

# CQC REVIEW OF STROKE SERVICES 2011

## SOUTH WEST LONDON ANALYSIS

This report summarises the results of the January 2011 Care Quality Commission review of stroke services, focusing on the Primary Care Trusts in South West London (SWL).

This review looked at the pathway of care for patients with stroke (or transient ischaemic attack) and their carers from the point where they prepare to leave hospital through to long term care and support in the community.

London was described as showing 'below average performance' in this review.

**Two PCTs** in South West London were described as '**best performing**' (Croydon PCT and Kingston PCT)

**Two PCTs** in South West London were described as '**better performing**' (Sutton and Merton PCT and Wandsworth PCT)

**One PCT** in South West London was described as '**least well performing**' (Richmond and Twickenham PCT)

High level areas for potential improvement include:

- Provision of community based services
- Early Supported Discharge (ESD)
- Provision of post stroke reviews

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**March 2011**

## CQC Stroke Services Review<sup>1</sup> – Scope Of The Review

This review was aligned to PCT boundaries, and analysed the pathway of care for people with stroke (or TIA) and their carers from the point where people prepare to leave hospital through to long term care and support in the community. It looked at health and social care services and links to other relevant services, such as local support groups and services to support participation in community life after stroke.

## CQC Stroke Services Review – Method

Multiple sources of information were used to inform the review approach. These included:

- Workshops with representatives from national patient groups
- Research into patient experiences of stroke services
- Research undertaken with 'hard to reach' groups
- Assessment framework developed in conjunction with external advisory group, using feedback from site visits

The assessment framework was aligned to the National Stroke Strategy<sup>2</sup> Quality Markers, and a set of 15 scored indicators was developed.

**Table 1: The scored indicators for this review**

Scored indicator	Quality Marker
Early supported discharge	10
Community-based services	13
Secondary prevention	13
TIA care and support	6
Support for participation in community life	15
Long-term outcomes of care	13
Services for carers	13
Meeting individuals' needs	13
Range of information provided	3
Signposting, coordination and personalisation	3
End of life care	11
Involvement in planning and monitoring	4
Management of transfer home	12
Reviews and assessments after transfer home	14
Working together	17

From CQC – Supporting Life After Stroke Review January 2011

<sup>1</sup> <http://www.cqc.org.uk/reviewsandstudies/strokeservices.cfm>

<sup>2</sup> National Stroke Strategy, Department of Health (2007)

## In Context

Since the information was collected for this service review, there have been significant organisational changes relating to community service provision, as part of the Transforming Community Services<sup>3</sup> programme of work. These changes impact significantly on the structure of community services, and some posts in stroke teams are likely to be placed at risk or may face re-grading in the coming months.

Figure 1 below outlines the changes.

Figure 1

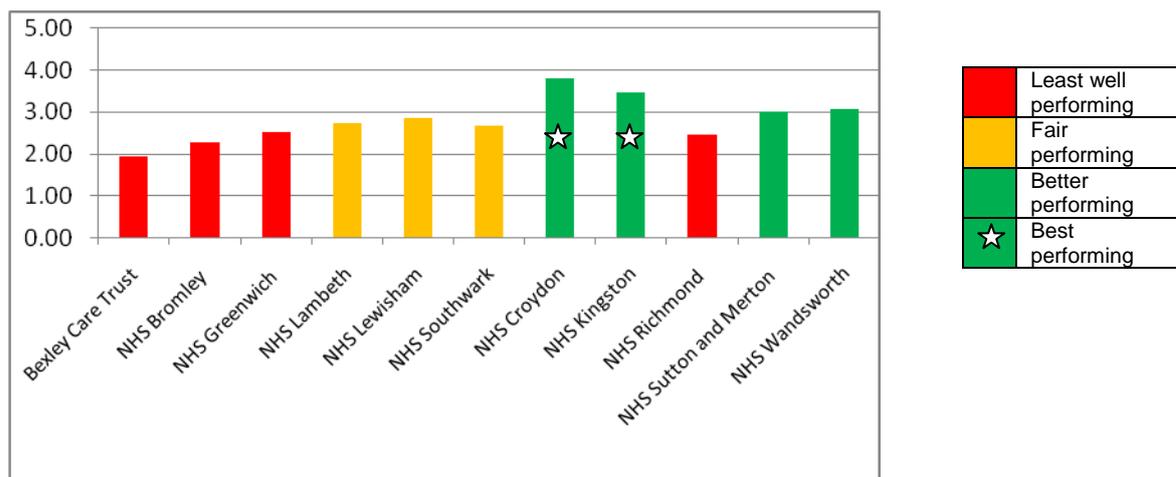
<b>Borough</b>	<b>Planned / completed changes under TCS</b>
Croydon	Integration with Croydon University Hospital Trust (previously known as Mayday Hospital) to form Croydon Community Health Services
Kingston	Establishment of 'Your Healthcare' as a local social enterprise organisation
Richmond and Twickenham	Integration with Hounslow community provider service in Hounslow and Richmond Community Healthcare
Sutton and Merton	Integration with The Royal Marsden NHS Trust
Wandsworth	Integration with St Georges Healthcare NHS Trust

This report summarises the data contained within the borough level CQC reports and seeks to put this in local context, and to aid the development of local action plans. The network team is aware of queries and concerns raised by some local providers and commissioners regarding the approach taken by the CQC in this report and accepts that, given the time that elapsed since data was collected, some of the scoring may not accurately reflect the current situation regarding stroke service provision.

