

HEALTH SCRUTINY PANEL STOKE SERVICES – ACTION PLAN

2nd February 2010

SCRUTINY RECOMMENDATION	PROPOSED ACTION	BY WHOM	BUDGET COST	TIMESCALE
<p>a) 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.</p>	<p>NHS Middlesbrough and the Council will arrange a number of events and promotional activity through the year. These will run alongside the national stroke awareness campaign, aimed at early treatment for stroke sufferers. Additionally, the North East Cardio Vascular Network (NECVN) will promote stroke awareness in this area.</p>	<p>Linda Brown (NHS Middlesbrough)</p> <p>Phil Dyson (Middlesbrough Council)</p> <p>Corinne Wilson (NECVN)</p>	<p>Costs not yet fully identified. Will be met through existing budgets and grants.</p>	<p>By July 2010</p>
<p>b) 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</p>	<p>A review of Stroke Rehabilitation Services has already been undertaken across South Tees. Proposals are being developed to meet identified gaps in services. Some new community services have already been put in place through use of the Stroke Grant.</p>	<p>Linda Brown</p> <p>Phil Dyson</p>	<p>Costs not yet fully identified.</p>	<p>By December 2010.</p>

there is sufficient capacity and whether the available capacity maximised. This should include psychological support, rehabilitative support and carers support and advice.				
c) The Panel recommends that Community Councils use a part of their budget to publicise Stroke awareness in their areas.	The Head of Service will write to the Chairs of the Community Councils asking them to promote Stroke awareness in their communities.	Phil Dyson		By March 2010.
d) 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.	The lead for the FORWARDS team will meet with key people in the NHS to identify people who have had a stroke and offer support for work.	Gabriela Rea (Middlesbrough Council)		By April 2010.
e) 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.	A dedicated psychologist post for strokes has been created and will be advertised in the near future. The new service will work in conjunction with patient / carer groups and Stroke Association Family Carers Support Workers.	Linda Brown	£84,000	By October 2010.
f) 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.	There is insufficient space in the current stroke ward environment to accommodate a lounge area. However, the Trust will review its options during the year to see what improvements can be made.	Jill Moulton (South Tees Foundation Trust)	Not yet costed.	By September 2010.

<p>g) 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.</p>	<p>A stroke rehabilitation lead is to be appointed to take forward the Stroke Rehabilitation recommendations. This particular recommendation will be included in the specification / commissioning intentions for the Stroke Rehabilitation Service.</p>	<p>Linda Brown</p>		<p>By December 2010.</p>
<p>h) 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.</p>	<p>The Trust will develop clinical models and proposals for the delivery of hyper-acute stroke services in response to the NECVN and commissioner requirements. The need for additional consultant posts will be considered in the development of Trust business cases.</p>	<p>Jill Moulton (South Tees Foundation Trust)</p>	<p>Not yet costed.</p>	<p>By December 2010.</p>