

Public Information

Stroke Services

In recent years, the NHS across the country has made very significant improvements to outcomes for people having a heart attack, patients with trauma injuries, and people with many types of cancer. Nationally and locally, the focus has now turned to stroke services.

In London, the mortality rate for stroke patients has been significantly reduced by the introduction of dedicated hyper-acute units for stroke. These diagnose and treat people in the first 72 hours of having a stroke, known as the hyper-acute phase.

We, along with hospitals across the country, are now considering how we can achieve these sorts of improvements in patient outcomes.

We are involving our patients, the public and healthcare professionals in this work over the coming months and using their knowledge and experience to help us build a better service. There will be many opportunities for people to help us make our services the very best they can be.

Stroke Services at Maidstone and Tunbridge Wells Trust

Maidstone and Tunbridge Wells hospitals jointly provide acute stroke care and rehabilitation for patients in West Kent and north East Sussex. National and local reviews of patient experience show that our hospitals, similar to many others locally and nationally, can greatly improve stroke outcomes for patients and reduce long-term disability.

Our hospital clinicians working with local GPs have outlined higher core standards of care for every patient we see.

We want to provide all of our stroke patients with the same fast access to, and higher standards of, potentially life-saving and life-changing care round the clock.

Currently, not all of our patients are seen by dedicated specialist teams, who can diagnose their stroke and start appropriate treatment, in a timely way, 24 hours a day, seven days a week. This is true of hospitals in Kent and Medway and many others nationally, but we all want to.

The initial stage of patients' care, in the first 72 hours, is called the hyper-acute stage. The standards also set out what patients should expect during the acute phase of their care, when having a "mini-stroke" (transient ischaemic attack or TIA) and during rehabilitation.

These standards are based on those drawn up by the South East Coast Strategic Clinical Network for Stroke which has also put together a proposed model of care. This outlines the necessary elements of a hyper-acute service, acute service, TIA service and rehab service.

Standards of stroke care at Maidstone hospital are now rated C and Tunbridge Wells hospital D (the national average) after being in the bottom 20% of trusts nationally (E rating). It is our aim to be within, or above, the top 20% (A rating) of the same national ratings system as soon as possible.

These are our key priorities and challenges

- Reviews have shown that acute stroke services can be improved (and are being improved) in many hospitals locally and nationally
- Not every patient is consistently receiving the same high standards of stroke care locally
- Our clinical teams are good, but our stroke services are inconsistent and standards vary between our two stroke units at Maidstone and Tunbridge Wells.
- As a consequence we don't always meet national standards of care for everyone we see
- We don't provide the same level of service for patients with suspected strokes and mini-stroke (TIAs) out of hours and at weekends. This is a significant local and national challenge.
- We're making changes, seeing improvements and are committed to doing even better
- Standards of stroke care we provide are very clear and available for everyone to see online
- This is about being proactive and making the most of the opportunities we have to improve the quality and safety of patient care now and in the future

Quality of Stroke Care at Maidstone and Tunbridge Wells hospitals

The number of patients admitted with a suspected stroke at each hospital for the last three years is shown below.

	Maidstone	Tunbridge Wells	Total
2011/12	292	346	638
2012/13	296	324	620
2013/14	317	346	663

The average number of days stroke patients stay in our hospitals is shown in the table below:

Site	2012-13	2013-14
Maidstone	15.4	16.3
Tunbridge Wells	16.7	19.3
Trust average	16.1	18.0

Hospitals use a national monitoring system to assess and improve the quality and safety of acute and rehabilitative stroke services. It is called the Sentinel Stroke National Audit Programme (SSNAP).

SSNAP measures 10 key standards of care. The standards include:

- Patients with a possible diagnosis of stroke are taken by ambulance to a specialist stroke unit within one hour
- Patients with symptoms of an acute stroke have a brain scan within one hour of arrival in hospital. This helps determine the correct treatment
- Patients are admitted directly on to a specialist stroke unit

Stroke services are monitored on a quarterly basis and are given a rating based on the number of patients who receive care in line with the 10 key standards. Services are given an overall rating of A to E with A being the top rating and E being the worst level of achievement. In 2013 stroke services at Maidstone and Tunbridge Wells hospitals were rated E. This has now improved to a D rating at Tunbridge Wells and a C rating at Maidstone, as part of the MTW Trust's on-going work to improve stroke services.

