Appendix 1

<u>Medway and Swale Emergency Service Transfer of the TIA Service: 3 Month Review Report.</u>

<u>Introduction.</u>

In June 2023, the Medway and Swale service provision associated with symptoms of TIA underwent a temporary emergency transfer to Maidstone Hospital (MTW – Maidstone and Tunbridge Wells NHS Trust) and Darent Valley Hospital (DGT – Dartford and Gravesham NHS 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 TIA nurses.

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 which were provided by Medway Community Healthcare (MCH). MCH were unable to replace the nurses within the time available and other options were deemed inappropriate such as locum/agency cover. The transfer would still provide either face to face or virtual clinics depending on patient need. The main change for the patients because of the temporary emergency service transfer is the need to travel for diagnostics (MRI, Ultrasound, CT, Echo) and issuing of prescriptions.

The Kent and Medway ISDN (Integration Stroke Delivery Network) members created a proposed solution to provide remote assessment and then remotely arrange for; but locally provide; imaging and prescriptions at MFT. This option become unviable due to the inability to manage remote electronic order request for diagnostics at MFT where some systems remained paper based.

Option 2 was then enacted which involved patients being assessed/imaged/prescribed medication at either MTW or DGT depending on the patient’s home postcode with MTW and DGT absorbing the additional activity into their own TIA services.

It was agreed that the group that had been established to work on the emergency service transfer would remain in place with the following functions:

1. Monitor the arrangements that had been put in place in order to ensure the pathways were safe and working effectively, demand could be met in line with expectations, the effects on diagnostic and prescribing services were understood and actions taken accordingly, any issues patients were experiencing in accessing the services were identified and addressed quickly.
2. Understand the current contractual and funding arrangement in place across DGT and MTW with a view to ensuring the funds follow the patients and services are adequately funded
3. Oversee a 3 month review of the emergency transfer of service/pathway.

4. Make recommendations to the ISDN Programme Board (and any other identified and relevant organisation) for the future of the Medway and Swale TIA service provision.

Summary of the weekly monitoring arrangements:

- the pathways were consistently working safely and effectively
- the activity was roughly in line with expectations (based on the activity referred to MCH in 22/23 and from a range of sources – predominantly GPs but also emergency department at MFT) at MTW but slightly lower than expected at DGT
- diagnostic demand was roughly in line with expectations but as a result of an emerging trend; over a 2 week period; towards the waiting times for MRI and carotid dopplers increasing at MTW (electively and non electively, cause multiple and unknown), MTW increased capacity for both of these modalities in order to ensure timely access for patients on the TIA pathway could still be achieved
- very few incidences of patients voicing or experiencing difficulties in getting to Maidstone Hospital or Darent Valley Hospital or any anecdotal feedback associated with patients' ability to access NHS patient transport or the additional transport information that was provided to referrers and to MTW and DGT

Contractual and funding arrangements

MTW and DGT were written to explaining the emergency service transfer and that the ICB recognised that this may result in additional costs thereby ensuring that finance was not a barrier to implementing the necessary changes. Both Trusts were informed that the subgroup would undertake the work to ensure clarity around funding and contractual changes including any additional costs incurred.

MFT and MCH were also written to in order to confirm the service change and temporary changes to relevant funding and contracting.

MTW and DGT charge using elective coding for diagnostics and clinic based activity therefore the finances follow the patient and the Trusts should be paid accordingly – these changes will be reflected in both Trusts contract plans for 24/25 pending the future of the Medway and Swale TIA service.

MTW have identified additional cost pressures associated with the increased activity and this has been calculated and forward to relevant finance managers across the Trust and the ICB.

Both MTW and DGT contract performance management meetings have been informed of the change to ensure relevant amendments are made to contract activity and finance schedules.

3 Month Review

The scope of the review was the following:

- Activity versus expected activity
- Waiting times across the best practice standards for TIA including a comparison to waiting times before
- Waiting times for medication in comparison to waiting times before
- Sample patient survey to understand patients' experience of the services at MTW and DGT including questions about patients travelling to both sites.

Waiting time standards at DGT and MTW

Within the initial 3-month period Darent Valley Hospital received 19 referrals, of which 14 were triaged on for an appointment. The consultants rejected 2 referrals as not stroke or TIA related, and 3 patients referred had already been seen by Medway Community Health. Of the patients seen in clinic, 7 were reported as having a TIA. All others were considered not to have had a TIA and were either referred back to the referrer or GP. 1 patient was uncontactable (no longer registered with the GP) and a letter was sent to the patient's home address but with no reply. 1 patient was admitted as a precaution.

Within the initial 3 month period MTW received 109 referrals, of which 79 were triaged on for an appointment. The consultants rejected 30 as not stroke or TIA related. 4 patients referred to MTW were delayed in the first 3 months due to missing information on the referrals and a further 2 patients were delayed due to being seen in MFT ED however, these two individuals had not received imaging or secondary prevention via MFT.

