

Our questions to you

Now that you have read the proposals outlined in this document, we'd like to hear what you think about them. If you would prefer, you can complete the survey online at www.kentandmedway.nhs.uk/stroke.

To reply by post, tear out and complete the survey below then send it free of charge to **FREEPOST KENT AND MEDWAY NHS**. You can include additional pages if you need more room for comments. Please clearly mark the relevant question number against any comments on additional pages.

1. How strongly do you agree or disagree with the following five statements:

(please tick the box)

| Statement | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know |
|---|----------------|-------|----------------------------|----------|-------------------|------------|
| 1: There are convincing reasons to establish hyper acute stroke units in Kent & Medway. (See sections 3 & 4 of document) | X | | | | | |
| 2: There are convincing reasons to have 3 hyper acute stroke units in Kent and Medway. (See page 24 of document) | X | | | | | |
| 3: Creating 3 hyper acute stroke units would improve the quality of urgent stroke care for patients in Kent and Medway. (See section 6 of document) | X | | | | | |
| 4: Creating 3 hyper acute stroke units would improve access to diagnosis and specialist treatment in the 72 hours following a stroke for patients in Kent and Medway. (See section 6 of document) | X | | | | | |
| 5: There are convincing reasons to locate acute stroke units and TIA ('mini stroke') clinics on the same sites as hyper acute stroke units. (See pages 24/25 of document) | X | | | | | |

2. Thinking about your response to the five statements for the previous question, do you have any comments to make on the potential advantages or disadvantages of the proposed changes to urgent stroke services in Kent and Medway?

No comments

3. We have used 5 criteria to help us weigh up the pros and cons of potential locations for hyper acute stroke units. We will continue to consider the criteria in our decision-making and would like your views on which are most important.

Please rank the criteria in your order of importance, with 1 being the most important and 5 the least important.

| Criteria | Order of importance |
|--|---------------------|
| The option would improve access to urgent stroke services for patients | 2 |
| The option would be straightforward to implement | 5 |
| The option would represent good value for money | 3 |
| The option would improve the quality of urgent stroke services for patients | 1 |
| The option would help recruit and retain staff for urgent stroke services | 4 |

4. Are there any other criteria you think we should consider in our decision-making?

No comments

5. Thinking about the criteria above, please rank the 5 shortlisted site options in order of preference, with 1 being your preferred option.

| Option | Order of importance |
|---|---------------------|
| A. Darent Valley, Medway Maritime, William Harvey | |
| B. Darent Valley, Maidstone, William Harvey | |
| C. Maidstone, Medway Maritime, William Harvey | |
| D. Tunbridge Wells, Medway Maritime, William Harvey | 1 |
| E. Darent Valley, Tunbridge Wells, William Harvey | |

Please tell us a bit more about why you have given this ranking.

Answers in this survey are based on a report discussed at Medway Council Cabinet meeting 10 April 2018. A copy of the report and supporting documents can be found on Medway Councils Cabinet webpage:

<https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=115&MId=3704&Ver=4>

Three of the five possible options propose locating stroke services in Medway, and there are a number of other factors for consideration, which would support the location of these vital services in Medway.

Our population in Medway is at greater risk of stroke due to the large number of elderly residents, high levels of deprivation and higher than average numbers of smokers.

Medway Council provides Adult Social Care services for the people of Medway, including vital services that support the rehabilitation and ongoing care of people who have suffered from a stroke. By locating one of the hyper acute units in Medway, this will ensure a seamless transition for Medway residents from Medway hospital back out into the community. This supports the delivery of Medway Council's vision for Adult Social Care.

Medway is the largest urban area in the south east outside London and Medway Hospital currently cares for the highest number of stroke patients in Kent and Medway. Medway Hospital already has a wide range of supporting services needed to treat stroke patients, making it ideally placed to become a hyper acute stroke unit.

Impact analysis of the proposals has been completed by Mott MacDonald Group Ltd who produced a report: Kent and Medway Sustainability and Transformation Plan, Integrated Impact Assessment – pre consultation - stroke services, Dec 2017. It is important to note that the Mott MacDonald report does not include analysis for proposal E as this was introduced at a later stage. Report weblink: https://kentandmedway.nhs.uk/wp-content/uploads/2018/01/Appendix-Di-Pre-consultation-report-stroke-FINAL_050118.pdf

Additionally, impact analysis has also been completed by the Medway Public Health Intelligence Team who analysed proposals A – E.

