Paper presented to:	Kent and Medway Joint Health Overview and Scrutiny Committee
Paper subject:	Kent and Medway Hyper Acute/Acute Stroke Services Review.
Date:	8 January 2016
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Purpose of Paper:	To update the JHOSC on the progress of the Kent and Medway Stroke Hyper Acute/Acute Review; to consult on the emerging options and next steps.

Kent and Medway NHS Joint Health Overview and Scrutiny Committee Briefing

January 2016

Kent and Medway Stroke Services Review

1.0 Introduction

Stroke is a preventable and treatable disease. Yet it is the third biggest killer and the main cause of long term disability in the UK. Stroke care costs the NHS in England £2.8billion a year.

A stroke is a serious, life-threatening medical condition: the brain equivalent of a heart attack. It occurs when the blood supply to part of the brain is cut off by a blood clot or a bleed. Surrounding brain tissue is damaged or dies.

The purpose of treatment is to re-establish the blood supply to the affected part of the brain as quickly as possible.

Around 2,500 people are treated in Kent and Medway for a stroke every year.

2.0 The Review process

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

2.1 The aim of the review is

To ensure the delivery of clinically sustainable, high quality, hyper-acute and acute stroke services for the next 10 to 15 years that is accessible to all 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, the SE Cardio Vascular Network, the Clinical Reference Group (CRG), SECAmb, NHS communications teams, Healthwatch Kent, Healthwatch Medway, the Stroke Association and a patient representative.

The CRG 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 with the acute and community providers for stroke care to ensure consideration of all aspects of stroke care.

The Stroke review has been cognisant of a number of key clinical strategy developments in Kent and Medway. This particularly relates to the emerging Kent and Medway strategy on the Urgent and Emergency care landscape in line with the national picture.
** Appended to this report is a summary of this work to date. The stroke review will ensure that the key recommendations of the national work are reflected in the options for hyper acute stroke services.

2.2 Vision for the future
The ambition of this review is to ensure that stroke services in Kent and Medway aim towards achieving an 'A' in SSNAP, going beyond average and delivering improved outcomes for local people. Kent and Medway stroke services will be recognised as areas of good practice, where staff want to work and develop their practice.

The stroke services will be delivered robustly 24 hours a day, seven days a week, by an appropriately skilled, multi-disciplinary team of professionals. The level of skill and expertise will be maintained through an innovative and motivated workforce who delivers excellent outcomes and practice.

The services will be organised and delivered in a manner that maximises effective use of scarce resources and skills. This will include the skills and support of a wide range of non-stroke services.

Central to the review and its findings is for patients to benefit from improved outcomes, communications and support, and for consistency of good practice across Kent and Medway.

3.0 The Case for Change

The Case for Change sets out the national perspective and guidance, and the Kent and Medway position. It establishes that there is a need to review and remodel hyper acute/acute stroke care across Kent and Medway. There is a clear recognition of the importance of effective primary prevention and robust rehabilitation services. The review will make recommendations to individual CCGs where these areas require further exploration.

3.1 What does good hyper acute/acute stroke care look like?

The best practice guidance notes that death rates are reduced and long term outcomes are improved if stroke patients are treated in a high quality stroke unit where they get **rapid access to diagnostics, specialist assessment and intervention.**

Such a unit needs to have a **specialist workforce treating the right number of patients** (enabling them to sustain and improve their skills), and to be available **24 hours a day, every day.**

The national strategy, and guidance led by Professor Tony Rudd, the National Clinical Director for Stroke, highlights that recovery from a stroke is significantly influenced by the percentage of patients:

- Seeing a stroke consultant within 24 hours
- Having a brain scan, ideally within an hour of admission and at least within 24 hours of admission
- Being seen by a stroke-trained nurse and one therapist within 72 hours of admission
- Being admitted to a dedicated stroke unit within four hours of arriving at A&E
- Having clot-busting drugs (if appropriate) ideally within one hour of arriving at A&E and at least within six hours
- Having a specialist swallow screening within four hours
- Having adequately skilled staff to ensure key interventions are undertaken including:
- Receiving adequate food and fluids during the first 72 hours
- A nutritional assessment and swallowing assessment within 72 hours

