

HEALTH SCRUTINY PANEL

7 APRIL 2009

STROKE SERVICES – A SCOPING PAPER

PURPOSE OF THE REPORT

1. To present to the Health Scrutiny Panel possible approaches to scrutinising local stroke services.

RECOMMENDATIONS

2. That Members give consideration to the possible approaches to a review into stroke services suggested in this paper.

CONSIDERATION OF REPORT

3. Members will recall that at the start of the 2008/9 municipal year, the Panel considered the topics it would be interested in reviewing. In addition to Emotional Wellbeing & Mental Health and Practice Based Commissioning, which the Panel has considered, the Panel identified stroke services as a topic it would like to investigate. As such, the purpose of this paper is to suggest to the Panel a possible approach to conducting a review into stroke services.
4. Initially, it would be advantageous for the Panel to be briefed regarding the detail of what a stroke is and the different types of stroke there are. It would also be essential for the Panel to establish up to date statistical information around strokes. This could cover such information as the rate of incidence, mortality rates in Middlesbrough and how it compares to the regional and national picture.
5. Once such essential information has been gathered, it would be prudent for the Panel to hear about the prevailing national policy around stroke services. The Department of Health published the *National Stroke Strategy* in 2007, so the Panel would be able to receive a briefing on the contents of that national strategy and in time, compare the thrust of the strategy with what happens locally. It may be appropriate for the Panel to receive a briefing on the

National Stroke Strategy from a national expert, which is something that can be pursued if the Panel is in agreement.

6. In terms of considering local services, the Panel could speak to the PCT to collect information on the current and future spend/cost of stroke services and the South Tees Hospitals Trust about the approach it adopts when dealing with stroke services in the acute sector. There are also avenues to pursue with the Dept of Social Care about the level of integration of services to deal with people who have survived a stroke.
7. It is suggested that the Panel will be interested in the medical techniques employed in dealing with a stroke, particularly the importance of speed in successful stroke treatment and types of treatment that are available. Whilst the Panel should receive information around this field, to place the review in context, it is suggested that the Panel focuses its efforts elsewhere in the stroke patient's journey, particularly around the co-ordination of local services, aimed at assisting people following a stroke. The Panel may also be interested in considering the roles that carers play following a stroke and the services available to them.
8. Following someone's acute treatment for a stroke, and depending on the severity of the stroke, there are a number of changes that may take place in someone's life. They may have less mobility, become depressed, require intensive rehabilitation or require support to return to work. There is a diverse range of issues that could affect someone's life following a stroke such as access to appropriate leisure services and modifications to their home. It is suggested that the Panel may wish to explore how such services integrate their activities to ensure that following a stroke, the person is placed at the centre of activity.
9. To assist the Panel in understanding how services are currently configured, and how they work in practice it could be that the Panel would be interested in making some visits to stroke facilities. It may also be beneficial for the Panel to use one or two anonymised case studies to track someone's experience of stroke services, both in the acute sector and then the experience of leaving acute care and being in receipt of support in the community. The use of case study information can often be greatly beneficial to understanding how a system of care works in practice and identifying any areas for improvement.
10. As a first step, the North East Regional Manager of the Stroke Association will be attending the Panel's meeting on 30 April 2009. The purpose of their attendance is to provide a briefing on what a stroke is, the different types of strokes that can occur and related issues such as the prevalence of strokes. Following the receipt of this introductory information, the Panel will then be able to advance the review and speak with the necessary parties to build up a detailed picture of local stroke services.
11. The Health Scrutiny Panel is asked to consider the contents of this paper and the suggestions it makes for a review into stroke services and make any amendments felt necessary. Following the Panel's consideration of how it

would like to progress a review into stroke services, a set of terms of reference will be put to the next meeting of the Panel for Members' consideration and approval.

BACKGROUND PAPERS

12. No background papers were used in the production of this report.

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