Both sets of analysis indicate that **Option D** would have the greatest positive impacts and the least negative impacts for equality and travel and access for Medway residents.

Travel and Access Analysis

For shortlisted proposals (A-D) the Mott MacDonald report states that Proposal D has the least negative impact upon accessibility as 84 per cent of patients can still access stroke services within 30 minutes and proposal B has the most negative impact with 79 per cent of patients able to access stroke services within 30 minutes; see page 26 of the Mott MacDonald report.

Analysis completed by the Medway Public Health Intelligence Team for proposals A - E also found that proposal D has the least negative impact upon accessibility as 87 per cent of residents can still access stroke services within 30 minutes. However, this analysis found that proposal A has the most negative impact, with only 80 per cent of residents able to access stroke services within 30 minutes.

Equality Impacts

The Mott MacDonald report identified older people as having a disproportionate need for stroke services. High blood pressure is a key risk factor for strokes and this is common in older people.

For all shortlisted proposals (A-D), Mott MacDonald found no disproportionate impacts for patients aged 65 and over. This patient group was within five percentage points of the change to the patients overall for all proposals.

The analysis completed by the Medway Public Health Intelligence Team found no disproportionate impacts for residents aged 65 and over for proposals A to E. However, it is important to note the following points:

- Proposal A has the most negative impact upon accessibility as only 77 per cent of residents aged 65 and over would be able to access stroke services by blue light ambulance within 30 minutes, which is a reduction of 23 percentage points.
- Proposal D has the least negative impact upon accessibility as 84 per cent of residents aged 65 and over would be able to access stroke services by blue light ambulance within 30 minutes.

No comments

6. Should we consider any other ways for how we organise specialist urgent stroke services in Kent and Medway, and/or where those services are located?

No

No comments

7. When thinking about these proposals for stroke services in Kent and Medway, is there anything else you would like us to take into consideration, or any other comments that you would like to make?

Medway Council's Cabinet formally agreed on 10th April 2018 that **Option D** is their preferred Option and would deliver the best outcomes for stroke patients.

No comments

8. Please indicate how happy you are with the way you have been consulted with about these proposals.

(please tick the box)

| | |
|---------------------------|---|
| Very happy | |
| Happy | x |
| Neither happy nor unhappy | |
| Unhappy | |
| Very unhappy | |
| Don't know | |

9. If you would like to comment on the way the consultation has been run, please add your comment here.

We recognise and support the one week extension to the consultation due to adverse weather conditions. This has enabled greater opportunity for consultation response.

No comments

10. Where did you hear about this consultation?

Please tell us a few things about you.

11. What is your postcode (e.g. ME20 6WT)?

ME4 4TR

(We will only use this information to help us analyse our consultation responses – we will not contact you or pass this on to third parties)

12. Are you responding on behalf of an organisation?

Yes No

If yes, please state the name of the organisation:

Medway Council Cabinet

If no, and you are responding as an individual, please complete the rest of the questionnaire to help our equalities monitoring.

13. Which of the following best describes you?

- A patient or member of the public
 - Healthcare professional
 - Social care professional
 - Public health professional
 - Board member/governor/non-executive director
 - Another type of NHS or Council colleague (e.g. management, administration, clinical support)
 - Third sector/voluntary/charity
 - worker Other (please state)
-

Equalities monitoring

We recognise and actively promote the benefits of diversity and we are committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that our services are designed for the population we serve, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties. This information is optional to complete.

14. What is your gender?

- Male
- Female
- Transgender
- Prefer not to say

15. If female, are you currently pregnant or have you given birth within the last 12 months?

- Yes
- No
- Prefer not to say

16. What is your age?

- Under 16
- 16-24
- 25-34
- 35-59
- 60-74
- 75+
- Prefer not to say

17. What is your ethnic group?

White

- English/Welsh/Scottish/Northern Irish/British
 - Irish
 - Gypsy or Irish Traveller
 - Any other White background, please describe:
-

Mixed/Multiple ethnic groups

- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other Mixed/Multiple ethnic background, please describe:
-

Asian/Asian British

- Indian
 - Pakistani
 - Bangladeshi
 - Chinese
 - Any other Asian background, please describe:
-

Black African/ Caribbean/ Black British

- African
 - Caribbean
 - Any other Black/African/Caribbean background, please describe:
-

Other ethnic group

- Arab
 - Any other ethnic group, please describe:
-
- Prefer not to say

18. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months?

