

**TEMPLATE TO USE TO ASSESS AND MINIMISE THE IMPACT OF A PROPOSED NEW POLICY,
SERVICE OR PLANS ON DIVERSITY**

Policy Name: _____ Stroke Service _____

Lead for EIA and contact details: _____ Helen Mann, Stroke CNS x2104 _____

STEPS/ACTIONS	OUTCOMES/KEY FINDINGS
<p>Step 1</p> <p>Aim, Objectives, Outcome of Policy</p>	<p>The Inpatient and Outpatient Stroke services function in accordance with 2008 national stroke guidelines and meet the diverse needs of all adults with stroke or TIA, regardless of racial group, disability, age, gender, nationality, language, faith or sexuality. The Acute Stroke Unit takes all patients with suspected stroke, irrespective of age or severity in whom stroke is the major presenting problem. Rehabilitation and community services are planned according to patients' individual needs</p>
<p>Step 2</p> <p>Screening the policy or service for relevance to diversity</p> <ul style="list-style-type: none"> • age • gender • disability • race • language • religion or belief • sexuality • human rights <p>If there is no relevance process stops here.</p>	<p>Annual stroke incidence is slightly higher in males than in females. Stroke is the third largest cause of death in the UK and the highest cause of a large range of disabilities. African-Caribbean people are twice as likely to have a stroke compared with Caucasians. They also tend to have their first stroke at a younger age. The incidence of high blood pressure is higher in minority ethnic groups than in white people. The African-Caribbean and South Asian communities have particularly high rates of high blood pressure. Approximately 21% of the local population are in an ethnic minority group, and 9-10% of those who access SGH stroke services are ethnic minorities.</p>
<p>Step 3</p> <p>Assessing the impact that a proposed policy or service is likely to have on diversity.</p>	<p>Advice on stroke cause and effect, risk factor management and stroke prevention is given to all inpatients and outpatients at an appropriate time. National publications from The Stroke Association provides written, verbal and visual (DVD) information in local Asian languages; appropriate patients and/or their relatives and carers are directed towards websites giving relevant information in their own language. The service is able to utilise translation services if required. Counselling is available for patients and carers who need it. We serve a diverse community and individual management plans are developed with each patient to reflect their religion, cultural beliefs and sexuality.</p> <p>If the person does not have the capacity to make decisions about acute treatment the Multidisciplinary Team follows the Department of Health guidelines on consent, taking into account the patient's best interest, any advance directives and the Mental Capacity Act 2005. In patients who lack capacity to make decisions about their future, an IMCA is appointed if necessary.</p>
<p>Step 4</p> <p>Consulting with groups who are likely to be affected and identifying</p>	<p>The SGH Stroke Service users Group meets every 2 months. It represents stroke survivors with a wide range of disabilities and reflects the local ethnic mix. Feedback from patients and carers who have used the service is currently being obtained in a</p>

remedial action (state which groups were consulted)	variety of ways, including a pre-discharge questionnaire, a 'suggestion box' on the ASU and 'discovery' interviews, conducted in the patients' home post-discharge. Users are also consulted on research design. Users pages of national stroke websites are referred to when considering service changes and initiatives. SGH has a resource section on its stroke website, (which is separate from the SGH Trust website) which is currently being updated. This details local and national services including those for ethnic minorities
Step 5 Proposed changes, improvements to make to the policy or service in order for it to promote equality and diversity	Feedback from current projects will inform future service changes. The SGH trust website entry for Stroke has recently been updated to reflect current stroke services.
Step 6 Resource Implications (if any)	Maximum use of the SGH Trust website is limited by the current lack of allocated resources. The Stroke Research Network is at present able to fund Users' Group projects
Step 7 Monitoring Arrangements	As above. The service also uses comments from PALS and any complaints to monitor and improve.
Step 8 Action Planning	This will continue to be in line with the National Stroke Strategy, Healthcare for London and national clinical guidelines. Results of the ongoing projects will be available after autumn 2008.

Signed and dated: ___Helen Mann___Stroke CNS. Return to: Wilfred.carneiror@stgeorges.nhs.uk