

Health and Adult Social Care Overview and Scrutiny Committee

14 March 2024

Update on the future of the Medway (and Swale) Transient Ischaemic Attack (TIA) Service

Report from: Sukh Singh, Director, NHS KMICB and Dr Peter Maskell, Stroke
Network Clinical Lead
Author: Ally Hiscox, Associate Director

Summary

This report seeks to update the Medway HASC (Health and Adult Social Care Overview and Scrutiny Committee) on the future of the Medway (and Swale) TIA service as requested at the October 2023 HASC. Specifically, the Integrated Care Board (ICB) was requested to advise the HASC on when the TIA service would be provided locally again and, if this was not possible, why not. This report seeks therefore to provide an update on these matters.

1. Recommendation

1.1 The Committee is asked to consider and comment on 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

3.1 The Committee was previously advised that the Medway and Swale service provision associated with symptoms of TIA underwent a temporary emergency service transfer to Maidstone Hospital (MTW – Maidstone and Tunbridge Wells NHS Foundation Trust) and Darent Valley Hospital (DGT – Dartford and Gravesham NHS Foundation Trust) with effect from 26th June 2023 in order to ensure continuity of service, patient outcomes and to ensure care could still be provided by stroke experts following the departure of 1.4 WTE (whole time equivalents) TIA nurses.

- 3.2 Patients in Medway (and Swale) still have full access to a TIA service but no part of it is currently provided within Medway NHS Foundation Trust (MFT) following the departure of the two stroke nurses provided by MCH (Medway Community Healthcare Community Interest Company). MCH were unable to replace the nurses within the time available and other options were not viable such as locum/agency cover. As before, the clinical consultation with patients can be either in person or virtual depending on patient need but the main change for the patients as a result of this temporary emergency service transfer is the need to travel for imaging (MRI, Ultrasound, CT), Cardiac Echocardiography and issuing of prescriptions.
- 3.3 The Kent and Medway Integrated Stroke Delivery Network (ISDN) members created a proposed solution to provide remote assessment (in line with many other clinical consultations and current medical practice) and then remotely arrange for; but locally provide; imaging and prescriptions at Medway NHS Foundation Trust (MFT) (termed option 1 in the August HASC paper). This was judged by the Maidstone Hospital (MTW – Maidstone and Tunbridge Wells NHS Foundation Trust) and Darent Valley Hospital (DGT – Dartford and Gravesham NHS Foundation Trust) stroke clinicians as a safe pathway and a better patient experience.
- 3.4 Option 1 became unviable due to the inability to manage remote electronic order requests at MFT where some systems remained paper based. This was not anticipated to change until at least the end of Q3/Q4 this financial year and the ICB has been working closely with MFT through its diagnostic and digital programme to monitor progress.
- 3.5 In order to keep the patients of Medway (and Swale) clinically safe; option 2 was enacted (as previously reported to the August and October 2023 HASC). This involves the patients being assessed/imaged/prescribed medication at either MTW or DGT depending on their home postcode with MTW and DGT absorbing the additional activity into their own TIA services.
- 3.6 As previously reported to the Medway HASC in August and October 2023, the Kent and Medway ISDN, with the support of the Medway and Swale Health and Care Partnership, provided to referrers and to the TIA providers details of transport assistance and other types of support available that patients might need in order to support with their travel needs to either MTW or DGT during this temporary emergency service transfer.
- 3.7 MTW and DGT remain prepared to provide the specialist input to the service and to work with a more locally based system so long as it is safe (i.e. not paper based as it has been for some diagnostics). The providers have stepped in to provide the current service as a temporary measure while a long term solution is sought.
- 3.8 The long term solution is being developed by the Kent and Medway ISDN. The ISDN is a multi-disciplinary clinically led network that includes Medway representation and is responsible for ensuring pathways of care meet best practice for TIA and stroke patients across the whole of Kent and Medway.

- 3.9 The Kent and Medway ISDN established a multi-stakeholder working group to complete the 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 how the future model will be provided.
- 3.10 A safe and effective TIA service is available to the population of Medway (and Swale) but regrettably some patients have needed to travel further. A three month review was conducted to determine:
- whether the numbers of referrals and diagnosed TIAs are in line with that expected pre-emergency service transfer
 - timeliness of diagnostic access compared to stroke guidance standards and previous access at MFT.
 - if there are any delays in accessing the service and if so what the reasons for this are including transport issues
 - patient survey to determine patients' experience of the TIA services at MTW and DGT including asking people about any difficulties in getting to MTW and DGT
- 3.11 Appendix 1 provides an overview of the outputs from the 3 month review.
- 3.12 The ISDN Programme Board is considering the below recommendations in terms of the future of the TIA service for the population of Medway (and Swale) on 29th March 2024 and will be grateful to receive the HASC members' views on this on behalf of their constituents.

