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Date: Tuesday 5 January 2016

Dear Member

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE - FRIDAY, 8 JANUARY 2016

I am now able to enclose, for consideration at next Friday, 8 January 2016 meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee, the following report that was unavailable when the agenda was printed.

Agenda No	Item	
7	**Kent and Medway Hyper Acute and Acute Stroke Services Review**	**(Pages 3 - 8)**

Yours sincerely

Peter Sass
Head of Democratic Services
Kent County Council

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Paper presented to:	Kent and Medway Joint Health Overview and Scrutiny Committee
Paper subject:	Update briefing; Kent and Medway Hyper acute / acute stroke services review.
Date:	8 January 2016
Presented by:	Oena Windibank; Programme Director, Kent and Medway Stroke Review.
Senior Responsible Officer:	Patricia Davies; Accountable Officer Dartford, Gravesham and Swanley and Swale Clinical Commissioning Groups
Purpose of Paper:	To update the JHOSC on the deliberations of the Stroke Review Programme Board 22.12.15, adding to current JHOSC paper.

Kent and Medway Joint Health Overview and Scrutiny Committee additional update briefing.

January 2016

Kent and Medway Stroke Services Review.

1.0 Introduction

This paper is an addition to the papers previously circulated for the January JHOSC meeting.

This paper updates on the deliberations of the Kent and Medway Stroke Review Programme Board on 22 December 2015 and the summary of the deliberative events through November and December.

2.0 Summary of feedback from the deliberative events

Three deliberative events took place through November and December 2015. In total, 55 people attended these including patients, members of the public

(recruited independently) and key civic interest groups, forming People's Panels. JHOSC Members also attended to observe the events.

Deliberative events are a unique form of public engagement through which participants are recruited to explore an issue in greater detail than, for example, through focus groups. Participants were presented with key information and evidence and required to scrutinise what they read and heard, to ask questions of key people and specialists in the field, to give feedback and make suggestions directly to the people in charge of shaping how the next stages of the review.

Participants were sent a briefing pack in advance, to read through and familiarise themselves with core information – the case for change; the clinical evidence; information presented at earlier engagement activities and feedback from those activities. This was followed up with individual telephone calls to talk them through the programme, explain the contents of the pack and describe what would be expected of participants during the event. They were also encouraged to bring questions/issues with them.

The two November sessions went into further detail around the materials previously sent out and provided time for participants – the People's Panel – to: hear from stroke ambassadors about their experiences of a stroke, particularly the first 72 hours; hear about the review 'journey' so far; interrogate the information, based on their pre-reading and the presentations on the day; identify gaps, raise issues and quiz programme leads/experts.

Following this, the Panels, in their specific groups (stroke survivors/families; civic interest; members of the public) considered the options outlined in the options appraisal summary and discussed which options seemed most/least likely to improve a person's experience.

Finally, they individually reviewed and prioritised the value statements - previously identified as key values for decision-making when selecting options - and voted on their preferred options (number of potential units).

For the December event, additional information was added to the briefing pack and the programme for the day was revised so that the primary focus was on reviewing and adding to previous Panels' feedback on the key themes, value statements and priorities.

Key themes

All three Panels:

- supported the case for change
- recognised that the required standards were not being met
- agreed that maintaining the status quo was not an option and that 7 day services should be available across Kent and Medway.
- understood the pressures regarding recruitment and retention
- recognised the benefits of travelling a little further in order to access 24/7 care
- recommended the whole stroke pathway be reviewed to pay greater attention to prevention and rehabilitation
- emphasised the importance of supporting families and carers
- highlighted the need for care to be personalised and the restorative impact of good information and communication
- emphasised the importance of educating people to a) prevent/reduce the risk of stroke and b) recognise the symptoms of stroke
- supported the need for more specialist staff to prove experience and outcomes
- requested more information, to assure people the review is not financially driven
- encouraged commissioners to move as speedily as possible
- urged further detailed modelling to be undertaken in order to support more meaningful formal consultation

The public panels voted for either a 4 or 5 site options however a small number of attendees said they were not sure and would like more information.

