



Serving You

Health and Adult Social Care Overview and Scrutiny Committee

15 October 2024

Stroke Provision

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Summary

This report seeks to update the Medway HASC (Health and Adult Social Care Overview and Scrutiny Committee) on Stroke Provision as requested at the March 2024 HASC meeting. Specifically, the Kent and Medway Integrated Care Board (KMICB) was requested to advise the HASC on the transient ischaemic attack (TIA) service and the progress made to provide the service locally again.

1. Recommendations

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.

2.2 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision, and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and, in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People Overview and Scrutiny Committee as set out in the Council's Constitution.

3. Background

- 3.1 The Integrated Stroke Delivery Network (ISDN) was established in Kent and Medway in 2021 following the introduction of the National Stroke Service Model (2021). The aim of the ISDN is to bring people and organisations together to deliver the best possible care for their population. ISDN's include providers and commissioners of services across the whole stroke pathway. ISDNs are responsible for designing and delivering optimal stroke pathways, which will ensure that more people who experience a stroke receive high-quality specialist care, from pre-hospital, through to early supported discharge (ESD), community specialist stroke-skilled rehabilitation and life after stroke.
- 3.2 The Kent and Medway ISDN refreshed its restructure to reflect the maturing needs of the network, and this has now been successfully rolled out. The new infrastructure removed duplication, has created clear programmes of work linked to the network's priorities and has strengthened the patient voice through the Carer and Patient Advisory Group (CPAG).
- 3.3 The Kent and Medway ISDN programmes of work includes but is not limited to:
- Transient ischaemic attack (TIA) seven-day service
 - Early Supported Discharge (ESD) Rehabilitation
 - Stroke Quality Improvement for Rehabilitation (SQuiRE) catalyst projects – (Time to Care and Vocational Rehabilitation)
 - Life After Stroke
 - Hyper-acute stroke unit/acute stroke unit (HASU/ASU) formal launches
- 3.4 The development of **seven-day TIA services** is an ISDN priority with Dartford and Gravesham NHS Foundation Trust (DGT) currently providing a five-day service, Maidstone and Tunbridge Wells NHS Foundation Trust (MTW) providing a six-day service (due to current vacancies and plan to move to a seven-day service following recruitment into vacant posts), a mitigation has been implemented for high-risk patients, allowing them to be seen on the MTW stroke ambulatory pathway on Sundays; however, this is not a dedicated TIA service. East Kent Hospitals University Foundation Trust (EKHUFT) provide a full seven-day service. Work is continuing to enable DGT to reach a seven-day service with the ISDN building upon the workforce plan associated with the HASU/ASU reconfiguration. There will also be interdependencies and potential opportunities associated with the development of the Community Diagnostic Centres across Kent and Medway.
- 3.5 As a result of the emergency temporary changes to the acute stroke services (detailed in the March HASC briefing paper) the existing **ESD and community rehabilitation** service providers also had to adapt a range of their pathways and service configurations to support those changes. Our community providers and partners are working hard to meet the newly published National Clinical Guidelines for Stroke (April 2023). The recent updated guidelines provide benchmarking information to support systems in commissioning and configuration of services to consistently meet patient

needs. There is variation in service delivery and funding across acute and community settings which needs to be worked through. There are workforce gaps to be addressed and also improvements required in data provision and data quality.

3.6 The Kent and Medway ISDN ESD and Community Rehabilitation group has undertaken a gap analysis across the current service delivery in comparison to the new guidance requirements and has identified several key areas of focus these are:

- Vocational Rehabilitation
- Spasticity Services
- Psychology care across the stroke pathway
- Inpatient level 3 rehab beds
- Investment of workforce into community teams

The group are developing an improvement plan (expected end Q3 2024) which will be phased to take account of the current financial constraints in the system as well as the workforce challenges. This plan will include ensuring the ICB and ICS are aware of the full costs and resource implications associated with meeting the new guidance. This improvement approach will also make best use of opportunities associated with digital developments as well as ensuring innovative approaches to addressing workforce gaps.

3.7 Following successful expression of interest (EOI) applications over the past 18 months, Kent and Medway has been awarded finance allocations to test change within local ESD and Community Rehabilitation services. **The vocation rehab** project sets out to deliver a timely, structured vocational rehabilitation service to stroke survivors of working age in Medway and Swale. The project started in April 2024 and will run for 12 months. The final report on the outcomes of the project will be completed in April 2025. The project team has established links with employers in the local area who may be able to assist with return-to-work programmes, run a six-week programme to improve work related skills and improve current knowledge and confidence of staff within stroke services in delivering vocational rehab. The team are now in post and have started recruiting patients on to the caseload. A referral pathway has been established and teams (including acute sites) have been informed about how to refer to the service. Patients are now receiving a specific work-related assessment which they weren't previously. The vocational rehabilitation team have been networking and have good links with many voluntary agencies and groups within the local community. Patients are being referred into these groups to allow individuals to establish a routine to their week and increase activity levels and tolerance. The team will also be providing stroke specific training for local voluntary agencies to improve their knowledge of stroke specific deficits.

