ELEVATING PATIENT CARE ACROSS LONDON

March 2012

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Stroke survivor Matt Lopez gives his account of the London stroke model

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*Professor Tony Rudd*

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Identifying solutions. Together.

*What strategies are you implementing to recruit and retain skilled stroke nurses?* Let us know what you’re doing for inclusion in an upcoming edition of Stroke-news. Email your solutions to the London Stroke Networks.
Recognition for the London stroke model; Focusing energised efforts on rehab: Improving our work along the entire patient pathway

The hard work and dedication by NHS stroke staff in London continues to be an example of best practice. I am delighted to announce that this week we learned that the stroke model has been shortlisted for the Improvement in Patient Safety category of the BMJ Group Improving Health Awards 2012. There were a remarkably high number of quality submissions, so this truly proves how extraordinarily valuable our work is to improving patient outcomes.

Similarly, our abstract on the London model was accepted for presentation at the 2012 European Stroke Congress (ESC) to be held in Lisbon 22-25 May. I will be discussing the data which illustrates the accelerated rate of quality improvements achieved by the model, such as reduced mortality rates following stroke in London as compared to the rest of the country.

In the spirit of recognition for a job well done, I would like to take this opportunity to congratulate all of you who worked so hard to get us through the difficulties this winter. Whilst there were again major strains on the service from the bed closures attributed to norovirus, we were together able to overcome the challenges. I encourage you to again replicate that hard work as we prepare for the added pressure on the system from the Olympics. According to demand and incidence calculations, this will likely translate to approximately 10-20 strokes during that period. Thus, whilst I don’t anticipate any major setbacks, we must be equipped for all potential capacity issues.

There’s quite a bit of work going on at the rehab end of the pathway. Meetings with providers of specialist neuro rehab have been ongoing in order to improve the pathway. This includes reducing any bureaucracy delays in order to make stroke referrals more seamless. We are also looking at the use of intermediate care beds. To that end, I along with staff from the London Stroke Networks will be visiting all units that provide this care for stroke patients to look for new opportunities that ensure that care provided in this manner is absolutely of the highest quality.

On 26th March the Royal College of Physicians (RCP) and the Stroke Research Network (SRN) will hold a consensus meeting, Intensity of therapy after stroke. The event, chaired by Dr Geoff Cloud, will bring together experts to stimulate collaboration and initiation of research to improve the evidence base for therapy intervention after stroke. Topics to be explored include: how much therapy patients should expect to get; the evidence linking intensity and outcome; how to monitor it; how we can deliver more therapy without increased resources and the main research questions that we will need to answer in the future.

The London model is being evaluated by King’s College London and University College London Partners, courtesy of a Service Delivery and Organisation (SDO) grant from National Institute for Health Research (NIHR). A number of those who were involved in developing and implementing the model will be interviewed over the coming months – and yes, that includes some of you who are not keen enthusiasts of the model!

As is always the case, data input into SINAP and the London Minimum Data Set is vital to understanding and monitoring the impact of our work on patient outcomes. I cannot stress the importance of this enough. Without this evidence, we would not be able to demonstrate the improved care that we are providing – such as that for which we’re being recognised by the BMJ award and a presentation appearance at the ESC.

Here’s to an outstanding Olympic period in London.
UK Stroke Forum 2011

The 2011 UK Stroke Forum (UKSF), the last to be held in Glasgow, was again a very successful event with more than 1350 delegates attending over the three days. Slides of the presentations from the event are available to download from the UKSF website, ukstrokeforum.org. Harrogate International Centre has been confirmed as the 2012 UKSF venue; details will soon be online.

This year’s event was also an opportunity for the UK Forum for Stroke Training (UKFST) to share case studies on endorsed courses and also to showcase the new Stroke Specific Education Framework (SSEF) website which is due to go live in March. (Visit ukstrokeforum.org and click the UKFST tab.)

The SSEF website will allow anyone working in stroke to assess their knowledge and skill levels against agreed criteria, and will allow them to access specific training to develop those skills, either to meet current need or to facilitate career progression.

Stroke care management qualifications launched

Skills for Care recently launched new stroke care management qualifications for social care providers. Developed in conjunction with the NHS Stroke Improvement Programme and a wide range of sector experts, they draw on the National Stroke Specific Education Framework (SSEF) and have strong support from the UK Forum for Stroke Training (UKFST). The qualifications are aimed at all learners in health and social care with an interest in stroke and the impact on individuals whether they are currently supporting individuals with stroke or not.

Level 2 Award in Stroke Awareness - A one-unit knowledge award which provides opportunity to develop understanding of the different types of stroke, signs and symptoms and effects on individuals. It will also help learners to gain knowledge of the response needed in the event of an emergency stroke incident.

