SCRUTINY: HEALTH & SOCIAL CARE REVIEW GROUP (HSCRG)	AGENDA ITEM 9

DATE OF MEETING: 6th March 2019

REPORT OF: The Chief Operating Officer, Luton CCG

REPORT AUTHOR: Victoria Bean, Luton CCG Commissioning Manager
TEL: 01582 532037

SUBJECT: Stroke Patients in Luton – Time taken to reach hospital by Emergency Ambulance

PURPOSE

1. The purpose of this report is to inform and assure the Scrutiny: Health and Social Care Review Group (HSCRG) that LCCG are working with EEAST and the Luton and Dunstable Hospital Trust to improve and address any performance issues regarding stroke patients and waiting times in Luton.

RECOMMENDATION(S)

2. The HSCRG are recommended to note the content and actions of this report.

BACKGROUND

3. On the 14th January 2019 an article titled 'Stroke patients in Luton waiting more than an hour to reach hospital after calling 999' was featured in Luton Today. The article, written by Laura Hutchinson, was escalated to the HSCRG by Councillor David Agbley MSc. The article also stated 'Once at the stroke centre, patients had to wait up to two hours and 34 minutes for an X-ray scan.'

4. Both the East of England Ambulance Service Trust (EEAST) and the Luton and Dunstable Hospital Trust (L & D) have helped to produce the following in response to the article and to provide assurance to all stakeholders.

REPORT

EEAST

5. *Stroke 60* measures against an expectation for an Ambulance Trust's to recognise a potential stroke patient at the point of 999 call, dispatch a transportable resource appropriately and the attending crew to treat and transport that patient to a designated Hyper-Acute Stroke Unit (HASU) within the 60 minute target. This is a commissioned clinical pathway that may require hospital bypass as not every local hospital is a designated HASU.

6. In January 2019 EEAST commissioned and published a report called; '*Stroke 60 Deep dive. Improve responsiveness and care delivery to time-related conditions*.' In this report EEAST undertook an in-depth analysis detailing current performance and future actions from the findings.

7. The report details that over the last 12 months, across the EEAST region, there have been a noticeable drop in the overall performance related to Stroke 60 Ambulance Clinical Quality Indicators (ACQI). This has dropped from approximately 50% to 40% with some figures as low as 36% across the region.

8. The findings also highlighted two previously acknowledged factors to account for this:

   i) Introduction of Ambulance Response Programme (ARP), the associated response plan and ACQI data collection targets changing to match ARP.

   ii) Time related factors including:
   a. Time to allocate and mobilise a resource against a Stroke patient
   b. Time taken to travel to the patient (resource and geography related)
   c. Time spent on scene treating the patient prior to departing for relevant HASU
   d. Distance to HASU (geography related)/transport time

9. The introduction of the ARP emphasised the mobilisation of a Double Staffed Ambulance (DSA) only to a Stroke patient removing the initial Rapid Response Vehicle (RRV) that may have historically started treatment sooner. The ARP introduction also changed the ACQI parameters to 90th percentiles and removed the ability for exclusions to be applied increasing the number of cases being reported on that were not necessarily always Stroke patients.

10. Timing breakdown revealed no major anomalies in the various categories and reinforced the fact that each can play its own part in keeping times down but that lack of resources will delay dispatch time. The report found that on scene times are within acceptable time frames given the treatment and extrication necessary.

11. The findings summarised that distance to call and travel time to hospital are not within EEAST's control and that time to allocation of a resource can vary and is subject to vehicle availability.

12. Varying degrees of analysis, deep dives and action plans have now been put in place to mitigate these findings and there has been concern raised both internally at EEAST Quality groups and from the regions CCGs to better understand why this has occurred.

Bedfordshire and Luton:

13. With specific reference to Bedfordshire and Luton, taking into account the findings of the Stroke 60 deep dive report, there were 63 reported cases of Stroke (from November 2018 activity data and meeting data reporting criteria).

