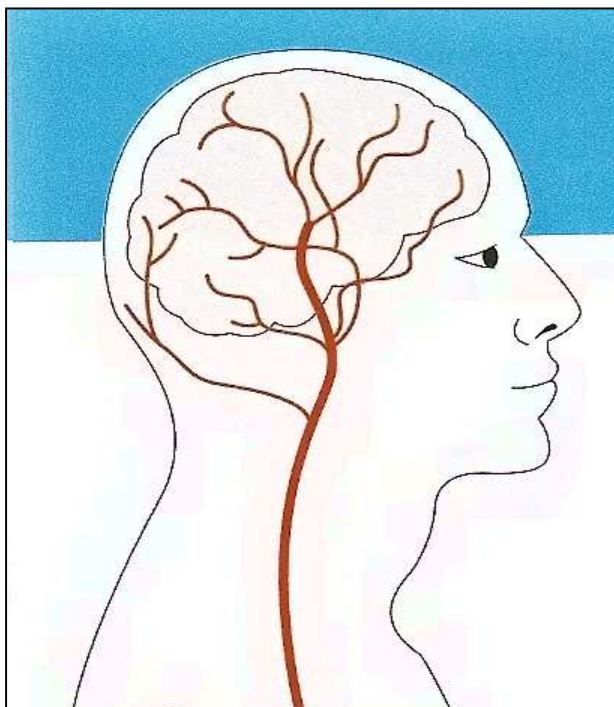


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# **A Review of Stroke Services In Kent and Medway Two Years After the Sentinel Audit**

Report prepared by:

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- Julie Hunt, Associate Director of Strategic Development, Associate Director, Commissioning, Director of Nursing and Quality – NHS West Kent Primary Care Trust
- Julie Flower, Commissioning Manager – NHS West Kent Primary Care Trust
- Steven Duckworth, Network Director – Kent and Medway Stroke Network
- Sandra Field, South East Regional Manager – The Stroke Association (includes Kent and Medway)
- Tari Shanganya, Stroke Nurse Coordinator at Darent Valley Hospital – Dartford & Gravesham NHS Trust.

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## Introduction

Stroke is the third biggest cause of death in the UK and the largest single cause of severe disability. \*Each year more than 110,000 people in England will suffer from a stroke which costs the NHS over £2.8 billion (\*source: Department of Health). A stroke occurs when the blood supply to part of the brain is cut off. Blood carries essential nutrients and oxygen to the brain. Without this vital blood supply brain cells can be damaged or destroyed and will not be able to do their job.

When someone suffers a stroke, it is vital that they get a rapid diagnosis and immediate treatment; this will significantly lessen, or prevent the often disabling effects of a stroke, and even reduce death.

The Care Quality Commission (CQC) states that Cardiovascular (CVD) is a preventable disease that kills nearly 198,000 people in the UK every year. More than a quarter of these deaths are as a result of stroke (British Heart Foundation 2008).

## **Background to Project**

The Government launched a National Stroke Strategy in 2007 to modernise services, deliver the newest treatments for stroke and reduce the death rate from stroke, Coronary Heart Disease and related diseases in people under the age of 75 by at least 40% by 2010.

The National Stroke Strategy set out a quality framework which identified examples of excellent care to help local services make improvements to stroke services. Examples of this include the treatment of stroke patients within specialist stroke units and the provision of rapid access to services for people who have had a minor stroke or transient ischemic attack (TIA). The strategy stated that only half of those who have a stroke receive rehabilitation to meet their needs in the first six months after they leave hospital, while one-third of stroke survivors will develop depression or communication difficulties. Seven of the 20 quality standards in the strategy cover aspects of aftercare, including rehabilitation, end of life care, long-term care and support, and returning to work services.

A Stroke Audit in the South East was carried out in September 2008 by the Healthcare Commission and the Royal College of Physicians to investigate how stroke services in the region have improved. This Stroke Audit was in two parts; the first of assessed the infrastructure and services in place for stroke patients and the second part, assessing clinical outcomes, was published in January (2009).

The last audit carried out in 2006 gave green light to just two of the 17 organisations in the region. For 2008 this figure has improved, with six being awarded a 'green light'. Hospitals in the bottom quarter, which received a 'red light' and scored low in the audit, have been reduced from five to four.

This project will focus on what is being done in Kent and Medway to address the outstanding shortfalls in stroke service provision, raising awareness of current initiatives underway to improve stroke services and identifying any impediments there may be towards achieving those aims.

## **The Sentinel Stroke Audit Indicators**

### **Indicator 1**

This part of the indicator assessed Trusts based on the percentage of patients recorded within the National Sentinel Audit of Stroke that have spent more than 90% of their stay in hospital on a stroke unit.

### **Indicator 2**

This was an un-weighted average of scores for the following eight key indicators from the National Sentinel Audit of Stroke.

- Screening for swallowing disorders within 24hours of admission
- Brain scan within 24hours of stroke
- Aspirin within 48hours of stroke
- Physiotherapy within 72hours of admission
- Occupational Therapy within four working days
- Patient weighed during admission
- Mood assessed by discharge
- Rehabilitation goals agreed.

Where a trust had several sites that took part in the Audit, a weighted average of the scores was calculated based on the number of cases included in each audit per site. This would then be converted to a single score as above.

