



**“Caring...
Sustainable...
...Improvement Driven”**



Trust’s response to the consultation on “Improving Urgent Stroke Services in Kent and Medway”

Maidstone and Tunbridge Wells NHS Trust

March 2018

Summary

Maidstone and Tunbridge Wells NHS Trust (MTW) supports the case for change for the future of urgent Stroke services in Kent and Medway. There is a need for services to concentrate specialist Stroke resources and expertise in order to deliver evidence based standards across Kent, Bexley and East Sussex.

The Trust has had notable success improving Stroke services in recent years. In the Sentinel Stroke National Audit Programme (SSNAP) the Maidstone service has consistently scored A/B and the Tunbridge Wells service has scored B/C, compared with D ratings in Medway and North Kent.¹ MTW can build upon these achievements, bringing together the Stroke teams across Maidstone and Tunbridge Wells hospitals to provide a consistently high quality service seven days a week.

We believe this is the best way to ensure there is an improvement in Stroke services for patients in West Kent and East Sussex. Bringing these services together will enable the specified standards² to be met for our large and elderly population on a sustainable basis and will provide a solid foundation on which to improve services across the whole of Kent & Medway.

Consolidation of Stroke services needs to be based on coherent health populations and clinical networks. This is especially true where those populations are growing and ageing faster than elsewhere, as in West Kent. Almost all Stroke patients will have comorbidities already being treated by their GPs and/or local hospital specialists. Moreover, two out of three patients entering the Stroke pathway will turn out not to have had a Stroke and will need to be looked after by these GPs and local hospital teams. The changes to Stroke services need to build upon these clinical networks and, as far as possible, not disrupt them. Maidstone and Tunbridge Wells Hospitals serve a clear catchment population which should be considered together and not split apart.

For our catchment population, in West Kent and East Sussex, there are arguments in favour of consolidating services at either hospital. Both sites have strong teams but we believe the strength of the Maidstone team combined with practical considerations around space and facilities makes the Maidstone site preferable for bringing services together; certainly in the first instance. We would be able to look again at the Tunbridge Wells site at a later date so long as a) the catchment population is held together and b) there is a compensating re-balancing of clinical activity across sites to address capacity issues, (which may of course require further public consultation).

Finally, we agree that thrombectomy is an important treatment option for around 10% of Stroke patients, a pathway for which should be commissioned as soon as possible. We do not see that it is practicable to provide this service safely or sustainably within Kent & Medway in the foreseeable future. Instead we recommend that the CCGs work with established neurosciences centres in London and/or Brighton to commission access to a thrombectomy pathway for Kent patients.

¹ SSNAP reports from Aug 16 to Aug 17

² Kent and Medway Stroke Review Pre-consultation Business Case, Appendix I

The importance of maintaining strong Stroke teams

As a Trust we feel it is of utmost importance that the strongest Stroke teams in the county at MTW (as demonstrated by SSNAP performance data) are not dismantled as a result of the consultation. Instead they should be reinforced to improve patient care in the shortest timeframes. MTW's Stroke teams account for a high percentage of the Stroke staff in Medway, North and West Kent.³

Trust	Maidstone & Tunbridge Wells NHS Trust	Medway NHS Foundation Trust	Dartford & Gravesham NHS Trust
Nursing Registered	29.8	11.6	12.75
Nursing Unregistered	34.25	13.12	17.51
Physiotherapist	10	1.6*	1.9
Occupational Therapist	6.8	1*	2
S< Therapist	4.3	0.6*	2.3
Dietitian	0.4	0.2	0.5
Consultants	4	2.5	1.6
Staff Grades	2	1	0
Specialty Registrar	2	0.38	0
SHO, F2 & F1	7	3	0

*Staff supplied by Medway Community Health

MTW's teams are not only strong in terms of numbers. High SSNAP ratings reflect strong processes and teamwork. The colocation of the hyper acute, acute and rehab services at both MTW sites supports a collective approach to providing patient care from admission through to discharge. This minimises handovers, provides consistent care and reduces a patient's length of stay in hospital.

It also allows patients to start receiving effective therapy on day 1 of their stay. Dedicated therapists are able to build trust with patients quickly when they are at their most vulnerable, and remain supporting them on their rehab journey with cross therapy rehab goals, achieving noteworthy outcomes.

