HIGH LEVEL GUIDELINES FOR PATIENTS ACCESSING STROKE SERVICES IN SOUTH LONDON

Version 1.2

<table>
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<th>Document review</th>
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<tr>
<td>December 2011</td>
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**Protocol for Managing Possible Stroke Patients Presenting at a Non-HASU ED or Urgent Care Centre**

All FAST-positive patients outside hospital or at presentation to an Emergency Department (ED), either as a self-presenter or by London Ambulance Service (LAS), will be taken directly to a Hyper Acute Stroke Unit (HASU), bypassing local emergency departments.

If a patient presents at an ED of a multi-sited Trust with a HASU, the Trust should have an internal mechanism to ensure that the patient is directly admitted to the Trust’s HASU.

The priority is to transfer FAST-positive patients to a HASU with the minimum of delay, as per the pathway below. (For more detailed information see LAS ED to HASU transfer policy).

**Note:** Neuroimaging should **not** be performed locally as this will delay transfer.

**Pathway**

1. **Has the patient had an acute stroke and is this the primary diagnosis?**
   - Yes
   - No

2. **Does the patient require stroke unit management?**
   - Yes
   - No

3. **Admit to** MAU or other relevant specialty

4. **Admit to** nearest SU

**How old are the symptoms?**

- **4 ½ hours or less**
  - Suspected stroke
  - Critical transfer to HASU via London Ambulance Service
  - **Call 0207 902 2511**
  - Patient +/- escort must be ready to travel immediately
  - Will be taken to ED of receiving hospital
  - Ambulance crew place HASU pre-alert through CCD (PD09)

- **> 4 ½ hours but < 24 hours**
  - Diagnosis of stroke
  - LAS Urgent Care Service to transport within two hours of call
  - **Call 0207 827 4555**
  - Stroke team to be called by ED staff as soon as the patient arrives

- **> 24 hours and < 7 days**
  - Diagnosis of stroke
  - Transfer through referring hospital patient transport services (PTS) provider
  - Clinician-to-clinician discussion to confirm clinically indicated
PROTOCOL FOR MANAGING IN-PATIENT STROKES (INCLUDING PRE-OPERATIVE STROKE)

Peri-procedural acute stroke

If the main problem is stroke, there should be an urgent clinician-to-clinician discussion regarding referral to the nearest HASU and consideration whether the patient is suitable for thrombolysis.

Acute in-hospital strokes

Strokes occurring in hospital on patients with other significant acute conditions (e.g. those on intensive care unit [ICU] or intensive treatment unit [ITU]) or with post-operative complications) require consideration on an individual basis by the local acute stroke physician/neurologist or HASU on-call team.

Patients may be considered for transfer to either HASU or SU, based on clinical need. It is recognised that such patients are likely to need dual specialty input to their care. This needs to be considered in any inter-hospital transfer.

In-hospital stroke > 24 hours

If the patient is found with stroke symptoms greater than 24 hours following suspected episode, there should be a same-day assessment by an on-site stroke physician wherever possible. If there is no on-site stroke physician, there should be a discussion with the nearest HASU to decide whether to send that patient to the HASU, local SU or to remain under the admitting team with specialist advice.

Patient presents with stroke whilst an in–patient (including peri-operative stroke)

- **Is stroke the main problem?**
  - Yes: Urgent clinician to clinician discussion for transfer HASU
  - No: Does the patient require stroke unit management?
    - Yes: Urgent assessment by on site stroke physician or discuss with HASU to decide if transfer to HASU or Trust’s own SU
    - No: Admit to MAU or other relevant specialty

- **BLUE LIGHT TRANSFER to HASU** with information/assessment findings. Scans, etc. should be completed at the HASU
PROTOCOL FOR NEUROSURGERY REFERRALS

HASUs without a co-located neurosciences centre should either refer directly to an external neurosciences centre or to the nearest HASU with a co-located neurosciences centre.

London neuroscience centres include: St George’s Hospital, King’s College Hospital, The Royal London Hospital and UCL Institute of Neurology, Queen Square.

Guidelines

Patient in HASU requires neurosurgery referral

Is there co-located Neurosciences?

Yes

Refer to in house neurosciences

No

Is there a relationship enabling direct referral to external neurosciences?

Yes

Direct referral to external neurosciences

No

Admit to nearest HASU with co-located neurosciences

Referral to inhouse neurosciences
HASU GUIDANCE FOR REFERRING SPONTANEOUS INTRACRANIAL HAEMORRHAGES TO A NEUROSURGEON

Patients with spontaneous intracranial haemorrhages must be treated in a HASU or neuro high dependency unit (HDU)/ICU, according to clinical need.

**Cerebellar haemorrhage**
This can be a neurosurgical emergency. Alert a neurosurgeon immediately. Especially if:

- The patient has signs of a brainstem syndrome (e.g. dysarthria, diplopia, etc.)
- There is progressive neurological deterioration, including agitation
- There is evidence of hydrocephalus on CT
- There is brainstem compression on CT
- The tectal cisterns are obliterated on CT (risk of brain stem compression)

**Supratentorial haemorrhage**
The Surgical Treatment for Ischemic Heart Failure (STICH) Trial showed no clear evidence for routine *immediate* surgical evacuation of all spontaneous supratentorial intracerebral haemorrhages. However, sub-group analysis of the STICH trial suggests that there *may* be benefit in surgical evacuation of a superficial cortical haemorrhage in selected cases. STICH II aims to evaluate this problem. Protocols may be reviewed as more data becomes available.

A patient with an impaired level of consciousness and intracerebral haemorrhage should ALWAYS be discussed with the neurosurgeons (unless deemed clearly unsuitable for any surgical intervention by the referring team).

**Deep supratentorial haemorrhage**
This is rarely an indication for surgery. An *urgent discussion* with a neurosurgeon should occur in the case of:

- Progressive neurologic deterioration
- Hydrocephalus
- Appearance on plain CT suggesting structural underlying cause (see callout)

**Lobar supratentorial haemorrhage**
A few *selected cases* may be considered for surgery. Discussions with a neurosurgeon should occur on an individual patient basis.

