



**Transforming  
health and social care**  
in Kent and Medway

# **Kent and Medway Sustainability and Transformation Partnership**

**Kent and Medway Stroke Review Joint Committee of CCGs**

Discussion Document

31 January 2018

*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.

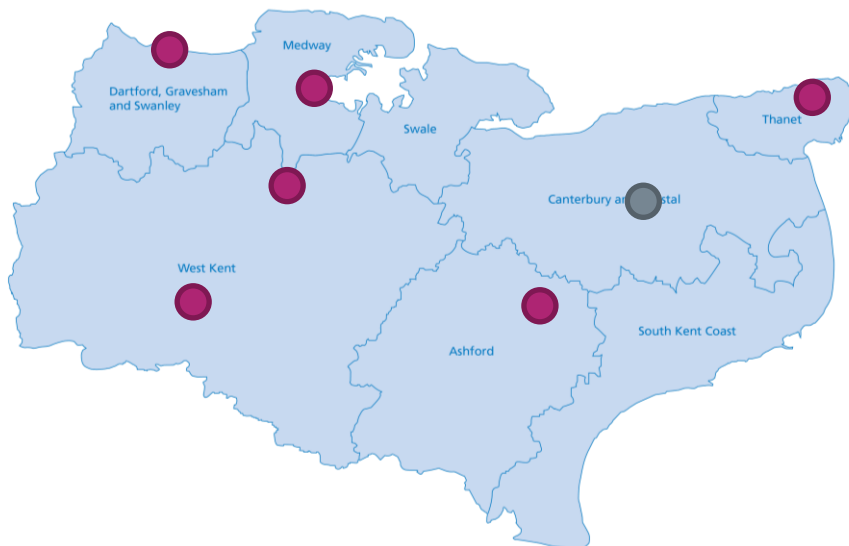


## Setting the scene (Patricia Davies)

Stroke is a serious life-threatening condition caused by a blood clot or bleed in a blood vessel in the brain.

How well people recover is affected by speed and quality of treatment.

- Around 3,000 people a year who have a stroke live nearest to a Kent and Medway hospital
- Around 250 patients currently treated for stroke in Kent and Medway hospitals are from outside of Kent and Medway



**Six of our seven\* hospitals currently provide some urgent stroke care** across Kent and Medway.

But we are **not consistently meeting national quality standards** or delivering best practice care.

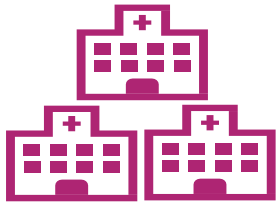
\*Services not currently provided at Kent and Canterbury Hospital



## Our proposal

Hospital staff in Kent and Medway provide the best urgent stroke service they can. But the way urgent stroke services are set up currently, along with staff shortages, mean local hospitals **do not consistently meet national standards for clinical quality**.

We want anybody who has a stroke, day or night, anywhere across Kent and Medway, and our border areas, to have the **best chances of survival and recovery**. To do this we must reorganise our stroke services.



