HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE
28th January, 2014

PRESENT – Councillor Newall (in the Chair); Councillors Donoghue, Francis, Macnab, H. Scott and J. Taylor. (6)

APOLOGIES – Councillors E. A. Richmond and S. Richmond. (2)

ABSENT – Councillors I. Haszeldine, Nutt and Regan. (3)

ALSO PRRESENT – Councillor Copeland, Cabinet Portfolio Holder for Adult Social Care and Housing.

INTERNAL REPRESENTATIVES – Michael Hodgson, Sport and Physical Activity Development Officer.

EXTERNAL REPRESENTATIVES –Lisa Cole, Head of Stroke, Elderly Medicine and Gastroenterology and Edmund Lovell, Associate Director of Marketing and Communications, County Durham and Darlington NHS Foundation Trust; Gail Linstead, Commissioning Manager, Darlington Clinical Commissioning Group; Cath Lane, GOLD and Louise Hedley, Deputy Head of Operations – North East and Louise Kenworthy IAS Coordinator Durham and Darlington, The Stroke Association.

HP44. DECLARATION OF INTERESTS – There were no declarations of interest reported at the meeting.

HP45. OVERVIEW OF THE COMPLETE STROKE PATHWAY –

(A) SINGLE SITE HYPER ACUTE UNIT AT UNVERSITY HOSPITAL OF NORTH DURHAM – The Head of Stroke, Elderly Medicine and Gastroenterology, County Durham and Darlington NHS Foundation Trust (CDDFT) submitted a PowerPoint presentation (previously circulated) which outlined the achievements following the centralisation of the hyper acute strike service onto one site; information focussing on Darlington patients who have suffered a stroke and achievements relating to Thrombolysis based on the Safe Implementation of Treatment of Stroke (SITs) the International database.

The Head of Stroke, Elderly Medicine and Gastroenterology reported sustained and positive improvements across all the of Key Quality Indicators (KPIs) in relation to 90 per cent of inpatient stays on the Stroke Unit, CT scans within 24 hours, CT scans within one hour, percentage of patients being admitted to the Stroke Unit within four hours of arrival, percentage of patients being seen by the Stroke Team within 24 hours of arrival and the percentage of swallow screening within four hours of admission.

Members were particularly interested in the progress made in relation to CT scanning and were pleased to note that there are internal targets of scanning patients within 15 minutes for patients eligible for thrombolysis and 12 hours for non-thrombolysis – reducing the time to scan for urgent and non-urgent, which was hoped would be implemented as Best Practice. Members requested clarification on the difference between a patient seeing a Stroke Specialist Nurse and a Stroke Consultant and how

the information was measured against the KPIs. Particular reference was made to how potential stroke patients were assessed and who made the ultimate decision for the ambulance crews to transport patients to the Stroke Unit.

Members noted that there were 167 Darlington patients who suffered a stroke between 1 December 2012 and 30th November 2013. Of those 167, only 33 were initially taken to Darlington Memorial Hospital (DMH) and this could have been for a number of clinical reasons and Members were assured that Senior Clinicians made decisions based on clinical evidence as to where the best place for a patient to be admitted. There were only six patients who were transferred to University Hospital of North Durham (UHND) from DMH and Members were very encouraged by this and felt reassured that the right decisions were being taken by the Clinicians. 14 patients were transferred to Bishop Auckland Hospital (BAH), meaning that 13 remained at DMH and were discharged home from there. Members acknowledged that patients were taken to DMH by ambulances for a number of reasons or self-presented.

The Head of Stroke, Elderly Medicine and Gastroenterology was pleased to share with Members the data reported to the SITs in relation to Thrombolysis and in particular the door to imaging and door to needle times, as the time, in minutes, had significantly dropped following the Trust centralising the service onto one site. Members welcomed the presentation, although, expressed disappointment that Dr Esisi the Clinical Lead for Stroke, Consultants Stroke Physician was unable to attend the meeting, but understood why.

(B) DEVELOPMENT OF A COMMUNITY STROKE REHABILITATION SERVICE IN COUNTY DURHAM AND DARLINGTON – The Commissioning Manager, Darlington Clinical Commissioning Group submitted a report (previously circulated) which outlined development and implementation of a 'Gold Standard' Stroke Rehabilitation Service in County Durham and Darlington (CDD) to meet the requirements of the standards. The development of a 'Gold Standard' Stroke Rehabilitation Service is a Commissioning Intention for all three Clinical Commissioning Groups (CCG's) in County Durham and Darlington.

The Commissioning Manager explained that the North of England Commissioning Support Unit (NECS) were acting as the lead organisation in the development of this work and would be supported by commissioning personnel from each of the CCG's to ensure that decisions being made would be appropriate for each CCG's population.