Needs *urgent* discussion with neurosurgeons in case of:

- Progressive *neurologic deterioration*
- Hydrocephalus
- Appearance on plain CT suggesting structural underlying cause (see callout)

**Signs on CT scan which suggest an underlying structural lesion**

- Subarachnoid component of the haemorrhage
- IVH
- Abnormal calcification
- Prominent vascular structures
- Site of haemorrhage (eg in temporal lobe or close to Sylvian fissure)
Surgery would NOT normally be considered in the case of:

- Mild neuro deficits
- Small volume supratentorial haemorrhage
- Brain stem haemorrhage
- Pupils fixed and dilated
- GCS $\leq 4$ (except in case of cerebellar haemorrhage, when surgery is still considered)

**Subarachnoid and intraventricular haemorrhages (IVH)**

All subarachnoid haemorrhages should be referred to neurosurgery.

Intraventricular haemorrhages should be referred immediately, in case of hydrocephalus or an underlying aneurysm or arteriovenous malformation (AVM) as cause of IVH.
PROTOCOLS FOR DECOMPRESSIVE HEMICRANIECTOMY FOR MALIGNANT MCA INFARCTION: ST GEORGE’S HOSPITAL

Hemicraniectomy is an emergency neurosurgical operation. Patients with a large middle cerebral artery (MCA) infarct are at high risk of developing severe brain swelling and death from coning, the malignant MCA syndrome. Little, high quality data is available to inform a decision on referral for neurosurgery (93 patients from three studies).

- Survival in any condition - Number needed to treat is TWO patients
- Survival with Modified Rankin score ≤ 3 - Number needed to treat is FOUR patients
- The outcome in patients over the age of 50 appears very poor
- Dominant hemisphere infarction is NOT a bar to surgery
- Treatment with thrombolysis is NOT a bar to surgery

Referral criteria

Inclusion
Patients with MCA infarction who meet all of the criteria below should be considered for decompressive hemicraniectomy. They should be referred within 24 hours of onset of symptoms, the intention being to treat within a maximum of 48 hours.

- Age under 50 years
- Within 48 hrs of stroke onset
- Total National Institutes for Health Stroke Scale (NIHSS) score >15
- Drowsy (NIHSS item 1a should score ≥1)
- Imaging evidence of >50% MCA territory infarction with or without additional infarction in the territory of the ipsilateral anterior or posterior cerebral artery

Exclusion
- Short life expectancy (< 3 years)
- Pre-existing disability (pre-morbid mRS ≥ 2)
- Two fixed dilated pupils
- Major medical or neurological co-morbidity (that may worsen outcome)

Referral process

- Referrals to be made to the stroke registrar holding the thrombolysis bleep (7317)
- Patients to be transferred to the HASU, William Drummond ward
- Patients and their families to be counselled by the stroke team prior to referral for neurosurgery
- After surgery, patients to go to neuro intensive treatment unit (NITU) under the care of the neurosurgeons
- From NITU, patients to return to the HASU under the care of the stroke team
- Patients to then be transferred back to the referring hospital. Note: Patients will only be accepted from a referring hospital on the understanding that the referring hospital accepts their transfer back once perioperative care has been completed.
- A separate short admission to be pre-arranged for cranioplasty in three months
Protocols for decompressive hemicraniectomy for malignant MCA infarction: King’s College Hospital

Patient < 60 years old
Clinical Picture of Large MCA Infarct eg:
- Hemiparesis – face/arm/leg
- Hemisensory loss
- Cortical signs – dysphasia, neglect, etc
- Usually eye and head deviation towards hemispheric lesion
- NIHSS ≥ 16 Non-dominant hemisphere

Immediate CT Brain
(even when not candidate for thrombolysis)

Early CT Scan confirms
infarct/hypodensity of ≥ 50% of MCA territory
&/or effacement of sulci over ≥ 50% of MCA territory
&/or compression of lateral ventricle

Y

N

Is patient in hospital
with HASU type
Acute Stroke Unit
with full monitoring
facilities?

Y

N

Ensure pt medically stable for transfer
Prepare imaging on CD for transfer with patient
Also image link scans to KCH when possible

GCS drop by 1 point
OR
Increase in NIHSS by 1 on Q1a
(level of consciousness)

Repeat CT Brain IMMEDIATELY

CT Scan confirms
infarct/hypodensity of ≥ 50% of MCA territory
or compression of lateral ventricle
or interpeduncular midline shift ≥ 3mm

Contact King’s Stroke Team Consultant on call IMMEDIATELY for rapid transfer of patient to KCH
(King’s switchboard 020 3299 9000)

• Admit to HASU/Stroke Unit as appropriate
• Care as per acute stroke protocols
• Hourly Neuro Obs
• Hourly GCS + NIHSS

GCS & NIHSS stable

Repeat CT Brain after 12-24 hours
(as early as feasible within this time-frame)

No significant swelling on CT

Continue hourly neuro monitoring incl
GCS/NIHSS

Rescan in case of neurologic deterioration
HASU TO SU TRANSFERS

Protocol for transfer from HASU to SU

- All medically fit patients should be repatriated to an SU within 72 hours or earlier, as appropriate.

- There should be an efficient operational policy agreed, including an escalation policy (see Appendix 1 – Escalation process for delayed transfers to SU). Ideally, patients should be transferred from the HASU to the patient’s local SU. If it is not possible to transfer patients to the local SU within the specified timeframe due to lack of SU capacity, this should be escalated to senior management and transfer to an alternative SU should be considered.

- There should be clinician-to-clinician communication to agree the transfer and confirm patient is “medically stable”; a discharge summary should be sent and access to scans provided.

- Patients should be transferred to the local SU within daylight hours wherever possible.

- Repatriation should take place seven days a week.