We want to develop 24/7 urgent stroke services

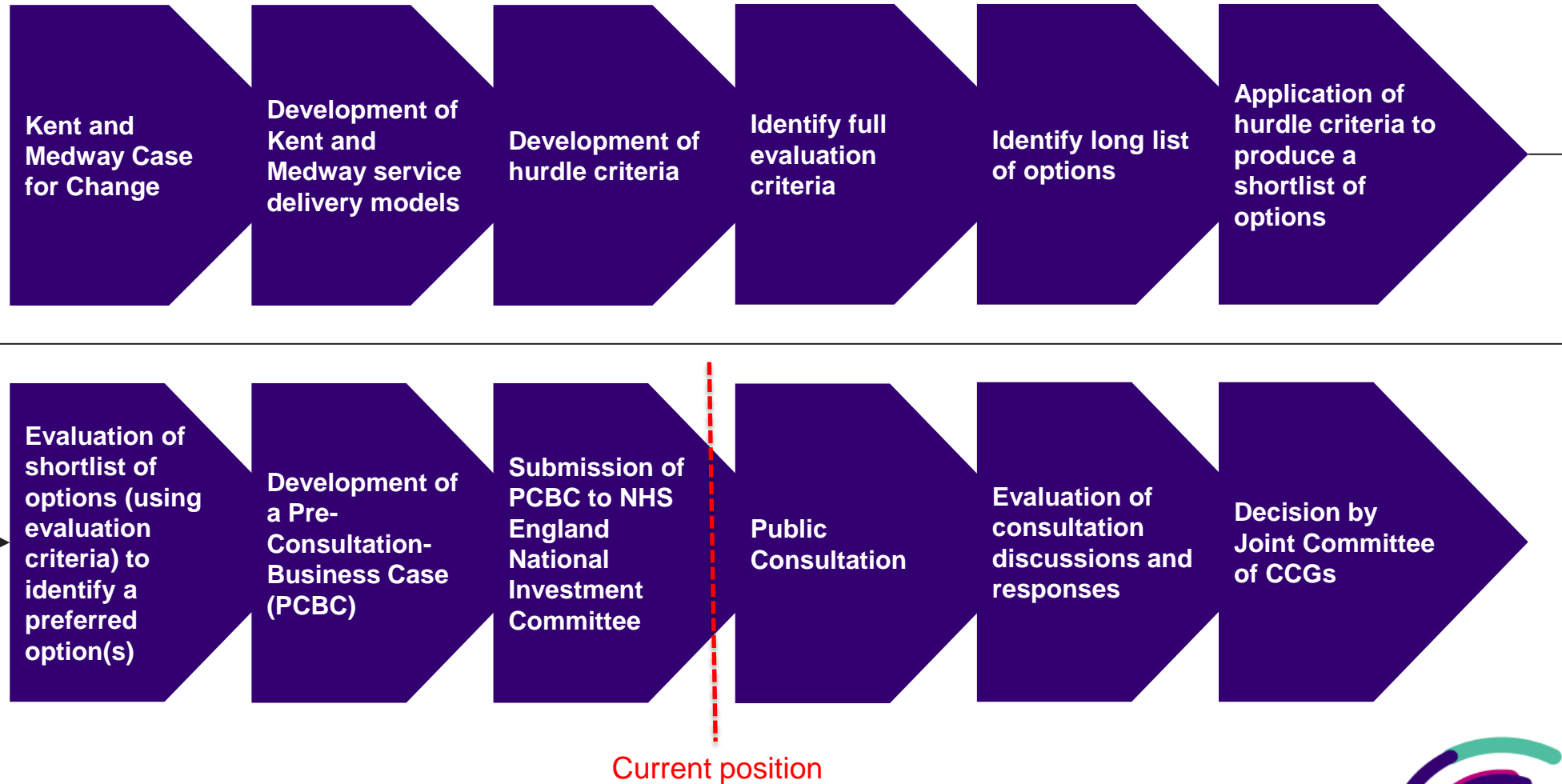
- Hyper acute stroke units
- Acute stroke units
- Transient ischaemic attack ('mini stroke') clinics



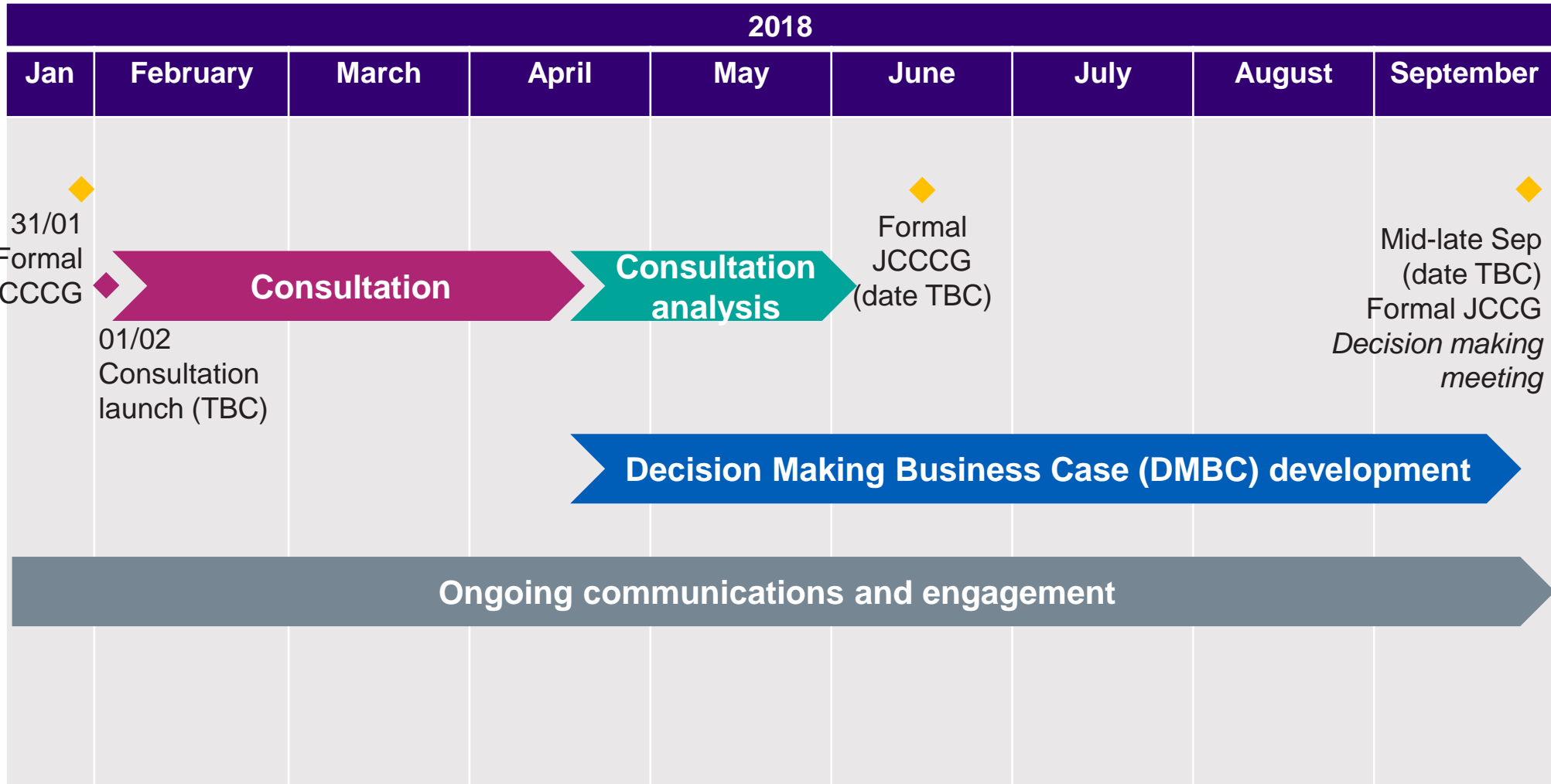
**Investing up to £40m** in hospitals and recruiting more staff