<sup>3</sup> <http://www.dh.gov.uk/en/Healthcare/TCS/index.htm>

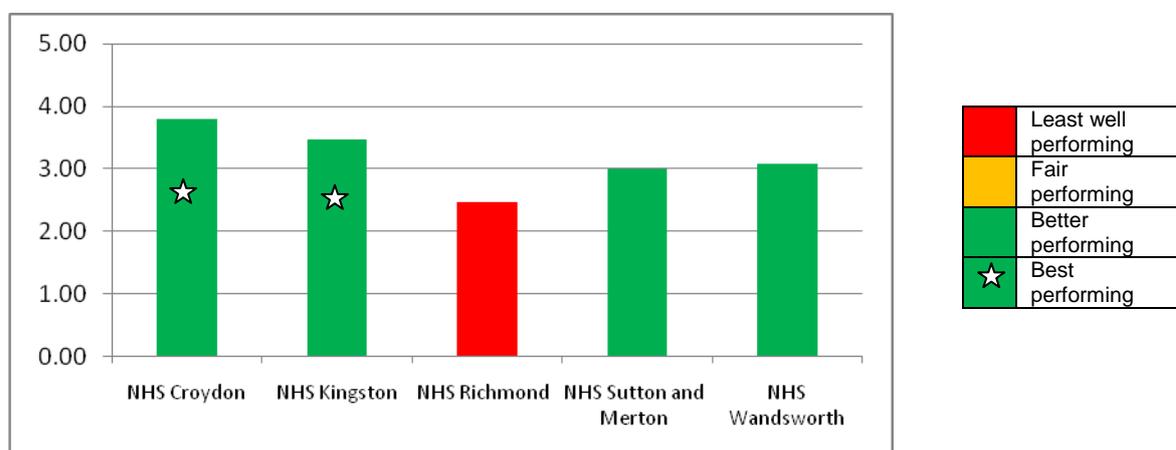
## South London PCTs– Overall Ratings And Average Scores

Information from a variety of sources was collated and reviewed to define an organisational score against each of the 15 indicators outlined earlier in this report. Information about the scoring process can be found in the [CQC Assessment Framework](#). The scores from each indicator were analysed and weighted to provide an overall organisational performance score. Organisations were then ranked and rated according to the quartile correlating to their score.. RAG ratings have been added by the Network team to demonstrate variability in performance across the network area.



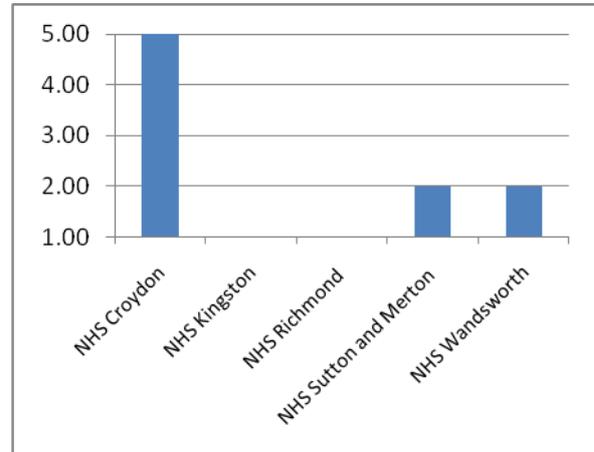
## South West London PCTs summary

Average scores



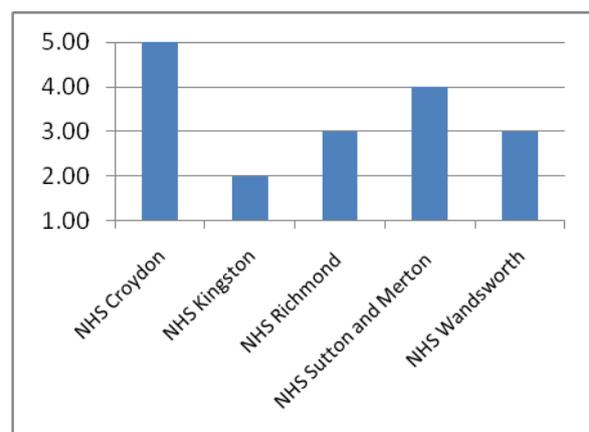
## Early supported discharge

- The London stroke rehabilitation guide<sup>4</sup> advises that PCTs should seek to establish ESD services for eligible patients once community rehabilitation services are in place, reflecting its inclusion in the National Stroke Strategy.
- When the report was produced Richmond and Twickenham (R&T) had no ESD service. Since integrating with Hounslow the situation may have changed. The network will seek to clarify this via the rehabilitation workstream,
- In Kingston a contract was held with Richmond and Twickenham therefore no ESD was available. Since the establishment of 'Your Healthcare' (Kingston social enterprise) a community rehab team is being planned.
- The ESD service in Croydon is currently provided by the CICS team. Post integration with CUH they are seeking to establish a standalone stroke team.
- Wandsworth have a well established ESD team. Lack of social work, medical and nursing input into the team appears to have reduced their score. The team make up appears also to have impacted on scores for Sutton and Merton.
- The network rehab workstream currently reviews numbers referred to and treated by ESD and CNRT. The network will also seek to investigate the number of patients declined due to capacity and exclusion criteria.



## Community based services

- Every PCT should commission a community rehab service for stroke patients, delivered by staff with stroke specialist skills (according to London stroke rehabilitation guidelines<sup>5</sup>).
- In Kingston a contract was held with R&T for community services. Since the establishment of 'Your Healthcare' (Kingston social enterprise) a



<sup>4</sup> Stroke rehabilitation guide: supporting London commissioners to commission quality services in 2010/11 (Healthcare for London; Commissioning Support for London)

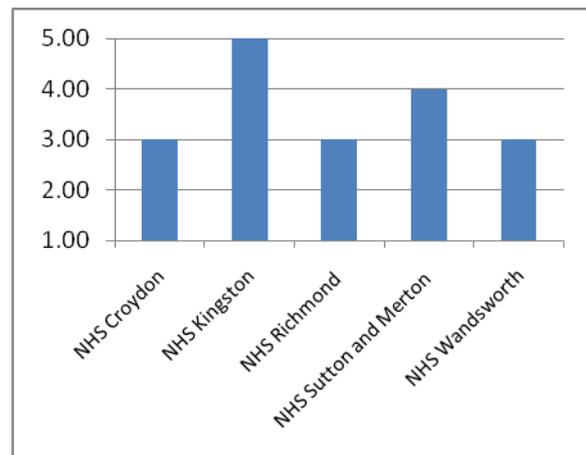
<sup>5</sup> The London Stroke Strategy (Healthcare for London; Commissioning Support for London 2008)

community rehab team is being planned. In addition, there are 6 stroke inpatient rehab beds at Tolworth Hospital.

