# HEALTH SCRUTINY PANEL

## STROKE SERVICES IN MIDDLESBROUGH

### **EXECUTIVE SUMMARY**

#### BACKGROUND

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1. The Panel was keen to consider how local Stroke Services were performing, with a particular reference on what services were available for patients (and their carers) following discharge, when the immediate dangers of a Stroke are over. Particularly, the Panel was interested in rehabilitation services such as physiotherapy, support for families of patients, awareness of Strokes and efforts to prevent as many Strokes as possible.

#### CONCLUSIONS

- 2. On the basis of the evidence and representations considered by the Panel, there seems to be a great deal to be proud of in relation to Stroke Services in Middlesbrough. Whilst services are not perfect, the Panel would commend the progress made in recent years, particularly around the 24 hour access to thrombolysis services available at JCUH, which is by no means replicated elsewhere in the region.
- 3. On the basis of the evidence considered by the Panel, there seems to be a distinct problem around Stroke and Stroke Awareness, particularly amongst the BME community and more deprived communities. The Panel has noted that this is especially the case with the awareness of symptoms of a Stroke and the urgency with which those symptoms should be treated. The Panel has heard from staff at JCUH that appreciable numbers from North Yorkshire appear to self refer immediately after a Stroke, but much less people from Middlesbrough do the same.
- 4. Connected to the theme of Stroke awareness is the topic of GP awareness. The Panel has heard, notably from the North East Cardiovascular Disease Network, that not all in General Practice seem to approach Stroke as a medical emergency and that needs to change.
- 5. The Panel has heard that a significant number of Strokes could be prevented through better proactive healthcare measures such as the monitoring of blood pressure and cholesterol. The Panel feels that the Cardiovascular Disease Screening Programme recently introduced by

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NHS Middlesbrough should play a considerable role in intercepting certain problems before they manifest themselves as a Stroke.

- 6. On the basis of the evidence considered, the Panel feels that additional developments should be progressed, specifically around advice for carers, psychological support for patients and carers and support for people's rehabilitation following discharge from an acute setting. The Panel has heard that such assistance is available for people newly discharged from hospital, although the more time passes by, that support tapers off due to the limited capacity of Community based services. The Panel has heard that more assistance could be required when the reality of post-stroke life has set in, which is very difficult to deliver, due to the pressures of more recent Stroke patients also being discharged from hospital.
- 7. The Panel would like to highlight that the awareness of the BME community is a critical matter to address. Whilst the BME population of Middlesbrough is actually quite young presently, it will age over time and the proportion of that population being classed as 'older' will also increase. Given the BME community's genetic increased risk to CVD and Stroke, it strikes the Panel that awareness campaigns should begin as soon as possible.

#### Recommendations

- 8. The Panel recommends that NHS Middlesbrough and Middlesbrough Council instigate a series of targeted awareness campaigns of the symptoms and severity of Strokes. Such awareness campaigns should include information on the services provided designed to deal with Stroke, but also the preventative services designed to prevent Strokes. They should be targeted at particular groups such as the BME community, General Practice and older people. The PBC model would be in an ideal position to progress this matter.
- 9. The Panel recommends that the capacity of community based services be critically appraised, so that a judgement can be made about whether there is sufficient capacity to provide services for longer term stroke patients, as well as those recently discharged. Consideration should be given to whether there is sufficient capacity and whether the available capacity maximised. This should include psychological support, rehabilitative support and carers support and advice.
- 10. The Panel recommends that Community Councils use a part of their budget to publicise Stroke awareness in their areas.
- 11. That Middlesbrough Council considers whether it currently offers sufficient support to back into work schemes, for Stroke patients of working age. The Panel would like to hear the outcome of this assessment.

- 12. That NHS Middlesbrough and Middlesbrough Council considers in detail as to whether there is sufficient psychological support for the family of Stroke patients in dealing with the impact of a Stroke. The Panel would like to suggest that existing patient and carer groups, given their expertise and subject interest, are involved as possible partners in delivering such a service.
- 13. That the South Tees Hospitals NHS Foundation Trust look to improve the social/ lounge area facilities within the Stroke unit at JCUH, to enable patients to have better access to their friends and family, to assist in their recovery.
- 14. That a single point of access be established for recovering Stroke patients to contact and self refer, should they or their carers, feel in need of the assistance or advice of the specialist multidisciplinary teams that are available. The Panel sees no reason as to why people should have to access services via General Practice.
- 15. The Panel heard from senior clinicians at James Cook University Hospital that additional Stroke specialists are required at James Cook University Hospital, to deal with the number of cases that present. The Panel fully accepts that it is not sufficiently expert to make a judgement on this statement. Nonetheless, given the seniority of the people who expressed this view to the Panel, the Panel asks the South Tees Hospitals NHS Foundation Trust consider whether the Stroke Unit has sufficient clinicians. The Panel would like to hear the outcome of this exercise.