## Significant service change requires public consultation



# Timeline



## Case for change (Patricia Davies)

**Specialist stroke resources are spread too thinly** and most hospitals do not meet national standards and best practice ways of working.

**24/7 access is not consistently available**

for consultants, brain scans and clot busting drugs



Over 1/3 of stroke patients are **not getting brain scans** in recommended time



**We only have 1/3 of the stroke consultants** needed to deliver a best practice service in all hospitals



Half of appropriate patients **not getting clot busting drugs** in recommended time



**Only one unit seeing enough stroke patients** for staff to maintain and develop expertise (recommended minimum of 500 stroke patients per year)



## Service model and benefits (David Hargroves)

### Hyper acute stroke units in action



- Run 24 hours a day, 7 days a week



- Always have access to a stroke consultant with seven day/week consultant ward rounds



- Able to do brain scans and give clot-busting drugs within 2 hours of calling an ambulance, round the clock



- Staffed by teams of stroke specialist doctors, nurses and therapists



- Inpatient care for first 72 hours is on the hyper acute unit, follow up care is also on specialist acute stroke unit



## **Seven day TIA (or “mini stroke”) clinics will be provided at the Hyper Acute Stroke Units / Acute Stroke Units**

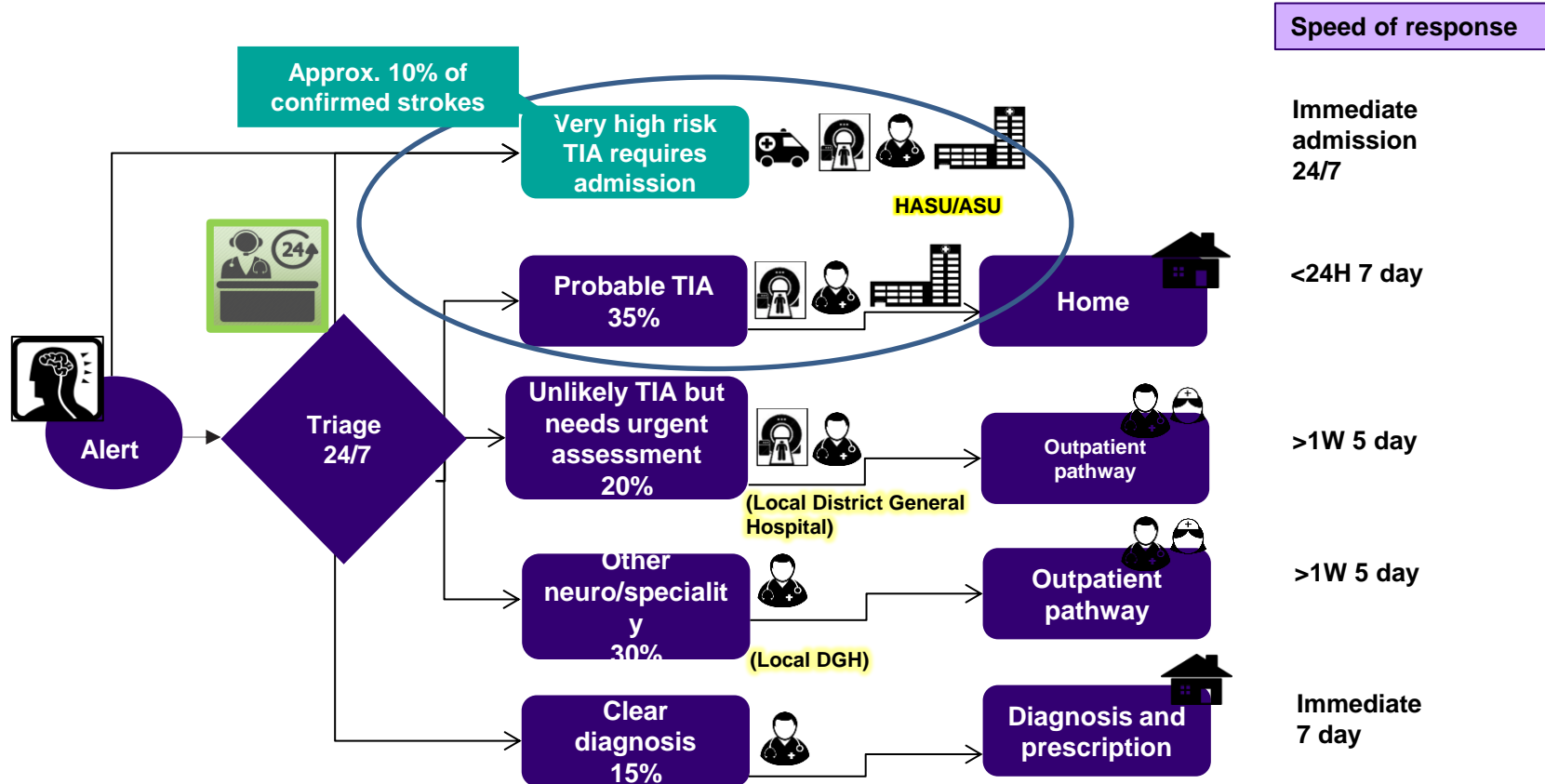
Under the future TIA pathway:

