

## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

**22 AUGUST 2023**

### **EMERGENCY TRANSFER OF MEDWAY AND SWALE TRANSIENT-ISCHAEMIC ATTACK SERVICE**

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#### Summary

This report seeks to inform the Medway Health and Adult Social Care Overview and Scrutiny Committee about an emergency service transfer of the Medway and Swale TIA (Transient-Ischaemic Attack) service that was effective from 26<sup>th</sup> June 2023. The report will explain what led to the emergency service transfer, the timeline involved, the options considered, how the service is currently operating and the potential number of patients affected by this change.

#### 1. Recommendation

1.1 The Committee is asked to note the content of this report.

#### 2. Budget and policy framework

2.1 The commissioning and contracting for this service/pathway is the legal responsibility of NHS Kent and Medway ICB and is funded from the ICB budget.

#### 3. Background and Options

3.1 Medway Community Healthcare (MCH) informed Kent and Medway ICB that the staff providing the Medway and Swale TIA service had handed in their notice. This equated to 1.4WTE (whole time equivalent) stroke specialist nurses. MCH confirmed on 5<sup>th</sup> May 2023 that they were unable to recruit to these posts in the time required to ensure continuity of service, and that from 3<sup>rd</sup> July 2023 there would be no service available to the patients of Medway and Swale. Locum cover was explored as well as checking whether the MCH community stroke rehabilitation service had any clinicians with similar

competencies that could cover this service in the interim. Unfortunately, neither of these options were available. Through the Integrated Stroke Delivery Network advice and a solution was sought. The three options available were:

- Option 1 - MTW (Maidstone and Tunbridge Wells NHS Foundation Trust) and DGT (Dartford and Gravesham NHS Foundation Trust) to extend their hybrid virtual/in person clinic service to the patients of Medway and Swale, maintaining the diagnostic element of the service locally at MFT (Medway Foundation NHS Trust) and introducing a prescribing pathway via MFT.
- Option 2 – MTW and DGT to extend their entire service to the patients of Medway and Swale, including diagnostics and prescribing.
- Option 3 – For patients with symptoms of TIA, referral would be to MFT emergency department (non specialist pathway and not compliant with the evidence base and stroke guidelines).

- 3.2 Despite option 3 enabling a local pathway via MFT, this would mean patients would be seen by non stroke specialists and on the advice of the Integrated Stroke Delivery Network, this is not in the best interests clinically for the patients and/or their outcomes.
- 3.3 Option 1 was felt to be the best option as it would mean most of the patients could be seen virtually by the MTW and DGT stroke Consultants and specialist nurses but maintain local in person diagnostic and prescribing elements of the pathway via MFT. As these pathway processes were being worked up with colleagues across MFT, MTW, DGT and MCH it became clear that there were a number of patient safety risks associated with the ‘hand offs’ between providers that could not be mitigated in the time available.
- 3.4 Therefore, the safest and optimal interim arrangements were to pursue option 2 and this has been in place since 26<sup>th</sup> June 2023. Option 2 is also in line with the Kent and Medway Stroke Review which recommended and approved a TIA model that would be provided by the organisations that provide the HASU (hyper acute stroke units) and ASU (acute stroke units) stroke services and therefore by stroke specialists who have the expertise and competencies that are required to care for this group of patients. The stroke review recommended that 80% of Medway and Swale patients with symptoms of an acute stroke would be transferred to MTW stroke specialist services and 20% would be transferred to DGT. These emergency and inpatient stroke services are in operation already and the revised arrangements for the TIA pathway follows the same principle.
- 3.5 The Integrated Stroke Delivery Network established a multi-stakeholder working group to complete this emergency service transfer and this working group continues to function to ensure the pathways are operating as expected, to address any issues that emerge including patient feedback, monitoring expected referral numbers and to explore whether and when option 1 might be able to be implemented in terms of local diagnostics and prescribing. Due to developments in MFT, it is not anticipated that a safe local diagnostic pathway can be implemented until at least quarter 4 of 2023/24

when ordercomms for diagnostics is implemented internally across the Trust. Ordercomms is an electronic system that allows diagnostic tests to be ordered instantly.

- 3.6 The number of referrals expected for the duration of this year from Medway are detailed in the table below:

	MCH Medway (100% based on 22/23 data)	MTW 2023/24 (80%)	DGT 2023/24 (20%)
Annual Referrals	373	298 (M4-M12: 224)	75 (M4-M12: 56)
Annual Seen	257	206 (M4-M12: 154)	51 (M4-M12: 39)
Annual F/U	25	20 (M4-M12: 15)	5 (M4-M12: 4)

- 3.7 The following table provides an indication of what this transfer of activity will be on a weekly basis for the remainder of 2023/24:

	MTW	DGT
Weekly Referrals (based on 40 weeks remaining)	6	1
Weekly Seen (based on 40 weeks remaining)	4	1
Weekly F/U (based on 40 weeks remaining)	<1	<1

- 3.8 Information has been sought via Medway and Swale Health and Care Partnership for details of transport and other types of support that are available via community groups and the third sector should patients have difficulty getting to either MTW or DGT for their diagnostics or clinic appointments for those patients who need to be seen in person in clinic. This information has been provided to both MTW and DGT services to enable them to discuss and provide solutions for patients who may have difficulties in getting to MTW and DGT.
- 3.9 Communications around this change of pathway have been published to all potential referrers (primary care, MFT emergency department, same day emergency care and urgent treatment centre, the urgent treatment centre provision in Swale and the improved access to primary care services) in Medway and in Swale. Additional communications have included updated community transport and support services available via the Medway and Swale voluntary sector in addition to the commissioned transport services and other support services such as carer support.
- 3.10 At the time of writing referral numbers over the last 4 weeks are approximately in line with the expectations above. The referral processes and step by step guides for clinicians operating the pathways and services are working well. The TIA transfer working group was meeting twice a week for the first 4 weeks and is now moving to once per week. A review is planned for 3 months' time (end

September/October) which will focus on any patient transport and access issues (in addition to the ongoing review of this), the impact on the diagnostic services and waiting times at MTW and DGT and the impact of the additional demand versus the additional capacity in the TIA clinics to ensure adherence to the TIA standards published in the recent new Stroke Guidelines.

- 3.11 A contracting and finance subgroup has also been established to identify and monitor all costs associated with this emergency service transfer to ensure that providers are funded appropriately in the context of the existing contractual and funding arrangements with Trusts.

#### 4. Advice and analysis

- 4.1 See section 3. In line with local ICB policy a combined impact assessment was conducted.

#### 5. Consultation

- 5.1 As this was an emergency service transfer, consultation with the public was not sought, but engagement across the Network stakeholders was undertaken in order to identify the solutions and work through the pathways/processes. Considerable consultation was undertaken as part of the Stroke Review previously.

#### 6. Climate change implications

- 6.1 Longer journeys are expected as a result of this service move for the estimated 212 patient contacts for the remainder of this year. This was unavoidable to ensure continuity of service.

#### 7. Financial and legal implications

- 7.1 There are no financial or legal implications arising from this report for the Council.

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#### Appendices

None

#### Background papers

None