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Dear Alan.

Thank you so much for your letter of xxx enclosing a reply from Rosie Winterton re acute stroke services in West London. I would like to make a number of comments on the Minister's letter, which I found to be interesting but in some respects inadequate.

National Service Framework for the Elderly - Section 5

1) The NSF is now well behind the times and the DH should not be promoting it as the main guidance for the treatment of people with stroke. This is because it sets a standard for scans to be carried out within 24 hours of symptom onset, a target that is well out of date and has been replaced by the three hour best practice target. However, many Trusts still rely upon the NSF because it is still promoted by the DH as national guidance.
2) The reference to specialist stroke units and services is problematic. This is because a 'specialist stroke service' is not a 'stroke unit' and may be quite rudimentary. Similarly, a 'stroke unit' might be a fully staffed 24/7 unit providing scanning and treatment within 3 hrs of symptom onset or might be very basic providing few beds and with scanning within 24 hours. I understand that after 3 hrs has elapsed, thrombolysin cannot be used because it could cause a fatal bleed. In our local case it would be good to know how many people with a probable stroke have been scanned and treated within 3 hrs for each year since 2000 and how many probable stroke patients were not.
3) The DH's stroke strategy is age related: "By 2010 the Government aims to reduce the death rate from Stroke, CHD and related diseases in people under 75 by at least 40% even though their main policy on stroke is contained in the NSF for the elderly (sic). Isn't time to change this so that it applies to the over 75 who are more affected by stroke.

Implementation of Best Practice on Stroke Care

1) It is baffling that although the Government has the power to oblige all PCTs to commission a 24/7 service for scanning and treatment within 3 hrs that it refuses to use this power to save hundreds of lives. I do not understand how a web-based toolkit will drive up standards. I do of course welcome the appointment of Professor Boyle.

2) What is badly needed is research, development and training to ensure that there are a sufficient number of radiologists to read CT scans of the brain.

National Audit Office Report

1) Can you obtain a report on the progress made by the DH with implementation of NAO recommendations?
2) Can you obtain any information about the NAO 'acknowledging recent improvements in stroke services'?

NHS Direct

1) While I am pleased that NHS Direct provides advice about the diagnosis of stroke, I doubt very much whether a diagnosis could be made by phone without seeing the patient and it worries me that they think they can distinguish between an urgent and emergency case on the phone. Immediate and rapid referral of all 'possible' strokes by ambulance to a stroke unit, for immediate scanning and diagnosis is the only adequate service. Do you think we could get the Minister to commit to this?

Scanners

1) Would you be able to find out how many additional CT scanners have been installed since 2000 (apart from the replacement scanners)?
2) Would it be possible to find out how many additional radiologists have been trained since 2000 to read CT scans of the brain? I understand that only specially trained radiologist (not radiographers or neurologists) can read these scans and that a huge training programme would be needed to ensure 24/7 cover.
3) I wonder how effective and how developed the PACS system for examining scans is. Would it be possible to find out where the system is being used and whether the system has been affected by the problems with the NHS computer system?

Direct Access for the Ambulance Service

1) I understand that the 'Taking Healthcare to the Patient' (the ambulance review) said there was a need for greater emphasis on developing local agreements for rapid referral of patients where there is evidence of improved outcomes where treatment is provide earlier. However, as it is undoubtedly the case that earlier diagnosis and treatment is essential for stroke, surely it is up the Minister to **require** ambulances services to deliver patients direct to a stroke unit which has the capacity to provide appropriate care within three hours. Leaving people to deteriorate in an A&E department, losing vital minutes, surely can no longer be justified. I understand that a local agreement might be a 'local protocol' but the service model surely should be universal.
2) Surely, the Healthcare Commission should be monitoring to make sure that all possible stroke patients are getting scanning and treatment within 3 hours of symptom onset? Will the Minister ask the HCC to do this?

The current system in which the Minister expects local PCTs and NHS Trust to implement best practice is clearly not working. In our local case whilst West Middlesex asserts that is can provide a 24/7 – 3 hours service, Kingston Hospital cannot and I

understand the picture varies across London. We never know where we will should we have a stroke. It seems to me that the Minister is supporting post-code access to treatment despite their previous attack on this system.

Do you think the Minister would agree to tell the NHS that the best practice standard of treatment required for the adequate treatment of stroke patients should be mandatory by April 1st 2007 and available to all patients? If the Minister does not agree perhaps it is time for another EDM? I am aware that you signed the previous one in December 2005.

Yours sincerely

John Murphy

Previous EDM – December 2005
That this House welcomes the publication of the National Audit Office's (NAO's) report on stroke, Reducing Brain Damage; believes that through treating stroke as a medical emergency much more can be done to ensure efficacy in stroke care; is concerned at the shortfalls identified in service provision, despite some recent progress; notes with concern the huge cost to society, the NHS and the wider economy that stroke represents each year; is disturbed at the large disparities in investment and service provision between stroke and coronary heart disease revealed in the report; shares the view of the NAO and the Stroke Association that stroke should be given a much higher priority by the Government and the NHS; and calls on the Government to take urgent action to address the NAO's recommendations, not least to tackle the alarming lack of awareness of stroke.