

## Press release

Thursday 18 January 2018

# Massive improvement proposed for stroke services in Kent and Medway

The NHS in Kent and Medway is today announcing proposals to create three new ‘hyper acute’ stroke units in Kent and Medway. Although general stroke services are currently provided in Kent and Medway’s hospitals, there are currently no specialist hyper acute units that in other parts of the country have been shown to improve outcomes for people who have had a stroke.

These new units will allow people to get the best possible care in the vital first few hours and days immediately after their stroke – saving lives and reducing disability.

After intensive work by doctors, nurses, therapists, other stroke specialists, stroke survivors and other members of the public to look at the evidence on best care, the NHS is proposing to turn three existing stroke units into specialist hyper acute stroke units, providing expert care from a team of stroke specialists and therapists round the clock with consultants on the wards seven days a week.

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“This is incredibly good news because it means we will be able to ensure everyone treated in Kent and Medway gets the best care, no matter what time of day, day of the week or where they are when the stroke happens,” said Dr David Hargroves, clinical lead for the stroke review.

“Currently, although stroke staff do their very best, the way services are organised means that some people do not get the right treatment fast enough, particularly overnight and at weekends. Centralising urgent stroke care in three excellent hyper acute stroke units would change all that. Our dedicated staff would then be able to ensure the 3,000 people treated in Kent and Medway for a stroke every year get care which is right up there with the best in the country.”

In developing the proposals there has been a rigorous process to review combinations of existing hospitals, considering many different factors. From this we have developed a proposed shortlist of possible options for the location of hyper acute stroke units in Kent and Medway.

The proposed shortlist, which is subject to further thorough assessment and final approval, is<sup>1</sup>:

- A. Darent Valley Hospital, Medway Maritime Hospital, William Harvey Hospital
- B. Darent Valley Hospital, Maidstone Hospital, William Harvey Hospital
- C. Maidstone Hospital, Medway Maritime Hospital, William Harvey Hospital

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<sup>1</sup> The order is not a ranking and we will not identify a preferred option until we have fully and carefully considered all the evidence and data available to us, including the views and feedback gathered through the forthcoming public consultation.



D. Tunbridge Wells Hospital, Medway Maritime Hospital, William Harvey Hospital

E. Darent Valley Hospital, Tunbridge Wells Hospital and William Harvey Hospital

There will be a full public consultation on the proposals to reorganise the way urgent stroke care is delivered and the potential locations of hyper acute stroke units in Kent and Medway. We will do this following further assessment of the proposed shortlist, and final approval. The consultation could start in early February.

Each option allows at least 98 per cent of people in Kent and Medway to access a hyper acute stroke unit by ambulance within an hour.

This is particularly important for people whose stroke is caused by a blood clot. They need to have clot-busting treatment, known as thrombolysis, within two hours of calling 999. Currently, only half of people in Kent and Medway who need this treatment get it within two hours. This is partly because specialist staff are spread across too many sites.

Each of the proposed hyper acute sites will also have an acute stroke unit to give patients expert care after the first 72 hours until they are ready to leave hospital, and a clinic for assessing and treating transient ischaemic attacks (TIAs or mini strokes).

With the creation of the new hyper acute stroke units, the proposals mean urgent stroke services would not be provided at the other acute hospitals in Kent and Medway.

"I very much support the plan for three hyper acute stroke units in Kent and Medway so that the people of Medway and Swale get the best possible care," said Dr Diana Hamilton-Fairley, Medical Director at Medway NHS Foundation Trust.

"I am pleased that Medway features in three of the options, however I am absolutely confident that even if there is no hyper acute stroke unit at their nearest hospital, all stroke patients will benefit hugely from getting expert care round the clock.

"What is most important is getting to a specialist unit after a stroke for your assessment and treatment, even if that means taking longer to get there and the ambulance bypassing your nearest hospital.

"In London, hyper acute stroke units have reduced deaths from stroke by nearly 100 a year. We want similar benefits for the population of Kent and Medway."