Level 3 Certificate in Stroke Care Management This qualification provides the opportunity for CPD to further develop knowledge and skills around supporting individuals with stroke. It helps learners to understand the impact of the effects of stroke on daily living, associated complications for an individual with stroke, changing physical needs of individuals affected by stroke specific and communication factors affecting individuals following a stroke.
Action on Stroke Month

The Stroke Association kicks off its 20th anniversary in May 2012 by launching the first Action on Stroke month. The event aims to turn the spotlight on stroke in the media both at national and local level, showcasing the work of the charity and encouraging its supporters to take part in events and campaigns.

The theme for the month is life after stroke. With cuts to health and social care budgets beginning to bite hard, they will campaign with stroke survivors, their families and those working in stroke, to defend the life after stroke services that are so essential to people’s recovery, yet now under threat of closure. They will also campaign on cuts to benefits and other services that result in hardship and isolation for stroke survivors.

Go to www.stroke.org.uk/strokemonth to find out more.

Consensus statements on intra-arterial interventions in acute stroke

In October 2011, NHS Stroke Improvement Programme hosted a meeting for representatives of a range of professional bodies involved in the delivery of the various intra-arterial interventions in acute stroke, including intra-arterial thrombolysis and also clot-retrieval and disruption devices.

The group considered the current evidence and practice base and reached consensus on urging caution on the widespread adoption of any of the interventions at the present time. The group acknowledged that the priority is to ensure that people with acute stroke are recruited into well-designed studies at experienced centres, and produced a consensus statements document.

View the intra-arterial interventions consensus statements.
Listening to the patient: Stroke survivor Matt Lopez gives moving account of the London acute model

In November 2011, the London Stroke Networks, in association with NHS London, hosted an open dialogue event for stakeholders, *The London stroke model: Understanding the value and guiding the future*. The keynote speaker, Dame Ruth Carnall DBE, Chief Executive of NHS London, provided an overview of how the London acute stroke model was planned and implemented. Prof Tony Rudd, Clinical Director for Stroke, presented recent clinical and efficiency data on the success of the model.

Mr Matt Lopez provided the patient experience perspective with his moving account of having a stroke whilst on the tarmac at Heathrow after a long-haul flight. Mr Lopez was taken to the HASU at Charing Cross Hospital, where specialist staff provided top quality care. Mr Lopez’s powerful story and amazing recovery is testament to the exceptional stroke care provided across the capital by NHS staff.

Matt recently recounted his story in an online BBC article, *Why NHS bosses are scratching their heads over London*. The article describes the challenges that may be faced following the changes in the NHS. From the article:

> Some at the top are also worried that closing NHS London will mean that capital-wide initiatives may be harder to deliver. Initiatives like the four major trauma centers that have been set up or the eight Hyper Acute Stroke Units would be harder, they say, to make a reality.

**Read the full BBC article.**

RCP publishes quarterly local hospital stroke care results

The RCP has published new quarterly figures showing the quality of stroke care in hospitals in England and Northern Ireland. Nationally, key findings showed that 33% of patients had a brain scan within 1 hour of being admitted and 62% of patients were admitted directly to stroke unit and reached the unit within 4 hours. The audit, commissioned by the Healthcare Quality Improvement Partnership (HQIP), is carried out on behalf of the Intercollegiate Stroke Working Party by the Royal College of Physicians.

**Read the full RCP press release**

**Find local hospital results**
Act FAST on Stroke

The next burst of marketing activity for the Act FAST campaign launched on 27th February and continues through March.

Results indicate that the campaign creative is still strong. Materials can be downloaded from the NHS Choices site or learn more on the Department of Health website.

As with previous bursts, the objectives of the overall campaign are:

- Raise awareness of the symptoms of stroke, with people being able to identify at least one of the leading stroke symptoms within the FAST acronym
- Encourage the public to call 999 immediately if they identify any single one of leading stroke symptoms.
SSNAP pilot begins

The Intercollegiate Stroke Working Party (ICSWP) is pleased to announce the start of the Sentinel Stroke National Audit Programme (SSNAP) in 2012.

Acute organisational audit 2012

*Similar format to the 2010 Sentinel Audit*

**Call for piloters** – Paper pilot now live. Data collection for the acute organisational will take place between 1st May and 29th May 2012. A draft proforma and help booklet are available on the Sentinel Audit web tool. Once logged in, hover over **SSNAP documentation** on the left hand side of the homepage and the proforma will appear in a drop-out menu. The web tool pilot will provisionally take place in March 2012.