3.8 Patient feedback has been an invaluable component in assessing the effectiveness of the vocational rehab project and through the Return-to-Work programme the following patient feedback was obtained:

'It has given us a level of confidence to be out of hospital and to know that there was regular support in place that we could contact at any time. We also knew there would be regular visits to monitor and make changes necessary as well as invite other services as needed. '

'Having a team to support all stages of the process has meant less anxiety about visiting for meetings but a huge sense of no pressure. Having a team who knows what support is available for going back to work has made things simpler. We knew nothing about "Access to work" and with support have accessed this service successfully.

It has taken all the extra pressure off when my husband came home knowing I wasn't on my own, but I think it has been an incredible service to explain to us all what can be accessed, how he is doing, what we can expect and very much a listening ear that is then acted on promptly. It has been essential for us as a family to have the point of contact and support.'

'I have felt really anxious and worried about the steps needed for my husband to return to work and how safe it would be as well as the impact of his return and what would need to be put in place with the vocational service in place this has meant I have been able to voice mine and my family's concerns in a safe environment and actually felt listened to and supported to voice these in a way that my husband also listened and realised the steps needed and why. This service and the girls who have been involved has made me feel supported and listened to after a lifechanging event in our lives. Without this service we would have been completely lost. I cannot stress enough what a difference it has made not only to my husband but to all of our family. We feel it has made the journey a lot easier and a huge impact on our mental health and wellbeing. '

- 3.9 This feedback has informed our understanding of patient priorities and will play a crucial role in shaping future improvements to ensure the service is patient-centred and responsive to their needs.
- 3.10 The Kent and Medway ISDN is working with the Stroke Association on a test for change project, focussed on equitable access to **life after stroke support**. The model of support is reaching people across Kent and Medway who have had a stroke diagnosis and provides equitable access to a stroke key worker and six-month follow-up post-stroke review for those affected by stroke. All those recently affected by stroke are proactively contacted to start a personalised support journey and will have access to 1:1 support from a stroke key worker.
- 3.11 Following the Kent and Medway Stroke Review, it was recommended to implement a care model focusing on specialist stroke services at East Kent Hospitals University Foundation Trust (EKHUFT), Maidstone and Tunbridge Wells NHS Trust (MTW) and Dartford and Gravesham NHS Trust (DGT), each incorporating a hyper-acute stroke unit and an acute stroke unit. An update is provided in the attached appendix 1, 'Reconfiguration of Acute Stroke Services in Kent and Medway'.

- 3.12 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 equivalent) TIA nurses from Medway Community Healthcare Community Interest Company (MCH).
- 3.13 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) The clinical consultation with patients can be either in person or virtual depending on patient need but the main change for the patients because of this temporary emergency service transfer is the need to travel for imaging (MRI, Ultrasound, CT), Cardiac Echocardiography and issuing of prescriptions.
- 3.14 As previously reported to the HASC the Kent and Medway ISDN (Integrated 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 (termed option 1 in the August 2023 HASC paper). This was judged by the MTW and DGT stroke clinicians as a safe pathway and a better patient experience.
- 3.15 Option 1 became unviable due to the inability to manage remote electronic order requests at MFT where some systems remain paper based.
- 3.16 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 patients being assessed, imaged and prescribed medication at either MTW or DGT depending on their home postcode, with MTW absorbing 80% of the Medway patients and DGT absorbing 20% of the Medway patients into the additional activity into their own TIA services.
- 3.17 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 to support with their travel needs to either MTW or DGT. To date no patient complaints have been made about the transport services provided and patients are able to attend their appointments at MTW and DGT. The additional transport services available to Medway (and Swale) patients (in addition to the NHS commissioned patient transport service) are:
- Swale Community and Voluntary: 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.

- 3.18 A 3-month review was carried out which included a patient survey. The survey was carried out by telephone on a sample patient cohort selected randomly (15 patients who access the service at MTW and 13 patients who accessed the service at DGT).

Overall experience/feedback at MTW:

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.

Overall experience/feedback at DGT:

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

- 3.19 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.
- 3.20 The average waiting time for a TIA appointment is 0 days at DGT, compared to 3 days in MTW and this includes patients with delays caused by missing information on referrals and patients declining appointments. The Kent and Medway ISDN have recently completed a GP bulletin to remind GPs to ensure referrals are completed in full to avoid patient delays.
- 3.21 Since the emergency transfer of service took place the referrals into DGT have remained low with DGT receiving a total of 110 referrals, of which 26 were rejected and 84 accepted. Of those 84 patients, 8 had delayed referrals with the main reasons being missing/incorrect referral information leading to staff unable to contact the patients. Delays to first appointments and diagnostics have been reported as 0 for majority of the transfer and apart from

one concern raised in August 2023 about transport, feedback remains to be positive with no complaints about the service received to date.

