EXPERT OPINION FROM JON GILBERT, COMMISSIONED BY MEDWAY COUNCIL
REGARDING THE KENT AND MEDWAY STROKE REVIEW

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Jon is a procurement and contracts expert with over 15 years' experience. He has extensive experience running multi-million pound tenders for the public sector and has provided advice across a range of projects to local authorities, NHS trusts, Public Health England and the private sector. He is a non-practising solicitor.

Opinion

1 I have reviewed Medway Council's concerns regarding the selection of Option B as the Preferred Option and I do not consider that it represents the best option for the residents of Kent and Medway. This is because:

1.1 **bed capacity** will be quickly outstripped by growth in demand, and will be taken up by the population of South East London, at the expense of residents in Kent and Medway:

1.1.1 There is a predicted increase of 43% in stroke admissions up to 2040/41.

1.1.2 To maintain the required capacity thresholds, an additional 4 HASU beds & 12 ASU beds would be required by 2025 (8 HASU & 22 ASU beds by 2030; 15 HASU & 40 ASU beds by 2040). The provision of additional capacity and a reduction in the length of stay can help mitigate this up to 2030. However, capacity will remain an issue.

1.1.3 Under the Preferred Option, 100% of Bexley residents who are currently seen at the PRUH or DVH will now be seen within K&M. As a result, 8 out of 34 HASU/ASU beds at DVH (23.5% of capacity) will immediately start to be taken up by patients currently seen at the PRUH.

1.1.4 This capacity will be further taken up by residents of South East London, with Bexley Council's ambition to deliver 31,500 new homes by 2050 (p14) – 80% of which within the DVH catchment. The impact of these new developments has not been modelled (contrary to p78), as the modelling work was based on ONS predictions (rather than the K&M Growth & Infrastructure Framework) (see p2 of Appx EE).

1.1.5 The combined effect of an increase in demand and choosing locations closer to the K&M borders will mean that capacity is taken up by increasing number of South East London residents at the expense of residents in Kent and Medway.

1.2 residents from areas of **higher deprivation** (who have greater need for stroke services) will be disproportionately adversely affected – especially regarding travel times:

1.2.1 The NHS 10-year plan makes a commitment to a concerted and systematic approach to reducing inequalities with a promise that action on health inequalities will be central to everything the NHS does. The Preferred Option achieves the opposite of this.

1.2.2 The DMBC (p87) suggests residents from more deprived areas will disproportionally benefit. This is at best misleading. The only way people from more deprived areas, such as Medway and Thanet, could benefit more than people from less deprived areas, such as West Kent, is if they were somehow given preferential access on arrival in a HASU. Also on page 76 of the meeting pack the NHS states that "evidence from all other implementations have demonstrated a reduction of health inequalities", but I have been unable to find any such evidence to support this assertion. No peer reviewed, academic evidence appears to have been presented to either the Clinical Reference Group or the Stroke Programme Board in support of this to date.

1.2.3 The service should be targeted on those who need it most. The Preferred Option does not place HASUs in those areas of greatest need. Figure 3 on page 96 of the meeting pack shows that the HASUs will be located in the least deprived CCG areas.

1.2.4 There is also a risk that adopting a two-phased approach will further impact areas of higher deprivation, that would only receive a HASU in phase 2. Recent peer reviewed evidence published in January 2019 into patient outcomes following a two-phased implementation in Manchester, compared to London which was single phase, identified clear negative outcomes for stroke patients in Manchester.

1.3 the **evaluation process** in selecting the Preferred Option was flawed:

1.3.1 The evaluation criteria and process should not have been changed without good reason. The more changes that are made, the greater the risk that the consultation process and shortlisting process are undermined.

1.3.2 However, significant changes were made:

1.3.2.1 the criteria's priority order was removed. (The NHS argues the criteria were never prioritised but p141 sets out how they were created and makes it clear that participants prioritised the criteria that were most important in determining how options should be evaluated. This was repeated at the consultation stage and so the public and stakeholders were led to believe that the criteria were prioritised);

1.3.2.2 additional sub-criteria were included;

1.3.2.3 scoring keys were changed; and

1.3.2.4 the methodology for combining individual site scores into a 'whole option score' was replaced.

1.3.3 Each of these changes improved the scoring of the Preferred Option. Had these unwarranted changes not been made, the Preferred Option is unlikely to have been selected.

1.3.4 Also, the DMBC now envisages that the WHH HASU could, subject to further consultation, be relocated to the Kent and Canterbury Hospital (p222). As this highly significant change was not considered in the evaluation process, it further undermines the selection process.

2 I support Medway Council in its view that 'Option D' (MMH, TWH and WHH) addresses these concerns and represents the best option for the residents of Kent and Medway:

2.1 It focuses service provision on areas of higher deprivation (Medway and Swale) with shorter travel times for those most in need.

2.2 Bed capacity is focused on the residents of Kent & Medway – all of whom can reach a K&M HASU within required Call To Needle times. This focus frees-up capacity in the short term, and HASU sites for Option D can be expanded to provide additional capacity in the longer term.

2.3 In the Consultation feedback, Option D was "generally seen as offering the best balance geographically".

2.4 If no unwarranted changes had been made to the evaluation process, Option D is likely to have been selected as the Preferred Option at the Evaluation Workshop.