The panel recognised the importance of all of the values but the top ones noted were

1. ***Around the clock services: access to all stroke-related services 24 hours a day, 7 days a week***

2. ***Quality of care: safe, high quality care for all patients***

3. ***Workforce: dedicated 24/7 specialist teams***

3.0 Summary of considerations and findings of the December Stroke Review Programme Board

The Stroke Review Prgramme Board (RPB) considered the feedback from both the People's Panels and the review Clinical Reference Group (CRG).

The CRG is attended by the stroke clinical leads from each acute Trust and a senior management representative.

The group has and continues to undertake a number of clinical modeling tasks considering;

- Travel times/access
- Patient need/demand
- Workforce and clinical models.

This work has been supported by the Public Health teams who have considered the likely incidence trends for stroke.

The RPB discussed the long list of eight options against the key indicators previously agreed within the decision making process as part of the phase one options appraisal.

3.1 A number of key issues/considerations were noted, these included:

- Travel across Kent and Medway is manageable within all options except a single site option within the required 45 minute ambulance travel time. A two-site option does leave some gaps in the perimeters of the Kent and Medway borders.
  Key areas affected include the Isle of Sheppey, Romney Marsh, Hythe and the borders with South London and East Sussex.

- Workforce is the key limiting factor, in particular recruitment of stroke consultants. There is a national shortage of stroke consultants and small numbers in training. Consultant posts are central to a seven-day stroke service that delivers the best outcomes for patients.

- Nurse recruitment is difficult across all the acute Trusts and this impacts on stroke services. There is clear evidence that the number of nurses on a unit directly impacts on outcomes for patients.

- Recruitment to therapists is variable across the units with some areas and hospitals struggling with key posts. Therapy intervention is central to the recovery and rehabilitation of stroke patients.

- Patient demand/need for services is unlikely to grow significantly over the next ten years as incidence is expected to continue to plateau. Primary prevention is also demonstrating an impact on stroke incidence.

- The FAST campaign has been successful and the numbers of patients transferred to hospital with stroke like symptoms has increased.

- Approximately 35 to 40 per cent of patients who attend their local Accident and Emergency department are not admitted with a stroke or transient ischaemic attack (TIA). This needs to be factored into any reconfiguration.

The RPB recognised the national recommendation of a minimum and maximum volume number of confirmed stroke patients for a unit. Currently, and in a number of the possible options, these numbers are not being met. The RPB also recognised the view of the Clinical Reference Group that this should not be a deciding factor if all other criteria can be met.

3.2 The RPB concluded the following from the information when assessing against the key criteria.

The data supported the previous decision made by the RPB that a single and two site model should not be considered as they do not meet the key criteria. (This has been previously shared with the HOSCs.)

The RPB could not support continuation of the status quo as it is not sustainable and not in patients' best interests. The People's Panels support this.

Seven and six site models are unrealistic due to the number of workforce gaps and the significant unlikelihood of being able to fill these. It was judged unlikely that seven or six site models could deliver a seven-day service. They would also place considerable financial burden on the acute Trusts, particularly when considering the low volumes of patient activity that seven and six site models would generate.

Detailed appraisal should be undertaken on a five, four and three site model.
Each of these options must demonstrate a geographic configuration that ensures the criteria are met for all patients across Kent and Medway.

Detailed appraisal at phase two will assess these options against key criteria including:

- Sustainable workforce delivery for a seven day service
- Equality impact assessment demonstrating no adverse or unintended consequences
- Financially viable and sustainable
- Evidence of the provider capability to deliver the stroke standards for hyper acute and acute stroke care.

4.0 Recommendations for the JHOSC (see main paper)

- To note and comment on the options development and appraisal process
- To be engaged in the detailed options appraisal
- To meet again to review the final options for consultation.