Together, the national and regional guidance and requirements recommend that a quality hyper-acute stroke unit:

- Treats between 600 and 1500 confirmed stroke patients a year
- Meets target times for access – 30 to 45 minutes travel time from patients' homes to A&E; clot-busting treatment within two hours of the 999 call
- Has enough specialist staff to provide 24-hour, seven-day specialist stroke services cover
- Meets the following standards:
    - Patients are assessed by ambulance staff using a recognised screening tool and transferred to the hyper-acute unit within **60 minutes**

- Patients are admitted directly onto a specialist stroke unit within **four hours**
- Patients have a clinical assessment by a consultant within **one hour** of arrival at A&E
- 24-hour brain scanning service: patients scanned within **one hour** of arrival at A&E
- Appropriate patients (20 per cent) are offered thrombolysis (clot busting treatment) within **one hour** of arrival at A&E
- Staff monitor patients early and intensively, using evidence-based protocols. Abnormalities are immediately spotted and treated
- Patients get a specialist swallowing screening within **four hours** of admission

3.2 What is the current position across Kent and Medway?

Each of the seven local acute hospitals provides hyper-acute/acute care for people in Kent and Medway having a stroke. In addition, Tunbridge Wells Hospital treats some patients from East Sussex (the Crowborough area) and Darent Valley Hospital treats some patients from London (Bexley). In total, the hospitals treat around 2500 patients every year.

The hospital trusts in Kent and Medway have struggled to consistently meet the standards of the national Stroke Sentinel Audit Programme (SSNAP). This monitors performance against key clinical indicators (such as the proportion of patients getting clot-busting treatment within the recommended time).

One unit provides seven-day consultant cover and another has seven-day specialist nursing cover but generally none of the stroke units has full seven-day cover by stroke consultants, senior trained nurses and therapists. Another issue for a number of units is pressure on beds within the hospital, with stroke patients not always being cared for in stroke unit beds.

There is a national shortage of specialist stroke staff which impacts on the ability of local units to recruit. Both the hospital trusts and clinical commissioning groups are concerned about long-term sustainability of existing services.

None of the stroke units in Kent and Medway treats the numbers of patients recommended as a minimum in the best practice guidance.

The Commissioners and hospital trusts in Kent and Medway all recognise that improvements are needed and that the workforce pressures impact on the ability to deliver consistent high quality care across seven days.

4.0 Progress to date

4.1 The Case for Change

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

The Case for Change has been shared with the Kent Health and Overview Scrutiny Committee (HOSC) and the Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC).
The Case for Change is publicly available on the CCG websites.

4.2 Communication and Engagement

Ten 'Listening Events' have been held across Kent and Medway to share the Case for Change and raise awareness with the public. A further number of focus groups have been held in partnership with the Stroke Association and protected characteristics groups. An online survey has also been completed with responses from 285 individuals.

Three deliberative events have been held throughout November and early December, testing out the criteria used in the options appraisal process and the emerging options. These events included representation from members of the public, patients, carers, the Stroke Association, stroke champions, Public and Patient Involvement leads and JHOSC members.

Communications on the review and progress have been shared across the provider organisations and a clinical event was held for staff in November attended by the National Clinical Director, Professor Rudd.

Feedback from these events has been used in the option development and decision making process.

4.3 Options development

Eight headline options have been identified. Models range from one to seven sites (raised to meet standards), plus the status quo.

Early assessment suggests that to 'do nothing' i.e. the status quo of the current seven sites with no change is unlikely to deliver sustainable services or consistently good performance.

The appraisal process has reviewed the possible options against the high level decision making tree, as agreed by the CRG and the RPB, which reflects the national guidance/best practice recommendations.

This has focused on the key areas of workforce, travel times and patient numbers/need, and has reduced the long list to a recommended short list for approval by the RPB.

Moving to detailed options appraisal, the process will look in detail at the recommended short list building on the modeling work to date. This has and will 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 transient ischaemic 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 the current financial envelope across Kent and Medway. Identifying cost implications of options including increased transfers, additional facilities, workforce implications and implementation costs.

5.0 General Findings

5.1 The key priorities noted by the public and patients note the following emerging themes:

- **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.

