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Media Release

RUH stroke care much better than national average

Patients, who come to the Royal United Hospital Bath, are more likely to get fast access to life-saving stroke prevention surgery than in any other hospital in England and Wales, according to a national report published today (21 June 2011)

Figures from the third report of the Carotid Endarterectomy Audit, commissioned by the Healthcare Quality Improvement Partnership (HQIP) and carried out by the Royal College of Physicians and the Vascular Society show that more than half of NHS patients with symptoms of stroke or transient ischaemic attack (TIA or mini stroke) are still failing to get the right treatment and quickly. The study reveals considerable variation across the UK, with significant delays between patients experiencing symptoms, referral to stroke specialists and on to surgery. While some patients who need surgery are accessing it within 2 days, others are waiting almost two months.

The National Institute for Health and Clinical Excellence (NICE) sets a timeframe of two weeks from symptoms to surgery, while the Government's National Stroke Strategy (NSS) is 48 hours. Currently 40% of NHS patients are operated on within the NICE timeframe, up from 33% last year. The report describes the NSS timeframe as "a major challenge" with only 2% of NHS patients currently meeting these standards.

However results for the RUH show that 89% of stroke patients are referred within 14 days of symptoms and 83% have their surgery within 14 days of referral*. People who suffer a transient ischaemic attack (TIA) or mini-stroke who are found to have narrowing of the arteries to the brain should have surgery within a maximum of 2 weeks of suffering the attack to help prevent a full-blown stroke. People who suffer a mini stroke have a 30% chance of suffering a stroke within a relatively short time period and half will die as a result. By having surgery within that 2 week time frame, the chance of having a full-blown stroke drops to just 3%.

The success at the RUH is the result of a partnership between Consultant vascular surgeons such as Mahesh Pai and Consultant stroke physicians such as Dr Louise Shaw. Dr Shaw says, "We take TIA and minor stroke very seriously at the RUH. It is our chance to prevent someone from going on to have a major stroke that could kill them or leave them permanently disabled. The TIA clinic and Stroke Team work very closely with our Vascular Surgeons to provide as quick and seamless a service as possible."

Her views are endorsed by Mr Pai who says, "The high percentage of patients who don't get to a specialist centre nationally can be reflected locally. While we will continue to work hard to maintain the high standard at the RUH, we want to focus on primary care awareness and education to get them seen and treated earlier."

Experts predict that if all patients were operated on within 14 days, as happens at the RUH, as many as 200 strokes would be prevented for every 1000 operations. Around 150,000 people have a stroke each year in the UK; around 17% die within a month and half of survivors are left dependent on others for everyday activities. It is the largest single cause of significant adult disability, costing around £8bn per annum to the economy and £3billion to the NHS. Stroke is a preventable and treatable disease and with better recognition of people at highest risk, early surgical intervention can significantly reduce the incidence and severity of stroke.

NOTES:

1 *The figures relate to the period 1st October 2009 – 30th September 2010

2. Surgeons say that most delays in meeting the two week timeframe relate to presentation and referral; of those patients who did not meet the 14 day timeframe, reasons cited were:

* 25 per cent of patients failed to call 999, go to A&E or visit a GP.

* 41 per cent of patients experienced a delay in referral to specialist stroke centres or TIA clinics.

* 13 per cent of patients missed the deadline due to a lack of vital carotid imaging equipment.

* 17 per cent of patients because of limited availability of staff or operating theatre time

2. The Healthcare Quality Improvement Partnership (HQIP) is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. Its aim is to promote quality improvement, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. HQIP hosts the contract to manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP). Its purpose is to engage clinicians across England and Wales in systematic evaluation of their clinical practice against standards and to support and encourage improvement in the quality of treatment and care. NCAPOP comprises more than 30 clinical audits that cover care provided to people with a wide range of medical, surgical and mental health conditions.

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