14. The National Target for Stroke 60 is 56%. The performance for Bedfordshire and Luton combined is as per table below:

ACQI - Stroke HASU < 60 minutes 2018/19			
West Locality By Sector Business Units	Sep-18	Oct-18	Nov-18
Trust	36.2%	39.3%	41.4%
Bedfordshire, Luton	37.1%	46.4%	46.9%

Luton Only:

15. When looking at Stroke patients from Luton only the performance improves and recognised as one of the best performing areas of the trust, routinely achieving Stroke 60 targets and in November, 100% of potential Strokes being triaged to a Hyper-acute stroke unit (HASU) in <60 minutes and consistently above national targets. The table below breaks down the performance for Luton patients by month.

STROKE

(a) fast positive stroke patients hasu < 60 minutes	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Performance	100%	62.5%	71.4%	88.9%	50%	66.7%	70%	100%

Luton and Dunstable University Hospital Trust

16. The Luton and Dunstable University Hospital stroke team provides Hyper acute (thrombolysis 'clot busting' treatment), Acute and Rehabilitation services. The unit provides specialist stroke services to patients across Luton, Bedfordshire, Hertfordshire and Milton Keynes. The unit manages patients admitted as emergencies through the Emergency Department and accepts transfers from other hospitals. This is an accredited specialist stroke unit for the region serving a catchment population of 750,000.

17. The unit aims to have all patients' brains scanned for a suspected stroke within one hour from arriving in the Emergency Department. The scan used is a computed tomography (CT scan) not a brain x-ray. The CT is a diagnostic tool used to create detailed pictures of features inside your head. Information on scan times and other parameters are recorded nationally and available to the public via https://www.strokeaudit.org/results.aspx. The current performance for the unit is an average of 32 minutes (median average) for a brain scan from arriving into the Emergency Department. Whilst some patients will have waited longer than the hour for a CT scan from arrival, this is an area in which the Trust has made significant historic improvement, and continues to explore opportunities to increase the proportion of patients receiving their scan within the hour.

18. The L&D is the regional designated hospital for Thrombolysis, where a drug is used to dissolve blood clots in the brain, reducing the damage to the surrounding brain. This is emergency treatment which has to be given within four and half hours of the stroke occurring and it may not be appropriate in every case. Where thrombolysis treatment is indicated, the target time for CT is 60 minutes from arrival in the Emergency Department and the Trust is consistently meeting this target time.

PROPOSAL / OPTION

19 Following EEAST's deep dive as identified above, the CCG have been supporting EEAST to undertake the following actions and recommendations:

- A dedicated Clinical Decision and Effectiveness Group (CDE) for time critical cases analysis for compilation of an action plan for deliverable measures. This could include:
  - Case example promotions through clinical comms regarding success stories of rapid assessment and on scene times of Stroke, Primary Percutaneous Coronary Intervention (PPCI) and trauma.
  - Use of Hospital Ambulance Liaison Officer or 'HALOs' as they are more commonly known at HASU and Major Trauma Centres (MTC) for immediate assessment of measures such as ACQI bundle, on scene time analysis, Trauma Triage Tool (TTT) use and pre-alert given.
- Ensure that the clinical team have access to data from the MDS and the SSRR reports to generate live time analysis for monitoring and assurance reports.
- Endorsement of the recommendations from the Dec 2018 Quality report on the expansion of the Stroke 60 data capture to enhance the analysis and transparency of the Stroke 60 reports and share these with the crews for awareness.
- Promotion of the PPCI150, Stroke 60 and Trauma Triage Tool KPIs with crews for awareness of measures being analysed that they may otherwise be unaware of.
- Analysis of time sensitive cases (PPCI and Stroke) to determine if an initial RRV response speeds up overall on-scene time to reduce overall 999 to hospital time.

20. EEAST also continues to focus on key learning points; whereby they are driving forward improvement in performance in speed of allocation and on scene times, aiming to achieve this through local awareness and greater accountability of performance.

APPENDIX

None

LIST OF BACKGROUND PAPERS
LOCAL GOVERNMENT ACT 1972, SECTION 100D

REFERENCE DOCUMENTS:

EEAST - Stroke 60 Deep dive 'Improve responsiveness and care delivery to time-related conditions'