

Item 5: Maidstone and Tunbridge Wells NHS Trust: Clinical Strategy and Stroke Services

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 28 November 2014

Subject: Maidstone and Tunbridge Wells NHS Trust: Clinical Strategy and Stroke Services

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Maidstone and Tunbridge Wells NHS Trust.

It provides additional background information which may prove useful to Members.

1. Introduction

- (a) Maidstone and Tunbridge Wells NHS Trust has asked that the attached report be presented to the Committee.

2. Clinical Strategy

- (a) Maidstone and Tunbridge Wells NHS Trust attended HOSC on 18 July 2014 to present their developing clinical strategy. At the end of the discussion, the Committee agreed the following recommendation:
- *RESOLVED that the guests be thanked for their attendance and their contributions, and that there be on-going engagement with HOSC as plans are developed with a return visit to a meeting of the Committee at the appropriate time*

3. Stroke Services

- (a) A stroke is a serious, life-threatening medical condition that occurs when the blood supply to part of the brain is cut off. There are two main causes of strokes (Healthcare for London 2008; NHS Choices 2014):
- Ischaemic – where a blood clot blocks an artery carrying blood to the brain (this accounts for 85% of all cases);
 - Haemorrhagic – where a burst blood vessel bleeds into the brain (intracerebral haemorrhage) or into the surrounding area (subarachnoid haemorrhage).
- (b) There is also a related condition known as a transient ischaemic attack (TIA). A TIA is often called a 'mini' or 'mild' stroke. The symptoms are similar to a full stroke however they do not last as long. A TIA can be a serious warning sign that unless urgent preventative action is taken a major stroke could occur (Healthcare for London 2008; NHS Choices 2014).

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- (c) Stroke is a major health problem in the UK. It is the third largest cause of death after heart disease and cancer. It accounted for over 56,000 deaths in England and Wales in 1999, which represented 11% of all deaths. Most people survive a first stroke, but often have significant morbidity. Each year in England, approximately 110,000 people have a first or recurrent stroke and a further 20,000 people have a TIA. More than 900,000 people in England are living with the effects of stroke, with half of these being dependent on other people for help with everyday activities (NICE 2014).
- (d) In England, stroke is estimated to cost the economy around £7 billion per year. This comprises of direct costs to the NHS of £2.8 billion, costs of informal care of £2.4 billion and costs because of lost productivity and disability of £1.8 billion (NICE 2014).
- (e) A National Stroke Strategy was developed by the Department of Health in 2007. This outlined an ambition for the diagnosis, treatment and management of stroke, including all aspects of care from emergency response to life after stroke. In 2010, the National Institute for Health and Clinical Excellence (NICE) produced quality standards that focused on the clinical aspects of stroke care.
- (f) In March 2014, NHS England published a refreshed business plan: *Putting Patients First: the NHS England business plan for 2014/15 – 2016/17*. NHS England set out its aims to develop a specific case for acute stroke service reconfigurations in two geographical locations by April 2015 and to promote the reconfiguration of stroke services across the country, building on the evidence-based model developed in London (NHS England 2014).
- (g) The model of acute stroke care in London was centralised in 2010. 30 local hospitals, who had previously received stroke patients, were reduced to eight hyper-acute stroke units (HASU). All stroke patients are taken by ambulance to the nearest HASU located no more than 30 minutes travel time away (Healthcare for London 2008).
- (h) On arrival a patient is assessed by a specialist; has access to a CT scan; and receives clot busting drugs such as thrombolysis, a vital treatment in reducing the impact of ischaemic stroke, within 30 minutes. Patients are then transferred to a HASU bed where they receive high dependency care for the first 72 hours following admission. Once stabilised the patient is transferred to a Stroke Unit, either in the same hospital or closer to home. Patients are rehabilitated in the Stroke Unit and discharged to the appropriate care in the community (Healthcare for London 2008).
- (i) A before and after study of the new model found that the thrombolysis rate increased from 5% to 12%, the survival rate increased from 87.2% to 88.7%, and centralisation achieved an estimated 90 day cost saving of more than £5 million a year (Hunter et al 2013).

4. Recommendation

RECOMMENDED that there be ongoing engagement with HOSC as the Trust's five year strategy and clinical strategy for stroke is developed with a return visit to a meeting of the Committee at the appropriate time.

Background Documents

Healthcare for London (2008) '*Stroke Strategy for London (01/11/2014)*',
<http://www.londonhnp.nhs.uk/wp-content/uploads/2011/03/London-Stroke-Strategy.pdf>

Hunter R M, Davie C, Rudd A, Thompson A, Walker H, et al. (2013) '*Impact on Clinical and Cost Outcomes of a Centralized Approach to Acute Stroke Care in London: A Comparative Effectiveness Before and After Model (01/08/2013)*',
<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0070420>

Kent County Council (2014) '*Agenda, Health Overview and Scrutiny Committee (18/07/2014)*',
<https://democracy.kent.gov.uk/mgAi.aspx?ID=29191>

NHS Choices (2013) '*Stroke (14/11/2013)*',
<http://www.nhs.uk/conditions/stroke/Pages/Introduction.aspx>

NHS England (2014) '*Putting Patients First: the NHS England business plan for 2014/15 – 2016/17 (31/03/2014)*',
<http://www.england.nhs.uk/about/business-plan/>

NICE (2014) '*Stroke: Diagnosis and initial management of acute stroke and transient ischaemic attack (TIA) (01/05/2014)*',
<https://www.nice.org.uk/guidance/cg68>

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