### **Overall indicator**

These measures were combined in a matrix to determine a level of performance\* (full table of how each hospital trust performed is given as an appendices at the end of this report - \*taken from The National Sentinel Stroke Audit Phase 1 Organisational Audit 2008, Royal College of Physicians of London - a copy of the full report is also provided).

The questionnaire which each hospital trust had to complete to give the information for this Audit were also looked at and a copy is provided also as an Appendices (see Appendix 2).

### **Red Light Hospitals**

The following hospitals received low scores in the National Sentinel Stroke Audit (2008) and were highlighted as 'red light'. These are all located in West Kent:

- Dartford & Gravesham NHS Trust – Darent Valley Hospital (\*see table 1)
- Maidstone and Tunbridge Wells NHS Trust – Kent & Sussex Hospital (see table 2)
- Maidstone and Tunbridge Wells NHS Trust – Maidstone Hospital (see table 3)

\*The tables at the end of the report show where each hospital failed to provide services at the time of the audit, resulting in low scores. They also show the services that were available, and the waiting times for CT and MRI scans.

### **Green Light Hospitals**

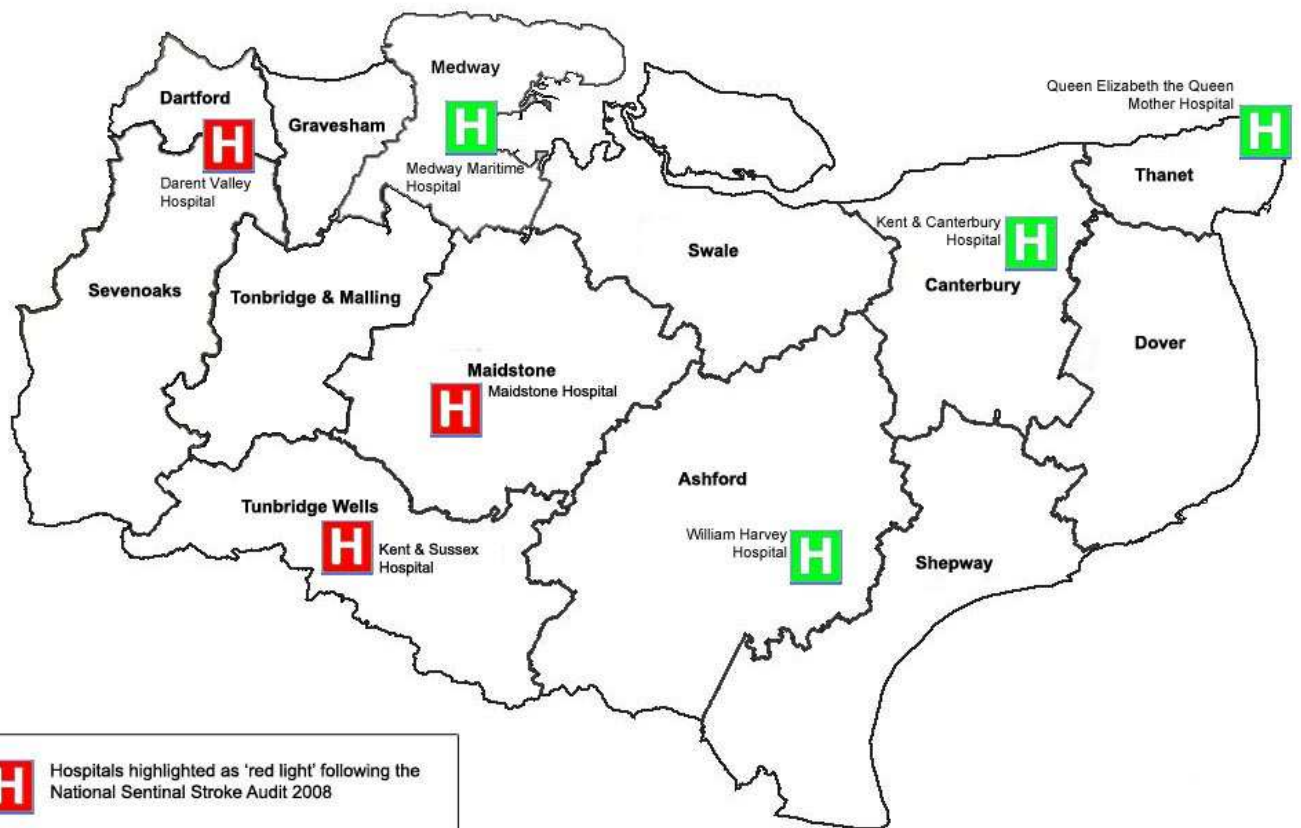
The \*following hospitals in the South East were given a 'green light' in the National Sentinel Stroke Audit (2008) and received high or intermediate scores.

- East Kent Hospitals University NHS Foundation Trust – Kent and Canterbury Hospital (see table 4)
- East Kent Hospitals University NHS Foundation Trust – William Harvey Hospital (see table 5)

- East Kent Hospitals University NHS Foundation Trust – Queen Elizabeth the Queen Mother Hospital (see table 6)
- Medway NHS Foundation Trust – Medway Maritime Hospital (see table 7)

\*The Royal Surrey County Hospital NHS Trust and Worthing & Southlands Hospital NHS Trust were also awarded 'green lights' in the Audit, but have been omitted due to the relevance of this report being for Kent and Medway areas only.

