You said, we did

How we responded to the outcomes of the stroke consultation
The public consultation: what happened
Awareness raising

- Advertising
- Disseminating materials
- Traditional media
- Social media
- Information cascade
- Websites, newsletters, bulletins

Opportunities to share views

- Online and paper questionnaire
- Letters, emails, phone
- Public meetings and events
- Staff events
- Meetings with stakeholders

Pro-active research

- Telephone survey
- Seldom heard groups
- Protected characteristics
- Street survey and focus groups

Responses

- 2500+ questionnaires
- 4000+ postcards and petition signatures
- 500+ letters and emails
- 800+ meeting attendees
- 700+ telephone survey participants
- 400+ participants in proactive research
You said

What you told us in response to the consultation
General agreement that stroke services need to change (although people support and are loyal to their local hospital)

Concerns about travel times and people want journeys to be as short as possible

People felt levels of deprivation and population size in specific areas should be taken in to account

People want to know that good quality rehabilitation services will be in place locally

General support for the idea of having hyper acute stroke units

Many people said they would like there to be four HASUs… …or a HASU in Thanet

Concerns about staffing: will we have enough staff and has enough had been done to attract staff
We did

How we responded to your feedback
Agreement that stroke services need to change

• Most people agreed there is a ‘case for change’ and that we need to work differently to improve stroke services in Kent and Medway
• But people were typically very supportive of the quality of care at their local hospital

Response

• General agreement with the case for change and the idea of hyper acute stroke units told us that people understood our reasons for wanting to organise stroke services differently
• As a result we decided that our general proposals for implementing HASUs in Kent and Medway did not need to change

87% of people who responded to the questionnaire agreed there are convincing reasons to create hyper acute stroke units in Kent and Medway
Support for the idea of hyper acute stroke units

Most people agreed that:

- Creating hyper acute stroke units would improve access to diagnosis and specialist treatment in the 72 hours following a stroke for patients
- Creating hyper acute stroke units would improve quality of urgent stroke care for patients

Response

- General support for creating hyper acute stroke services and agreement that they would improve quality and access to specialist treatment told us that people understood the benefits of specialist care in dedicated units
- As a result we decided that our general proposals for implementing HASUs in Kent and Medway did not need to change

Around 75% of questionnaire responses and telephone survey participants agreed hyper acute stroke units would improve access to specialist treatment and quality of care
Stroke review: You said, we did

**Response**

- Reviewed national and local standards to ensure proposals are safe and would allow us to treat people in the required timeframes.
- Checked latest travel time data against original proposals to see if anything had changed.
  - The data confirmed that 99.9% of people would be within a 60 minute journey time to a HASU, and 100% within 63 minutes.
  - The data we used comes from a nationally and internationally recognised source and is taken from real journey times from satellite navigation systems.
- As a result we decided that our proposal for **the locations of proposed HASUs did not need to change**.

**Concern about travel times and keeping journeys as short as possible**

- Lots of people were worried that consolidating stroke services into three specialist centres would mean journey times to hospital would not be safe.
- People said travel times to proposed HASUs needed to be as short as possible.
- Some people were not confident about the accuracy of the travel time data we used to help plan the locations of proposed HASUs.

Around 35% of both questionnaire responses and telephone participants said they were concerned about the travel times to the proposed HASUs.
Response

- Looked again at the data that had informed recommendation for three HASUs:
  - The number of confirmed stroke patients that each unit would see (a minimum of 500 a year)
  - The number of staff needed to run four units
- Four units would mean some would not see the required minimum number of confirmed stroke patients per year for safety and quality
- We would be very unlikely to recruit enough consultants to run four units safely
- As a result we decided that our proposal for having three HASUs in Kent and Medway did not need to change

13% of questionnaire responses said there should be more units. Around 10% said there should be a unit closer to Thanet and another 10% that the unit should be at QEQM specifically.
People said that if there couldn’t be four HASUs, one of the three proposed sites should be in Thanet because:

- travel times to Ashford are too long
- there are higher levels of deprivation in some areas that could lead to greater need for stroke services
- deprivation could also impact on peoples’ ability to visit relatives and friends in hospitals that are further away

