





# BASP/RCP/Stroke Association Peer Review of Stroke Services

## **BASP/RCP/Stroke Association Peer Review of Stroke Services**

The service was set up in 2006 and is being offered as part of the portfolio of the Care Quality and Improvement Department at the Royal College of Physicians in collaboration with the British Association of Stroke Physicians and the Stroke Association to improve services for stroke patients. Peer review visits are usually requested by individual trusts or stroke networks in response to audit results or to explore preparedness for changes in stroke services. Our reviewers (clinicians, managers) are highly experienced in stroke services, trained before being a member of a review team and are currently working in the NHS. Patient representatives and representatives from the Stroke Association are also members of the review team. The service is well established and so far has undertaken nearly 40 reviews by invitation.

## **Aims**

A peer review of stroke services aims to:

- Support hospitals and trusts' implementation of change in response to findings of relevant local, regional and national stroke audits (National Sentinel Stroke Audit, SINAP, SSNAP).
- Advise clinical support teams, hospitals and trusts on the appropriate facilities and staffing to provide a safe and comprehensive stroke service.
- Establish that arrangements and protocols that are in existence to meet service specifications and standards in the National Clinical Guideline for Stroke.
- Promote discussion and the exchange of ideas between the reviewers and the reviewed, to offer general support to trusts to help improve their stroke services.
- Reassure the public and the government that stroke medicine is being practised to a high standard and to assist with the promotion of equitable access to stroke services.

## Prerequisites for requesting a Peer Review visit:

- The BASP/RCP/Stroke Association Joint Steering Group will only review stroke services if invited by the trust chief executive and lead clinician.
- A key discrete area in a stroke service will have been identified and agreed with the Chairman of the Peer Review Team to form the remit and scope of the review visit. Examples include hyperacute services or early supported discharge teams.
- The chairman will then convene a multidisciplinary review team selected from a pool of trained reviewers to offer an appropriate level of expertise in the review area.
- Reviews are funded by the inviting trust (or stroke network) who will provide access to services and appropriate staff and patients to be interviewed and provide all relevant documentation in the areas specified within a reasonable timeframe prior to the visit.
- The service area identified will benefit from a comprehensive review including peer guidance and a written report prepared for and owned by the trust which will be returned to the visited centre within 3 months. A bullet-point summary of the feedback session during the visit will be sent to the trust within 2 weeks of the visit.









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### Format of the visit:

- This will normally take 1 day following a meeting of the review team the evening prior to the visit.
- Reviewers (usually 8-10 members) will visit the hospital to meet and discuss resources, staffing
  and facilities with appropriate staff (e.g. therapists, nurses, managers and other staff and including
  patients). Reviewers will meet with the chief executive, medical director, director of nursing,
  commissioners and other appropriate senior managers to discuss trust-wide issues and external
  issues that have an impact on the trust and the services it provides.
- The report will contain a section for praise of excellence and commendation of good practice and achievement of high clinical standards as identified in specific area of the reviewed service. The report will also contain a section where the reviewers may express any concerns about the reviewed unit. The report will indicate whether these concerns are critical, major or minor. The report will identify the specific recommendations arising from the review.
- There will be two stages for feedback from the reviewed trust to the Joint Steering Group, using a proforma. The first will be returned to the Stroke Programme at the Royal College of Physicians within 2 weeks of the final report being sent to the trust. The Stroke Programme will send a further letter to the chief executive and the senior clinicians at one year after the visit to establish what lasting changes and action has been taken by the trust in response to the review team's recommendations.

## Some quotes from visited trusts:

- "I hope the development of our service in the last 12 months indicates just how useful a process it really was!"
- "We have enjoyed sustained interest and support from the Executive Board ever since (the visit)"
- "The peer review visit was very helpful in raising the profile of our service both within the hospital and with the PCT. It has helped us kickstart the process of Service Improvement which had been proving difficult previously"
- "Overall a very useful process, which provided significant support for our efforts to improve the service"
- "Thank you very much and I am sure the RCP Review had a tremendous beneficial effect to get our services better. We will certainly update you about further developments to match the RCP's recommendations"

## If you wish to discuss a stroke peer review for your trust, please contact:

Alex Hoffman Stroke Programme Manager Tel: 0207 075 1378

Email: peer.review@rcplondon.ac.uk

The Royal College of Physicians 11 St Andrews Place Regent's Park London NW1 4LE