

East Sussex Health Overview and Scrutiny Committee (HOSC)

Response to public consultation on improving stroke services in Kent and Medway

Background

East Sussex HOSC has been formally consulted by the Joint Committee of Clinical Commissioning Groups (CCGs) on the proposals to reconfigure acute stroke services provided in Kent and Medway due to the significant impact on residents in the north of East Sussex. As the proposals also affect residents in three other HOSC areas a Joint HOSC (JHOSC) has been formed to respond to the consultation in line with the requirements of health scrutiny legislation. The JHOSC will respond formally to the CCGs in due course under that statutory process.

Alongside statutory consultation with HOSCs, the CCGs are undertaking a process of public and stakeholder consultation. This document represents East Sussex HOSC's response to that consultation process as a local stakeholder and does not represent the view of the JHOSC.

Comments on the proposals

The proposal is to reduce the number of hospitals in Kent and Medway providing acute stroke services, replacing the existing seven sites with three Hyper Acute Stroke Units (HASUs). The consultation also outlines five options for the location of the three HASUs.

Creation of HASUs

East Sussex HOSC understands the reasons for the proposed reduction in sites providing acute stroke services and the move to fewer HASUs. In recent years HOSC has supported similar reconfigurations within East Sussex Healthcare NHS Trust and Brighton and Sussex University Hospitals NHS Trust which were based on a similar rationale. Since implementation of these reconfigurations HOSC has seen evidence of improved quality of service as demonstrated by Stroke Sentinel National Audit Programme (SSNAP) data. HOSC notes that current SSNAP data for the existing stroke units in Kent and Medway shows significant potential for improvement and that there are considerable workforce challenges in achieving such improvement across seven sites. HOSC also notes the considerable clinical support for the proposed reconfiguration. **HOSC therefore supports the proposal to establish three HASUs in Kent and Medway.**

The disadvantages of the proposed reconfiguration primarily relate to increased travel time for patients and their families/carers. For patients, who will primarily travel by ambulance, this disadvantage is considerably offset by the improved quality of service available at a HASU, particularly if this includes swifter access to scanning, thrombolysis, specialist stroke staff and admission to the HASU. From our knowledge of other reconfigurations it may be possible to effectively 'cancel out' some of the increased travel time through improved speed of treatment on arrival at the hospital/HASU. Travel and transport over longer distances is considerably more problematic for families and carers, particularly those with a long term limiting illness or disability, on a low income and/or reliant on public transport. From previous assessments of stroke reconfigurations HOSC understands that families will prioritise the quality of care for the patient and improved outcomes, but will also expect everything possible to be done to support visiting families and carers, particularly given the importance

of family support and advocacy for patients who are vulnerable from the after effects of stroke.

HOSC suggests that the following issues are taken into account when developing implementation plans for the creation of three HASUs in Kent and Medway:

- Ensuring maximum public awareness of stroke symptoms and the need to treat stroke as a '999' emergency – e.g. running a FAST awareness campaign linked to the implementation of HASUs – to ensure minimum delay in patients reaching hospital.
- Maximising speed of treatment on arrival at hospital to offset additional travel time for patients – for example creating a separate receiving area for stroke patients in A&E, with a dedicated senior stroke specialist nurse to receive patients, enabling fast and efficient transfer to scan facility, in order to achieve brain scan within 1 hour of arrival.
- Ensuring a sufficient number of dedicated stroke beds are provided within the HASUs.
- Ensuring that good practice from the existing stroke units is identified and learning transferred to the establishment of new HASUs, particularly if a HASU is located at a hospital with lower performance on key SSNAP indicators.
- Ensuring the impact on the ambulance service of longer journey times is recognised and provided for, that there is a dedicated stroke lead within the ambulance service, and that clear protocols are in place for ambulance conveyance of stroke patients to the nearest HASU.
- There must be support for access by families and carers e.g. provision of travel information, flexible visiting arrangements, provision of telephone contact with HASU and patients, with full discharge information for carers
- Onward rehabilitation/early supported discharge services should be reviewed and improved in conjunction with the implementation of HASUs. This must ensure patients are able to return home or to more local inpatient rehabilitation/intermediate care as soon as possible. This should include dedicated stroke rehabilitation team (rather than generic teams), including speech therapists and psychological counsellors. There should be effective links to rehabilitation and other support services provided outside of Kent and Medway.
- There must be a proactive workforce plan in place to support the transition, focussed on retaining existing staff as well as recruiting new staff, particularly consultants, given the national shortage of specialist stroke and therapy staff.
- CCGs should require all HASUs to submit SSNAP data and any other national requirements which will support maintenance of high standards and best practice.

The options

HOSC has reviewed the documentation provided in relation to the shortlisting of the five options, the Integrated Impact Assessment and the comparative information provided in the consultation document. **The committee makes the following observations in relation to the five evaluation criteria:**

- **Accessibility – HOSC believes that access will be a key concern for our residents.** The Committee notes that option D appears to offer the greatest accessibility in terms of travel by ambulance and car within 30 minutes across the whole population affected.
- **Ability to implement –** Clearly it is desirable to implement the reconfiguration of acute stroke care without undue delay, given the potential improvements in quality of care and outcomes. However, all options have been deemed to be implementable via the shortlisting process, therefore HOSC believes that this should be a secondary factor with the focus being on the best service model for the long term in terms of quality and sustainability.

- **Value for money** – Assuming that the levels of capital investment required are achievable across all options, HOSC believes the focus in terms of value for money should be on long term affordability and benefit. HOSC notes that options A, D and E yield the highest levels of net present value.
- **Quality of care – HOSC believes this will also be a key concern for our residents.** All options are anticipated to deliver the benefits of HASUs over the current configuration. HOSC is aware of the emergence of mechanical thrombectomy as a treatment for stroke and the committee believes that any configuration should be 'future-proofed' as far as possible by offering the ability to deliver this service in the near future. HOSC notes that option D is ranked most positively in this regard.
- **Workforce** - HOSC notes the challenges in attracting and retaining specialist stroke staff which will apply across all options, helped to some extent by the attraction of newly established HASUs. The committee believes the focus here should be on the development and implementation of a proactive workforce strategy across medical, therapy and nursing staff whichever option is chosen.

Conclusion

East Sussex HOSC supports the proposed reconfiguration of stroke services and the creation of three HASUs in Kent and Medway. In terms of the five options for locating the HASUs the committee believes that accessibility and quality of care are the key priorities for our residents. On both these factors option D rates most highly.

Cllr Colin Belsey

Chair

East Sussex Health Overview and Scrutiny Committee

20 April 2018