(Please select all that apply)

- Vision (such as due to blindness or partial sight)
- Hearing (such as due to deafness or partial hearing)
- Mobility (such as difficulty walking short distances, climbing stairs)
- Dexterity (such as lifting and carrying objects, using a keyboard)
- Ability to concentrate, learn or understand (learning disability/difficulty)
- Memory
- Mental ill health
- Stamina or breathing difficulty or fatigue
- Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Aspergers' Syndrome)
- No
- Prefer not to say
- Any other condition or illness, please describe

19. What is your sexual orientation?

- Bisexual
- Gay
- Heterosexual/straight
- Lesbian
- Prefer not to say
- Other (please state)

20. Are you:

- Single
- Living in a couple
- Married/civil partnership
- Married (but not living with husband/wife/civil partner)
- Separated (but still married or in a civil partnership)
- Divorced/dissolved civil partnership
- Widowed/surviving partner/civil partner
- Prefer not to say
- Other relationship (please state)

21. What is your religion and belief?

- No religion
- Buddhist
- Baha'i
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jain
- Jewish
- Muslim
- Sikh
- Other (please specify)

Prefer not to say

22. Caring responsibilities

Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?

- Yes No

Thank you for taking the time to review our proposals and respond to this survey.

Please post your completed survey to

FREEPOST KENT AND MEDWAY NHS
to arrive by the **13 April 2018.**

CABINET

10 APRIL 2018

RESPONSE TO THE CONSULTATION 'IMPROVING URGENT STROKE SERVICES IN KENT AND MEDWAY'

Portfolio Holder: Councillor David Brake, Adults' Services

Report from: Ian Sutherland, Director of Children and Adults Services

Author: Chris McKenzie, Assistant Director, Adult Social Care

Summary

This report sets out the proposed response to the consultation being undertaken by the NHS Clinical Commissioning Groups of: Ashford, Bexley, Canterbury and Coastal, Dartford Gravesham and Swanley, High Weald Lewes Havens, Medway, South Kent Coast, Swale, Thanet, and West Kent for Cabinet's consideration and approval. This consultation sets out proposed changes to the urgent stroke services provided in hospitals across Kent and Medway.

Appendices 1-4 are set out in Supplementary Agenda No.1.

1. Budget and Policy Framework

- 1.1 Medway's vision for Adult Social Care is '*We will support the people of Medway to live full, active lives, to live independently for as long as possible, and to play a full part in their local communities*'.
- 1.2 Our vision for Adult Social Care supports the delivery of Council Plan priorities, in particular 'Supporting Medway's people to realise their potential'; 'Older and disabled people living independently'; and 'Healthy and active communities'.
- 1.3 The proposed changes will impact on the delivery of stroke services for the residents of Medway, and so it is proposed that the Council's Cabinet, as a provider of rehabilitation and ongoing care services, should submit a formal response to the consultation.

2. Background

- 2.1 The NHS are proposing to improve hospital based urgent stroke services for people in Kent and Medway and surrounding areas of south east London and East Sussex.
- 2.2 The proposal is to establish hyper acute stroke units operating 24 hours a day, 7 days a week to care for all stroke patients seen in Kent and Medway.
- 2.3 The plan is to locate acute stroke units alongside each of the hyper acute units, where people may go after the initial 72 hours for further care until they are ready to be discharged, as well as transient ischaemic attack (TIA) “mini strokes” clinics.
- 2.4 The consultation seeks views on the proposal to establish hyper acute stroke units; whether three hyper acute stroke units is the right number; and gives five potential options for their location.
- 2.5 The proposals are focused on improving care and outcomes for people who have a stroke resulting in fewer deaths and less disability.
- 2.6 Stroke is a serious, life-threatening medical condition that happens when the blood supply to the brain is cut off, either by a bleed or clot in a blood vessel. There are around 3,000 patients a year who have a stroke for whom a Kent and Medway hospital is their nearest. How well people recover is affected by the speed and quality of the treatment.
- 2.7 National best practice is to have dedicated hyper acute stroke units that are staffed by teams of stroke specialists around the clock and have consultants on the unit seven days a week, with access to all the equipment needed for diagnosing and treating stroke patients.
- 2.8 The full details of the proposed consultation can be found in the detailed consultation document, which is attached as *Appendix 1* to the report.
- 2.9 The consultation is open for ten weeks from 2 February 2018 to 13 April 2018.

