

Paper presented to:	Kent and Medway Joint Health Overview and Scrutiny Committee
Paper subject:	Kent and Medway Hyper Acute/Acute Stroke Services Review.
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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 Joint Health Overview and Scrutiny Committee briefing

November 2016

Kent and Medway Stroke Services Review

1.0 Introduction

This paper updates the Kent and Medway Joint Health Overview and Scrutiny Committee (JHOSC) on progress to date on the Kent and Medway Stroke Review, including feedback on the series of engagement events through September and October.

The Stroke Review Programme Board is due to meet on 24 November 2016 and will discuss the business case, which considers activity modelling and possible recommendations for consultation.

An update from this Board will be provided prior to the JHOSC meeting on 28 November 2016.

2.0 Summary of the work to date

The Kent and Medway Stroke Review started in December 2014. The aim of the review is to identify the right long-term model of quality hyper acute /acute stroke care across Kent and Medway.

This is in response to concerns about performance, sustainability – in particular the sustainability of the workforce - and access to specialist services across seven days.

The key outcome for the review is to ensure that there is a specialist, consultant-led, sustainable stroke service for all Kent and Medway residents, which delivers high-quality care and improved patient outcomes. This may result in some patients and relatives travelling further in order to receive care that will deliver the required clinical outcomes in the first 72 hours following a suspected stroke.

Improved outcomes during this period, should reduce the number of patients who die, minimise the long-term impacts of a stroke and should increase a patient's ability to achieve personal independence.

The clinical standards address the needs of all stroke patients including the 20 per cent who may be eligible for thrombolysis through the delivery of a specialist and focused seven-day service.

The Case for Change was developed over a period of several months with clinical, public, patient and stakeholder engagement. The Programme Board membership has represented the Kent and Medway CCGs, the clinical reference group, SECAMB, Healthwatch, the Stroke Association and Public Health (who represented the Local authority) and a patient representative. The Case for Change reflects the national guidance and clinical best practice for stroke services, and builds on learning from stroke reviews across the country, including work across Surrey and Sussex.

The review has had the overview and support of the national clinical lead and the NHS England Cardiovascular Network.

The Case for Change established that achievement of the required clinical standards, the delivery of a sustainable service and access across seven days was not possible within the existing model and configuration of services.

There is a clear recognition that the lack of specialist workforce is a key limiting factor and assessment demonstrates a considerable gap, reflecting workforce challenges faced not just locally but also regionally and nationally.

All seven acute hospital sites in Kent and Medway currently provide stroke care. Each site struggles with consistent staffing levels and there are considerable gaps, particularly of specialist stroke consultants. The units

have worked hard to improve service delivery and there are some examples of good practice, however this has been difficult to sustain and performance is variable both across and within units. This variance has been clearly reflected in the experiences of many stroke patients and their families.

The review has undertaken an 'options appraisal process' using criteria that reflect national best practice and which were agreed through the Kent and Medway Stroke Review Clinical Reference Group and the Stroke Review Programme Board.

These criteria include:

- provision of a specialist service across seven days
- adequate numbers and specialist skills/workforce to deliver the service
- achievement of the key therapeutic assessments and interventions
- travel times that enable patients to reach a specialist unit within the therapeutic timeframes
- critical co-dependencies; in particular rapid access to imaging and pathology services
- adequate activity volumes to achieve and maintain clinical skills.

Detailed modelling has been undertaken to consider workforce, travel times, activity, finances and impact on vulnerable and at-risk communities. This has included public health analysis of future stroke incidence. The 'options appraisal process' demonstrates that a three-site model is the optimum for delivering sustainable hyper-acute/acute stroke services. There are a number of three-site configurations that deliver the required travel times and provide equitable access across Kent and Medway.

Further modeling work on travel times has considered both peak and interpeak travel times and the public transport travel times across Kent and Medway in relation to the possible site options.

An 18-month engagement programme has been undertaken with support from the Stroke Association and Healthwatch Kent and Medway. This has been an iterative process commencing with a series of listening events and then, more detailed deliberative and questioning events. The feedback and findings of these have been fed into the review process.

Key features of the feedback include:

- recognition of the current pressures and position, and a need to change the model to ensure sustainability of stroke services
- the importance of having a skilled workforce and seven-day access to the service
- concerns have been raised in relation to travel times, with concerns mainly relating to travel times for relatives
- concerns have been raised about the out-of-hospital and rehabilitation pathways.

3.0 Current position

The review options appraisal identified and reported to the August JHOSC that modelling work was to continue on a four-site and three-site models. These findings will be presented to the Kent and Medway Stroke Review Programme Board on 24 November 2016.

** An update from this meeting will be provided to committee members at the JHOSC meeting on 28 November 2016.

The work of the review continues in partnership with providers to consider the rehabilitation and out-of-hospital requirements and this work will progress within the context of the individual options.

4.0 Summary of September/October engagement events

Engagement with a variety of stakeholders continued throughout September and October 2016. Participants included stroke survivors, family members, carers and members of the public who had been involved in previous engagement activities.

This stage of the engagement programme comprised four events held in key areas in Kent and Medway, and was designed to update participants on the detailed work that had taken place since previous engagement events and to explore any outstanding issues people may have. A total of 69 people attended these focused events from across Kent and Medway.

In addition to this, the Programme Director was also invited to a stroke survivors group in Swale to discuss the review with 30 stroke survivors and family carers.

