Health and Social Care agrees it meets the legal requirements, the Secretary of State may ask for advice from the Independent Reconfiguration Panel (IRP).

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- (6) The IRP is an advisory non-departmental public body. Where requested by the Secretary of State, the IRP will undertake an initial assessment of the referral. In exceptional circumstances, it may advise that further evidence is required before reporting back. The IRP offers advice only. The Secretary of State makes the final decision on any contested proposal.

4. Further information

- (1) The NHS stroke services website is at:
<https://kentandmedway.nhs.uk/stroke/>; and

The Decision-Making Business Case with appendices is at:
<https://kentandmedway.nhs.uk/stroke/dmbc/>.

5. Recommendation

The Committee is asked to consider the decision of the JCCCG on 14 February 2019 and take one of the following actions:

- (a) Endorse the recommendation of the JHOSC and support the decision of the JCCCG subject to the NHS making an undertaking to review the provision of acute and hyper acute services should demographic changes require it;
- (b) Agree that the proposal agreed by the JCCCG on 14 February be referred to the Secretary of State on the grounds that it would not be in the best interests of the health service of the area and set out the reasons for so agreeing; or
- (c) Agree to make any other comments the Committee deems appropriate.

Background Documents

Kent County Council (2015) *'Health Overview and Scrutiny Committee (17/07/2015)'*,
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5841&Ver=4>

Kent County Council (2015) *'Health Overview and Scrutiny Committee (04/09/2015)'*, <https://democracy.kent.gov.uk/mgAi.aspx?ID=32939>

Medway Council (2015) *'Health and Adult Social Care Overview and Scrutiny Committee (11/08/2015)'*,
<http://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MId=3255&Ver=4>

Kent County Council (2016) *'Kent and Medway NHS Joint Overview and Scrutiny Committee (08/01/2016)'*,

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<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=6314&Ver=4>

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (29/04/2016)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=6357&Ver=4>

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (04/08/2016)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=7405&Ver=4>

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (28/11/2016)*',
<https://democracy.kent.gov.uk/mgAi.aspx?ID=42592>

Bexley Council (2017) '*People Overview and Scrutiny Committee (29/11/2017)*', <http://democracy.bexley.gov.uk/mgAi.aspx?ID=31671>

Kent County Council (2017) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (12/12/2017)*',
<https://democracy.kent.gov.uk/mgAi.aspx?ID=46699>

Kent County Council (2018) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (22/01/2018)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=7997&Ver=4>

Medway Council (2018) '*Council (22/02/2018)*'
<https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=122&MId=3775>

Kent County Council (2018) '*Council (15/03/2018)*'
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=113&MId=7573&Ver=4>

East Sussex County Council (2018) '*Health Overview and Scrutiny Committee (29/03/2018)*',
<https://democracy.eastsussex.gov.uk/ieListDocuments.aspx?CId=154&MId=3156&Ver=4>

Kent County Council (2018) '*Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (05/07/18)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=909&MId=8095&Ver=4>

Kent County Council (2018) '*Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (05/09/18)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=909&MId=8117&Ver=4>

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Kent County Council (2018) '*Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (14/12/2018)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=909&MId=8299&Ver=4>

Kent County Council (2019) '*Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (01/02/2019)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=909&MId=8356&Ver=4>

Kent County Council (2019) '*Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (26/02/2019)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=909&MId=8365&Ver=4>

Kent County Council (2019) '*Health Overview and Scrutiny Committee (22/03/2019)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8366&Ver=4>

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