Prospective clinical audit 2012

The clinical component of SSNAP will begin 1st August 2012. The draft SSNAP proforma is available on the Sentinel Audit web tool. The web tool pilot is set to take place in June 2012. In the meantime, data on the process of stroke care in the first 72 hours should be entered onto SINAP.

To register your interest to participate in the SSNAP pilot, email ssnap@rcplondon.ac.uk.

SSNAP will

- Build on the work of the National Sentinel Stroke Audit and the Sentinel Stroke National Audit Programme (SINAP)
- Prospectively collect a minimum data set for every stroke patient from August 2012*
- Eventually follow every patient’s care through the entire stroke pathway from acute care to the community and six month follow up
- Collect outcome measures
- Have an organisational component every two years (beginning in May 2012 for acute hospitals – next round will include community hospitals and primary care)
- Provide regular, routine, reliable data to
  - Benchmark services nationally and regionally
  - Monitor progress against a background of change
  - Support clinicians in identifying where improvements are needed, lobbying for change and celebrating success
- Empower patients to ask searching questions

*SINAP will continue to ensure a seamless transition to SSNAP so please continue to enter data on the process of stroke care in the first 72 hours and also the London Minimum Data Set.*
Sentinel audit data released
Freedom of information request compels publication

The stroke programme at the RCP, the Healthcare Quality Improvement Partnership and the Department of Health received a Freedom of Information request asking for the scores from the Sentinel audits for 2006, 2008 and 2010, including the calculated scores for overall performance. A number of concerns were raised by the appropriate professionals, including the potential for misinterpretation: the data were not collected for the purpose of detailed analysis across organisations, hence there is a risk that clumsy comparisons could be made which wouldn't be accurate.

Despite this, the Information Commissioner ruled that the information had to be provided. These data were made available on the Department of Health website, along with some explanatory text, in January. The full public reports are available on the RCP website, www.rcplondon.ac.uk/sentinel. The desire for all data of this nature to be public is on the Government's agenda as part of transparency policies for education, health and social care.
LAS creates booklet to help patients with communications difficulties

The London Ambulance Service (LAS) has helped to produce a booklet to improve the way frontline staff interact with patients who have difficulties communicating. It is designed primarily for use with patients who have a learning disability or who find it difficult to talk, including some patients suffering stroke.

London Ambulance Service Practice Learning Manager Alan Taylor, who developed the book, said: “The book will enable staff to communicate better with some patients suffering from stroke, who are unable to talk but can interact in other ways.

“The guide has pictures and words to help the patient explain what has happened to them and the ambulance staff to explain how they are going to treat the patient. A hospital communication guide had already been produced, but there is little on the market for the pre-hospital setting.”

The book, which was produced with The Clear Communication People, also contains guidance for staff on supporting patients with hearing and visual impairments, deafblind, guiding people and assistance dogs. It also enables patients who have communication difficulties to give or withhold their consent to be treated.

The guides will be used by staff working during the London 2012 Olympic and Paralympic Games who are likely to come into contact with patients who may have trouble communicating, or who struggle with language barriers.

The book has been issued to all Service clinical staff.
**London psychology event - 30th March**

In November 2011 the NHS Improvement team ran a very successful conference looking at improving the provision of psychological care after stroke.

It proved a massively important topic and was heavily oversubscribed. With the overwhelming response, the team decided to run a similar event for London. This will take place on **Friday, 30th March**, at the conference hall in St Pancras’ Hospital, NW1.

The aim of the day will be to enable participants to understand how the multi-disciplinary team can be involved in improving psychological support following a stroke. Sessions will focus on lessons learned from national projects, how to implement a mood pathway and how to set up befriending services and support groups. There will be an opportunity for members of the same team to discuss how they can work together to implement changes locally.

It is therefore suggested that teams send two or three representatives. The London Stroke Networks are helping to coordinate participants. Places are still available. If you would like to attend, please contact the London Stroke Networks to secure your reservation.

**Pan London stroke rehabilitation implementation plan**

The London stroke rehabilitation guide clearly set out the next stage of improving stroke care across the capital with its focus on rehabilitation both in in-patient and community settings.

In order to facilitate the implementation of this, the London Stroke Networks will be measuring developments in inpatient rehabilitation units, early supported development (ESD) and community teams using a pan-London approach.

Services will also be monitored against an agreed set of standards. As part of the process, an expert team, comprised of Prof Tony Rudd and representatives from the networks, will be visiting inpatient rehabilitation units across the capital over the next few months.
Hilary Walker presents at the UKSF

Hilary Walker (above), Director of the North West London and North Central London Stroke and Cardiac Networks, presented at the UK Stroke Forum (UKSF) on *The London stroke model: Impact on quality of hyperacute care.*

Hilary’s presentation provided an overview of the London acute stroke model, early data proving its effectiveness and a high level overview of the cost effectiveness analysis of the model.

