K&M Stroke Review; Plan on a Page.

Stroke 3rd biggest Killer in the UK; Largest cause of disability; Accounts for 5% of health spending; Long term care/support costs not clear. Variation of performance across the country, Rapid specialist assessment and treatment improves mortality and morbidity following a stroke.

Key recommendations; rapid skilled assessment and intervention, (120 minutes call to needle time) specialist multi disciplinary workforce, 7 day access to stroke consultants, nurses and therapists, adequate volumes to ensure clinical expertise, rapid access and ongoing care on specialist unit

Kent and Medway picture:

Variable performance; good to poor. Concerns re sustainability and need to improve. Significant workforce gaps; 7 day cover not available (exception at TWH) Recent mortality deterioration.

Review Aim: the delivery of clinically sustainable high quality hyper acute/acute stroke services for the next ten to fifteen years, that are accessible to K&M residents 24hours a day seven days a week

Review process

Scope provision; ***December 14 to April 15***	**Develop/Present Case for Change;** ***March to July 15***	**Develop options;** ***June 15 to Augsut 15***	**Options appraisal** ***August to October 15***
7 admitting units. E to B (SSNAP) Poor to Good. 50% low on consultant numbers. Issues re timely access, assessment,	Current position not sustainable. CCGs require improvements and sustainability. Benefits for patients to be evident.	Systematic process to identify and assess options using national best practice. Identify and agree possible options to deliver improvements, bets practice (aiming for level A), skilled motivated staff	Assess options against clear criteria that deliver best practice and meet the needs of the K&M public safely and sustainably.

Patient and public engagement; Listening events, focus groups, individual representation.
Stakeholder engagement; user groups, local communities, CCGs, public health, local authorities.

Clinical engagement; CRG, local and regional leads, local clinicians, clinical commissioners

draft

Approval through Programme Board, CCG Clinical leads/committees and governing bodies,

April 15: Scoping and benchmarking hyper acute/acute care.
June 15: Draft Case for Change to RPB
June 15: Commence Public Listening Events
July 15: Finalise /approval Case for Change, develop/agree decision making process.
July/August 15: clinical and public development of options, public focus groups, modeling groups re access, patient profile , capacity planning, public health/demographics.
August/September: Short list options appraisal and final recommended options.
September/October: stakeholder challenge session, Final recommendations .

Assurance through NHSEngland, HOSC/HASC, SE Clinical Senate

Success measures	**Benefits for patients**
High performing admitting stroke units; aiming for level A SSNAP. Evidence of innovative practice.	More patients survive and have less disability with better long term quality of life.
Patients receive hyper acute care within recommended clinical targets.	All patients receive the highest level of care consistently 7 days a week
Sustainable admitting units; effective recruitment/retention	K&M Stroke services are secured to a high standard for 10/15 years