

## Kent and Medway Stroke Review

### Statement from East Sussex JHOSC Members

#### HASUs

East Sussex JHOSC members understand the reasons for the proposed reduction in sites providing acute stroke services and the move to fewer HASUs. In recent years the East Sussex 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 the Committee has seen evidence of improved quality of service as demonstrated by Stroke Sentinel National Audit Programme (SSNAP) data. We note that current SSNAP data for the existing stroke units in Kent and Medway shows significant potential for improvement. There are also considerable workforce challenges in achieving such improvement across even three sites. We also note the considerable clinical support for the proposed reconfiguration.

The East Sussex HOSC Chair attended the Joint CCG workshop in September as an observer and is satisfied that the process that was undertaken to identify a preferred option was fair.

We recognise that all options had similar scores for quality and access but that Option B scored higher on the workforce, ability to deliver, and affordability criteria. Nevertheless, the East Sussex JHOSC members are disappointed that Option D – which included the upgrade of Tunbridge Wells Hospital to a HASU – was not chosen as the preferred option.

Finally, we believe that it is unfortunate that during the consultation stage Option D had higher scores for the finance and ability to deliver criteria compared to those considered at the Joint CCG Workshop. However, we note the explanation that the process is iterative and changes over time as additional information is gathered.

#### **Recommendation 1:**

**East Sussex JHOSC Members support the proposal to establish three HASUs in Kent and Medway, and are satisfied that the process in determining a preferred option was fair.**

#### Travel Times

The disadvantages of the proposed reconfiguration primarily relate to increased travel time for patients and their families/carers. Under the preferred option, 'blue light' travel times for patients in East Sussex who would currently be taken to the Tunbridge Wells Hospital will increase but will remain at 60 minutes or less, which falls within the South East Strategic Clinical Network Stroke and TIA Service standards for 'call to hospital door time'. We have seen the improved 'door to needle time' that a HASU can provide at both the Royal Sussex County Hospital and the Eastbourne District General Hospital (EDGH), primarily due to the swifter access to

scanning, thrombolysis, specialist stroke staff and admission to an inpatient bed, as well as the 24/7 consultant cover, that HASUs offer. We believe that the trade-off between increased travel times to hospital and an improved and timelier quality of care upon arrival ultimately benefit patients.

Clearly under the preferred option families and carers will have to travel further to see their loved ones at either Maidstone General Hospital or the EDGH. 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 we understand 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.

#### **Recommendation 2:**

**In the event that the preferred option is agreed by the Joint Committee of CCGs 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.**

#### **Recommendation 3:**

**The HASUs must be able to demonstrate how they will maximise the speed of treatment of patients on arrival at hospital to offset additional travel time for patients– for example, 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 a brain scan within 1 hour of arrival.**

### **Impact on Eastbourne District General Hospital (EDGH)**

East Sussex JHOSC Members note that implementation of the preferred option will result in an increase in activity for the EDGH requiring an additional four beds at the HASU there. We want the CCGs to ensure that the hospital can cope with the additional patients.

#### **Recommendation 4:**

**Prior to the implementation of any changes to the existing stroke services, the Joint Committee of CCGs must seek assurance that the East Sussex Healthcare NHS Trust (ESHT) Hyper Acute Stroke Unit (at Eastbourne District General Hospital) is able to accommodate and treat patients who would otherwise have gone to Tunbridge Wells Hospital.**

### **Preventative and rehabilitation services**

We recognise that an increasing elderly population and further travel times for patients requires improved preventative services to reduce the number of people

having a stroke, and improved seven-day community rehabilitation services for patients being discharged from the three HASUs.

There is a commitment to develop these services in the Kent and Medway area, but it is vital that patients in East Sussex affected by the reconfiguration also receive the same proposed improvements to preventative and community rehabilitation services by the time the HASUs go live in early 2021. This means that similar public health campaigns around smoking and obesity should be available in East Sussex. It also means that a similar community rehabilitation model to that recommended by the South East Coast Clinical Senate, which includes an integrated community stroke team with speech therapists and psychological counsellors, must be operating 7 days per week within the High Weald Lewes Havens area of East Sussex by 2021. This is particularly pressing in the High Weald area as the community neurological rehabilitation team commissioned for that area is not yet operating and patients are relying on a generic team for community stroke support.

#### **Recommendations: 5**

**Prior to the implementation of any changes to the existing stroke services, the Joint Committee of CCGs must seek assurance that:**

- a. A full community neurological rehabilitation team is in place in the High Weald Lewes Havens CCG area of East Sussex.**
- b. The proposed discharge pathways to these community services have been considered, tested and agreed with the relevant community provider, Sussex Community NHS Foundation Trust.**

#### **Recommendation 6:**

**Residents in the affected area of East Sussex should receive improved preventative services including appropriate public health campaigns and awareness campaigns that highlight the need to treat stroke as a '999' emergency – e.g. running a FAST awareness campaign.**