Members were reminded of the work of the North of England Cardiovascular Network (NECNV) which established a Stroke Rehabilitation Group to undertake a gap analysis of Stroke Services and reviewed of the models of early Supported Discharge and Community Stroke Team. This work identified a number of areas that did not meet the requirements and therefore recommendations were made to address these gaps.

The work produced by the NECVN has been revisited to establish whether there has been any change in the services delivered since the work was completed. An action plan was in development to outline the various options to address the gaps in the service provision and this would inform the potential service models. The Commissioning Manager assured Members that Community Stroke Rehabilitation works stream was a priority for all three CCG's the work would feed into the Community Services and Care Closer to Home sub group of the Clinical Programme Board.

Members expressed disappointment that slow progress has been made and hoped that the CCG's joint commitment would assist in moving forward.

On the 14th November 2013, a 'modelling and development event' was held in Durham with a range of stakeholders to discuss current data, current pathways, gaps in services and next steps. Councillor S. Richmond attended on behalf of this Scrutiny Committee, which was very much welcomed by the Commissioning Manager. Following that event two priorities have been developed together with a list of short and long term goals. Priority one – to set up a Task and Finish Group that will develop a Co-Ordination Team and Priority two – modelling of the 'new look' Community Teams. Members sought clarification on the timescale for the project and were pleased that it would be a 12 month project.

Members welcomed the re-establishment of Stroke Strategy Implementation Group (SIG) which the Trust was currently hosting where all elements of the stroke pathway would be discussed. It was hoped that to ensure the development of Community Stroke Rehabilitation Teams this could be discussed at this meeting with engagement from all appropriate stakeholders/partners. Members were extremely disappointed that due to the changes in NHS structures over the past year the SIG had not been regularly held and believed it was vital that links into this meeting should be maintained.

Councillor Taylor reported that she and Councillor Newall had recently visited the Age UK Stroke Club and highlighted issues which had been raised. The biggest issue identified was communications, which included communications between Hospitals and GPs; leaflets given on discharge, the differing stages of patient recovery (some patients are ready for the wealth of information received, others are not); availability of rehabilitation; continuity of care (Hospital and GPs) and differing attitudes of staff (positive and negative).

Councillor Newall also raised an issue on behalf of a Darlington resident who suffered a minor stroke in December 2014 and the discharge letter indicated that the follow-up appointment with the consultant would be approximately four weeks later. Unfortunately he has now been told that this appointment would be delayed until April 2014, some fourteen weeks from the date of hospital discharge. On querying this, he was told that the reason for the delay was that there was adequate funding to enable the provision of more clinics which would allow them to keep to the four week follow-up routine. The Head of Stroke, Elderly Medicine and Gastroenterology assured Members that there were no funding issues and offered to look into this issue further and suggested the Chair pass on her contact details to the resident.

Members expressed concerns relating to the Speech and Language Team (SALT) and whether there was a full complement of staff at BAH. The Head of Stroke, Elderly Medicine and Gastroenterology reported she would she share the information with the Democratic Officer for circulation to members after the meeting and reassured Members that the work being undertaken would include SALT and that some of the community provision was encompassed through the RIACT service and Intermediate care for more complex need patients.

Discussion ensued about the use of the stroke booklet produced by the Trust, which contains a lot of information and when decisions are taken when an individual is ready to receive the information; the development of continuity of care through the recruitment

of a further Stroke Consultant; the development of a coordinated hub to sign post patients to the services to meet their individual needs; expansion of the current rehabilitation service to a seven day service, once a robust five day service has been established and impact of community rehabilitation services if length of stay in Hospitals is reduced.

(C) THE STROKE ASSOCIATION WORKING IN DARLINGTON – The Deputy Head of Operations – North East and IAS Coordinator Durham and Darlington, the Stroke Association jointly introduced a PowerPoint presentation (slides previously circulated) and explained some of the support that the Stroke Association provide Nationally and Locally. Nationally, the Stroke Association offer support to stroke survivors through funding research, providing welfare grants, offering support to Stroke Clubs and Groups, undertake fundraising, provide stroke rehabilitation service and lead campaigns.

Locally, the Stroke Association provided family and carer support, stroke prevention services and communication support services. Members were pleased that the Stroke Association work with the Trust and visit BAH regularly. The ISA Coordinator confirmed that she has met a lot of stroke survivors at BAH and is able to provide help, advice and support to stroke survivors. Staff are able to identify the needs of the patient and signpost them to the service to meet their needs or complete forms on their behalf. The support is offered on a long term basis for as long as the patient requires it which also includes offering one to one sessions, helping them to grow confidence to attend support groups and lifestyle groups. With regards to stroke prevention, Members were pleased to note that a number of patients were referred to the service via the TIA clinic at UHND, although the Stroke Association would also take stroke patients and self-referrals.

