

Select Committee on Health and Adult Social Care – Thursday 28th January 2010

Report of the Directorate of Partnerships and Service Development, NHS Dudley

Stroke Services Review – Response to main findings and recommendations

Purpose of Report

1. To update the Overview and Scrutiny Committee in respect of activity undertaken to formalise and improve integrated stroke services.

Background

2. Stroke service improvement has become a priority for the Dudley Health economy and Social care, particularly since the advent of the National Stroke Strategy, December 2007.
3. There were several key areas scrutinised within the review as follows:-
 - Diagnostic and acute treatment
 - Public Health policies towards stroke prevention
 - Discharge planning
 - Rehabilitation
 - Long term support and links into Voluntary Sector Organisations
 - Prevention
 - Carer support
4. Enclosed is the Commissioning Cycle that is being used as a tool by the PCT to ensure that the complete care pathway of stroke and TIA patients is of a high standard. The detail in this document also covers areas of concern raised by the original review.
5. Within the conclusions made following the review, a number of recommendations were made.

| | Conclusion /recommendation | Response |
|----|--|---|
| i | The Stroke Care Strategy meets the targets of the NSF for older people | The pct has not been complacent and has built on the service foundations |
| ii | Strong links between stroke unit and Dudley Stroke Association | Additional funding provision of a family and carer stroke support worker has improved these links further |

| | Conclusion /recommendation | Response |
|-------|--|---|
| iii | Inconsistent rehab outcomes | PCT is part of National Stroke Improvement focus group on seamless transfer of care and community rehab. There are new entry/exit criteria and defined service specification. |
| iv | Intermediate rehab at Corbett – pressure on demand | Dedicated rehab beds for Stroke based at Russell’s Hall Hospital and Early Supported Discharge criteria being implemented |
| v | TIA/Stroke access to stroke unit | A4 ward is dedicated to care of stroke patients and medical outliers are minimal |
| vi | GP referrals are inconsistent re TIA | Clearly defined referral pathway for TIAs and additional TIA clinics provided |
| vii | TIA and Ambulance service improvements | Further improvement and development of ABCD2 scoring (age, blood gases, previous TIA) training for paramedics |
| viii | TIA clinics and scanning availability | Additional TIA clinics etc as above, vital sign monitoring of scanning, action plan in place for improved access to diagnostics |
| ix | Length of wait for MRIs and CT scans | Improved access and performance – new target of 24 hours. Improved performance monitoring and dataset linked to 2010/11 Best Practice Tariff |
| x | Psychological support | Potential business case on Invest to Save basis to be reviewed 2010/11 |
| xi | Weekend bed blocking | Additional early supported discharge resource allocated |
| xii | Support for patients at home following discharge | Improved support from CSRT and DSA appointment. Also appointment of a Stroke social worker to identify potential discharge issues/concerns |
| xiii | Consultant activity reconfiguration | Additional consultant support to be appointed. Specialist nurse training utilisation of 08/09 incentive scheme monies from PCT to DGOH |
| xiv | DGOH adherence to RCP guidelines | DGOH working towards 24/7 specialised stroke care. Action plan in place to respond to areas of failure in previous years |
| xv | Thrombolysis benefit | DGOH providing thrombolytic care within clinical pathways – new SLA to monitor this agreed across the SHA |
| xvi | Stroke/TIA diagnosis | Improved access and monitoring of stroke unit – 90% of time should be spent on a stroke unit for targeted 80% of admissions |
| xvii | Education programmes | FAST Campaign and public health support of DSA – e.g. schools |
| xviii | Exercise on prescription | Public health extension of Lifestyle referral access to 3 Dudley Leisure centres |

6. Evidence of how the above areas are being addressed within the Commissioning Cycle Plan, can be seen in detail.

Summary

7. Stroke Service improvement in Dudley has moved forward at fantastic rate during 2008/09 and 2009/10. However a great deal more work is necessary to ensure that progress is maintained and continually evaluated.

Finance

8. No financial issues arising from this report

Law

9. No legal issues arising from this report. Members may wish to note however that NHS Dudley has a statutory duty to involve service users under s242 of the NHS Act 2006 in any plans for services, or in changes for existing services, and a statutory duty to report on engagement activity under s24A of the same Act. Work with the Dudley Stroke Association has contributed to these requirements.

Equality Impact

10. NHS Dudley does not sign off policies until and unless an Equality Impact Assessment has been carried out which considers any differential impacts (both positive and negative) across the six equality strands of race, disability, gender, age, religion belief or non-belief and sexual orientation. The policy itself demonstrates good engagement with patients and carer groups to consult on its content. The Equality Impact Assessment includes an action plan to ensure ethnicity monitoring and there is sensitivity to differential prevalence rates and stroke risk factors as influenced by race and ethnicity.

Recommendation

8. It is recommended that:-
 - The Committee note and comment on the report.

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