Reconfiguration of stroke services in East Kent

Purpose of briefing

The purpose of this briefing is to update the Kent Health and Overview Scrutiny Committee (HOSC) on the transfer of acute stroke services in East Kent from Kent and Canterbury Hospital (K&C) to a new, purpose-built unit at the William Harvey Hospital (WHH) in Ashford.

Understanding hyper-acute and acute stroke care

Hyper-acute stroke unit (HASUs) enable patients to have rapid access to the right skills and equipment and be treated 24/7 on a dedicated stroke unit, staffed by specialist teams. Following a stroke, a patient will be taken directly to a HASU where they will receive dedicated expert care, including immediate assessment, access to a CT scan and clot-busting drugs (if appropriate) within 30 minutes of arrival at the hospital.

Acute stroke units (ASUs) are for subsequent (after 72 hours) hospital care. These units offer ongoing specialist care with seven-day therapies services (physiotherapy, occupational therapy, speech and language therapy and dietetics input) and effective multi-disciplinary team (MDT) working.

Overview of the Kent and Medway stroke reconfiguration programme

The Kent and Medway acute stroke reconfiguration programme is a two-phased programme to develop three hyper-acute stroke units (HASUs) at Dartford, Maidstone and Ashford. The background to the programme is detailed in

DRAFT

Appendix 1.

The reconfiguration is being funded by the Kent and Medway health system from its capital allocation over a multi-year period, with the three schemes totaling more than £32m.

The programme is being delivered in two phases. The units at Dartford and Maidstone opened their HASU's in 2024. The unit at WHH is being delivered as a second phase due to the scale and complexity of the works.

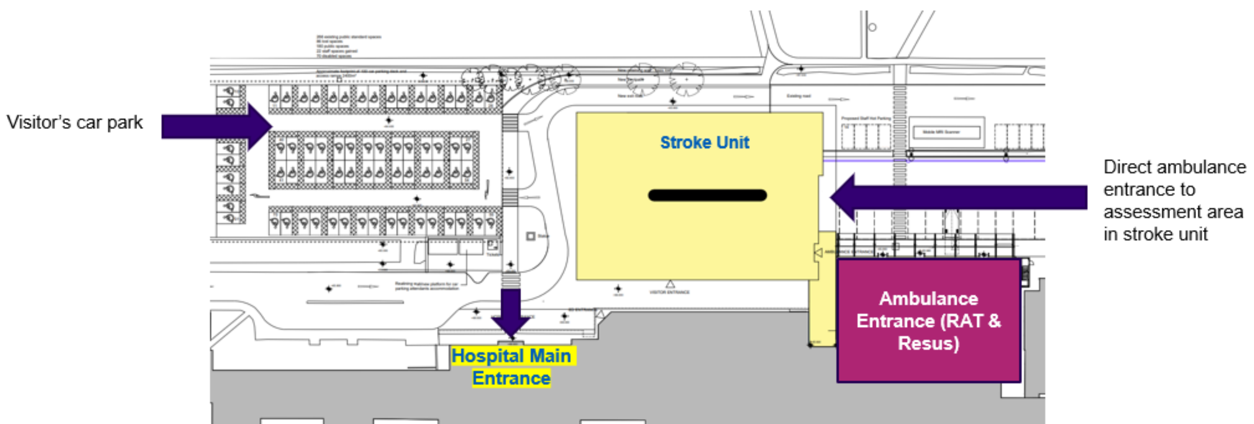
NHS Kent and Medway undertook a review of the East Kent scheme in 2023. The aim was to review the current delivery strategy, ascertain the funding requirement and affordability of the scheme, and ensure the scheme remains value for money. This additional assurance process was discussed with Committee members in February 2023.

Following that process, design plans for the construction of the unit were completed. These plans were presented to the Committee in January 2025. Since that time the full business case for the capital investment in the new unit has been approved by NHS Kent and Medway (November 2025).

The new stroke unit at WHH

The new East Kent stroke unit will be a 54-bed two-storey purpose-built facility located directly in front of the Emergency Department (ED) as shown in **Figure 1**. There has been in depth engagement with both the clinical and operational teams throughout the development of the design.

Figure 1: Location of HASU in front of ED



Key features

- A purpose-designed layout with more space and flexibility than refurbishing existing wards could provide.
- Direct ambulance drop-off straight into the stroke unit, bypassing A&E.
- Five triage and assessment bays, ensuring patients are seen immediately on arrival.

- A CT scanner located inside the unit, right next to the assessment area, saving vital minutes.
- A standalone build, avoiding disruption to neighbouring wards during construction.

These features build on the model that is already delivering outstanding results in East Kent, including some of the fastest imaging times in the country.

