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Date: 25 November 2016

Dear Member

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE - MONDAY, 28 NOVEMBER 2016

I am now able to enclose, for consideration at next Monday, 28 November 2016 meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee, the following report(s) that were unavailable when the agenda was printed.

Agenda Item No

5 **Kent and Medway Hyper Acute and Acute Stroke Services Review (Pages 3 - 20)**

Yours sincerely

John Lynch
Head of Democratic Services

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Paper presented to:	Kent and Medway Joint Health Overview and Scrutiny Committee
Paper subject:	Kent and Medway Hyper Acute/Acute Stroke Services Review.
Date:	28 November 2016
Presented by:	Patricia Davies; Accountable Officer, NHS Dartford, Gravesham and Swanley (DGS) and NHS Swale CCGs Oena Windibank; Programme Director, Kent and Medway Stroke Review. Lorraine Denoris; Public Affairs and Strategic Communications Adviser, DGS CCG
Senior Responsible Officer:	Patricia Davies; Accountable Officer, NHS Dartford, Gravesham and Swanley and NHS Swale CCGs
Purpose of Paper:	To update the JHOSC on the outcome of the K&M stroke review progarmme Board 24.11.16

Kent and Medway Joint Health Overview and Scrutiny Committee post review Programme Board briefing

November 2016

Kent and Medway Stroke Services Review

1. Introduction

The following paper should be read in conjunction with the submitted and tabled November JHOSC report.

This paper outlines the discussion and recommendation of the Stroke Programme Board held on the 24th November 2016.

In making its final recommendations, the Programme Board considered all of the evidence including recommendations from the clinical reference group. This was reviewed in line with the national standards, requirements and the criteria set (and approved by the national team) at the beginning of this process. It also reviewed information from the patient and stakeholder

engagement events including the most recent Autumn events carried out across the county.
On the basis of this iterative process of evidence, review, testing and engagement, the Programme Board support and recommend a three-site model for combined hyper-acute/acute stroke care. This model provides the best option against the agreed criteria and, therefore, the best opportunity for delivering best care, outcomes and value for money to patients and residents in Kent and Medway.

2. Review of progress

The Kent and Medway Stroke Review progarmme Board on the 24th November 2016 reviewed the progress of the review to date including the findings of the modelling work

The Board reviewed the Case for Change and the options appraisal process and considered a number of recommendations going forward.

The Case for Change identifies that there is a need to reconfigure hyper acute/acute stroke services in order to ensure sustainable quality 24 hour /7 day specialist stroke care for the residents in Kent and Medway.

The options appraisal identifies a decision making process and criteria that enables robust assessment of options. The criteria have been developed to ensure positive outcomes for patients and reflect national and regional best practice. The process and criteria have been developed with the Clinical Reference Group and supported by the South East Clinical Senate and the national Clinical Director for Stroke Care

A robust patient engagement process has been undertaken throughout the review, testing and validating the Case for Change and the options appraisal. The most recent events considered the emerging preferred options and the feedback from these events informs the findings and next steps.

The review process has undertaken a detailed modelling process to inform the options appraisal in phased approach.

Phase one reviewed;

- Access times
- Workforce
- High-level financial appraisal
- Activity.

Phase two looked at these in more detail and applied a Red Flag(essential) criteria:

- Seven day consultant cover; daily moving to twice daily ward rounds in line with national requirements

- Seven day therapy service for Physiotherapy, Occupational therapy and Speech and Language therapy
- Seven day nursing cover with adequate skill mix to ensure stroke competencies on all shifts.
- Nursing and therapy staff to be compliant with the SE integrated stroke services specification
- BASP (British Association of Stroke Physicians) workforce levels for consultant staff (1:6 rota)
- Minimum and maximum activity volumes; between 600 and 1500 confirmed stroke patients a year
- 45 minimum travel times for 95% of patients incorporated into achievement of the 120 minute 'call to needle standard'
- 120 mins call to needle time/standard
- Timely access to 24 hour /7 day CT imaging provision
- HASU sited on a HOT ED (24 hour full ED service) site.
- Critical co-dependencies in place.