"Concentrating stroke services on fewer sites will enable the staff available to provide the best care for patients suffering from the effects of stroke," said Dr Steve Fenlon, Medical Director of Dartford and Gravesham NHS Trust.

"We are pleased to be considered a suitable site in three of the options and our staff have always and will continue to deliver care to the very best of their abilities for stroke patients.

"We support this endeavour to improve the care of all patients across Kent and Medway and we are sure all the providers will work together to deliver the best solution possible."

Dr Peter Maskell, Medical Director at Maidstone and Tunbridge Wells NHS Trust, said:

"We welcome the opportunity to take part in this important forthcoming consultation to improve stroke care for patients across Kent and Medway, and encourage people locally to take part when it launches in the coming weeks."

"All the options involve the William Harvey Hospital for east Kent because, as things stand, the William Harvey Hospital offers the other services that are beneficial to have on the same site as a



hyper acute stroke unit.” said Hazel Smith, Accountable Officer of NHS South Kent Coast Clinical Commissioning Group and NHS Thanet Clinical Commissioning Group.

“There is a separate review of the possible options for the future location of emergency care and specialist services in east Kent. It would be wrong to wait for this work to conclude and slow down the essential decisions we need on stroke. If, through the east Kent emergency and specialist service review, William Harvey Hospital were no longer to be a long-term option for emergency and specialist services and these moved elsewhere – then we would anticipate any hyper acute stroke service would move with the co-dependent services.”

Making these changes will require up to £40million investment in building work and equipment at hospitals and for recruiting more staff across the county, but experience from elsewhere shows costs reduce overall when patients are diagnosed and treated faster. This is because they need less care after they leave hospital with less disability, and can leave hospital sooner.

As well as the immense benefits in human terms for patients and their families from fewer deaths and less disability, these proposals should also mean long-term financial efficiencies for the NHS and social care and, therefore, significantly contribute to the longer-term sustainability of health and social care services in Kent and Medway. It is a real example of the NHS investing in change that will be better for patients, better for staff, and save money in the long-term.

**ENDS**

## Background information

### What is a stroke?

Stroke is a serious, life-threatening medical condition that happens when the blood supply to the brain is cut off by either a blockage or a bleed in one of the blood vessels, causing damage to the brain tissue.

The effects of a stroke depend on which part of the brain is injured and how severely it is affected. We know that the care given in the first 72 hours after a stroke has the greatest impact on reducing long-term damage and disability.

The type of treatment needed depends on the type of stroke, and whether it is caused by a bleed or a blockage, which can only be determined by expert diagnosis.

### What is the impact of stroke?

Stroke is a major health problem in the UK. It is the fourth biggest cause of death in the UK and the largest single cause of severe disability.

Some groups of people are more at risk of a stroke, including older people and people with Indian, Bangladeshi and Pakistani heritage. Smoking and obesity are also major factors in increased stroke risk.

However, stroke is a preventable and treatable disease. Fewer people have been dying of stroke since the late 1960s. This is in part due to a better understanding of the causes of stroke, and how to prevent them. It is also because of the development of specialist stroke units and the use of clot-busting drugs, called thrombolysis.

Stroke care can be separated into three sections:

- Prevention: supporting people to follow healthy lifestyles and reducing the numbers of people who are at risk of, or experience, a stroke



- Urgent: the care given while a person is experiencing a stroke, mainly focusing on getting a person to a team of highly trained stroke specialists as quickly as possible to resolve the stroke and reduce long term disability
- Rehabilitation: rehabilitation following a stroke to give the highest quality of life possible.

The stroke review focuses on improving urgent stroke care in Kent and Medway.

### **What is different about the hyper acute stroke units?**

Unlike current services, the hyper acute stroke units will each have a multi-disciplinary team of specialist stroke clinicians, seven days a week. The units will care for all stroke patients across Kent and Medway and from some neighbouring communities in Sussex and South East London, in the critical first 72 hours after a stroke. We don't currently have any hyper acute stroke units working in this way in Kent and Medway. Six of our seven acute (main) hospitals see and treat people who have had a stroke, but none is able to provide seven day a week care by the full team of doctors, nurses and therapists that gives patients the best chance of survival, without long-term disability.