Guidelines for protocol for HASU to SU transfer

Medically stable criteria for SU transfer:

1. Clear diagnosis of stroke & secondary prevention plan (including appropriate referral for cardiac intervention)

2. Not dependent on inotropic or ventilatory support

3. Stable level of consciousness

4. Reliable route of nutrition and/or hydration (N5 tube and IV cannula in situ would suffice.)
Transfer of stroke patients from HASU to SU pathway

- Identify appropriate SU from stroke look up [www.londonsulookup.nhs.uk](http://www.londonsulookup.nhs.uk)
- Patient details added to notification sheet (see Appendix 3 - Stroke patient notification sheet), sent daily by NHS.net email/fax to all SUs

Within 24 hours of admission and ongoing during HASU stay

Clinical assessment
Patient assessed for suitability to transfer

Medical assessment
On-going patient’s care team assess patients to confirm medically stable of discharge

Nursing assessment
Lead nurse for stroke completes transfer form

Therapy assessment
Individual therapist completes treatments records in patients medical notes

Referral to SU and agreement between HASU and SU of date fit for transfer

Stroke coordinator/navigator
Call SU to confirm receipt and request a bed
Details of any contact added to notification sheet
Host trust confirms arrangements in place to accept transfer
(see Appendix 1 - Escalation process for delayed transfers to SU if SU unable to accept patient)
Book transport

Medical referral
Differs at each HASU
See table, HASU to SU transfer of information (next page)

Patients/carers should be provided with written information regarding the London acute stroke model, repatriation and choice. Where HASUs do not have their own versions, they can download the London Stroke Networks’ aphasia-friendly booklet from the website. *(To be available January 2012)*
# HASU to SU transfer of information

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<th>HASU</th>
<th>SGH</th>
<th>King's</th>
<th>PRU</th>
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<tr>
<td><strong>Who completes</strong></td>
<td>Stroke navigator</td>
<td>Stroke navigator</td>
<td>Nurse</td>
<td></td>
</tr>
<tr>
<td><strong>How sent</strong></td>
<td>Daily fax / email to SUs</td>
<td>Daily e-fax</td>
<td>Daily email</td>
<td></td>
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<tr>
<td><strong>What information included</strong></td>
<td>See Appendix 3 – South London stroke notification sheet</td>
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### Notification

| **Who completes**    | Consultant or trainee | Stroke SHO           |                      |
| **How sent**         | E-fax / email         | E-fax                | Included in the patient’s medical notes (verbal referral as well, if specific medical issues) |
| **What information included** | Discharge summary | Referral letter | Referral letter |

### Referral

| **Who completes**    | Nurse | CDs | Nurse |
| **How sent**         | With patient | With patient |                      |
| **What information included** | See Appendix 5 – SGH transfer document | See Appendix 4 – KCH transfer sheet | See Appendix 6 – PRU transfer sheet |

### Information sent with patients

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**HASU to SU: Contact details for transfer**

The London Stroke Unit Lookup tool maintains up-to-date contact details for each SU, [www.londonsulookup.nhs.uk](http://www.londonsulookup.nhs.uk).

Each unit should ensure the details are current. Amendments can be made via the Network or by emailing the administrator at [info@slcsn.nhs.uk](mailto:info@slcsn.nhs.uk). Details will be changed within two working days of the request.

**Overseas visitors**

Patients who live outside the UK requiring further SU care before repatriation will be managed in one of the cluster’s SUs. The pan-London Clinical Advisory Group agreed where a local link can be
established for these patients that a detailed consultant-to-consultant discussion occur between the HASU and SU in order to provide transparency of all relevant information.

Where agreement cannot be reached between clinical teams, the matter should be passed to Trust bed managers or overseas officers, where applicable, to resolve.

**Patients with no fixed abode**

Every effort should be made to establish an address of usual residence. If a patient is unable to give an address and they are not registered with a GP practice, the host Trust should be determined by the terms of ‘usual residence’. If patients consider themselves to be resident at an address, which is for example a hostel, then this should be accepted.

‘Usually resident’ is largely determined by the person’s own perception of where they are resident (either currently, or failing that, most recently) as evidenced by the address they give. If a person is unable to give an address, and their place of residence cannot be established by any other means, the responsible commissioner is the PCT in whose area the unit providing treatment is located.¹

When dealing with social services, the term is ‘ordinary residence’, but the same basic rules apply, where a person is not ordinarily resident in any local authority (a person of “no settled residence”), the NHS Trust should notify the local authority in which the hospital is situated.²

The network will collect the contact details of each Trust’s homeless discharge coordinator and share this.

**Mixed accommodation guidance**

The NHS Operating Framework for 2011-2012 confirmed that all providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient.

Information on mixed sex accommodation is available on the [Department of Health website](http://www.gov.uk).

**Infection control guidance**

No patient should knowingly be transferred with contagious infectious illness (such as norovirus) without clinician-to-clinician discussion and appropriate infection control measures. However, this should not prevent timely repatriation outside of the context of a patient being in a clinically unstable condition.

It is accepted that on occasion, in such circumstances patients may not be repatriated direct to a Stroke Unit (AMU if mimic) in order to meet the infection control requirements and maintain patient safety.

As soon as the period of infectious illness has passed - provided stroke is the predominant medical problem – such patients should be transferred to complete their inpatient stay on a Stroke Unit.

**General contracting rules for HASUs**

“Stroke units must accept a patient from a HASU for which they are the defined stroke unit as per the Healthcare for London mapping table. HASUs have the authority to repatriate patients to the

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¹ [Who Pays? Establishing the responsible commissioner](http://www.nesta.org.uk)
² ORDINARY RESIDENCE: Guidance on the identification of the ordinary residence of people in need of community care services, England
relevant stroke unit and are expected to follow the agreed protocol when doing so. If a patient transfer is delayed in excess of 24 hours after the agreed transfer time by a stroke unit, a HASU can:

- Keep the patient in the HASU
- Transfer the patient to the stroke unit in the same trust as the HASU
- Seek an alternative stroke unit for the patient's post hyper-acute stay.

A HASU can claim £350 per day (based on the stroke unit spell divided by the trimmed average length of stay) from the relevant PCT for patients who are not accepted by the relevant stroke unit. The PCT, in turn, can deduct this from its payment to the delaying stroke unit. This should very much be the exception and networks should monitor the situation. This rule may be modified at a later date."

*From the Stroke acute commissioning and tariff guidance, available online.*

**Finalised details and processes to be determined at the next repatriation meeting (early 2012).**

**Protocol for Transfer of Mimics when Diagnosis Not Stroke**

- This protocol is for FAST+ patients who are not found to suffer an acute stroke.
- Stroke mimics should be discharged home directly from ED, HASU or AMU where possible.
- Stroke mimics who cannot be discharged directly home should be repatriated within 24 hours of a non-stroke diagnosis being made to the patient's local hospital AMU or equivalent unit/ward, if clinically appropriate.
- The patient's local receiving hospital has a responsibility to accept these patients from the HASU or AMU of the HASU hospital.

