

HEALTH SCRUTINY COMMITTEE MEETING
30th JULY 2010

HEREFORD HOSPITALS NHS TRUST
UPDATE REPORT
JULY 2010

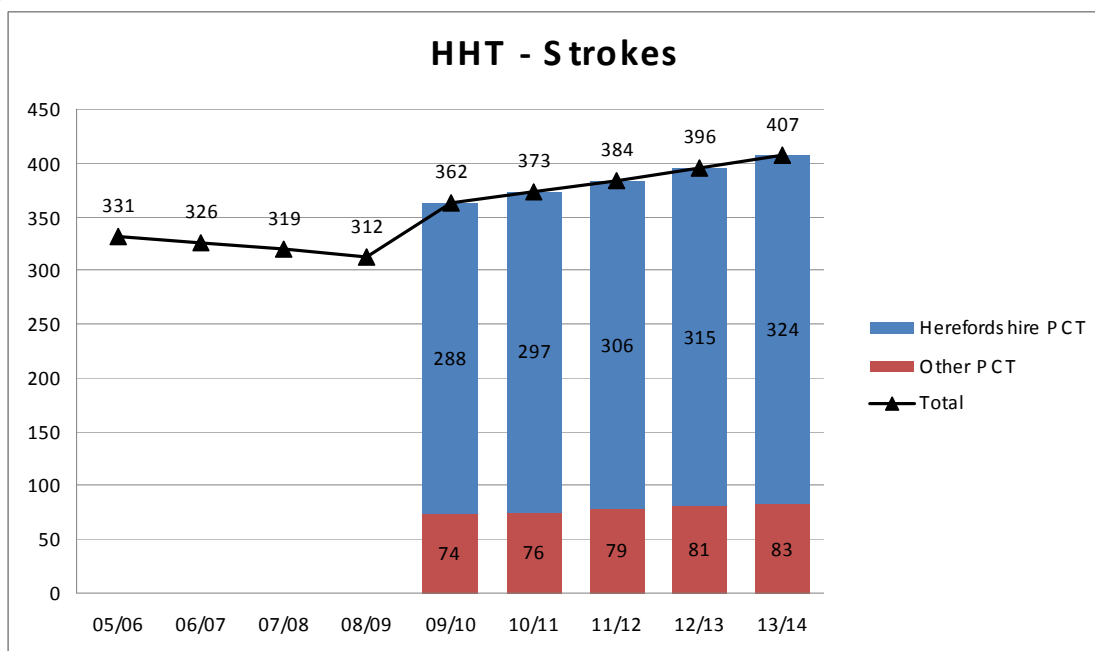
1) Introduction

This report provides committee members with an update on Stoke Services as agreed at the last meeting dated 18th June 2010.

2) Stroke Services

Stroke is the third main cause of death and the fourth major cause of hospital admissions in Herefordshire. Prevalence of stroke or transient ischemic attack (TIA) is more common amongst Herefordshire's GP patients (2.2% have experienced an incident) than those across England (1.7%). Despite the higher prevalence, the rate of deaths from stroke has fallen more rapidly in Herefordshire than nationally over recent years, from 76 per 100,000 people in 2000-02 to 50 in 2006-08. Taking differences in age structure into account, cerebrovascular disease mortality in Herefordshire is now lower than the West Midlands region (51), and is getting closer to England's rate of 47. Within Hereford Hospitals NHS Trust the HSMR (adjusted mortality) has fallen from 125.1 in 2008/09 to 97.3 in 2009/10. This represents a significant change from above average to better than average.

However, the incidence of stroke in Herefordshire is still expected to increase over the next few years as shown below:



This is supported by the fact that this year from January to June 2010 we have already had 198 admissions with Stroke.

Over the last year (2009/10) we made a number of improvements to Stroke Services in the hospital but there is still significant room for further work.

Staffing

There has been investment in staffing on the Stroke Unit since December 2009 which has resulted in higher levels of nursing and therapy staff. In addition the Stroke Association has provided for a full time specialist Stroke Physiotherapist, whose role also includes assessment of patients in A&E.

CT scan

The percentage of patients receiving a CT scan within 24hrs have improved to 76% in February 2010 but we aim to reach 100% this year. CT scans are available 24 hrs a day. A subgroup of patients, those who may be eligible for thrombolysis, need CT within 1 hr of admission which we have had difficulty achieving. This has been identified as an issue by the West Midlands Quality Review Service and an action plan has been put in place to ensure we meet this goal, together with the introduction of a daily monitoring system to assure us of this and allow investigation of any cases where it is not achieved.

Thrombolysis

Thrombolysis (clot busting drugs) were received by 2.5% (5) of the 198 patients so far this year.

Of the others:

- 47% (98) patients were excluded by age
- 23% (46) were excluded by time of onset of symptoms
- 9% (18) patients excluded because of haemorrhage or warfarin therapy
- 6% (11) patients were admitted out of hours
- 10% (20) patients excluded for a variety of other clinical reasons

Of the 11 patients admitted out of hours some might have been eligible for thrombolysis; the improved arrangements to ensure rapid scanning will help to identify these. As we only have one specialist Stroke Physician we are looking at how to support this decision making when he is not available; it is important that the decision is properly made as the treatment does carry risks if used inappropriately.

Rehabilitation

A Business Case has been developed together with Herefordshire Provider Services as part of the Service Integration Project to introduce a Stroke Rehabilitation service for the county; within that is provision for additional specialist Consultant Support to facilitate both acute stroke care decision making and rehabilitation. The case is going to the commissioners this month.

TIA's

The expected standard is that 60% of high risk Transient Ischaemic Attack patients receive a CT scan within 24 hrs and also seen by a clinician to advise and consider any treatment as a number of these may go on to develop preventable strokes in the future. We have clinic slots available but are not meeting this standard. The Medical Director of HHT has asked the Medical Business Unit to put into place facilities to allow daily access to this service, Mon to Fri, with additional clinical support from the neurology consultants. Neighbouring hospitals are also not yet able to meet this target 7 days a week; we are looking at ways to extend the service by using protocols and using other Consultants to support the Stroke Consultant.

Stroke care pathways

One of the key objectives of the service integration project is to put in place, during the course of the year, five care pathways, one of which relates to Stroke. Once delivered, this will ensure that care is delivered on a consistent seamless basis in line with all key quality standards.

Martin Woodford
Chief Executive
Hereford Hospitals NHS Trust

