North of England Cardiovascular Network

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Middlesbrough Council's Health Scrutiny Panel
Regional Stroke Services Update

This report has been compiled by the North of England Cardiovascular Network (NECVN) on behalf of the NHS North East. The improvement and development of stroke services has been devolved from the NHS North East to NECVN as NECVN has over 8 years experience in cross boundary service improvement work in disease specific areas of care.
It should be noted that the performance management of stroke services remains the responsibility of NHS North East.

Q. What are the service standards currently demanded of Stroke Services that a patient can expect to receive when they suffer a suspected Stroke?

National 'must do' Tier 1 Vital Sign targets are in place for stroke. These are –

1. Patients who spend at least 90% of their time on a stroke unit
2. TIA cases with a higher risk of stroke who are treated within 24 hours

These indicators are considered to be a good proxy for reducing disability and death due to stroke.

When these targets were first established in 2004, it was considered that 56% of people with stroke spend the majority of their time in a stroke unit and 35% of people with all risk of TIA are treated in 7 days. The expected position by the end of 2010/11 is to ensure that 80% of people with stroke spend at least 90% of their time on a stroke unit and 60% of higher risk TIA cases are treated within 24 hours.

Other standards available are in the form of the National Clinical Guidelines for Stroke, which are produced by the Royal College of Physicians and have been in existence since 2000 with the most recent version being updated and published in 2008. The Royal College of Physicians is responsible for the process to support the National Sentinel Audit for Stroke. This audit has been active for the last six years and has demonstrated that care has improved significantly over this period of time; however there is no room for complacency.

Regionally our stroke services are providing excellent care which is often down to the sheer dedication of our stroke physicians, stroke unit staff and internal links between A&E, imaging services and stroke unit staff.

Following the publication of the National Stroke Strategy in December 2007 we are planning to improve our stroke services even further to provide up to date, best evidence based practice to all patients and their carers in the North East. This strategy is a 10 year plan however the Network plan (covered by NHS North East and the North Yorkshire and York PCT area of NHS West Yorkshire) is to implement the biggest changes within the first 3 years.

Q. Are those standards always applied?

The Vital Signs targets are incremental targets which requires an understanding of the level of care already provided and building on streamlining pathways to meet the 2010/11 targets.

Achieving targets is an important feature as it allows services to be measured and compared at national level. Regionally, there are Network standards for hyperacute and transient ischaemic attack (TIA) care. These are based on National Clinical Guidelines for Stroke and the National Stroke Strategy. Network standards will help drive up equity of care across the region and will focus attention on quality of care issues rather than target attaining.

Standards across the region are set high and we are constantly working towards equity of care to all patients wherever they live in the region.

Q. What are the areas in need of development in relation to Stroke Services?

The care pathway for a stroke patient once commenced is life long and work undertaken by the Network to date has highlighted that there is variance in the commissioning and provision of services across the North East.

Overall, stroke care across the North East is excellent however there are aspects of care which can be improved upon by everyone to the benefit of the patient and their carers. These benefits include streamlining care between departments and organisations and reducing waiting times to access services.

Regionally, the focus of work currently being undertaken is by NECVN, covers the following areas -

1. Awareness Raising of Stroke and TIA.
2. Hyperacute services - the first 72 hours of emergency care
3. TIA services – timely access, diagnosis and treatment.
4. Stroke Rehabilitation – appropriate and timely access to specialist rehabilitation.

Q. Where would the SHA and commissioners expect to see Stroke Services in the North East in 3 to 5 years?

The National Stroke Strategy is a 10 year plan to improve stroke services. There will be an intensive push to improve services as much as possible until March 2011.
£2.4 million has been ear marked for NHS North East to improve stroke services. Additionally Local Authorities have received central allocations to improve stroke services from a social care perspective.

By using these finances and reevaluating the use of our current finances we anticipate the following improvements by March 2011 -

- Improved awareness raising of stroke and TIA leading to rapid assessment, diagnosis and treatment.
- Improved rate of thrombolysis for eligible patients.
- Robust 24/7 hyperacute services and rapid admission to a dedicated stroke unit.
- Improved referral of suspected TIA patients to stroke specialists
- Improved access to imaging services
- Reduced waiting times for vascular surgery.
- Timely assessment of stroke and TIA patients for rehabilitation needs
- Access for all stroke and TIA patients to all aspects of rehabilitation they require, as and when they require it.
- Improved integrated links between health and social care services
- Better signposting of stroke and TIA patients and their carer needs for long term care and support

Q. The Panel has noted in 'Our Vision, Our Future' that 63% of units in the North East are compliant with the Royal College of Physicians acute stroke audit standards, which is the best percentage rate in the country.
Does this mean that there are variances in the outcomes for people who suffer Strokes in the North East?

Stroke is a very complex condition and everyone who suffers a stroke has very individual outcomes. These varied outcomes include speech and language difficulties, physical impairment and psychological issues. Many stroke survivors may not be able to return to what they previously had known as a normal life which may include returning to work or taking pleasure in the hobbies they participated in prior to their stroke.

There are some professionals which are difficult to recruit to, for example, speech and language specialists and specialist psychology support. In areas

where access to specialist staffing is a problem this will result in different long term outcomes for patients and levels of disability. Evidence has also shown that the determination of the individual to take personal control of their recovery can have an impact on the outcome of their stroke.

The Network is working with commissioners and providers alike to address variance in patient outcome.

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July 2009