**Operational Policy for FAST+ Patients Brought to a HASU**

**In the Emergency Department**

- Patients should be met and assessed by stroke/neurology consultant/registrar or stroke nurse.
- If the patient has a suspected/confirmed stroke, the existing pathway of assessment for thrombolysis and/or HASU admission is unchanged. All patients admitted with a stroke (suspected or confirmed) go to the HASU.
- If a stroke is excluded in the ED phase of their assessment the patient is referred by the Stroke/Neurology Registrar to the Registrar of the appropriate specialty/A&E and admitted (AMU) within the same trust or discharged home as appropriate.

**On the AMU**

- If the patient cannot be discharged home directly from the AMU, they should be referred to their local AMU and be repatriated within 24 hours of referral.
- The Medical Bed Manager will inform the receiving AMU bed manager of the patient upon admission to the AMU.
On the HASU

- If a stroke is excluded following further investigation and assessment on the HASU, the patient should be **transferred within 24 hours of referral acceptance and medical stability** in line with the referral processed outlined above.

- The HASU/AMU team should hand over the patient to the receiving medical team with a completed discharge summary and telephone handover.

- **If over 24 hours from referral**, follow the escalation policy as found in [Appendix 1](#) - Escalation process for delayed transfers to SU.

- While patients should not be moved while awaiting repatriation, in cases that may compromise the HASU's ability to take stroke patients, mimics may be moved to an appropriate ward within the HASU hospital under the care of that speciality. This will help to ensure HASU bed availability at all times.

- When the receiving AMU cannot accept the patient within 24 hours, the HASU/AMU bed manager should transfer the patient to an appropriate medical ward/AMU while awaiting transfer.
Mimics: Referral process, contacts for repatriation and escalation
from a site with a HASU to South London hospital AMUs (or equivalent)
(as of 20th December)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Hospital</th>
<th>Referral process</th>
<th>Escalation after 24hrs (e.g. general managers, bed managers)</th>
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</table>
| South East London   | King’s College Hospital                      | Medical Bed Manager: bleep 750 via switchboard (0845-1915 Mon-Fri and 0800-1600hrs Sat and Sun)                                                                                                                                                | Mon-Fri Assistant Head of Nursing bleep KH5678 Head of Nursing 020 3299 3541  
|                     | 020 3299 9000                                |                                                                                                                                                                                                                                                                  | Weekend Clinical site manager, via switchbd  
|                     |                                               |                                                                                                                                                                                                                                                                  |                                                                                                                            |
|                     | Lewisham Hospital                            | Clinical site managers bleep 5705/7999 via switchboard to request a bed once the appropriate referral has been made and accepted by the on-call medical/surgical team (see Appendix 8) | Mon-Fri Sive Cavanagh #6767 or mobile via switchboard  
|                     | 02083333000                                  |                                                                                                                                                                                                                                                                  | Weekend On call manager via switchboard  
|                     |                                               |                                                                                                                                                                                                                                                                  |                                                                                                                            |
|                     | Princess Royal University Hospital           | Bed site manager – Bleep 427, via switchboard on 01689-863000. To request allocation of a bed following acceptance from an appropriate on call medical/surgical team.                                                                 | Mon-Fri Caroline Willis, General Manager For Emergency and Acute Medicine 01689-865880 / Mob: 7917-827738  
|                     | 01689 -863000                                |                                                                                                                                                                                                                                                                  | Weekend On call manager via switchboard  
|                     |                                               |                                                                                                                                                                                                                                                                  |                                                                                                                            |
|                     | Queen Elizabeth Hospital                     | Site Management Team, via switchboard on 0208-836-6000. To request allocation of a bed following acceptance from an appropriate on call medical/surgical team                                                                 | Mon-Fri Rebecca Carlton, General Manager for Emergency & Acute Medicine Via switchboard. Air Pager: 07623 914534 Mob: 07969-625048  
|                     | 0208-836-6000                                |                                                                                                                                                                                                                                                                  | Weekend On call manager via s/board  
|                     |                                               |                                                                                                                                                                                                                                                                  |                                                                                                                            |
|                     | St Thomas’ Hospital                          | Site Nurse Practitioner via Switchboard bleep 0162. If necessary out of hours also contact on call medical consultant                                                                                                                                            | Mon-Fri Liz McAndrew GM 0207188 0517  
|                     | 020 7188 7188                                 |                                                                                                                                                                                                                                                                  | Weekend Site nurse practitioners b1 0162  
|                     |                                               |                                                                                                                                                                                                                                                                  |                                                                                                                            |
| South West London   | Croydon University Hospital                  | Site Practitioner/Bed Management Team ext 3427 or bleep 145 via s/b to request allocation of bed. SP will identify a bed on MAU where possible. If bed not available discuss with consultant on call to determine appropriate bed.  
|                     | 0208 4013 000                                |                                                                                                                                                                                                                                                                  | Mon-Fri Lorraine Walton Operations Centre manager 020 8401 3427 Bleep 545  
|                     |                                               |                                                                                                                                                                                                                                                                  | Weekend Manager on call via switchboard  
|                     |                                               |                                                                                                                                                                                                                                                                  |                                                                                                                            |
|                     | Kingston Hospital                            | Advanced Site practiitioner Bleep 504 or 684 via switchboard to request allocation of bed. ASP will identify a bed on acute assessment unit where possible. If bed not available discuss with consultant on call to determine appropriate bed.  
|                     | 020 8546 7711                                |                                                                                                                                                                                                                                                                  | Mon-Fri Tracey Moore 020945 2622  
|                     |                                               |                                                                                                                                                                                                                                                                  | Weekend On call manager via switchboard 020 85467711  
|                     |                                               |                                                                                                                                                                                                                                                                  |                                                                                                                            |
|                     | St George’s Hospital                         | Bed Site Manager on bleep 6007 via switchboard to request allocation of bed after referral of pt to appropriate medical/surgical team  
|                     | 020 8672 1255                                |                                                                                                                                                                                                                                                                  | Mon-Fri General manager for Acute Medicine (Jane Fisher) via switchboard  
|                     |                                               |                                                                                                                                                                                                                                                                  | Weekend General Manager on call via switchbd  
|                     |                                               |                                                                                                                                                                                                                                                                  |                                                                                                                            |
|                     | St Helier Hospital                           | Medical registrar on bleep 400 via switchboard 020 8296 2000 to refer the patient and clinical site manager (24/7) on bleep 443 (8am to 8pm) or bleep 446 (8pm to 8am) via switchboard or on 020 8296 2886 (voicemail only service to leave a message) to facilitate timely repatriation  
|                     | 020 8296 2000                                |                                                                                                                                                                                                                                                                  | Mon-Fri General Manager Lesley Nolan 07795540597.  
|                     |                                               |                                                                                                                                                                                                                                                                  | Weekend On call manager via switchboard  
|                     |                                               |                                                                                                                                                                                                                                                                  |                                                                                                                            |
**PROTOCOL FOR VASCULAR SURGERY**