The tables at the end of the report show how each of the above hospitals scored in the Sentinel Audit.



**H** Hospitals highlighted as 'red light' following the National Sentinel Stroke Audit 2008

**H** Hospitals highlighted as 'green light' following the National Sentinel Stroke Audit 2008

## Method

Despite the findings of the Sentinel Stroke Audit reporting that overall Stroke Services in the region had greatly improved, it still showed that four hospitals in the South East had been given a 'red light' and were in the bottom quarter. These were reviewed with results noted and broken down for each hospital (see the 'Findings Section' later in this report).

The following documents were reviewed for this work:

- **The National Stroke Audit (2008):** formed the basis of the project (see Appendix 1)
- **The Royal College of Physicians' National Stroke Audit 2008 Organisations Audit Proforma:** each trust had to complete one of these stating whether they provided a hyper-acute service, acute service or rehabilitation service (see Appendix 2)
- **The National Stroke Strategy:** this was reviewed by LINK participants involved in this project (please see page 3 for acknowledgements) and was summarised for information purposes (see Appendix 3)
- **Report illustrating the developments implemented to stroke services in West Kent since the Sentinel Audit:** provided by Julie Flower, Commissioning Manager for NHS West Kent Primary Care Trust (see Appendix 4)
- **West Kent Primary Care Trust Annual General Meeting Report:** provided by Julie Hunt, Associate Director of Strategic Development, Associate Director of Commissioning and Nursing & Quality (see Appendix 5)
- **Care Quality Commission guidance on stroke care** (see Appendix 6)
- **Darent Valley Hospital Mini Interim Stroke Sentinel Report:** 1 April to 30 September 2009 (see Appendix 7)
- **Maidstone and Tunbridge Wells NHS Trust Press Release October 2009** (see Appendix 8)
- **South East Coast Ambulance NHS Trust (SECamb) David Davis, Paramedic / Stroke Care Development Lead:** information provided regarding the Fast-track Pathway (see Appendix 9)
- **Details of the Stroke Awareness Campaign – Act F.A.S.T** (see Appendix 10)

Interviews were conducted with various organisations / managers:

- Julie Hunt, Associate Director of Strategic Development, Associate Director, Commissioning, Director of Nursing and Quality – NHS West Kent Primary Care Trust
- Julie Flower, Commissioning Manager – NHS West Kent Primary Care Trust
- Steven Duckworth, Network Director – Kent and Medway Stroke Network (made up of NHS West Kent PCT, Eastern and Coastal Kent PCT, Medway PCT, Dartford and Gravesham NHS Trust, East Kent Hospitals University NHS Trust, Maidstone and Tunbridge Wells NHS Trust and Medway Maritime NHS Trust)
- Sandra Field, South East Regional Manager – The Stroke Association (includes Kent and Medway)
- Tari Shanganya, Stroke Nurse Coordinator at Darent Valley Hospital – Dartford & Gravesham NHS Trust.

The following sites and people were visited in conjunction with this project:

- Darent Valley Hospital – the Stroke Team
- Gravesham Place – Rehabilitation Centre
- Mr Ronald and Mrs Elizabeth Tyler – stroke survivor and carer.

## Findings

### What is being done in Kent and Medway to address shortfalls in stroke service provision?

#### Red Light Hospitals

Julie Flower, Commissioning Manager for NHS West Kent was invited to illustrate the improvements across the West Kent Trusts which performed badly in the 2008 Audit. Her progress report (December 2008\*\*) showed that:

- Stroke Units had opened at all acute sites
- Mini-stroke (TIA) clinics were running at all three hospitals – 5 / 7 (weekdays not weekends)
- A 24hour Thrombolysis rota commenced in January 2009 across three hospitals
- There was an enhanced ambulance response in place
- Additional recruitment for consultant and community therapy staff was underway
- Primary prevention discussions had taken place with their six Practice Based Commissioning (PBC) Groups
- A training budget had been identified and was available for all providers to use
- A new support group was established in Tonbridge area to supplement others across the patch
- There was an increase in public awareness raising through the National F.A.S.T Campaign (see Appendix 10).

Information provided by Kent Cardiovascular Network's publication '**Recent Developments in Stroke Services within West Kent**' (December 2008) showed:

- Acute Stroke Units in each hospital; Darent Valley Hospital, Kent & Sussex and Maidstone Hospital providing dedicated care to people who have had a stroke
- Thrombolysis services for West Kent patients 24 / 7 providing clot-busting drugs for patients who are suitable for this treatment
- Set up five day per week TIA (mini-stroke) clinics, reducing the risk of further strokes
- Two new stroke consultants within West Kent (Darent Valley and Maidstone Hospitals)
- Improved access to brain imaging
- Greater awareness of stroke prevention and symptoms including the FAST Campaign
- Increased investment in community rehabilitation, social care and communications support to enable people to participate in life to the full

- Increase in provision of training and education for staff working within stroke services
- Specialist stroke psychology team is currently being established.

The LINK was advised by both Julie Flower, and Julie Hunt, that the Audit's timing was unfortunate because information provided for the Proforma (*Appendix 2*) was before her actual report was published which showed improvements that had been made to stroke services in West Kent.

