
Select Committee on Health and Adult Social Care (HASC) – 8th July 2008

Report of the Lead Officer to the Committee

Stroke Services Review - Recommendations and main findings of the working group established by the HASC to review the integrated stroke service in Dudley

Purpose of report

1. For the HASC to consider the conclusions and recommendations of the working group established by the Committee to review of Dudley's Stroke services for inclusion on the substantial review of Dudley's integrated Stroke Service, co-ordinated by the PCT.

Background

2. At previous meetings of the HASC, members had raised concerns regarding the level of effectiveness of care between each stage of the Stroke care pathway and associated public health preventative initiatives.
3. Following these concerns the HASC commissioned a review of the provision of services for Dudley residents who have suffered a stroke, using the National Service Framework for Older People – Standard Five: Stroke¹ as a benchmark to review work being done by health services towards the prevention of strokes.
4. The aim of the review was to cover the areas of prevention, treatment and aftercare and measure the effectiveness of coordination between these stages:
 - To assess access to diagnostic and the acute treatment services
 - To review current Public Health policies and strategies towards stroke prevention
 - To consider how well the discharge planning process for the return to the community works
 - To review and assess the availability of rehabilitation services within the community
 - To look at arrangements for on-going/long term support including the voluntary sectors.
 - To examine service provision to prevent further strokes
 - To assess the availability of support for carers.
5. During the evidence gathering stage of the HASC review the PCT also commissioned a review into Dudley's stroke service, working in partnership with Dudley Group of Hospitals and other Health and Social Care partners.
6. In light of the implementation of the PCT's review, the Chair of the HASC agreed to feed the Committee's findings and recommendations in to the PCT's report, so

¹ Department for Health, National Service Framework Care For Older People, Department of Health 2001

as to avoid duplication of work and make available more resources to pursue other priorities.

Working Group meetings

7. The Working Group visited current services, heard the views of professionals and gathered information on good practice from the Stroke association and Dudley Group of Hospitals, particularly : Dr Ashim Banerjee; Consultant, Rehabilitation Services; Anne Gregory, Stroke Co-ordinator; Wilma Hosany, Matron, Older People, John Macgowan Therapy Services Manager.

Conclusions and Recommendations of the Project Board

Implications of the PCT review

8. The circumstances in 1.4 and resolution in 1.5 significantly limited the scope and depth of the HASC review. The project board, therefore, wish it to be noted that their conclusions and recommendations herein are based exclusively on the two working group meetings with DGOH medical professionals and the Dudley Stroke association and some material from the Stroke Review Project Co-ordinator based at the PCT.

Conclusions

9. The board found evidence of a Stroke Care Strategy that meets the targets of the NSF for Older People (Standard 5), which incorporates a clear patient pathway ensuring that residents have access to:
 - Primary Care protocols for prevention and early diagnosis
 - An Acute dedicated Stroke Unit
 - Hospital based intensive rehabilitation
 - Rehabilitation and therapy services in the community
 - Information for patients and carers.
10. There are strong links between the Stroke Unit and the Dudley Stroke Association. The Association make regular visits to the Stroke Unit offering support to both patients and carers and provide comprehensive information packs.
11. In some cases the intensity of rehabilitation, whether that be frequent short timeframes of interventions or more prolonged time periods of each treatment session, does not always directly collate to 'successful outcomes' in terms of symptom reduction; improvement in muscle tone and functional independence. All staff need to consider the type of stroke; the psychological impact of the stroke and the motivation of the patient and carers plus the compliance to treatment when setting realistic patient centred goals and adjust these appropriately during the management and / or following transfer of care.
12. Intermediate rehabilitation services are based at Corbett Hospital and are used by approximately 35 patients daily. However, this figure is rising due to demand.

It is estimated that 90% of all rehabilitation patients have suffered some form of stroke.