Phase three has considered the three and four site models in detail, specifically reviewing the red flag criteria and the bed modelling.

Qualitative engagement events in September and October 2016 also reviewed and considered the emerging three or four site options. (please see attached report)

3. Modelling Work

3.1 Workforce modelling

The workforce modeling has been developed using the national and regional recommendations . This includes the;

- Requirements of the South East Cardio Vascular Disease Clinical Network Stroke Specification (2015)
- Strategic Clinical Network (SEC CVD SCN Stroke Clinical Advisory Group); service/quality standards
- British Association of Stroke Physicians recommendations (BASP)
- NHS England guidance on the Configuration of Stroke Services 2015
- Learning and experiences from other reviews and stroke services

A gap analysis has been undertaken to assess the challenge and the national, local recruitment and retention informs the options appraisal.

The workforce gap is the key limiting factor for delivering a sustainable quality Stroke service. And this is a local and national issue. Future providers will be required to develop workforce plans illustrating new and innovative roles and support for existing staff. The analysis demonstrates that a four-site model has a considerable gap that will be very difficult to address even with new roles and a focus on recruitment and retention.

The three-site option is the optimum option in relation to the workforce.

3.2 Access/Travel times

The access and travel times have used two separate travel times software and the SECAMb travel times and this has been applied to the options to appraise against the national recommendation of a 45 minute travel time criteria, from the patients home to the nearest stroke unit.

The Clinical Senate recommended that the review works towards a 120 minute call to needle standard across the pathway This recognises an improved response within the acute setting and an ability to therefore keep patients at the geographic periphery within the best practice standards by better managing patient flows.

Best practice and clinical evidence shows that working towards achieving thrombolysis within four hours of symptom onset will optimise therapeutic benefits.

This data modelling has considered both peak and interpeak travel times by car across the county and work has also been undertaken on public transport travel as this has been raised as a key concern through the engagement events.

The maximum travel time for patients in the emerging 3 site options using standard travel times (ie not blue light ambulance times) is 60 minutes.

SECAmb can reduce when using blue light transfers and achieve a 45 minute travel time in several three site options providing full coverage across the county.

Travel times for relatives and staff is a key concern for the public and stakeholders and this will need to be mitigated against in the provider delivery plans. The travel time analysis for public transport has shown that between 97 and 99% of the population will be able to reach the emerging 3 site hospital configurations within a 2 hour timeframe and the maximum time by car is 70 minutes.

3.3 Activity and financial modelling

The activity modelling has been developed as a ‘bottom up’ design, working with the individual patient level data for all stroke patients across Kent and Medway in the past year. A series of audits has also been undertaken on each site to ensure that there is an accurate understanding of the stroke pathway and the number of stroke mimic and Transient Ischaemic Attack (TIA) patients.

The modelling team has worked alongside the CRG and Trust staff to develop an agreed modelling process, ensuring that the numbers of patients, the level of activity and the staffing requirements have been robustly assessed. The activity levels have been applied to each of the options to inform the workforce numbers required and the financial viability of each option.

The modelling demonstrates that the three site option is the optimum model for activity and value for money. This option enables the providers to achieve the Best Practice tariff for stroke care, which is available when the key clinical standards are achieved.