5.2 Workforce

Workforce is the biggest limiting factor for delivering high quality services 24 hours a day, seven days a week.There are significant gaps in the stroke consultant workforce that will be difficult to recruit to. The national shortage of nursing staff is reflected in stroke care and there are very small numbers of specialist nurses available. Across therapies the hospital trusts have

slightly different pictures with regards to recruitment and retention. However, no unit provides a seven day therapy service and six days is difficult to achieve.

5.3 Travel Times

Whilst travel times are important, access to units with skilled staff available 24/7 is more important. Travel journeys across Kent and Medway allow a number of options and a reduction of sites whilst still achieving the required time frames.

The key geographical areas that need consideration in relation to travel times are the Isle of Sheppey, Dymchurch, the Romney Marsh and the borders with Sussex and south London.

5.4 Patient Demand/Need

The patient demand/need has been reviewed to understand the levels of activity that will move with any relocation of services. This shows that around 35-40% of people who attend A&E with stroke symptoms do not have a stroke diagnosis. These individuals will either require admission to a medical ward or will be discharged home.

The public health review has illustrated that the incidence of stroke has plateaued and there is only a marginal increase anticipated over the next ten years, including allowing for the demographic changes.

6.0 Summary feedback from the deliberative events

Three deliberative events were held during November and early December in Maidstone and Ashford, involving 55 patients, carers, clinicians and members of the public.

The following describes the attendance at the events;

- 17 people took part in the Deliberative Event, held on 19 November 2015 Of these, 6 were stroke survivors or families/friends of someone who had a stroke, 5 were people with a civic interest (for example, voluntary organisations e.g Headway; PPGs) and 6 were independently recruited members of the public with no personal or close experience of stroke. 10 participants were male, 7 female and came from the following CCG localities: Medway, West Kent, Thanet, South Kent Coast, Canterbury and Coastal, Ashford and Swale. 16 were white/English, 1 was B/A/C. Participants ages were within the following groups: 2 were 21-30; 1 was 31-40, 1 was 41-50, 6 were 51-60, 2 were 61-70, 4 were 71-81 and 1 was 80+. 4 people had a disability.

- 16 people took part in the Deliberative Event, held on 20 November 2015. Of these, 4 were stroke survivors or families/friends of someone who had a stroke, 5 were people with a civic interest (for example, voluntary organisations; PPGs and Healthwatch) and 7 were independently recruited members of the public with no personal or close experience of stroke. 7 participants were male, 9 female and came from

the following CCG localities: Ashford, Canterbury and Coastal, South Kent Coast, Dartford Gravesham and Swanley, West Kent and Thanet. 15 were white/English, 1 was B/A/C. Participants ages were within the following groups: 3 were 21-30, 1 was 31-40, 4 were 41-50, 4 were 51-60, 2 were 61-70, 1 was 71-80 and 1 was 80+. 1 person had a disability.

- 22 people took part in the Deliberative Event, held on 11 December 2015. Of these, eight were stroke survivors or families/friends of someone who had a stroke. Eight were people with civic interest e.g. voluntary organisations, PPGs and Healthwatch and six were independently recruited members of the public with no personal or close experience of stroke. 13 male and nine female participants came from the following CCG localities: Ashford, Canterbury and Coastal, Dartford, Gravesham and Swanley, Medway, Swale, West Kent, West Sussex, and Hastings and Rother. 20 were white/English, one was B/A/C and one was other. Participants ages were within the following groups: one was 21-30, two were 31-40, one was 41-50, five were 51-60, six were 61-70, seven were 71-80. Three people had a disability.

Feedback from participants reaffirmed the Case for Change, with attendees expressing confidence in the review process to date and the opportunity to participate in the decision making throughout.

The event attendees welcomed the opportunity to consider the modeling work and initial findings indicated that:

- The need for a skilled, specialist workforce was viewed as a priority for participants, as was the availability of services across seven days. Attendees would be prepared to travel further for specialist care, however this should be as near to their community as possible. Effective rehabilitation close to home is also very important. Prevention and rehabilitation services are important and must be understood as part of the pathway. The needs of staff, in particular at lower bands, are important and must be factored into the assessment for the options.

