

<b>Paper presented to:</b>	Kent Health Overview and Scrutiny Committee
<b>Paper subject:</b>	Kent and Medway Hyper acute/Acute Stroke services Review.
<b>Date:</b>	4 September 2015
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<b>Purpose of Paper:</b>	To update the HOSC on the progress of the Kent and Medway Hyper acute/acute review and to ask for consideration of the establishment of a Kent and Medway joint Overview and Scrutiny Committee.

## **Kent Health Overview and Scrutiny Committee briefing.**

**September 2015.**

## **Kent and Medway Stroke Services Review.**

### **Introduction:**

Kent and Medway Stroke Review commenced December 2014 following concerns of performance and sustainability across the current seven hospitals currently treating stroke patients.

The aim of the review is;

To ensure the delivery of clinically sustainable, high quality, hyper-acute and acute stroke services for the next ten to fifteen years, that are accessible to Kent and Medway residents 24 hours a day, seven days a week.

The review is overseen by a Review Programme Board (RPB) with membership from all eight Kent and Medway CCG's, NHS England(south) , public health, SE Cardio vascular network, the Clinical reference group, SECamb, NHS communications teams, Healthwatch Kent and Medway , the Stroke association and a patient representative.

A clinical reference group supports and advises the RPB, providing clinical advice, expertise and assessment of the case for change and the options appraisal process. The group is currently leading on detailed modeling to understand some of the challenges, which will inform the options development process. The options appraisal will have input from a range of stakeholders.

The review is also supported by a Communications and Engagement sub group, responsible for ensuring effective engagement and communications through the process.

The review is proactively working alongside the acute and community providers for stroke care to ensure consideration of all aspects of stroke care..

### **Progress to date:**

The Case for Change has been approved by the eight CCG's and agreement made on the direction of travel; to develop options for resolving the current performance and sustainability issues.

Ten 'Listening Events' have been held across Kent and Medway to share the case for change and raise awareness with the public. Just over 100 members of the public attended the events although in some areas there were low numbers. Further work is underway to increase the numbers of the public involved including targeting specific communities of interest, patient groups and an on line survey.

Phase two of the engagement process will include involving a wider stakeholder group, public panels and scenario testing. This will ensure public and stakeholder involvement in options development and appraisal.

The Case for Change has been shared with the Kent HOSC and the Medway HASC.

A number of clinically led modeling groups have commenced work to inform the options development and scenarios based on the clinical best practice/guidance.

These include :

- **Travel/Access;** considering ambulance travel times across Kent and Medway based on 30 and 45 minute isochrones. Qualitative review of travel pressure points/times. Reviewing public transport facilities/times.
- **Patient Profiles/Capacity;** assessing the numbers of patients requiring specialist stroke care, the number of patients suffering from Transchaemic Attacks, and the numbers of patients attending Accident and Emergency departments. The requirements for transferring patients between hospitals.

- **Workforce;** confirming the workforce requirements for specialist stroke care. Assessing the current gaps and options for delivering 7 day services. Reviewing workforce training and supply and possible workforce options. Assessing competencies across the stroke pathway.
- **Public health;** assessing population growth and demand, incidence of Stroke and Atrial fibrillation. Identifying key demographic influences and impacts on service configuration.
- **Financial planning;** confirming current financial envelope across Kent and Medway. Identifying cost implications of options including increased transfers, additional facilities, workforce implications, implementation costs.

### **Public Listening Events;**

Overall, the participants we spoke to reported a **positive experience of stroke services in Kent and Medway** and they were broadly **supportive of the case for change**.

Emerging themes include;

- **Workforce** – the need to address staff shortages and attract high quality staff was seen as a key priority.
- **Travel time** – participants recognised the need to balance travel time with the provision of efficient specialist care and good quality outcomes.
- **24/7 working** – concerns were raised in relation to a lack of 24/7 and poor out of hours service. There was a perception that poor outcomes were linked to out of hours presentation.
- **GP Appointments** – participants reported that GP appointments were often hard to make.
- **Communication** – the need to provide tailored, clear and concise information for both patients and their carers was recognised

### **Options development:**

**While the detailed modelling work is underway the clinical reference group has given some early consideration as to the difficulties the stroke services are currently facing, the priorities of the patients' care and the feasibility around the long list of potential options.**

Early assessment suggests that to 'do nothing' is unlikely to deliver sustainability of services or consistent good performance. It would also suggest that there is a range of potential options from the status quo of seven units to a significantly reduced number.

Initial consideration of a single or two centre specialist hyper acute units would be extremely challenging due to the patient volumes, geography, the

impact on accident and emergency units, medical beds and the number of stroke beds required. Therefore these configurations are unlikely to be viable.

For instance: in order to deliver a seven day service the workforce implications are a significant factor. The review will consider the possible configurations of the hyper acute and acute pathways. This may result in a reduction in the number of stroke units and /or separate hyper acute/acute units across Kent and Medway.

The Communication and Engagement plan is being further developed to ensure that the process provides a number of ways in which patients and the public and voluntary sector can engage with the process and inform our emerging thinking as we move towards formal consultation

The Review Stroke Programme Board advises that the review recommendations are likely to result in a significant service change for hyper acute/acute stroke care across Kent and Medway.

Since the review is covering both Kent and Medway we understand that a Joint Health Overview and Scrutiny committee would need to be formed to consider the options when developed and advise on the consultation plan to ensure robust and inclusive process.

### **Next Steps;**

The clinical reference group is developing the modeling process and scenario building. The next phase of engagement will inform this process and the development of the options for full appraisal.