### **Darent Valley Hospital**

The Stroke Team (Sarah Parsons and Tari Shanganya) produced a Mini Interim Stroke Sentinel Audit Report for the period 1 April to 30 September 2009 to show improvements since the original audit in 2008. A retrospective audit\*\*\*\* was performed using the Darent Valley Hospital Stroke Database and the medical and multidisciplinary notes of 30 randomly chosen patients admitted to Darent Valley Hospital during this period with the primary diagnosis of Cerebral Vascular Accident.

The National Sentinel Stroke Clinical Audit performance indicators from the National Sentinel Stroke Audit 2008 were used to collect the data.

Nine performance indicators were measured. The results were then benchmarked against the median score from all 216 sites from the 2008 National Sentinel Audit and from the Darent Valley Hospital's results from the Trust's 2007 audit and the National Sentinel Audit of 2008. The Interim Audit showed that there has been an improvement in meeting most of the performance indicators since the last National Sentinel Audit (2008) including length of stay, swallowing, CT, Aspirin OT and mood.

The Stroke Team have also maintained previously good results in Physiotherapy, Assessment, Weight, Rehabilitation goals. This is largely due to the recent investment in the Stroke services at Darent Valley Hospital, in particular with regard to recruitment and education, together with the hard work of all staff involved across the Trust.

There is always room for improvement in this particular provision of service regarding the length of stay on an acute stroke unit. The Sentinel performance indicator is that 90% of patients should spend 90% of hospital stay on an acute stroke unit.

Although this audit shows that the Trust has increased the amount of patients spending more time on Spruce Ward (Stroke Unit) there were a number of patients whose hospital stay was short (three days) where one of these days was spent on CDU (combined stroke unit) and two on Spruce which calculates to only 67% of their stay spent on an acute stroke unit.

There were also two patients whose complex medical condition necessitated in them spending a large proportion of their hospital stay in a critical care environment (Chestnut Ward / ITU). This impacted on meeting this performance indicator.

### **Recommendations / actions – from the team**

Stroke Nurse Coordinator Tari Shanganya, was already in post, but there is now a newly appointed Stroke Coordinator. The Stroke Coordinator will be able to concentrate in ensuring that stroke patients are admitted to Spruce Ward more speedily freeing the Stroke Nurse Coordinator to focus on her clinical role.

Daily liaison with the Site Team has been introduced enabling identification of non-stroke patients located on Spruce Ward who need to be relocated to allow acute stroke patients to be admitted directly to the unit.

Investment in educating all those involved in stroke care should continue both internally and externally by providing the opportunity for staff to undertake specialist courses.

These factors should continue to improve the knowledge and skills of the stroke team, and improve the patient flow to accommodate all those that need these vital services.

\*\*\*\*Please see the full mini Interim Audit for Darent Valley Hospital at the end of this report compiled by S Parsons and Tari Shanganya, November 2009 (see Appendix 7).

### **Maidstone Hospital**

- Maidstone Hospital's new stroke unit opened in July 2009. Patients can now access specialist stroke care within the same unit. This new stroke unit is run by Ward Manager Sally Stear and her nursing team, on a shared rota with Matron Sally Foy
- Two new designated Stroke Consultants, Dr Chris Thom and Dr Tak-Yan Ellis, are now in post
- From 2009 patients had access to thrombolysing (clot busting) drugs, for those for whom the treatment is appropriate. This treatment can greatly reduce the level of disability patients suffer, if given within three hours of the onset of a stroke
- 24 / 7 stroke services available by joining forces with neighbouring Maidstone and Tunbridge Wells NHS Trust. West Kent hospitals now take it in turn to provide an out of hours thrombolysis service during the week and at weekends for the whole area
- The hospital is awaiting completion of rehab services together with the stroke clinic immediately adjacent to the existing ward
- An Interim mini audit being carried out at present which should be completed mid 2010.

### **Kent & Sussex Hospital**

- Acute Stroke Unit – that provides specialist care from admission on to discharge ensuring that there is quality care offered to all stroke patients across the care pathway. (shared rota)
- Thrombolysis – clot busting drugs where appropriate use is indicated.
- Other improvements have been made since the 2008 audit, and Kent and Sussex hospital is hoping for a repeat audit January 2010.
- Stroke Rehabilitation Unit

### **Green Light Hospitals**

#### **Medway Maritime Hospital**

- By increasing the bed base from eight acute stroke beds to 24 and supporting this by increasing the staffing levels on the ward by one Health Care assistant per shift, there has been improved access to Acute Stroke Unit

- A stroke team who are called to the Emergency Department if any patient arrives with a working diagnosis of stroke has been established. They are able to assess patients in a timely way, request investigations and diagnostics and support the transfer of the patient onto the acute stroke unit
- Since October 2007 Medway Maritime Hospital has provided a thrombolysis service Monday to Friday, 9.00am to 5.00pm. However this service was extended from January 2009 to work within the West Kent and Medway Rota to provide a 24 / 7 rota
- The Health Promotion Group has held awareness raising events in the local libraries. This group has developed to include representatives from all the specialist groups resulting in extending the awareness raised to include other cardiovascular risks
- Educational sessions have also been held by the Nurse Consultant and the Stroke Specialist Practitioner for GPs. The Stroke Specialist Nurse attended GP practices to update reception and practice staff
- 'Stop that Stroke' training is held regularly
- The hospital is currently looking into the role of volunteers to support patients and carers once they are at home
- Plans are in place for different practices such as telemedicine which is already being used in East Kent where there are links with specialist consultants to enable them to advise from a distance.

