

Health Overview and Scrutiny Committee Meeting – 5 February 2010

Emergency Care Pathways - STROKE

Attendees:

Julie Hunt - Director of Nursing & Quality, NHS West Kent and Chair of the Kent & Medway Stroke Network Board.

Steven Duckworth - Director, Kent & Medway Stroke Network Board.

1. What service changes have taken place across the PCT area, and what changes are planned, in order to provide these 24/7 specialist units?

Each acute provider now has a dedicated stroke unit that employs specialist staff trained in the management of stroke. These operate on a 24/7 basis. Each PCT has systems for delivering acute thrombolytic therapy (clot-bursting drugs) that have shown to have a beneficial effect on long-term outcomes for people who have suffered a stroke. NHS East Kent has commissioned a 'telemedicine' model from East Kent Hospitals University NHS Foundation Trust that uses the system to undertake investigation and assessment of stroke patients remotely from where the patient presents. NHS West Kent has commissioned a 'rota system' from Dartford & Gravesham NHS Trust and Maidstone & Tunbridge Wells NHS Trust who operate the rota between the 4 hospitals to provide a full 24hr/7 day a week service between them. This rota includes Medway NHS Foundation Trust. The formidable success of the 'telemedicine' system, (it recently won a national award) which has supported the effective treatment of high numbers of patients, has prompted NHS West Kent and NHS Medway to replace the current rota system with a telemedicine solution. A business case is being prepared and funding has been agreed through the SHA Innovation Fund.

SEC Ambulance Service NHS Trust have provided extensive training for all call centre staff and have adapted their response for stroke calls to ensure an appropriate 'category A with transport' response is deployed in order to transfer patients to the closest operational acute stroke centre as quickly as possible.

The 2008 National Sentinel Stroke Audit generally showed improvements in care across Kent from the previous audit in 2006.

Darent Valley Hospital went from the middle half to the bottom quartile nationally. A complete pathway service improvement initiative has since led to subsequent improvement in a repeat local audit.

Kent & Canterbury Hospital went from the middle half to the top quartile nationally.

Queen Elizabeth The Queen Mother Hospital went from the lower quartile to the middle half.

William Harvey Hospital went from the lower to upper quartile.

Kent & Sussex Hospital stayed in the lower quartile. A series have improvements have since been initiated. A repeat audit is planned for January 2010.

Maidstone Hospital went from the lower quartile to the middle half.

2. Can the two PCTs provide a map indicating where, across the region, these specialist units are located, or where they are planned to be located in the future?

Specialist units are situated at:

Darent Valley Hospital, Dartford. (shared rota)

Kent & Canterbury Hospital, Canterbury (24hr)

Queen Elizabeth The Queen Mother Hospital, Margate (24hr)

William Harvey Hospital, Ashford. (24hr)

Kent & Sussex Hospital, Tunbridge Wells. (shared rota)

Maidstone Hospital. (shared rota)

3. For each of these locations can you name the services provided and indicate whether they are available 24/7?

As mentioned above all the acute providers have a stroke unit that can provide dedicated stroke care from admission onwards. The Acute Stroke Units provide dedicated and specialist stroke care including thrombolysis. They provide rapid, early expert intervention and early rehabilitation for the acute stroke patient through a comprehensive pathway of care. Patients

are looked after by an extensive multi-disciplinary team overseen by a specialist stroke consultant.

4. What plans do the PCTs have to ensure that the general public understand these changes?

Both PCT's have engaged with the public in order to explain the risks factors associated and what to do in event of them or an acquaintance suffering a stroke. A number of local road shows and events have been organised in order to communicate the stroke services currently available in Kent. This has run concurrently with a large scale public information campaign run by the Department of Health.

Both PCT's and the Kent Stroke Network have public engagement strategies dedicated to stroke. Links have been made with local stroke clubs and third sector organisations.

5. How many people in Kent receive emergency treatment for heart attacks, stroke, and major trauma each year?

Stroke:

East Kent: 1633

West Kent: 1508

Total: 3141

6. How many Kent patients are currently taken outside of Kent to receive treatment in an emergency, where are they sent, and how is this likely to change in the future?

It is not usually necessary for stroke patients to be treated outside of Kent, SEC Ambulance are required to transport patients from within Kent & Medway to the local Kent & Medway acute stroke centre. A very small percentage will need treatment at a tertiary neuro-surgical unit. Up until recently patients would have to be sent outside of Kent for carotid artery surgery (necessary often to prevent further strokes), this can now be provided within Kent although a small number do still go to Kings College Hospital in London for their treatment..

7. What role does the Kent and Medway Cardiovascular Network play?

The Kent & Medway Stroke Network has brought together key stakeholders and providers to review, organise and improve delivery of stroke services across the care pathway. The Network aims to work with commissioners to ensure that evidence based stroke services are commissioned and can be quality assure using data generated by providers and interpreted by the Network.

The Network works with providers of stroke care to ensure commissioning agreements are met and employs service improvement techniques to ensure that providers of care maximise the quality and effectiveness of care delivered.

The governance of these arrangements is via the Stroke Network Board back into the PCTs, to ensure the population of Kent & Medway has fast access to excellent care in the prevention, treatment and support for those at risk of or who have suffered from a stroke.

8. In summary

Over the past three years the treatment of patients who have suffered a stroke has improved significantly and steadily. A national audit of stroke care carried out in 2006 highlighted that in relation to stroke care, Kent and Medway (K&M) was lagging behind the rest of the country. In 2008 a mean score of the key quality indicators showed K & M had a 70% compliance rate compared with a national rate of 71.9% nationally and 72% across the South East Coast SHA region. In 2006 the compliance score across K&M was 49%. Further strides have been made since the last audit and we are hoping to see improvements in this year's audit.

Every acute provider in Kent & Medway now has a dedicated stroke unit which ensures patients are able to access quality care near to their place of residence rather than being transferred to a larger 'hub' or tertiary centre. The PCT's in conjunction with the Kent & Medway Stroke Network and local providers are working to ensure that the quality of services offered to all stroke patients across the care pathway, prevention through acute care and rehabilitation to long term-care and end of life care, are constantly being improved and monitored.