SSNAP ratings recorded for Maidstone and Tunbridge Wells NHS Trust in 2013 and 2014

	Overall SSNAP Oct to Dec 2013	Overall SSNAP Jan to Mar 2014	Overall SSNAP Apr to Jun 2014	Overall SSNAP Jul to Sep 2014	Overall SSNAP Oct to Dec 2014
Maidstone	E	D	D	D	C
Tunbridge Wells	E	E	D	D	D

Overall SSNAP ratings for hospitals in the south east

	Overall SSNAP Oct to Dec 2013	Overall SSNAP Jan to Mar 2014	Overall SSNAP Apr to Jun 2014	Overall SSNAP July to Sept 2014
Medway	E	D	D	E
Darent Valley	E	E	D	D
Eastbourne	D	D	D	D
William Harvey	D	D	C	A
Kent and Canterbury	D	D	E	D
QEQM Margate	D	D	C	C
Frimley Park	D	C	B	B
Epsom	C	C	B	D
St Peter's	D	D	C	B
Princess Royal	E	D	D	D
Royal Surrey County	D	C	C	B
Royal Sussex County	D	D	D	C
East Surrey	E	D	C	B
St Richard's Sussex	E	E	D	D
Worthing	D	D	D	C

Care standards

As described above, hospital clinicians and GP leads have outlined new core key standards of care for stroke patients as part of on-going work to significantly improve stroke services provided by Maidstone and Tunbridge Wells NHS Trust (MTW) in West Kent and north East Sussex.

The standards reflect best practice developed by the National Institute of Health and Care Excellence, Royal College of Physicians and the British Association of Stroke Clinicians and are achieving better clinical outcomes for patients.

Future improvement plans that hospital clinicians and GPs develop to enhance the acute and rehabilitative stages of stroke care at Maidstone and Tunbridge Wells hospitals will now have to meet or exceed these core standards.

The table below sets out the draft key core standards of care as of December 2014. These are subject to on-going work and change in line with comments and views from hospital clinicians, GPs, patients and the public.

Dr Jim Milton, Clinical Lead for Stroke Services, said: “Stroke care is recognised locally and nationally as a key area for improvement. The quality standards we are developing will help ensure any future improvements to our stroke services provide patients with the highest possible levels of care.”

Draft quality standards Key: MH Maidstone Hospital TWH Tunbridge Wells Hospital

No.	Standard	Performance Standard	Oct - Dec 2014 MTW and National Performance
Measuring and monitoring the service’s quality is performed fully and accurately			
1	Clinically accurate submission to SSNAP (Sentinel Stroke National Audit Project) and coded data held in HES	SSNAP case ascertainment – 90% SSNAP audit compliance – 100%	TWH B MH A TWH B MH B

Ambulance service calling ahead to enable the hospital to be prepared for the stroke patient's arrival and fast transport to hospital			
2	Pre-alert by ambulance crews to receiving Hyper Acute Stroke Unit (HASU) where patient is FAST positive or stroke is suspected	95%	Not available– will require SECAMB input
3	Call to door time as soon as possible but certainly <60 minutes	90%	Not available– will require SECAMB input
Quick treatment with 'clot busting' drugs where appropriate			
4	Door to needle time for those appropriate for in licence use of IV thrombolysis as soon as possible and certainly less than 60 minutes	95%	Thrombolysed within 1 hr. TWH 37%- MH 20% National 57%
The hospital stroke team meets the patient and the ambulance team, in A&E, as soon as the patient arrives at hospital			
5	Patients/ambulance crew to be met on arrival in ED or HASU by member of the stroke thrombolysis team (according to NICE guidelines) for specialist assessment when a pre-alert is given by the ambulance crew	95%	Not available
The patient has a brain scan quickly, if they require one, when they arrive at hospital, at any time of day or night			
6	24hrs access to CT scan, including reporting by a Radiologist or Stroke Consultant, to ensure imaging delivery within 1 hour for eligible patients (RCP agreed guidelines for rtPA)	Yes/no response (SSNAP current target 50%)	Scanned within 1 hr. TWH 43%- MH 31% National 44%

