

Stroke prevention and rehabilitation services in NHS South Kent Coast (SKC) CCG

Overview and background

A stroke is a life-threatening medical emergency that happens when the blood supply to part of the brain is cut off. The blood supply may be cut off by a blood clot or from a burst blood vessel. A person having a stroke may lose control over their movement, perception and speech. They may also lose consciousness. Prompt hospital treatment is essential for stroke survival.

South Kent Coast CCG (SKC) serves 199,000 people living across Shepway, Dover, Deal and Romney Marsh with 30 GP practices. In relation to the prevalence of stroke the latest data taken from the Stroke and TIA Kent Joint Strategic Needs Analysis 2013/14 indicated that in Kent and Medway, 30,500 people were recorded as having a Stroke or TIA. This is a prevalence of 1.7% across Kent and Medway (same as the national average), the highest prevalence of 2.1% is seen in South Kent Coast CCG area.

Services for prevention and post stroke in SKC

Prevention of stroke

Within general practice GP's are expected to monitor their patients who are at risk of stroke via the Quality and Outcomes Framework (QOF). General practice are expected under the QOF requirements, to assess risk in those likely to be at high-risk (for example, people with hypertension -high blood pressure) a validated assessment tool is used that evaluates a range of modifiable and non-modifiable risk factors.

South Kent Coast CCG recognises the importance of promoting prevention services and so is working with public health and has developed a prevention and self-care pathway with an underpinning work plan that is overseen by the SKC CCG Prevention and Self-Care Work Stream. In addition, public health commission a number of schemes that will contribute to early identification of stroke risks factors and patients are able to access a number of services that promote good health and wellbeing such as: health checks, stop smoking services, exercise referral schemes, Fresh Start programmes. The CCG and public health are working together with some GP practice in Folkestone to pilot targeted work to address health inequalities that will contribute to stroke risk reduction, with the plan to replicate the model across the SKC CCG.

SKC CCG have in place a cardiovascular disease (CVD) working group to focus on stroke prevention, diabetes and cardiology services in our locality. This group feeds into the SKC Prevention and Self Care Work Stream and also wider east Kent cardiology task and finish group and the East Kent Diabetes Pathway Mobilisation Group. A key priority has been working with our GP practices to educate and encourage them to run the Guidance on Risk Assessment and Stroke Prevention (GRASP) AF software tool promoted by NHS Improvement. This identifies patients that have a diagnosis of atrial fibrillation (AF- a heart rhythm that can cause blood clot formation), who are not receiving any anti-coagulation medication, increasing their risk of stroke. The CCG has held two learning events for GPs

and practice nurses on the subject of AF is topic to raise awareness and the importance of identifying and treating this cohort of patients this work continues.

The GRASP software can also be used to identify diabetic patients that require additional interventions to ensure their condition is optimally managed therefor, reducing the risk of stroke, this work is in progress.

Post stroke care and rehabilitation services

The population of SKC has access to three acute hospitals; William Harvey, Kent and Canterbury and the Queen Elizabeth the Queen Mother hospitals. Each site provides a full acute stroke service, that includes provision of thrombolysis for appropriate patients, a treatment to dissolve dangerous clots in blood vessels, improve blood flow, and prevent damage to tissues and organs, however; a recent case for change paper produced by NHS England together with the Sentinel Stroke National Audit Programme (SSNAP) data indicates there are variances in service across the 3 hospitals.

The Kent and Medway CCGs requested that a stroke service review is carried out as there was concern on the hospitals variable performance. The review has focussed on benchmarking the current services, identifying a case for change to the existing pathways, recommendations to improve current care pathways and to ensure resilience and sustainability going forward. With this in mind, we need to include the possibility of reconfiguring the current admitting hospitals and how this may impact patient care and treatment.

From the SSNAP data, improvements need to be made in the time it takes for a patient to get to a stroke unit (within 4 hours of arrival in hospital), thrombolysis treatment (up to 4 and a half hours after a stroke), patients receiving speech and language therapy, team working i.e. assessed by all the relevant therapists to agree rehabilitation goals.

The CCG commissions Intermediate Care Services (ICS) in the community, with specialist therapists and clinical nurse specialists (CNS) in stroke care, to provide an early supported stroke discharge pathway, with follow up post stroke at given points, which expects the hospital and community to work together for seamless transfer to either the patient's own home, or an short term bed placement, if appropriate, for rehabilitation. The provision of the community service is based on need not on time limitation. We will be working with colleagues in across the hospital and community to ensure that the current early discharge pathway, and subsequent follow up by CNS in stroke, is this effective, what can be improved

Summary

The CCG is undertaking a lot of work for address stroke prevention that includes review of existing post stroke services that will continue as per the work plans, with the next steps following the Kent and Medway Stroke Review that clinical discussions will now need to take place at an east Kent level with CCG GP stroke leads and hospital Consultants to prioritise the standards that require improvement across east Kent and agree a work plan for implementation and delivery.