4 . Key findings to date:

- Workforce is a key driver for delivering a sustainable 24/7 stroke service
- While the review initially focused on the hyper acute/acute phase and will make recommendations on the acute services going forward, rehabilitation and out of hospital services are a key concern. There is a requirement for a more detailed consideration of the early supported discharge model and rehabilitation pathways against each possible site configuration. This needs to align to the current local care work underway as part of the STP.
- Alignment with the Kent and Medway Health and Social care Sustainability Transformation Plan (STP) is required to ensure that critical clinical co-dependencies are reflected in the new model and the future site configurations.
- The modelling indicates that a three-site option provides the optimum solution when assessing against the appraisal criteria.
- The three-site option also provides the optimum financial position for providers; this includes the ability to deliver the best practice tariff, which creates a cost pressure for commissioners.
- A three-site option still has a workforce gap in relation to the existing workforce, however this is likely to be realistic to recruit to or cover with new roles.
- Travel time modelling illustrates that there are a number of viable three-site options that meet the travel time standard and have full access across the county.
- Moving from the current seven sites to a reduced site model will require a phased implementation process and this needs to be fully detailed.
- Work is required from each provider based on the activity, length of stay, workforce and finance to assess their ability to deliver the new model. This includes alignment to the out of hospital pathways in their locality.

5. Recommendations from the Stroke Review Programme Board.(RPB)

- The RPB considered the modelling work to date and agreed that the three site option is the optimum option.
- Further work is required with providers to assess the possible geographic three site options before recommendations on options for consultation can be made to the Kent and Medway Clinical Commissioning Groups (CCG's.) This includes work to identify a robust transition plan.

- The Board also identified that a wider clinical and stakeholder engagement event would be valuable to test and validate the preferred three site option and this will be planned for early 2017.
- The detailed options appraisal on the geographic sites needs to align to the current Kent and Medway Sustainability and Transformation Plan to ensure that the key clinical interdependencies are in place and informed consultation is undertaken.
- Detailed work on out of hospital care including development of a Kent and Medway approach to early supported discharge and rehabilitation should be taken forward.
- Recommendations to the Kent and Medway CCGs to be delayed until spring 2017 to enable the clinical and stakeholder event to take place and for providers to assess the impact of the new model and the rehabilitation requirements.
- The JHOSC to receive a further update in early spring 2017

Kent and Medway Review of Stroke Services

Summary Report of Patient and Public Engagement - October and November 2016

CONTENTS

Appendices

1. Executive Summary

Health commissioners from the eight clinical commissioning groups (CCGs) in Kent and Medway have been working in partnership on a review of acute stroke services since December 2014. This is in response to national evidence, requirements and recommendations specifically for 'hyper-acute' and 'acute' stroke care, particularly the need for a specialist stroke unit available seven days a week. Stakeholders have been invited to engage throughout the process, using a variety of engagement methods, to inform the thinking as the review has evolved.

Further engagement took place in September and October 2016 with stroke survivors, family carers and members of the public who had been involved in previous engagement activities. This comprised four events held in key areas in Kent and Medway, designed to update participants on the detailed work that had taken place since previous engagement and to explore any outstanding issues people may have. 69 people attended from across Kent and Medway.

The Programme Director was also invited to present and discuss the Review with a Stroke Survivors Group in Swale which was attended by 30 stroke survivors and family carers.

From the feedback from the four events and the discussion with the Swale stroke survivors group, the main – and continuing - areas of concern are:

- The cost of the proposed changes and how this will be funded
- The need for more information and greater transparency concerning the sites under consideration
- More information on the options and how they were tested
- Staffing levels – all staff throughout the pathway
- Travel times – the reality of busy areas, different levels of traffic at different times
- How a reduction in the number of sites will address clinical sustainability
- The impact on ambulance services
- The impact on sites where stroke services are removed
- The impact on sites that provide stroke services (size, resources)
- The need to have stroke specialists or increased training of staff to recognise and respond quickly to stroke at sites with no stroke services
- How the quality of care will be monitored
- The need for clear evidence that 24/7 care delivers improved outcomes
- The need to upskill and retrain staff for the new teams
- The availability of good quality aftercare, rehabilitation and community support
- The need for better discharge care
- The availability of equipment and resources in each of the sites
- Support and involvement of family and friends
- The need to link to other strategic plans and strategies across Kent and Medway
- The impact of plans on capacity at the 3 sites
- Who decides where the sites will be
- How long it will take to put the changes into place

This feedback will be used:

- to create a detailed set of questions and answers that will be shared with participants and published on CCG websites

- to update Kent and Medway Joint Health Overview and Scrutiny Committee on the engagement process
- to inform the next stage of development of the potential options to be presented to the CCGs

2. Background

The Kent and Medway Stroke Review started in December 2014 following concerns about performance and sustainability across the seven hospitals in Kent and Medway currently treating stroke patients. The hospitals have struggled to consistently meet the standards of the national Stroke Sentinel Audit Programme (SSNAP) and there was concern that the stroke service is unable to respond to the need for seven-day services within the current configuration and model of care.

