

HEALTH SCRUTINY COMMITTEE MEETING
18th MARCH 2011

STROKE SERVICES UPDATE REPORT
HEREFORD HOSPITALS NHS TRUST

1) Introduction

This report provides committee members with an update on the progress made to deliver improved stroke care to local residents.

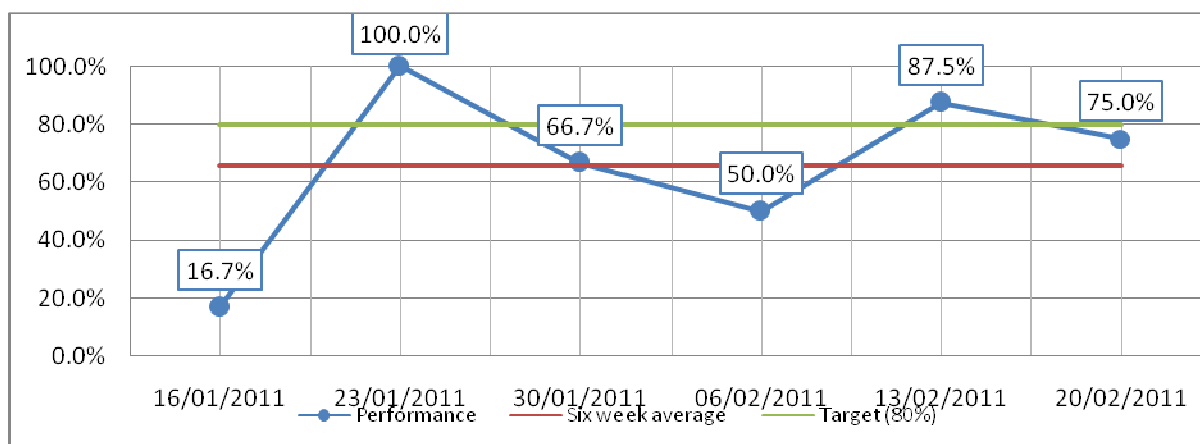
2) Acute Stroke Care

The Hereford Hospitals NHS Trust (HHT) continues to support and develop improvement plans for acute stroke care. The key elements of this plan and progress against it are indicated below:-

- ❖ Appointment of 2nd stroke consultant
 - Advertised March 2011
- ❖ 24/7 Stroke thrombolysis
 - In place from 23 February 2011.
 - Potentially benefiting 3 to 4 patients per month who present out of normal working hours
- ❖ Increased bed numbers on Acute Stroke Unit
 - Increased from 10 to 12 beds from January 2011
- ❖ Increased direct admissions to ASU
 - Reviewed stroke pathway introduced from 4 January 2011 improving patient flow and communication

Recent data measured against the Stroke Vital Signs indicates an improvement in patient stay on the specialist Acute Stroke Unit.

Vital Signs Stroke Patients spending 90% of stay on Stroke Ward (by week of discharge)



3) Stroke Rehabilitation

The development of the Hillside Centre as a Stroke Rehabilitation Unit continues. Progress made recently includes:-

- ❖ Recruitment of the first group of additional nurses, with more nurse and re-ablement assistant posts out to advert
- ❖ Recruitment of a specialist dietician
- ❖ Specialist therapists posts out to advert with close integration of the rehabilitation and community therapy teams underway
- ❖ The use of agency therapist posts as an interim measure is being considered
- ❖ The formation of an “operational team” at Hillside to co-ordinate patient care.
- ❖ Multi-disciplinary patient review involving clinicians, nurses and therapists

As of now, up to 8 stroke rehabilitation patients can be accommodated at Hillside at any one time. The numbers of patients will increase as additional nursing and therapy staff are recruited and trained.

4) Transient Ischaemic Attack (TIA) Service

Progress in delivering improvements against the TIA element of the Stroke Vital Signs remains challenging. The objective aim is that all “high risk” TIA patients are seen and treated within 24 hours of first contact with a healthcare professional, with a national expectation that this will occur in 60% of cases. Additional measures now in place to work towards this are:-

- ❖ Five Consultant Physicians now trained and prepared to offer urgent TIA appointments (an increase of 4 on the previous report)
- ❖ Increased vascular technician time to provide one stop diagnostic ultrasound
- ❖ Advancing discussions with colleagues in Worcester to provide a 6 day and ultimately a 7 day TIA service

However, there are still additional hurdles to overcome. Analysis of TIA referrals between April 2010 and February 2011 (128 patients) shows that:-

- ❖ Only 72% of TIA referrals are received at HHT within 24 hours of first contact with a healthcare professional
- ❖ Up to a quarter of “high risk” TIA patients declined an appointment on the same day, preferring to come on a later date
- ❖ Over 50% of “high risk” patients have received an appointment offer within 24 hours over the last 3 months, an increase on the average of 33% in the preceding 8 months

The focus is to reduce the time from first contact, referral and appointment and the views from colleagues in general practice are being sought on how this may be achieved. Local media involvement is being considered to raise public awareness on recognising stroke symptoms.

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