



Essex Cardiac and Stroke Network

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Sallie Mills Lewis
Deputy Chief Executive and
Interim Director of Commissioning and Business Delivery
20th May 2011

Essex Cardiac and Stroke Network Response for HOSC in regard to the CQC report

Dear Sallie,

The CQC Review of Services for People who have had a Stroke concentrated on reviewing services along the rehabilitation pathway and reflected the very variable position in the different PCTs in Quarter 1 of 2010/11. It does not reflect the considerable collaborative work put into improving services since then.

Areas who had established Early Supported Discharge Teams with a social worker as a member of the core team received high scores with a positive impact on other scored areas such as joint planning, reviews and single point of contact.

Background

Following the publication of the National Stroke Strategy the Network started to develop stroke services with the providers across Essex in 2008. The Network with PCTs has had to take a phased approach to improving stroke care and initially the focus was on acute and TIA development. Stroke services across Essex in 2008 were very underdeveloped; TIA clinics were weekly, stroke units under resourced or non existent in some areas. Stroke consultants were mainly geriatricians with a special interest.

The development of the rehab part of the pathway was not focused upon until 2010 and At the time of the CQC collection of data was still at an early stage in addressing the rehab and social care part of the pathway.

Action Taken

The Network undertook Local Rehab Peer Reviews in May 2010 which were more in-depth than the CQC reviews. The Network provided each area with a benchmark against the Network Rehab Strategy and Minimum Standards.

The reviews were followed up by action plans from each PCT which produced an analysis of their service gaps and developments essential to meet rehabilitation minimum standards.

These have been major contributors to each area's stroke work programme and are monitored by each Stroke Local Implementation Team (LIT) and the Network.

There is evidence of progress being made.

The CQC recommendations were subsequently incorporated in each provider/PCT action plan. Indeed by the CQC Review publication date many of the concerns highlighted in the Review including early supported discharge arrangements were already being taken forward in PCT planning as a result of Peer Review recommendations.

At the same time the Network and ECC actively engaged in promoting a more integrated approach with the Stroke Association through PCT and ECC contract arrangements.

Each Social Care HAT team has also worked collaboratively with the Network and the Social Care representative on the Network Board to develop social care action plans with a view to inclusion in LIT regular monitoring.

Work in Progress

Following the rehab peer reviews and the CQC report the following has been undertaken

Joint working between health and social care

- There has been increased joint working between health and social care. Social care action plans have been developed in each locality to address the CQC and Peer Review recommendations, these still need local sign up to ensure active delivery, work is currently being led by Chris West from Essex CC.
- There has been attendance and contributions from the Network team at the monthly HAT meetings.
- Network involvement with the reablement provider "Essex Cares" has included staff access to Network training to increase access to reablement by stroke patients on discharge.
- There is increased social care membership on LIT groups and significant improvement in reducing acute and community hospital stroke discharge delays.

CQC and peer review recommendations have been incorporated into LIT action plans

ESD and development of community services

- There is ongoing development of ESD. NE have selected a contract provider who is at the recruiting stage, Mid and West are at the business case stage, SW have ESD but are improving access and have extended service to include reviews, SE are looking at integrated working of existing community teams and are developing an ESD proposal.
- ESD and improving staffing in community teams will in turn improve information, single point of access for patients and support for carers.

Reviews and Assessments

- Each locality is working towards improving access to reviews and in providing an integrated approach.
- A Network review proforma has been developed
- Improving the patient review pathway can link with ESD development and this is being undertaken in areas developing new ESD teams, In SW reviews are successfully undertaken by the ESD team, they act as the single point of contact.

Information

- There is sign up to improving patient information through the newly developed Network stroke handbook being piloted in all areas. This document includes the joint care plan stroke information and PHP
- The Stroke Association in Essex currently has a contract with ECC to improve long term support; this contract is being re visited with key suggested work being improving access and information for Essex stroke patients and their carers.

- Information Advice and Support Coordinators are available in some areas of Essex and act to provide information and support after discharge to stroke patients and their carers. This role needs to be developed in the SE and West
- User feedback to the CQC highlighted the need for locally customised single source information at point of discharge. Current practice of issuing individual service information was felt to be confusing and there was overreliance on national leaflets. Where IASC contracts are in place these could be adjusted to include a coordinating role for provision of a single local directory.
- Public and patient friendly TIA and Thrombolysis leaflets have been developed by the Network patient group.

Long Term Support

- Other suggested work within the Stroke Association contract is supporting training in nursing homes and residential homes
- ECC have funding available this year to improve other aspects of long term support , it has been suggested this money be utilised to support back to work initiatives
- Work is being undertaken via ECC to improve access to stroke clubs.
- Social care action plans propose a more robust engagement with carers in terms of both assessment and access to support services

Training opportunities have been increased by the Network in relation to rehabilitation and social care, a 3 day rehab course has been developed across the Network.

TIA

At the time of the review TIA services operated 5 days a week

4 localities now have 7 day services; some work still needs to be undertaken to improve access to imaging as most only have this on a Saturday or Sunday. Joint working will be necessary between localities to improve this

West's TIA weekend patients will be treated at Southend via a SLA from July 2011

End of Life care

During the Network reviews this was found to be available within the stroke units and via end of life teams.

The MID CQC rating which was poor for end of life care was found on review to be an error in data reporting on a well functioning service

Some work needs to take place to ensure palliative care stroke patients do have the choice to die at home.

Psychology

This needs major work within the Network and PCTs

An EOE commissioning document has now been developed to support the implementation of psychology services locally

Localities are now benchmarking against this to identify gaps in posts and training

I have to report that some of the findings of the CQC review did not mirror the Network findings. Some of the problems seem to have been data collection or an inappropriate person giving the feedback to the CQC. Some stroke teams report no involvement in the CQC review

The Network acknowledges the progress that has been made although there is a long way to go. Major restraints to developments like ESD where we fall behind in the national picture are funding.

Rehabilitation for stroke is a Network and LIT priority but in some areas challenged by historic shortfalls in community services.

There is collaborative working via the LITs to address all issues

Yours Sincerely

A handwritten signature in brown ink, reading 'Jking', on a light yellow rectangular background.

Jackie King
Interim Director
Essex Cardiac and Stroke Network