View the [UKSF photo gallery on Dropbox.](#)

View the [2011 UKSF archive including speaker presentations and programme.](#)
Evaluating a community-based functional stroke training programme

Submitted by Cherry Kilbride, Merial Norris and Amir Mohagheghi from Brunel University London; and Jackie O’Dowd, Hillingdon Community Physiotherapist

ARNI, or Action for Rehabilitation from Neurological Injury, is a functional training programme developed for people with stroke by a stroke survivor, Tom Balchin. It uses strength and cardiovascular exercises with a particular focus on specific tasks and controlled body movements to facilitate functional activities. It seeks to de-medicalise stroke management in the community by being a stepping stone from NHS-based treatment to self-management and participation in mainstream fitness and well being activities.

A year-long feasibility study of this approach which uses ARNI-trained exercise instructors was carried out by Brunel University London in conjunction with physiotherapists from Hillingdon Hospital, its community team and leisure services staff from the borough of Hillingdon.

The study evaluated the delivery of four 12-week stroke groups using a combination of laboratory and functional based tests including balance, gait, strength and quality of life measures taken before and after the 12-week programme and then again three months later. Focus groups were conducted to explore the experience of participation.

Results indicate a significant improvement in functional balance and in the physical section of the quality of life measure; changes were noted in strength but they did not reach the level of significance. Participants reported positive changes in their “real life” capacity including being able to hoover again, having the confidence to join a gym, using the Underground, going to the pub and one person even started to train as an ARNI instructor!

Plans for the future include sourcing funding for more classes to accommodate newcomers once formal rehabilitation has stopped, and for a continuation class for people to carry on with their exercises in a group environment, if they wish. Funding is also being sought for a fully powered trial to continue to explore the effectiveness of the ARNI approach.

Want to know more?
For further information please contact:

- ARNI website
- Email: Centre for Research in Rehabilitation Brunel University
- Email: Centre for Sports Medicine and Human Performance Brunel University
**Patient stroke handbook launched**

The Network has been developing a sector-wide handbook for people who have had a stroke. The handbook will be given to patients in the HASU and covers their whole stroke journey. It has been designed as a loose-leaf folder so it can be tailored to the person’s borough of residence and the hospitals they attend. The content has been developed in consultation with a wide range of stakeholders from across the Network, and designed with specific advice from our Stroke Patient Advisory Panel, to ensure it is easy to handle and read.

The Handbook was launched at an educational event on 18th January, which was well attended by patient and carer groups, health and social care professionals and voluntary sector organisations. The event offered education on stroke prevention, atrial fibrillation and the London acute stroke model, as well as guidance on the use of the handbook.

The launch event and printing of the handbook were sponsored by an educational grant from Boehringer Ingelheim, which also provided the opportunity to use the network protocol for working with industry for the first time.


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**HASU ESD project**

We started a project in January to improve ESD services, after wide variations were found across the Network in the way ESD operates from the HASU.

The Network is delighted to welcome Nicola Perkins as the HASU ESD Project Co-ordinator for a period of six months to run this project.

The project will look retrospectively and prospectively at those patients who are eligible for ESD and identify best practice in ESD which ensures that health and social needs are met. The data captured from this project will be supported by patient-reported and clinical outcomes to give insight into potential savings that may exist through ESD modelling across the NCL stroke pathway. We hope to be able to report on these findings in the summer.
North Middlesex SLT provides a more holistic and equitable service

Submitted by Sharon Adjei, Highly Specialist Speech and Language Therapist (Stroke), North Middlesex University Hospital

After finding that care for patients with swallowing difficulties (dysphagia) and communication difficulties varied, the Speech and Language Therapy (SLT) at North Middlesex set out to find ways to provide a more equitable service for all of their patients.

It seemed that patients with swallowing difficulties were being regularly re-assessed but not necessarily getting education or swallow rehabilitation – which patients with communication difficulties would routinely receive. The team also were struggling to provide 45 minutes of daily therapy to patients with communication difficulties because they were tied up with the great number of dysphagia assessments and reviews. This was consistent with other local units they spoke to. The need to implement new service changes was clear.

Group therapy is widely documented within aphasia literature as way of improving function and reducing psychosocial effects (Pound et al, 2006). Group intervention is also known to be a time effective way of providing intervention. However the use of groups for dysphagia intervention has not been widely reported.

