

**Making the Case for Change;
The Kent and Medway
Public Listening Events Response Interim Update**



How have we engaged the public so far?

Ten listening events have been held across the county throughout July, involving over 100 people from the key stakeholders groups. Participation improved as stakeholders responded to targeted publicity and marketing materials. In addition, the engagement team worked with partner organisations to improve the participation of service users.

Some 92% of the attendees were 'very happy' or 'happy' with the event they attended. They felt 'welcomed and listened to' and found the information 'very interesting and helpful', saying they felt the information was pitched 'just right'. So far 30 people have indicated that they would like to be further involved in the review.

Summary of public feedback

Overall, the participants we spoke to reported a **positive experience of stroke services in Kent and Medway** and they were broadly **supportive of the case for change**.

A full evaluation report of the engagement is underway and will be shared at the next Review Programme Board. Patients acknowledged that 'doing nothing is not an option' and that the service is not sustainable in its current format and that it is *'reassuring that steps are in place to make changes'*. Some people felt that *'national standards cannot be ignored'* and participants supported the need to aim for excellent standards of care.

Participants supported the need to explore whether establishing centres of excellence could *'use the workforce available more effectively'* in line with national guidance. More specifically, attendees suggested a 'hub-and-spoke' approach, a *'travelling specialist'* or *'one central consultant [who] could assess patients in other areas'* or a *'rota between hospitals to keep their expertise up to a level that is recognised as being clinically adequate'*. *'I'd rather go further to get expertise'*.

Once the data had been presented, participants expressed some *'surprise'* and *'concern'* at local performance including SSNAP outcomes. Whilst some progress had been made, participants expressed concerns that this appeared *'slow'*.

Emerging themes

The following emerging themes were identified during the 10 listening events.

- **Workforce** – the need to address staff shortages and attract high quality staff was seen as a key priority.
 - **Travel time** – participants recognised the need to balance travel time with the provision of efficient specialist care and good quality outcomes.
 - **24/7 working** – concerns were raised in relation to a lack of 24/7 and poor out of hours service. There was a perception that poor outcomes were linked to out of hours presentation.
 - **GP Appointments** – participants reported that GP appointments were often hard to make.
 - **Communication** – the need to provide tailored, clear and concise information for both patients and their carers was recognised.
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When participants were asked to describe what a good service might look like they focused on the need to provide a holistic service that takes into account their individual needs and personal circumstances. In addition, they identified the following:-

- **Better public health messaging** - publicising TIA symptoms and the FAST campaign. Targeted as well as generic communications messaging aimed at publicising risk factors and improving take up of health screening and health checks.
- **Diagnostic process** – reassurance that relevant training and assessment tools are being utilised and accessed by clinical staff.
- **Communication** – high quality communication with patients and carers throughout those 72 hours crucial using a variety of tools and techniques and focussing the immediate care plan. Clinical staff with high quality communication skills and a command of ‘good English’.
- **Specialist beds** – more purpose built stroke units available on a specialist wards.
- **Consistency of staff** – a dedicated clinical staff team with consistent and effective management alongside robust handover methods in order to improve the patient experience.
- **Food facilities** – access to and availability of.
- **Basic needs** – clinical staff being given enough time to ‘care’ for patients.
- **Help for lone patients** – facilitating liaison with home following emergency admission.
- **Entertainment** – the provision of entertainment in order to stimulate recovery.
- **Young patients** – an opportunity for young stroke survivors to meet and share experiences and get support perhaps through the Stoke Association.
- **Good administration** – access to up to date clinical notes shared across clinicians.
- **Stroke Association** – supported to improve signposting and disseminate information more effectively across target groups.

Feedback about information provided at the event

The majority of participants (87%) reported that that they were either “very happy” or “happy” with the information that they were provided with. However, feedback included the need for more detailed information on for example workforce, stroke incidence and performance alongside up to date SSNAP data.

Next steps

It is our intention over phases 2 and 3 to improve the breadth and depth of local engagement. We will be developing a targeted engagement programme during August and September that includes an online survey which will be promoted widely to stakeholders.

Milestones

1. To plan the appropriate engagement and communications activity to support the options assessment and appraisal, and potential consultation stages.
2. To determine the budget available for communications and engagement activity in order to fully champion the public and patient voice.