- Some SWL boroughs have indicated that they provide specific vocational rehabilitation and rehabilitation regarding driving. The network will seek to clarify arrangements in place through the rehabilitation workstream.

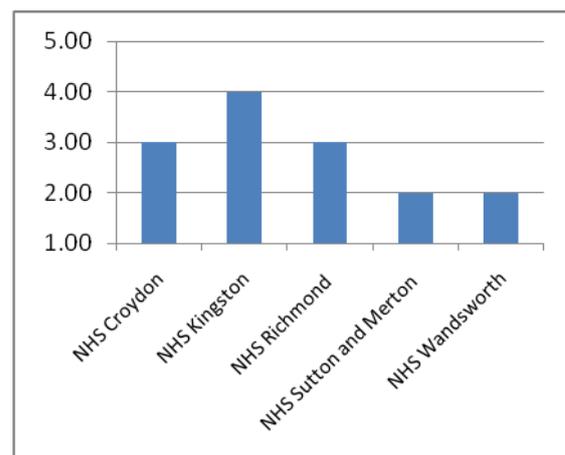
## Services for carers

- Provision of information for carers is essential in helping people affected by stroke remain informed, included and supported as their needs change over time (QM3 National Stroke Strategy)
- The report suggests that carers are comparatively well provided for in SWL.
- The same stroke handbook is available to all patients and carers across SWL. Richmond and Twickenham patients at West Middlesex Hospital will not receive this, which may account for their lower scores for clarity and usefulness of information for carers. The network team will seek to clarify information provision for these patients. In Croydon there is no expert carers programme available.
- It would appear from the social services input to the review that links between social services and health providers in Kingston have aided development of services for carers



## Secondary prevention

- Data from the QOF<sup>6</sup> (BP and cholesterol management) was used to inform this area. Variable scores were noted for SWL boroughs.
- This information will be taken to the next South London (SL) Network prevention meeting for review and discussion, along with relevant information from the stroke pathway profiles<sup>7</sup> produced for each London borough by CSL in late 2010. It is envisaged that this group will lead on driving improvement across SL.



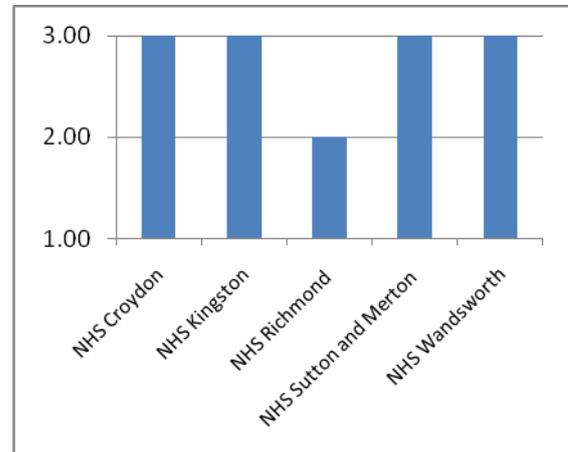
<sup>6</sup> [www.gpcontract.co.uk](http://www.gpcontract.co.uk)

<sup>7</sup> <http://www.csl.nhs.uk/Intelligence/Pages/PCTstrokeprofiles.aspx> (2010)

- Kingston was noted to have performed particularly well with regard to blood pressure control.

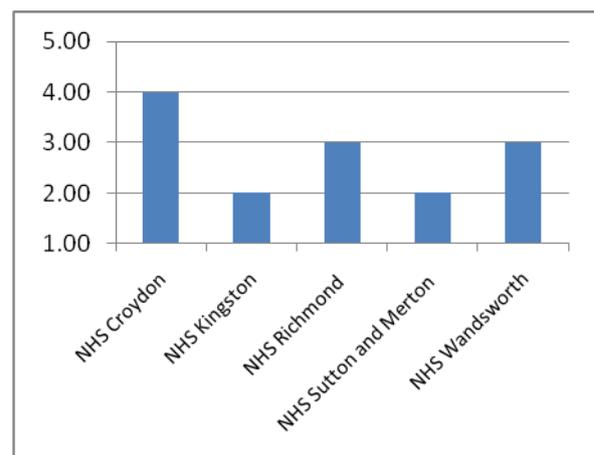
## TIA care and support

- In London, people presenting with high risk TIA should receive a specialist assessment and treatment within 24 hours of symptom onset. For low risk TIA this should be within 7 days. Specialist TIA services have been set up to help achieve this.
- All boroughs in SWL apart from R&T have established TIA services provided within the borough.
- It is unclear why R&T scored poorly on this as their patients attend the Kingston and Hounslow services.
- The network is monitoring activity for TIA services
- There have been regular education sessions for GPs on TIA and promotion of the pathway across the sector.



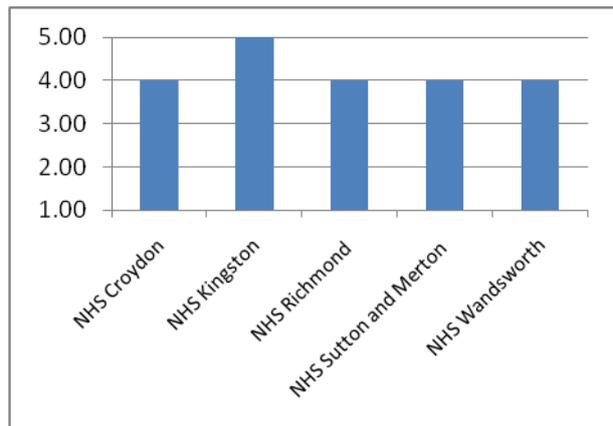
## Stroke End of Life Care

- QM11 (National Stroke Strategy) focuses on the need for end of life care that is delivered by appropriate professionals, and takes patients needs and wishes into account.
- Implementation of approaches such as preferred place of care, the gold standards framework, and the Liverpool care pathway can be used to support patients through end of life care after stroke.
- In Kingston patients are not currently given a preference regarding the use of Do Not Attempt Resuscitation orders (DNAR).
- The review findings stated that in Sutton and Merton patients are not currently given a choice regarding place of death. Agreed pathways are now in place for determining where patients choose to die. Staff have been trained in its delivery.
- The network team will work with providers and commissioners in these boroughs to look at current provision and how this might be improved.