	use or signs of concern)		
7	Cranial imaging (CT or MRI) performed <12 hrs from admission	95%	Scanned within 12 hrs. TWH 87.7%- MH 89.8% National 88.7%
Some patients need a test and procedure on a blood vessel in the neck. These tests and procedures need to be performed promptly			
8	Carotid imaging performed within 24 hours for patients suitable for rapid access carotid endarterectomy (RACE)	90%	Not available
9	Carotid intervention (endarterectomy) performed within 48 hours of diagnosis for symptomatic carotid artery stenosis, where appropriate for both stroke and TIA	90%	Not available
Stroke patients should be admitted straight to the specialist stroke ward, not any other ward and should remain on the stroke ward for almost their entire stay in hospital			
10	Direct admission to a hyper acute stroke unit (HASU) within 4 hours of reaching the hospital door	90%	TWH 31.3%- MH 56.8% National 56.9%
11	90% of stay to be within a system of organised stroke care i.e. HASU/ASU/Rehabilitation	90%	TWH 71.2%- MH 85.1% National 83.4%

Stroke patients should be seen by a consultant stroke specialist within 24 hours of admission and thereafter each day during the most critical phase of their illness.			
12	Stroke patients should be seen by a consultant stroke specialist (RCP guidance) within 24 hours of admission	95%	TWH 81.5%- MH 62.5% National 76.5%
13	Minimum of daily HASU ward round by consultant stroke specialist, 7 days per week	Yes/no	No
Minimum staffing levels in the hospital stroke units are met			
14	Hyper acute stroke unit minimum staffing (7/7) of <ul style="list-style-type: none"> • 2.9 WTE Nurses per bed to comply with 80:20 trained: untrained skill mix and 1:2 nurse:patient ratio • 1.0WTE Physiotherapists per 5 beds (respiratory and neuro) • 0.68 WTE Occupational therapists per 5 beds • 0.68 WTE S&L therapists per 10 beds • 0.5 WTE Dietician per 20 beds • 1.0 WTE Clinical Psychologist per 40 stroke beds 	Yes/no	No (trained /untrained skill mix)
15	Acute stroke unit minimum staffing (7/7) of <ul style="list-style-type: none"> • 1.35 WTE Nurses per bed (65:35 trained: untrained skill mix) to give 1:3 nurse:patient 	Yes/no	No

	ratio <ul style="list-style-type: none"> • 1.0 WTE Physiotherapists per 5 beds • 0.81 WTE Occupational therapists per 5 beds • 0.81 WTE S&L therapists per 10 beds • 0.5 WTE Dietician per 20 beds • 1.2 WTE Clinical Psychologist per 40 stroke beds 		
Stroke patients can experience difficulty swallowing. This can be dangerous to their health. Patients are checked for this and if at risk further assessed by an expert			
16	Swallow screen performed within 4 hours of admission	95%	TWH 76.6%- MH 79.7% National 68.7%
17	Patients who fail swallow screen are assessed by Speech & Language Therapist within 72 hours of admission	95%	TWH 90.6%- MH 78.8% National 83.9%
Nutrition related and therapeutic checks are performed promptly			
18	Patients screened for malnutrition and risk of malnutrition within 24 hours of admission and at weekly intervals whilst they are an in-patient, using a validated screening tool e.g. MUST (Malnutrition Universal Screening Tool)	95%	Not available
19	All applicable patients are assessed by <ul style="list-style-type: none"> • A nurse trained in stroke management within 24 hours • One therapist within 24 hours 	95%	TWH 27.3%- MH 68.3% National 52.7%

	<ul style="list-style-type: none"> All relevant therapists within 72 hours <p>And have rehab goals agreed within 5 days</p>		
The support a patient might need when they leave hospital is planned for as early as possible in their stay.			
20	Early Supported Discharge Team to be in place with ability to see all appropriate patients as soon as required after admission	Yes/no	Yes for Kent patients No for East Sussex patients
After they leave hospital, stroke patients are reviewed after 6 months			
21	Six month review offered for stroke survivors	Yes/no	No
If patients are considered at risk of having a stroke they are seen within 24 hours, in a specialist hospital clinic.			
22	Patients identified as high risk by any healthcare provider are seen within a fast track TIA clinic within 24 hours of referral made	95%	Jul- Sep 2014 TWH 68% MH 77%

Discussion for the meeting:

- **What do you think about these standards? Are they high enough? What is important to you about the care you receive?**
- **If all the standards were applied, what would a really successful stroke service in west Kent look like in the future?**
- **What questions does this raise that you would like to put to us?**