NHS
Kent and Medway
Clinical Commissioning Group

Kent Health Overview Scrutiny Committee

Reconfiguration of Acute Stroke Services

Background:

A review of the provision of acute stroke services in Kent and Medway commenced at the end of 2014 and in February 2019 the Joint Committee of CCGs approved a Decision Making Business Case to support the implementation of three Hyper Acute and Acute Stroke Units (HASUs) in Ashford, Maidstone and Dartford. This decision was challenged via two Judicial Reviews and a referral to the Secretary of State for Health and Social Care, resulting in a significantly extended HASU implementation timeline from the original date of April 2020 to at least 2022/23. The Judicial Reviews found in favour of the NHS in February 2020 and the Secretary of State confirmed support for the reconfiguration in November 2021.

Since the NHS decision in February 2019, there have been three emergency temporary changes to stroke services in Kent and Medway:

- Tunbridge Wells Hospital stroke service (provided by Maidstone and Tunbridge Wells NHS Trust – MTW) transferred to Maidstone Hospital (also provided by MTW) in September 2019 due to staffing challenges.
- In April 2020, in response to Covid, East Kent Hospitals University Foundation Trust (East Kent Hospitals) transferred its stroke services at William Harvey Hospital in Ashford and Queen Elizabeth the Queen Mother Hospital in Thanet to the Kent and Canterbury Hospital. The stroke service remains at Kent and Canterbury at this time.
- Medway Hospital stroke service closed in July 2020 due to staffing challenges and the majority of stroke patients that would previously have gone to Medway Hospital are now going to Maidstone Hospital with a small number going to Darent Valley Hospital.

The current position is that we have acute stroke services provided from Darent Valley Hospital, Dartford, Maidstone Hospital, Maidstone and Kent & Canterbury Hospital, Canterbury. In April 2021 we established the Kent & Medway Integrated Stroke Delivery Network which will improve all aspects of stroke care from prevention to life after stroke.

Implementation of Hyper Acute Stroke Units

Each of the three acute trust providers are refreshing their hyper acute stroke unit estates plans to ensure they remain fit for purpose in preparation for the full business case which will require NHSE/I approval due to the total value exceeding £15m.

The funding for the reconfiguration is being found by the Kent & Medway health system from the capital allocation over a likely 3 year period. Monies to commence implementation planning have released in order to make swift progress.

Whilst the Covid pandemic environment has impacted the delivery of acute care and the provision of comparable data/information, it is positive to note that the consolidation of existing services onto 3 sites has resulted in notable improvements. This is evidenced by the improvements in SSNAP performance for some of the key metrics. In summary, from December 2019 to September 2021 Darent Valley has moved from a D to a C, Maidstone has moved from a C to A and EKHUFT has moved from a D to an A in a number of the metrics outlined below:

		West Kent, North Kent, Medway			East Kent		
		Darent Valley Hospital	Medway Hospital	Maidstone District General Hospital	Queen Elizabeth Queen Mother Hospital	William Harvey Hospital	Invicta Ward Kent and Canterbury Hospital
Pre-pandemic benchmark	Oct-Dec 2019	D	E	C	D	D	NA
	Jan-Mar 2020	D	E	D	D	D	
Current stroke service model	Apr-June 2020	*no score	NA	D	NA	NA	A
	Jul-Sept 2020	*no score		B			A
	Oct-Dec2020	D		B			A
	Jan-Mar 2021	D		A			A
	Apr-June 2021	D		A			A
	Jul-Sept 2021	C		A			A

SSNAP patient centred outcomes: April-June 2021				
	National benchmark	Darent Valley Hospital	Invicta Ward Kent and Canterbury Hospital	Maidstone District General Hospital
% of patients scanned within 1 hour of clock start	55.9	68.3	83.8	76.0
% of patients scanned within 12 hours of clock start	95.9	100.0	97.5	99.3
% of patients directly admitted to a stroke unit within 4 hours of clock start*	51.5	60.5	77.7	81.9
% of patients who spent at least 90% of their stay on stroke unit	81.3	87.7	97.2	96.3
% of all stroke patients given thrombolysis (all stroke types)	10.4	9.6	20.2	13.9
% of patients assessed by a stroke specialist consultant physician within 24h of clock start	84.9	74.3	95.5	95.1
% of patients who were assessed by a nurse trained in stroke management within 24h of clock start	91.1	96.4	99.5	96.6
% of applicable patients who were given a swallow screen within 4h of clock start	74.4	83.1	95.3	85.8

*No score due to minimum dataset recorded during Covid-19 pandemic

Rag rating	
	Equal or better than national benchmark
	Within threshold of national benchmark
	Not meeting national benchmark

It is important to note that whilst the improvement is very positive other areas of SSNAP such as workforce can only be improved once we implement hyper acute stroke units. Data on the total number of strokes and stroke related activity is being compiled and reviewed. The pandemic,

particularly in 2021, directly impacted the numbers of people attending hospital for other reasons and therefore is potentially not reliable for future planning. However, based on historic and current data in terms of total numbers of strokes and the break down by geographical area, there is no evidence that a 4th HASU is viable. This will be kept under review.

We are also reviewing patient outcomes from different geographies especially those areas where patients are travelling further than previously (Thanet, Ashford, Medway and Tunbridge Wells) to ensure improved outcomes are evidenced for all.

The implementation plans are now being finalised and continue to support the units in Dartford and Maidstone in going live as soon as they are able, likely to be mid-2023. As previously, the estates work required at the William Harvey Hospital in Ashford is more extensive and will take longer to deliver. It is hoped this can be completed by late 2023.

In relation to journey times, a possible stroke is a category 2 call which is a response time to the patient within 18 minutes. As with all sectors of health and social care, SECAmb have faced unprecedented demand and the additional challenges of reduced staffing and ambulance hand over delays. Despite this category 2 response times in K&M remain generally stable and better than national performance. In the most challenging times, average performance has been outside of 18 mins. For example, in January 2022 the mean response time has been 33 minutes however it is important to note these are unprecedented times and further resource will be invested as part of the HASU business case. Despite this, access to stroke services is much improved, as demonstrated above.

Work to support the development of rehabilitation pathways continues through the Integrated Community Stroke Service (ICSS) subgroup, which has seen engagement and enthusiasm from community, acute and wider services; recognising the vital interdependencies. A recent snapshot audit has resulted in a specialist review of clinical models with an aim to incorporate new ways of working so that we are best prepared to support the HASUs. In alignment with this, the results from the first national Post-Acute Operational Audit (PAOA) for stroke services have been published and analysis is now underway to inform service development.

In respect

Rachel Jones
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5th January 2022