The SLT team addressed the issue of consistent education for patients with dysphagia and their relatives by conducting a weekly dysphagia group. Relatives could also attend for education and discussion.

The provision of more swallow rehabilitation required a multi-faceted approach. The team addressed this challenge by:

- Identifying earlier which patients are likely to benefit from swallow rehabilitation and which from early percutaneous endoscopic gastrostomy (PEG).
- Providing some rehabilitation within the aforementioned dysphagia group. Relatives were welcome to join to learn exercises and carry over programmes.
- Liaising with physiotherapy colleagues who had more capacity, adequate knowledge and some overlap in goals to carry out swallow rehab exercises in their sessions.

Finally, the team addressed the issue of freeing up more SLT time to provide communication treatment by carrying out less one-to-one swallow re-assessments in lieu of carrying out all re-assessments within a twice weekly lunch group and/or dysphagia group.

The results

The team found that intervention led to great improvements in the service.

- All appropriate patients are now receiving swallow education during their stay plus more involvement with relatives. Appropriate patients were now receiving swallow rehabilitation at least three times per week.
- The time to full oral intake has been reduced by one week.
- There is additional capacity in available SLT time to provide communication treatment.
Jane Davis awarded OBE

Jane Davis from the North East London Cardiovascular and Stroke Network, an A&E nurse by background, was awarded an OBE in the military section of the 2012 New Year’s Honours for services to military medicine.

Jane is a colonel in the Army Medical Services and has been in the Territorial Army for more than 30 years. She currently holds a national role as Med Group Colonel South.

Jane returned to the Network in June 2011, following six months of mobilised service, during which time she spent three months as the Matron of the Role 3 military hospital at Camp Bastion, Helmand province, in Afghanistan.

New clinical stroke lead at Queen’s

We are delighted to announce that Dr Sreeman Andole was appointed the new clinical lead for stroke at Barking, Havering and Redbridge University Hospitals NHS Trust as of 1st February.

Dr Andole replaces Dr Khaled Darawil, who chose to step down following two years of service at the Trust.

Dr Andole has a challenging role of not only continuing the good work of Dr Darawil, but also aims to deliver improved stroke services in one of the busiest trusts in the country.

Homerton pilots new group to improve patient experience

Submitted by Mervyn Freeze, Service Manager, Homerton University Hospital

The interdisciplinary team on Graham Stroke Unit based at Homerton University Hospital has successfully piloted a new stroke group to improve patient experience -- using meal times.

Meal times and food are inherently social and encourage shared conversation. This provided the team at Homerton a natural opportunity to bring patients on the ward together to interact in a relaxed environment, less structured than a typical therapeutic group. The session was divided into two parts:

- The patients on the ward with goals involving meal preparation skills worked together to prepare a shared meal with the occupational therapist (OT) leading the group.
- These group members then joined other patients from the ward who had their pre-ordered meals ready in the day room on the ward.

The collective group was supported by the speech and language therapy team to encourage and practice communication strategies which had been practiced during individual sessions, and also reinforcement of any swallowing recommendations previously provided. The OT provided support with adaptive cutlery or use of appropriate strategies, depending on individual patient goals. A member of the nursing team was present to support the more dependent patients if they required assistance to eat.

This initiative has been met with positive feedback from patients and hospital staff, who have said: It is a nice way to see everyone and have a chat and This is much nicer than eating alone next to my bed.

Due to the success of this pilot, a second session each week will commence in the near future to launch a social lunch experience. The session aims to encourage cohesion between group participants and will offer a psychology-led stroke education session afterward.
New oral anticoagulants

A number of new oral anticoagulants (NOACs) are due for release and licence in the next 12-24 months including dabigatran (Pradaxa), rivaroxaban and apixaban. The upcoming NICE health technology appraisal (HTA) for dabigatran (delayed until March 2012) is likely to advocate the widespread use of dabigatran for patients with AF. This represents a potential significant cost pressure.

The Network has produced interim guidance on NOACs for patients with AF which is available on the Network website. A dabigatran Commissioning and budget impact paper has been produced for discussion with the clinical commissioners and is available on request.
Lucy Grothier presents at APPG

In January, Lucy Grothier, Director of the South London Cardiac and Stroke Network, presented to Parliamentarians and other stroke stakeholders at the All Party Parliamentary Group on Stroke.

The meeting offered the opportunity for the Group to hear about the successful work of the stroke networks and their future role. Kathy McLean, Clinical Transitions Director for the Department of Health, discussed the current vision for clinical networks and senates and how they may function. Ian Golton, Director of the national NHS Stroke Improvement Programme, provided the background on what networks are and why they were developed. Lucy Grothier then discussed the practical element of networks with specific achievements of the SLCSN.