3.22 Since the emergency transfer of service took place MTW have received 660 referrals, of which 212 were rejected and 448 were accepted. Referrals to the TIA clinic were rejected for the following primary reasons:

1. Clinical Information Irrelevant to TIA/Stroke: Referrals containing clinical information that clearly indicates conditions unrelated to a TIA or stroke.
2. Diagnosis Outside of Clinic Scope: Referrals with diagnoses that fall outside the scope of the TIA clinic's services.
3. Routine Follow-Ups: Referrals for patients requiring follow-ups, such as those with chronic infarcts, who do not need urgent or specialised intervention.
4. Incorrect Catchment Area: Referrals for patients within the DVH (Darent Valley Hospital) catchment area, which are forwarded to DVH for appropriate care.
5. Previously Seen by Stroke Team: Referrals for patients who have already been evaluated by the stroke team during a hospital stay.
6. Special Circumstances: in certain cases, specific situations may arise, such as referrals for bedbound patients who are not appropriate for outpatient clinic settings. In these cases, alternative arrangements for patient review are made.

3.23 Of those 448 patients, 51 had delayed referrals with the main reasons being delays in GPs referring into the service and missing/incorrect referral information leading to staff unable to contact the patients. MTW have reported that currently the average days wait for an MRI is 0 days and the average days wait for a carotid doppler is 0.5 days, an improvement from when the emergency transfer took place when MTW were experiencing delays of up to 4 days for some diagnostics. Patient feedback has been positive since the emergency transfer with no complaints about the service received to date.

3.24 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 there could be significant delays associated with reviewing diagnostic results/reports. This is some instances 2-3 weeks after the initial appointment.

3.25 As reported to the March 2024 HASC the recommended option was to conduct the in person required elements of the pathway at MFT (diagnostics and prescribing). This is in line with the original option 1 (previously reported to HASC).

3.26 The Kent and Medway ISDN looked to enact the recommended option and on the 18th April 2024 The Kent and Medway ISDN attempted to set up a task and finish group to sign up and oversee the work with an aim to return diagnostics and prescribing through a digitally safe pathway which was supported by the HASC and ISDN Board in March 2024, with a commitment to have the revised arrangements in place by the end of August 2024. Colleagues from DGT, MTW and MFT were requested to join the task and finish group.

3.27 The TIA task and finish group has progressed with the following:

1. **Electronic Patient Record Access:** Digitally enable access to MFT patient records for clinical teams at MTW and DGT to optimise assessment

Progress: This has been agreed, a solution is available and roll out is in progress.

2. **Offsite Digital Referral & provision of Diagnostics:** Enable and implement digital referral to diagnostics and diagnostic provision on site at MFT

Progress: This has been thoroughly investigated in terms of feasibility and is not straightforward. There are a number of diagnostic procedures that may be required including radiological (scans) and also cardiac tests. There is not sufficient capacity at MFT to provide cardiac tests within the optimal wait time. Capacity for radiological investigations to take place at MFT is also not yet assured. Should radiological capacity be available at MFT it will need to meet the wait time standard in order to maintain the competence of the current provision.

It has been confirmed that there is an electronic ordering system that is viable for use and results can also be viewed should this be required.

In order for Medway residents to have a safe end to end pathway that meets the required standards with minimal handoffs there would need to be capacity and ability to meet optimal wait times for both diagnostic elements of the pathway, which is not currently the case.

3. **Local Prescribing pathway:** Exploring options to either dispense at MFT via a digitally safe route or provide clinicians with access to the Health Hub for prescribing.

Progress: There is not a clinically safe solution available to safely allow remote prescribing from MTW and DGT, allowing patients to pick up required medications within Medway. There is no dispensing pharmacy at MFT and OPD operating hours do not meet the needs of 7 day TIA delivery. There are solutions in the pipeline for hospital electronic prescribing to community pharmacies via electronic patient records, however this is a whole system scheme (all acute trusts) which has a medium to longer term timeframe not within the scope or control of the Stroke programme.

In Summary

- 3.28 In order for Medway residents to have a safe end to end pathway that meets the required standards with minimal handoffs there would need to be capacity and ability to meet all the elements required to avoid unwarranted fragmentation which may increase patient risk. Current provision albeit not in Medway and accepting some travel is required, does provide an end to end co-ordinated pathway which meets required standards and is experienced positively by Medway patients.
- 3.29 It remains appropriate to move forward with the preferred option of digitally enabled work to keep Medway patients closer to home when it is safe to do so. Stroke Clinical Leads and the ISDN support the position that capacity and ability to meet all the elements required within required standards is needed in order to implement safely without increasing patient risk or negatively impacting patient experience.
4. Risk management
- 4.1 Medway residents currently have access to a timely, safe, coordinated TIA Service which is providing good patient experience, albeit not provided in the Medway locality.
- 4.2 Risks associated with fragmenting the pathway include increased hand offs risking patient safety and less straightforward for patients risking poorer patient experience.
- 4.3 Stroke Clinical Leads and the ISDN support the position that capacity and ability to meet all the elements required within required standards is needed in order to implement safely without increasing patient risk.
5. Financial implications
- 5.1 There are no financial implications for Medway Council.
6. Legal implications
- 6.1 There are no legal implications for Medway Council.

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Appendices

Appendix 1 - HASC Stroke Reconfiguration Update

Background papers

None