Whilst in the hospital Stroke inpatients are also supported by MTW's resident Orthoptics team who undertake full assessments, provide ongoing treatment and are part of the multi-disciplinary Stroke team as recommended by Royal College guidelines.⁴

Strong teamwork exists not only between the Stroke teams but also with other professionals providing services for Stroke patients, both in the hospital (e.g. Radiology, A&E, Ophthalmology, areas of Medicine) and outside the hospital. MTW works well with SECAMB to achieve some of the

³ Kent and Medway Stroke Review Pre-consultation Business Case, Appendix K (modification to consultant numbers to ensure consistent counting across sites)

⁴ National clinical guideline for Stroke, 5th edition 2016

best ambulance off load times in Kent⁵ and also with the community rehab team to serve well over 700 Stroke patients a year on discharge.



“My mum, Jo, suffered a large haemorrhagic bleed on the 12th June 2017. She survived against the odds. Recognising Jo’s determination, the speech therapists, the physios and the occupational therapists ignited that spark in her to want to push forward and recover. This strong start now sees mum walking and at home. This couldn’t have happened without the dedicated support of such talented, caring professionals at MTW.” Rachel, Jo’s daughter

The high proportion of specialist Stroke staff in Kent working at MTW, (especially consultant medical staff), could not simply be made to transfer to alternative centres in North Kent. Many of the team members also provide an important input to other services, particularly acute elderly care. Moreover, given a choice to move to another Trust in Kent in order to remain working in Stroke or to remain within MTW and work in another service, a significant number are likely to stay put or to move to a more established Stroke unit in London. In the current climate of notable staff shortages, it could take many years to replace this potential lost workforce as well as causing shorter term staffing issues.

Given the close rating of the different site options, it is particularly important to build on existing strengths where they exist. MTW’s ability to move fast in improving the health system’s Stroke services with existing teams must be taken in account.

The importance of coherent services for our most ageing populations

As a Trust we believe the integrated services provided by MTW for its local population needs careful consideration when thinking about the future provision of urgent Stroke services. MTW was formed in 2000 and during the course of nearly two decades has created a now well established health service provision for a large population in West Kent and East Sussex. Our service provides comprehensive care for more than 560,000 people over approximately 1500km². The West Kent population is one of the fastest growing⁶ and fastest ageing populations in Kent.⁷ Our East Sussex

⁵ SECAMB Daily handover reports

⁶ Carnell Farrar Local Care Review

population has the oldest profile in the consultation.⁸ This is important as age is the strongest indicator of Stroke incidence.⁹

Patients do not experience their Stroke in isolation from their other healthcare needs. Consolidating Stroke services across MTW will enable all these clinical linkages to be maintained for West Kent and East Sussex, both within the hospital and into primary and community care.

When patients arrive at one of MTW's two busy A&E departments (seeing c.140K patients a year) they are at that point a patient of the Trust. If they have visited either site before, we will be able to access their history and any related conditions. This is particularly pertinent for older patients and those with long term conditions, who are likely to have been to the hospital, even if just for an outpatient appointment. Furthermore, with a stable primary care provision, GPs have built up relationships and care pathways with their acute colleagues, such as in Diabetes.

This insight into our patients at both sites allows the Trust to maximise the care it provides, and is a particularly important point for Stroke patients. Evidence suggests in less than 6 % of cases Stroke patients present without a pre-existing co-morbidity, a figure which could be even lower for a more elderly population.¹⁰

When compared to the rest of Kent, MTW's population (West Kent and East Sussex) has the highest percentage of people over the age of 65 yrs. Similarly, the prevalence of Stroke and TIA is significantly higher in West Kent and significantly lower in North Kent¹¹. The two hospitals in the north of Kent share a health profile with a relatively younger age demographic.¹² Age is a stronger indicator of Stroke incidence than deprivation; deprivation has a stronger relationship with deaths at a younger age.¹³

CCG population, number over 65 and % over 65

Site	Persons	Persons 65 and over	% 65 and over
West Kent CCG	481,572	91,526	19%
HWLH CCG	172,550	39,883	23%
Medway CCG	278,542	43,237	16%
Dartford and Gravesham CCG	260,643	44,799	17%

Source: ONS Mid-2016 Population Estimates for Clinical Commissioning Groups in England

⁷ Kent & Medway Public Health Observatory – Kent & Medway Stroke Profile

⁸ Kent and Medway Stroke Review Pre-consultation Business Case

⁹ Royal College of Physicians Sentinel Stroke National Audit Programme (SSNAP). National clinical audit annual results portfolio

¹⁰ Gallacher KI, Batty GD, McLean G, Mercer SW, Guthrie B, May CR, Langhorne P, Mair FS. Stroke, multimorbidity and polypharmacy