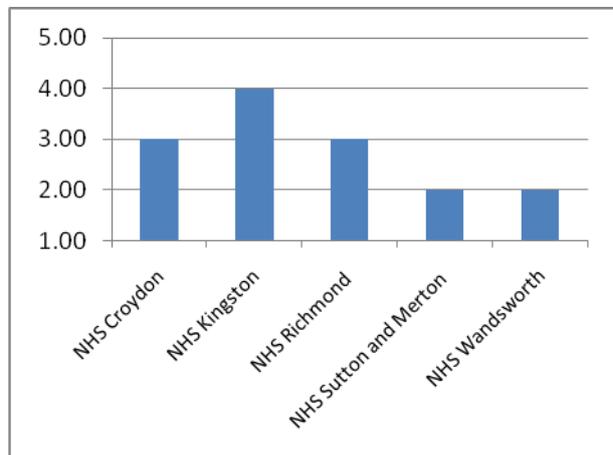
## Outcomes at year one

- In all boroughs one year mortality was less than expected.
- Kingston, Sutton and Merton and R&T all had lower than expected emergency readmission rates.



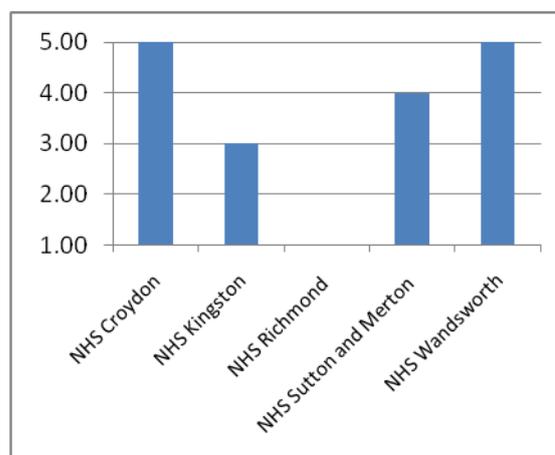
## Meeting individual needs

- Equality impact assessments for stroke services do not appear to have been carried out in several boroughs in SWL (this has been completed only in Wandsworth and drafted in Kingston).
- The network team will clarify the status of these and flag this for action with relevant PCTs. Areas flagged nationally for improvement included:
  - Ensuring services meet the needs of people with aphasia and other communication-related disabilities. In particular, social services and other disabilities than they were for physical disabilities.
  - Services could do more to understand the needs of people from particular ethnic or cultural backgrounds, and adapt to their needs
  - Services for people in care homes may require review, and consideration should be given to training needs for care home staff.
- There was variability in formats for information provided on transfer home between boroughs and within boroughs between health and social care. This can be raised at network workstreams and opportunities to share good practice will be explored.



## Support for participation in community life

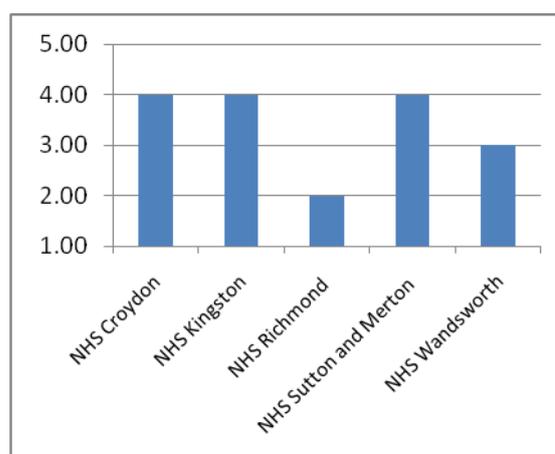
- The London Life After Stroke Commissioning Guide<sup>8</sup> Oct 2010 emphasised the importance of having person centred services to support stroke survivors to have a more positive engagement with their physical, personal and social environment by providing information, addressing practical, emotional and financial matters that arise as a result of stroke. Commissioners are advised to focus on equity of access and on developing services that improve the quality of life of stroke survivors, including information provision, promoting self management, providing opportunities for ongoing review, increasing involvement in community life, and providing emotional support, and support for carers/families. A network project group will be set up in FY2011/12 to focus on this area,



- Richmond and Twickenham and Kingston received poor scores for their lack of outcome focused goals. Kingston have subsequently started to use the Bridges self management approach.
- Areas with stroke family and carer support workers appeared to have scored well on this but unfortunately these posts have subsequently been lost in some boroughs and are at risk in others.
- In R&T there was a lack of information included in the report and scores reflect this. The network team will seek to clarify provision with local contacts.

## Range of information

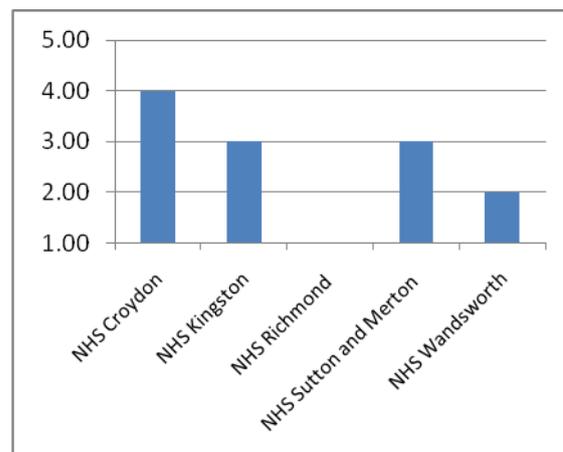
- Patient information on transfer home was reviewed by a local panel of patients and the public
- Richmond & Twickenham and Kingston were scored poorly by the panel with regard to the range of information available.



