

**Healthwatch East Sussex's report on its support
work of Maidstone & Tunbridge Wells NHS Trust
review of stroke services**

March
2015

Making the case
for change; the
public response



Contents

Contents	2
Executive Summary	3
Background	4
Communication and Engagement	5
The Public Event	6
Questions during and after the MTW presentation	7
Conclusion.....	10
Contact us	11



Executive Summary

In seeking to improve stroke services, Maidstone and Tunbridge Wells NHS Trust (MTW) commissioned Healthwatch East Sussex to undertake a community engagement activity in the north of East Sussex.

The purpose of this activity was to raise awareness of the need to review services and seek public feedback to their draft Service Standards. Healthwatch East Sussex directly raised awareness of MTW's wish to improve stroke services with local organisations, statutory organisations, community groups, and spoke to 15 people at an event in Crowborough on the 2nd March 2015.

The key findings are:

- A positive response to the content of the presentation and the candour with which it was delivered by Dr. Jim Milton.
- Clear support for the draft service standards of care presented by MTW, but a concern that these did not reflect the needs of carers.
- The most voiced public concerns were about the additional length of time East Sussex patients using stroke services stay in hospital, compared to patients living in West Kent, and the lack of an early discharge system in East Sussex.
- People were keen to stay involved in the discussions but wanted to see more members of the public involve.

Recommendations:

- To review the draft service standards in terms of reflecting the need to include carers needs.
- To involve more members of the public from East Sussex.
- To share the public's views and experiences with the wider Kent stroke review; and
- To involve representatives from South East Coast Ambulance Service NHS Foundation Trust in future public engagement activity.



Background

As specialists in engaging and talking with communities, East Sussex Community Voice (delivering Healthwatch East Sussex) was commissioned by Maidstone & Tunbridge Wells NHS Trust to help them engage with the Public in the north of the East Sussex about their plans to improve their Stroke service.

Healthwatch East Sussex undertook the following activities;

1. Provided Communication and engagement advice to MTW, creating materials as required.
2. Reviewed the Equalities Impact Assessment (EIA) and extended the reach into areas identified within the EIA.
3. Organised and invited stakeholders to a public event in Crowborough for people who have used stroke services provided by MTW.
4. Raised awareness within community groups, stakeholders, patients & public about MTWs pledge to improve the Stroke service.
5. Promoted the event to the wider public via articles in newsletters, social media, posters and a press release; and
6. Facilitated discussions at the event to capture the public's response to the new draft Standards of Care for stroke patients.



Communication and Engagement

We researched and booked the venue to host the public event.

The venue was selected from our preferred list of accessible venues in the county, to include meeting the following criteria:

- Popular location known to local people
- Good public transport links
- Parking (if possible)
- Accessible facilities
- Catering facilities

Pre Event Activity

Healthwatch East Sussex (HWES) joined MTW's Clinical Strategy and Stroke Engagement discussions as part of delivering this activity which included:

- Bi weekly attendance at Trust hospital sites as part of the planning for early engagement activity
- Review of the Equalities Impact Assessment for relevant catchment area
- Building an effective stakeholder list
- Agreeing dates and venues for events
- Promoting event through stakeholder list and networks within East Sussex
- Engagement with Patients Participation Groups (PPGs) in High Weald Lewes Haven Clinical Commissioning Group (CCG) area
- Distributing early notices of event

- Distributing posters promoting the event
- Promoting the event through social media
- Engagement with networks and other interested parties i.e. Health Overview Scrutiny Committee (HOSC) members, Wealden Senior Citizens Forum, Care for the Carers and Sussex Collaborative Delivery Team (Stroke Lead)
- Event information on the Healthwatch website
- Email invitation sent to all relevant community groups, Patient Participation Groups (PPGs), voluntary organisations, stakeholders and individuals via our distribution list of 940 recipients
- Promotion in Healthwatch East Sussex email newsletters (February) which is issued to 904 individuals and hard copies distributed via our information service in local libraries
- Repeated mentions on Healthwatch East Sussex social media channels (Facebook & Twitter)
- Information sent to MTW for use in their communication channels
- Press release written and sent to East Sussex based journalists including newspapers, radio and BBC Southeast television
- Poster/flier designed, printed and distributed via stakeholders, community groups and voluntary organisations including Citizen Advice Bureaus, Gateways and Libraries; and
- Creation of the agendas and development of an evaluation form.



