

NHS Dudley Stroke Summary

as at 1 December 2009

NB Glossary re abbreviations below.

Aspect	Areas reviewed	Measures	Action	timeframe	status
Prevention	Incidence of stroke in Dudley	840 patients per annum affected by Stroke.310 admissions 2008/09 at a cost of £657,324 with total length of stay 5678 days of which 4137 were rehab	Complete service pathway review and implementation of new acute and community service specifications to ensure improved diagnosis and treatment .	Mar-10	Acute spec under consultation with SHA and BCCN , Community spec draft circulated Aug 09
	Incidence of TIA	approx 385 TIAs per annum admitted to RH:25:46 attend TIA outpatient clinics	Comprehensive and complete TIA protocols in place for referrals from primary care into secondary care. TIA clinics extended to cover 5 days per week	Sep-09	completed
	Circulatory disease Mortality target smoking prevalence hypertension treatment cholesterol management	QMAS/QOF data, PP1, PP2, Stroke 1,5,6,7,8,10,12,13	Incorporated into public health Vascular Screening Programme. Smoking Cessation sessions set up min out of hours in areas of high prevalence. Observation forms on basic assessment sent to GPs.	Mar-10	ongoing progress re implementation of Vascular Screening programme
	Arterial Fibrillation Management	Pilot evaluation to be completed on number of patients that can be identified through screening opportunity.	Identified in the National Stroke Strategy as a priority area in prevention and management of risk. Included in Vascular screening. Pilot evaluation ongoing re seasonal flu vaccs	Dec-09	Business case to be completed in time for September Committee, pilot launch early October
	Diabetes care	Local Enhanced Service Review	Implementation of diabetes enhanced service	Jun-09	completed
	Secondary Prevention	DSA survey results re information and care post stroke from community and acute - currently ongoing. Review of QOF data as above	review of post strokes in nursing homes to be integrated into work load of CSRT and Primary Care as appropriate. GP annual review framework to be implemented. monitoring of QOF data to be part of PBC Scorecard. Re-admission data to be scrutinised.	Mar-10	CSRT to implement Nursing Home patient review, GP annual review framework out to consultation. Survey results to be analysed
	Rapid access TIA Services	Vital Sign target of 46 % of people scanned on presentation with a TIA by Q4. This is 41 out of anticipated 90 people per quarter. Actual performance as at September 2009 is 26%	Actual performance against target is 26%. Under contract a warning notice and when JCI requested.DGOH has already increased TIA one stop clinics from 3 days to 5 and referral protocols already completed as above. As part of JCI process delays in scanning identified	Jul-09	To resolve blockages in system DGOH have (1) revised protocols for Radiology Department implemented December 09 (2) commenced stroke nurse training from 6 November 09 - 4/10 trained as at 2/12/09 to identify appropriate patients and request scan in line with new protocols from radiology
Access to carotid artery surgery	Measured via 18 weeks - no breaches	DGOH has surgical team in place with appropriate levels of skills and expertise, engaged in the stroke clinical network	Mar-09	Completed Consultant clinical surgical lead recruited by Black Country Network	
Emergency care	Patient flow from ED to Stroke Unit monitored via Vital signs under stroke unit capacity.	WMAS engaged with STIG, WMAS reviewing ABCD2 score training for paramedics. Paramedics alert ED that patient en route is a Stroke - now Stroke team receive patient directly from ED. New Service spec approved for Acute Services across the West Mids.	Alert in place ABCD2 score ongoing	Completed protocol re receipt of stroke patients directly onto Stroke Unit from ED. WMAS working Nationally to train paramedics re ABCD2 score	
Scanning availability	As above Vital sign target being monitored. World Class Commissioning Target agreed that all strokes will be scanned within 24 hours by 2013 will be included as a CQUIN target for 2010/11. Vital sign trajectory set at 60 % and CQUIN at 70% for end of 2010/11 to encourage move towards 100% WCC target	Revised protocols and nurse training as above. Additional senior technician appointed to vascular lab. Agreed movement towards 7 day slot accessibility for strokes -presently newly implemented protocol for Monday am for all routine TIA/Stroke scans for patients admitted over weekend.	Mar-10	Trajectory to be confirmed as part of contract review for 2010/11 as70% for WCC target. Vital signs for 2010/11 set at 60 % by end of Q4	
Stroke unit capacity	Monthly Trust Bed Plan report. Vital sign target that 70 % of admitted stroke patients should spend 90% of their time on a stroke unit. Current perf as at September 09 is 53%	12 bed Stroke Unit, plus 12 beds on rehab unit. Attempt made to ring fence to prevent medical outliers. Patient access improved re admissions direct from ED but there are still issues re delayed discharges causing blockages in rehab and stroke unit.	Mar-10	Delayed discharge issue now escalated to exc management level with social services Progress re ongoing discussion re ring fenced capacity as part of JCI. Dr Banerjee now managing 12 rehab beds	
Discharge planning and support	Monitoring of delayed discharge process. ESD flag added to acute database, referrals monitored for CSRT. Dudley NHS part of National Stroke Improvement project. AVLOS, monitored	Implementation of Early supported Discharge as part of National Stroke Improvement Projects, MDT discharge reviews to include community teams, Social services Stroke Social Worker appointed. DSA family and carer support worker post funded by PCT - reduction in AVLOS of 3 days from 18 to 15 .the acute spell days have not changed - the reduction relates to rehab only.	Mar-10	capacity review of existing CSRT ongoing. DGOH working with CSRT re MDT format. CSRT manager funded for 6 mths by BCCN	
Community Services	Intermediate care	Delayed discharge SITREPs	Intermediate care commissioning lead step down facilities available on discharge as appropriate. START packages. Need to ensure comprehensive support for ESD and routine discharges. Linked to Community services training and accreditation proposals.		part of intermediate care strategy
	Physio, OT, SLT support	NCRS data, ESD flag on Trust database	Implementation of Early supported Discharge as part of National Stroke Improvement Projects, MDT discharge reviews to include community teams, CSRT manager recruitment, DSA family social and care support worker in post. CSRT manager appointed using BCCN funds see below	Mar-10	Revised service specification developed that identifies the function of the CSRT service and delivery. New manager recruited 26/11/09 to start jan 2010. Invest to save business case will be required for further funds based on increased capacity and performance.
	Equipment and adaptations	monitoring through partnership contracts KPI N130 no of clients rec support target 210/100,000 pop, actual 460/100,000 KPI N139 survey of older people get support req'd target 35%, actual 34.2%	KPI monitoring through Partnership agreement	21010	Social services review of adult services ongoing eg expenditure on high cost specialist chairs.

