

Stroke-news

From London's stroke networks

Mar-Oct 2012

CONTENT

Scroll through this plain-text version for the following articles
(Underlined text is a web link or email address)

Letter from London's stroke director, professor Tony Rudd

PREVENTION

Preventing stroke in patients with atrial fibrillation

HYPER-ACUTE CARE

London fastest in treating narrowed arteries

ACUTE REHABILITATIVE CARE

Assessing patients' mood

Befriending for patients

Developing stroke nursing

Free acute stroke training

COMMUNITY REHABILITATION

About rehabilitation

Early supported discharge

Waltham Forest's early supported discharge service

Pilot project - patient suitability for early supported discharge

Patients' take control

LIFE AFTER STROKE

About life after stroke

Communication through art

Working with people who have aphasia – new resources

Access to culture

Gardening helps recovery and rehabilitation

Public transport mentors

Life after stroke research

DEVELOPMENT

Stroke nurses inspired to set-up forum

RESEARCH

London's stroke service "legacy"

PATIENT STORY

Mabel's story

Other news/updates

Useful news/links

Thank you

Submit an article

Letter from London's stroke director, professor Tony Rudd

Olympic fever is over and what a summer for London. Thank you to frontline staff who put in extra work during August. We were well prepared for any increase in admissions and fortunately service levels remained static.

I am very pleased to say that clinical networks will continue to operate in the new NHS system but in an altogether different form and function and with a vastly reduced budget. Responsibility for networks will be taken on by the NHS Commissioning Board who is (at the time of publishing Stroke E-news) in the final stages of deciding what the structure of networks will look like. To stay informed about developments please email info@slcsn.nhs.uk.

A cardiovascular disease strategy is being produced by the Department of Health which has undergone a consultation and engagement process with patients, carers and health professionals. NHS Improvement is publishing the findings from the engagement events and hopefully many of you have been able to contribute your thoughts.

In Midlands and East region, I am part of a group of colleagues tasked by the strategic health authority cluster to lead on a comprehensive review of stroke service configuration. Inspired by the success of the London stroke model, Midlands and East is dealing with a different set of problems presenting challenging obstacles. We are working with clinical networks over the course of the next few months to produce recommendations about what is needed in each local area. HSJ have written an informative article about the review.

My visits to bed-based intermediate care centres (which can provide rehabilitation for stroke patients) to assess stroke care are nearly complete and a report will be produced on our findings in the autumn. It can be seen already that there are many committed staff at these centres. Our focus must be on early supported discharge however. Already new teams in Waltham Forest and Newham have started early supported discharge, with Bromley starting in October and planning under way for Barking & Dagenham, Redbridge and Havering. Like many services commissioned by local authorities and health commissioners in the current economy, Stroke Association teams providing vital long term support are under pressure to demonstrate the value of their service. It is essential we champion the continuation of these services to help patients make a better recovery.

Do contact me directly by email if there is anything you would like to say or discuss. In the meantime thank you for your efforts in delivering outstanding work in the capital and I hope you enjoy the latest edition of your pan-London stroke e-news.

Preventing stroke in patients with atrial fibrillation

Atrial fibrillation is a priority area for London stroke networks, who deliver education and training for primary care professionals to improve diagnosis, recognition and management. Anticoagulation treatment (blood thinning) is administered for patients with atrial fibrillation; when treatment starts all patients need regular follow up appointments to review whether the treatment is effectively thinning their blood. It is imperative to make sure the patient is being treated using the most appropriate anticoagulation drugs; new drugs are frequently licensed for NHS use. Latest

[prescribing guidance](#) has been published by the South London Cardiovascular and Stroke Network.

Project manager for the South London Cardiovascular and Stroke Network, Gillian Wilson, presented the results, at this year's Heart Rhythm UK Congress, from a Sutton and Merton pilot project which aimed to encourage general practices to use the stroke risk assessment tool, 'GRASP-AF', and provide them with expert advice and education from an arrhythmia nurse. The pilot produced an increase in the number of patients with atrial fibrillation being prescribed warfarin to reduce their risk of stroke. The Heart Rhythm Congress presentation was part of a session supported by NHS Improvement looking at how to prevent stroke in patients with atrial fibrillation. Gillian Wilson has also been published in the British Journal of Cardiac Nursing '[Stroke prevention in primary care: Optimising the management of AF through nurse specialist support](#)', September 2012 7 (9) 432-437 to coincide with the Heart Rhythm congress.

London fastest in treating narrowed arteries

Patients are treated more rapidly in London for narrowing of the carotid artery in comparison to other parts of the country. Evidence shows a quick response with carotid endarterectomy (CEA) is essential to patients at highest risk of stroke. National Institute of Clinical Excellence (NICE) set 14 days as standard for the time from symptom to surgery and the [National Stroke Strategy](#) set standards at 48 hours. The London stroke model has delivered clear benefit to patients, with an improvement in the key indicators of:

- patients receiving surgery within 2 days of symptoms that triggered referral - a doubling in 10/11
- patients receiving surgery within 14 days of symptoms that triggered referral – a 28% increase in the total number of patients undergoing CEA – a threefold increase in the number with 2 days and almost double in the number with 14 days

For more information contact the [North East London Cardiovascular and Stroke Network](#).