Members were concerned that the Stroke Association were based in Bishop Auckland close to the BAH and queried how Darlington patients were able to access the service. It was explained that the Stroke Association contact them directly after discharge if they have not made contact with them in the Stroke Ward at UHND or on the Stroke Rehabilitation Ward at BAH. The Commissioning Manager confirmed that the CCG contracted the Stroke Association to provide a service for Darlington patients, but Members felt un easy about the level of service Darlington residents were receiving. Members also expressed concern at the duplication of services already provided in Darlington for stroke patients and suggested that more collaborative work between the Age UK Stroke Club and the Stroke Association could be achieved. The ISA Coordinator reported about a recent Cardio Vascular Group meeting which had a guest speaker, which had created a great deal of interest about the other groups available for people to join. She advised that she had visited the Age UK Stroke Club on occasions to share information.

Particular reference was made to SALT and Members commented that referrals to this service were not happening very well and believed that further work and integration was required. The Deputy Head of Operations reiterated that the Stroke Association were engaged and working closely with the Trust to improve referrals, building on the good relationships already forged with staff on the Stroke Unit.

(D) EXERCISE AFTER STROKE – The Sport and Physical Activity Development Officer, tabled some information relating to the Exercise After Stroke Programme in

Darlington. The Sport and Physical Activity Development Officer explained that Darlington Sports Development Team currently run an Exercise after Stroke rehabilitation programme based at Eastbourne Sports Complex. Each session consists of Group based exercises which are tailored to the individuals need. The programme could be accessed by referral from medical professionals and other organisations such as the Stroke association and Age UK. Members sought clarification on GP referrals and the Sport and Physical Activity Development Officer explained that there a low number of referrals from GPs although, he has approached GP Practices on many occasions trying to promote the programme by contacting the GP Practice Managers.

The sessions at Eastbourne cost £2.00 per session and are twice weekly for an hour. The programme is for 12 weeks and after this time people can still attend but the cost increased to £3.00 per session. The numbers of people attending the sessions are increasing and patients who have attended have found them to be extremely valuable. People have carried on with their training, become more independent, improved confidence and enjoyed many social benefits.

Members were welcomed the service and were extremely disappointed to hear that the service only runs until 31 March 2014. Members were deeply concerned about the low numbers of GP referrals and believed that there was a huge benefit to stroke survivors in improving the lifestyles and independence, which should be encouraged. The Commissioning Manager advised that she was an advocate of such programmes and was responsible for the initial funding grant that established the ARNI scheme (Action for Rehabilitation from Neurological Injury) when employed by the NECVN. Members noted that the Local Authority have made the CCG aware that current funding is due to end in April 14 and discussions were taking place to decide how this could be actioned.

RESOLVED –

a) That the Officers be thanked for their attendance at the Special meeting of the Scrutiny Committee.

b) That the information received be noted.

c) That Members are alarmed by the lack of referrals by GPs to the exercise after stroke and that Members greatly support the service being recommissioned in the future.

d) That Members expressed concerns about the slow progress of developing the Gold Standard Framework for Stroke Rehabilitation Service in County Durham and Darlington.

e) That the Commissioning Manager Darlington CCG be invited to the Scrutiny Committee's meeting in September 2014 to report on the progress of developing of a Community Stroke Rehabilitation Service in County Durham and Darlington.

f) That the Head of Stroke, Elderly Medicine and Gastroenterology forward details in relation to the SALT staffing structures to the Democratic Officer for dissemination to Members of the Scrutiny Committee.

g) That Councillor S. Richmond continues to represent this Scrutiny Committee at meetings of the SIG and that a representative from Darlington Borough Council representative be identified to attend the SIG meetings.

h) That Councillor H. Scott raise the following issues on behalf of the Scrutiny Committee at the next meeting of the Health and Well Being Board:

    a. Whether Stroke is a priority for Darlington CCG;

    b. Why don't GPs refer to the exercise after stroke programme;

    c. Whether the exercise after stroke programme could be recommissioned given the benefits to stroke survivors.

i) That the Chair and Vice-Chair of the Scrutiny Committee visit the Age UK Stroke Club in six months' time.

j) That Members asserted their concerns about the lack of involvement and engagement by Stroke Association in Darlington.

k) That Members of the Scrutiny Committee request to visit the Rehabilitation Centre at BAH and to the Stroke Association.

l) That Members expressed their anxiety about the lack of communications at all levels and that Members be kept informed about the further work that is required to be undertaken.