<sup>8</sup> Life after stroke: commissioning guide (Commissioning Support for London 2010)

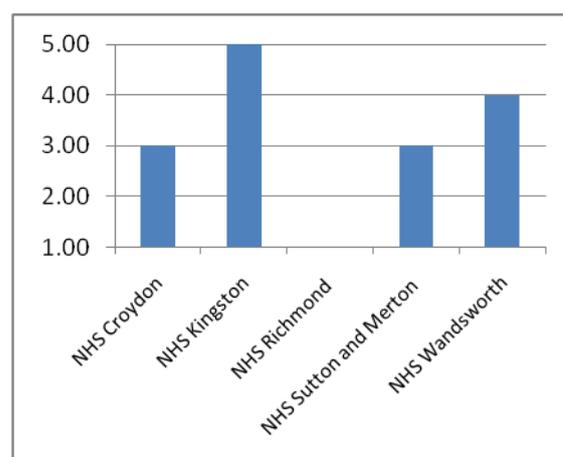
## Signposting, coordination and personalisation

- The London standard states that everyone who has had a stroke, and their carers, should have a key support worker such as a family support worker or community matron to provide:
  - longer-term support
  - navigation and advocacy
  - a link with the inpatient and community rehabilitation teams and other care providers
- Availability of helplines was variable across SWL and where some of these are indicated as existing there is no information regarding the nature of these (e.g. provided by social care, level of support and info provided)
- Variability in provision of support workers was noted.
- Lack of a single point of contact in Wandsworth adversely affected scores, but they were the only borough in SWL to provide 100% of patients with a named support worker. There are concerns that this may no longer be the case with the loss of the Stroke Carer and Family Support Worker
- Richmond and Twickenham received no score for some sections



## Involvement in planning and monitoring

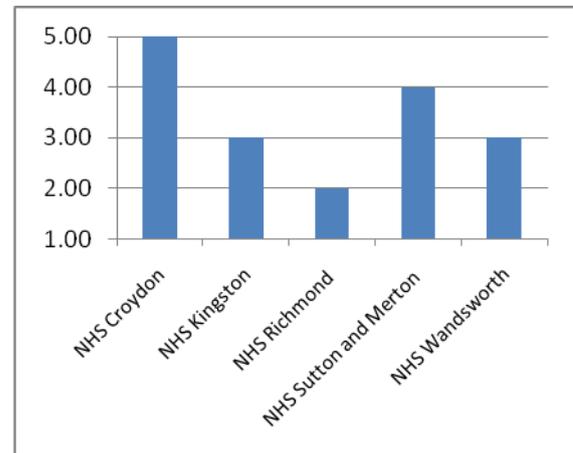
- In line with QM4 (national stroke strategy) the review looked at how patients and carers were involved in stroke services (e.g. focus groups, involvement in service design) and also at whether targeted approaches to involving specific populations were used (e.g. people with aphasia, people in care homes, people whose first language is not English).
- All boroughs in SWL indicated that patients and carers are involved in pathway design apart from R&T. However, no borough involved patients in commissioning decisions.
- Targeted work in care homes is currently reported as only undertaken in Kingston, although there are plans to address this across SWL (through training delivered by the Health Innovation and Education Cluster).



- In Sutton and Merton and R&T no opportunities were identified to involve people with aphasia. The network has funded communication access training with Connect, which could be rolled out across the boroughs to support involvement activities.

## Transfer home

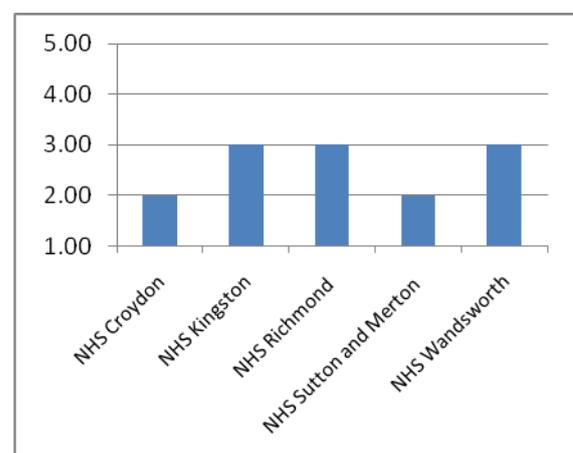
- The CQC review looked at the percentage of people contacted within 2 days of transferring home. The London standard states that patients should be contacted by a member of the community rehabilitation team within 24 hours of discharge home, and should be assessed within three days. The network view is that monitoring timeliness of treatment is a better indication of quality of service and recommends monitoring of two key standards from the London Stroke Rehabilitation Guidelines:



- RC2 (percentage of appropriate patients whose treatment programme started within 24 hours (ESD intensity level) or seven days (non-ESD) of assessment)
- RC7 (Percentage of appropriate patients receiving five sessions per week within the first two weeks (ESD), and/or three sessions per week for the first four weeks (non-ESD/post ESD) – of OT, PT & SLT. (Weeks start when treatment starts; ongoing to enable patients to meet goals))
- In Sutton and Merton discharge policies are generic and not specific to stroke.
- Richmond and Twickenham indicated some patients do receive a copy of their discharge summary. In Sutton and Merton patients receive this but it is in a clinical format. Other boroughs indicate that this is provided to all patients. Clarification from acute trusts should be sought.

## Reviews

- Variable provision has been reported with regard to the six week review, but this appears to have excluded reviews provided by acute trusts following discharge from hospital.
- There are significant gaps across SWL in provision of six month and annual reviews. The six month review is an area identified nationally for

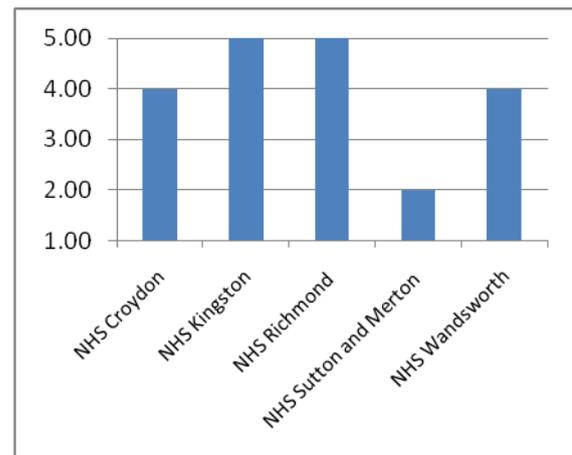


improvement as part of the Accelerating Stroke Improvement Programme<sup>9</sup>.

- The Network held a task group meeting for March 2011 which looked at the implementation of reviews in South London (focusing primarily on the six month review). A guidance document for commissioners is in development. This work continues from the Network’s patient and carer involvement activities.