Improvements already achieved for East Kent patients

The temporary consolidation of stroke services onto a single site has already transformed care for local people, and these improvements have now been recognised nationally. In the latest results from the Sentinel Stroke National Audit Programme (SSNAP), published January 2026, East Kent Hospitals was named the best-performing stroke service in the country. It is the only Trust to achieve the top rating of 'A' for the period July to September last year, which is a significant achievement for patients and staff.

Since bringing teams together and introducing the "direct access" model, East Kent has seen major gains in speed and quality of care:

- 97.2% of patients are scanned within one hour, compared with 62.7% nationally.
- The median time to scan is just 5 minutes, compared with 37 minutes nationally.
- Adjusted mortality has fallen, saving around 65 lives each year.
- The service developed the first pre-hospital video triage for stroke in the country, improving how quickly patients are directed to the right care pathway.

These improvements demonstrate that the current model works well. The new, purpose-built unit at the William Harvey Hospital is designed to embed and build on these gains, ensuring that East Kent patients continue to receive some of the fastest and highest-quality stroke care in England.

Thanet outcomes

Understanding how the stroke service is performing for different communities across east Kent, including those living furthest from the new unit such as Thanet, is an important part of ensuring the programme continues to deliver safe, timely and equitable care for everyone. Thanet residents will continue to be expected to receive safe and timely stroke care under the national call-to-needle standard of 120 minutes following the move to WHH. Travel times were thoroughly assessed and independently tested during the original Kent and Medway stroke review, which concluded that Thanet residents would not be disproportionately disadvantaged by the HASU being located at WHH. Performance for Thanet residents will continue to be monitored closely following the move.

Why move the service to William Harvey Hospital?

Specialist stroke services need:

- highly trained staff working together in one place,
- rapid, reliable access to CT scanning,
- dedicated beds and equipment,
- and a layout designed around urgent assessment and treatment.

The WHH site will provide the space, proximity and clinical adjacencies needed for a full HASU and ASU. The approved Kent and Medway model places one HASU in each major geography (north, mid and east Kent) ensuring the whole county is served equitably.

The temporary use of K&C during COVID-19 was vital during a period of exceptional demand. It also provided important learning that is now being built into the WHH design. But K&C does not have the space or infrastructure needed for the permanent unit agreed through public consultation and national scrutiny, particularly a co-located emergency department. The WHH unit is purpose-built, larger, and designed around national standards.

Travel times and patient outcomes

We recognise concerns about how long it takes patients, especially from Thanet, to reach the William Harvey Hospital. Travel times have been carefully modelled and independently validated and remain within nationally recognised safe parameters. What matters most for survival and recovery is the speed and quality of specialist assessment and treatment once a patient arrives, which the WHH design is built to optimise through direct access and an on-unit CT scanner.

Modelling shows that, with HASUs based in Dartford, Maidstone and Ashford:

- 98.3% of Kent and Medway residents can reach a HASU within 60 minutes by blue-light ambulance.
- For Thanet, the average travel time is around 55 minutes, with a maximum of about 63 minutes.

These figures are based on thousands of real-world journeys collected over a full year and cross-checked with actual ambulance data. Off-peak car times, nationally recognised as a reliable proxy for blue-light travel, were compared with real ambulance journeys, which were found to be slightly faster.

Clinical timings

There is no single “golden hour” for stroke, and most patients do not need clot-busting drugs within the first 60 minutes of arriving. The national standard is:

- Call-to-needle within 120 minutes,
- including door-to-needle within 60 minutes.

The design of the WHH unit, especially direct ambulance access and on-unit CT, is specifically intended to protect these minutes and achieve faster treatment on arrival.

Communities and equality

Stroke risk is influenced by age, long-term conditions and lifestyle factors, and some communities experience these risks more heavily than others. It is therefore essential that no area, including those with higher levels of deprivation, is disadvantaged by the reconfiguration. The evidence shows that the single biggest driver of better outcomes is rapid access to high-quality hyper-acute stroke care, which the new HASU network is designed to provide consistently, seven days a week.

Preventing avoidable disability and saving lives depends most on the specialist care delivered on arrival at hospital, supported by wider prevention work such as smoking cessation, blood pressure management and healthy living programmes. The locations of the three HASUs were chosen through extensive clinical modelling, public consultation and independent scrutiny to create a balanced, countywide network, ensuring every part of Kent and Medway, including coastal and more deprived areas, can reach specialist care within safe timeframes.

During public consultation, residents consistently told us that their highest priority was access to the best possible clinical service, even if this meant travelling further.

The Integrated Impact Assessments also found that although some communities may travel longer distances, the benefits of faster, more specialist hyper-acute care are expected to outweigh this and are likely to reduce health inequalities overall, particularly for groups at higher risk of stroke.

Thrombectomy and future specialist treatments

A separate NHS England-commissioned programme is developing mechanical thrombectomy capability at K&C as part of the Kent Interventional Radiology Centre.

This will work in partnership with the HASUs. Patients who need this highly specialised procedure will be transferred quickly from WHH (or other HASUs) to K&C.