¹¹ Kent & Medway Public Health Observatory – Kent & Medway Stroke Profile

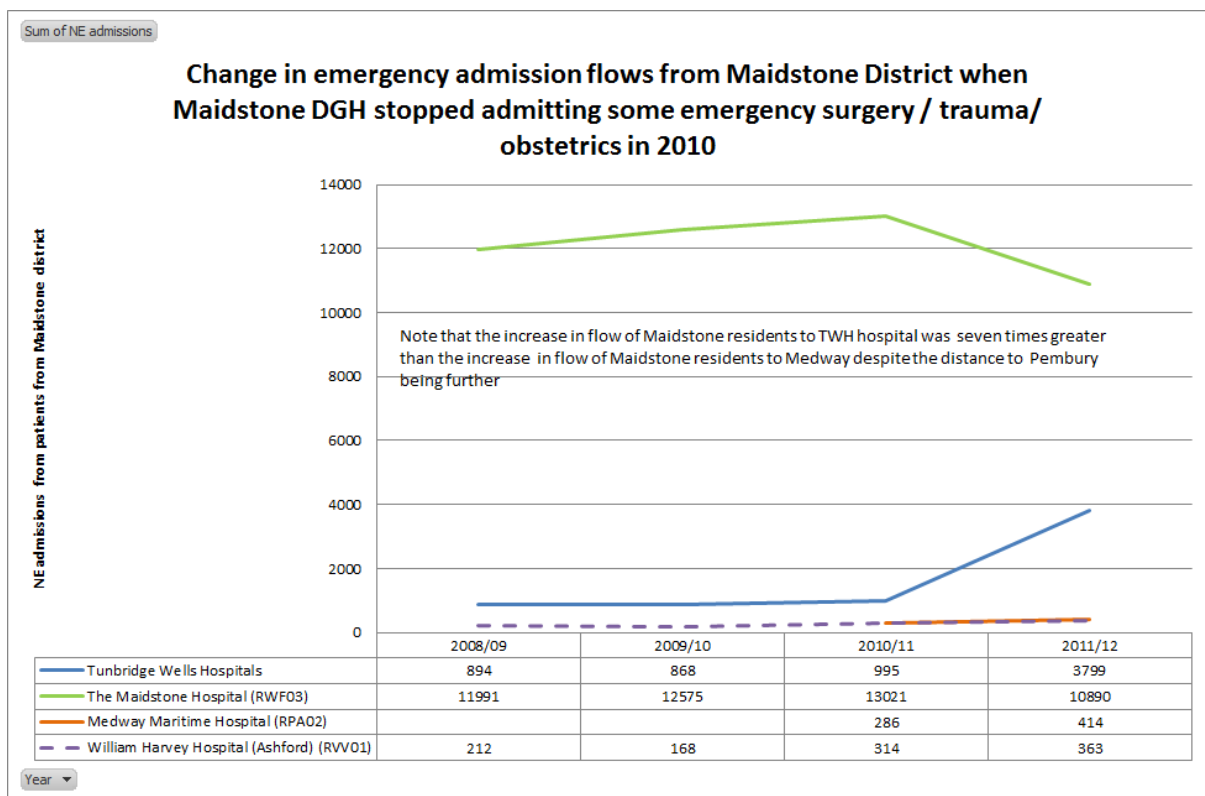
¹² Proposed Merger of Medway NHS Foundation Trust with Dartford and Gravesham Trust Mar 2012

¹³ Mortality by deprivation and cause of death in England and Wales, 1999-2003, p.22

Combining these points with the fact that as many as 30% of Strokes have self -presented at MTW in the past¹⁴ (the national average is 20%) it is vitally important at least one of the front doors serving the notably large and aging population in West Kent and East Sussex has a hyper acute Stroke unit behind it.

The Trust teams, who are used to quickly transferring patients between sites due to the current configuration of services, will work fast to support the diagnosis of patients arriving in the alternative A&E, ensuring they too receive treatment in the fastest possible timeframe. Importantly the Trust is rarely ‘on divert’ to other hospitals. This is a relevant consideration when the diagnosis of Stroke is less clear for the ambulance crews.

The significance of this integration of GP and specialist care across the MTW catchment is illustrated by the experience of patients after a range of acute services were consolidated on the Tunbridge Wells site in 2010. Patients benefited from staying within their catchment and there was little movement to other hospitals in Kent, even where these alternatives were closer to the patients’ homes than Tunbridge Wells Hospital, (see chart below).



¹⁴ SSNAP report Aug-Nov 2017

Impact of Stroke Consultation Options on existing patient flows

The table below shows the impact of the 5 options presented in the consultation document on existing patient flows, and the effect on health population catchment and continuity of care.