## Working together

- Most boroughs indicated that joint reviews of health and social care needs do not take place. Richmond and Twickenham however, stated that these are established in the borough. The network will seek to clarify these arrangements and share information across the sector.
- The points scored from ASSD for this question indicate significant variation in joint working between health and social care across SWL. This may be an area for potential improvement, and lessons could be shared from boroughs who scored well (Richmond and Twickenham and Kingston).



<sup>9</sup> <http://www.improvement.nhs.uk/stroke/AcceleratingStrokeImprovement/tabid/134/Default.aspx>

## Recommendations

Recommendation	Responsible Party	Network role
<p>Continued focus on establishing / developing community rehabilitation stroke services with an integrated stroke supported discharge service (for those eligible for early supported discharge as well as those requiring ongoing community based rehabilitation following their inpatient stay), delivered by multidisciplinary staff with stroke specialist skills. Waiting times for these services should be monitored.</p>	<p>Local commissioners and providers</p>	<p>A service specification has been developed for use in South London, informed by national and local rehabilitation standards and guidance. This is in the process of being reviewed by members of the SL rehabilitation workstreams.</p> <p>When the report was produced R&amp;T had no ESD service. Since integrating with Hounslow the situation may have changed. The network will seek to clarify this via the rehabilitation workstream,</p> <p>The network rehab workstream currently reviews numbers referred to and treated by ESD and CNRT. The network will also seek to investigate the number of patients declined due to capacity and exclusion criteria</p>
<p>Vocational rehabilitation services should be available across all SW London boroughs.</p>	<p>Local commissioners</p>	<p>The network team will work with commissioners and providers to obtain further information regarding current provision and to highlight gaps in provision.</p>
<p>Service provision and information for carers should be reviewed</p>	<p>Local providers and commissioners</p>	<p>The network team will work with providers seeking to improve in this area and will share examples of good practice via network workstreams</p>
<p>Review of QOF data on secondary prevention after stroke, along with relevant information from the stroke pathway profiles produced for each London borough in late 2010</p>	<p>Primary care</p>	<p>For review and discussion at the next meeting of the South London (SL) Network prevention group. It is envisaged that this group will lead on driving improvement across SL.</p>

South London  
Cardiac and Stroke Network

Continued development of TIA services	Local providers and commissioners	The network will continue to support the development and quality assurance of TIA services through the London assessment process and monitoring of Integrated Performance Measures for Stroke and TIA (previously known as vital signs).
Review current provision of end of life care for stroke and clarify areas for potential improvement.	Providers and commissioners	The network team will work with providers and commissioners to look at current provision of end of life care and how this might be improved.
PCTs who have not yet completed Equality Impact Assessments for stroke services should seek to ensure these are undertaken.	PCTs	
Review of Life After Stroke service provision, guided by the London Life After Stroke Commissioning Guidance (2010).	Local commissioners	Current provision of Life After Stroke services in South London should be reviewed by the network work group (to be established during FY2011/12) and examples of good practice should be shared.
Providers should review patient and carer information to make improvements flagged through their borough level reports and should involve patients and carers in further development of this information.	Providers	Examples of good practice can be shared through network workstreams for example the development of a stroke patient handbook for use in acute units and community settings.
<p>All patients should be contacted within 24 hours of discharge in line with the London standard.</p> <p>The network view is that monitoring timeliness of treatment is a better indication of quality of service and recommends monitoring of two key standards from the London Stroke Rehabilitation Guidelines:</p> <p>RC2 (percentage of appropriate patients whose treatment programme started within 24 hours (ESD intensity level) or seven days (non-ESD) of</p>	Local commissioners and providers	

assessment)  RC7 (Percentage of appropriate patients receiving five sessions per week within the first two weeks (ESD), and/or three sessions per week for the first four weeks (non-ESD/post ESD) – of OT, PT & SLT. (Weeks start when treatment starts; ongoing to enable patients to meet goals))		
Acute providers should ensure patients are provided with a copy of their discharge summary.	Acute providers	Clarification from acute trusts should be sought.
Delivery of post stroke reviews at 6 weeks, 6 months and 12 months (and annually after that).	Local commissioners and providers	The network stroke reviews task group will review the findings of this report to help map provision across SWL and develop action plans for improvement.
Patients should receive integrated reviews of their health and social care needs		The network team will seek to clarify arrangements for integrated reviews in Richmond and Twickenham and share details of this via the rehabilitation workstream.
In R&T there was a lack of information included in the report and scores reflect this		The network team will seek to clarify provision with local contacts.

### Notes on scoring

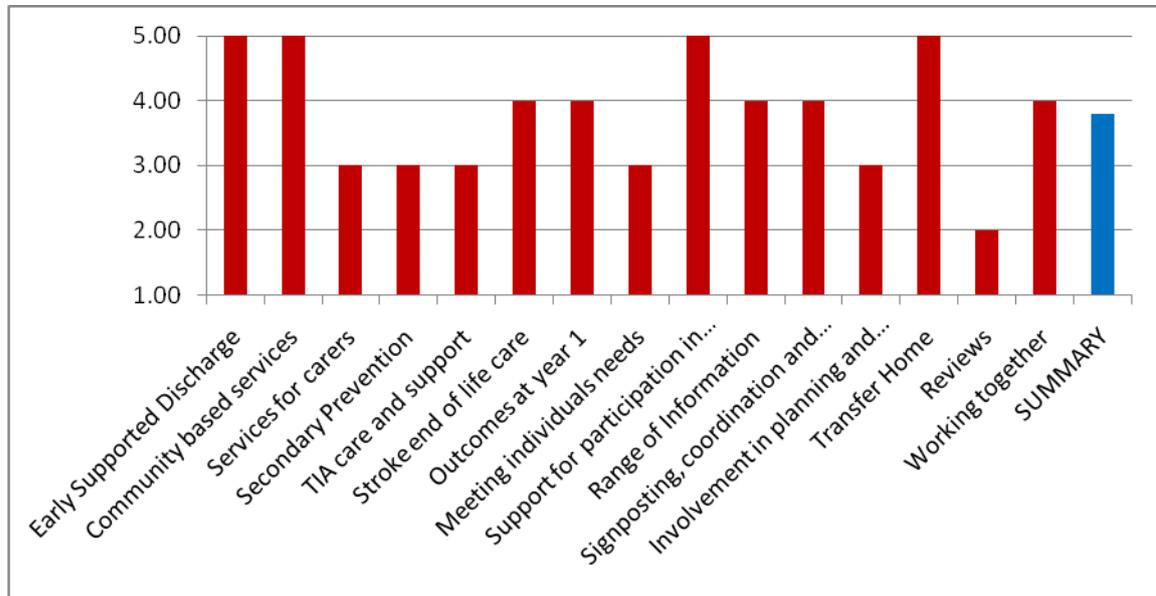
It appears from the scoring that no case note file tracking was undertaken in Richmond and Twickenham, and this may have impacted on scores.

