

Update on stroke implementation

1. Introduction

The purpose of this briefing is to provide a summary of the current project progress and describe a high level implementation timetable.

2. JCPCT decision

The Joint Committee of PCTs (JCPCT) agreed to commission eight hyper-acute stroke units at Northwick Park Hospital (Harrow), Charing Cross Hospital (Hammersmith), University College Hospital (Euston), St George's Hospital (Tooting), King's College Hospital (Denmark Hill), The Royal London Hospital (Whitechapel), The Princess Royal University Hospital (Orpington) and Queen's Hospital (Romford).

The JCPCT agreed to commission stroke units and TIA services at 24 local hospitals across London.

3. Implementation (general)

Together with support from networks, units across London are progressing well with implementation, some stroke units having gone live at the beginning of this month.

North West

Providers in North West London (Northwick Park, St Mary's, Charing Cross, Chelsea and Westminster, West Middlesex and Hillingdon) will be opening their stroke unit capacity between November 2009 and January 2010.

The hyper-acute stroke units at Northwick Park and Charing Cross are due to go live starting in February 2010 and with full capacity in April 2010.

North Central

Providers in North Central London (Barnet, North Middlesex, Royal Free and UCLH) will be opening their stroke unit capacity between November and January. They are all on track and are in the process of recruiting additional staff.

The hyper-acute stroke unit at University College Hospital is due to go live starting in February 2010 and with full capacity in April 2010.

North East

The three providers in inner north east London (The Royal London, Newham and Homerton) went live on 1 October after having passed their go live assessments. The Trusts in outer north east London are on track to go live on 1 January 2010.

The hyper-acute stroke unit at The Royal London Hospital is due to go live starting in February 2010 and with full capacity in April 2010, and at Queen's is due to start opening capacity from April 2010.

South East

Stroke units at King's, St Thomas' and Lewisham are awaiting a go live assessment, although they have self-assessed as meeting the standards. Queen Elizabeth and Princess Royal are due to go live in the new year.

The hyper-acute stroke unit at King's College Hospital is due to go live starting in February 2010 and with full capacity in April 2010 and capacity is due to start opening at Princess Royal University Hospital during winter 2010/11. St Thomas' will be providing hyper-acute capacity during transition while Princess Royal is developing its hyper-acute service.

South West

St Helier, Mayday, St George's and Kingston are all prepared to be assessed for go live.

The hyper-acute stroke unit at St George's is due to go live starting in February, with full capacity in April 2010.

4. Tariff

A London stroke tariff has been agreed. Healthcare for London delivered a series of workshops, one in each sector, to ensure that Trusts and PCTs were fully aware of the new tariff and how it would be accessed by Trusts. A formal acute commissioning guidance document which details the tariff and contracting rules is due to be published at the end of October.

5. London Ambulance Service

Since April 2009, the London Ambulance Service (LAS) has treated stroke calls as category A (immediately life-threatening) rather than category B (serious).

The 30-minute travel time to a hyper-acute stroke unit is an important component of a wider three-hour window within which to assess, treat and diagnose a stroke.

Ambulance times will be closely monitored by LAS to make sure people are arriving at specialist centres in time. The LAS will shortly be appointing a full-time member of staff whose role will be to analyse the service LAS offers to stroke patients (which will include arrival to the scene) and make recommendations (if required) to improve performance.

In addition, PCTs agreed last year to increased investment in the whole service, which is now beginning to reap rewards; by the end of this month, there will be almost 250 new emergency personnel on the road.

6. Rehabilitation

Stroke rehabilitation commissioning guidance is due to be published by the end of October, in order to inform the 2010/11 commissioning round. The guidance centres on the following key recommendations:

1. Every PCT should commission **inpatient rehabilitation** that is available for all stroke patients. This should start as soon as possible and continue for as long as required. This service must meet all of the performance standards as set out in the *London Stroke Strategy*.
2. Every PCT should commission a **community rehabilitation** service for stroke patients, delivered by staff with stroke specialist skills. Service configuration should be locally determined and the service must meet all of the performance standards.
3. Every PCT should commission an **early supported discharge** service for people who would benefit. This service should include staff with specialist stroke skills and must meet all of the performance standards.
4. Everyone who has had a stroke, and their carers, should have access to:
 - A **support worker** such as a family or carer support worker, community matron or stroke liaison nurse to provide:
 - navigation and advocacy;
 - a link with the inpatient and community rehabilitation teams, GPs and other care providers;

- A **designated person** from health or social care who is the key contact / keyworker for the patient and carer whilst in each setting, such as a therapist, nurse, social worker or other appropriate health professional. This role is locally defined in each setting and driven according to locally agreed policies.
5. For the first 12 months following stroke, all people who have had a stroke and their carers should have a **regular review** and assessment of ongoing medical, social and emotional needs as both an inpatient and in the community.

7. Prevention

Although it was initially within the scope of the project, Healthcare for London will not produce guidance on stroke prevention. Awareness of stroke has been raised greatly by the Department of Health's *FAST* campaign. In addition, the preventative measures for stroke are the same as for vascular disease, and align with general messages for healthy lifestyles, both of which are the subject of national campaigns.

Prevention is commissioned on a local level by each PCT. Networks provide support to this process, and Healthcare for London has given guidance to PCTs for completion of commissioning intentions for 2010/11.