

# Review of urgent stroke care services: Frequently asked questions following announcement of the preferred option

17<sup>th</sup> September 2018

## Frequently asked questions

### Question: what were the five options that were being considered for urgent stroke services in Kent and Medway?

**Answer:** The proposals that we consulted on were to establish hyper acute stroke units in Kent and Medway, and the proposals recommend establishing three units. The proposals set out five options for where these three units could be located across Kent and Medway.

These five proposed options were:

- 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
- D. Tunbridge Wells Hospital, Medway Maritime Hospital, William Harvey Hospital
- E. Darent Valley Hospital, Tunbridge Wells Hospital and William Harvey Hospital

### Question: Which of the five options has been identified as the preferred option?

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**Answer:** The NHS in Kent and Medway has today published details of the preferred option for the configuration of stroke services that care for people in the immediate period following a stroke.

The preferred option was identified at an evaluation workshop that involved representatives from all CCGs across Kent, Medway East Sussex and south east London, including GPs, commissioners and patient representatives. Councillors from Kent, Medway, East Sussex and Bexley were also in attendance. The evaluation workshop identified **Option B** as the preferred option with the proposal to establish three hyper acute stroke units (HASUs), alongside acute stroke units at the following hospital sites: **Darent Valley Hospital in Dartford, Maidstone Hospital, and the William Harvey Hospital in Ashford.**

It is important to stress that, while this combination been identified as the preferred option, at this stage no formal decisions have been taken about the future of urgent stroke care in Kent and Medway and more work will now be undertaken to look at the potential implementation of this option in the future. This work will be set out in a 'decision-making business case' for the Joint Committee of ten clinical commissioning groups from Kent and Medway, Bexley and East Sussex to consider before they make a final decision in December 2018 or January 2019.

### Question: Why was this option chosen to be the preferred option?

**Answer:** While it was clear that all of the options could provide improved urgent stroke services, after careful and detailed consideration and thorough evaluation of the five options using agreed criteria and detailed evidence and data, we believe that Option B best



meets the evaluation criteria that have been used to determine the best possible configuration of urgent stroke services in Kent and Medway. These criteria are:

- **Quality** – ensuring the quality of urgent stroke care will be improved if the preferred option is implemented
- **Access** – patients across Kent and Medway, or for whom a Kent and Medway hospital is their nearest, can reach a HASU within a reasonable time frame, supporting the Kent and Medway ambition to offer those stroke patients who need them (only 15-20% of stroke patients do) clot-busting drugs within 120 minutes of calling 999 with stroke symptoms.
- **Workforce** – there are enough staff or robust plans to recruit and retain them, to ensure that the option can be implemented.
- **Ability to deliver** – ensuring that the preferred option can be successfully implemented if given the go-ahead
- **Finance** – ensuring that the preferred option can be implemented within the parameters of the capital investment available

Going from five possible options to one preferred option was always going to be a challenging step in the process. All the options had the very real potential to improve stroke care, and there was little to differentiate between them. The purpose of the post-consultation evaluation was to look closely at the fine differences between the options and identify which option was the ‘best of the best’.

### **Question: How did you arrive at this preferred option?**

#### **Answer:**

The preferred option was identified following careful consideration of the responses to a public consultation, all the evidence and data gathered during the four-year review, and further detailed evaluation of five shortlisted options.

The Joint Committee of CCGs\* was satisfied that the consultation did not identify any new evidence or viable new options that required a change to the consultation proposals. However, the responses to consultation emphasised important issues for consideration during the implementation of the final option. For example, people were concerned about travel times, relatives and carers visiting loved ones, effective rehabilitation close to home and the ability to staff the new units. These and other issues will all be considered in the detailed implementation plans for the final option.

Following extensive and detailed evaluation of all the options, the preferred option was selected because it offers the best mix of clinical quality, access, ability to deliver, and value for money.

Sessions have been held with senior clinicians, decision-makers and patient representatives over the last few weeks to look at all of the data, evidence and analysis on urgent stroke care for patients across Kent and Medway and surrounding areas.

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\* The Joint Committee of Clinical Commissioning Groups for the Kent and Medway Stroke Review is made up of GP representatives from the ten consulting CCGs – all eight from Kent and Medway, and High Weald Lewes Havens CCG in East Sussex and Bexley CCG in south east London. The CCGs from East Sussex and south east London are included because some of their population are impacted by the proposed changes to services in Kent and Medway.



In a meeting on Thursday 13<sup>th</sup> September, representatives from all CCGs across Kent, Medway East Sussex and south east London, including GPs, commissioners and patient representatives held a workshop to identify the preferred option. Councillors from Kent, Medway, East Sussex and Bexley were also in attendance. During this meeting they considered each option against sub-criteria and detailed data and evidence for each of the evaluation criteria listed above. They looked at information from each hospital trust as well as data and analysis relating to access and travel times, deliverability, staffing and capital funding. The evaluation workshop attendees agreed that while all of the options were deliverable and could bring about the improvements to urgent stroke services that the Kent and Medway Stroke Review has identified as key objectives, Option B was preferred as it evaluated most highly and offered the best mix against the criteria.