It was also noted that scores relating to social services (ASSD form) in Kingston were consistently good. This may reflect particularly good engagement in stroke services and lessons could be shared across the sector.

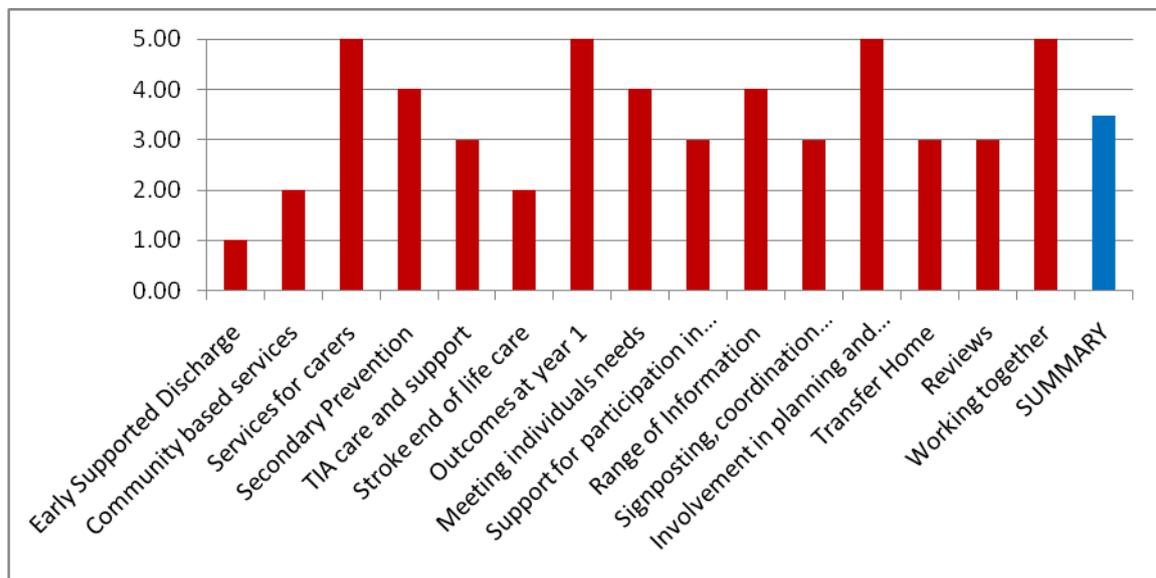
## South West London – By PCT

NB – the maximum possible score for TIA services was 3

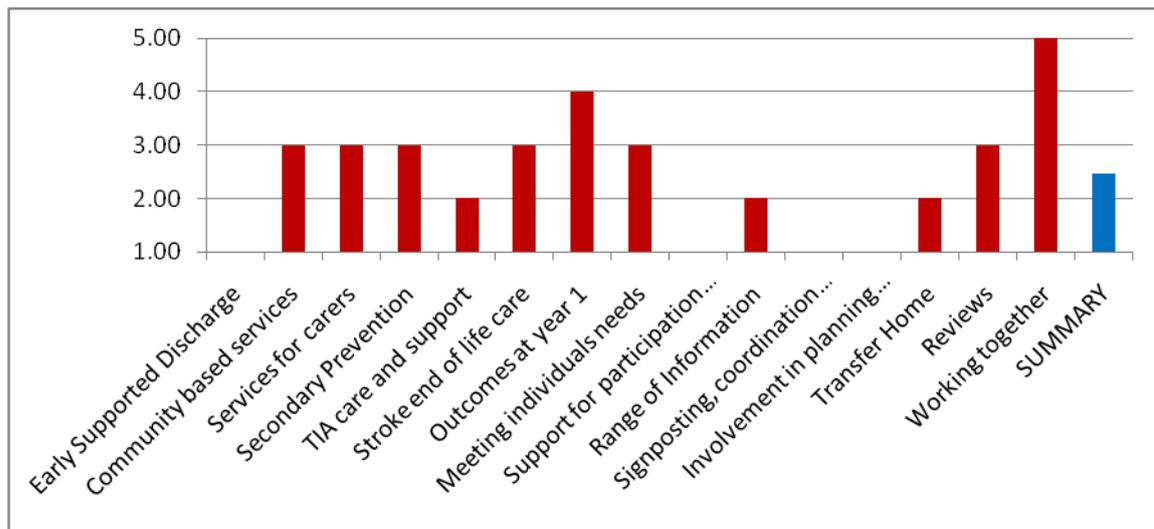
NHS Croydon



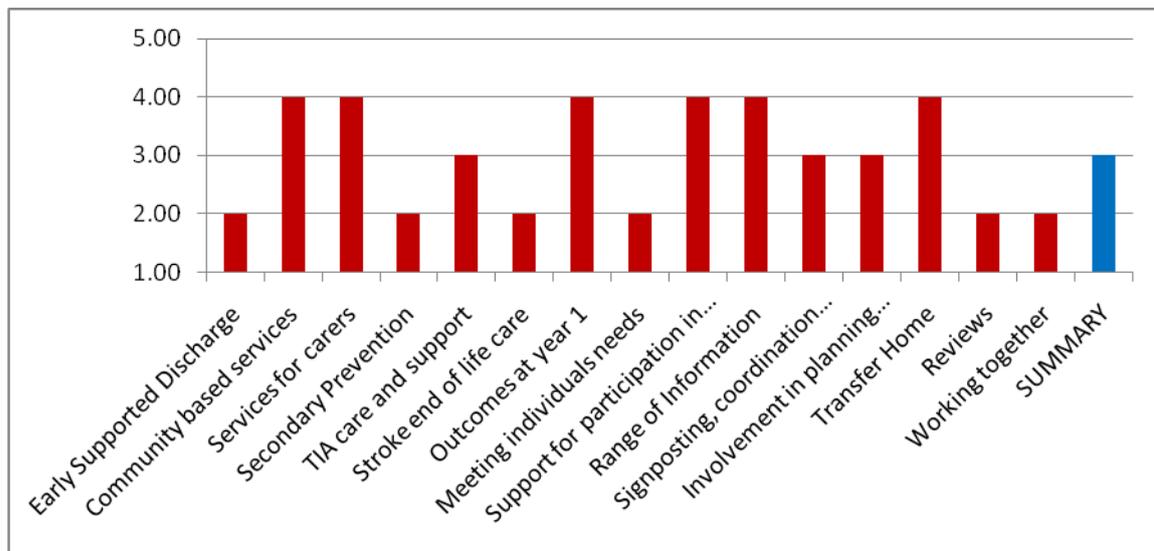
NHS Kingston



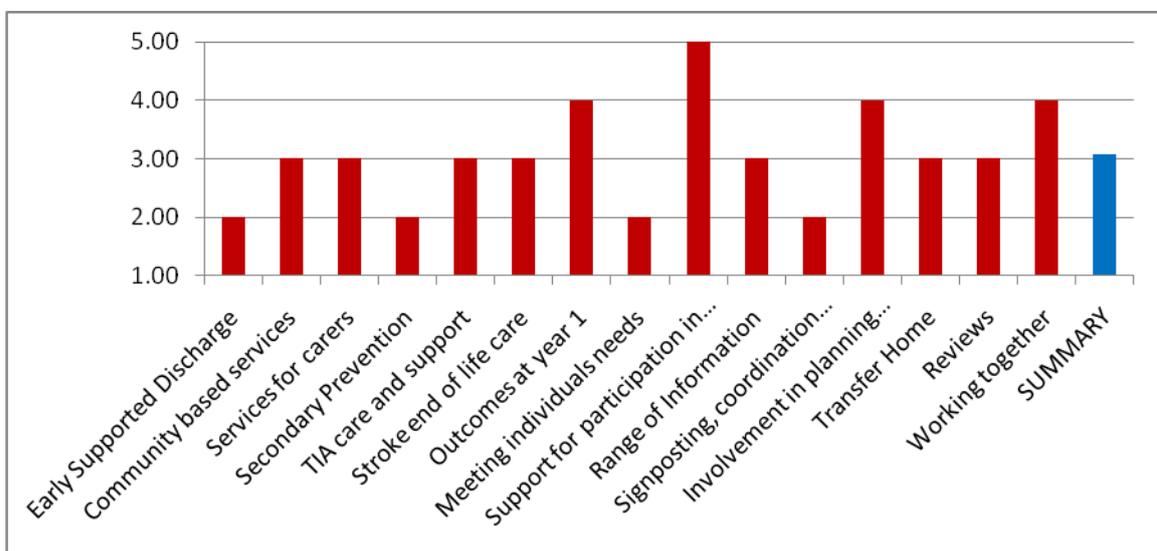
NHS Richmond and Twickenham



NHS Sutton and Merton



NHS Wandsworth



## Appendix 2 – London borough ratings

NHS Barking and Dagenham	North East London Cardiovascular and Stroke Network	3.13	Better
NHS City and Hackney Teaching	North East London Cardiovascular and Stroke Network	3.00	Better
NHS Havering	North East London Cardiovascular and Stroke Network	2.60	LWP
NHS Newham	North East London Cardiovascular and Stroke Network	2.87	Fair
NHS Redbridge	North East London Cardiovascular and Stroke Network	2.87	Fair
NHS Tower Hamlets	North East London Cardiovascular and Stroke Network	3.13	Better
NHS Waltham Forest	North East London Cardiovascular and Stroke Network	2.40	LWP

NHS Barnet	North Central London Cardiac and Stroke Network	2.67	Fair
NHS Camden	North Central London Cardiac and Stroke Network	3.87	Best
NHS Enfield	North Central London Cardiac and Stroke Network	1.93	LWP
NHS Haringey	North Central London Cardiac and Stroke Network	3.80	Best