#### **Kent and Canterbury Hospital**

- Stroke services have been redesigned to speed up diagnosis, enabling early intervention and a reduced recovery time
- Working groups have transformed services, including adapting rotas to ensure stroke services are covered by staff seven days a week providing thrombolysis on all three acute sites within the trust using telemedicine and ensuring patients with early symptoms of a stroke have access to a specialist clinic within 24 hours. Previously patients could wait up to eight weeks for a clinic appointment.

#### **NHS Eastern and Coastal Kent:**

- They have commissioned from East Kent Hospitals University NHS Foundation Trust a 'telemedicine' model that uses a system to investigate and assess stroke patients remotely from where the patient presents. The success of this 'telemedicine' system has been huge (it has even won a national award recently) and has supported the effective treatment of high numbers of patients, has also prompted NHS West Kent and NHS Medway to replace their current rota system with a telemedicine system, for which funding has now been agreed through the SHA Innovative fund
- Kent and Canterbury Hospital, Queen Elizabeth The Queen Mother Hospital and the William Harvey Hospital have all progressed upwards since the last Audit
- Kent and Canterbury Hospital, Queen Elizabeth The Queen Mother Hospital and the William Harvey Hospital all have specialist units offering 24 hour service.

## **Other work being done to improve stroke services**

### **The Kent & Medway Stroke Network:**

The role of the Kent & Medway Stroke Network has been to bring together key stakeholders and providers to review, organise and improve the delivery of stroke services across a recognised pathway.

The Stroke Network works with providers of stroke care to ensure commissioning agreements are met and it employs service improvement techniques to ensure that providers of care maintain the quality and effectiveness of care delivered. It also aims to work with commissioners to ensure that stroke services are based on evidence of need, and that can give quality assurance using data obtained by providers and translated to need by the Network.

Its main aim through the Stroke Network Board is to ensure that the people of Kent and Medway have fast access to high quality care in the prevention, treatment and support especially for those most at risk, or who have suffered a stroke.

Each acute provider in Kent and Medway now have a dedicated stroke unit, enabling patients to have access to quality care near to where they live. Kent and Medway Stroke Network is working together with the Primary Care Trusts and local providers to ensure that the quality of services offered to all stroke patients across this care pathway are constantly reviewed and improved. There is still a difference between East Kent and West Kent in terms of the range of services available, with East Kent still out in front. But these are slowly being redressed in West Kent, and improvements are being made to lessen the gaps and inequalities in stroke services.

### **The Stroke Association – and its role in the provision of Stroke services across Kent and Medway:**

Sandra Field is the Regional Manager for the South East Region of The Stroke Association, covering Kent and Medway as well as East and West Sussex, and Surrey. The Stroke Association provides a range of services to improve the health, wellbeing and quality of life for people who have had a stroke, their carers and families. The main aim is for them to achieve a good quality of life enabling them the support to independent living.

The Stroke Association bridges the gap between health and social care, ensuring people affected by stroke receive a seamless transfer of care, and continuous support of the highest quality. Both health and social care providers commission these services.

Their services include:

- **Information, Advice and Support Service:** this is their core service, providing support and signposting for usually the first year after stroke
- **Emotional support:** offering emotional support and peer support to stroke survivors, carers and their families
- **Representation and Advocacy:** assisting stroke survivors to deal with benefits, employment and legal issues

- **Black and Minority Ethnic (BME) Service:** raising awareness to culturally sensitive information and practical support
- **Befriending:** lead by trained volunteers, offering peer support, often by stroke survivors or carers themselves
- **Economic welfare:** helping people to access the benefits and financial assistance that they are entitled to
- **Information Prescription Service:** detailed up to date and local information and signposting for stroke survivors, families and carers.

The above services are offered in small conversation / communication support groups around the County. Sandra was involved with the National Sentinel Stroke Audit of 2008 and was interested to see the results of the findings. 900,000 people are living with the effects of stroke, and even with the Stroke Association, services are unbalanced across the County. East Kent has far more services that the Stroke Association have been commissioned to provide. Communication services are available through the Association in Thanet, Canterbury, Ashford and Swale. As well as long term family and carers support (usually discharge from this service after 12 months).

In West Kent there are now three well established communication support groups – Tunbridge Wells, Tonbridge and Maidstone, as well as family support groups in these areas. Dartford, Gravesham and Swanley have not been so successful. Groups though are run now in these three areas out of the Neuro-Surgeries in Dartford and Gravesend (since May 2009). East and Coastal Kent have shown that all these new initiatives can work, and do well – appropriate treatment and support, telemedicine are all successful. This needs to be carried over to the West of the County to redress the balance, and see more improvements to stroke services countywide, not an East / West divide.

### **South East Coast NHS Ambulance Trust (SECamb)**

Information provided by South East Coast Ambulance, Stroke Awareness Campaign May 2009 and SECamb Stroke Care Development Project October 2009

South East Coast Ambulance Service NHS trust (SECamb) launched a Stroke Awareness Campaign in May 2009 to save lives and reduce long-term disability.