Each of the hyper acute stroke units will be bigger than any of the current stroke services. Currently, only Medway NHS Foundation Trust treats the required minimum number of patients a year (500) necessary for staff to maintain their skills and build expertise.

As staff in the new hyper acute stroke units see and treat more stroke patients, they will become even more expert in their care. This is also expected to improve the recruitment and retention of staff, as it will give them greater job satisfaction, and greater opportunities to progress their careers.

These new ways of working have been introduced in other parts of the country and are bringing significant benefits to patients. In London, hyper acute stroke units have reduced deaths from stroke by nearly 100 a year.

National best practice guidelines and standards, based on the latest clinical evidence and research, tell us what treatments and ways of working give patients the best chance of survival and a good recovery from a stroke.

This evidence tells us that patients get the best outcomes when they are admitted quickly to a specialist stroke unit and cared for there for the first 72 hours following a stroke. These units are called hyper acute stroke units or HASUs. National standards and best practice guidance describe a hyper acute stroke unit as:

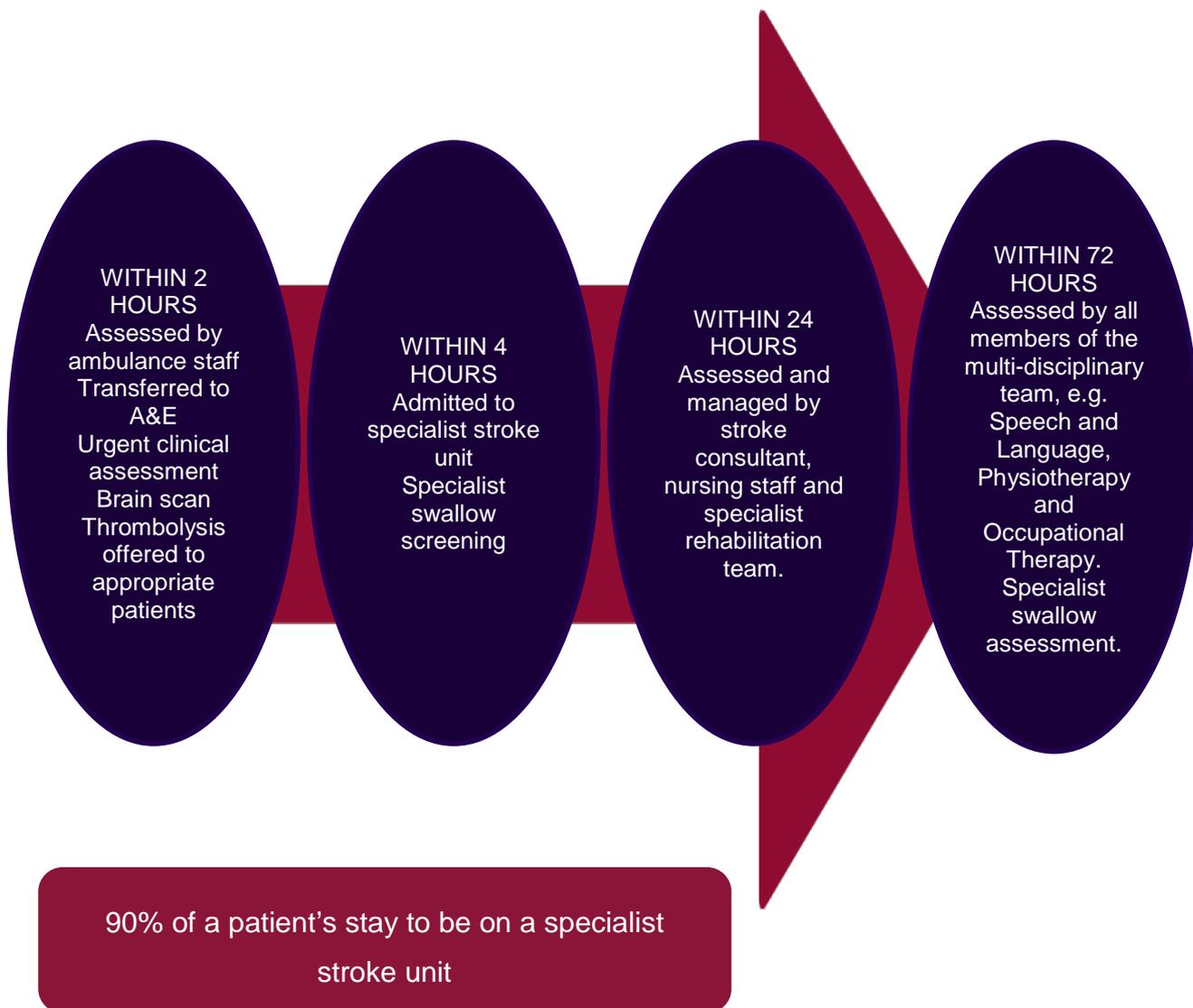
- Run by a multi-disciplinary team of specialist stroke staff (i.e. a team with a mix of professionals such as consultant doctors, radiologists, occupational therapists and physiotherapists, specialist stroke nurses, speech therapists, dietitians etc)
- Treating at least 500 confirmed stroke patients each year. This is to ensure the staff see enough patients to maintain their competency levels and build their expertise
- Open 24 hours a day, seven days a week with access at all times to brain scanning equipment and clot-busting drugs (thrombolysis) and the consultant cover to review scans and provide thrombolysis
- Admitting people quickly onto the unit avoiding waits in A&E
- Offering patients and carers high quality information and support.

