

Health, Wellbeing & Local Government Committee

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Inquiry into Stroke Services in Wales - Evidence from the Chartered Society of Physiotherapy

Additional Information from the Chartered Society of Physiotherapy

Following our oral evidence session to the Health, Wellbeing and Local Government Committee Review of Stroke Services in Wales, the Chartered Society of Physiotherapy (CSP) in Wales has this additional written contribution.

1. Cost of Specialist Training for Neurological Skills

During our submission the cost of training courses was raised and we agreed to provide details on the costs of specialised skills courses - the most widely accessed being 'Bobath' training.

Current Costs

Introductory weekend courses (x3) - £160.00 each

3 week basic Bobath foundation - £3,550.00

2. Pan-Wales Stroke Champions

The CSP suggests that the structures are already partially in place to develop 'stroke champions' across Wales. The Wales Stroke Alliance is a multidisciplinary group which includes a wide range of professions. This group must be clearly recognised as pan-Wales champions.

It will then be important for this group to identify its 'stroke champions' at Local Health Board (LHB) level so as to ensure a full network of 'champions' and leaders in stroke services is created across Wales. As we said in our evidence, these champions can drive change locally but can also lobby Government nationally by identifying what is needed and highlighting where change is not happening.

3. Evidence Session - Dr Hamsarej Shetty - 25.06.09

The CSP would like to challenge information provided in oral evidence by Dr Shetty. In point 50 - Irene James asked a question about all stroke patients having support once discharged. The CSP evidence had revealed that not all patients who have a stroke have access to on-going therapy once they are discharged.

In point 52 - Irene James, following Dr Shetty's answer concludes that everybody is now being followed up.

In point 51 - Dr Shetty confirms that now all patients are seen by a consultant and a stroke co-ordinator and that they are discharged with the proper follow-up arrangements.

The CSP, whilst acknowledging that, in his service, Dr Shetty says that all stroke patients see a consultant and a stroke coordinator, points out that not all stroke patients will access the stroke unit and therefore not all patients will receive specialist stroke follow-up services. They will be possibly followed up by general reablement but they will not access therapists with specialist stroke management skills.

The CSP would not wish the Committee to be misled into thinking that all patients who have a stroke will access appropriate follow-up services. There is not the capacity for this. Selection criteria exist, as we revealed in our evidence, and some patients who have suffered a stroke will neither access a stroke unit nor appropriate follow-up services.

We hope the Committee will find this additional information useful.

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