Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date of meeting: **28 March 2019**

By: **Assistant Chief Executive**

Title: **Kent and Medway Stroke Review**

Purpose: **To consider whether the decision of the Joint Committee of Clinical Commissioning Groups in relation to stroke services in Kent and Medway is in the best interest of health services in East Sussex, taking into account the comments of the Joint Health Overview and Scrutiny Committee**

RECOMMENDATIONS

The Committee is recommended to:

1) consider the comments of the Joint Health Overview and Scrutiny Committee in relation to the proposed reconfiguration of stroke services in the Kent and Medway area; and

2) consider whether the decision of the Joint Committee of Clinical Commissioning Groups in relation to stroke services in Kent and Medway is in the best interest of health services in East Sussex.

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1. Background

1.1 Acute stroke services in Kent and Medway are currently provided from six hospital sites including Tunbridge Wells Hospital (Pembury) and William Harvey Hospital (Ashford), the two sites which are also accessed by some East Sussex residents.

1.2 NHS Clinical Commissioning Groups (CCGs) in Kent and Medway, through the area's Sustainability and Transformation Partnership (STP), undertook a review of how acute stroke services are provided across the area with a view to making changes to improve care. The proposals involved the reconfiguration of stroke units into three Hyper Acute Stroke Units (HASUs) on three hospital sites. This would mean not all hospitals would provide acute stoke care.

1.3 This Health Overview and Scrutiny Committee (HOSC) and the equivalent committees in Kent, Medway, and the London Borough of Bexley all resolved that the proposals constituted a substantial variation in services (SViS) requiring formal consultation with the HOSCs under health scrutiny legislation. Legislation also required that, because the SViS affected more than one local authority area, a Joint HOSC (JHOSC) was established for the purposes of commenting on the proposals.

1.4 Following several years of engagement, consultation and development of a decision-making business case (DMBC), a Joint Committee of Clinical Commissioning Groups (JCCCG), including representatives of High Weald Lewes Havens CCG (HWLH CCG), decided on the 14 February to reconfigure the stroke services to three HASUs to be located at Maidstone General Hospital, Darent Valley Hospital in Dartford, and the William Harvey Hospital in Ashford.

1.5 The JHOSC then met on 26 February and resolved to recommend to the relevant individual local authority committees to support the JCCCGs' decision.

1.6 The relevant individual committees of the four local authorities, including the East Sussex HOSC, must now consider whether the CCGs' decision is in the best interest of health services, taking into account the views of the JHOSC.

2. Supporting information

Background to HASUs

2.1 Many CCGs in England have in recent years have centralised existing stroke services in their areas into specialised HASUs. Unlike many locally-based Acute Stroke Units (ASUs), HASUs provide 24/7 consultant cover and more speedy access to vital medical interventions like brain scans and thrombolysis (clot-busting drugs) upon arrival at hospital, albeit this may lead to greater travel times to the HASUs for some patients. HASUs also have the potential to support more advanced stroke treatments such as mechanical thrombectomy (surgery to remove blood clots).

2.2 The recently published NHS Long Term Plan highlights the advantages of specialist stroke units and commits the NHS in England to:

> *reconfigure stroke services into specialist centres, improve the use of thrombolysis and further roll out mechanical thrombectomy. This will ensure 90 percent of stroke patients receive care on a specialist stroke unit and that all patients who could benefit from thrombolysis (about 20 percent) receive it, up from just over half of eligible patients now.*[1]

2.3 Arguments put forward by the CCGs developing HASUs in their local area include that HASUs have generally seen improved health outcomes such as reduced length of stay and lower mortality rates; and the specialised nature of the service is more attractive to staff, making recruitment easier. As there is usually a dedicated team who receives patients away from the main A&E immediately upon arrival, the 'call to treatment' times of a HASU (the time from when 999 is dialled to when the patient receives an appropriate treatment) can be less than for a more locally based ASU, despite the longer travel times for some patients.

2.4 The performance of stroke units is measured using the Sentinel Stroke National Audit Programme (SSNAP) run by Kings College London, with stroke units measured overall on a grading of A to E based on a number of performance measures, including the proportion of patients given a brain scan within one hour of arrival, and the proportion admitted to a stroke unit within four hours of arrival. Stroke services provided by East Sussex Healthcare NHS Trust (ESHT) and Brighton & Sussex University Hospital NHS Trust (BSUH) have in recent years been reconfigured to HASUs and have both seen improvements in their SSNAP performance.

Reconfiguration of stroke services in Kent and Medway

2.5 The CCGs in Kent and Medway have undertaken a four-year programme to reconfigure stroke services in Kent and Medway. Due to the impact on patient flows in East Sussex and the London Borough of Bexley, HWLH CCG and Bexley CCG subsequently joined the JCCCG, which was established by the CCGs as the decision-making board for the Kent and Medway stroke review.

2.6 The CCGs identified a case for change based on the fact that:

- most hospitals in the area do not meet national standards and best practice and SSNAP data showed all units were rated D or E;
- consultants, brain scans and thrombolysis aren't consistently available 24/7
- one in three stroke patients are not getting brain scans in the recommended time
- the hospitals had only 1/3 of the stroke consultants needed to deliver best practice
- half of appropriate patients were not getting clot busting drugs in the recommended time
- only one stroke unit saw enough stroke patients for its staff to maintain their skills (based on the recommended minimum of 500 patients per year).