Because the next stage of the review process – the drafting of the decision-making business case and subsequent assurance process and then final decision-making - will take some months, we wanted to let people know what the preferred option is. This is especially important for staff at local hospital trusts who may be affected by the final decision. It's important though to remember that a final decision hasn't yet been made. Option B is the preferred option being put forward for the Joint Committee of CCGs to consider in their decision-making.

### **Question: How did the views and feedback you heard during the public consultation influence the preferred option?**

#### **Answer:**

The Joint Committee of CCGs was satisfied that the consultation did not identify any new evidence or viable new options that required a change to the consultation proposals. However, the responses to consultation emphasised important issues for consideration during the implementation of the final option. For example, people were concerned about travel times, relatives and carers visiting loved ones, effective rehabilitation close to home and the ability to staff the new units. These and other issues will all be considered in the detailed implementation plans for the final option.

On June 29<sup>th</sup>, we published a report of the consultation activity that showed in excess of 2 million people were reached during the consultation and over 5,000 responses were generated. The responses to the consultation were independently analysed to identify a number of key themes which have been carefully considered in the process of identifying a preferred option, and will remain a focus as the detailed implementation . You can see both of these reports [here](#).

The consultation told us that people in Kent and Medway, and boarder areas, want to have hyper acute and acute stroke units, and understand the rationale for consolidating services onto fewer hospital sites in order to make the most of the resources we have. On that basis we were confident that we should progress with our plans to establish hyper acute and acute stroke units.

The consultation told us that the public understood the rationale for the proposed three HASUs, but would like to have seen four HASUs as there is concern about the increase in travel times for some people that will result from consolidating services. Following the consultation, the clinical reference group and JC CCG discussed these issues at length. They carefully considered what the latest evidence tells us regarding the benefits of care in hyper acute stroke units, the travel time data – which has been refreshed and reviewed again in detail, the information we have on our current and likely future workforce, and the



latest evidence on the minimum number of patients a HASU should see in order to be safe and effective. Having considered all these factors, the stroke clinical reference group and the JC CCG were satisfied that the number and potential location of hyper acute units should not change from the proposals consulted on.

### **Question: What are the next steps? How will a final decision be made?**

**Answer:** There is more work to do before a final decision is made. The next steps are:

- Develop a decision-making business case (DMBC) – a detailed document that will describe how the preferred option was selected and set out an implementation plan that will cover areas such as workforce, estates and capital requirement.
- The decision-making business case will be reviewed by the South East Clinical Senate (senior doctors and other clinicians from across the south east region) and assured by NHS England and NHS Improvement. The Joint Health Overview and Scrutiny Committee will also continue to be engaged.
- Once the assurance process is completed, the DMBC will be presented to the JC CCG at a meeting for a final decision. We anticipate this meeting will take place in December 2018 or January 2019.

It is important to stress that, even once the preferred option has been identified, a formal decision about the future of urgent stroke care in Kent and Medway will not be made until the assurance process has been completed and the JC CCG have met and made a formal decision.

### **Question: What will happen to staff at existing stroke units that aren't part of the preferred option?**

**Answer:** We know that this may be an anxious or worrying time for some staff. We have plans in place to support staff, answer their questions and help them to understand what any changes might mean for them.

We also know from staff feedback that specialist stroke staff support the development of hyper acute stroke units to improve the quality of care for patients and the identification of a preferred option brings us closer to being able to deliver the first class care our stroke teams strive for.

We believe there is an exciting future for staff working in stroke services across Kent and Medway. However, if changes were unsuitable for individuals, we expect that organisations would work to offer staff alternative roles allowing them to stay on their current site.

At the moment we face staffing challenges with significant vacancies in the stroke services at all six current sites. We believe that setting up three hyper acute stroke units would improve recruitment and retention in the medium to long term.

### **Question: What about rehabilitation?**

**Answer:** The Kent and Medway Stroke Clinical Reference Group, made up of doctors, nurses, paramedics and therapists, is currently looking in detail at the rehabilitation pathway for stroke patients. We want to ensure stroke patients have access to effective local rehabilitation services delivered close to or in their own homes after their acute phase of care is completed. This was a clear point of view that came through the consultation responses. People rightly put emphasis on making sure that all aspects of care along the stroke pathway were effective and that rehabilitation services would be delivered locally and close to home.



Over the next few months the NHS will be gathering views and feedback on the proposed approach to rehabilitation from stroke survivors, their families and carers, front-line staff, local councillors and the public to help inform detailed implementation plans.

**Question: How does the work looking at the configuration of hospitals in east Kent link in with the preferred option for urgent stroke services?**

**Answer:** In December 2017, we published the ‘medium list’ of options for how hospital services in east Kent might be organised in the future. One of these options included the possible creation of a new hospital site in Canterbury. This is being looked at along with other ways of providing emergency and urgent hospital care across east Kent. Any decision to build a new hospital would be subject to planning permission and part of a much longer process. We need to act now to create a new and better system for urgent stroke services across the whole of Kent and Medway based on the facilities that we currently have. If a new hospital is built and the William Harvey Hospital was no longer a long-term option for emergency and specialist services – then we would anticipate any hyper acute stroke service would also move with them, subject to a formal public consultation.