After the first 72 hours, or once they are stable, patients should then be cared for on an acute stroke unit until they can be discharged with a comprehensive plan for ongoing rehabilitation.

Stroke patients should receive at least 90% of their inpatient care in a specialist stroke service (hyper acute stroke unit and acute stroke) rather than on general hospital wards.



An urgent care stroke service should also regularly and routinely evaluate and measure what it does, publish data about how it is performing and constantly look for improvements.



### When did the stroke review start?

The eight clinical commissioning groups (CCGs) in Kent and Medway started reviewing stroke services in 2015, with expert advice and support from stroke teams in each of the four hospital trusts. We did this because while staff in our stroke services work extremely hard to provide the best care that they can, we want our stroke services to meet the latest national best practice standards.

### Who does this affect?

We are proposing significant changes to the urgent stroke care currently provided in six hospitals across Kent and Medway. These changes will affect every hospital in our area and residents in every part of Kent and Medway, and some beyond our boundaries in Bexley in south east London and High Weald, Lewes and Haven in East Sussex. The proposed three new hyper acute stroke units will ensure all residents get consistently high-quality hospital-based urgent stroke care regardless of where they live or what time of day or night a stroke occurs. This will involve bringing



together staff from the existing hospital-based stroke services, so urgent stroke services will not be available at the other three hospitals in Kent and Medway.

### How did we get here?

There has been a detailed process to consider potential options for the future shape of hospital-based urgent stroke services. Over the course of the review we looked at:

- a long list that considered different numbers of hyper acute stroke units
- a medium list of possible three-site options
- the shortlist of deliverable three-site potential options which is being announced today.

### What happens next?

A Joint Committee with delegated authority from the ten clinical commissioning groups in Kent, Medway, Bexley, and High Weald Lewes and Havens is meeting on 31 January 2018 to discuss the shortlist.

**The joint committee is meeting in public on 31 January from 13.00-16.00, in the Council Chamber at County Hall, Sessions House, Maidstone ME14 1XQ. Please let us know if you would like to attend, as places will be limited due to the venue capacity. If you would like to attend, please book your place by first registering via <https://strokejcccq.eventbrite.co.uk> . If you do not have access to the internet and would like to book a place, please call the Joint Committee admin office on 01892 638331.**

If the shortlist above is approved, we plan to begin a wide public consultation in February on the future shape of urgent stroke services in Kent and Medway. At that stage, we will share details of how to get involved and give your views.

The consultation will provide further opportunities to help us design the best stroke services and to engage staff, stakeholders, patients and local communities in the issues important to them about stroke services.