SLCSN mentioned in the House of Lords

A Short Debate on Healthcare held in the House of Lords on 30th January was to discuss the plans to address variations in health and social care support for people after stroke, as identified in the Care Quality Commission’s special review, Supporting life after stroke.

Lady Baroness Wheeler opened the debate on key issues of community support for stroke survivors and their carers. Lord Earl Howe, Parliamentary Under-Secretary of State for the Department of Health, said this about the Network’s achievements in South London:

One example of where a stroke network has been working well with commissioners to improve access to stroke community services is south London. Through the ASI programme, the Network has developed a service specification for early supported discharge and community services, and has helped commissioners to make the case for change. What is more, analysing data from the CQC review, the stroke network was able to identify areas that needed to do more in the provision of post-hospital services. This has resulted in one of the care trusts commissioning a stroke community rehabilitation service, which is an excellent example of how the CQC review has actually driven improvements in services.

Read the full transcript of the 60-minute debate on the Parliamentary website.
Acute update
The Network is pleased to announce that the Stroke Units (SUs) at Queen Elizabeth and Princess Royal University hospitals have both passed their A2 assessments.

The PRUH reached full HASU status with 14 beds in operation from Wednesday 26th October. Further assessments will be undertaken in 2012/13 with the aim of reaching full accreditation in April 2013.

Although the PRUH was the last in London to achieve HASU status, it is the only DGH to set up its service from scratch. The Network has supported them in this each step of the way, resulting in a smooth handover as the interim HASU at St Thomas’ closed.

Agreed stroke guidelines for South London
High level guidelines for patients accessing stroke services in South London
A comprehensive High level Guidelines for patients accessing stroke services in South London has been agreed for use across the region. The new document incorporates information from the previous SEL guidance and SWL repatriation protocol.

Bexley community rehab service begins in April
A twelve month pilot of a community stroke rehabilitation service for Bexley residents has been signed off and is to begin in April. This will be delivered by Oxleas NHS Trust. A procurement exercise will be undertaken in 2012/13 to establish a more permanent service for community rehabilitation and early supported discharge for stroke patients, informed by the results of the pilot.

Preventing 74 strokes, saving more than £95,000 in South London

In a pilot with Sutton and Merton GP practices on optimising treatment for patients with atrial fibrillation (AF), the South London Cardiac and Stroke Network (SLCSN) identified the potential to prevent 74 strokes and save £95,608 across South London.

Using GRASP-AF, an online tool that uses existing general practice data to identify patients at high risk of stroke not on optimal treatment, the pilot looked at identifying patients with a CHADS2 score > 1 who were not on warfarin. Key to the pilot was an arrhythmia nurse specialist (ANS), who fostered closer links and improved communication between primary and secondary care plus providing education and support to the practices on the management of AF, including anticoagulation to prevent stroke.

The pilot resulted in a 31 per cent conversion to warfarin. The increase in the proportion of patients with a CHADS2 score >1 on warfarin was 3.65 per cent, which was better than the national comparator of 2.06 per cent.

Additionally, although the aim of the project was to optimise treatment rather than increase the identification of AF, a small increase in the numbers of patients on the AF register was observed across the practices in the pilot. By extrapolating the data from the pilot for all South London boroughs, there is a potential to prevent 74 strokes and save £95,608.

Learn more by reading the project report and the top tips for success. A new SLCSN AF pathway was developed and signed off which aims of providing consistent guidance for general practice across the sector. Download the pathway and the new arrhythmia traffic light referral system for AF referrals on the AF pages, www.slcsn.nhs.uk/af.

If you would like support in replicating the Sutton and Merton pilot, please contact Gillian Wilson, SLCSN Senior Project Manager, on 0208 812 5950 or via email, gillian.wilson@slcsn.nhs.uk.
HASU nursing competencies continue to improve knowledge and confidence

With further promotion via a poster presentation at the UK Stroke Forum, the London HASU nursing competencies are making a splash across the country. Clinicians from as far as Scotland are requesting permission to use this valuable resource, which forms a core component of each HASU’s stroke nursing education programme, as unanimously agreed by HASU nurses in London.

Staff undertaking the competencies are increasing their stroke knowledge and proving their commitment to standardised access to quality stroke care. ‘It provides structure and direction for learning, and has enabled me to become more competent and confident,’ remarked Karen Elliott, nurse, King’s College Hospital NHS Foundation Trust.

The competencies encompass all key areas of HASU nursing care, including thrombolysis, respiratory care and communication skills. The competencies are underpinned by a training and development framework including study days, workbooks, e-learning packages and simulation training.

