### **REPORT ON STROKE SERVICE AUGUST 2010**

### INTRODUCTION

In 2007, Healthcare for London set out an ambitious plan to transform stroke services across London in 'A Framework for Action'. After close working with the JCPCT and an extensive public Consultation, a hub and spoke network model was agreed for London.

After competitive bidding and rigorous assessment, 8 sites were designated to host Hyper Acute Stroke Units (HASUs) to provide 24/7 Thrombolysis (the clot busting drug) and expert multidisciplinary assessment and management of patients in their first 72 hours post stroke. Northwick Park is proud to have been designated as one of these eight.

Through the London Stroke Strategy all suspected stroke patients in Greater London are admitted to one of these eight HASUs where they receive top quality care from stroke experts. Once stabilised at the HASU (up to 72 hours) patients are transferred to one of 24 Stroke Units (SUs) where they receive longer term care and rehabilitation. Northwick Park was also designated as a 34 bedded Stroke Unit.

More than 400 patients have been cared for by the staff at Northwick Park since it first opened in February this year.

## **NWLH STROKE & TIA SERVICE**

NWLH now has a 50-bedded Stroke Unit, with 16 Hyper Acute (HASU) beds and 34 (SU) beds. We provide 24/7 acute care and Thrombolysis and specialist stroke rehabilitation in 2 custom built wards designed especially for stroke patients. TIA patients are currently seen in a designated are on the HASU. From September there will be a special TIA clinic on Herrick ward.

## **SCHEDULE OF OPENING**

The stroke service has opened in phases, which were agreed with the North West London Cardiac and Stroke Network (NWLCSN) on behalf of Commissioning Support for London. Each phase was opened on schedule.

PHASE 1	December 2009	23 SU beds on Eliot
PHASE 2	February 2010	26 SU beds on Haldane 4 HASU beds on Haldane
PHASE 3	April 2010	26 SU beds on Haldane 8 HASU beds on Haldane
PHASE 4	July 2010	20 SU beds on Eliot 14 SU beds on Haldane 16 HASU beds on Haldane
PHASE 5	September 2010	20 SU beds on Herrick 14 SU beds on Haldane

### 16 HASU beds on Haldane

A very significant recruitment programme has resulted in the stroke service now being fully established with 3 Consultants, 92 nurses, 23 therapists, including 1.5 WTE psychologists. The phased opening programme enabled new staff to be trained and integrated into the team to ensure safe and effective patient care.

Working closely with LAS, the phased opening programme was developed as follows:

- 1. Provision of 24/7 Thrombolysis and hyper acute care to patients from Brent and Harrow
- 2. Provision of 24/7 Thrombolysis and hyper acute care to those from the new enlarged catchment area who presented within 3 hours of a stroke.
- 3. Finally to all new stroke patients from the enlarge catchment area.

# **LENGTH OF STAY (LOS)**

The mean HASU LOS is 2.1 and for SU is 13. This is calculated only on the data from patients admitted to the new service from 1<sup>st</sup> February and thus will be a slightly low estimate.

This is about 30% lower than our previous LOS and about 50% lower than the network predictions, and is testament that early and intensive rehabilitation by specialist staff on dedicated stroke units is effective.

## PERCENTAGE THROMBOLYSIS

The current percentage Thrombolysis rate is approximately 15%, compared to 6% in January before the 24/7 HASU service went live. This compares favourably with the European average of 14%.

Thrombolysis is managed 24/7 by a rota of 7 on call Consultants. They are supported by a rota of Band 6 stroke nurses who work with the A&E team in the triage and early management of newly admitted stroke patients.

# **CAPACITY, STAFFING AND RESOURCES**

The stroke unit has enough capacity to manage the current patient flow, even on the busiest weekend (14<sup>th</sup> August) when 20 patients were admitted. We have never had to refuse admittance to a stroke patient.

Staffing levels are sufficient to ensure that Agency staffing has not been used since May

## SENTINEL AUDIT PERFORMANCE

The Sentinel audit is a biennial audit, organised by the Royal College of Physicians. Data for this year's organisational audit was collected on 1<sup>st</sup> April 2010, and published this month. The sentinel audit measures the performance of all hospitals admitting stroke patients against national clinical guidelines and quality of care for stroke patients.

The Trust was awarded 100 per cent for our acute care and received an overall score of 81.4 out of 100.

The Trust received top marks for patients' round-the-clock access to drugs which get rid of blood clots (Thrombolysis). This means stroke patients get the drugs they need no matter what time of day or night they fall ill, which is vital because the medicine is only effective if given within three hours of a stroke.

The results of this audit are hugely important. It is what we use to benchmark ourselves against other hospitals in the UK. While we are pleased with our results, we expect to do even better next time, when the service has been fully established during the audit period.