- Very high risk TIA patients will be admitted to the HASU/ASU
- Probable TIA patients require urgent assessment. This will take place at the seven day TIA clinics run at the HASU/ASU sites
- Less likely suspected TIAs require less urgent assessment, and this can be provided locally
- In addition, the Clinical Reference Group will explore the requirement for provision of local TIA clinics for probable TIA patients





# TIA (“mini stroke”) pathway



## Benefits of change

### **Consolidating urgent stroke services would help deliver consistently high-quality care regardless of where people live or when a stroke/TIA occurs**

- more patients getting brain scans and, if needed, clot busting drugs within the recommended time
- a reduction in deaths from stroke
- fewer people living with long-term disability following a stroke
- fewer people losing their independence and being admitted to nursing/care homes following a stroke
- shorter stays in hospital
- fewer vacancies within the stroke services and less turnover of staff
- improved experiences for patients and staff through best practice care delivered in specialist units 24 hours a day, seven days a week.



## Options and evaluation (David Hargroves, Nick Dawe)

We are consulting on

- The proposed move to a new way of delivering urgent stroke care
- The development of three sites into new stroke units
- A shortlist of deliverable three-site options

Option	Hospitals
<b>A</b>	Darent Valley   Medway Maritime   William Harvey
<b>B</b>	Darent Valley   Maidstone   William Harvey
<b>C</b>	Maidstone   Medway Maritime   William Harvey
<b>D</b>	Tunbridge Wells   Medway Maritime   William Harvey
<b>E</b>	Darent Valley   Tunbridge Wells   William Harvey

- Options are not ranked in order of preference.
- A preferred option will be agreed after consultation.
- Urgent stroke services would **not be available at other hospitals** in Kent and Medway.