Response

- Looked again at the rationale for excluding QEQM:
  - QEQM has fewer of the desirable ‘co-adjacent’ services
  - EKHUFT said they would find it difficult to staff two HASUs
  - Therefore Ashford was the more favourable site for a HASU based on the desirable services
- Reviewed the data on the numbers of stroke in areas of deprivation
  - The numbers of confirmed strokes in deprived areas is no higher than anywhere else in Kent
  - The key way to improve health in deprived areas is through prevention
- Established a travel group to ensure mitigations are put in place during implementation to reduce the impact of increased travel times
- As a result we decided that there was no new evidence for QEQM to be considered as a location for a HASU

16% of questionnaire responses specifically mentioned that there should be a HASU in Thanet in the free text responses. A petition with 3500 signatures and 1521 postcards and were received calling for a HASU at QEQM.
People said they were concerned that people living in deprived areas should be closer to a HASU because they were more likely to have a stroke. They also said that HASUs should be located in the most densely populated areas.

Response

• Looked again to see if there is a connection between numbers of strokes and areas of deprivation across the whole of Kent and Medway
  • The data does not show that areas of high deprivation have higher numbers of stroke
• Clinically, there are two criteria that influence the location of a HASU:
  • Can 95% of people reach it within an hour?
  • Are there enough people in the ‘catchment’ area to ensure the HASU treats at least 500 strokes a year?
• All the proposed sites for HASUs in Kent and Medway meet this criteria
• As a result we decided that no one option was any better placed to deliver stroke care on the basis of population size or deprivation than another.
There were concerns that we would not be able to recruit enough staff to run the proposed HASUs

Some people also felt that staffing challenges should not be a reason to limit the number of HASUs in Kent and Medway

Response

- Looked again at the current staffing levels, vacancy rates and staff turnover rates:
  - We need at least three more full time stroke consultants to run three HASUs
  - There are recruitment challenges with some hospitals having as many as 20% of their nursing posts vacant (across all departments, not just stroke)
  - We are developing a detailed workforce plan that will address how we help existing staff to stay working in stroke services and how we attract new staff
  - We reviewed the way each site was evaluated to see if staffing influenced any of our decisions about the number or location of proposed HASUs
    - The main influence on the number of HASUs was ensuring each unit would see enough patients (a minimum of 500)
    - The main influence on location was the other desirable services at each site
  - While we recognise there is significant work to do around staffing as part of our implementation plans, we decided that our general proposals did not need to change because of staffing issues

In the telephone survey 57% of people said they thought it was a good idea to concentrate staff on fewer sites. 8% of questionnaire responses mentioned concerns about staffing.
The need for good quality rehabilitation services

• Lots of people said we need to make sure as much rehabilitation as possible happens close to, or in, peoples’ homes to minimise the amount of time some patients would need to be away from relatives and friends
• Staff also made clear that HASUs will only be successful if they are supported by good quality rehabilitation that is in place at the time the HASUs are implemented

Response
• Originally intended to review stroke rehabilitation services across Kent and Medway once the decision on implementing HASUs had been made
• As a result of the feedback from consultation we decided to speed up work on stroke rehabilitation services
  • This work is being bought in line with the timeline for the implementation of the proposed HASUs
  • We are working with the Stroke Association and stroke rehab specialists to develop a clear plan for new services
  • We have committed to ensuring that sufficient rehab is in place, across Kent and Medway, not just alongside the proposed HASUs
  • We have committed to ensuring sufficient rehab will be in place at the same time as HASUs, if they are implemented

9% of questionnaire responses mentioned the importance of rehabilitation services. Rehab was one of the most commonly mentioned additional areas for consideration in focus groups and at public listening events
What happened next
Stroke review: You said, we did

Oct 18
- Development of a ‘decision making business case’
- Review by the Clinical Senate

Nov –Dec 2018
- Finalising decision making business case
- NHS England and NHS Improvement assurance process

Feb 19
- Decision by Joint Committee of Clinical Commissioning Groups

Spring 2019 onwards
- Implementation of agreed option
Find out more about the stroke review at www.kentandmedway.nhs.uk/stroke