This project has been so rewarding and valuable that Stroke Unit (SU) nurses in London are looking to replicate it with SU-specific knowledge, including a greater focus on therapy.

- Download the HASU nursing competencies and share them with your stroke colleagues.
- Take a peek at the e-learning modules. Divided into modules aligned to the competencies, staff can learn at an individual pace and assess their progress with a quiz at completion.
- Review and sign up for one of the upcoming acute stroke simulation courses. These courses are free for NHS staff (funded by the London Deanery). Both a Basic course and Advanced course are available.
- Make plans to attend the next HASU nursing study day, scheduled for the autumn.

Maria Fitzpatrick Consultant Nurse, Stroke Management and Karen Elliott, who has completed the competencies.
Creating optimal linkages between the ED and HASU at King’s

A ‘nurse swap’ programme at King’s College Hospital NHS Foundation Trust is encouraging clinical staff to work closer together to better understand each other’s roles and optimise linkages between departments. A clearer understanding and stronger working relationships increases the standard of patient care and enhances the patient experience.

The initiative began about a year ago following an away day for ED staff and the lead matron for stroke. As staff worked to understand roles covering the full patient pathway, it became apparent that the ED nurses weren’t fully informed with what happens once the patient leaves their care to the HASU.

Maria Fitzpatrick, Consultant Nurse Stroke Management, and Moya Levy, ED Practice Development Nurse, have been key to the creation and orchestration of this programme, which provides for ED nurses to spend time at the King’s HASU and vice versa. ED nurses are thus exposed to detailed information about the stroke pathway and the care given by HASU specialist staff. Similarly, stroke nurses spending time in the ED gain better insight into their colleagues and challenges. The programme is clearly proving value; stroke nurses report that the time spent at the King’s ED is useful, particularly given its newness, and ED nurses receive in-depth knowledge of the entire stroke pathway.

Feedback from the ED nurses illustrates the practical information gained from their experiences on the stroke ward, as they observe the stroke team, listen to the assessments and assist with the tasks such as vital signs observation and medication administration. Reading material provided in advance of the opportunity offers an enhanced understanding of anatomy and physiology, plus stroke specific information such as the repatriation process and difficulties faced by unit nurses.

The greatest benefit is for the patients at King’s in the quality of care they receive, filled with compassion and respect. One nurse summarised that in addition to the clinical information gained from the experience she also found valuable non clinical lessons. In her words, she “developed a deeper empathy for stroke patients as a result of [her] enhanced understanding of the long term effects of stroke on patients and their families.”
HASU training gets the spotlight

A new training package aimed at HASU staff was highlighted at the UK Stroke Forum’s Ideas Fair. Angela Roots, Practice Development Nurse, Stroke, Guy’s and St Thomas’ NHS Foundation Trust, Peter Woodward, Research Associate, Imperial College London and Hanli Mouton, Clinical Specialist OT, Stroke for Barking, Havering and Redbridge University NHS Trust presented a video demonstration of the training package.

Sponsored by the London Deanery, this three-part collaboration provides comprehensive training: e-learning, stroke simulation training and a workplace/classroom-based project for face-to-face instruction. The classroom training is provided for both qualified and non qualified members of staff, and provides multi-disciplinary stroke training that covers all key aspects of the stroke care pathway from a medical and nursing perspective. The simulation training offers both a basic and advanced course and aims to improve both technical and non technical skills. The e-learning module is discipline specific. These three training programmes provide a comprehensive, holistic learning experience.

Want more information or to register for an upcoming course?
Learn more about the Advanced course and the Basic course simulation training. Register for the classroom training.

The Ideas Fair forms part of the UK Stroke Forum exhibition and is intended to be an opportunity for organisations and individuals to share innovations in technology, research and good practice in the area of stroke care.

New clinical stroke lead at King’s

As of 1st February, there is a new clinical lead for stroke medicine at King’s College Hospital (KCH).

After many dedicated years and outstanding achievements as clinical lead, Professor Lalit Kalra has stepped down to focus on his academic work. The impact of Professor Kalra’s leadership is evident in the well-established and continued success of the stroke service at King’s. Tim Smart, KCH Chief Executive, commended Prof Kalra on his ‘exemplary leadership’ as he delivered outstanding care, developed innovative pathways and undertook ‘solid and high quality research.’

