

Improving urgent stroke services in Kent and Medway

A consultation by the 10 NHS Clinical Commissioning Groups of: Ashford, Bexley, Canterbury and Coastal, Dartford Gravesham and Swanley, High Weald Lewes Havens, Medway, South Kent Coast, Swale, Thanet, and West Kent.

The consultation is open for 10 weeks from **2 February 2018 to 13 April 2018**.

This document is a plain text, large print version of the summary consultation leaflet.

The summary is of a public consultation on proposals to improve hospital-based urgent stroke services for people in Kent and Medway, and surrounding areas. The full consultation paper, background information, other alternative formats and a response survey are available at www.kentandmedway.nhs.uk/stroke

Our proposal is to establish hyper acute stroke units operating 24 hours a day, 7 days a week, to care for all stroke patients across Kent and Medway.

Each unit would also have alongside it:

- an acute stroke unit where people may go after the initial 72 hours for further care until they are ready to be discharged, and

- a transient ischaemic attack clinic (TIAs are also known as “mini strokes”).

We are consulting on the proposal to establish hyper acute stroke units; whether 3 is the right number; and 5 potential options for their location.

The proposals would ensure all residents get consistently high quality hospital-based stroke care regardless of where they live or what time of day or night a stroke occurs. However, urgent stroke services would not be available at other hospitals in Kent and Medway.

The proposals are focused on improving care and outcomes for people who have a stroke – meaning fewer deaths and less disability. They are not aimed at saving money. To make these we would be investing up to £40million in hospitals and recruiting more staff.

About stroke and best practice treatment

Stroke is a serious, life-threatening medical condition that happens when the blood supply to the brain is cut off, by a bleed or clot in a blood vessel. There are around 3,000 stroke patients a year for whom a Kent and Medway hospital is their nearest. How well people recover is affected by the speed and quality of treatment.

National best practice is to have dedicated hyper acute stroke units that are staffed by teams of stroke specialists around the clock and have consultants on the unit seven days a week, with access to all the equipment they need for

diagnosing and treating stroke patients. Patients should be taken to these units directly to receive specialist stroke care as soon as possible after a stroke. Units should see a minimum of 500 patients a year to make sure staff maintain and develop their specialist skills. Similar changes have already been implemented in other parts of England and have proven to save lives and reduce disability.

Local challenges and the improvements needed

There are 6 hospitals across Kent and Medway currently providing urgent stroke care. We know that hospital staff provide the best service they can for people who have a stroke. However, despite their best efforts, the way stroke services are currently organised, and a shortage of specialist staff, means the majority of our hospital stroke services do not consistently meet national standards for clinical quality. A significant reason for this is because specialist resources are stretched too thinly across the current hospital sites.

24 hour 7 day access is not consistently available for consultants, brain scans and clot busting drugs.

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

Half of appropriate patients are **not getting clot busting drugs** in the recommended time after arriving at hospital.

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

One in three stroke patients are **not getting brain scans** in the recommended time after arriving at hospital.

The primary aim of our stroke review is to ensure that anybody who has a stroke, day or night, anywhere across Kent and Medway, and in our border areas in south east London and East Sussex, has the best chances of survival and recovery.

We want all our urgent stroke services to meet the national quality standards and offer patients the best care. Looking ahead, we want stroke services in Kent and Medway to be forward thinking and at the forefront of evidence-based care, with the best staff able to offer the latest developments in stroke treatment.

To achieve our vision, we must get the basics right and organise stroke services across Kent and Medway differently to how they are today.

Our stroke review work to date

We began this detailed review of hospital-based urgent stroke services for Kent and Medway in late 2014. Clinicians from stroke services, general practice and the ambulance service have led the review and have developed the proposals. Throughout the process we have engaged with patients, the public, staff and other stakeholders to help shape our plans.

Developing the options

There has been a detailed process to consider options for the future shape of hospital-based urgent stroke services before proposing 3 sites and possible locations.

- a long list that considered different numbers of hyper acute stroke units
- a medium list of possible 3-site options, and
- the shortlist of 3-site options now being consulted on.

Our shortlist has 5 potential options for where 3 hyper acute stroke units could be located in the future is

Option A - Darent Valley Hospital, Medway Maritime Hospital, and William Harvey Hospital

Option B - Darent Valley Hospital, Maidstone Hospital, and William Harvey Hospital

Option C - Maidstone Hospital, Medway Maritime Hospital, and William Harvey Hospital

Option D - Tunbridge Wells Hospital, Medway Maritime Hospital, and William Harvey Hospital

Option E - Darent Valley Hospital, Tunbridge Wells Hospital, and William Harvey Hospital

The order is not a ranking. We are not identifying a preferred option until we have considered the feedback from this consultation. There is information in the main consultation document about why some hospitals are not included in any of the options.

We believe that 3 units is the right number and that all 5 options for locations could deliver the improvements that we want. The information below highlights a number of differences between the location options. In all options 98% of the population are within 60 minutes of a Hyper Acute Stroke Unit when taken by ambulance or driving by car at peak time.

More detail about each option is available in the main consultation document and background papers.

In each option we will give a figure called **Net Present Value**. This is a calculation to show the overall financial benefit over the next 10 years for each option. It compares the total investment (including upfront capital investment, one-off transition costs, workforce and other service costs) against total potential benefits (including savings as a result of reducing long-term complications and disabilities through the new model, and the net change to service costs). A higher value shows a greater benefit.

Option A - Darent Valley, Medway, and William Harvey

73.4% of the population are within **30 minutes** of a hyper acute stroke unit when taken **by ambulance**.

