Response to JHOSC feedback and recommendations

1st 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.

East Sussex Council

East Sussex Feedback	Response
There must be support for access by families and carers e.g. provision of travel information, flexible visiting arrangements, provision of telephone contact with HASU and patients, with full discharge information for carers.	Agreed. The HASU/ASU's will operate as a single network as described in the DMBC. Communication and information will be reviewed with patients, relatives and carers. This will be developed and formalised during implementation. Measures such as flexible visiting and phone contact will be agreed as part of implementation.
The HASUs must be able to demonstrate how they will maximise the speed of treatment of patients on arrival at hospital to offset additional travel time for patients	Agreed. This is demonstrated in the commitment to deliver the acute pathway at pace (section 3.3) including to deliver door to needle in 2 hours (section 3.2). SSNAP data will demonstrate this is achieved.
Prior to the implementation of any changes to the existing stroke services, the Joint Committee of CCGs must seek assurance that the East Sussex Healthcare NHS Trust (ESHT) Hyper Acute Stroke Unit (at Eastbourne District General Hospital) is able to accommodate and treat patients who would otherwise have gone to Tunbridge Wells Hospital.	Agreed. ESHT have been involved throughout the process and have confirmed their support. The preferred option has a minimal impact on patients attending ESHT as demonstrated in Appendix L.

East Sussex Council continued

East Sussex Feedback	Response
Prior to the implementation of any changes to the existing stroke services, the Joint Committee of CCGs must seek assurance that: A full community neurological rehabilitation team is in place in the High Weald Lewes Havens CCG area of East Sussex. The proposed discharge pathways to these community services have been considered, tested and agreed with the relevant community provider, Sussex Community NHS Foundation Trust.	Agreed. This has been discussed with the Responsible Executive Officer for High Weald Lewes Havens CCG who has confirmed that the review and development of rehabilitation should include representatives from the community provider.
Residents in the affected area of East Sussex should receive improved preventative services including appropriate public health campaigns and awareness campaigns that highlight the need to treat stroke as a '999' emergency – e.g. running a FAST awareness campaign	Agreed. The FAST campaign is a national initiative and will continue to be promoted. The prevention plans will be shared across all CCG's as described in section 3.

Kent County Council Feedback

Kent Feedback	Response
With only one HASU based in East Kent, we have concerns about the travel times for the deprived communities in Romney Marsh and Thanet and would like to see further detail on how this will be mitigated.	Agreed. This has been highlighted by feedback from the public consultation and through the preferred option IIA specifically (Appendix SS). Additional detail has been added in section 8.3.3. A second IIA workshop is being arranged in east Kent and will be taken forward in implementation.
Across the whole of East Kent, we have concerns about what mitigations will be put in place in this part of the County as a result of the introduction of the HASU coming later than the HASUs in West Kent. While we understand the practical challenges, this will potentially lead to Kent residents experiencing an unequal level of service in different parts of the County during any transition period.	The concern is understood. The DMBC (section 9) has been amended to reflect the clinical proposal for implementation is a 2 phase approach. This will be tested, following a decision, with a wide stake holder group review.

Kent County Council continued

Kent Feedback	Response
As a basic principle, we would like to be assured that local rehabilitation services were established and ready to run on the same day that any HASU becomes operational.	Agreed. This is described in section 3.4. The rehabilitation pathways will be in place to coincide with the go-live of the HASU/ASU's. A rehabilitation business case is under development with a county wide audit currently taking place. The business case is due for completion in spring 2019.
As raised at JHOSC meetings, some financial information was changed at a late stage in the consultation process and we have concerns about the revised information being fed into it at a late stage.	The DMBC was updated with the most recent information in all applicable areas as outlined in section 6 and the detailed provider presentations are available at Appendix K. The letter from NHS E setting the investment expectations is available in Appendix T.