On balance we believe Options B, C and E can provide the best continuity of care for the MTW's current health population, with Option B maximising this opportunity.

When patients flow out of their local health population, it is incumbent upon the Trust hosting the HASU service to build pathways and connections with the patients' local Trust and GPs and then to work with them to progress the care. The more disruption to current health catchments, the more complex this requirement will become.

	Ability to maintain catchment and continuity of care	
Option A	This option is highly disruptive to the continuity of care and good services currently experienced by West Kent or East Sussex patients. It is therefore unacceptable.	
Option B	This option can achieve continuity of care. MTW's health catchment is largely maintained.	
Option C	This option could achieve continuity of care although this will be harder than in Option B. MTW's health catchment is more disrupted with fewer Strokes currently seen at Tunbridge Wells transferring to Maidstone Hospital.	
Option D	It will be hard to maintain continuity of care in this option due to Maidstone Hospital's population catchment being disrupted.	
Option E	This option retains more of MTW's current health population and continuity of care than Option D but there remains some disruption to Maidstone Hospital's population catchment.	

Impact of each option on existing health catchments and ability to provide continuity of care

Delivering the options involving MTW

Tunbridge Wells Hospital

The Trust recognises the advantages a Tunbridge Wells HASU would bring in terms of access, especially for the East Sussex population, and the benefits of being co-located at the Trust's major emergency centre. However, the Trust feels it is only right to highlight the additional challenges of implementing a HASU/ASU service at the Tunbridge Wells site.

Tunbridge Wells hosts the Trust's trauma unit and provides the Trust's emergency surgery services. This means all major trauma cases and non-elective surgical cases are conveyed to this site. It also has a large acute medical demand to manage. Despite improvements in operational efficiency and the provision of additional beds at TWH in the last two years, the site does not have the capacity to take in an influx of additional patients.

One of the key objectives of the Stroke review is to ensure Stroke patients are moved to a bed on the Stroke Unit within four hours. The Tunbridge Wells Stroke Unit's 'C' SSNAP rating is largely due to the site's difficulty meeting this standard. This in turn is due to the significant bed pressures at the site. The pressure experienced at the Tunbridge Wells hospital extends beyond beds to staffing and physical capacity in areas such as Imaging, Resus and ITU.

The Trust feels that in order to provide a good service for Stroke patients, it would need to build at least another ward and resus bay at the Tunbridge Wells site and/or reconfigure the services that are currently provided at the hospital, moving some of them to Maidstone hospital. Neither is an easy option or one that could be implemented quickly.

A proposed estates solution would entail a significant building project at the Tunbridge Wells hospital, involving the relocation of services into new standalone buildings on the site to free space for an additional ward in the hospital. This solution would take the Trust at least 18 to 24 months to implement from the point a decision is made on the future of Stroke services in Kent. High level estimates suggest it could cost upwards of £14m.

Maidstone Hospital

The Trust can offer workable solutions for both options involving Maidstone hospital with much less extensive estates work. The largely refurbishment solutions for Option B and Option C would cost £11.5m and £4.5m respectively. These numbers are a revision of those previously submitted given the additional time to explore options. These options would take approximately 6 months for the Trust to implement. The ability to deliver the final outcome of the Stroke review in a short timeframe will be important. Services at closing sites tend to suffer a relatively fast decline and this is even more likely given the high staff shortages in the NHS.

Maidstone's Stroke Service is a robust service and manages to recruit. It does not score as high as other options on the 'quality' criteria used in the Stroke Review's evaluation process but this is in no way a reflection of the existing service. It is more to do with the fact Maidstone hospital is not a

Trauma Unit. The Trust does not believe co-location with a Trauma Unit is a prerequisite for hosting a Stroke service.

Indeed, there is arguably more of a dependency on other medical specialties given the co-morbidity level in Stroke patients. Furthermore, as a Trust with a Trauma Unit we would look to mitigate any concerns in this regard. This could include remote support from the Trauma Unit and experience using cross site working, plus transfers as required to meet patients' needs. MTW already functions on a '1 hospital, 2 sites' model, in that the services of a large district general hospital are delivered between the two sites.

In a similar vein, the Trust is able to take steps to mitigate the impact of Stroke services moving to the Maidstone site for its East Sussex patients. We recognise the elderly profile of this population and would ensure post-acute Stroke services including rehabilitation services, TIA clinics and outpatient clinics would be provided locally. With the Trauma Unit in Tunbridge Wells the Trust is equipped to manage Strokes at this site in the event of an inpatient developing a Stroke, a Stroke patient self-presenting at the 'wrong' A&E or indeed where time may require a faster diagnosis and treatment. The Trust also recognises the need to manage such eventualities at the Maidstone site should Tunbridge Wells be chosen as the HASU/ASU.