3. Options

- 3.1 The consultation proposes 5 options for the location of the stroke units. The proposed locations are shown in the following table.

Table 1: Shortlisted proposals (not in rank order)

| Proposal | A Hyper Acute Stroke Unit at: |
|----------|---|
| A | Darent Valley Hospital Medway Maritime Hospital William Harvey Hospital |
| B | Darent Valley Hospital Maidstone Hospital William Harvey Hospital |
| C | Maidstone Hospital Medway Maritime Hospital William Harvey Hospital |
| D | Tunbridge Wells Hospital Medway Maritime Hospital William Harvey Hospital |
| E | Darent Valley Hospital Tunbridge Wells Hospital William Harvey Hospital |

4. Advice and analysis

- 4.1 Impact analysis of the proposals has been completed by Mott MacDonald Group Ltd who produced a report: Kent and Medway Sustainability and Transformation Plan, Integrated Impact Assessment – pre consultation - stroke services, Dec 2017. It is important to note that the Mott MacDonald report does not include analysis for proposal E as this was introduced at a later stage. Full details can be found in the report attached as *Appendix 2* to the report.
- 4.2 Additionally, impact analysis has also been completed by the Medway Public Health Intelligence Team who analysed proposals A – E, as set out in Appendices 3 and 4 to the report.
- 4.3 Both sets of analysis indicate that Option D would have the greatest positive impacts and the least negative impacts for equality and travel and access.
- 4.4 Travel and Access Analysis
- 4.5 For shortlisted proposals (A-D) the Mott MacDonald report states that Proposal D has the least negative impact upon accessibility as 84 per cent of patients can still access stroke services within 30 minutes and proposal B has the most negative impact with 79 per cent of patients able to access stroke services within 30 minutes; see page 26 of the Mott MacDonald report.
- 4.6 Analysis completed by the Medway Public Health Intelligence Team for proposals A - E also found that proposal D has the least negative impact

upon accessibility as 87 per cent of residents can still access stroke services within 30 minutes. However, this analysis found that proposal A has the most negative impact, with only 80 per cent of residents able to access stroke services within 30 minutes. Full details can be found in the Travel and Access Report *Appendix 3* to the report.

4.7 Equality Impacts

4.8 The Mott MacDonald report identified older people as having a disproportionate need for stroke services. High blood pressure is a key risk factor for strokes and this is common in older people.

4.9 For all shortlisted proposals (A-D), Mott MacDonald found no disproportionate impacts for patients aged 65 and over. This patient group was within five percentage points of the change to the patients overall for all proposals.

4.10 The analysis completed by the Medway Public Health Intelligence Team found no disproportionate impacts for residents aged 65 and over for proposals A to E. However, it is important to note the following points:

4.10.1 Proposal A has the most negative impact upon accessibility as only 77 per cent of residents aged 65 and over would be able to access stroke services by blue light ambulance within 30 minutes, which is a reduction of 23 percentage points.

4.10.2 Proposal D has the least negative impact upon accessibility as 84 per cent of residents aged 65 and over would be able to access stroke services by blue light ambulance within 30 minutes. Full details can be found in the Equality Impacts Report *Appendix 4* to the report.

4.11 Although the Medway travel time analysis was undertaken using a more accurate mapping methodology both the Mott Macdonald and Medway analysis identified Option D as the most favourable.

Other factors for consideration

4.12 Three of the five possible options propose locating stroke services in Medway, and there are a number of other factors for consideration, which would support the location of these vital services in Medway.

4.13 Our population in Medway is at greater risk of stroke due to the large number of elderly residents, high levels of deprivation and higher than average numbers of smokers.

4.14 Medway Council provides Adult Social Care services for the people of Medway, including vital services that support the rehabilitation and ongoing care of people who have suffered from a stroke. By locating one of the hyper acute units in Medway, this will ensure a seamless transition for Medway residents from Medway hospital back out into the community. This supports the delivery of Medway Council's vision for Adult Social Care, set out in paragraph 1.1.

