KENT COUNTY COUNCIL

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee held in the Council Chamber - Sessions House on Monday, 22 January 2018.

PRESENT: Cllr W Purdy (Chair), Mrs S Chandler (Vice-Chairman), Cllr T Murray, Cllr D Royle, Cllr D Wildey, Mr M J Angell, Mr P Bartlett, Mr D S Daley and Mr K Pugh

ALSO PRESENT: Cllr J Hunt and Cllr C Belsey

IN ATTENDANCE: Ms L Adam (Scrutiny Research Officer) and Mr J Pitt (Democratic Services Officer, Medway Council)

UNRESTRICTED ITEMS

31. Membership

The Chair informed Members that Mr Bartlett had replaced Mr Whiting as a member of the Committee.

32. Minutes

(Item 3)

RESOLVED that the Minutes of the meeting held on 12 December 2017 are correctly recorded and that they be signed by the Chair.

33. Kent and Medway Hyper Acute and Acute Stroke Services Review

(Item 4)

Michael Ridgwell (Programme Director, Kent and Medway STP), Patricia Davies (Accountable Officer, NHS Dartford Gravesham and Swanley CCG and NHS Swale CCG and Senior Responsible Officer, Kent & Medway Stroke Review), Steph Hood (STP Communications and Engagement Lead, Kent & Medway STP),Dr Mike Gill (Chair, Joint CCG Committee), Cllr Belsey (Chair, Health Overview & Scrutiny Committee, East Sussex County Council) and Cllr Hunt (Chair, People Overview and Scrutiny Committee , Bexley Council) were in attendance.

(1) The Chair welcomed the guests to the Committee including Councillor Belsey from East Sussex County Council and Councillor Hunt from Bexley Council who had been invited to participate in the meeting prior to the establishment of the new JHOSC. Following a request from the Joint CCG Committee, the Chair noted that she had agreed for the report regarding the proposed options and consultation plan to be considered as an urgent item. She stated that it was considered urgent as it was not available at the time of publication and the Committee had requested to have the opportunity to consider and comment on

the proposed options and consultation plan prior to the start of the public consultation.

(2) Ms Davies began by introducing the NHS guests. She highlighted the aim of the clinicians, stakeholders and stroke survivors involved in the review to implement hyper acute stroke services in Kent and Medway which would bring a significant and positive impact for the residents within Kent and Medway, as well as the wider population. She stated that she sought the Committee's support to move forward with the review.

(3) Dr Gill advised the Committee that the current model, with stroke services, being provided on six out of the seven acute hospital sites in Kent & Medway, was unsustainable. He noted that the sites were not consistently meeting national quality standards, did not provide 24/7 access and did not have the workforce to deliver best practice through hyper acute stroke units. He highlighted the role of clinicians in the review; in order to meet the national standards, it was proposed that stroke services would be consolidated onto three sites.

(4) Ms Davies reported that under the current model 24/7 access to onsite consultants, brain scans and clot busting drugs were not consistently available. She noted that a combined hyper acute stroke unit and acute stroke unit was proposed, the first 72 hours of inpatient care would be on the hyper acute unit with follow up care being provided on the same site in an acute stroke unit. She stated that there would be a range of benefits of consolidating stroke services including reduction in morbidity and mortality and fewer people living with long-term disability following a stroke. She assured the Committee that the whole pathway was being reviewed including prevention and rehabilitation.

(5) With regards to governance, Ms Davies explained that the process had been overseen by the Stroke Programme Board for the past three years which included CCGs, providers, stroke survivors and the Stroke Association. She noted that Professor Tony Rudd who was the national lead for stroke had provided advice and scrutiny to the Stroke Clinical Reference Group to ensure the proposals were in line with national best practice. She stated that the Kent & Medway Stroke Review Joint Committee of CCGs had been established; it was made up of 10 CCGs including the 8 Kent & Medway CCGs, Bexley CCG and High Weald Lewes and Haven CCG. She noted that Bexley was the main CCG area to be affected by the potential changes from the South London area. She highlighted that the first formal meeting of the Joint Committee would be held on 31 January 2018. She reported that decisions about the location of stroke services will not be taken at this meeting; the decision will be taken in early September after formal public consultation, once all the feedback and evidence had been considered.

(6) Mr Ridgwell informed the Committee that an Integrated Impact Assessment (IIA) had been undertaken by Mott MacDonald and would be taken to the Joint CCG Committee. The IIA looked at the impact of the proposals on the population and had concluded that whilst there would be a significant benefit in terms of health, there was a detriment in terms of access. A number of groups had been identified who may have a disproportionate need for stroke services

including the elderly, disabled and people from BAME. Mr Ridgwell noted that mitigations were being developed to address the findings from the IIA.

(7) Ms Hood noted that the public consultation was expected to launch on 1 February 2018 and would run for a ten-week period. During this time a range of activities would be undertaken including two listening events in each CCG area, focus groups, telephone surveys particularly with the affected populations identified in the IIA, one-to-one stakeholder engagement, digital and social media campaigns.