- Carotid endarterectomies should take place as soon as possible (no more than two weeks wait). There should be local arrangements to decide where patients have this procedure, including transfer arrangements. These will be determined as per the [London Cardiovascular Project](#): South East London services will be centralised at St Thomas’ Hospital; South West London services will be centralised at St George’s Hospital.

- If patients are identified in out-patient TIA clinics with symptomatic high grade stenosis, there should be a local arrangement in place to admit them to a stroke ward for consideration of urgent vascular surgery.

- High grade carotids should be discussed with the on-call stroke physicians at the HASU to arrange admission if required.

**PROTOCOL FOR 24/7 NEURORADIOLOGY ACCESS**

Local arrangements should be in place, but networked solutions should be considered where neuroradiology resources are limited.
### Appendix 1 – Escalation Process for Delayed Stroke Transfers from HASU to SU

<table>
<thead>
<tr>
<th>Stroke Unit</th>
<th>24hrs e.g. General manager / Bed managers</th>
<th>48hrs e.g. General manager, Div. Dir. Ops</th>
<th>72hrs e.g. COO</th>
<th>&gt;72hrs e.g. CEO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>St Georges</strong>&lt;br&gt;Mon-Fri</td>
<td>Jan Hickin (Ward Manager) / Antonica Hinds (Stroke Navigator) and Paul Silke (Matron)&lt;br&gt;0208 672 1255 X4783/4785 or bleep 7933</td>
<td>Gayathri Sivaplan (GM)/Adam Gray (AGM)&lt;br&gt;0208 672 1255 X4483&lt;br&gt;07825116016</td>
<td>Chloe Cox (DDO), Patrick Mitchell (COO)&lt;br&gt;Via switchboard 0208 672 1255</td>
<td>Patrick Mitchell (COO), Peter Coles (CEO)&lt;br&gt;Via switchboard 0208 672 1255</td>
</tr>
<tr>
<td><strong>St Georges</strong>&lt;br&gt;Weekend</td>
<td>Nurse in charge – Brodie Stroke Ward&lt;br&gt;0208 672 1255 X4783</td>
<td>Site Manager&lt;br&gt;0208 672 1255 Bleep 6007</td>
<td>GM on call&lt;br&gt;Via switchboard 0208 672 1255</td>
<td>Director on-call&lt;br&gt;Via GM oncall 0208 672 1255</td>
</tr>
<tr>
<td><strong>Kingston</strong>&lt;br&gt;Mon-Fri</td>
<td>Advanced Site Practitioner&lt;br&gt;0208 546 7711 Bleep 504</td>
<td>Tracey Moore Divisional manager&lt;br&gt;Via switchboard 020 85467711</td>
<td>Sarah Tedford COO&lt;br&gt;Via switchboard 020 85467711</td>
<td>Sarah Tedford COO&lt;br&gt;Via switchboard 020 85467711</td>
</tr>
<tr>
<td><strong>Kingston</strong>&lt;br&gt;Weekend</td>
<td>Advanced Site Practitioner&lt;br&gt;0208 546 7711 Bleep 504</td>
<td>Tracey Moore Divisional manager&lt;br&gt;Via switchboard 020 85467711</td>
<td>Sarah Tedford COO&lt;br&gt;Via switchboard 020 85467711</td>
<td>Sarah Tedford COO&lt;br&gt;Via switchboard 020 85467711</td>
</tr>
<tr>
<td><strong>Croydon UH</strong>&lt;br&gt;Mon-Fri</td>
<td>Ajay Boodhoo Nurse Stroke Practitioner&lt;br&gt;0208-4013000 bleep 252</td>
<td>Heather Hadizad General Manager Emergency Care&lt;br&gt;0208401 3000 ext 3593, bleep 364</td>
<td>Mark Kemp ADO Emergency Care&lt;br&gt;0208401 3000 ext 3151</td>
<td>Richard Parker - Director of Ops&lt;br&gt;Via switchboard 020 8401 3000</td>
</tr>
<tr>
<td><strong>Croydon UH</strong>&lt;br&gt;Weekend</td>
<td>Site Practitioner on call bleep via switchboard 020 8401 3000</td>
<td>On call manager Contact via switchboard 020 8401 3000</td>
<td>On call director Contact via switchboard 020 84013000</td>
<td>On call director via switchboard 020 8401 3000</td>
</tr>
<tr>
<td>Location</td>
<td>Contact Details</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>----------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **St Helier** | **Mon-Fri**  Stroke Nurse Consultant - Wendy Brooks  
0208296 2000  
Bleep 917  
OOH On call  
medical SpR  
020 8296 2000  
Lesley Nolan,  
St Helier site GM  
via switchboard  
020 8296 2000  
Deborah Frosham.  
DDO, Emergency care  
via switchboard  
020 8296 2000  
Karen Breen  
COO  
via switchboard  
020 8296 2000  |
| **St Helier** | **Weekend**  OOH On call medical SpR  
020 8296 2000  
Bleep 400  
Bed Manager  
020 8296 2000,  
Bleep 576  
(OOH bleep 443)  
On-call General Manager  
Via Switchboard  
020 8296 2000  
On-call Director  
Via Switchboard  
020 8296 2000  
On-call Director  
Via Switchboard  
020 8296 2000  |
| GSTT          | **Mon-Fri**  Gill Cluckie, Clinical Lead and Victoria Hastings, service manager  
0207188 0524  
Gill Cluckie, Clinical Lead and Liz McAndrew, GM  
020 7188 0517  
Gill Cluckie, Clinical Lead and Nicola Grinstead, Deputy Director Ops  
via switchboard  
020 7188 7188  
Director of clinical services, Jon Findlay or Ron Kerr, CEO  
020 7188 0001  |
| **GSTT**      | **Weekend**  Site Nurse Practitioner via Switchboard and HASU consultant  
020 7188 7188 / bleep 0162  
Site Nurse Practitioner via Switchboard and HASU consultant  
020 7188 7188 / bleep 0162  
Site Nurse Practitioner via Switchboard and HASU consultant  
020 7188 7188 / bleep 0162  
On-call Director  
via switchboard  
020 7188 7188  |
| **PRUH**      | **Mon-Fri**  Caroline Willis,  
01689 865880  
07917 827738  
Caroline Willis,  
01689 865880  
07917 827738  
Director of Operations  
020 8836 5928  
Jenny Hall Chief Operating Officer  
020 8302 2678 ext. 2875  |
| **PRUH**      | **Weekend**  Manager On Call via Switchboard  
01689 863000  
Manager On Call via Switchboard  
01689 863000  
Manager On Call via Switchboard  
01689 863000  
Director On call via Switchboard  
01689 863000  |
<table>
<thead>
<tr>
<th></th>
<th>Consultant Nurse</th>
<th>Medical bed manager</th>
<th>Medical bed manager</th>
<th>Medical bed manager</th>
<th>Director of Ops</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KCH Mon-Fri</strong></td>
<td>Maria Fitzpatrick</td>
<td>02032994084 or 07528977464 and Hasu consultant via switchboard 020 3299 9000</td>
<td>02032993541 and Hasu consultant via switchboard 020 3299 9000</td>
<td>02032993541 and Hasu consultant via switchboard 020 3299 9000</td>
<td>Roland Sinker or CEO Tim Smart 020 3299 3270 / 2124 and Hasu consultant via switchboard 020 3299 9000</td>
</tr>
<tr>
<td><strong>KCH Weekend</strong></td>
<td></td>
<td>Clinical Site Manager on bleep 333 OOH.</td>
<td>Clinical Site Manager on bleep 333 OOH.</td>
<td>Clinical Site Manager on bleep 333 OOH.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>There is an oncall manager available through switchboard OOH.</td>
<td>There is an oncall manager available through switchboard OOH.</td>
<td>There is an oncall manager available through switchboard OOH.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lewisham Mon-Fri</strong></td>
<td></td>
<td>Lucy Carter</td>
<td>Katy Wells</td>
<td>Claire Champion, Director of Ops Via switchboard 020 8333 3000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>020 8333 3000 Bleep 5705</td>
<td>07768398937</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lewisham Weekend</strong></td>
<td></td>
<td>Bed Manager</td>
<td>On call Operational Manager</td>
<td>On call Executive</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bleep 5705 via switchboard 020 8333 3000</td>
<td>via switchboard 020 8333 3000</td>
<td>via switchboard 020 8333 3000</td>
<td></td>
</tr>
<tr>
<td><strong>QEH Mon – Fri</strong></td>
<td>Jemma Wells</td>
<td>Rebecca Carlton</td>
<td>Director of Operations</td>
<td>Jenny Hall Chief Operating Officer 020 8302 2678 ext. 2875</td>
<td></td>
</tr>
<tr>
<td></td>
<td>020 8836 4334</td>
<td>020 8836 5419</td>
<td>020 8836 5928</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QEH Weekend</strong></td>
<td>Manager On Call via Switchboard 020 8836 6000</td>
<td>Manager On Call via Switchboard 020 8836 6000</td>
<td>Director On call via Switchboard 020 8836 6000</td>
<td>Director On call via Switchboard 020 8836 6000</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 2 – LAS EMERGENCY DEPARTMENT TO HASU TRANSFER POLICY

