

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

NOVEMBER 2022

A SUMMARY OF PROGRESS FOR THE RECONFIGURATION OF ACUTE STROKE SERVICES IN KENT AND MEDWAY

Report from:

NHS Kent and Medway Stroke Programme

Introduction

The purpose of this document is to provide an update to the Committee on the reconfiguration of acute stroke services in Kent and Medway.

Background

Kent and Medway are committed to improving sustainability, quality, and access to specialist care for stroke patients across the county. The implementation of HASUs through the centralisation of stroke services at a smaller number of hospitals will have numerous benefits including improved clinical and patient outcomes as well as financial savings. Since 2014, Kent and Medway have confirmed the case for change, developed the clinical model and undertaken significant stakeholder and public engagement. The focus is now on the transition to implementation with a strategic objective to deliver three co-located hyper acute stroke/acute stroke units (HASU/ASU's) at Darent Valley Hospital, Maidstone General Hospital and William Harvey Hospital (Ashford).

To note, the stroke review was paused during the system wide response to the COVID-19 pandemic which impacted deadlines and milestones. The management of COVID-19 in East Kent resulted in the temporary transfer of current acute stroke services to Canterbury in April 2020. The move was aimed at freeing medical inpatient capacity for COVID-19 patients on the Queen Elizabeth the Queen Mother, Margate and William Harvey, Ashford sites. The acute stroke service provided by MFT was transferred to Maidstone Hospital and Darent Valley Hospital in July 2020 on quality and safety grounds due to staffing shortages.

The interim arrangements for delivering Kent and Medway acute stroke services are outlined below:

Provider	Site	Catchment Areas (by HCP)
Dartford and Gravesham NHS Trust	Darent Valley Hospital	Dartford, Gravesham & Swanley Medway and Swale
Maidstone Tunbridge Wells NHS Trust	Maidstone Hospital	West Kent Medway and Swale
East Kent Hospitals University Trust	Kent and Canterbury Hospital (William Harvey future HASU)	East Kent

Progress to Date

Pre-hospital:

Patients with a suspected stroke have a video triage consultation with a stroke specialist in the back of the ambulance. This means that 1) patients are directed to the right hospital to meet their needs 2) Stroke teams are pre-alerted that the stroke patient is arriving, optimising time critical intervention when they reach the stroke hospital

Pathway improvement:

Work across stroke and non-stroke providers to improve access and effectiveness of stroke and TIA pathways is being undertaken, including access to scanning, thrombolysis and mechanical thrombectomy.

HASU update

Timescales

Details of the planned timescales for developing the three hyper acute stroke units (HASUs) in Kent and Medway is shown below

Site	Investment is for:	Approved full business case by	Timescale for delivery from contract award
Ashford – William Harvey Hospital	New build forward extension	Feb 2025	19 months
Dartford – Darent Valley Hospital	Refurbishment of existing and additional space	June 2023	13 months
Maidstone – Maidstone Hospital	Refurbishment of existing and additional space	June 2023	13 months

Activity and bed modelling

The original stroke activity assumptions and bed modelling was completed in 2017.

Due to the delays in the stroke review, the activity assumptions are being reviewed to ensure they remain robust and to finalise the business cases. This includes a review of the movement assumption of the Bexley activity from the Princess Royal University Hospital (PRUH) to Darent Valley Hospital (DVH).

Updated activity between 2019-2021 is shown below:

Year	MFT (est)	DGT	PRUH	MTW	EKHUFT
2019	487	489	172	766	1,218
2020	244	524	186	874	1,192
2020 – Covid adjustment (11%)	8	16	5	26	37
2021	0	708	188	1,172	1,354
MFT closure	(739)	132	0	607	0
Updated three-year average	0	623	184	1,148	1,267

Call to needle times

The Sentinel Stroke National Audit Programme (SSNAP) collects data on quality and organisation of stroke care by individual trusts. It is the single source of stroke data in England.

