Transforming health and social care in Kent and Medway

NHS

Response to JHOSC feedback from 1st February 2019

26th February 2019

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

JHOSC Feedback

Feedback	Response
Concern about the stroke review impact on health inequalities.	Currently the services provided by the hospitals in some of the highest areas of deprivation are delivering, despite the best efforts of staff, some of worst performances (SSNAP) in the country. Moving to the model of HASU/ASU's as described in the DMBC will improve outcomes for all. The JCCCG have also agreed an additional resolution for prevention which is recognised to reduce health inequalities in deprived communities and is an addition to the modelling in the business case.
We should drive up standards in all stroke units now	Agreed. We will continue to work with all the existing stroke services to focus on safe services and improving standards during implementation.

JHOSC feedback continued

JHOSC Feedback	Response
The DMBC is aiming to drive parity of care across K&M.	Agreed. This is a fundamental principle of the stroke review and DMBC.
The impact of the PRUH on capacity at DVH	This has been understood and DVH have confirmed that they have up to 14 additional beds that can be made available for stroke. The stroke programme will closely monitor actual activity with the HASU/ASU providers to ensure flows are as expected.
Concerns around SECAmb triage, staff training and travel delays.	These have been understood. SECAmb confirm they use a national system to triage patients who may be suffering from a stroke. These are category B responses which should be responded to with an ambulance within 18 minutes. All staff receive full training to recognise conditions such as stroke. FAST campaigns have been successful with the public to support an early call for help. SECAmb will always take to the closest HASU/ASU and this is considered in terms of journey time not just distance.

JHOSC Feedback

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Concerns about public transport for relatives and carers	Agreed. Travel Advisory Groups have been established to both focus on patient discharge and access for relatives and carers. There will be at least 2 groups considering mitigations for different communities. They will report into the JCCCG.
Feedback from Integrated Assessment Workshops	Two workshops have now taken place. One in Swale and one in Thanet. We have had good engagement and a range of ideas which are being written up for consideration. Many ideas related to relative travel and access which will be fed into the Travel Advisory Groups. An example is the provision of free skype/facetime from GP/local care hubs for relatives and carers as well as ideas such as subsidised taxi's and fuel vouchers.

JHOSC Feedback

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Concerns about the possible development of the Kent and Canterbury Hospital and the impact of the investment in WHH (Ashford).	Understood. Any new hospital is at least 8-10 years away and we just can't wait that long to improve stroke care. Should a new hospital be consulted on then the provision of stroke in east Kent would be part of that consultation process.
Concerns around bed capacity.	Understood. We have undertaken further work on future population growth, specifically in relation to the ageing population and potential impact on stroke admissions to K&M HASU/ASU's. This additional work can be found at Appendix EE and in section 7.) In addition we have done more detailed work on population growth specifically in relation to new housing and it is attached as a separate presentation.
The timeline for the rehabilitation business case.	Agreed. The business case will be ready in the spring of 2019 and the JCCCG have made an amendment to the resolutions to be specific that improved rehabilitation will be in place for the go-live of HASU/ASU's.

JHOSC Feedback

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Could 4 HASU's be supported in K&M	The activity review has concluded that current and future demand is best met with 3 HASU's. Currently a 4th unit would not meet the minimum volumes required to sustain a HASU (500 cases). Population growth has been reconsidered and it does not currently support a 4th unit. Should the position change in the future the provision of a 4th unit would be reconsidered.

Medway Council Minority Report

Feedback	Response
Medway council believe that HASU/ASU's would be best located in areas of high deprivation.	The full range of impacts are identified in the Integrated Impact Assessment (Appendix SS). The clinical evidence does not support that the siting of units (other than the service must meet the minimum activity volumes) has any impact on the outcomes for patients. What is clearly evidenced is the improvement to the whole population outcomes by having access to HASU/ASU's 24/7. Improving prevention is also proven to have the most positive impact on reducing health inequalities and the JCCCG have added an additional resolution to ensure this happens.
Medway council are concerned that bed capacity will be taken up by South East London residents moving from the PRUH	Understood. The activity modelling has included all the patients (regardless of postcode) that will flow the DVH. In addition we have agreed a 3 day LOS over a 4 year period and DVH have confirmed up to an additional 14 beds can be available for stroke, We believe this fully mitigates any risk.

Medway Council Minority Report

Medway Feedback	Response
Medway Council is concerned about changes to the evaluation criteria and methodology: • Criteria priority order was removed • Additional sub criteria were added • Scoring keys were changed • Composite methodology was changed • The impact of the PRUH were not appropriately considered.	Detailed responses to these concerns and questions have been responded to separately. The detail of the selection of the preferred option is detailed in section and this has been expanded to detail the amendments (section 6.1) and a log of changes has also been included in Appendix QQ.
Medway Council have requested the NHS work up a business case for Option D	The NHS are unable to comply with this request because Option D was not recommended as the preferred option and there is no rationale, from the process undertaken, to do so. Option D was eliminated as a recommended preferred option in the first round of workshop discussion, as described in the DMBC.