

National Service Framework For Older People Standard 5 – Stroke Care

When the NSF was finally published in March of this year, I admit to being delighted with the contents relating to stroke care. The aim “to reduce the incidence of stroke in the population and ensure that those who have had a stroke have prompt access to integrated stroke care services” is nicely focussed. The Standard relating to partnership working to prevent stroke, and all stroke patients having access to a specialist stroke service, is laudable. Given the size of the task, the timescales for implementation seem reasonable – everything up and running by April 2004. Furthermore, the key intervention areas of prevention, immediate care, early and continuing rehab, and long-term support, are logical and well set out. It is particularly welcome to see the emphasis on rehabilitation and long term support. What is less welcome, and clearly inaccurate, is the statement that no resources are expected to be necessary to implement this new service.

Preventative strategies for vascular disease are already high on the agenda of primary care organisations, particularly in view of the NSF for cardiovascular diseases, which was published last year. Systems for recording of risk factors for vascular disease and audit programmes to monitor interventions to reduce risk are already being developed. Stroke services will link with this initiative to promote the issues related to patients with risk factors for cerebrovascular disease. For patients who have had a TIA or minor stroke and have not been admitted to hospital, rapid access to specialist clinics is required and national guidance on how these clinics should operate will soon be available. We already have two such clinics in the City run by Dr Bamford, at St James’s Hospital, and myself at Leeds General Infirmary. They have not been generally advertised as they are being evaluated, and it is likely that their capacity will soon be inadequate.

As far as acute stroke care is concerned, the Hospital Trust has already been developing services over many years in certain areas. The acute care of younger patients

in Leeds will be on a Neurovascular Unit, which will be run by Dr Bamford. His team have been running an acute service at St James’s Hospital but it is hoped that they will soon accept patients aged less than 50 from across the city. Rehabilitation services for the under 65’s have been successfully championed by Professor Chamberlain and her team. Ward 1 at CAH provides a comprehensive rehabilitation service for some young stroke patients. Leeds West now has a service for acute and rehabilitation stroke care for people aged over 65 but, unfortunately, Leeds East has not yet developed such a service. Ward 11 was earmarked for development as a rehabilitation stroke unit but at the present time has received insufficient support for it to function properly. A business case has been drawn up again this year to try to reduce this inequity in service between patients in Leeds East and Leeds West.

Ongoing community rehabilitation services in Leeds are currently complex and have previously grown up along age related lines. Facilities exist for rehabilitation in a number of settings, for instance, Chapel Allerton and Wharfedale Day Hospital, the Community Rehabilitation Unit at St Mary’s Hospital, the Intermediate Care Teams for Older People and Community Occupational and Physiotherapy. We need to think clearly about community rehabilitation and perhaps think about dividing the role into early supported discharge, continuing rehabilitation on discharge and longer-term outpatient rehabilitation. Current services need to be reviewed to ensure that rehabilitation input is tailored to the patient’s needs whenever they occur.

The final and very welcome intervention is in long term support and the concept of a Stroke Care Co-ordinator. The first challenge we have here is to find exactly what we mean by this role. To me this will be a well trained person with knowledge of services in the community both from health, social services and voluntary organisations. These people will require specific training and would play an active rather than passive role in assessment of needs and referral to appropriate agencies. They should have excellent communication skills and understanding of the way stroke affects family

life so they will be able to give appropriate support. This role will need to be developed for it to be meaningful and effective. The whole issue of long term support involves multi-agency working, clearly involving carers, the voluntary agencies, Social Services, Housing Department, primary care health services, district nurses and community therapists. As you can see there is lots of work to do! The NSF implementation has become part of the Modernisation agenda but sub-groups for each Standard within the NSF for Older People have been set up. I have been asked to chair the sub-group for stroke and we have started work recently. We held a workshop on 23 October at the South Leeds Stadium that was very successful. Over 50 people attended including patients, nurses, therapists, representatives from voluntary organisations and medical staff. The day was organised and co-ordinated by Janine Brown who is co-ordinating NSF implementation. Group work was undertaken, particularly focussing on what works and what doesn’t within current services and brief “wish lists” for change. There was a great deal of support for organised stroke services, community rehabilitation, voluntary organisation input and equity. It was very clear that people at the workshop were not happy with the current variation in services across the City. Subsequently, we have had the first meeting of the stroke sub-group committee that again has representatives from voluntary organisations, Social Services, hospital staff and general practitioners. There will be a need to overcome administrative and organisational boundaries, both within the Hospital Trust and outside as we move towards a non-age related service for stroke patients. We will need to take stock and understand the current services that are available, particularly the areas of excellence to see how they can be built upon, whilst ensuring equity of access.