The new initiatives include:

- Six ambulances were 'wrapped' in vibrant graphics which promoted the Department of Health and Stroke Association's F.A.S.T\* campaign messages. The vehicles became operational in regional 'hot spots' where strokes are prevalent and the risk of stroke is known to be high (SECamb is the first ambulance trust to use this technique)
- 30 Stroke Champions – all staff members trained to educate the public about avoiding, recognising, and dealing with stroke
- SECamb is the first ambulance service to appoint a paramedic stroke lead, and it has spearheaded a life-saving stroke development programme across Sussex, Surrey and Kent which the Stroke Association has praised as a sign of good practice
- The Trust has started developing an area on the intranet site, specifically for stroke and TIA in the Clinical Section. This will enable patients to access useful links and documents.

The link is: <http://m.secamb.nhs.uk/stroke-and-tia-clinical-development-project/>

The programme has included establishing a single stroke pathway which enables ambulance crews to fast-track patients to specialist stroke units for thrombolysis (blood clot-busting) treatment. The FASTrack Pathway is used to identify quickly patients that may benefit from thrombolysis and rapid transport to the hospital. A hospital pre-alert (ASHICE) is passed in order to pre-alert the Acute Stroke Team. Upon arrival the patient is assessed rapidly using 'Recognition of Stroke Symptoms in Emergency Room' (ROSSIER) then if, and where appropriate given an immediate CT head scan.

Where haemorrhage is not found and the patient meets the other criteria, the thrombolysis drug Alteplase is administered in a 10% bolus, with the remainder infused over the following hour. Whilst only one or two in 10 patients in the 'hyper-acute' stages of stroke will receive thrombolysis, there is clear evidence that rapid admission to the Acute Stroke Team and that Unit improves outcome considerably.

The emphasis is on remembering 'Time is Brain' as 1.9 million brain cells are lost in each minute in the acute phase of stroke (Time is Brain is the second chapter of the National Stroke Strategy publication 2007 – see Appendix 3).

Around 80% of strokes are caused by a blood clot but thrombolysis has to be administered as early as possible within three hours of the onset of symptoms for the best possible outcome for the patient – by fast-tracking patients to specialist care, SECamb is dramatically reducing the effects of stroke. During the last two years, the pathway has been used in 19 acute stroke units across the South East region, following the partnership working with other trusts and stroke networks.

The FASTrack pathway is shown at Appendix 9.

The following two experiences have been provided by people that came forward in response to the LINK's request for stroke survivors or their carers to share their experiences (if they survived a stroke within the last two years);

**Comments from Mr and Mrs A:**

Mr and Mrs A live in Tunbridge Wells and are both in their late eighties. Mrs A has been caring for her husband since he had a stroke two years ago. He survived the stroke but was left with no mobility down one side.

Her experience at the hospital she felt was so traumatic that she wanted to ask if services had improved as she did not want to think people were still suffering in the way she had. Mr A was taken to the Kent and Sussex Hospital where he was left in a corridor for over four hours before anyone attended him.

Her concerns now were that although she has a paid care worker to help her husband in the morning and a couple of hours from someone to sit with her husband, from a carer's support group, to enable her to go to town and pay bills and get shopping, she has no other help. Physiotherapy for her husband was provided the first few months quite irregularly,

and now he has no one to check up on him at all. She feels lonely and very isolated at times, and lives with the fear that Mr A might have another stroke at any time.

**Comments from Mrs B:**

Mr B's care after having a stroke and being taken to Maidstone hospital last year (2009) was very good, and his daughter Mrs B cannot fault the way he was treated. Everyone behaved in a very professional manner, and the stroke team were very helpful and caring with her as well as her father. She however felt she should write to the LINK as the problems were when her father was discharged.

Mrs B wrote on 20 November 2009, she had been given our number by the volunteer driver her father had. She explained her circumstances and her frustration on his behalf as he had not received any speech therapy since his discharge from hospital which at the time was over eight weeks. After lodging a complaint, Mrs B was led to believe that her father would then get help, and he was booked an appointment at the Dorothy Lucy Centre. She was told by an Occupational Therapist that although she was not officially qualified in speech therapy she would help her father, but was only to find out a few weeks later that the Occupational Therapist had not had the time.

Her father's Care Manager had put in writing that he would get Speech Therapy both Mondays and Tuesdays with the Stroke Association. But when Mrs B spoke to the organiser she was told the Monday session was just a club, he would get help if he went Tuesday. Cancelling the Monday session he attended Tuesday, only to find this was not a Speech Therapy session. When she spoke to the organiser on that day, she what told they did not provide speech therapy, it was a communication or conversation club.

This performance was not only distressing for both her and her father as he was not receiving the care and therapy classes he desperately needed, but as he didn't drive he was incurring an unnecessary cost that he could ill afford. The cost of getting him to the Stroke Club was £25 a day. This he found difficult to finance and she is now concerned that he may not wish to attend if he does not get the treatment both he and she had been expecting, and had been promised whilst in hospital.

**What current initiatives are underway to improve Stroke Services?**

Outlined below are some of the plans to continue improvement for 2009 / 2010 in Kent. West Kent PCT has the following priorities planned for 2009 / 2010 for improving Stroke Services in West Kent:

- To extend TIA clinics to seven days a week
- Improve referral to treatment time for high risk TIA patients
- Establish a full psychology team for stroke patients
- Provide an attached Care Manager for each of the Community Stroke Teams, funded by Kent Adult Social Care Services
- Improve the transfer home for patients after an admission for stroke
- Provide daily home therapy services where required
- Improving the well being of people in West Kent, promoting healthier lifestyles

- Prevention and awareness information, training and education

### **What impediments are there towards achieving those aims?**

As already shown in this report, improvements are already evident in acute care with more people being treated for stroke as an emergency and more being cared for in specialist stroke units.