4. Options

- 4.1. The recommended option is to:
- conduct the in person required elements of the pathway at MFT (diagnostics and prescribing). This is in line with the original option 1 detailed in 3.3 above (and previously reported to HASC)
 - implement the diagnostic access at MFT via digital referral and digital reporting.
 - implement the diagnostic digital access and therefore local diagnostic provision at MFT by the end of August 2024 – this cannot be done before due to the digital roll out programme which affects a number of cardiac diagnostics.
 - implement a prescribing pathway via MFT pharmacy services in line with the original option 1 detailed at 3.3 above but with improved digital processes.
 - implement the prescribing pathway in line with the diagnostic digital access (by end August 2024)
 - continue to provide a hybrid approach to the clinic based service. This means patients will be seen virtually or in person by Stroke Specialist Consultants and/or Nurses dependent on their clinical needs and or patients' ability to use relevant technology. This hybrid model is

common practice, was originally developed in response to covid and has been assessed as a successful approach. Further studies and reviews are taking place nationally to ensure best practice is followed and early indications are that follow up appointments should be conducted in person, particularly if the initial appointment has been virtual. The ISDN awaits the final published report from Oxford colleagues and will consider how to reflect these recommendations across Kent and Medway

- the ISDN intends to undertake work to improve Kent and Medway TIA services from a 5 day week service to a 7 days a week service, pending ICB prioritisation within the 24/25 operating plan. An opportunity therefore exists to consider the overall workforce requirements across Kent and Medway for TIA with a view to whether it is feasible to return any in person clinics to the MFT site or local estate in Medway/Swale. It is imperative that any increases in workforce must be part of the stroke specialist teams linked to the hyper acute stroke service and acute stroke units in line with national guidance and expectations.
- in the interim, progress through the digital programme will continue to improve smoother access to patient records at MFT, building on existing arrangements and capability across hospitals.

4.2 Other options considered but not recommended:

- Return the whole pathway to local delivery at MFT – this is not viable at this time due to the lack of stroke specialist workforce capacity available to run clinics on the MFT site.
- Return the diagnostics and prescribing elements of the pathway to MFT with almost immediate effect - this is not a viable or clinically safe option at this time due to the remaining constraints associated with digital access, in particular any workarounds needed to access additional MFT records/reporting and to cardiac diagnostics – these are both scheduled for resolution in late summer.
- Continue to run the whole service from MTW and DGT sites for all elements of the pathway. This is a viable option from a clinical safety perspective as well as a patient experience and outcomes perspective given the patient and service feedback thus far. However, there remain challenges associated with the potential permanent demands on the available capacity for some tests at MTW and DGT. It should also be noted that national policy and best practice as described above is that TIA services should be carried out by those with stroke specialist expertise and that these experts should be part of stroke specialist multi-disciplinary teams based at the hyper acute stroke service and acute stroke units in the area. However, because of the model operated previously in Medway and Swale, the intention is, if at all possible and safe, to try to keep the Medway and Swale TIA pathway delivered as locally as possible hence not recommending at this time that the whole pathway remain delivered at MTW and DGT in the longer term...because stakeholders have agreed that it is possible to return the in person elements of the pathway (diagnostics and prescribing) back to local delivery with the appropriate digital support.

5. Advice and analysis

- 5.1. See sections 3 and 4 above for advice and analysis. HASC discussion outputs as well as ISDN Programme Board deliberations may lead to scheduling further reviews and or conducting specific impact assessments and patient engagement or consultation activities – the latter recognising the small scale of the patient surveys conducted as part of the three month review.

6. Risk management

- 6.1. Risks associated with the recommended option will be presented to the ISDN Programme Board in March 2024.

7. Consultation

- 7.1. As this was originally an emergency service transfer, consultation with the public was not sought, but engagement across the Network stakeholders was undertaken in order to identify the immediate solutions and work through the pathways/processes to support that. Further discussion and engagement across the Network's stakeholders regarding identifying and assessing the options and recommendations associated with the future of the Medway (and Swale) TIA pathway has also been undertaken. As detailed in 5.1 above and subject to the feedback on the recommendations presented to the HASC and Kent and Medway ISDN Programme Board, consultation or further engagement may be deemed necessary and this can be conducted whilst the remaining digital developments are completed.

8. Climate change implications

- 8.1. As previously reported, longer journeys are expected as a result of this temporary service transfer for the estimated 212 patient contacts that have and will take place this year (July to end March 24) and therefore the estimated 118 patients from April to end August 2024. This is unavoidable to ensure continuity of service. Climate change implications have been considered as part of the options/recommended option that will be presented to the Kent and Medway ISDN Programme Board in March 2024.

9. Financial implications

- 9.1. There are no financial implications for Medway Council as a result of this temporary service transfer or the recommended option.

10. Legal implications

- 10.1. There are no legal implications for Medway Council as a result of this temporary service transfer. Legal implications have been considered as part of the options presented to the Kent and Medway ISDN Programme Board, but the ICB did not identify any for Medway Council.

Lead officer contact

Ally Hiscox, Associate Director, Patient Pathways, NHS Kent and Medway ICB until 31.03.24.

- Email: ally.hiscox1@nhs.net

Rachel Parris, Deputy Director, Community Services, Out of Hospital Division, NHS Delivery Directorate, Kent and Medway ICB from 01.04.24

- Email: rachel.parris2@nhs.net

Appendices

Appendix 1 – Emergency Temporary Transfer of the Medway and Swale TIA service 3 month review

Background papers

The previous papers presented to the [August](#) and [October](#) 2023 HASC meetings.