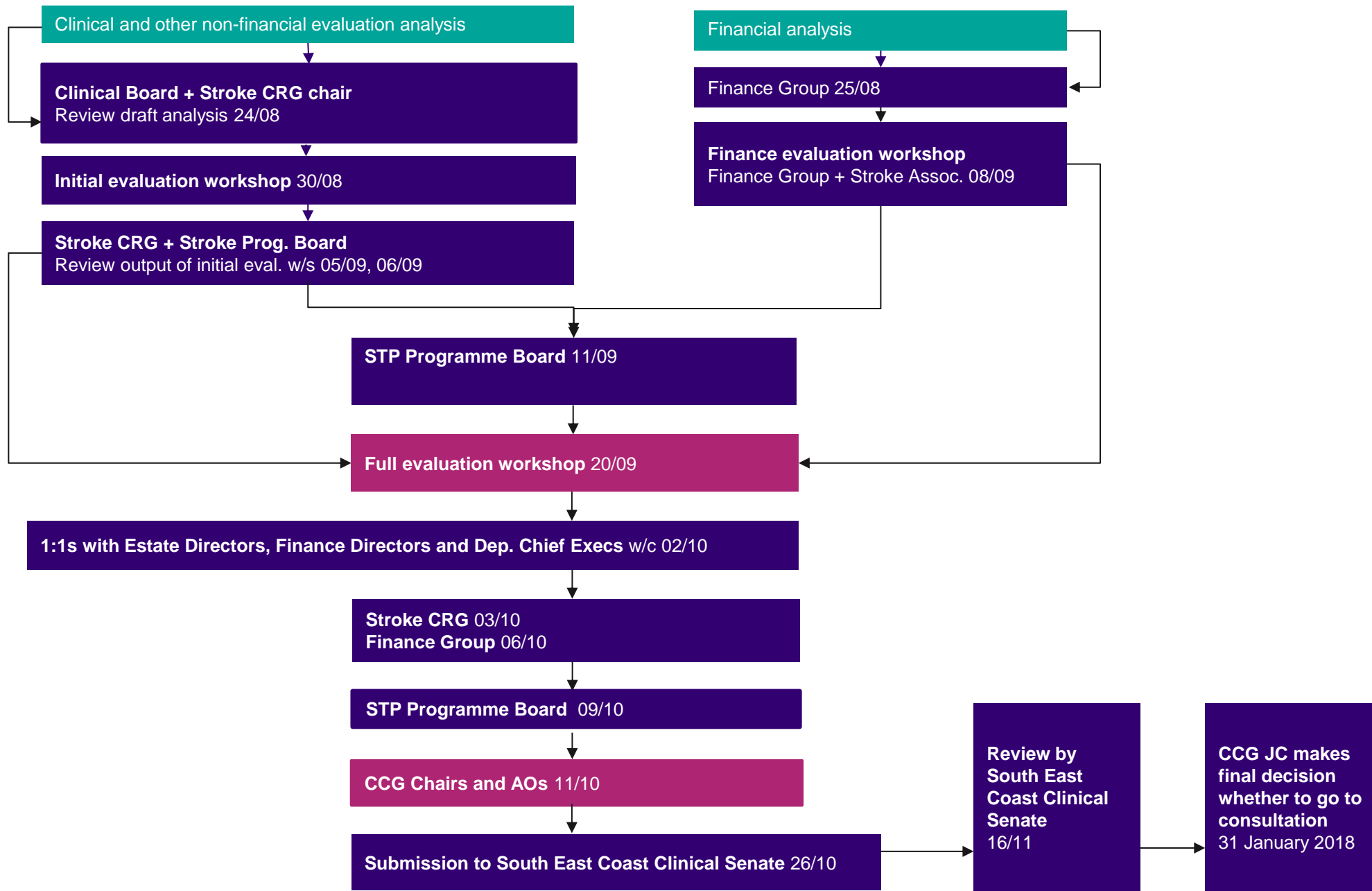


## The 13 options on the medium list were evaluated against the following five domains: Quality, Access, Workforce, Ability to Deliver and Affordability

Criteria	Sub-criteria
<b>1</b> Quality of care for all	<ul style="list-style-type: none"> <li>Clinical effectiveness and responsiveness</li> </ul>
<b>2</b> Access to care for all	<ul style="list-style-type: none"> <li>Time to access services</li> </ul>
<b>3</b> Workforce	<ul style="list-style-type: none"> <li>Scale of impact</li> <li>Sustainability</li> </ul>
<b>4</b> Ability to deliver	<ul style="list-style-type: none"> <li>Expected time to deliver</li> <li>Trust ability to deliver</li> </ul>
<b>5</b> Affordability and value for money	<ul style="list-style-type: none"> <li>Net present value</li> </ul>







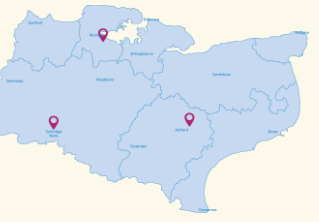





# The following process was undertaken to reach a shortlist of options



# Full evaluation matrix

		1) DVH, WHH, QEQM	2) MGH, MMH, QEQM	3) DVH, MMH, WHH	4) DVH, MMH, QEQM	5) DVH, MGH, WHH	6) DVH, MGH, QEQM	7) DVH, TWH, QEQM	8) MGH, MMH, WHH	9) TWH, MMH, QEQM	10) TWH, MMH, WHH	11) DVH, TWH, WHH	12) DVH, MGH, MMH	13) MGH, WHH, QEQM
1	Quality													
	• SEC co-adjacencies	/	/	+	/	+	-	/	+	/	++	+	+	/
	• Co-adjacencies for mech. thrombectomy	/	/	+	/	+	-	/	+	/	++	+	+	/
	• Req. for MEC	++	/	++	+	+	/	+	+	+	++	++	/	+
2	Access													
	• Blue light, proxy	++	+	+	+	+	+	+	++	++	++	++	--	++
	• Private car, off peak	++	++	+	+	+	++	+	+	++	++	++	--	++
3	Workforce													
	• Gap in workforce requirements	-	-	/	/	/	/	-	-	-	-	/	/	-
	• Vacancies	++	--	/	-	+	/	++	--	--	-	++	--	/
	• Turnover	--	+	--	--	/	/	-	+	+	+	-	-	+
4	Ability to deliver													
	• Expected time to deliver	-	-	/	-	/	-	-	+	-	-	-	/	--
	• Trust ability to deliver	--	++	++	++	++	++	++	++	++	++	++	++	--
5	Finance													
	• Net Present Value (NPV at 10 yrs, £m)	--	+	+	++	+	/	-	+	+	+	+	++	-

