

To the Stroke Review Joint Committee, Kent & Medway STP

Name of Consultation: Improving Urgent Stroke Services in Kent and Medway/Stroke Review

We the undersigned write to express concern in relation to the substance and procedure of this consultation and hereby request that the stroke Review Committee either withdraw the current proposal or carry out a new full consultation in relation to the provision of stroke care in East Kent.

We are advised that the procedural flaws which have been identified mean that a decision on the proposal would not be lawful, and if so advised, we shall challenge by way of judicial review any such decision.

In brief, these are the reasons for our concern:

1. Failure to identify alternatives
 - There are significant problems in relation to the pre-consultation process omitting certain options without good or established reason; we have been limited to three HASUs before the consultation began, and no information has been provided as to why East Kent Hospitals University Foundation Trust is unwilling to manage two HASUs. The exclusion of particular sites which should have been considered as part of the consultation and the refusal of EKHUFT to consider the support of two HASU's in spite of clear demographic and geographic need demonstrates bias in relation to the desired outcome of this consultation.
- 2. Failure to publicise adequately:
 - During the "pre-consultation", small focus groups were consulted, but the wider public was not notified. Widespread publicity of the public consultation has been resisted, with the committee initially refusing to mail notification letters; when pressed on this, a concession was made after a number of weeks to post leaflets to 90,000 addresses in key locations in East Kent (the most adversely affected area), but that does not cover the full population there, nor do those leaflets mention specifically the closure of QEQM hospital stroke unit and the fact that all of East Kent's patients will have to travel to Ashford in an emergency.
- 3. Misleading publicity
 - BBC Southeast news aired an extremely biased report that was effectively a three minute advert for the committee's plans. It focused on the adoption of HASUs in Sussex, solely used the committee's own arguments and visual materials, and was uninterrupted by any alternative view. There was no balance provided whatsoever in that three minutes. It omitted the key fact that it is emergency and not just elective care that would for many people be relocated a great distance away. Approximately 350,000 people in the Kent area will have seen it and will potentially have been influenced in an unfair way.
- 4. Misleading information
 - It has been stated in all materials, including brochures, videos, presentations and online materials that HASUs (Hyper Acute Stroke Units) improve death and disability outcomes. This is presented as an unequivocal fact and as evidence that is directly

applicable to the area in question, Kent & Medway. However, the evidence being used is not applicable to this area, the only evidence refers to London which is a densely populated urban area where patients are reaching hospital within 16 minutes. This point has recently been conceded by one member of the committee (Dr Tony Martin, 13th March 2018), and it has been stated that more appropriate evidence will be provided soon. With three weeks to go until the conclusion of the consultation period, this is not acceptable, as thousands of respondents will have already seen and absorbed the materials that contain the contested evidence that is not relevant to the rural area of Kent with its large geography and ambulance journey times of (in some cases) one hour.

- 5. Failure to consult
 - Affected bodies and individuals have a right to be consulted on decisions that impact on their quality of life and human rights entitlements under law; in making the decision pre-consultation to limit the number of HASU's to three and to decide the location of HASU's without public engagement the decisions have effectively been taken before the consultation began. As the people of Thanet are within the 5% that are outside forty five minutes journey time, they should have been involved at a population level in the consultation process before the QEQM was excluded from the consultation.
- 6. Absence of Information
 - The committee have evaded or failed to answer in full or in part many questions regarding journey times, the financing of the project, details of other locations that have adopted the HASU model, and how the questionnaire data will be treated and analysed. Other areas of inquiry have also been ignored or insufficiently dealt with.
 - There has been a lack of clarity (in terms of provision of information to the public) around how the GP surgery, A&E and HASUs plans all fit together in East Kent; as far as the public is concerned, these are three separate things, but they are not; and this matter is not referred to in the FAQs.*
 - The plan proposed ignores or minimises risks established within the commissioned impact assessment. The mitigations proposed do not reflect the seriousness of the potential risks. These risks are not reflected in the 'easy read' materials.
 - There is a lack of clarity around the number of acute beds that will be available for stroke patients after the implementation of HASUs, and whether or not it constitutes a reduction of beds. A change in the number of beds is not included in the FAQs, videos or easy read document. Also, there is serious misrepresentation, inconsistency and a lack of transparency in the more detailed materials presented on this matter.
- 7. Inbuilt bias of the consultation response process
 - The public are invited to respond via an online or hard copy questionnaire. There are flaws inherent in the setup of the online questionnaire, in that the design is such that individuals are forced to choose one of the offered options in order to move forwards to a point where they can express their own opinion in terms of necessary provision. This questionnaire design builds inequality into the process by forcing ratification of pre decided options before residents are permitted to express their needs and viewpoints. Narrowing the parameters of choice in such a way removes the agency that should be inherent in any form of consultation.

The above represents a brief summary of our chief concerns.

We look forward to hearing your decision in due course,



Carly Jeffrey
on behalf of Save Our NHS in Kent

* crucial parts of the stroke consultation rely on 'mitigations' which include services that rely on the outcome of other, future consultations (provision of ongoing care at the Bethesda Northdown merger); transport and infrastructure; the outcome (in terms of where HASUs will be located) of the current consultation may change at a future date (regardless of the consultation decision) dependent on the outcome of a different, future consultation on A&E services, due to happen later this year. One is contingent upon the other, which undermines the democratic process of the current cons and the validity of the consultation decision.