Prevention and awareness has also come a long way with advice and information on healthier lifestyle also boosting public awareness. However, the initial impression from speaking with stroke survivors and the Stroke Association is that 'after stroke care' has not made quite as much progress, and there are still barriers to improvement in this area.

Particular issues are said to be:

#### **Lack of support facilities**

- Carers of patients discharged after stroke often feel isolated, and overwhelmed with the responsibility many have had forced upon them. They and the former patient have not had the opportunity of discussing their fears of further stroke. This causes stress and anxiety to both. More resources for community support would be valuable. There may be a financial barrier to achieving this.
- Upon discharge from hospital there is a lack of support, information and adequate assessment. Some of the Stroke Survivors and their relatives the LINK interviewed felt that the advice they were given was not specific enough in the context of their everyday lives. Those that did feel they got information in the form of leaflets would value face-to-face communication with professionals, but was not always forthcoming as there are too few people available for this necessary service, particularly in West Kent

#### **Diagnosis on admission**

- It is not always clear that the patient has suffered a stroke and may not receive their primary treatment, on a specialist stroke unit. So improving diagnosis is key to this.

#### **Communication**

- There may also be the issue of language barriers; not everyone is able to access vital advice on preventative measures or what to do when the warning signs are there. Working relationships are needed with all community groups, equal access for people from BME communities and stroke survivors with learning disabilities.

#### **Joined-up working**

- When services are not operating with joint practice, boundaries can become blurred. There should be a seamless working partnership between hospitals, social services, and the voluntary sector.

#### **Speech Therapy**

- Lack of access to Speech Therapy, regular Occupational Therapy and Physiotherapy once discharged from hospital. The shortage of speech therapy is a national problem,

experienced by many hospitals due to the lack of courses offered in colleges and universities for this specialist field.

- Although the Stroke Association provides services to assist people with communication skills, the service is not speech therapy as such, but to enable stroke survivors to communicate in whatever means they can. This can be by speech but also written communication and other methods. So their services are conversational sessions rather than the recognised and much required speech therapy.

Eight services have been commissioned around Eastern and Coastal Kent, two in Medway, three in South West Kent and only a further two in Dartford and Gravesham. More funding is much needed to provide additional services in West Kent to bring them to a level Eastern and Coastal are experiencing.

- Recruiting and keeping really well qualified staff needed in these specialist areas.

### **Cross border boundaries**

- Staff at Darent Valley, and other professionals have said that in the instance of Bexley patients for instance, they are sent to Darent Valley Hospital, but do not experience the same care before being admitted and after discharge because they come under a different post code. Different authorities should be encouraged to work together in cross border strategies in order to assure equality.

## **Recommendations**

Stroke Services across Kent and Medway have shown much improvement since the National Sentinel Audit (2008) but the impression from this review is that there is still much room for improvement.

It is recommended:

- From speaking with a few stroke survivors and carers it is evident that they have strong views on what needs to be done to further improve services. It is recommended that a survey\* of stroke survivors over the last two years is carried out so a comparison can be made, on those that suffered a stroke and received care during the period of the National Sentinel Stroke Audit and those that have since received care after a stroke
- The LINK should cooperate with the Care Quality Commissioning in helping to give a user / carer perspective to their review of stroke services, see below
- That the development of services after hospital should involve the health and social care, and voluntary sector stakeholders, as well as patient groups. Stroke survivors, their carers and health professionals should be working closely to provide a seamless service. Creating a strategy that involves patients sharing their experiences and expertise in reviewing the service at regular intervals
- More cohesive working cross borders with other authorities whose population may utilise services out of region

- The service should aim to be more person-centred and responsive to stroke survivors and their families, taking into account individual's circumstances including suitable environment for recovery, or continued care
- That information should not only be given in the current format for individual organisations and their specific roles, but that they provide continuous communication between all parties, and that training and education is encouraged on all sides
- Recruitment campaign for key staff; the NHS needs to encourage universities and colleges to offer more specialist subjects in this field, particularly Speech Therapy
- Try to improve availability of specialist beds allocated for stroke by protection of these in the way other ITU beds are already protected
- Promote Telemedicine and what can be achieved by this innovative new technology
- Sufficient funding to bring West Kent to a level somewhere near that of Eastern and Coastal Kent.

\*The Care Quality Commission are proposing a review of 'services for people who have had a stroke and their carers' 2009 / 2010. The review is to look at the care people receive if they have had a stroke.

They will be looking at:

- Acute Care in hospital after the initial 'hyper-acute' stage
- How people who have had a stroke are discharged from hospital
- Whether they have access to rehabilitation in hospital and the community
- What ongoing care and support they receive
- The services they will be looking at cover all health and social care services that provide care and support people who have had a stroke and their carers.

They will mainly collect data from Primary Care Trusts (PCTs) and Adult Social Services providers. Many other stroke survivors, their carers and families may slip through the net, and one possibility is that the LINK could perhaps play a part in getting the views of others in the community who are not included above through targeting LINK participants.