2.7 The CCGs plan to deliver a new model of care based around three HASUs (with co-located specialist ASUs) able to operate 24 hours a day, 7 days a week, and staffed by teams of stroke specialist doctors, nurses and therapists.

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[1] The NHS Long Term Plan, NHS England, 2019. p.65

2.8 The CCGs believe that this service will provide a 'call to needle' time of within 2 hours for 95% of patients within 6 months of their go live date. Currently only around 50% of patients are diagnosed or treated with thrombolysis within one hour of getting through the door (with additional travel times on top of that figure).

2.9 From February to April 2018 the CCGs undertook an 11 week public consultation on five possible options for how the three HASUs would be configured. The CCGs did not identify a 'preferred option' but all five options included retaining William Harvey Hospital in Ashford. Options D and E included the retention of Tunbridge Wells Hospital. During this time the East Sussex HOSC submitted its comments to the public consultation (see **Appendix 1**).

2.10 Following the consultation period, the CCGs continued to refine the data and evaluation criteria against which the five options would be rated. A CCG workshop was held on 13 September 2018 (at which the Chair of East Sussex HOSC was present as an observer). It was here that Option B (Darent Valley Hospital, Maidstone General Hospital, and William Harvey Hospital) was identified as the preferred option (using anonymised data) based on higher score against the workforce criteria, ability to deliver, confidence in the go live date, and quality of the implementation plan.

2.11 A Decision Making Business Case (DMBC) for Option B was then developed over the next few months. The JCCCG unanimously agreed to the proposed acute stroke service model set out in the DMBC at its meeting on 14 February 2019 (see **Appendix 2)**.

2.12 The HASUs are expected to go live from March 2020 at Maidstone and Darent Valley Hospitals, and from Spring 2021 at William Harvey Hospital, where a new-build ward is required to house the unit.

Impact on East Sussex

2.13 Significant parts of East Sussex fall into the catchment area for stroke services provided at hospitals in Kent, particularly a large part of HWLH CCG area, but also part of Hastings and Rother CCG area.

2.14 The total East Sussex population falling into the catchment areas for Tunbridge Wells and William Harvey Hospitals is approximately 90,000. The CCGs are forecasting that once the configuration of HASUs is completed 94 additional patients from East Sussex per year will travel to the Eastbourne District General Hospital (EDGH); 14 East Sussex patients will travel to Maidstone General Hospital; and 51 patients will travel to the William Harvey Hospital in Ashford.

2.15 The additional patient flows to EDGH will require a further 4 beds (1 HASU and 3 ASU). East Sussex Healthcare NHS Trust (ESHT) has indicated to the CCGs that it will be able to support this additional capacity.

Role of HOSC and the JHOSC

2.16 Under health scrutiny legislation, NHS organisations are required to consult HOSCs about a proposed service change which would constitute a 'substantial development or variation' to services for the residents of the HOSC area. When a proposed service change is considered 'substantial' by more than one HOSC, there is a legal requirement that the affected committees form a joint HOSC to respond to the NHS consultation.

2.17 Individual local authorities may retain the power to refer the change to the Secretary of State for Health if it is ultimately not considered to be in the best interests of health services for the residents of their area. It was agreed that this power would not be devolved to the JHOSC and would remain with the four participating authorities.

2.18 At the 29 March 2018 meeting, the Committee agreed that the proposed options constituted a substantial variation to services and agreed to join the JHOSC also comprising Kent, Medway and London Borough of Bexley. Kent and Medway each had four Members and Bexley and East Sussex had two. The East Sussex Members were Cllrs Belsey and Howell, with Cllr Davies acting as a substitute member.

2.19 The JHOSC met on five occasions between 5 July 2018 and 26 February 2019 to consider the proposals, including the outcome of the public consultation and the CCGs' DMBC. The

JHOSC met for a final time on 26 February to consider the decision of the JCCCG and to recommend a course of action to the relevant committees of the four participating authorities. The JHOSC made the following resolution:

> *This committee recommends that the relevant committees of the partaking authorities support the decision of the Joint Committee of CCGs subject to the NHS making an undertaking to review the provision of acute and hyper acute services should demographic changes require it.*

2.20 The appropriate committees of Kent, Medway and Bexley are in the process of considering whether the decision of the JCCCG is in the best interest of health services in their area. The Kent HOSC is due to consider the decision at its 22 March meeting; the London Borough of Bexley's Communities Overview and Scrutiny Committee will consider it on 3 April; and Medway's Health and Adult Social Care Overview and Scrutiny Committee agreed to refer the decision to the Secretary of State at its meeting on 12 March.

2.21 The Committee is now recommended to consider whether the decision of the JCCCG is in the best interest of health services in East Sussex, taking into consideration the recommendation of the JHOSC. If HOSC considers the decision is not in the best interests of health services in East Sussex the Committee could consider whether or not to refer the matter to the Secretary of State. Such a referral would need to demonstrate efforts made to resolve the issue locally and would need to be accompanied by evidence of the grounds for making the referral.

Additional Recommendations

2.22 During the process the elected members from each of the participating authorities were encouraged to submit their comments to the JCCCG to consider alongside the DMBC. The comments and recommendations of the East Sussex members are attached as **Appendix 3** and the responses from the CCGs in **Appendix 4**.

3. Conclusion and reasons for recommendations

3.1. The Committee is recommended to consider whether the decision to reconfigure stroke services in Kent and Medway is in the best interests of health services in East Sussex, taking into account the recommendation of the JHOSC.

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