(8) Members commented about ambulance travel times, the inclusion of neighbouring hospitals on the map in the consultation document and the centralisation of services. Ms Davies informed the Committee that, in all five options, 98% of the population would be within 60 minutes of a stroke site by ambulance. She noted that travel times had been calculated using the Isochrone system which had been cross-referenced with data from sat navs to generate travel times from different points. She explained that SECAmb had been integral to the review. She reported that Dr Fionna Moore (Medical Director, South East Coast Ambulance NHS Foundation Trust) was confident that the reconfiguration of the service would lead to a clearer pathway which enable the Trust to improve their response and achieve the hyper acute stroke standards. Ms Hood welcomed the comment made about the maps; she stated that she would provide feedback to the design team. Dr Gill reminded the Committee that the hyper acute stroke unit would provide specialist care beyond the clot busting treatment and whilst it was important to acknowledge risks around travel times, evidence showed that centralised services reduced morbidity and mortality rates.

(9) Members sought clarification around the weighting given to each criteria, public health messaging and election purdah. Ms Davies explained that feedback from the majority of stroke survivors revealed that they were more interested in going to a specialist centre rather than their local hospital. Ms Hood noted that in the draft public consultation document, participants would be able to give feedback on the assessment criteria. She reminded the Committee that the consultation process was not a vote or referendum. She explained that the Joint CCG Committee had a duty to take into account all feedback including clinical evidence, financial information and public consultation feedback. She stated that they were looking to align the consultation with the re-run of the FAST campaign. Ms Hood noted that legal advice regarding the local election in Bexley stated that the consultation period could continue as long as Bexley Council was content to respond to the consultation prior to the start of purdah.

(10) A Member enquired about the impact of the stroke review on the reconfiguration of acute services in East Kent. Mr Ridgwell stated that the Kent HOSC was due to receive an update on Transforming Health and Care in East Kent on 26 January. He explained that two options, as part of the East Kent transformation, were being considered; one would focus emergency services at Queen Elizabeth The Queen Mother Hospital (QEQM) and William Harvey Hospital (WHH); the other was to build a new hospital at Kent & Canterbury Hospital which would have implications on the other two hospitals. He explained that WHH was included in all options due to patient volumes, workforce availability and the colocation of other specialist services on the site.

He explained that if specialist services at WHH were to move because of the acute reconfiguration in East Kent, stroke services on the site would be reviewed.

(11) In response to a question about £40 million investment and workforce, Mr Ridgwell confirmed that a large proportion of the £40m investment would be spent on capital. He stressed that the stroke review was not about saving money; an investment was required to improve the quality of services. He noted that NHS England had requested that capital funding was secured before the launch of the consultation. He noted that the Joint CCG Committee would consider the implications of potential patient flow to neighbouring areas. Ms Davies advised the Committee that the Clinical Reference Group was working closely with providers to engage existing staff, support transfers as well as recruiting to new posts. Mr Ridgwell stated that by optimally configuring services, it would improve the ability to recruit.

(12) A Member commented about the inclusion of populations from Bexley and East Sussex, the variation of capital investment required for each option and the implementation period. Ms Davies explained that the long list of options included a number of options, which were rejected, as they would have involved large volumes of patients being treated outside of Kent & Medway and would have negatively impacted on services in London particularly at the Princess Royal University Hospital. Mr Ridgwell stated the importance of looking at the totality of population which had resulted in notifying the health scrutiny committees in Bexley and East Sussex in October 2017 who had subsequently determined the proposals to be significant for their local areas. He noted that similar conversations had taken place with Bexley and High Weald Lewes and Haven CCGs in March 2017 who also believed the proposals to be significant for their populations. Mr Ridgwell noted that variation in capital spending was due to the type of building work required to deliver quality care which ranged from refurbishment to new infrastructure. Ms Hood reported that self-assessments carried out by each provider trust indicated that the implementation would be phased and take between 12 – 18 months.

(13) Members asked about the consultation document, evaluation criteria and rehabilitation. Ms Hood confirmed that the consultation document and survey would be available on the website; hard copies of the questionnaire would also be available with the provision of a freepost address. Ms Davies commented that the all five options scored highly in quality, access and workforce criteria. Ms Davies assured Members that whilst the review was strongly focused on acute stroke care, work was being undertaken on stroke prevention and rehabilitation. She noted that a working group, chaired by Tara Galloway (Head of Stroke Support, Stroke Association), was looking at stroke rehabilitation in order to identify the gaps and ensure patients would be offered rehabilitation as close to their homes as possible.

(14) The Chair invited Cllr Hunt and Cllr Belsey to comment. Cllr Hunt stated that Bexley Council's Monitoring Officer had advised that its purdah period had no impact on the planned consultation. He expressed concerns about the potential removal of services from Darent Valley Hospital and impact on Princess Royal University Hospital. He commented about the reach of the public consultation to residents in Bexley, the consideration of the public

consultation document by the Committee in a private briefing and increasing the number of sites to four. Ms Hood explained that the target audience was across the 10 CCG areas. She reported that the consultation document was still in draft form and required checks for accuracy before final publication; she noted that the five options were already in the public domain. Mr Ridgwell clarified that the options that presented a higher risk of outward patient flow were removed as part of the options appraisal; modelling was based on access to the nearest hyper acute stroke unit. Dr Gill stated that a four-site model would not be sustainable as it would not meet minimum patient volumes.

(15) Cllr Belsey requested that neighbouring authorities were notified about future meeting dates in good time which Mr Ridgwell agreed to.

(16) RESOLVED that the NHS be requested to take note of comments made by Members about the proposed options and consultation plan.