

Medway Health and Adult Social Care Overview Scrutiny Committee

Acute Stroke Services

Situation:

The acute stroke service at Medway NHS Foundation Trust (MFT) relies on a team of stroke specialist nurses dedicated to the service from 8am to 8pm seven days per week. By the end of June 2020, the number of specialist stroke nurses at MFT will reduce from an original establishment of six to just one nurse in July. These nurses play a vital role in the thrombolysis service, the capacity of which will be significantly reduced at the end of June 2020.

This matter has been discussed with the Kent and Medway Stroke Programme. At a meeting of the Stroke Clinical Reference Group on 19 May 2020 it was proposed that, because of the likely impact on the quality of the service, the MFT acute stroke service should be temporarily transferred, as an emergency measure, to Maidstone Hospital and Darent Valley Hospital from early July 2020.

This temporary move on the grounds of patient safety does not impact the outstanding Secretary of State referral or the request to appeal the outcome of the Judicial Review. The final solution for acute stroke services in Kent and Medway can only be determined and implemented when the outcome of the challenges are known.

Background:

A review of the provision of acute stroke services in Kent and Medway commenced at the end of 2014 and in February 2019 the Joint Committee of CCGs approved a Decision Making Business Case to support the implementation of three hyper acute and acute stroke units (HASUs) in Ashford, Maidstone and Dartford. This decision was challenged via two Judicial Reviews and a referral to the Secretary of State for Health and Social Care, resulting in a significantly extended HASU implementation timeline from the original date of April 2020 to at least 2021. The Judicial Reviews found in favour of the NHS. Since then two parties have requested the right to appeal, which is with the courts for a decision, and feedback is awaited from the Secretary of State on the outcome of the referral. Therefore, an implementation date for HASUs across Kent and Medway cannot yet be confirmed.

It has been recognised that the loss of key staff from stroke units which will not become HASUs is a significant risk to the services in those units until the point of transfer. In October 2019 Maidstone and Tunbridge Wells NHS Trust (MTW) consolidated its acute stroke services onto the Maidstone Hospital site after difficulty in staffing the unit at Tunbridge Wells Hospital impacted on the ongoing viability of this unit. It is also recognised that uncertainty over the location of acute stroke services for all stroke staff is a risk given that bordering counties have all implemented HASUs. Fragility of acute stroke services and their ability to meet national clinical quality standards related to staffing remains one of the key drivers for change.

Assessment:

A team of six specialist stroke nurses has worked at MFT for many years. The team provides cover for acute stroke patients presenting at MFT between 8am and 8pm seven days per week. Their presence ensures a responsive and focused service for stroke patients, and they play a key role in the planning and delivery of thrombolysis (clot-busting drugs), supported by a stroke physician who makes treatment decisions.

For a variety of reasons, members of the stroke specialist nursing team are leaving MFT. Some of the staff have moved to other parts of the UK for family reasons, while others have accepted posts in other healthcare providers within Kent and Medway. While the uncertainty regarding the future of stroke services within Kent and Medway has not been the primary reason for all of the departures, it has, understandably, played a part in some.

The total number of nurses reduces to three in June 2020. This team will provide a service from 8am to 6pm, seven days per week during this month. Two more staff leave at the end of June, leaving one specialist nurse, a recently recruited Band 6. Recruitment to the other vacancies (temporary and permanent) in the service has been unsuccessful. The uncertainty over the future of the service at Medway has likely played a significant part in this.

The stroke team at Medway has reviewed the stroke pathway to determine if an alternative pathway can be introduced. They developed a suggested pathway which mirrors the pathway currently employed by the Trust overnight when the stroke specialist nurses are not on duty. This pathway would fundamentally rely on prompt intervention from the Emergency Department nursing and medical teams, and from the on call medical registrar who would hold the stroke bleep and be responsible for liaison with the on call stroke consultant in respect of decision making regarding thrombolysis.

This pathway works well overnight because most stroke patients who benefit from thrombolysis present during day time hours (70%) and the ED is often less busy at night. The same approach with higher daytime presentations would be more challenging when the ED and medical take teams are generally busier.

In the absence of specialist stroke nurses during the day, it is expected that MFT's performance in terms of door to needle time will deteriorate, which could mean that a greater number of patients are likely to fall outside the therapeutic window for thrombolysis (of 4½ hours from symptom onset).

This matter was discussed at the Kent and Medway Stroke Clinical Reference Group on 19 May 2020. A range of options for supporting the service were considered, including the internal MFT mitigations already described, and support from other trusts such as staff secondments from other sites. Currently staff numbers at Darent Valley Hospital (DVH) and Maidstone do not support seconding resources to Medway without negatively impacting the acute stroke services on those sites.

During the COVID-19 pandemic MTW cleared capacity on its acute stroke unit at Maidstone Hospital by transferring stable rehabilitation patients to the nearby KIMS Hospital for ongoing management. This means that the site now has the capacity to take on the proportion of Medway patients (approximately 80%) for whom Maidstone is their second closest stroke unit (based on

journey times). Darent Valley has the capacity to support the transfer of activity for the remaining 20% of MFT patients.

Conclusion:

MFT has requested support from the Kent and Medway Stroke Network and, following work with MFT, MTW, DVH and South East Coast Ambulance Service (SECAMB), it has been decided that hyper acute stroke patients currently being seen at MFT should be temporarily conveyed to and treated at Maidstone Hospital and at DVH from the start of July 2020, as soon as robust implementation plans are agreed by all parties.

This does not represent the implementation of HASUs and is a temporary measure to preserve the quality and safety of patient care.

A final conclusion on the development of HASUs is not possible until the legal challenges have been concluded and approval given by the Secretary of State.



Rachel Jones
Executive Director Strategy and Population Health K&M CCG
15th June 2020



James Devine
Chief Executive, Medway NHS Foundation Trust



Dr David Sulch
Medical Director, Medway NHS Foundation Trust