The key outcome of the review is to ensure that there is a specialist consultant led sustainable stroke service for all Kent and Medway residents, which delivers high quality care and improved patient outcomes, twenty four hours, seven days a week.

The review has been presented to the joint Kent and Medway Overview and Scrutiny committee on three occasions. At its last meeting in August 2016 it was agreed that a further phase of engagement would take place to share the detailed modelling and capture any final questions, concerns and issues people may have about the process and options.

3. Objectives

The aim of this phase was to:

- Provide an overview of the stroke review process and feedback to date
- Provide an update on the case for change, the key themes and share key messages from the detailed modelling that had been taking place since previous engagement activities, key issues and options going forward
- Capture opinions on the above
- Discuss next steps

4. Methodology

4.1. Engagement activities

Four events were held in main localities across the Kent and Medway area:

Location	Date
Discovery Centre, Sandwich	13/9/16
KIMS Hospital, Maidstone	27/9/16
Ashford International Hotel, Ashford	4/10/16
Priestfield Stadium, Gillingham	18/10/16

Following the four events, the Programme Director attended a ***Stroke Survivors Group*** in Swale on 20th October, attended by 30 stroke survivors and family carers. This provided an opportunity to

share the key themes from the four events and check with people who had had direct experience of living with a stroke whether there were still any issues/concerns that had not been previously raised.

4.2. Invitation to take part

Posters were circulated to all the locations where listening events and focus groups were held as part of the Phase 3 of this work. Posters were also circulated to secondary locations to boost attendance.

People who had been involved in previous engagement activities were contacted directly, with individual invites to take part at one of the events.

An invitation to take part was cascaded out through voluntary, community and diverse groups, Patient Participation Groups, health care provider organisations, Healthwatch Kent, Healthwatch Medway and the Stroke Association. The latter also actively contributed to the involvement of stroke survivors and families through their local stroke groups.

Initial uptake was slow so invitations were rewritten and resent to generate more interest and to particularly target people who had had a stroke and their families.

A list of the individuals and organisations contacted as part of this phase of engagement can be found in Appendix 1, along with the invitations that were distributed (Appendix 2).

4.3. Preparation for the events

Participants were sent an outline programme and a briefing paper in advance of the session, with a request that they read the briefing paper beforehand, so that they understood the background and work to date when they attended. A sample of the programme can be found in Appendix 3 and the Participants Briefing Paper is at Appendix 4.

4.4. Event outline

The events focused on two facilitated conversations, held by a panel comprising the Programme Director, the Chair of the Clinical Reference Group (Stroke Consultant) and members of the Review Programme Board. The Chief Executive of Healthwatch Kent and the Stroke Association Area Manager raised questions and areas of concern for the panel to address whilst the participants observed.

The first conversation covered what had happened since the last round of engagement. The second conversation covered the options review.

Participants were asked to make notes of any issues/concerns/questions the conversations raised, ready for the table discussions immediately after each conversation. Table conversations were facilitated and group discussions recorded. There were then plenary sessions and the key themes shared with the whole group.

The individual, group and plenary notes were collected after the session and written up, to ensure all comments were captured.

5. Attendee Profile

The attendee profile at the ***4 events*** is outlined below, by gender, CCG area and type of participant.