Medway Council Feedback

Medway Feedback	Response
Medway council do not consider Option B represents the best option and are concerned the process for selection had flaws in it.	The process has been clearly laid out in the DMBC in sections 4 and 6. At each the process and information were rigorously tested with sub groups of the stroke programme governance and with attendees of decision making meetings.
Medway are concerned about the phased approach for implementation having a detrimental impact on east Kent patients	The concern is understood. The DMBC (section 9) has been amended to reflect the clinical proposal for implementation is a 2 phase approach. This will be tested, following a decision, with a wide stake holder group review.
Medway are concerned about how and where patients will be cared for if they are unable to return home after the acute hospital stay	Agreed. The pathway for transfer of care from hospital to the community is described in section 3.4.1. The rehabilitation and early supported discharge pathways will be in place for go live.
No response has yet been received to the Medway Council letter dated 8th November to Ivor Duffy from NHS England.	The response has now been provided from Rachel Jones, SRO for Stroke.

Medway Council continued

Medway Feedback	Response
Medway are concerned that the public consultation is not being re-run particularly with regard to the inclusion of the PRUH.	The flows to hospitals outside of K&M were included in public consultation document. The impact in both Bexley and East Sussex was visible and both areas were formally included in the public consultation and both council's joined the JHOSC.
From the externally commissioned report: Option B may not be able to meet expected increases in demand.	Following these concerns and a recommendation to review the stroke admission projection from the SEC Clinical Senate a further piece of work was commissioned. Details of this can be found in section 7.2.3 (6 P11). The mitigations for any increased demand have been approved by the CRG, SPB and JCCCG.
Option B carries the significant risk that bed capacity will be taken up by South East London residents at the expense of K&M residents.	London have already reconfigured stroke services and patients have access to a number of units within 30 minutes. SEL commissioners and London Ambulance Service have confirmed they do not wish to change their commissioning or current transfer protocols. Bexley CCG have confirmed patients will flow as they do now.

Medway Council continued

Medway Feedback	Response
Option B unnecessarily and disproportionately affects areas of higher deprivation	The full range of impacts are identified in the Integrated Impact Assessment (Appendix SS) and the IIA workshops will develop specific mitigations. Travel and access has been highlighted and the Travel Advisory Group will make recommendations to the JCCCG to ensure all mitigations to support local communities are put into place.
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 are concerned that the location of HASU's outside of Medway will increase health inequalities.	The evidence from all other implementations have demonstrated a reduction of health inequalities and an improvement in all patients outcomes. This is also supported in the IIA report at Appendix SS.

Medway Council continued

Medway Feedback	Response
The changes appear to have been made to provide assistance to areas outside of K&M.	The purpose of stroke review has always been to improve services for all patients who have a stroke or suspected stroke and would attend a hospital in Kent and Medway.
The PRUH failed to deliver an implementation plan	The PRUH did deliver a plan and attended the Delivery Panel held on 4th September. The plan they submitted can be found at Appendix W.

Bexley Council Feedback

Bexley Feedback	Response
We consider that the decision-making business case could be strengthened even further if it were clearer on the significance of the impacts of the stroke review on the PRUH. Given that the hospital is outside the Kent and Medway STP area, the link between the ability of the PRUH to cope with any increased activity and the deliverability of the options may not be immediately clear, but this is a key issue.	Agreed. The PRUH response to the Deliverability Panel process has been included in Appendix W. The impact of that information is demonstrated in section 6.2.
We think the impacts of future population growth should be carefully considered as part of the decision making process and that the Bexley aspect needs further narrative within the documentation being used as part of the final decision making process.	Agreed. 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 7.2 (6 P11)

Bexley Council continued

Bexley Feedback	Response
We hope that both the SEL STP and LAS will be collaboratively engaged in discussions to agree the postcodes for the DVH catchment and to agree protocols for conveying Bexley patients to DVH and any ambulance transfers that may subsequently be required.	Agreed. The SEL STP and LAS have engaged with the programme and have considered the travel time modelling. Bexley CCG and LAS have confirmed they would expect their patients to flow as they do now. They LAS and London commissioners will continue to be involved during implementation to ensure detailed plans, including catchment postcodes are agreed.
We note that there is a work stream to consider the rehabilitation model across Kent and Medway and would hope that LB Bexley's Director of Adult Social Care will be engaged as these discussions continue as clearly there will need to be some understanding or alignment of processes across Kent, Medway and SE London.	Agreed. The rehabilitation work stream will include representatives from Bexley. It is worth noting that London has already delivered HASU and ASU and K&M are working with them on lessons learned, including the development of rehabilitation as referenced in section 7.2.