

# PATIENTS' FORUM

Chair: Malcolm Alexander

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Rosie Winterton  
Minster of State for Health  
Department of Health  
Richmond House  
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Dear Ms Winterton,

The Forum would like to make a number of points to you about the development of stroke services.

## **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This is because it sets a standard for scans to be carried out within 24 hours of symptom onset, a target that is well out of date and has been replaced by the three hour best practice target.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 (NINDS rt-PA Stroke Study Group. Generalized efficacy of t-PA for acute stroke. *Stroke*. 1997; 28: 2119-2125).
- 2) 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 scanning within 24 hours. We

understand that after 3 hrs has elapsed, thrombolysin cannot be used because it could cause a fatal bleed.

- 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. Isn't it time to change this so that it applies to the over 75s who are most affected by stroke?  
(<http://tinyurl.com/mj9k7>)

### **Implementation of Best Practice on Stroke Care**

It is baffling that although you have the power to oblige all PCTs to commission a 24/7 service for scanning and treatment within 3 hrs that you refuse to use this power to save hundreds of lives. We do of course welcome the appointment of Professor Boyle to lead on stroke care.

### **National Audit Office Report**

Can you let us know what progress has been made by the DH with implementation of NAO recommendations?

### **NHS Direct**

Whilst we are pleased that NHS Direct provides advice about the diagnosis of stroke, we doubt very much whether a diagnosis could be made by phone without seeing the patient. It worries the Forum that NHS Direct think they can distinguish between an urgent and emergency case on the phone. Also delays in accessing NHS Direct are often far too long to allow treatment to begin within three hours of onset. Immediate and rapid referral of all 'possible' strokes by ambulance to a stroke unit, for immediate scanning and diagnosis is the only adequate service. Would you commit yourself to this?

### **Scanners**

- 1) How many additional CT scanners have been installed since 2000 (apart from the replacement scanners)? How does this increase compare with annual increases in other developed countries?
- 2) How many additional radiologists have been trained since 2000 to read CT scans of the brain? We 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. What is badly needed is a sufficient number of radiologists to read CT scans of the brain. What is your plan to ensure that the NHS has a sufficient number of fully training neuroradiologists?

- 3) How effective and how developed is the PACS system for examining scans remotely. Where is the system is being used and is the system affected by the problems with the NHS computer system?

**Direct Access for the Ambulance Service**

- 1) 'Taking Healthcare to the Patient' emphasised the need to develop local agreements for the rapid and direct transfer of patients to specialist stroke units by ambulances services. It is undisputed that earlier diagnosis and treatment is essential for effective stroke care. Will you therefore agree to **require** ambulances services to establish local agreements with NHS Trusts, deliver stroke patients direct to specialised acute stroke units, which have the capacity to provide appropriate care within three hours.

Leaving people to deteriorate in an A&E department, losing vital minutes, surely cannot be justified.

- 2) Would you agree that the Healthcare Commission should be monitoring NHS Trusts to make sure that all stroke patients are getting scanned and treated within 3 hours of symptom onset? Will you ask the HCC to do this?

The current system in which you expect local PCTs and NHS Trusts to implement best practice is clearly failing patients in some cases. The Forum believes that you are supporting post-code access to treatment despite your previous attack on this system.

Would you 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 1<sup>st</sup> 2007 and available to all patients?

We look forward to hearing from you.

Yours sincerely

Malcolm Alexander  
Chair