Finally Maidstone's central location in the county, with good transport links, makes it an ideal site from which to extend MTW's Stroke service catchment and quickly build on the quality services already being delivered by MTW.

*The nurses on the unit are very kind and caring... and the Therapy Team were all lovely and could not be faulted; they looked after all of us very well, excellent care by all, especially the Therapy Team. **Janice, Eccles***



Commitment to improving Stroke services still further

Alfie's story below illustrates the service we feel we can deliver at MTW should one of the MTW sites be chosen for a future Hyper and Acute Stroke unit. The distinguishing difference compared with today's service is the onsite presence of a consultant and therapists from all relevant specialties 7 days per week.

In addition, MTW will actively pursue support from our CCGs and the STP to commission 24/7 thrombectomy for MTW's patients. Thrombectomy is an important and potentially lifesaving treatment option for around 10% of Stroke patients. For the foreseeable future this will need to be provided by established neuroscience centres in London and/or Brighton.

MTW will continue to host the Stroke Telemedicine network in order to support sites without Strokes services in a moment of need. As a Trust we will support staff in their research efforts through the Trust's very credible research department. We will also look to more actively support local GPs with Stroke prevention measures through mechanisms already being developed with local CCG colleagues to better care for patients in the community.

Lastly, we will continue to work well with community colleagues to enhance early supported discharge processes and to maximise rehabilitation services for patients locally. Rehabilitation is a vital part of Stroke care and following consideration of the urgent care side of the service, the Kent and Medway Stroke Review must look to improve rehabilitation services.

Alfie's story

Alfie who experiences a thrombotic Stroke (blood clot) at home



Alfie, a 76 year old man, is at home in his garden in Allington on a Saturday afternoon when around 2pm he realises that his face has become lop-sided and he cannot lift his right arm. He recognises the signs of a Stroke from the FAST adverts (Facial drooping, Arm weakness, Speech difficulties, Time) and calls 999 immediately.

Alfie's care with a best practice Stroke service that is provided at Maidstone Hospital within Maidstone and Tunbridge Wells NHS Trust

The paramedics assess Alfie and explain they are taking him straight to the specialist Stroke unit at Maidstone Hospital where he'll get the urgent care he needs. The Hyper Acute Stroke Unit is alerted by the paramedics and the specialist team is ready in advance of Alfie's arrival.

MTW already runs two of the highest performing Stroke units in Kent and has the largest number of Stroke doctors, specialist nurses and specialist therapists in West Kent. Through the Kent and Medway Stroke Review the service they provide is now based at one MTW hospital to care for patients like Alfie 7 days a week.

Alfie is met at the door by the Stroke team. He is assessed quickly and taken straight in for a brain scan, which confirms a blood clot. After explaining the problem to Alfie, and the risks involved in the treatment, the Stroke consultant gives him an injection to dissolve the blood clot. This all takes place well within 2 hours of him calling 999.

He is then moved onto the Hyper Acute Stroke Unit. He rapidly starts feeling better and regains some function of his right arm, though his speech is still slurred. He is admitted for observations and further assessments by a multidisciplinary team, including speech and language therapists who recommend a thickened diet initially. A Stroke consultant sees Alfie on the ward, explains what has happened, the likely cause of the Stroke and what the future holds for him.

The Stroke consultant recognises that Alfie, like most Stroke patients, has other important medical conditions that he needs care for. Alfie is already under the care of the MTW cardiac and diabetes teams within the Hospital Trust. The MTW Stroke, cardiac and diabetes teams work together to ensure Alfie receives the continuity of care, for all his conditions, so vital for his recovery. Alfie starts secondary preventative medicines after a repeat scan for both Stroke and cardiac conditions.

Alfie's rehabilitation starts on Sunday morning with occupational, speech and language and physiotherapy input. On Monday, he is well enough to transfer to the Acute Stroke Unit. He continues to make good progress through his rehabilitation phase and his care progresses seamlessly at Maidstone hospital. The specialist doctors, nurses and therapists who care for him know this continuity is very important.

Alfie's daughter lives in Tunbridge Wells. Transport links to Maidstone are good and she is able to support her father during his hospital stay. Together with the support of an established and well organised rehabilitation service, which has strong links to the local community rehabilitation services, Alfie steadily rebuilds strength, capability and confidence. Alfie goes home able to continue his daily activities, without help, despite the effects of his Stroke.