Dr Robert Weeks has taken over the position of Clinical Lead for Stroke Medicine at KCH. Dr Weeks’ background in Neurology and Stroke Medicine, as well as his previous clinical lead experience (neurology), make him ideally placed to take forward the operational delivery and strategic vision of KCH’s stroke service in the coming years.
Improving patient experience and care at Kingston Hospital
Submitted by Olivia Kensley and team, Kingston Hospital

Lunch Club at Keats Ward
Lunch Club is an MDT initiative that has been running on Keats Ward, Kingston Hospital, since summer 2010. The group is a truly MDT initiative, as speech therapists, occupational therapists, physiotherapists and specially trained volunteers are all involved.

The club runs three times a week. Between four and eight patients are invited to eat their lunch together in the rehabilitation gym. Each club is run by two members of the MDT, who assist with feeding and facilitate conversation.

The main benefits of Lunch Club include exercise on the way to the club, practice with walking, transfers and sitting, patients socialising and interacting in a group setting, rather than eating alone. The Club also provides the opportunity for swallowing and feeding skills to be observed in a more real-life setting than at bedside. The group offers the chance for patients to meet each other socially, practice speech and communication strategies in a more natural setting and spend time away from the clinical ward environment.

Patients have commented that they enjoy a change from sitting in the ward environment and meeting with other patients. Having a designated lunchtime routine helps to break up the day and the interaction between patients serves to brighten the day.

Armistice Day arts and crafts group
On Armistice Day, the MDT team on Keats Stroke Unit ran an arts and crafts group. A number of stroke patients took part in making their own poppies. This activity focused rehabilitation on their affected upper limbs as they cut out poppy templates on card and painted them. The patients then wore the poppies for the rest of the day. At 11am, the ward staff and medical team joined with patients to observe the two minute silence. Everyone was very touched by this gesture.

Patients were pleased that they were able to formally commemorate the day, and they did so in a manner that aided their rehabilitation.
**Events / education**

**Advances in Stroke Patient Care and Research - 16th March**
This conference, hosted by Medineo, will provide an update of the latest research and advances in stroke care from stroke prevention and diagnosis to early treatment and rehabilitation. For details, please see the Medineo site, [www.medineo.org](http://www.medineo.org).

**Stroke management in primary care - 27th March**
Rila Institute of Health Sciences, in partnership with The London Cardiac and Stroke Networks, have developed *Stroke Management for Primary Care*, a programme specifically designed for primary care physicians and nurses accredited by the UK Forum for Stroke Training (UKFST). The course provides the practical and clinical skills/knowledge needed both to prevent a stroke and to care for people who have suffered a stroke. The programme begins on 27th March and runs for approximately 14 weeks. The format consists of workshops/lectures, self-paced reading with formative assessments, and shadowing a specialist in stroke to acquire clinical skills. View full details and download the registration documents through Rila’s website.

**Thames Stroke Research Network annual meeting – 30th March**
This year’s programme highlights the psychological aspects of stroke. Glyn Humphries will be the keynote speaker and will also carry out a workshop in the afternoon. Registration is now open and an online programme provides further information.

**Stroke simulation centre – Ongoing**
These free inter-professional clinical simulation courses use an interactive human patient simulator - a computer-controlled whole body manikin which speaks, breathes and has audible heart and lung sounds. Students learn through real world scenarios which are followed by reinforcing video-assisted debriefs. In addition to this, students will learn vital non-clinical skills, such as leadership, effective communication, and dynamic prioritisation. Funded by the London Deanery, the training is free for NHS staff in London. Learn more about the Basic course and Advanced course.

**Multi-Disciplinary Stroke Training course - Ongoing**
Barking, Havering and Redbridge University NHS Trust are offering a free multi-disciplinary stroke training course for qualified and support staff working in stroke. The course includes information on the causes of stroke, why emergency treatment is vital and what other interventions are necessary early on the admission of a patient to the hospital and to the HASU (or its equivalent). It also focuses on patient treatment at the HASU, SU and the rehabilitation of stroke patients. All of the modules on the course are linked to the SSEF learning outcomes. The course is held at Queen's Hospital in Romford over six full days (one day per week for six consecutive weeks). The training is largely classroom-based but will include both theory and practical application where possible.
**Dates for the next qualified course:** 3rd, 18th, 27th April and 4th, 18th, 29th May.
For more information, email Hanli Mouton or Lisa Lomas or call them on 01708 503 658. Details are available online [www.stroketraining.org.uk](http://www.stroketraining.org.uk).
Want more information?

Contact the London Stroke Networks for further details

North West  www.nwlcn.co.uk  020 7009 4075  email
North Central  www.nclcvsn.org.uk  020 7685 6270  email
North East  www.nelcvsn.nhs.uk  020 8926 5335  email
South  www.slcsn.nhs.uk  020 8812 5950  email

(includes South West and South East)