Data for the review will be collected between February and April 2010. Results will be published for all local areas, and a national summary of their findings will be available Autumn 2010.

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February 2010

## Appendices

1. The National Sentinel Stroke Audit Report
2. The Royal College of Physicians National Sentinel Audit 2008
3. National Stroke Strategy
4. Julie Flower, Commissioning Manager, West Kent PCT
5. Julie Hunt, Associate Director of Strategic Development, Associate Director Commissioning, Director of Nursing and Quality NHS West Kent Primary Trust
6. Care Quality Commission- Stroke Care - National Sentinel Audit of Stroke Rationale (2008)
7. Darent Valley Interim Report – 1 April to 30 September 2009
8. Maidstone and Tunbridge Wells Press Release – October 2009
9. SECamb Team: David Davis, Paramedic/Stroke Care Development Lead Report and FASTrack Pathway (2008 / 2009)
10. Stroke Awareness Campaign: Act F.A.S.T.

## Tables

1. Dartford and Gravesham NHS Trust – Darent Valley Hospital
2. Maidstone and Tunbridge Wells NHS Trust – Kent and Sussex Hospital
3. Maidstone and Tunbridge Wells NHS Trust – Maidstone Hospital
4. The Ashford and St Peter's Hospital NHS Trust
5. East Kent Hospitals University NHS Foundation Trust – William Harvey Hospital
6. East Kent Hospitals University NHS Foundation Trust – Queen Elizabeth The Queen Mother Hospital
7. Medway NHS Foundation Trust – Medway Maritime Hospital

## Glossary

<b>Acute stroke</b>	Acute stroke is a medical emergency.
<b>ASHICE</b>	a hospital pre-alert (ASHICE) is passed in order to pre-alert the Acute Stroke Team upon Arrival
<b>Alteplase</b>	Thrombolysis drug
<b>Cerebral embolism</b>	when a blockage caused by a blood clot, fat Globule or air bubble (embolism) forms in a blood vessel somewhere else in the body and is carried in the bloodstream to the brain
<b>Cerebral thrombosis</b>	when a blood clot (thrombus) forms in a main artery to the brain
<b>F.A.S.T</b>	Act F.A.S.T campaign: <b>F</b> acial weakness <b>A</b> rm weakness <b>S</b> peech problems <b>T</b> ime to call 999
<b>FASTrack Pathway</b>	This is the pathway that is used to quickly identify patients who may benefit from thrombolysis and rapid transport to hospital
<b>Infarction</b>	Stroke can cause brain tissue to die, and this is called cerebral infarction. An infarct is an area of dead tissue
<b>Intracerebral haemorrhage</b>	when a blood vessel bursts within the brain
<b>Ischaemic stroke</b>	the most common type of stroke (over 80% of cases) is caused by a blockage
<b>ROSSIERs</b>	<b>R</b> ecognition <b>O</b> f <b>S</b> troke <b>S</b> ymptoms <b>I</b> n <b>E</b> mergency <b>R</b> oom

<b>Subarachnoid haemorrhage</b>	when a blood vessel on the surface of the brain bleeds into the space between the brain and the skull (subarachnoid space)
<b>Thrombolysis</b>	For patients with a thrombotic stroke, treatment with a thrombolytic therapy (alteplase) is highly time dependent
<b>Transient ischemic attack (TIA)</b>	a mini stroke. This happens when the brain's blood supply is interrupted for a very brief time

**Infarction:** Stroke can cause brain tissue to die, and this is called cerebral infarction. An infarct is an area of dead tissue. It can be tiny or affect a larger part of the brain. The brain controls everything the body does, damage to the brain can affect body functions, it also controls how we think, learn, feel and communicate. A stroke can also affect these mental processes. A stroke is sudden and the effects on the body are immediate.

**There are two main causes of stroke:**

The most common type of stroke (over 80% of cases) is caused by a blockage. This is known as an ischemic stroke, which happens when a clot blocks an artery carrying blood to the brain. This may be caused by:

- A cerebral thrombosis, when a blood clot (thrombus) forms in a main artery to the brain
- A cerebral embolism, when a blockage caused by a blood clot, fat globule or air bubble (embolism) forms in a blood vessel somewhere else in the body and is carried in the bloodstream to the brain
- A blockage in the tiny blood vessels deep within the brain (lacunar stroke).

The second type of stroke (up to 20% of cases) is caused by a bleed, this is when a blood vessel bursts, causing bleeding (haemorrhage) into the brain. This is then caused a haemorrhagic stroke. It may be caused by:

- An intracerebral haemorrhage, when a blood vessel bursts within the brain
- A subarachnoid haemorrhage, when a blood vessel on the surface of the brain bleeds into the space between the brain and the skull (subarachnoid space).

**Transient ischemic attack (mini stroke)**

A transient ischemic attack (TIA) is often called a mini-stroke which happens when the brain's blood supply is interrupted for a very brief time. In a TIA, the affected part of the brain is without oxygen for just a few minutes. A TIA is a sign that part of the brain is not getting enough blood and there is a risk of a more serious stroke in the future. The symptoms are very similar to a stroke (such as a weakness on one side of the body, loss of sight and slurred speech) but they are temporary – just lasting a few minutes or may be hours, and then disappearing completely within 24 hours. Never ignore a TIA (min-stroke). This is a warning sign.

-- End of Glossary --