	Care in the Home	Monitored re CSRT data approx 2800 contacts per annum at a block contract cost of £189,000, activity of DSA post 400 contacts per annum related to admissions, 90 crisis interventions projected to y/end	Revised service spec for CSRT, Clear exit and entry criteria agreed. Stroke Impact Scale to be developed to formally monitor patient outcomes and goals - linked to personalised care plan process that is patient centred. Additional support offered via the DSA in the form of home visits, crisis intervention etc.	Dec-09	draft service spec for CSRT within local consultation period. Analysis of rehab activity within community ongoing to establish baseline for benchmarking impact of new manager and ESD
	Nursing and residential homes	as above re Intermediate care	the CSRT have begun a programme to look at Nursing home training for staff eg swallowing assessment, physio updates that will lead to potential accreditation to improve discharge facilities available and quality of life improvement.	2010	Training programme still embryonic as are links to intermediate care strategy. Recognised potentially large piece of work for 2010/11
	carer support and respite provision	DSA Data , NCRS CSRT data, intermediate care monitoring	Family Social and carer support worker in post with Dudley Stroke Assoc. Social services have appointed a Stroke Social Worker based in acute trust. AOP allocation if £75,000 approved to support patients on discharge - to be decided if operationally appropriate to transfer to START or retain within CSRT	Mar-10	regular reports available from DSA. Post now recurrently funded by PCT. Manager post commencement re operational effectiveness of AOP resource.
	information provision	NCRS data, Surveys of patients/carers	Barriers to access to CSRT data in correct format now resolved. DGOH database aggregation supported via BCCN resource., surveys rec'd from DSA	Mar-10	Data now received and analysis on baseline commenced from NCRS system for community services. Continued development of community groups via the stroke association eg exercise clubs, monthly carer information groups, supported by the PCT allocation for the Family carer and support worker
	access to groups and opportunities	DSA Data and Network reports	DSA database developed as part of monitoring for family and carer support worker. BCCN support in respect of Black Country wide events eg Molineux 26/11/09		
Making it happen	Data	NCRS, acute stroke database at DGOH, SLAM data,	DGOH databases now merged to streamline activity info requests for sentinel Audit and PCT ad hoc requests. ESD flag included.	Jan-10	bccn funds rec'd for database at DGOH. £5000. Data now rec'd from NCRS system. Analysis being undertaken as above
	Clinical Networks	appointments in place for clinical leads across acute stroke and vascular services.	regular professional clinical and management events. Support of BCCN around the national Stroke Improvement project for seamless transfer of care and ESD in Dudley.		Regular input from BCCN Network re STIG, other forums supported re ESD, Rehab, Workforce planning and training as per the action BCCN linked to all commissioners/acute and community providers to assess skill mix across each health economy. Liaison with Wolverhampton university to develop and deliver appropriate post graduate qualifications and courses.
	Workforce Modelling	CSRT activity to establish baseline linked to ESD impact. BCCN support to training and development of appropriate skills/professional mix	£35,000 rec'd from Network re CSRT manager - will fund for 6 months to implement changes req'd to implement ESD. Map of skills/grades/specialities across the black country, comparative analysis of staff required to deliver Gold standard service.		
	Investment	AOP resources £75,000, PBR expenditure £650,000, BCCN non recurrent £40,000 (£3k data, £35 K CSRT manager) Block contract for CSRT £189K Invest to save schemes	business case successful re AOP 0910 £75,000 recurrent to continue to deliver ESD implementation and support discharge process. Invest to save schemes to generate ongoing financial support	Mar-10	await commencement of CSRT manager to determine efficient utilisation of AOP resource

Glossary

Age (greater or equal to 60) score 1, Blood Pressure 140/90 score 1, Clinical features (unilateral weakness - score 2, speech disturbance score 1, Duration of symptoms (0 - 59 mins) score 1, 60 mins score 2

ABCD2	
AOP	Annual Operating Plan
AVLOS	Average Length of Stay
BCCN	Black Country Cardiac network
CQUIN	Commissioning for Quality and Innovation
CSRT	Community Stroke Rehabilitation team
DGOH	Dudley Group of Hospitals
DSA	Dudley Stroke Association
ESD	Early Supported Discharge
GP	General Practitioner
JCI	Joint Clinical Investigation
KPI	Key Performance Indicator
NCRS	NHS Care Records Service
PBC	Practice Based Commissioning
PBR	Payments by Results
QMAS	Quality Management Analysis System
QOF	Quality and Outcomes Framework
SHA	Strategic Health Authority
SLA	Service Level Agreement
SLAM	Service level agreement monitoring
STIG	Stroke and TIA implementation Group
TIA	Transient Ischaemic Attack
WMAS	West Midlands Ambulance Service

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