91.0% of the population are within **45 minutes** of a hyper acute stroke unit when taken **by ambulance**.

71.9% of the population are within **30 minutes** of a hyper acute stroke unit when driving **by car at peak time**.

91.0% of the population are within **45 minutes** of a hyper acute stroke unit when driving **by car at peak time**.

The total capital investment needed is **£30.82million**

The net present value over 10 years is **£17.7million**

The number of additional consultants needed in Kent and Medway is **8**

The number of additional consultants needed outside Kent and Medway is **0**

Option B Darent Valley, Maidstone, and William Harvey

74.2% of the population are within **30 minutes** of a hyper acute stroke unit when taken **by ambulance**.

91.3% of the population are within **45 minutes** of a hyper acute stroke unit when taken **by ambulance**.

73.3% of the population are within **30 minutes** of a hyper acute stroke unit when driving **by car at peak time**.

91.6% of the population are within **45 minutes** of a hyper acute stroke unit when driving **by car at peak time**.

The total capital investment needed is **£36.29 million**.

The net present value over 10 years is **£12.1 million**.

The number of additional consultants needed in Kent and Medway is **8**.

The number of additional consultants needed outside Kent and Medway is **0**.

Option C - Maidstone, Medway, and William Harvey

76.2% of the population are within **30 minutes** of a hyper acute stroke unit when taken **by ambulance**.

91.3% of the population are within **45 minutes** of a hyper acute stroke unit when taken **by ambulance**.

73.6% of the population are within **30 minutes** of a hyper acute stroke unit when driving **by car at peak time**.

91.6% of the population are within **45 minutes** of a hyper acute stroke unit when driving **by car at peak time**.

The total capital investment needed is **£37.86 million**.

The net present value over 10 years is **£14.4 million**.

The number of additional consultants needed in Kent and Medway is **8**.

The number of additional consultants needed outside Kent and Medway is **2**.

Option D - Tunbridge Wells, Medway, and William Harvey

82.2% of the population are within **30 minutes** of a hyper acute stroke unit when taken **by ambulance**.

92.0% of the population are within **45 minutes** of a hyper acute stroke unit when taken **by ambulance**.

79.8% of the population are within **30 minutes** of a hyper acute stroke unit when driving **by car at peak time**.

92.2% of the population are within **45 minutes** of a hyper acute stroke unit when driving **by car at peak time**.

The total capital investment needed is **£35.95 million**.

The net present value over 10 years is **£16.1 million**.

The number of additional consultants needed in Kent and Medway is **8**.

The number of additional consultants needed outside Kent and Medway is **2**.

Option E Darent Valley, Tunbridge Wells, William Harvey

76.9% of the population are within **30 minutes** of a hyper acute stroke unit when taken **by ambulance**.

91.9% of the population are within **45 minutes** of a hyper acute stroke unit when taken **by ambulance**.

76.4% of the population are within **30 minutes** of a hyper acute stroke unit when driving **by car at peak time**.

92.1% of the population are within **45 minutes** of a hyper acute stroke unit when driving **by car at peak time**.

The total capital investment needed is **£30.63 million**.

The net present value over 10 years is **£16.3million**.

The number of additional consultants needed in Kent and Medway is **8**.

The number of additional consultants needed outside Kent and Medway is **0**.

To develop the options our calculations of travel times and how many stroke patients each unit would see have also included people living in areas outside

Kent and Medway where one of the proposed hyper acute stroke units in Kent may become their closest specialist stroke service, depending on where they live. This would include:

Bexley residents – a hyper acute stroke unit at Darent Valley Hospital may become their nearest, depending on where they live.

High Weald Lewes Havens residents – a hyper acute stroke unit at Tunbridge Wells Hospital may become their nearest, depending on where they live.

Our calculations take into account where people in neighbouring communities may use Kent and Medway services but are more likely to be taken to specialist stroke services at hospitals in Orpington, Redhill, Brighton and Eastbourne.

The main benefits of the proposed changes would be

All stroke patients receiving consistently high quality care regardless of where or when a stroke occurs.

More patients getting brain scans and clot busting drugs in the recommended times.

A reduction in deaths and disability from stroke.

Shorter stays in hospital.

Clinics for transient ischaemic attacks (known as TIAs or mini strokes) 7 days a week for higher risk patients.

Improved experiences for patients and staff from being treated and working in 24 hour 7 day specialist units.

Potential disadvantages and concerns

In the main consultation document we also outline potential disadvantages of the proposed changes and concerns which have been raised by patients, the public, staff and other stakeholders during the earlier stages of our review.

These include issues around:

- whether 3 units is the right number
- travel times
- the impact on hospitals that would no longer have stroke services, and
- the recruitment and retention of stroke staff.

We would encourage you to look at these to help you form your own views before responding to the consultation.

The deadline for all responses is midnight on 13 April 2018.

Find out more and give your views

Read more about the proposed changes

Visit www.kentandmedway.nhs.uk/stroke for the main consultation paper, response questionnaire and all the background information on the proposals including: pre-consultation business case; travel time modelling; options evaluation process; integrated impact assessment.

Come and talk to us

There are public events where you can learn more, speak to the programme's clinical leaders and let us know what you think. Visit www.kentandmedway.nhs.uk/stroke for a full programme of consultation events and meetings.

Invite us to speak with your group

We would be delighted to attend meetings of existing community groups to discuss the proposals. To request a visit contact us on km.stroke@nhs.net or call **0300 7906796**.

Responding to the consultation

When you are ready to respond you can complete the consultation questionnaire online or post a copy to us (from the back of the main consultation paper). If you would like to give a formal consultation response by phone you can call us on **0300 7906796**.

Ends