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Clarifications

Clarification 0 – Deadline for clarifications

Q: What is the deadline for clarifications

A: There is no hard deadline for clarification questions. Commissioners will endeavour to respond to all reasonable questions which are raised in a timely manner. It is unlikely that the commissioner will be able to respond to any questions raised in the final three days of the response period.

Clarification 1 – Report deliverables

Q: Specification paragraph h18. Please can you confirm that you require three standalone reports , one report for stroke services, one report for vascular services and one report for emergency services and elective orthopaedic care?

A: We confirm that we require three standalone reports.

Clarification 2 – Pre-election period

Q : Please confirm whether the timelines to both submit and complete the work will be affected by purdah and forthcoming general election.

A: The timeline for bid submission is as defined in the notice. Engagement activities would need to take place after pre-election period, in line with guidance published by central government.

<https://www.gov.uk/government/publications/election-guidance-for-civil-servants/general-election-2017-guidance-for-civil-servants#guidance-on-consultations-and-e-petitions-during-an-election-period>

Clarification 3 – Inputs

Q 3.1 Is the travel analysis required to inform the IIA already being undertaken, or would it be within the scope of the IIA method?

A 3.1 Travel time analysis for the services and sites under consideration for consultation has been carried out by a consultancy who are working with Kent and Medway on the STP. The completed analysis has been produced as part of the hurdle criteria phase; further analysis if needed will be carried out under the evaluation criteria phase of consultation. However, travel times analysis for groups with protected characteristics has not been undertaken so if required to deliver a robust integrated impact assessment will need to be carried out as part of the work being contract through this process, in collaboration with the Kent and Medway and East Kent PMOs.

Q 3.2 Can you provide more information on this and the activity modelling that is referenced in the Specification, so that we can ensure our method reflects these?

A 3.2 Travel time analysis: This uses basemap data purchased for every LSOA to every LSOA for the Kent and Medway footprint (including periphery services). We have used off-peak car for the travel time analysis. The analysis looks at travel times for populations in questions under each option, including movement to periphery sites. It has been assumed that patients go to their next nearest site.

Activity analysis: Basemap data is used to re-distribute activity to it's next nearest site as per the travel time analysis methodology, under each option. Activity is then converted into beds using beddays at 85% occupancy, to understand the impact on beds at each site under each option.

Q 3.3 Are you able to provide any more information on the three system changes identified in relation to the three deliverables? E.g. how many options there are to consider under "stroke and vascular services", "vascular services", and "emergency services"?

A 3.3 Vascular: currently there are two vascular centres in Kent and Medway (one at the Kent and Canterbury Hospital and one at the Medway Maritime Hospital). The intention is to move to one inpatient arterial unit. Options include:

- The inpatient arterial unit being located at the Medway Maritime Hospital
- The inpatient arterial unit being located at one of the acute hospital sites in East Kent






Stroke: all seven acute hospital sites in Kent and Medway currently provide stroke services but the intention is to move to two to three hyper-acute stroke units, which would be coterminous with acute stroke units (i.e. stroke units would not be provided on sites where there is not a hyper-acute stroke unit). At this juncture it is not possible to indicate which of the current seven acute sites are options for the location of the hyper acute stroke units / stroke units but work is being undertaken to develop options and over the next few weeks we will reduce to the final short list which we are aiming to have in June. At this point in time we believe three to six options will be identified for the future configuration of stroke services (i.e. for the location of the two to three hyper-acute stroke units).

East Kent emergency service and inpatient elective orthopaedics: likely proposal in EK focus on the development of three hospital sites into:

- One major emergency with specialist services (receiving blue light ambulances)
- One emergency centre / medical emergency centre (receiving blue light ambulances)
- One integrated care hub with urgent care centre

Inpatient elective orthopaedic services will be provided at 1-2 of the above sites.

Further information is included on the following diagram:

	Major Emergency Centre with specialist services	Larger units, capable of assessing and initiating treatment for all patients and providing a range of specialist hyper-acute services Serving population of ~ 1-1.5m
	Emergency Centre	Larger units, capable of assessing and initiating treatment for the overwhelming majority of patients but without all hyper-acute services Serving population of ~ 500-700K
	Medical Emergency Centre	Assessing and initiating treatment for majority of patients Acute medical inpatient care with intensive care/HDU back up Serving population of ~ 250-300K
	Integrated care hub with emergency care	Assessing and initiating treatment for large proportion of patients Integrated outpatient, primary, community and social care hub Serving population of ~ 100-250K
	Urgent care centre	Immediate urgent care Integrated outpatient, primary, community and social care hub Serving population of ~ 50-100K

At this juncture it should be assumed that any one of the current three acute hospital sites could take on any of the above roles. However, work is taking place on developing options and it is likely that the potential number of options will reduce to two to three options, through the application of the evaluation criteria we have developed. We are working to identify a shortlist of options by the end of June.

Clarification 4 – Scope and deliverables

Q 4.1 On page six of the ITQ paragraph 14 states that “we therefore believe it is possible to consult on service change in East Kent alone”. On page seven of the ITQ under the flow chart the bullets state that “stroke services will be across Kent and Medway, vascular services will be across Kent and Medway, Emergency services will be in East Kent and Orthopaedics in East Kent”.

Please can you confirm what CCGs are included in the study area for the each of the services under review.

A 4.1 Changes around vascular and stroke relate to services predominantly commissioned by all Kent and Medway CCGs:

- South Kent Coast CCG
- Thanet CCG
- Ashford CCG
- Canterbury and Coastal CCG
- Medway CCG

- Swale CCG
- Dartford, Gravesham and Swanley CCG
- West Kent CCG

Changes around emergency service and orthopaedics in East Kent relate to services predominantly commissioned by:

- South Kent Coast CCG
- Thanet CCG
- Ashford CCG
- Canterbury and Coastal CCG

Q 4.2 On page 18 of the ITQ it states that the supplier will be required to present the pre-consultation report. The final bullet point in this section reads “supplier presentation to the Stroke and Vascular Programme/ Delivery Boards.”

Please confirm if this is one presentation to the stroke and vascular programme/delivery boards?

If it is more than one presentation please confirm how many presentations will be required for the Stroke and Vascular Programme/ Delivery Boards.

A 4.2 Presentations will be required at the following meetings:

- Kent and Medway Clinical Board
- Vascular Programme Board
- Stroke Programme Board
- East Kent Delivery board