This approach is fully consistent with national best practice and ensures East Kent patients can benefit from both the hyper-acute unit and advanced endovascular treatment.

The business case

The Full Business Case for capital investment, approved in November 2025, confirms that the development is affordable within the Kent and Medway system's capital allocation and has been structured to ensure the service can be delivered safely and sustainably.

The unit will be funded from the system's £23.9m capital allocation for the East Kent scheme. This funding has been approved through NHS Kent and Medway's governance process and covers the full design and construction of the unit.

The revenue requirements for running the expanded service are being reviewed and are expected to be finalised in the coming months.

Next steps

The programme is now moving into the delivery phase. Key milestones currently include:

- Planning application approval expected 20/03/2026
- Start of construction 01/06/2026
- Go live estimation is late 2027/early 2028 dependent on the outcome of planning permission.

Regular updates will continue to be provided to HOSC as the programme progresses.

Assurance

The programme has been through extensive consultation, legal scrutiny, clinical assurance and national decision-making. The programme has also undergone independent scrutiny through two judicial reviews and a referral to the Secretary of State, all of which upheld the decision. Progress will continue to be overseen through EKHUFT governance, the Kent and Medway ICB, with ongoing reporting to HOSC.

Appendix 1

Background on the reconfiguration of acute stroke services

The Kent and Medway Stroke Review was commissioned in 2014 in response to concerns by Kent and Medway Clinical Commissioning Groups (CCGs) about the performance and sustainability of hospital stroke services across all units in Kent and Medway. The CCGs and hospital trusts were tasked with developing proposals to improve outcomes for patients, reducing deaths and disability.

The review recommended a model of care involving specialist stroke services consolidated at three hospitals, each with a hyper-acute stroke unit (HASU) and an acute stroke unit (ASU), to ensure rapid access to specialist staff, equipment, and imaging to improve quality and outcomes for patients.

Public consultation on the proposal was undertaken in 2018 and the decision to establish HASU/ASUs in Dartford, Maidstone and Ashford was made the following year. This decision was challenged via two judicial reviews and a referral to the Secretary of State for Health and Social Care. The judicial reviews found in favour of the NHS in February 2020. Following the judgement, Medway Council and a claimant applied to the Court of Appeal requesting the right to appeal the decision. The request was refused and the high court decision in favour of the NHS cannot be contested. The Secretary of State confirmed support for the reconfiguration in November 2021.

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

- Tunbridge Wells Hospital stroke service transferred to Maidstone Hospital in September 2019 due to staffing challenges.
- In April 2020, in response to Covid, East Kent Hospitals University Foundation Trust (EKHUFT) transferred its stroke services at William Harvey Hospital (WHH) and Queen Elizabeth the Queen Mother Hospital (QEQM) to the Kent and Canterbury Hospital (K&C). The stroke service remains at Canterbury at this time.
- Medway Hospital stroke service closed in July 2020 due to staffing challenges. 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.

Following the consolidation of stroke units onto three sites, service performance has increased significantly. Data from the Sentinel Stroke National Audit Programme (SSNAP), which measures the quality and organisation of stroke care in the NHS, demonstrates the improvement across provider organisations. Further improvements are anticipated following the full implementation of the three HASUs.

SSNAP ratings pre and post consolidation of stroke units

Hospital	Dec 16 - Mar 17	April - Jul 17	Aug - Nov 17	Dec17 - Mar 18	Apr - Jun 18	Jul - Sep 18	Oct - Dec 18	Jan - Mar 19	Apr - Jun 19	Jul - Sep 19	Oct - Dec 19	Jan - Mar 20
DVH	D	D	D	E	D	D	D	D	C	D	D	D
QEQM	D	C	D	D	D	D	D	D	D	C	D	D
WHH	C	B	B	B	B	C	C	D	D	C	D	D
K&C												
MGH	A	A	B	B	B	B	A	A	B	B	C	D
TWH	C	C	C	C	C	B	C	B	C	C		
MMH	D	D	D	E	E	E	E	D	D	D	E	E

Hospital	April - Jun 20	Jul - Sep 20	Oct - Dec 20	Jan - Mar 21	April - Jun 21	Jul - Sep 21	Oct - Dec 21	Jan - Mar 22	April - Jun 22	Jul - Sep 22	Oct - Dec 22	Jan - Mar 23	April - Jun 23	Jul - Sept 23	Oct - Dec 23	Jan - Mar 24	April - Jun 24	Jul - Sept 24
DVH		C			D	C	B	B	B	B	C	C	B	B	B	C	B	B
QEQM																		
WHH																		
K&C		A			A	A	A	B	B	B	A	A	A	A	A	A	A	A
MGH		A			A	A	B	B	B	A	B	A	A	A	A	A	A	A
TWH																		
MMH																		

Clinical audit was suspended for the duration of this quarter.