The appointments were a mixture of virtual telephone consultations and in person consultations.

The table below provides the median number of days to specific target standards on the pathway.

	DGT	**MTW**
Triage	0	0
1st Appointment	1	2
CT (computed tomography)	0	0
CTA (computed tomography angiography)	5 (this is being used as an alternative to mitigate delays to carotid doppler tests)	-

MRI (magnetic resonance imaging)	5	2.2
Carotid Doppler	11	2

<u>The MCH/MFT previous service and pathway comparison</u>

It should be noted that the MCH/MFT service did not see all patients with symptoms of TIA. Predominantly the service saw lower risk patients with the higher risk patients already being referred to/seen by MTW and DGT in the final 2 years of the service.

It is not possible to compare the MTW and DGT service with historic service data (from MCH/MFT), as none exists. The MCH/MFT service was arranged whereby a consultant would attend MFT fortnightly to triage, review diagnostic results and provide support to the nurses leading the clinics. Anecdotal feedback from the MCH nurses was that there could be significant delays associated with reviewing diagnostic results/reports. This in some instances was up to 2-3 weeks after the initial appointment. There were also issues towards the end of the service in terms of referral to being seen and this was due to limited service capacity and limited access to immediate (remote) stroke support.

Waiting time to triage by the MCH nurses was confirmed by MCH for the purposes of this review as done immediately Mon-Friday. This is in line with both DGT and MTW performance. However, MCH also informed the review that this was more challenging when one of the two nurses was on leave (reminder, the service was supported by 1.4 whole time equivalent nurses).

Waiting time to initial 1st appointment, MCH stated that performance was in the main good but likely variable due to the issues noted above but in practice the nurses endeavoured to see patients the next day often working over their hours to achieve this for the patients. Patients did sometimes have to wait longer than the standards, particularly when one or the other nurse was on leave or when there were occasional issues with clinic space at MedOCC – the same day treatment centre where they would also hold clinics.

Waiting times for diagnostics (CT, MRI, carotid doppler) were reported by MCH as usually taking place on the day the patient had their initial first appointment with the nurses although these arrangements were informally in place and based on goodwill arrangements. MCH confirmed the issue was having the scans read and actioned and this could cause significant delays at times.

Prescribing takes place through the TIA service at MTW and at DGT. Previously the MCH nurses relied on primary care to prescribe initially which could mean delays and certainly variation in the timeliness to access important medication to help prevent stroke.

3 month review patient survey

The survey was carried out by telephone on a sample patient cohort selected randomly (15 patients who accessed the service at MTW and 13 patients who accessed the service at DGT). Patients were asked:

- On a scale of 1 to 10, where 1 is very poor and 10 is excellent, how would you rate the quality of care you received?
- On a scale of 1 to 10, where 1 is very poor and 10 is excellent, how would you rate the knowledge and expertise of the healthcare professionals who provided your care?
- On a scale of 1 to 10, where 1 is very difficult and 10 is very easy, how easy was it to schedule appointments?
- On a scale of 1 to 10, where 1 is very long and 10 is very short, how were the wait times for appointments?
- On a scale of 1 to 10, where 1 is very poor and 10 is excellent, how would you rate the clarity and helpfulness of communication from healthcare professionals?
- On a scale of 1 to 10, where 1 is very poor and 10 is excellent, how would you rate the availability of information about your condition and treatment?
- On a scale of 1 to 10, where 1 is very inconvenient and 10 is very convenient, how convenient was the location of the healthcare facility?
- Overall, how was your experience of our service?
- Do you have any additional comments or feedback about your experience?
- What is your age?
- What is your gender

Results for Maidstone Hospital at MTW

Average Age= 67.5

Gender Mix = 66.6% Female / 33.3% Male

Overall experience/feedback.

Amazing service, a credit to your professions.

Good but a lot of waiting around to find out scan results.

It was very good.

Just how amazing you all were.

Parking ok when arrived but couldn’t park after MRI.

Patient survey scores

MGH				
Score	**Quality of Care**	**Knowledge and Expertise of Staff**	**Ease of Appointment Making**	**Communication**
1				
2				7%
3				
4				
5				7%
6				7%
7				7%
8				20%
9			7%	7%
10	100%	100%	93%	47%

Score	Information on Condition	Convenience of Location	Overall Experience
1			
2			
3			
4			7%
5			7%
6			13%
7			
8			20%
9		13%	27%
10	100%	87%	27%

As can be seen from the results of the patient survey for the MTW service, the patients rated their experience across the domains as 9 or 10. The exceptions to this were related to communication and that this is potentially impacting the overall score.

Results for Darent Valley Hospital at DGT

Average Age= 64

Gender Mix = 70% Female / 30% Male

Overall experience/feedback

Transport is good but not convenient with timings. Therefore had to get a Taxi.