## Comparison of options

		<b>A</b> Darent Valley, Medway, William Harvey	<b>B</b> Darent Valley, Maidstone, William Harvey	<b>C</b> Maidstone, Medway, William Harvey	<b>D</b> Tunbridge Wells, Medway, William Harvey	<b>E</b> Darent Valley, Tunbridge Wells, William Harvey
Hospital site locations 						
Population within 30 mins by ambulance 		73.4%	74.2%	76.2%	82.2%	76.9%
Population within 45 mins by ambulance 		91.0%	91.3%	91.3%	92%	91.9%
Capital investment required 		£30.82m	£36.29m	£37.86m	£35.95m	£30.63m
More stroke doctors needed 	In K&M	8	8	8	8	8
	Outside K&M	0	0	2	2	0



## Why are some sites not proposed as a future Hyper Acute Stroke Unit/Acute Stroke Unit?

### Queen Elizabeth the Queen Mother Hospital

- East Kent University Hospitals Foundation Trust felt that it would be very difficult to deliver stroke services on two sites (William Harvey Hospital and Queen Elizabeth the Queen Mother Hospital) due to recruitment issues and the risks around staff re-location
- Therefore, all options with a HASU/ASU at both of these sites were evaluated more poorly in the trust ability to deliver

### Kent and Canterbury Hospital

- Kent and Canterbury Hospital does not currently meet the co-dependency requirement for a HASU as it is lacking acute medicine and critical care
- This is due to the withdrawal of training doctors by Health Education England in March 2017
- Options with Kent and Canterbury Hospital have not been shortlisted for consultation.





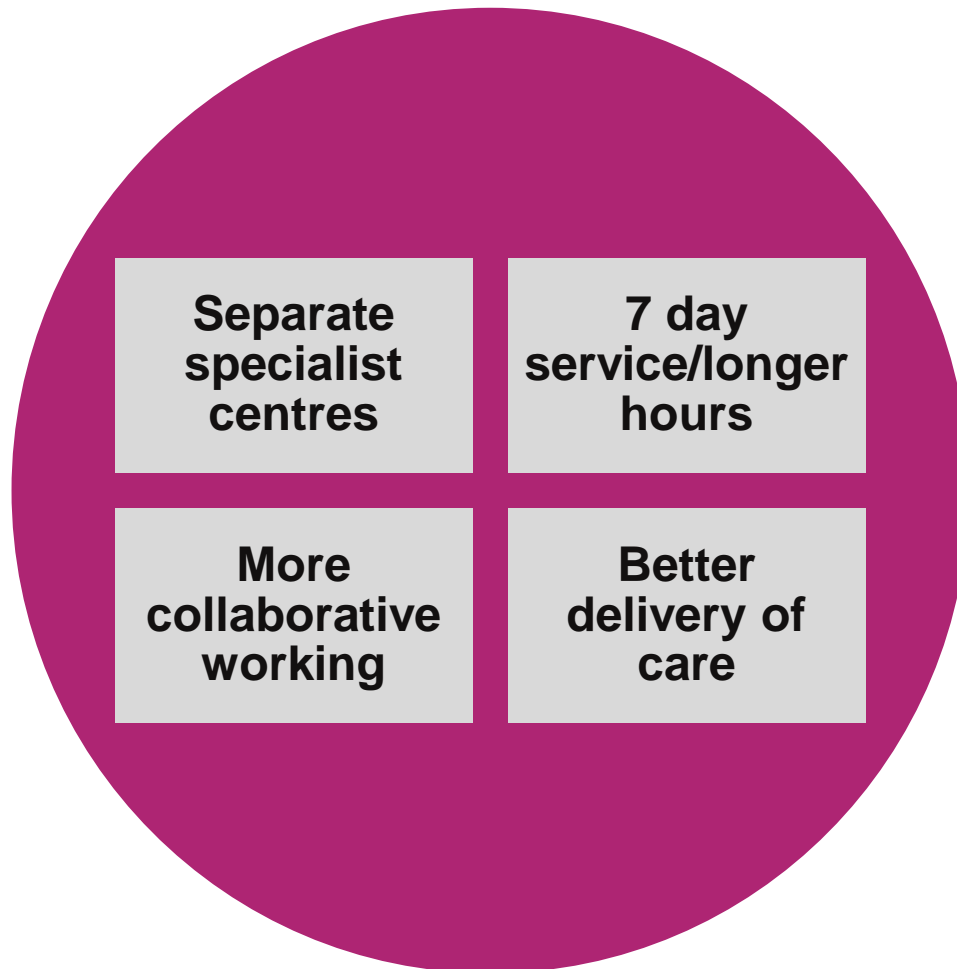
## Stakeholder engagement (Patricia Davies)