4.15 Medway is the largest urban area in the south east outside London and Medway Hospital currently care for the highest number of stroke patients in

Kent and Medway. Medway Hospital already has a wide range of supporting services needed to treat stroke patients, making it ideally placed to become a hyper acute stroke unit.

5. Risk management

- 5.1 There are no specific risk implications for Medway Council arising directly from this report.

6. Consultation

- 6.1 The NHS are not identifying a preferred option until they have fully considered all evidence and data available, including the views and feedback gathered via the public consultation.
- 6.2 Consultation ends on Friday 13 April 2018, and the feedback will be analysed by an independent research organisation.
- 6.3 A Joint Health Overview and Scrutiny Committee of Kent County Council, Medway Council, East Sussex County Council and Bexley Council (JHOSC) has been established following approval by the respective Local Authorities in order to meet the statutory requirements of the health scrutiny legislation in relation to the review of stroke services.
- 6.4 Proposed timeline:
- 6.5 There will be a report to the JHOSC around mid-June with the outcome of the consultation exercise on the stroke review at which point the JHOSC will be given a timeline for receiving a report on the final proposal and the date by which the JHOSC may comment before the Joint CCG takes a decision probably in September.

7. Financial implications

- 7.1 There are no specific financial implications for Medway Council arising directly from this report.

8. Legal implications

- 8.1 As stated in paragraphs 6.3 and 6.5 of the report, a Joint Health Overview and Scrutiny Committee of Kent County Council, Medway Council, East Sussex County Council and Bexley Council (Joint HOSC) has been established to meet the requirements of health scrutiny legislation in relation to consultation by the NHS with these local authorities on proposed changes to Hyper Acute and Acute Stroke Services in Kent and Medway and it will be this Joint HOSC that will comment on the outcome of the consultation exercise (Regulations 23 and 30, Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013).
- 8.2 The recommendation at section 9 of this report is that Cabinet responds to the public consultation which is being carried out by the NHS under separate legal obligations with a closing date of 13 April 2018 and it is within the remit of the Leader and Cabinet to express a preferred option at this early stage, with reasons. Such a recommendation by Cabinet in no way fetters or constrains

the Joint HOSC when it considers the outcome of the public consultation. The Joint HOSC will be commenting on behalf of Medway Council and the other three Councils involved in response to the NHS duty to consult the four councils affected under regulations 23 and 30.

9. Recommendations

9.1 The Cabinet is asked to:

9.1.1 Agree Option D (locating three hyper acute stroke units in Tunbridge Wells Hospital, Medway Maritime Hospital and William Harvey Hospital) as its response to the consultation “improving urgent stroke services in Kent and Medway” for the reasons set out in section 4 of the report.

9.1.2 Delegate authority to the Director of Children and Adults Services, in consultation with the Portfolio Holder for Adults’ Services, to submit the Cabinet’s response to the consultation.

9.2 The Cabinet is asked to advise the Joint Health Overview and Scrutiny Committee of Kent County Council, Medway Council, East Sussex County Council and Bexley Council of its support for Option D.

10. Suggested reasons for decision(s)

10.1 Analysis from Mott MacDonald Group Ltd and Medway Public Health Intelligence Team indicates that Option D would have the best outcomes for people requiring urgent stroke services.

10.2 The other factors for consideration set out in paragraphs 4.11 to 4.14 set out further rationale for locating the hyper acute unit in Medway.

Lead officer contact

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Appendices (Supplementary Agenda No.1)

Appendix 1

Improving Urgent Stroke Services in Kent and Medway – Consultation document
Webpage: https://kentandmedway.nhs.uk/wp-content/uploads/2018/02/KMStrokeConsultationDocument_final_02022018.pdf

Appendix 2

Mott MacDonald Group Ltd (Dec 2017), Kent and Medway Sustainability and Transformation Plan, Integrated Impact Assessment: Pre-consultation report – Stroke Services

Webpage: https://kentandmedway.nhs.uk/wp-content/uploads/2018/01/Appendix-Di-Pre-consultation-report-stroke-FINAL_050118.pdf

Appendix 3

Travel and Access Report (Medway Public Health Intelligence Team Analysis)

Appendix 4
Equality Impacts Report (Medway Public Health Intelligence Team Analysis)

Background papers

None