13. For some Transient Ischaemic Attacks² (TIA)/Stroke the treatment location in hospital is arbitrary across the Hospital, due to the occupancy of all 12 acute and 28 rehabilitation beds by patients with other conditions.
14. A certain proportion of GPs refer patients directly to TIA clinics and go on to manage patients themselves.
15. The effectiveness of the treatment of TIA patients by the ambulance service has improved significantly over recent years.
16. There are 3 TIA clinics per week where first line investigations are undertaken including medication checks. Secondary tests, including MRI and CT scans are subject to a further referral process. Only 1 or 2 percent of patients checked at the TIA clinic go on to require acute services.
17. Patients can wait up to 18 weeks for a MRI scan and outpatients can wait up to 28 days. The target for all CT scans to be carried out for acute admissions patients is 48 hours.
18. Psychological support in Dudley is clearly under-resourced. There is only one designated psychologist who visits both in-patients and community patients.
19. Most care packages are allocated within two to three days, however none are allocated on weekends which can lead to 'bed-blocking'.
20. Invariably, the full repercussions of the impact of a stroke are only realised once a patient has returned home. More support should be given at this stage.
21. Some procedures of the Consultant can be undertaken by senior nurses, given suitable training, and would thereby add value to the specialist support available to patients.

The HASC would like Dudley residents who suffer from Stroke to be given the best opportunities for recovery, and recommend:

² A transient ischaemic attack (TIA) is a set of symptoms that lasts a short time and occurs because of a temporary lack of blood to part of the brain. It is sometimes called a 'mini stroke'. However, unlike a stroke, the symptoms are transient and soon go. (The word 'ischaemic' means a reduced supply of blood and oxygen to a part of the body.) www.patient.co.uk

22. That Dudley Group of Hospitals continue to develop specialist stroke services (in accordance with RCP guidelines³) ensuring:
 - That 100% of CT scans are undertaken within 24 hours
 - That patients receive no less than 5 therapy sessions per week
 - That patients admitted on Fridays or weekends are assessed immediately and receive appropriate therapy straight away.
23. That the hospitals develop their services, so that when a patient presents who would benefit from the use of thrombolytic drugs, there is an opportunity for these to be given within 3 hours.
24. Dudley's Stroke strategy is developed to ensure that all suspected cases of TIA/Stroke are diagnosed at the stroke unit at the Hospital.
25. To provide additional financial resources, or explore innovative ways to redress the lack of specialist psychological support for both in-patients and community patients.
26. To ensure that intermediate rehabilitation services at Corbett hospital have service provisions in place to manage the rising demand for its services.
27. Senior Nurses should undergo training to carry out appropriate routine procedures currently undertaken by the Consultant.
28. That the PCT ensure that longer term rehabilitation in the community is sufficiently resourced to provide patients with more sessions when needed, particularly rehabilitation in patients homes which is known to be where it most needed and effective.
29. The Hospital should commit resources to the reservation of at least one bed specifically for a stroke admission, such to avoid the associated risks of inaccessibility to the specialist facilities in the Stroke Unit.
30. Additional funding should be allocated towards the installation of a CAT scan machine at Russell's Hall Hospital to reduce waiting times in-line with RCP standards.
31. Funding should be allocated for education programmes on expectation and lifestyle changes after suffering a stroke, for both patients and carers.
32. That the Council should make the Exercise on Prescription Scheme available in at least two of its leisure centres in order to improve access for community patients.

Finance

33. There are no financial implications arising from this report.

³ National Clinical Guidelines for Stroke concise guide 2004 – 2nd Edition Prepared by the Intercollegiate Stroke Working Party Royal College of Physicians (RCP).

Law

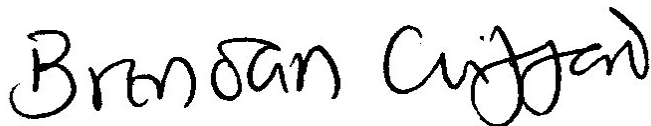
34. The National Health Service Act 2006 gives statutory provision to local authorities with social services responsibilities to review and scrutinise health services provided or commissioned by NHS trusts.
35. The relevant statutory provisions regarding the Council's Constitution are contained in Part 11 of the Local Government Act 2000, together with Regulations, Orders and Statutory Guidance issued by the Secretary of State.

Equality Impact

36. The aim of the working group can be seen as contributing to the equality agenda in its pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Recommendations

37. It is recommended that :
 - The Committee note the recommendations of the working group and comment as appropriate.
 - That the Overview and Scrutiny Committee receive a report later in the year detailing progress on the Dudley's Stroke Services Strategy and Action Plan.
 - The Committee approve the production of a booklet setting out these findings.



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List of Background Papers

National Service Framework for Older People, Department for Health