

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

Date of meeting: 30 November 2017

By: Assistant Chief Executive

Title: Kent and Medway Review of Stroke Services

Purpose: To provide HOSC with an overview of the review of stroke services underway in Kent and Medway and to consider the potential implications for East Sussex residents.

RECOMMENDATIONS

- 1) To consider and comment on the report.**
 - 2) To agree that the proposed reconfiguration of stroke services in Kent and Medway is likely to constitute a ‘substantial development or variation’ to services for East Sussex residents requiring formal consultation with HOSC.**
 - 3) To authorise the Chair, in consultation with the committee, to make arrangements with the other affected HOSCs for the formation of a joint HOSC to respond to the NHS consultation, should this be required before the committee’s next meeting.**
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1 Background

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

1.2 NHS organisations in Kent and Medway, through the area’s Sustainability and Transformation Partnership (STP), have been reviewing how acute stroke services are provided across the area with a view to making changes to improve care. It is intended to present information to NHS England imminently, asking for their agreement to initiate public consultation on proposed service changes, subject to formal agreement by the relevant Clinical Commissioning Groups (CCGs) and consultation with affected HOSCs. The aim is to begin consultation early in 2018.

2 Supporting information

2.1 The NHS proposal would see a move away from the seven acute hospitals in Kent and Medway all providing acute stroke services to a smaller number (potentially three) of the hospitals providing hyper acute stroke units (HASUs), co-located with acute stroke units. This would mean not all hospitals would provide acute stroke care.

2.2 The CCGs believe that the proposed service model will improve quality of care and significantly improve patient outcomes. Further information on the process which has been followed to date and the proposed service model is set out in the following appendices:

- Appendix 1: Letter to HOSC Chair
- Appendix 2: Summary of Service Models and Hurdle Criteria
- Appendix 3: Kent and Medway Stroke Delivery Model

2.3 Representatives from High Weald Lewes Havens CCG and Kent and Medway STP will be available to take questions from HOSC on the information provided.

3. Impact on East Sussex

3.1 Significant parts of East Sussex fall into the catchment area for stroke services provided at hospitals in Kent, particularly a large part of High Weald Lewes Havens CCG area, but also part of Hastings and Rother CCG area. Further information on catchment populations and the number of stroke patients from East Sussex treated in Kent in recent years is set out in appendix 4.

3.2 The total East Sussex population falling into the catchment areas for Tunbridge Wells and William Harvey Hospitals is approximately 90,000. The total number of stroke patients from East Sussex who received acute stroke care at hospitals in Kent in 2016/17 was 90.

3.3 At this stage the shortlisted options for the configuration of services on fewer hospital sites have not yet been agreed. This means it is not yet possible to assess the potential impact of specific options on East Sussex residents, for example, whether the proposed options would involve the continued provision of acute stroke services at Tunbridge Wells Hospital or William Harvey Hospital.

3.4 Due to the significant patient flow from its area, High Weald Lewes Havens CCG has formally joined the joint CCG committee which will make decisions on proposed options and, ultimately, the final configuration of services.

4. HOSC role

4.1 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. Individual HOSCs 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 the HOSC's area.

4.2 There is no national definition of what constitutes a 'substantial' change. Factors such as the number or proportion of patients affected, the nature of the impact and the availability of alternative services are often taken into account in coming to an agreement between the HOSC and the NHS on whether formal consultation is required.

4.3 In this case it is not yet possible to make a firm decision on whether the proposed changes to stroke services in Kent and Medway will constitute 'substantial' change for East Sussex residents, as the specific options are not yet available. However, given the substantial portion of East Sussex which falls into the catchment area of affected services, and the potential impact on travel for patients and families it seems likely that any set of options could constitute a substantial change to the services currently used by the county's residents. HOSC has previously considered changes to acute stroke services provided by East Sussex Healthcare NHS Trust and Brighton and Sussex University Hospitals NHS Trust to fall into the category of substantial change.

4.4 HOSCs in Kent and Medway have indicated the proposed changes will constitute substantial change for their residents. The HOSC in Bexley is also considering the proposals. It is therefore very likely that a joint HOSC will be required. On the current NHS timetable, this would need to be established early in the new year, before the next meeting of East Sussex HOSC in March.

5. Conclusion and reasons for recommendations

5.1 On the basis of the information currently available, HOSC is recommended to agree that the proposed changes to stroke services in Kent and Medway are likely to constitute a

'substantial development or variation' to services for East Sussex residents requiring formal consultation with the committee. Further information will be provided to HOSC's next meeting to enable formal confirmation of this judgement.

5.2 As other HOSCs are also likely to consider the proposals to be substantial change for their residents, HOSC is recommended to authorise the Chair, in consultation with the committee, to make arrangements with the other affected HOSCs for the formation of a joint HOSC to respond to the NHS consultation, should this be required before the committee's next meeting.

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