How will we judge if these changes have been effective? The firm Robson Rhodes, on behalf of the Audit Commission, is currently completing the base line assessment of rehabilitation services in Leeds with a particular emphasis on stroke, and this should provide useful information. Once services are developed there is

a requirement to analyse the process of care and outcomes at six months post stroke, using the Royal College of Physicians' latest audit protocol. The requirements of the NSF and the high standards set by the Royal College of Physicians' care standards will drive investment in stroke services and innovation in service delivery.

I would like to thank in advance all those people who will be asked to help in this endeavour over the next few years.

**Dr P Wanklyn (Consultant Geriatrician)
Centre for the Health of Older People**

CERTIFICATE IN STROKE CARE

The National Service Framework for Older People has highlighted the need for specialised care for people after stroke. There is also a requirement to provide appropriate training to all service providers. In response to this need a multidisciplinary **Certificate in Stroke Care** has been established. The course was developed by experienced clinicians and researchers from Leeds Teaching Hospitals Trust and the University of Leeds and supported by the West Yorkshire Education and Training Consortium. The year long Certificate runs in the School of Healthcare Studies, University of Leeds and consists of four 10 credit modules and a 20 credit module at level 2 or 3. Modules include General Principles of Stroke Care, Acute Stroke Care and Stroke Rehabilitation and are delivered weekly on Thursday evening, 5.00pm to 9.15pm in term time. The course began in October and has been extremely well attended, with 27 students in this first year.

Lectures are being delivered by a range of very experienced stroke physicians and researchers. Assessment is by summative assignments and case presentations.

For further information about the Certificate or individual modules please contact: Anne Forster on

telephone number 0113 2335654 or 01274 365311 or e-mail : a.forster@leeds.ac.uk

Net News

There has been few changes to Leeds Stroke Database web site as follows:

- Separate pages for Patients/Carers and Professionals
- A new page for information on “ Stroke care at Leeds Teaching Hospitals
- We are in the process of introducing a “**Discussion Group**” page where patients/carers and professionals can exchange views and ideas. Watch this space.

Our site was submitted for Bobby approval and has been approved. Please do visit our web site and let us know if there is anything we have missed or you want us to provide information on. Email to:

olasupo.ogunyinka@leedsth.nhs.uk

I would like to officially introduce myself to all our readers. My name is Mr Olasupo Ogunyinka–The new manager for the Leeds stroke Database. I was appointed in August 2001 and commenced in post at the beginning of September. Prior to this appointment, I worked for the Trust as a Directorate Accountant in the Property & Support Services Division. May I also take this opportunity to say *BIG* thank you and *FAREWELL* to Pauline Brunyee–Project Co-ordinator who left LSD at the end of September to complete her Master Degree. We would like to thank her for her commitment to the project over the last 7 years. Pauline asked us to pass on her thanks to everyone who help to establish and maintain the project.

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**Welcome to the latest edition of
"Leeds Stroke Review"**

This edition features a review of the **National Service Framework for Older People Standard 5** on Stroke Care by Dr Peter Wanklyn – Consultant Geriatrician and details of “**Certificate in Stroke Care**” by Dr Anne Forster.

If you would like to submit an article for the next edition of the Leeds Stroke Review please contact Olasupo Ogunyinka at the address below.

The Leeds Stroke Database
A floor (Room 19/OA/001)
Main Site, Leeds General Infirmary
Great George Street
Leeds LS1 3EX.

Phone / Fax: 0113 3928079

Phone only 0113 3928146

Email: olasupo.ogunyinka@leedsth.nhs.uk