NHS Islington	North Central London Cardiac and Stroke Network	3.13	Better
Bexley Care Trust	South East London Cardiac and Stroke Network	1.93	LWP
NHS Bromley	South East London Cardiac and Stroke Network	2.27	LWP
NHS Greenwich	South East London Cardiac and Stroke Network	2.53	LWP
NHS Lambeth	South East London Cardiac and Stroke Network	2.73	Fair
NHS Lewisham	South East London Cardiac and Stroke Network	2.87	Fair
NHS Southwark	South East London Cardiac and Stroke Network	2.67	Fair

NHS Brent	North West London Cardiac and Stroke Network	2.53	LWP
NHS Ealing	North West London Cardiac and Stroke Network	2.60	LWP
NHS Hammersmith and Fulham	North West London Cardiac and Stroke Network	2.33	LWP
NHS Harrow	North West London Cardiac and Stroke Network	3.33	Best
NHS Hillingdon	North West London Cardiac and Stroke Network	2.67	Fair
NHS Hounslow	North West London Cardiac and Stroke Network	3.00	Better
NHS Kensington and Chelsea	North West London Cardiac and Stroke Network	2.93	Fair
NHS Westminster	North West London Cardiac and Stroke Network	2.27	LWP
NHS Croydon	South West London Cardiac and Stroke Network	3.80	Best
NHS Kingston	South West London Cardiac and Stroke Network	3.47	Best
NHS Richmond and Twickenham	South West London Cardiac and Stroke Network	2.47	LWP
NHS Sutton and Merton	South West London Cardiac and Stroke Network	3.00	Better
NHS Wandsworth	South West London Cardiac and Stroke Network	3.07	Better