This protocol is to be used when a stroke patient presents (either as a self presenter or by LAS) at an Emergency Department of a Trust that does not have a Hyper Acute Stroke Unit (HASU) and/or an acute Stroke Unit (SU).

If a patient presents at an Emergency Department of a multi sited Trust with a HASU the Trust should have an internal mechanism for ensuring that the patient is admitted to the Trusts HASU. That internal mechanism may involve LAS as stated below.

Actions to be taken if stroke patients present at a hospital without a HASU and/or stroke unit

There are a number of scenarios under which patients with a possible stroke may present at an Emergency Department of a Trust without a HASU and/or SU. This guidance will provide an overview of the most commonly encountered scenarios and the steps to be taken to support timely and safe transfer.

Patients presenting at ED (self-presenter or patients brought in by ambulance):

1. **Within the thrombolysis window (currently 4 ½ hours)** - Patients presenting at an ED within the thrombolysis window (within 4 ½ hours of onset of stroke), should be transferred to a HASU using LAS as a critical transfer.

2. **Within 24 hours of onset of symptoms but outside 4 ½ hour thrombolysis window** - Patients should be transferred to a HASU by LAS within 2 hours. These transfers will be arranged through the Urgent Operations Centre as per the flowchart.

3. **More than 24 hours after onset of symptoms** - Following a clinician-to-clinician discussion between the medical lead at the referring trust and the lead stroke physician at a HASU, consideration should be given by the assessing clinician to transferring the patient to a HASU. In the rare circumstances that this is not considered by the assessing clinician to be appropriate the patient must be transferred to (own or nearest) stroke unit. If the assessing clinician determines the patient should go to a HASU, the HASU clinician will not refuse the patient. In the event that the HASU clinician refuses to accept the patient, the assessing clinician will escalate this to the manager on-call for the HASU host trust.

As this transfer is unlikely to be time critical, the referring hospital’s Patient Transport Service (PTS) should be used for the transfer. If advice about the transfer is required the hospital should contact the Clinical Support Unit at LAS (The hospital should be aware that any LAS PTS service for which the hospital does not hold a LAS contract is chargeable).

