

Item 9: Reconfiguration of Acute Stroke Services

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 29 February 2024

Subject: HASU Implementation

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Kent and Medway Integrated Care Board.

1) Introduction

- a) The Kent and Medway Integrated Care Board is establishing three Hyper Acute Stroke Services (HASUs) to serve Kent and Medway. These will be located in Maidstone, Ashford and Dartford.
- b) The implementation follows a long period of planning, consultation, and challenges. A summary timeline was set out in a paper to HOSC in [January 2022](#).
- c) HOSC received a written update on the implementation of the HASUs on 5 October 2023. The update included:
 - i) The go-live dates for the units at Dartford and Maidstone would be on or soon after 1 April 2024 following the completion of phase 1 capital works. Go-live dates would be dependent on recruitment with business cases for the additional staff to be approved by December 2023.
 - ii) The East Kent Hospitals University NHS Foundation Trust (EKHUFT) scheme was being developed as a second phase due to capital constraints. Work was focussed on preparing for procurement.
 - iii) There had been an improvement in SSNAP ratings due to the consolidation of the workforce onto three sites as well as the standardisation processes in the acute part of the pathway. Dartford in particular had improved from a 'D' rating in April 2021 to a 'B' in October 2021.
- d) The Committee requested assurance that hospitals actively take part in the collection of SNAPP data. They also wanted to understand the reasons behind the delay in the rollout at William Harvey Hospital.
- e) HOSC also received updates on implementation of the HASUs on 26 January 2022 and 30 November 2022. Updates included:

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- i) Three travel advisory groups were to be re-established, which would listen to the concerns of patients and families and put strategies in place to address these concerns.
 - ii) Within six months of HASUs being operational, the expectation was that each of the three units would be A rated (this would be evident after 9 months due to a 3-month lag in data, so December 2023).
 - iii) The use of telemedicine had reduced the number of non-stroke patients being sent to a stroke unit which had resulted in improved patient flow.
 - iv) Activity and bed modelling had been completed in 2017, and those assumptions were being reviewed to ensure they were still robust ahead of the business cases being finalised.
 - v) During the covid pandemic, stroke services in east Kent relocated to Kent and Canterbury Hospital (KCH) to free up acute capacity for Covid-19 patients. KCH does not have an A&E department, and therefore it was not expected that the services would remain on that site because SSNAP audit data evidenced improved outcomes when a HASU was co-located with an A&E. The expected dependencies were being looked at by a national team.
- f) NHS Kent and Medway will be in attendance at the meeting to provide a further update and answer questions.

2) Recommendation

RECOMMENDED that the Committee note the report.

Background Documents

Kent County Council (2022) Health Overview and Scrutiny Committee (26/01/2022), <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8761&Ver=4>

Kent County Council (2022) Health Overview and Scrutiny Committee (30/11/2022), <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9048&Ver=4>

Kent County Council (2023) Health Overview and Scrutiny Committee (05/10/2023) <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9318&Ver=4>

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