Currently call times are not available via SSNAP. However, EKHUFT has identified that from 2018 there would be around 588 SSNAP records from EKHUFT postcodes thrombolysed who attended via ambulance.

Discussions are taking place through the National Stroke Programme regarding development of a dashboard that enables full pathway view of stroke patient journey. This includes a recommissioning of the SSNAP dataset, expected by Spring 2022.

Rehabilitation and life after stroke services

During the review of urgent stroke services, Kent and Medway made an explicit commitment to ensure appropriate stroke rehabilitation services will be up and running at the same time as the new acute stroke service goes live. Inpatient rehabilitation beyond that provided in the Acute Stroke Units (ASUs) will be delivered in the community.

A work plan has been developed to scope the requirements for a Kent and Medway Integrated Community Stroke Service, including needs led stroke rehabilitation and life after stroke support. A business case to establish these services is being developed with community and acute providers, the third sector and patient representatives. The timeline for approval of the business case is Q1 2023/24. 'Mini business cases' are currently being developed by each community provider to secure investment for 2023/24 ahead of submission of the main business case.

Stroke recovery beds at Maidstone (transferred from the Acute Trust building to the Community Trust)

The closure of acute stroke services at Medway Maritime Hospital in July 2020 resulted in approx. 80% of their activity being transferred to Maidstone Hospital. To accommodate the increase in activity, MTW increased their acute bed base capacity through the introduction of new stroke rehabilitation pathways away from the acute site.

Two 6-month pilot pathways were implemented in November/December 2020:

- a) home care rehabilitation service (10-16 places) in collaboration with Hilton Nursing Partners
- b) community hospital inpatient 8-bedded specialist stroke rehabilitation facility at Sevenoaks Hospital

Early outcomes suggested the pilots improved bed capacity and patient flow for the Acute Stroke Unit at Maidstone with a total of 112 patients being cared for on the new pathways during the pilot, releasing 2351 bed days for the stroke unit and reducing the length of stay for stroke patients in the first year.

An initial review demonstrated, both pilot pathways delivered improvements within clinical service delivery, outcomes, patient and staff experience and financial performance, were identified. This has been supported through the executive team

at MTW for inclusion in their established stroke pathway, and pilots across other stroke pathways in Kent and Medway are now under development.

Workforce

Work is progressing to explore opportunities to introduce innovative roles for stroke services, including Physicians Associates, Advanced Clinical Practitioners and Stroke Support Workers. New ways of working across the pathway and across specialties to improve patient outcomes and pathway effectiveness are being piloted across services.

However, challenges remain across both acute and community pathways to meet the national specification due to workforce supply, recruitment, and retention.

Winter planning

Fixed term funding has been allocated to support winter pressures, with a particular focus on patient flow between acute hospitals and community services. It is hoped that this will help improve emergency care capacity; deliver improvements and sustainability to time critical stroke intervention.

Kent and Medway Integrated Stroke Delivery Network (ISDN) have identified interventions that could help improve flow within stroke services which in turn could increase urgent care capacity for non-stroke patients. The stroke winter proposals being explored are:

- a) Stroke bridging service. The proposal would scale up the current model run by EKHUFT in collaboration with KCHFT and replicate across other points of the stroke pathway to support admission avoidance and early/timely discharge. In turn, this would improve length of stay and release community rehab capacity. To date, the pilot outcomes have shown to have a positive impact on operational performance, outcomes, and patient experience.
- b) Stroke enablement pathway. The proposal would be to extend the current MTW in partnership with Hilton Stroke Rehabilitation and Care pilot across Kent and Medway to support timely and effective discharge from both acute and rehabilitation inpatient beds. To date, the pilot has suggested a positive impact on patient outcomes and patient experience. There were no delays between in the 6-month period (23/11/20-31/05/21) when discharging patients to the Hilton pathway.

Next Steps

Deliverable	Target for completion
Development of EKHUFT outline business case	April 2023
Development of DGT full business case	April 2023
Development of MTW full business case	April 2023
Local assurance of business case (tbc)	June 2023
National assurance of EKHUFT outline business	January 2024



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