Gender	
Male:	31
Female	38
By CCG Area	
Ashford	9
Canterbury & Coastal	10
DGS	5
Medway	8
South Kent Coast	7
Swale	6
Thanet	6
West Kent	8
Unknown	7
County-wide	3
Participant Categories	
Carer/Family/Friend	6
Civic Interest	10
Member of Public	5
NHS Employee	2
Statutory Body	8
Stroke Association Rep	8
Stroke Survivor	19
Survey Respondent	6
Unknown	5

Members of the Stroke Joint Health and Overview Scrutiny Committee were also invited to attend, as independent observers, to assess whether the engagement process was robust and inclusive.

The ***Swale Stroke Survivors Group*** comprised stroke survivors, family carers and Stroke Association volunteers – 30 people attended.

6. Feedback from the 4 events

Attendees at each of the events were encouraged to provide feedback individually and as part of group discussions on each of the two conversations they observed between key leads that have been involved in the programme.

6.1. Observed Conversation 1

The first conversation provided detail on the work that had been carried out since the last engagement events at the end of 2015.

6.1.1. Individual feedback

Participants were asked to capture questions/issues individually, as they observed the conversation taking place. The most mentioned themes and numbers of times mentioned are in the table below.

Theme and frequency	Supporting information
The cost of fewer sites and how it will be funded (13 mentions)	Need for increased funding during the transitionary period for recruitment, training and relocation etc.
More information on the specific sites under consideration (most frequent – 11 comments)	Alongside clear evidence that reducing the number of sites will improve outcomes
Staffing levels (7 comments).	Whether more staff would be recruited and how staffing levels would change over time as well as rationale for currently relying on agency staff
Travel times (7 comments).	Including the impact of Operation Stack and how this would in reality affect call to door times
Queries as to how reducing the number of sites will address clinical sustainability (5 mentions)	How to attract and recruit more consultants and ensure consultants available at weekends
The impact on ambulance services (4 comments).	Particularly as they would be required to make longer journeys
More detail on how the quality of care would be monitored (4 comments).	and what improved outcomes actually look like
The need for clear evidence that 24/7 care delivers improved outcomes	What does 24/7 actually mean for patients and staff and how do we reassure both that it is in their best interests

Other less frequently mentioned issues include:

- The need for more information on best practice and what is happening in other areas
- The need for sufficient equipment at each site
- The process that will be followed if permission for drugs and treatment are not obtained.
- Whether staff will be made redundant especially given that sites will be closing
- Anticipated savings from improved outcomes in the long term
- The possible risk of moving to 7 day working practices that is seen to result in healthcare professionals moving out of medicine
- Better understanding of why staff are not currently engaged and committed
- The impact on other services where stroke is removed e.g. neurology
- Is there sufficient space to expand at selected sites e.g. sufficient car parking

6.1.2. Group feedback

The group work was structured around 3 key questions:

- What do we think about what we've heard?
- What questions does this raise?
- What further clarification do we need?

The main issues mentioned are as follows:

Theme and frequency	Supporting information
Concerns relating to staffing (25 comments)	In particular the lack of staff currently and the lack of funding for staff. There are also concerns that staff will not want or be able to work at different sites and attendees questioned what support would be provided to facilitate this. How will NHS attract staff and what is impact of losing staff? Also what is being done **now** to understand number of staff willing to relocate etc.
Travel time (16 comments)	Particularly relating to the claim that all options will provide 11-minute travel time to a stroke service. In addition, Operation Stack was cause for concern with regards to travel times. How will rapid access be ensured for all and what will happen to those living in furthest areas of the county?
The need to upskill and retrain staff (11 times)	For example, the importance of appropriate training for paramedics to better diagnose, assess and route patients correctly . Sufficient time for training. Training for GPs and community responders to help accurately diagnose stroke and TIAs and how to deal with the latter.
The availability of good quality aftercare, rehabilitation and community support (9 comments)	Essential to recovery. Use of Stroke Association and other voluntary groups
The availability of equipment and resources in each of the new sites (8 mentions)	Sufficient scanners? The ability to expand existing sites (bed capacity, parking etc.) The impact the changes will have on existing acute services at each location.
Support and involvement of family and friends (4 comments)	How important this is for recovery as well as permissions for treatment
The potential impact on ambulance services (5 comments)	How will the proposed changes impact on targets? There are likely to be hotspot areas within Kent and Medway that will not be in scope for the target travel times.
Further information needed regarding funding (5 comments)	Where funding would come from and how much the changes would cost overall.