The audit collects data on the whole stroke pathway from admission to community rehabilitation. The latter is an area of comparative weakness, and we will be working with our local primary care trusts in order to ensure better access to long-term rehabilitation services for people who suffer a stroke.

## PERFORMANCE STANDARDS

Before any beds can be opened, the Trust participates in an exacting review by external assessors including the Director of Stroke for London, the cardiac and stroke network and the acute commissioning partnership. The aim of these assessments is to ensure that the appropriate levels of staffing and infrastructure are in place and that the performance standards are met.

The Trust has participated in assessments in December 2009, February, March and July 2010 and was successful in all. The service consistently meets or exceeds all network performance targets. Please see appendix for table of stroke performance standards.

### **TIA CLINIC**

A TIA (transient ischemic attack or mini-stroke) can be a warning sign that a significant stroke may soon follow. It is vital that high risk TIA patients can be managed as soon as possible after this event, ideally within 24 hours.

Northwick Park now offers a 7-day one stop TIA clinic. This is a substantial improvement on the previous weekly clinic. 7 days a week high-risk patients can be assessed by a specialist stroke Consultant, who can arrange same day brain and carotid imaging start treatment and offer secondary prevention advice.

## **COMMUNITY REHAB**

There are ongoing issues with poor provision of community rehabilitation and intermediate care beds, not only in Brent and Harrow, but across London. Clinicenta, a private provider, had been commissioned to provide Early Supported Discharge for Stroke patients from summer 2009 in anticipation of the new stroke model going live. This service failed to start for stroke patients by the Autumn and was formally suspended last December pending investigation of SUI's. We understand they are now hoping to go live before

the end of 2010. There were fears that the lack of this service would result in the Trust being unable to admit new strokes; however, this has been managed by the increased efficiency of the new service. The early and intensive nursing and rehabilitation has resulted in more patients being safely discharged earlier than previously.

# APPENDIX: PERFORMANCE STANDARDS

## PERFORMANCE STANDARDS 2010-11

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Stroke Indicators (Based on the Sentinel Audit)	Exec Lead	RAG Status	Actual Target	Proxy Target	YTD Actual	Apr- 10	May- 10	Jun- 10	Jul- 10
Stroke Unit Indicators									
% patients having swallow screen within 24hrs	RS / DM	G	70%	70%	98%	100%	100%	97%	94%
% patients having Physio Ax within 72hrs	RS / DM	G	75%	75%	99%	100%	98%	100%	100%
% patients having OT assessment within 7 days	RS/ DM	G	60%	60%	100%	100%	100%	100%	100%
% patients having CT within 24hrs of admission from A&E	RS / DM	G	90%	90%	97%	97%	100%	96%	93%
% appropriate patients on Aspirin within 24hrs	RS / DM	G	80%	80%	95%	97%	95%	91%	98%
% patients weighed within 72 hours of SU admission	RS/ DM	G	75%	75%	90%	88%	82%	91%	100%
% patients with mood assessment	RS / DM	G	70%	70%	87%	72%	90%	97%	90%
% patients Thrombolysed	RS/ DM	G	5%	5%	13%	17%	16%	11%	9%
% CVA patients admitted direct to SU from A&E	RS / DM	G	80%	80%	90%	88%	83%	90%	98%
% of high risk TIA's within 24 hrs	RS/ DM	N/K	N/K	N/K	89%	94%	81%	91%	91%

PERFORMANCE STANDARDS 2009-10

Stroke Indicators (Based on the Sentinel Audit)	Exec Lead	RAG Status	2009- 10 Actual	Dec- 09	Jan- 10	Feb- 10	Mar- 10
Stroke Unit Indicators							
% patients having swallow screen within 24hrs	RS/ DM	G	90%	92%	79%	89%	98%
% patients having Physio Ax within 72hrs	RS/ DM	G	96%	100%	91%	95%	97%
% patients having OT assessment within 7 days	RS/ DM	G	100%	100%	100%	100%	100%
% patients having CT within 24hrs of admission from A&E	RS / DM	G	92%	100%	85%	95%	100%
% appropriate patients on Aspirin within 24hrs	RS/ DM	G	92%	100%	86%	94%	96%
% patients weighed within 72 hours of SU admission	RS/ DM	G	84%	92%	55%	80%	81%
% patients with mood assessment	RS/ DM	G	91%	100%	100%	64%	83%
% patients Thrombolysed	RS/ DM	G	9%	13%	6%	18%	14%
% CVA patients admitted direct to SU from A&E	RS/ DM	G	39%	20%	26%	71%	93%
% of high risk TIA's within 24 hrs	RS / DM	N/K	47%		19%	48%	73%