The Public Event

There were 15 people attending which included:

From MTW Trust:

- Dr James Milton
- Audrey Allwood
- Dr Paul Sigston

From Healthwatch East Sussex and Kent

- Elizabeth Mackie Healthwatch East Sussex
- Flossie Hayllar (Notes)
- Nick Scott (Healthwatch Kent)

Other stakeholders included:

- The Stroke Association
- Wealden Seniors Citizens Association
- NHS Statutory Staff
- Members of the public

The audience ranged from informed members of public to voluntary sector organisations supporting people with on-going care and support needs following a stroke and NHS staff from Sussex collaborative Delivery Team (stroke). No individuals attended that had used MTW's stroke services or their carer/s.

Dr Jim Milton started by giving an explanation of what stroke is and how it is treated. He explained that those nursed in a stroke unit have better outcomes than those nursed on general wards. Currently there are hyper acute and acute services on both sites. Stroke rehabilitation is undertaken at the Cottage Hospital.



Questions during and after the MTW presentation

Question - How many women v men have a stroke?

Answer - the figures weren't available at the meeting.

There is an improving trend for stroke services. The average mark nationally is in accordance with MTW. The aim is for the patients to see a professional in a timely manner however only 40% of patients with a suspected stroke arrive between 9-5pm, Monday to Friday. 60% arrive out of hours therefore a seven day a week service is required. There is also an issue with patients arriving at the stroke unit in a timely manner.

Stroke patients (if they are eligible) have to be thrombolysed within three hours of onset of symptoms and this is a challenge. The best unit's manage to thrombolysed 10% of patients. MTW manage 4%.

Question - Has moving two hospitals into one had an impact?

Answer - It was always one organisation, the two hospitals (Kent and Sussex Hospital in Tunbridge Wells) are now located on one new hospital site in Pembury.

There is early supported discharge available in Kent but not in East Sussex. There are ongoing discussions about increasing services. Rehabilitation

depends on the patients need and requirements for rehabilitation. There is a gap and more support for patients on discharge is required.

Question - What is the response time for ambulances? Are stroke patients a priority?

Answer - Ambulance have target response times of 7-9 minutes.

One lady stated that the ambulance took 50 minutes to get from Hastings to Mayfield. They were not sure if it was a Transient Ischaemic Attack (TIA) or stroke. An hour is too long to get to hospital.

Question - Are ambulance call centre staff trained to deal with patients having stroke?

Answer - not involved in the ambulance service therefore can't answer this question.

Question - Is it safe to drive someone to hospital if it is quicker than waiting for an ambulance?

Answer - Yes! It is always a risk that the patient will deteriorate on route but it is better than waiting a long time for an ambulance.

Question - This was regarding out of hours treatment and thrombolysing

Answer - if the patient has a scan there is the option of tele medicine for the consultant to review and prescribe treatment. There is currently no



consultant service available at the weekends.

All patients from Crowborough area go to MTW. Sometimes the ambulance personnel will ask a patient where they want to go or they will make 'on the border' judgement calls as to where is best for the patient.

Tunbridge Wells Hospital has a seven day service and can prescribe thrombolysis by tele medicine. The issues are not so much about seven day services but about capacity.

Question - There is a lack of awareness about first aid for a stroke. What can be done in a first aid situation?

Answer - The primary thing is to get to hospital ASAP for treatment. There is not a lot that can be done other than making the patient comfortable.

The question was asked - is anyone missing from the discussion? More members of the public should be involved in the engagement.

Following the Q & A session the next scheduled agenda item on the programme agenda was to hear from patients/service users and carers however as no individuals from this group attended, the meeting moved to the a discussion around the standards.

Dr Jim Milton talked through the standards for treatment of Stroke.

There was a discussion regarding the 'joined up pathway of care' Discharge needs to be planned early on during hospital admission. The aim is to get full recovery however this is not always

possible due to the complex ongoing physical and cognitive support requirements. Some require lifelong support as for some people a stroke is for life not just an episode.