The events focused on two facilitated conversations, held by a panel comprising the Programme Director, the Chair of the Clinical Reference Group (a stroke consultant) and members of the Stroke Review Programme Board. The patient voice was championed by the Chief Executive of Healthwatch Kent and the Stroke Association Area Manager, who raised questions and areas of concern for the panel to address whilst the participants observed. JHOSC members have been engaged throughout the process and members of the committee have attended a number of the engagement events.

The participants were then able to reflect on the discussions and identify issues, concerns and questions together, and raise these directly with the panel members.

The feedback from the four events and the discussion with Swale stroke survivors group raised a range of issues and questions covering the following areas:

- funding of the new models

- issues relating to sites; how would future sites be decided, what impact would the model have on existing hospitals, what additional resources would be given to the new sites?
- workforce, in particular concerns regarding staffing levels, the need for adequate specialist staff and supporting staff through the changes
- travel times, including concerns over travel at busy times and the ability of relatives to travel long distances, especially by public transport
- the impact on the ambulance service
- ensuring that the quality of care is carefully monitored
- the need for and availability of, good aftercare and out-of-hospital care, including rehabilitation services
- the need to improve discharge processes
- the need to link to wider strategic plans.

This feedback will be used to:

- create a detailed set of questions and answers that will be shared with participants and published on CCG websites
- update Kent and Medway Joint Health Overview and Scrutiny Committee on the engagement process
- inform the next stage of development of the potential options to be presented to the eight Kent and Medway clinical commissioning groups.

5.0 Next steps

On 28 November, the Stroke Review Programme Board will receive a business case for consideration. This includes the findings of further modelling, including activity and travel times the feedback from the recent engagement events and recommendations for next steps and possible options for the right long-term model of quality hyper-acute /acute stroke care across Kent and Medway.

The Board will consider the possible options to test if these require further analysis.

The detailed modelling on the recommendations is being shared with providers to establish their capacity to deliver a new model. This will include consideration of the impact of changes in activity on the operations of the hospital, the needs of their staff, the key co-dependencies required and the out-of-hospital care required and any gaps.

The providers will be required to identify a workforce plan that illustrates their plans to meet the required skills across the service. This will include supporting staff through the implementation process, identification and development of new roles ,evidence of a competency framework across the patient pathway from acute admission to discharge and a training programme to support the development of key skills.

Work is underway to confirm the rehabilitation pathways in line with the emerging options, this includes both acute and community rehabilitation services.

Wider discussions have started with regard to out of hospital care with social services to identify the impact of any changes and current gaps in the pathway.

The current rehabilitation and out of hospital services vary across Kent and Medway and recommendations will be made to individual CCGs and Local Authorities with regard to services required going forward. This will also align to the wider STP discussions on integrated Local Care.

The recommendations will consider the possible site configurations and these will be aligned through the Kent and Medway Health and Social Care Sustainability and Transformation Plan (STP) process to the work being undertaken by the STP on hospital care. The STP will also consider the impact of the potential loss of the stroke service on a hospital and the interdependencies of stroke services with other clinical service areas, which may have further interdependencies.

The final recommendations from the Programme Board will be presented to the eight clinical commissioning groups in Kent and Medway for decision about whether to proceed with these recommendations to consultation.

**An update on the findings of the Stroke Review Programme Board will be provided to the committee prior to the meeting.

6.0 Revised summary timeline

Key Action	By who	During and by when
Long list to short list of options.	Stroke Review Programme Board	December 2015 Completed
Red flag criteria appraisal.	Stroke Review Programme Board	March 2016 Completed
Challenge session to review findings and agree next steps.	Stroke Review Programme Board	March 2016 Completed
Initial provider capacity assessment.	Provider chief executives, Accountable Officers and Stroke Review Programme Board	Revised to continue post detailed modeling; Dec 2016 /Jan 2017
Geographic configurations identified and appraised in relation to bed numbers and travel.	Stroke Review Programme Board alongside discussions with provider chief executives	May/June 2016

Align to the STP developments.	STP Board	July/August 2016 Continue through the process into 2017
Clinical delivery model developed through clinical engagement.	Stroke Review Clinical Reference Group (CRG) with wider clinical engagement	Through June/July/August 2016
Bed modelling to be confirmed.	Stroke Review Clinical Reference Group and finance/activity group	August 2016 extended into October 2016 at CRG request Sept/Oct 16
Wider clinical workshop. To consider key clinical risks identified.		Early 2017
Possible implementation plan development.		Delayed until wider STP discussions become more robust - early 2017
Public and stakeholder engagement on emerging options.	Communications and engagement group	Sept/Oct 2016
Recommendation of shortlist to Stroke Review Programme Board.	Senior Responsible Officer (SRO)/Programme Director	June/July 2016
Emerging options to Kent and Medway CCGs. Presentation and discussion of emerging recommendations to JHOSC		August/Sept 2016 August 2016

<p>Recommendations for consultation Alignment to wider strategic consultation plans and decision making timelines including review by Kent and Medway CCGs</p>	<p>Kent and Medway CCG governing bodies</p>	<p>Winter 2016</p> <p>Early 2017</p>
<p>Final recommendations to JHOSC prior to consultation</p>		<p>June 2017 tbc</p>

8.0 Conclusion

The Joint Committee is invited to:

- i) Consider and comment on the progress to date;
- ii) Refer any relevant comments to the Stroke Review Programme Board and request that they be taken into account;
- iii) Invite Kent and Medway CCGs to present the final options for public consultation to the Committee.