Medway nor Queen Marys had any information about DGT service.

Really great, very grateful with the Care and service

Transport was excellent

Very satisfied with the service

Patient Survey Scores

DGT				
Score	Quality of Care	Knowledge and Expertise of Staff	Ease of Appointment Making	Communication
1			10%	
2				
3				
4				
5				
6				
7		10%		10%
8	30%	20%	30%	20%
9			10%	
10	70%	70%	50%	80%
Score	Information on Condition	Convenience of Location	Overall Experience	
1				
2		20%		
3				
4				
5	10%	10%	10%	
6				
7		70%		
8	20%		20%	
9				
10	70%		70%	

As can be seen from the results of the patient survey for the DGT service, the patients rated their experience across the domains a little more variably than MTW. However, 70% or more of patients rated their experience with a score of 10. The exceptions to this are ‘ease of making an appointment’ and ‘convenience of location.’ It should be noted though that 90% of patients rated their overall experience at a score of 8 or more.

Concluding Remarks about the service at MTW and DGT

The current service via MTW and DGT is Consultant led. The services are delivered via a resilient multi-disciplinary stroke specialist workforce comprised of stroke consultants and stroke specialist nurses with appropriate clinical governance arrangements in place (NB. The clinical governance forum for the emergency stroke pathway across north and west Kent has recently been reviewed - it now includes medical input from MFT and includes TIA in its scope).

Triage takes place on the day of referral.

The 1st appointments consistently take place within 1-2 days of referral to MTW and DGT.

Both higher risk patients and lower risk patients are now all seen via the specialist services at MTW and DGT.

The potential transport issues that could affect service access have been less of an issue than expected. This may be due to the mitigating actions that have been put in

place i.e. the additional transport solutions that were identified and made available for patients (see *footnote below for further information).

Access to diagnostics at MTW and DGT are all digital/electronic for the current arrangements associated with the TIA services.

Whilst there may be some delay in access to some diagnostics across the two sites (MTW and DGT), the reporting is timely and consistent and so by comparison the existing pathway is more consistent and expedient. It should be noted that work is underway to operationally re-open access to diagnostics at MFT via digital access and reporting. Moving in this direction will ease the diagnostic burden at MTW and DGT and spread the demand across the three acute hospitals (MTW, DGT and MFT).

All aspects of the TIA service performance are now monitored. It should be noted that the Stroke Sentinel National Audit Programme requires all providers to input data against the stroke guidance national standards. Nationally it has been recognised that the TIA page is not fit for purpose and this has recently been reviewed and updated. The planned re-launch for this national audit programme is Autumn 2024 and this will standardise recording across the country for TIA. If diagnostics are returned to MFT then we will need to ensure this national reporting is completed.

The prescribing element of the pathway/service via MTW and DGT is more timely when compared to the previous arrangements. Under the previous arrangements, prescribing was supported by primary care in Medway and Swale and there could be delays of up to 7 days for patients to get their prescriptions. Via MTW and DGT prescriptions are issued by the TIA service.

More work needs to be done to improve communication regarding the service organisation under the current arrangements. This is indicated predominantly in some of the patient feedback at DGT but it is also worth noting that more work is needed across primary care to ensure that the delays to referral are reduced and the number of referrals to DGT are in line with those that were referred previously to the MCH service.

When compared to the evidence base/actual expected incidence of TIA, there is further work to do with primary care relating to the identification of TIA symptoms but this needs careful planning to ensure service capacity increases in line with an increase in demand. This is not a feature of the service transferring to MTW and DGT as this was an issue before.

Patient experience of the revised pathway is by and large positive. Assessment, diagnosis and treatment is faster.

The ongoing monitoring of the transferred service/pathway to MTW and DGT enables issues to be identified quickly and resolutions put in place. This includes improving communication with patients and with primary care.

*Footnote

To mitigate the risk that patients may have more challenges accessing face to face services at MTW and or DGT, additional patient transport provision was identified and collated by the Medway and Swale HaCP (Health and Care Partnership) who have local relationships and knowledge of the voluntary sector support available and those support services available via the local authorities. This information was shared with MTW, DGT and primary care to assist them with conversations with patients around any challenges travelling to and from their appointments. The additional transport support available to the Medway (and Swale) patients (in addition to the NHS commissioned patient transport service) are:

- Swale Community and Voluntary Services: Transport Scheme
- Driving Mobility
- Involve Kent
- Tunbridge Wells Community Care Service
- Community Transport: The Villager
- HANDS Direct Services: Community Transport
- Volunteer Centre Medway
- Royal Voluntary Service: Community Transport
- wHoo Cares
- G4S Patient Transport
- Gravesham Borough Council: Wheelchair accessible vehicles

All the above services were provided with their associated contact information. These contact points were all tested prior to being shared with MTW, DGT and primary care.