The desire is to reach the standards set for treatment of stroke however the reality is that these will be aspirations rather than achieved. Stroke treatment has improved but we need to aim higher.

One issue is the national shortage of staff and physicians.

Commissioners should be part of the conversation. It was mentioned that they are involved but in a different forum.

Funding is an issue for therapy posts in the voluntary sector. Therapy is less of an issue in MTW than Dr's.

Model of care is good to have and positive. It needs to be built on and also include more reference to carers.

Early supported discharge in East Sussex is required with contact and support available and this will help recovery

There is also an issue for East Sussex patients who receive their treatment in West Kent around discharge. On average Dr Milton commented that patients living in East Sussex stay on average one week longer than patients who live in Kent.

It was noted that South East Coast Ambulance NHS Foundation Trust (SECAMB) did not have a representative present at the event to respond to the questions raised regarding their service. HWES contacted SECAMB for a response:

Nikki Dart, Paramedic, FdSc MCPara, Clinical Pathways Lead, South East Coast Ambulance NHS Foundation Trust



forwarded the response below in response to the questions raised at the recent meeting:

Question - What is the response time for ambulances? Are stroke patients a priority?

Answer - Ambulance response times are categorised through a series of questions determined by NHS Pathways. Any immediately life threatening condition has a response time of within 8 minutes. All non-life threatening calls are responded to within a 30 minute timeframe.

Stroke calls are assessed through NHS pathways at the point of call and can fall into both categories. Confirmed Stroke symptoms e.g. changes to normal breathing or reduced level of consciousness will be considered life threatening and give an 8 minute response. A transient symptom may be given a 30 minute response. Stroke care is a high priority for us as a Trust and we seek to reach as many as we can as quickly as possible to make an assessment and give appropriate care.

The nearest available resource will always be dispatched. This could be a Community First Responder trained to administer Oxygen and provide first aid whilst the nearest available ambulance is making its way to scene.

Question - Are ambulance call centre staff trained to deal with patients having stroke?

Answer - Every single call is triaged through the NHS Pathways system which is in use by all of our Emergency Operations Centres. The system asks the call handler to go through a series of scripted

questions in direct response to the answers given by the caller. A disposition is reached and the information is sent directly to the crew assigned as it is recorded on the NHS Pathways system. The call handlers will give instructions to the caller appropriate to the condition of the patient. All call centres have access to a Clinical Supervisor during the call if necessary, who can monitor the call and advise further questions to ask for clarification. They can also ring the patient back to ensure patient condition and provide worsening care advice whilst the crew are en route.

Question - Is it safe to drive someone to hospital if it is quicker than waiting for an ambulance?

Answer - Safety of the patient is always paramount and it is a personal judgement call whether to take the person to hospital themselves. There is a risk that the patient can deteriorate en route, however if the patient can be managed safely, e.g. they are able to mobilise themselves, they orientated and compliant, in some instances it may be appropriate. Any concern by the patient themselves, family or carers must be considered when making that decision.

Unfortunately, on occasion Ambulances will have to run distance. The Trust endeavour to keep vehicles placed in areas of demand where a reasonable response time can be achieved for the majority of calls.



Conclusion

This was a valuable event to begin engaging with stakeholders and the public.

Whilst no patient carer experiences were captured at the event, the discussions did identify gaps in the pathway for people in East Sussex. MTW trust can consider in their plans to improve stroke services, especially around early supported discharge.

The standards were positively received, although reference was made that the standards made little reference to carers.

There was no representative from the Ambulance Trust.

Those attending wished to remain involved in the discussions going forward.

Healthwatch East Sussex will continue to gather patient /user experiences from residents living in East Sussex using MTW stroke services as part of the ongoing engagement activity.

Julie Fitzgerald - Director

healthwatch
East Sussex



Contact us

Address:

(Freepost)
RTER-HZEA-YGKU
Healthwatch East Sussex
85b Ashford Road
Eastbourne
East Sussex
BN21 3TE

Phone number: 0333 101 4007

Email: enquiries@healthwatcheastssussex.co.uk

Website: www.healthwatcheastssussex.co.uk

We will be making this report publicly available by 30th May 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

© Copyright (Healthwatch East Sussex 2015)