The final report will be considered by the RPB in December and will feed into the options appraisal.

7.0 Summary assessment of the findings

The modeling work confirms that while doing nothing may show some continued improvement, it is unlikely to be sustainable or deliver seven day provision.

As previously reported, a single or two site Kent and Medway specialist hyper acute units model would be extremely challenging, due to the patient volumes, geography/travel, the impact on accident and emergency units, medical beds and the number of stroke beds required. Therefore these configurations are unlikely to be viable.

Neither the attendees at the deliberative events nor the CRG support the status quo, a single or two site model.

The modeling work, the summary of the deliberative events and the CRG recommendations will be discussed at the December RPB.

8.0 Next Steps:

- The RPB will consider the findings of the CRG and the deliberative events on 22.12.15. (JHOSC to receive an update briefing post the RPB meeting).
- To identify, against the criteria, the short list for detailed review.
- Undertake detailed analysis, including financial review, workforce risk assessment, equality assessment and provider plans against options.
- The RPB will establish the best options for consideration at the CCG clinical forums and governing bodies.
- To review the findings alongside the emerging urgent and emergency care landscape. Final recommendations will be considered by CCG governing bodies and urgent and emergency care programme board in February 2016.
- The review will proceed to public consultation on preferred options during March/April 2016.

8.1 Summary Timeline

Key Action	**By who**	**By when**
Long list to short list	**Review programme board**	**December 15**
Short list appraisal	**Stakeholders inc JHOSC, Clinical senate, CCG clinical forums. Urgent and emergency care board.**	**Late February 16**
Final short list for consultation	**CCG governing bodies**	**End of Feb/March 16**

9.0 Recommendations for the JHOSC

- To consider and comment on the options development and appraisal process.
- To decide if any further information is required.
- To refer any relevant comments to the Review programme board and request that they be taken into account during the detailed options appraisal.
- To consider the final options for consultation.

Appendix 1 - Briefing on the development of the Kent and Medway Emergency and Urgent care strategy.

1. CCGs in North Kent, West Kent and Medway are working together to develop strategic commissioning intentions for acute care. Similar work is also progressing in East Kent between the CCGs and East Kent University Hospitals Foundation Trust. as part of a wider strategic 'whole system review' programme that is also looking at the future pattern of community, mental health and primary care services, together with the interface with social care services, across east Kent. Whilst the regulation of the healthcare market remains the responsibility of Monitor and the Trust Development Agency, CCGs have a responsibility to ensure the reasonable healthcare needs of their population can be met. This CCG responsibility can only be achieved if there are viable healthcare providers in place who are able to deliver the commissioning requirements of the CCGs. As such, CCGs have a strategic responsibility to ensure the viability of healthcare providers.
2. The objectives of this work in North Kent, West Kent and Medway are to develop a set of strategic commissioning intentions that outline the changes required by CCGs in acute hospital providers. The aim of these changes will be to:
    - Address documented quality concerns (e.g. identified by Monitor, Trust Development Agency, Care Quality Commission)
    - Ensure delivery of key performance targets as specified in the national prevailing NHS contract
    - Support ongoing workforce and financial stability
3. Changes in the demographics of the local population mean that the model of care needs to develop to meet the associated changing demand placed upon services. . Demand for healthcare is expected to be greater in terms of future predicted volumes of people but also different according to changing needs. There are a number of factors that need to be considered when looking at how the Kent and Medway population is going to change. In 2011 the base population for Kent and Medway was calculated as 1,731,400. By 2031 this is projected to increase to 2,024,700, an increase of 293,300 that is equivalent to a 17% rise (circa 42,000 for Medway / 251,000 for Kent).
4. In particular, the percentage of old people, who are living longer with multiple co-morbidities, is changing and by 2021 it is projected there will be a:
    - 25.5% increase in number aged 65 years +
    - 34.1 % increase in the number aged 85 years +
5. The projected 17% increase in the local population also includes population increases as a result of a planned 158,500 additional dwellings that are expected between 2011 and 2031. These developments will have a skewed impact on different areas. In particular, there are significant developments planned in Dartford, Ebbsfleet and

Ashford (as well as significant housing development in Bexley, South-East London, which are not factored into the housing numbers referenced above but whose residents would look to Darent Valley Hospital as their local acute provider).