To facilitate timely transfer, a full patient history should be taken and if immediate medical management of the patient is required, the patient must be stabilised prior to transfer. Patients will receive full investigation and acute management upon transfer to a HASU. Further examination and investigation at the hospital, which may include CT scan, should be performed only where clinically indicated. This will be dictated by clinical judgment and should not delay the transfer of the patient.
Transfers relating to paragraph 1 above should be arranged as per the flow chart below (red box). LAS Emergency Operations Centre (EOC) will coordinate conveyance to the most appropriate HASU based on real time review of capacity and demand. Capacity issues at the receiving trust will not affect patient transfer. The receiving trust is responsible for actively managing capacity to accommodate new transfers. Transfers relating to paragraph 2 above should be arranged per the flow chart below (yellow box). The Emergency Department clinician will contact the local HASU (normally the HASU local for the patient) to refer the patient and the ED staff will contact LAS to arrange the transfer.

**NOTE:** All transfers of patients from HASUs to SUs or to other Emergency Departments are not covered by this protocol. They are separately covered by the HASU to SU protocol and are the responsibility of the HASU hospitals’ PTS except for critical transfers which will continue to be managed by the LAS. This includes patients brought to the ED of a HASU and subsequently found to not be suitable for a HASU bed.
# Appendix 3 – South London Stroke Patient Notification Sheet

## Stroke Patient Notification Record

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Post code</th>
<th>Referral Date</th>
<th>Predicted Date Fit For Transfer</th>
<th>Hospital</th>
<th>Date Bed Offered</th>
<th>Infection Status</th>
<th>Side Room Required</th>
<th>Date Fit for Transfer</th>
<th>Date Of Transfer</th>
<th>Time Of Transfer</th>
<th>Record of contact with HASU/SU</th>
</tr>
</thead>
<tbody>
<tr>
<td>A N Other</td>
<td>01/01/1931</td>
<td>CR4 2BZ</td>
<td>26/03/2011</td>
<td>SGH</td>
<td>28/03/2011</td>
<td>pos</td>
<td>n</td>
<td>27/03/2011</td>
<td>28/03/2011</td>
<td>13.55</td>
<td>27/3 spoke with nurse in charge single room bed for MRSI positive pt not available until noon tomorrow</td>
</tr>
</tbody>
</table>

HASU – complete with date referral sent to SU
SU – complete with date referral received

HASU determine this

HASU – complete with hospital referring patient to.
SU - complete with hospital receiving patient from

HASU & SU – date SU confirm they will be able to receive patient

Show as Pos or Neg

Agreed by both HASU and SU

HASU complete with date patient left SU
SU complete with time patient arrived on SU

HASU complete with time patient arrived on SU

Record using 24 hour clock

Show Date and outcome

Outcome:
APPENDIX 4 – KCH ACUTE STROKE UNIT PATIENT TRANSFER DOCUMENT

Checklist to accompany transfers

Is the patient a ________________ resident? Y/N

Does s/he have a diagnosis of stroke? Y/N

Discharge summary Y/N

Drugs on transfer Y/N

Nursing transfer letter Y/N

Therapy transfer letter Y/N

Copies of inpatient notes Y/N

Copies of relevant investigations attached

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

CT/MRI images provided: (√)

Image linked

CD with patient

List of outstanding investigations

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Has the patient been entered into a research trial Y/N

If so, details

________________________________________________________________________

________________________________________________________________________

Name of HASU consultant

________________________________________________________________________
APPENDIX 5 – SGH ACUTE STROKE UNIT PATIENT TRANSFER DOCUMENT

(Please keep a photocopy of this form on the ASU)

Except in exceptional circumstances patients should not arrive at the receiving ward after 9pm. If transport has not arrived by 8pm please discuss with bed managers and cancel transport and rearrange for transfer the following morning.

Name of Physician confirming medically stable to transfer:

<table>
<thead>
<tr>
<th>Patients Name:</th>
<th>NOK Address/Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital No:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Property with patient: Y / N</td>
<td>Informed of Transfer: Y / N</td>
</tr>
</tbody>
</table>

Date & Time transport booked by staff

Date and Time of agreed & booked transfer of patient.

Date & name of person accepting transfer

Notes with patient : Y / N
Imaging details with patient : Y / N
Medication with patient: Y / N

Main Diagnosis

Relevant Past Medical History

Care Assessments

Neurological:

Respiratory :

Cardiovascular:

Other :

Infection Control

MRSA Status: Y / N. If Yes state treatment plan

Clostridium Difficile : Y / N
Diarrhoea :Y / N in last 24 hours
Norovirus risk: Y / N
### Risk assessments

**MUST nutritional screening tool score :**

**Moving & Handling score :**

**Waterlow score :**
- Is air mattress required? Y / N

**Weight is above 120KG Y / N If Yes What special equipment is needed?**

**Is the patient aphasic? Y / N**

### Wounds

**Pressure sores Y / N**
- If Yes when did they occur & what treatment has been started

### Elimination

**Urinary Catheter in situ Y / N If Yes state when inserted and Why?**

**Bowels last opened**

### Nutrition

**Naso-gastric tube inserted Y / N state when inserted and reason for insertion**

**Feeding regime attached Y / N**
- Circle Oral intake : Puree Easichew Soft Normal
- Circle fluid consistency : Syrup thickened Thin

**Intravenous cannulae Y / N If Yes date inserted**

### Mobility

**Circle walking ability: Independent 1 nurse 2 nurses Walking Aid**

**Method of transfer: Independent 1 nurse 2 nurse Standing Hoist Hoist**

**Circle wheelchair type: Standard Tilt in space**

### Other relevant Information

- Name and grade of ASU unit nurse giving handover about patient:
- Name and grade of nurse receiving Telephone handover before leaving the stroke unit:
APPENDIX 6 – PRU ACUTE STROKE UNIT PATIENT TRANSFER DOCUMENT

HYPER ACUTE STROKE UNIT
PRINCESS ROYAL UNIVERSITY HOSPITAL
FARNBOROUGH COMMON
ORPINGTON KENT BR6 8ND
Tel: 01689 863357
Fax: 01689 863353

PRUH transfer sheet – Page 1

NAME .................................................................