Other less frequent comments included:

- How will the quality of care be measured and whether NICE guidelines are still relevant
- The request for more information relating to what is being done elsewhere and what the national stroke plans are
- Whether the review is clinically or financially driven
- Impact of removing stroke on services for other conditions and hospital overall
- Queries as to what 24/7 care looks like and how it will work as well as a concern that this level of care is politically driven rather than evidence
- The request for the potential locations to be identified

- Impact of changes on existing links and relationships between staff and organisations
- The impact of 14,000 new homes being built in Margate
- Lack of information on prevention
- How the proposed changes will be "sold to the public".
- What is being done to identify current quality of care/consistency of care across the county

6.2. Observed Conversation 2

6.2.1. Individual feedback

The second conversation provided information on the options and how they are and have been tested. The individual feedback provided a wide range of comments, queries and concerns from attendees. The most mentioned themes and times mentioned are in the table below.

Theme and frequency	Supporting information
The need to link to other strategic plans and services (8 comments)	Including EKHUFT, STP, FYFV as well as the need for Kent and Sussex hospitals to work more effectively together
Attendees also discussed the impact of plans on capacity at the 3 sites (7 comments)	Impact on other services at each of the locations Sufficient space to expand
Greater transparency around the consideration of sites and choices being made now (6 comments).	Given that there is detailed work being undertaken – more information is requested by attendees. Is there analysis of prevalence, population and risk included?
The funding for the plans was raised in terms of budget for implementation (4 comments)	Funding for upskilling existing staff Ensuring sufficiently skilled staff remain at non specialist sites to ensure patients are correctly diagnosed and transferred in a timely manner
Travel times (3 comments)	Including the potential impact of Operation Stack was also raised as a concern

Other less frequently mentioned issues raised by attendees include:

- What will happen if staff do not want to move location
- Impact on transport timings if patients need to be transferred from "wrong" hospital to the "right" hospital
- How the programme plans to address the current poor level of community staffing e.g. physiotherapy and Speech and Language as well as voluntary support services
- More information as to the staffing levels at each of the 3 specialist sites
- The timescales for moving to 3 sites
- What will happen to those hospitals that lose their stroke units
- How the options are being tested and modelled
- Concern that current plans won't address the increasing aging population

6.2.2. Group feedback

The group work was structured around the same 3 key questions as above. The most mentioned themes and times mentioned are in the table below.

Theme and frequency	Supporting information
Concerns relating to staffing (9 comments)	Need for training and recruitment are most frequently mentioned by event attendees including GP training to recognise stroke. A lack of community staff and staff shortages at QEQM.
Requests for more information on the options and how they are tested (8 mentions)	The need for any consultation to show a detailed process undertaken to reach conclusions and when decisions will be made.
Costs and funding (6 mentions)	Especially questioning whether the programme is intended as a financial review. The impact of proposals on existing NHS financial pressures. Whether funding is specifically available for training.
The need for the plans to link with other plans and strategies across Kent and Medway (5 mentions)	Specific references made to EKSB, STP and FYFV.
Need for better discharge care and rehabilitation services (5 comments)	Need for patients to be located close to home and whether the review will affect length of stay.
Pressures on ambulance services (4 mentions)	concern about getting the correct diagnosis in a timely manner and being directed appropriately.
The impact on capacity (4 mentions)	The need for sites to expand and whether sufficient space for this including parking.
Impact on sites where stroke is removed (4 mentions)	What is the purpose/role of trauma department without stroke services and what will happen where stroke is secondary to other conditions such as cardiac arrest etc.
Attendees questioned how smaller strokes and TIAs would be handled (3 mentions)	How will these conditions fit into the proposed model
Travel concerns (3 mentions)	Including the impact of Operation Stack