- Thousands of people have engaged in stroke review since late 2014 including: stroke survivors/ their families and carers/ members of the public/ clinicians/ key stakeholders including CCGs, providers from Kent, Medway, and across the borders in Sussex, Surrey and south London
- They have provided a valuable challenge and helpful insight throughout the review
- Views have been fed into the decision-making process
- Variety of engagement channels have been used including surveys, focus groups, listening events, roadshows, face to face meetings
- We have used a variety of channels to communicate including e newsletters, printed magazines, emails, media, social media, websites
- All engagement work has been logged and evidenced



## Potential advantages and benefits

Since starting the stroke review we have been talking to staff, patients, the public and wider stakeholders to develop the future care model. Key advantages of the new model that people identified included:



*Seven days a week specialist service is good.*  
Ashford

*I understand or know that stroke services like this have better outcomes. It is a sad compromise that [increased] travel may be necessary.*  
Deal



## Potential disadvantages and concerns

Since starting the stroke review we have been talking to staff, patients, the public and wider stakeholders. Issues already raised include:

### Is three the right number?

Why not have a hyper acute stroke unit at every hospital?



Why not centralise everything on one site?

### Recruitment & retention

Can we recruit enough staff for the proposed changes?



Will staff be willing to move to new locations?

### Travel times

Can ambulances get people to a hyper acute stroke unit fast enough?



Can relatives and carers visit easily?

### Impact on other hospitals

Will sites that lose stroke services suffer?



Are hospitals outside Kent and Medway affected?



## Mitigations against potential disadvantages have been developed

<u>Risk</u>	<u>Mitigation</u>
Travel and access for patients	<ul style="list-style-type: none"> <li>Increased travel time will be off-set by the improved diagnostic and treatment efficiencies in the model of care at the HASU.</li> <li>Ambition of the new model of care is to provide thrombolysis treatment within 30 minutes of arrival – this allows for 90 minutes for call to door</li> </ul>
Travel and access for carers and relatives	<ul style="list-style-type: none"> <li>Liaise with voluntary transport services in transporting carers and relatives</li> <li>Explore options for carers and relatives to stay overnight</li> <li>Maximise public transport accessibility through engagement with local transport providers</li> <li>Review cost/availability of car parking spaces for carers and relatives</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>Incentives to encourage staff to relocate.</li> <li>Develop a system wide approach to encourage and support the movement of staff</li> <li>Promotion of stroke roles through the use of targeted recruitment campaigns</li> </ul>
Transition	<ul style="list-style-type: none"> <li>Training offered for staff at non HASU/ASU sites to ensure no loss of expertise at these sites</li> <li>Protocol in development for patients who have a stroke in a non HASU/ASU</li> </ul>



## Assurance (Michael Ridgwell)

- South East Coast Clinical Senate
- Integrated Impact Assessment
- Joint Health Overview and Scrutiny Committee
- NHS England



## Integrated Impact Assessment

- An independent integrated impact assessment of the proposed options was commissioned
- Looked at potential impact of the options in terms of health, travel and access, sustainability and populations with protected characteristics
- The difference between the options for consultation was found to be minimal
- Report gave recommendations for mitigations – these have been further developed by the stroke review governance groups



## Consultation plan (Steph Hood)

It is proposed to launch the public consultation on **1 February 2018** to run for **ten weeks**.