DOB .................................................................

ADDRESS ............................................................

REPAT HOSPITAL AND WARD:

ADDRESS ............................................................

CHECKLIST:

COPY OF MEDICAL NOTES □
COPY OF NURSING NOTES □
COPY OF DRUG CHART □
TTO / MEDICATIONS □
SCAN CD INCLUDED □
FAMILY INFORMED □
TRANSPORT BOOKED AND TIME..........□

NOK / NO ..............................................................

GP .................................................................

DISCHARGING NURSE……………………………

SIGNATURE……………………………

DATE……………………………

ADMISSION REASON

PAST MEDICAL HISTORY

.................................................................

.................................................................

.................................................................
I have enclosed a photocopy of their nursing and doctor’s notes for this admission with us here at the PRUH. Here is a brief outline of their capabilities:

<table>
<thead>
<tr>
<th>NURSING NEEDS/NEURO ASSESSMENT</th>
<th>CONTINENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>COGNITION/ORIENTATION</td>
<td>BREATHING AND CIRCULATION</td>
</tr>
<tr>
<td>WASHING AND DRESSING</td>
<td>COMMUNICATION</td>
</tr>
<tr>
<td>SWALLOW AND NUTRITION</td>
<td>SKIN</td>
</tr>
<tr>
<td>TRANSFERS AND MOBILITY</td>
<td>PAIN</td>
</tr>
<tr>
<td>SAFETY</td>
<td>CURRENT MEDICATIONS</td>
</tr>
</tbody>
</table>

Any issues do not hesitate to ring us here on the ward. Many thanks.
APPENDIX 7 - SE LONDON REFERRALS TO COMMUNITY AS AT MAY 2012

**Lambeth**
Lambeth ESD & Community Neuro Rehabilitation Team
Contact details:
Tel: 020 3049 4004
Fax: 020 3049 4014
ESD Mob: 07774 810 679

**Greenwich**
Greenwich Community Neuro Rehabilitation Service
Contact details:
Single point of access
Tel: 020 8921 2304
Fax: 020 8921 3392

**Southwark**
Southwark ESD & Community Neuro Rehabilitation Team
Contact details:
Tel: 020 7525 3597
Fax: 020 8693 3165
Mob: 07775 868099

**Bexley**
Bexley Community Stroke Team
Commenced April 2012
Contact details:
Tel: 020 8319 7138
Fax: 020 8319 7106

**Bromley**
Specialist Neuro Rehab Team
Includes all therapies and nursing
Supported Discharge Only
Contact details:
Tel: 02030492651
Fax: 02030492652
Ref form at www.slcsn.nhs.uk/general/extra/screhn-form.doc

**Greenwich**
Intermediate Care Service working in liaison with speech and language therapy
Contact details:
Tel: 01689 858495
Fax: 01689855351
Email: IntermediateCareServices@nhs.net

**Lewisham**
Lewisham Healthcare NHS Trust
Contact details:
Tel: 020 8613 9222
Fax: 020 8613 9229
Lead: 07795 021548

**Westminster**
Westminster Stroke Early Supported Discharge
Contact details:
Tel: 020 7641 6627
Fax: 020 7641 7477
ESD: 0879646755
APPENDIX 8 - SW LONDON REFERRALS TO COMMUNITY AS AT MAY 2012

**Sutton & Merton**
- Sutton & Merton ESD and Community Neuro Therapies Team
- For patients with S&M GP
- ESD Referrals Contact team direct for referral form
- CNTT referrals Via single point of referral
- Contact details:
  - ESD Tel: 020 8667 4833
  - Fax: 020 8665 2792
  - CNRT Tel: 0845 567 2000

**Croydon**
- Croydon ESD and CNRT provided by Croydon Stroke Rehab Team
- Contact details:
  - Tel: 020 8401 3717
  - Pager: 07659126621
  - Contact duty officer on pager or office phone 8.30 - 16.30 M-F
  - or leave a message on answer phone out of hours
  - Fax: 0208 401 3718

**Kingston**
- Currently provided by R&T Community Neuro Rehabilitation Team
- Contact details: See R&T box
- Kingston Community Intermediate Care Team @ Tolworth
- Contact details:
  - Tel: 020 8274 7088

**R&T**
- R&T Community Neuro Rehabilitation Team
- Contact details:
  - Single Point of Access Referral
  - Tel: 020 8614 7350
  - FAX: 020 8614 4163

**Epsom**
- Neuro rehab pathway team at NEECH for East Elmbridge and Mid Surrey only.
- Integrated rehab service (not neuro specific) for Mole valley, Epsom, Ewell and Elmbridge
- NEECH Contact details:
  - Tel: 01372 735297
- IRS Contact details:
  - Tel: 01372 734867

**Wandsworth**
- Wandsworth ESD & Community Neuro Rehabilitation Service For patients with a Wandsworth GP
- Contact details:
  - Tel: 020 8812 4060
  - Fax: 020 8812 4059
  - E mail referrals/reports to Stgh-tr.wandsworth@nhs.net

**Hounslow**
- Contact details:
  - Single Point of Access Referral
  - Tel: 020 8630 3943
  - FAX: 020 8630 3639

**Notes:**
- Integrated rehab service (not neuro specific) for Mole valley, Epsom, Ewell and Elmbridge

- IRS Contact details:
  - Tel: 01372 734867

- NEECH Contact details:
  - Tel: 01372 735297
APPENDIX 9 – LEWISHAM TRANSFER OF MIMICS
FROM HASU TO LEWISHAM HOSPITAL

Stroke mimic on HASU site

↓

Patient medically stable?

i.e. Not requiring ITU/NIV

↓

Bleep 1000 (Medical Registrar on call at LHT)

↓

Medical registrar accepts patient under

Physician on call & informs LHT Clinical Site Manager (bed manager)

↓

Clinical Site Manager at LHT identifies bed

on MAU & informs HASU

↓

Patient transferred to LHT MAU with:

-discharge letter & drugs on transfer

-copies of inpatient notes

-copies of relevant investigations

-image links of all relevant CT/MRI

-list of outstanding investigations

November 2011