

5.7 Deputy A.D. Lewis of the Minister for Health and Social Services regarding the use of thrombolysis in Jersey for stroke patients in comparison with its use in the United Kingdom:

Further to the response given to my written question on 26 September 2016, can the Minister advise whether the percentage of Jersey patients who are prescribed thrombolysis brain clot-busting drugs when admitted for strokes, compares favourably with the use of this drug in the U.K.?

Senator A.K.F. Green (The Minister for Health and Social Services):

I thank the Deputy for his interest in this area because it has focused my mind a little bit on this. The latest benchmark statistics show that in Scotland thrombolysis is used in 9 per cent of stroke patients, in England 12 per cent and in Jersey 6 per cent. It is therefore fair to say that it does appear in Jersey to be below the U.K. comparison, but we do not capture the same data as the U.K. and we are now going to audit our stroke pathway more carefully to see if we can identify areas for improvement. Jersey does follow a very clear pathway for patients who present to the emergency department with symptoms that might suggest a stroke, and these are based on the U.K. regional guidelines using what is known as the R.O.S.I.E.R. (Recognition of Stroke in the Emergency Room) score as a stroke recognition tool. Not all stroke patients are eligible for thrombolysis; and, in fact, the use of that medication has to be entirely a clinical decision.

5.7.1 Deputy A.D. Lewis:

Does the Minister therefore accept or feel that, where the limits we are meeting are only 50 per cent of what the U.K. gets to with this particular treatment, it is acceptable? Does he believe that we have adequate resources to act quickly? He will appreciate that this is a life-changing situation if you do not administer this drug; in particular cases it creates huge disability and onward life-changing circumstances. Does he believe that only meeting 50 per cent of what the U.K. target is, is acceptable in our current system?

Senator A.K.F. Green:

I thought I had very clearly said that I am concerned that it is only 6 per cent, or appears to be, and that is the important point, only 6 per cent. The fact is the drug is available and it is a clinical decision whether to use or not. There are a number of instances where you would not use it. We get about 80 stroke patients a year in the Emergency Department so, for example, if the stroke was caused by a haemorrhage rather than blood clot, you most definitely would not use that medication. It has to be a judgment call for the clinician. The tools are available there for them. On occasions they may choose not to use it, in discussion with the patient and their family but, again, it is a matter, on balance, for the clinician.

5.7.2 Senator S.C. Ferguson:

Given that a stroke is effectively a brain attack and speed is of the essence, has the Minister not brought the Lean concept in to look at how stroke patients are dealt with in order to speed up the treatment?

Senator A.K.F. Green:

I am not suggesting that everything is perfect in the department; what we are doing is carrying out an audit to see if we can improve it, but the medication is available. It is a clinical decision whether to use it or not. It is not suitable in all cases; at least 25 per cent of the 80 stroke patients are haemorrhages. If you give them this clot-busting medication they will have an even bigger stroke. It has to be weighed up against the risk of the application of that medication to the benefit to the patient. That has to be a clinical decision. However, we are going to audit

it to see (1) if the figures in Jersey are correct, and (2) whether there is anything that can be done to ensure that patients receive it, if appropriate to do so clinically.

5.7.3 Senator S.C. Ferguson:

A supplementary. I am sorry, the Minister did not answer my question. I said why has he not applied the Lean principle, or the systems approach, to the Stroke Department because of the absolute necessity of dealing with it with as much speed as you do with a heart attack?

Senator A.K.F. Green:

Because I am a Minister who does not interfere in clinical decisions. I will ask the clinicians to do their work and deliver the service that they should be delivering without political interference.

5.7.4 Deputy M. Tadier:

The Minister has spoken of an audit about stroke processes and everything related to it. Will there be an opportunity to engage with families or friends of stroke victims to talk about their experiences, for example to find out whether they were kept sufficiently informed during the whole process and whether appropriate rehabilitation care, et cetera, was given in those cases to find out what worked and what, perhaps, was not done that should have been?

Senator A.K.F. Green:

The Deputy asks a very good question and I have to say that my initial response to the audit was to ensure whether we had the right information in relation to the use of thrombolysis, but the Deputy raises a really good point, and I do commit - I do not often commit to things - to speaking to the Stroke Association and Headway, to hear their point of view as well, as part of that work.

5.7.5 Deputy A.D. Lewis:

I am delighted to hear that the Minister is undertaking an audit in this area. The Minister referred to lack of data; does he believe there is enough data collected about stroke patients in Jersey? I have also discovered that Jersey does not submit data to S.S.N.A.P. (Sentinel Stroke National Audit Programme), which is the U.K. national audit programme which collects data on stroke victims across the whole of the U.K. Without access to good data, how can the Minister be absolutely sure that the current care standards are adequate?

Senator A.K.F. Green:

I think I said I was not sure.

[10:45]

We are measuring 6 per cent; I do not know whether it really is higher than that. That is why we are going to carry out the audit. But let us be absolutely clear about one thing: this is a clinical decision whether to provide treatment or not, it is not a matter of resources; the resources are there to treat people when they need it, safely, at the appropriate time.

The Deputy Bailiff:

I am sorry, Deputy, that was the final supplementary.