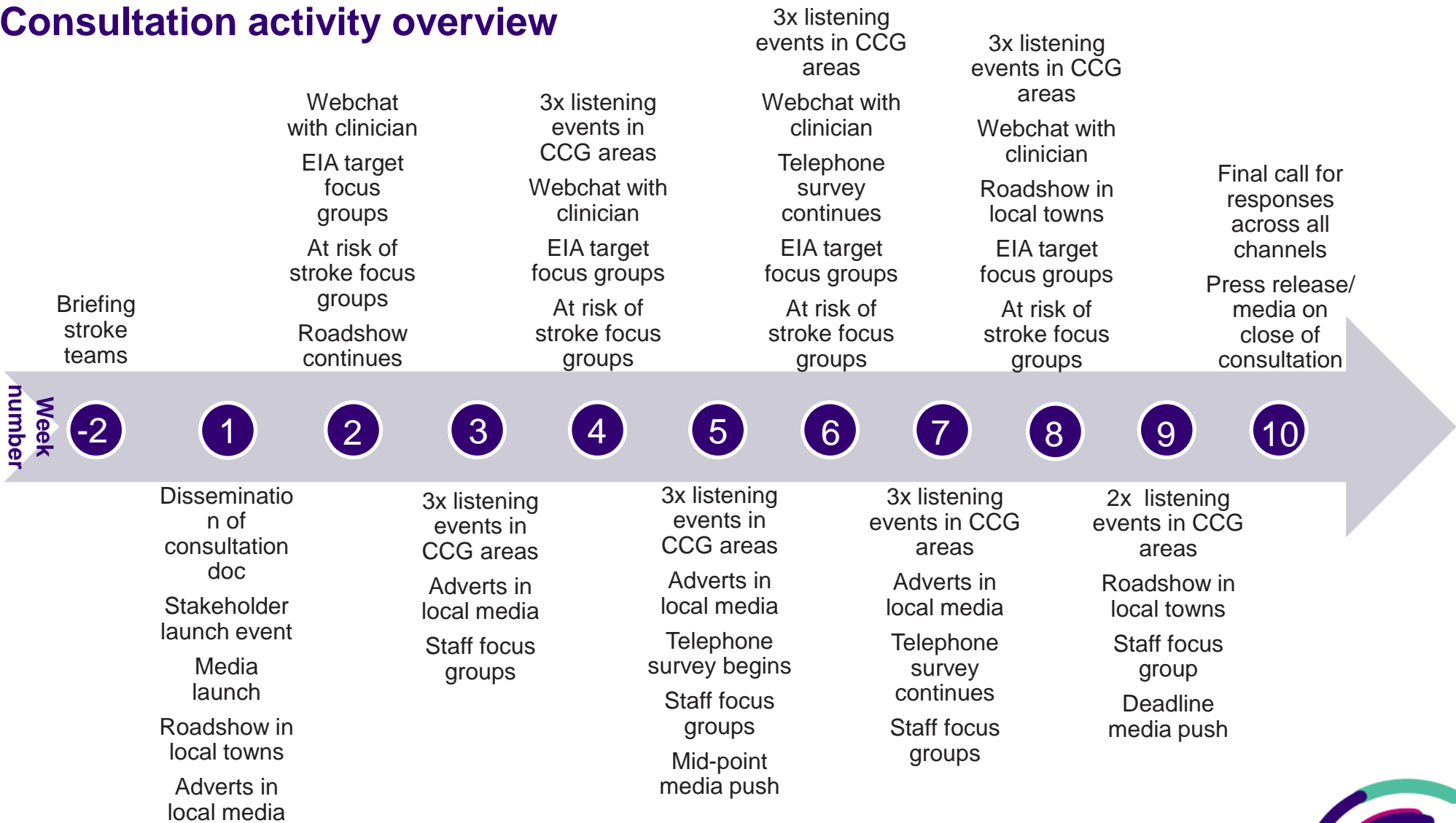
### During the consultation period we will:

- Have online information, materials and questionnaire as well as hard copies
- Hold proactive listening events x 10 CCG areas
- Discuss the consultation and encourage responses at existing meetings and opportunities, at both county and CCG level
- Respond to meeting requests where we can
- Provide materials and support for meetings run by others (eg animation, consultation documents, FAQs)
- Conduct outreach to seldom heard groups (building on pre-consultation engagement)
- Conduct targeted focus groups i) IIA ii) those particularly at risk of stroke iii) staff
- Gather feedback from a representative sample population – telephone survey
- Continue 1-1 stakeholder engagement for targeted responses
- Run a digital and social media campaign
- Continue working with local media
- Take every opportunity to build in 'FAST' and prevention messages to our communications.

Meeting dates will be published at [www.kentandmedway.nhs.uk/stroke](http://www.kentandmedway.nhs.uk/stroke) and on individual CCG websites, as well as cascaded through networks and publicised locally.



# Consultation activity overview





## Consultation activity overview

### Activity taking place throughout consultation period

- Supporting materials and survey on STP website and signposted from CCG and provider sites
- Weekly topic-specific content shared via STP, CCG and provider communications channels (e.g. website, social media, bulletins/newsletters, staff briefings etc)
- Promotion of consultation to and in 3<sup>rd</sup> party stakeholder organisations communications channels
- Presentations to/attendance at key stakeholder meetings/groups
- Information displayed in provider organisations (including staff areas), GP practices, libraries, community centres and other public spaces
- Providing support materials for 3<sup>rd</sup> party meetings (e.g. animation, consultation documents, FAQs)
- Proactive outreach to seldom heard groups
- Targeted 1-1 stakeholder engagement to generate responses



## Giving your views



### Once our consultation has launched:

- You will be able to read more about the proposed changes  
Visit [www.kentandmedway.nhs.uk/stroke](http://www.kentandmedway.nhs.uk/stroke)  
for the consultation document and questionnaire (these will also be available in printed format), and find more information on our website including:
  - pre-consultation business case
  - travel time modelling
  - options evaluation process
  - integrated impact assessment and more
- And when you are ready to respond
  - Complete the consultation questionnaire online, by post or by telephone.



## Public Q&A

# Q&A

