

KENT AND MEDWAY STROKE REVIEW

STATEMENT FROM LB BEXLEY'S COMMUNITIES OSC

THE HASU MODEL AND SUPPORT FOR THE PREFERRED OPTION

Thank you for giving the opportunity to share Bexley Health OSC's perspective on the NHS' preferred option for the future provision of stroke services in Kent and Medway. Through our role on the JHOSC, you will be aware of our support for the case for change and the three site acute model of care which was subsequently developed.

Following the outcome of the consultation, further detailed assessment of each of the options and the workshop on 13th September, a preferred option was identified pending a final decision by the CCGs.

Recommendation 1: LB Bexley strongly supports the preferred Option B which will see HASU/ASU's provided at Darent Valley Hospital (DVH), Maidstone General Hospital (MGH) and William Harvey Hospital (WHH) in Ashford. We are satisfied that the process in determining the preferred option was rigorous and fair.

From our perspective we believe this option will provide our residents with high quality stroke services. As has been proven by the London experience of delivering the HASU stroke model, we think this will realise considerable improvements to patient care and the best clinical outcomes for residents across Kent, Medway and the surrounding areas that will be treated at the HASUs.

There are some specific reasons why we support this option and factors which we think are important to its successful implementation that we outline below.

PATIENT FLOWS AND DELIVERABILITY

Having been approached by the Kent and Medway stroke review team, our involvement in the JHOSC was predicated on our decision that the review was likely to represent a substantial service variation for our residents. This was because many of our residents would be affected by changes to services provided at DVH given that this is the nearest acute hospital to their homes and is a stroke centre to which these patients will be taken if they are diagnosed with, or suspected of having, a stroke. Although not within the Kent & Medway STP area, it also became clear that the Princes Royal University Hospital (PRUH) in Orpington would be impacted by patient flows in each of the short listed options that did not include DVH as a HASU. This was in respect of patient flows from Kent to SE London or vice versa depending on whether DVH was identified as a potential HASU site. The PRUH is currently the nearest HASU to Bexley, though as already stated many stroke patients from Bexley are taken to DVH as the closest hospital with stroke facilities.

Kings College Hospital Trust responded to the public consultation as the provider of HASU and ASU services at the PRUH. They also provided documentation to an externally chaired panel whose role was to assess the deliverability of each shortlisted option as one of the five assessment criteria being used to then identify the preferred option. The information provided by the Trust showed that stroke

services at the PRUH were already caring for more patients than originally planned. They identified little or no capacity to absorb any more patients flowing from options where DVH would not be upgraded to a HASU, significant challenges in their ability to expand in the near future and financial pressures. Based on this information the panel negatively evaluated the deliverability of those options which would see a significant increase in the flow of patients from parts of Bexley and West Kent into SE London if DVH was not a HASU site. Subsequently when deliverability was then considered alongside the other assessment criteria at the September workshop, option B was identified as the preferred option. This was because of greater confidence in its ability to be delivered in a timely way alongside its strong evaluation in the workforce criteria.

This is an extremely important issue for us in Bexley.

Recommendation 2: We could not support any option whereby existing HASU services at the PRUH would be severely impacted. We would have significant concerns not only for Bexley residents but also those from Kent about the quality of care, patient safety and outcomes in any scenario where DVH is not a HASU site. We think option B represents the best opportunity to realise the significant benefits of the HASU model to residents of Kent and Medway and to do so in a way which prevents further unnecessary delay in delivering those improvements.

Recommendation 3: 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.

IMPACT OF POPULATION GROWTH ON DEMAND

The draft DMBC notes the importance of future proofing the HASU model and planning for future capacity taking into account population growth projections. Demographic and projected population growth in Bexley further underlines our support for option B.

Our response to the consultation in April noted Bexley's aging population – one of the highest in London - with age being closely correlated to a higher incidence of stroke. We also noted that the pockets of highest deprivation, another strong indicator of stroke risk, within Bexley are in the DVH catchment. Our growth strategy sets out an ambition to deliver 31,500 new homes by 2050. Approximately 80% of this is in the north of the borough, again within the DVH catchment. New housing already approved or being built equates to just over 3,500 homes and one of the largest regeneration projects in Europe will see over 1,500 homes built in Bexley in phase one alone. Alongside this, the draft London Plan seeks to increase the new homes target for Bexley from 446 per year to a minimum of 1,245 per year.

The pre-consultation business case states that in 2016/17, DVH dealt with 434 confirmed stroke cases. This is already not too far below the minimum volume of 500 cases per year required for each site in the HASU model for Kent and Medway. This shows that there is clearly a significant need for stroke services within the DVH catchment already. This will be further exacerbated by substantial population growth

in both Bexley and North-West Kent (where DVH is well placed for the substantial development now underway in the Greenhithe and Ebbsfleet area), which will only increase demand on health services.

Recommendation 4: We consider that option B provides the best opportunity to future proof stroke services and to deliver the necessary capacity while avoiding the need to revisit the stroke model again in the near future due to service pressures.

Recommendation 5: 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.

AMBULANCE PROTOCOLS

In option B, DVH will become the closest and preferred HASU for a large number of Bexley residents. The draft DMBC presented to the JHOSC notes that there will need to be protocols in place with the ambulance services in Kent and Medway and in the surrounding STP areas to ensure that patients are conveyed to the agreed and designated HASU. The draft DMBC appears to suggest that at present, such discussions have been limited to SECAMB.

Recommendation 6: 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.

DISCHARGE AND REHABILITATION

An essential element of the stroke pathway is rehabilitation, which includes early supported discharge. We also support option B because we already have long established links with DVH in terms of discharge and community/social work support, with clear processes and protocols already in place.

Recommendation 7: 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.

SUMMARY

This statement confirms Bexley HOSC's support for the preferred option B, a position that is endorsed by the Leader of the Council and our 3 local MP's; Rt Hon Sir David Evennett MP, Teresa Pearce MP and Rt. Hon James Brokenshire MP. We would also like to highlight that the South East London JHOSC expressed its support for option B in its own response to the public consultation.