

**Decision Maker:** Adult and Community PDS Committee

**Date:** 14<sup>th</sup> June 2011

**Decision Type:** Non-Urgent                      Non-Executive                      Non-Key

**Title:** **STROKE SERVICES IN BROMLEY**

**Contact Officer:** Philippa Stone, Democratic Services Officer  
Tel: 020 8313 4871 E-mail: philippa.stone@bromley.gov.uk

**Chief Officer:** Mark Bowen, Director of Resources

**Ward:** N/A

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1. Reason for report

1.1 This report attached at Appendix 1 provides an analysis of the results of 2010 CQC Review of Stroke Services in South East London. The review focused on the pathway of care from the point where stroke patients prepare to leave hospital through to long term care and support in the community. The report was compiled by the South London Cardiac and Stroke Network.

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2. **RECOMMENDATION**

2.1 To note the report and progress made since the CQC review was carried out

2.2 To support further local work on reviewing all aspects of stroke and stroke services in Bromley, from primary and secondary prevention to management and rehabilitation. This work will enable clarification of priorities for further action.

### Corporate Policy

1. Policy Status: N/A.
  2. BBB Priority: N/A.
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### Financial

1. Cost of proposal: N/A
  2. Ongoing costs: N/A.
  3. Budget head/performance centre: N/A
  4. Total current budget for this head: £N/A
  5. Source of funding: N/A
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### Staff

1. Number of staff (current and additional): N/A
  2. If from existing staff resources, number of staff hours: N/A
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### Legal

1. Legal Requirement: Statutory requirement. See Paragraph 3.1 below
  2. Call-in: Call-in is not applicable. PDS Report
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### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Residents boroughwide
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### Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments: N/A

### 3. LEGAL IMPLICATIONS

- 3.1 NHS Health Trusts have a duty under section 11 of the Health and Social Care Act 2001 to consult and involve patients and the public. Section 7 of the same Act requires Trusts to consult with health scrutiny committees where there are substantial developments or variations to services. There is no definition of what constitutes a substantial variation in the legislation, but Department of Health Guidance suggests that relevant factors will include changes to accessibility of services, impact of the proposals on the wider community, patients affected and methods of service delivery. Ultimately, if a health scrutiny committee is not satisfied with the consultation arrangements or it considers that the proposals are not in the interests of the health service in its area, it can refer the matter to the Secretary of State for Health. Department of Health Guidance states that the power of referral should not be used lightly and that local resolution of issues is always preferable.

<b>Non-Applicable Sections:</b>	Policy, Financial, and Personnel
Background Documents: (Access via Contact Officer)	Please see <b>Appendix 1</b> .

**LONDON BOROUGH OF BROMLEY  
AND BROMLEY PRIMARY CARE TRUST**

**SHADOW HEALTH AND WELL-BEING BOARD**

**DATE:** 12<sup>th</sup> May 2011

**SUBJECT:** Stroke Services in Bromley

**CONTACT OFFICER:** Dr Nada Lemic, Director of Public Health  
Rebecca Jarvis, Joint Strategic Commissioning

**CONTACT DETAILS:** [Rebecca.jarvis@bromley.gov.uk](mailto:Rebecca.jarvis@bromley.gov.uk)  
Tel: 0208 313 4198

## 1. SUMMARY

This report provides an analysis of the results of 2010 CQC Review of Stroke Services in South East London. The review focused on the pathway of care from the point where stroke patients prepare to leave hospital through to long term care and support in the community. The report was compiled by the South London Cardiac and Stroke Network.

## 2. INTRODUCTION AND CONTEXT

Stroke is a vascular disease caused by a disturbance of the blood supply to the brain. There are two main types of stroke: ischaemic stroke caused by a clot blocking or narrowing blood vessels or haemorrhagic stroke caused by a bursting of blood vessels.

### **2.1. Epidemiology of stroke in Bromley**

Although stroke is still one of the three most common causes of death in Bromley, the directly standardised mortality rate for stroke has fallen by half since 1993. The mortality in Bromley is significantly lower than for London and England.

The prevalence of stroke is lower locally than in England but higher than in London. It has fallen in the last year. However, the absolute number of people with stroke is high due to the higher proportion of older people in Bromley (5184 on GP registers in 2009-10)

### **2.2. Stroke services**

The new London system for acute stroke services started in 2010. All stroke patients are now taken directly to one of eight hyper acute stroke units (HASU) for emergency treatment, before being transferred to a local stroke unit to commence their rehabilitation.

The acute stroke unit at Princess Royal Hospital commenced a phased opening in January 2011 and is expected to be fully operational by October 2011.

## 3. THE CQC REVIEW OF STROKE SERVICES (2010)

### **3.1. Summary of the scored indicators**

The review used quality markers from the National Stroke Strategy to develop 15 scored indicators:

- Early supported discharge

- Community based services
- Secondary prevention
- TIA care and support
- Support for participation in community life
- Long-term outcomes of care
- Services for carers
- Meeting individuals' needs
- Range of information provided
- Sign-posting, coordination and personalisation
- End of life care
- Involvement in planning and monitoring
- Management of transfer home
- Reviews and assessments after transfer home
- Working together

The analysis of the above indicators for 6 PCTs in SE London is presented in the report.

#### **4. RECOMMENDATIONS**

- 4.1. To note the report and progress made since the CQC review was carried out
- 4.2. To support further local work on reviewing all aspects of stroke and stroke services in Bromley, from primary and secondary prevention to management and rehabilitation. This work will enable clarification of priorities for further action.