

Post Scrutiny - Executive Response

In Respect of: Scrutiny Review of Stoke

Date: 8th February 2012

Cabinet Deputy: Councillor Lynn Travis (Adult Services)

Partnership: Health and Well-Being Board

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
1. That Tameside and Glossop's outlying rate of stroke admissions continues to be monitored and work continues to lower this rate.	Accepted	This will continue to be monitored via the established performance management arrangements in place for the shadow CCG.	Ali Lewin	Ongoing
2. That the public and patient groups are fully consulted in advance of future changes to services	Accepted	<p>Redesign work is being led by the Greater Manchester Cardiac & Stroke Network, with involvement from CCGs. The Network ensure extensive patient involvement in any redesign proposals, and also engage with the OSC at GM level.</p> <p>Consultation event (GM level) planned for 22nd June – will check / ensure that patient groups have been invited to this event, or that alternative arrangements have been made for patient consultation.</p>	GM Network (local contact via A Lewin)	June 2012

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3. That staff from the Combined Stroke Unit, Early Supported Discharge Team and Community Stroke Team continue to work closely together on a daily basis.	Accepted	Staff are working operationally on a daily basis – joint “board rounds” daily, weekly MDT meetings, and staff exchange arrangements in place to ensure staff understand processes both in the hospital and in the community	TFT (James Thomson) and SFT (Julia Worthington)	Ongoing
4. That as the new stroke care pathway develops, the needs of individual patients are the primary consideration in any changes.	Accepted	Individual patients’ progress and therapeutic plans / goals are assessed and monitored via the multi-disciplinary arrangements outlined in number ‘3’ above. The individual patient needs will continue to be a priority in any development of new pathways	Alison Lewin	Ongoing
5. That Early Supported Discharge and Community Stroke Teams work closely with relevant community care providers in complex cases where a stroke patient is primary carer for another member of their household.	Accepted	The ESD and CST are part of our commissioned services for patients in the community – via Tameside & Glossop Community Healthcare / Stockport FT – and have strong operational links and working relationships with other community care services. Social care staff are also part of the MDT process at the hospital and are heavily involved in the discharge planning process. Family needs and meetings are part of the MDT process	Alison Lewin	Ongoing

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6. That the stroke care continues to be delivered in line with national best practice as determined by the Royal College of Physicians and National Stroke Strategy.	Accepted	The sCCG will ensure that all service specifications and contracts for stroke care are in line with RCP guidelines and the national stroke strategy, and that local providers deliver services in line with these specifications. Robust performance management arrangements are in place to ensure this is the case.	Alison Lewin	Ongoing
7. That stroke care providers in Tameside and Glossop engage with the relevant bodies at a Greater Manchester level to ensure that a strong link is maintained between hyper-acute services and local acute and rehabilitation services.	Accepted	Providers and commissioners of stroke services in Tameside & Glossop are engaged with ALL the work of the cardiac and stroke network.	Alison Lewin / CCG	Ongoing
8. That patient satisfaction continues to be monitored closely.	Accepted	Part of contract monitoring with service providers, with additional stroke specific patient satisfaction work built into local and network reviews of stroke care.	Alison Lewin / CCG	Ongoing
9. That the Council works in partnership with the Early Supported Discharge Team to ensure patients have the necessary equipment and home adaptations to continue their recovery at home.	Accepted	ESD will flag any issues with access to equipment with the appropriate service commissioners / providers	Tricia O'Connell	Ongoing
10. That specialist stroke staff in the Combined Stroke Unit are dedicated exclusively to stroke patients.	Accepted	Commitment from Tameside Foundation Trust (TFT) that this is the case	TFT	Ongoing
11. That the time spent by community-based staff travelling to patients' homes will not reduce the quality or quantity of care they are able to deliver.	Accepted	As per assurance given by Julia Worthington at the OSC presentation in 2011, staff travelling time will not be detrimental in any way to patient care	Julia Worthington	Ongoing