6. The current acute healthcare arrangements, when considered against the projected changes in the population, are not sustainable either from a financial or workforce perspective. which in turn could affect quality This points to a need to move to a model of care that sees more people empowered to manage their own healthcare , and to receive more care in out-of-hospital settings, and places less reliance on hospital based care. With regard to workforce there are already significant challenges recruiting to certain key clinical and specialist posts and the impact of this is already being felt. This adds to quality concerns, which are a further issue driving change, and result in a number of key performance targets not being delivered.

7. Issues in primary care, including the lack of sustainability of some practices predicted rates of GP retirement, and issues around business viability, can also not be ignored. These point to the need for a clear, coherent and mutually compatible strategic direction across providers within the wider Kent and Medway health and social care systems.

8. In setting out to determine the strategy for acute hospital based care the delivery of acute emergency care is a key consideration and a starting point. The NHS England Emergency and Urgent Care Review identified that hospitals with emergency centres are able to receive, assess, treat and refer all patients (both adults and children) with urgent and emergency care needs. These hospitals include:

    - an emergency department, under the continuous supervision of a team of consultants in emergency medicine (not necessarily continuously present, but are available to attend within 30 minutes); and
    - some facilities and beds to admit and investigate patients' illnesses and injuries as well a range of outpatient and supporting services.

9. When the NHS England review is considered against the current configuration of acute hospitals in Kent and Medway, which is considered later in this document, it is suggested that three types of emergency defined in the national review centre can be identified:

    - Emergency centres with an emergency medical take only (such as that provided at the Kent and Canterbury Hospital and Maidstone Hospital)
    - Emergency centres with emergency surgical and medical takes
    - Emergency centres with emergency surgical and medical takes, with some more specialist services

10. An emergency centre with specialist services has all the features of an emergency centre, but also includes twenty-four hour-a-day, seven-days-a-week access to some more specialist services (all supported on-

site by level three critical care (the highest level for the most seriously ill patients) and interventional radiology). Such facilities should include a grouping of identifiable specialist services that support a network, current examples include:

- major trauma management including neurosciences, plastic surgery, burns;
- primary percutaneous angiography for ST-segment elevation myocardial infarction (Primary Percutaneous Coronary Intervention (pPCI)) ie very specialist cardiology services;
- stroke thrombolysis;
- emergency vascular surgery; and
- specialist paediatric services.

11. Kent and Medway CCGs are reviewing the above list to see if there are additional specialist services that clinicians and clinical commissioners believe should only be provided once or twice across Kent and Medway.

12. In North Kent, West Kent and Medway, CCGs are progressing work on acute strategic commissioning intentions on the basis that where current accident and emergency departments exist at the main hospitals, there will continue to be some form of emergency department clinicians and clinical commissioners believe as described in Point 9. It is envisaged that the main changes that might be required are around the consolidation of the more specialist services and moving to a model of care that places a greater emphasis on care being delivered outside of acute hospital settings.

13. In east Kent the East Kent Strategy Board has been newly established by local health and care commissioners to spearhead a new drive to determine how best to provide health and care services to the population of east Kent. This programme of work is wide-ranging as it involves all health and care organisations within east Kent and will take a 'whole system' approach to transforming the local health and care economy.

    Comprising all organisations involved in the planning, provision and delivery of health and care services in this area, the Board is an advisory board with a clinical chair. Its membership includes the chief executives and most senior clinicians and leaders of east Kent's NHS and care services. The Board will oversee a work programme and advise local health and care commissioners whose role it is to plan the future pattern of services across east Kent.

    The Board has not yet considered or tested any options for change and no decisions about how services might be organised in the future have been made. Hearing the views of clinicians and support staff, patients, their families and carers and the wider public is integral to this transformation programme and the Board has pledged to engage widely before any decisions are made about the future pattern of services.

14. CCGs hope to meet in the near future with the Kent Health and Social Care Overview and Scrutiny Committee and the Medway Health and Social Care Overview and Scrutiny Committee. to update them further and to listen to and understand their views and perspective on this work.