Other less frequently mentioned comments included:

- The need to consider families and friends
- To understand learning and best practice from other areas
- Whether any support will be offered to staff to assist with travel
- Impact of new homes being built at Ebbsfleet and Paramount Park
- Whether there will be sufficient equipment

7. Feedback from the Stroke Survivors Group

The Programme Director discussed the key elements of the review to the Swale Stroke Survivors Group, supported by the briefing paper that had been used at the 4 events and a more detailed presentation specifically designed for this meeting which included the key feedback themes from the

4 events (to share the outstanding themes/issues collected to this point). Questions were taken and issues talked through as they arose and individual questions/issues were also collected at the end of the session.

Theme
Are they going to put a stroke specialist in the emergency departments of the hospitals that don't have a stroke unit?
You need people who understand what's happening as soon as the person gets to the hospital - doctors and nurses see the person as a casualty patient not someone with a stroke. This builds in unnecessary delay
Will the three/four sites be increased in size to allow for these extended services? Can the sites take this increase? Has this been considered in the modelling?
How will you ensure you'll have the right amount of money to deliver ?
Who decides where the sites will be?
You'll need rapid access to the services which may not be feasible from certain localities. The actual travel times, at certain times of the day, may not mirror the modelling you've done
What about the access issues in Canterbury traffic? Have you taken into account the time it takes to get through Canterbury?
What's the strategy for aftercare? It's very hit and miss at the moment
How will you ensure there are enough physiotherapists/speech therapists to meet the needs of all the people?
Speech therapists are critical to recovery success. How are you ensuring there are enough of them? Long waiting list now which has a negative impact on progress.
Stroke Association has helped individuals make significant progress - how will this be recognised and built into the rehabilitation plans?
When will the general public be likely to see this wonderful new world? How long will it actually take to put this in place?

8. Over-arching themes

In summary, from the feedback from the 4 events and the meeting with the Stroke Survivors Group the main – and continuing - areas of concern are:

- The cost of the proposed changes and how this will be funded
- The need for more information and greater transparency concerning the sites under consideration
- More information on the options and how they were tested
- Staffing levels – all staff throughout the pathway (Consultants, Nurses, Speech and Language Therapists, Physiotherapists
- Travel times – the reality of busy areas, different levels of traffic at different times

- How a reduction in the number of sites will address clinical sustainability
- The impact on ambulance services
- The impact on sites where stroke services are removed
- The impact on sites that provide stroke services – need to increase in size?
- Stroke specialists or increased training of staff to recognise and respond quickly to stroke at sites with no stroke services?
- How the quality of care will be monitored
- The need for clear evidence that 24/7 care delivers improved outcomes
- The need to upskill and retrain staff
- The availability of good quality aftercare, rehabilitation and community support – including better use of community groups, voluntary services
- The need for better discharge care
- The availability of equipment and resources in each of the sites
- Support and involvement of family and friends
- The need to link to other strategic plans and strategies across Kent and Medway
- The impact of plans on capacity at the 3 sites
- How smaller strokes and TIAs would be handled
- Who decides where the sites will be?
- How long will it actually take to put the changes into place?

9. Next steps

The feedback from this further stage of engagement will be used to provide a detailed set of FAQs that will be sent out to everyone who took part in this phase and will be published on each of the 8 CCG websites. It will also be taken into account in the next stages of option development and will be presented to the Joint Kent and Medway Health Overview and Scrutiny Committee at the end of November 2016.

Recommendations about changes to stroke services will then be put forward by the Stroke Review Programme Board to the Kent and Medway CCGs to agree which options may be put out to wider public consultation, in keeping with the wider strategic plans for Kent and Medway.

Julie Van Ruyckevelt/Victoria Dyer October 2016