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Ms. Estelle McLoughlin
PPI Forum Support
Boardman House
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10th August 2005.

Dear Ms. McLoughlin,

Ref : Stroke patient care

Thank you for your letter dated 25th July 2005. Can I thank the Patients Forum of the LAS for their interest in this area of pre-hospital care. I have answered your questions in order below.

As an overall comment the ability of a crew, be they Emergency Medical Technicians or Paramedics to make a definite diagnosis of stroke, is more limited than in case of diagnosing a heart attack. The main reasons being as you are aware, the ECG changes that can be detected with 12 lead ECG's and a more "positive" cluster of signs and symptoms, very often with a good clear history leading up to the episode of chest pain. In stroke patients the history may be somewhat vague and frustrating for a crew to determine definite signs and symptoms of stroke from other distractors. As a service though, we do believe we are putting in place better education and information for staff, in order that they might more accurately assist stroke patients in being identified at the earliest possible moment on the care pathway.

1.) The LAS has been educating its staff in the use of FAST assessment and it is (face, arm, speech test) currently one of the areas for completion on the patient's clinical record. (I have enclosed a copy of a clinical record with the relevant area highlighted). At present there is no good quality statistical evidence to show a predicted percentage reduction in mortality / morbidity by the use of FAST or other education, for those patients treated by the LAS. In part this is because outcome data for patients who have been admitted to hospital can be poor and difficult to obtain. However, as an example of good practice we are currently undertaking a joint research project with the Brain Injury Unit at the National Hospital for Neurology & Neurosurgery, to admit stroke patients directly, rather than via the A & E Department at University College London Hospital. There will be as a matter of course the Clinical Performance Indicator checks carried out by the Team Leaders in which they check the clinical records for accuracy of completion. Thus if a patient was diagnosed by a crew as having had a stroke and the FAST part of the form had not been completed, they would be challenged and asked for an explanation.

2. & 3.) At the moment I am afraid that the answer to this question is – no. What is required is for an increase in the number of Stroke Units to which we can take our patients. This was one of the standards within the National Service Framework, and is unfortunately outside the control of the LAS. However, this is an area where the LAS would welcome any weight you are able to bring to bear on the powers that be, to ask for the required increase in the number of Stroke Units. Currently, even though hospitals which have Stroke Units are unable to admit patients directly from A & E.

We believe that we have the ability to demonstrate a decrease in the mortality / morbidity of heart attack victims by taking them directly to specialist centres, even if that means bypassing the nearest District General Hospital. We do not believe that it would be different in the case of stroke patients.

4. & 5.) As in my previous answer this would depend on good, timely outcome data available to us from the receiving hospital. Whilst we are managing to obtain this data in respect of cardiac arrest survival, (currently standing at 8.1% for the year 2003/4), it is a struggle and very time intensive. It will always be desirable to arrive at any life threatening Cat A call in as quick a time as possible. We do regularly look at what resource we are sending to what category of call to see if we can improve the response in any way we can to maximise the clinical effectiveness of that response, thus reducing mortality / morbidity for all illness / injury.

6.) Comparative studies between the UK and other international systems need to be very carefully studied due to the differences in pre-hospital care delivery and the type of care that is available to the patient once they have arrived at hospital. Whilst there are such studies for cardiac arrest and heart attack patients, I do not feel there is the same body of research for stroke patients. It is of course advantageous for any time of illness / injury to be seen and treated as quickly as possible.

I hope that the above answers your queries. As a concluding remark I would like to say that the LAS will always strive to improve both its care of and response to patients, what is sometimes lacking, often for acceptable though maybe not very palatable reasons, is the infrastructure of the healthcare system as a whole to deal with such patients.

Do please contact me if I can assist further in this matter.

Yours sincerely,

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