Assessing patients' mood

Kingston Hospital acute stroke unit is developing a pathway of care for patient mood, following attendance at an NHS Improvement day on psychological care after stroke. This will provide a clear process for formally assessing patient mood using standardised tools, such as SADQ-H10 (stroke aphasic depression questionnaire-hospital), DISCs (depression intensity scale circles) and HADS (hospital anxiety depression scale). Prior to this, each patient's mood was being assessed and monitored in a less formal way using weekly multi-disciplinary meetings. This change will improve the assessment and data gathered will be used to build a business case for psychological input in the future. For more information, contact [Emma Parker](#), senior occupational therapist.

Befriending for patients

Kingston's acute stroke unit has established a volunteer befriending service on the ward to offer valuable time to patients who may be feeling low, bored, isolated or

frustrated. Befrienders can offer a friendly chat, read a paper or book aloud, play simple games, look through photos or simply offer some company. Although this service has only just been set up there has been positive feedback from patients which will be captured more formally in the future.

Developing stroke nursing

Since early 2011, all eight of London's hyper acute stroke units have been using the hyper acute stroke unit '[Nurse Competency Workbook](#)' (supported by [e-learning tools](#)), developed by nurses from across the capital, to ensure quality and consistent care to patients. A complete success, the Network even receives requests to use the competencies from all over the UK and as far as Australia and America. Early feedback from nurses completing the workbook felt it was a useful tool and it had a positive impact on everyday practice.

Nurses from the London stroke units are now developing their own competencies for the workbook. A group of representatives from all London stroke units have been meeting on a regular basis to discuss and identify the key competencies which are pivotal to good rehabilitative care. Input has also been received from other therapy groups, such as speech and language therapists, to make the tool as comprehensive as possible. The group are nearing completion and hope to roll out the competencies to London stroke units by the end of the year.

About rehabilitation

Community rehabilitation is a priority for London stroke networks and covers: stroke in-patient rehabilitation beds; early supported discharge services; and community specialist stroke services. The [National Stroke Strategy](#) states 'rehabilitation immediately after stroke...can limit disability and improve recovery. Specialised rehabilitation needs to continue across the transition to home or care home, ensuring that health, social care and voluntary services together provide the long-term support people need'. The [Healthcare for London Stroke Strategy](#) states that every primary care trust should commission a community rehabilitation service and an early supported discharge team.

The pan-London stroke rehabilitation group reviews inpatient units that admit stroke patients to assess their services against the standards for acute stroke units. Following each assessment, the in-patient team are given a summary, some recommendations and recognition for good practice. An official pan-London Network report will be published for commissioners and service providers to assist the continuing development of clinically and financially effective rehabilitation services.

Early supported discharge

'Early supported discharge' is about discharging patients from acute care within 21 days of admission to provide rehabilitation in the comfort and familiarity of the patient's own home, for between 2-6 weeks.

The [National Stroke Strategy](#) states that up to 50 % of patients may be eligible to be discharged early however the strategy notes that 'the focus should be on those patients who will benefit most'.

Medically stable patients with mild to moderate disability are more suitable and must have good social support at home, in a safe and comfortable environment, as well as

be willing and able to engage in an intensive treatment programme. Successful early discharge relies on close communication and discharge planning between the hospital and community services team; to ensure that essential home equipment is in place, a rehabilitation plan is agreed so that treatment in the home can begin very quickly after the patient is discharged from hospital.

A big focus for all the networks this year has been increasing the number of areas that provide an early supported discharge service. Waltham Forest and Newham started their service this year, and a service in Bromley started in October. Other areas continue to develop proposals, with plans underway for Barking & Dagenham, Redbridge and Havering, Bexley and Kingston.

Waltham Forest's early supported discharge service

Waltham Forest aims to help patients become more independent and confident as soon as possible. Its therapy programme supports patients with working on aspects of their life which enable them to adjust to living at home and/or going back to work after having a stroke. With professional support patients can, for example, practice walking, dressing, cooking or using public transport. The team provides physiotherapy, occupational therapy, speech and language therapy, psychology and input from a stroke nurse specialist. Over the past six months the team has already supported 40 patients following their stroke. Future plans include implementation of reviews for patients every six months with the stroke nurse specialist. For more information contact Maggie Howlett, senior physiotherapist, or Tanya Corea, stroke nurse specialist by phone on 0208 535 6429.

Pilot project - patient suitability for early supported discharge

The North Central London Stroke Network funded a project to look at whether a stroke navigator role improved early supported discharge rates within the local system of transfer of care to inform current services and future commissioning arrangements. The main findings of the project were:

- more patients could go home from the hyper acute stroke unit with early supported discharge
- limited numbers of patients receive daily intensive therapy with early supported discharge, partly due to patients being seen as 'too high functioning' by those teams.
- patients with moderate disability are not being targeted for early supported discharge from the hyper acute stroke unit and then frequently are not eligible for this once they have gone to the stroke unit. This may be due to the way that some services are commissioned and also due to response times for social services packages of care.

It is recommended that patients with moderate disability are targeted earlier in the hyper-acute stroke unit, with support from social services to ensure that a higher proportion of patients could go home earlier.

For information contact [Mirek Skrypak](#).

About life after stroke

Life after stroke means supporting people to recover from, and live with, the effects of stroke in the long term. The [Life after stroke: commissioning guide](#) emphasises the importance of 'having person-centred services to support stroke survivors.' People who have had a stroke need enabling to live a full, independent life in their community. Here stroke e-news is showcasing some examples of London's non-statutory life after stroke services.

Patients take control

Bridges stroke self-management is a programme that supports people who have had a stroke and want to take control of their lives. Bridges is also involved in research into self-management and run workshops for NHS stroke teams. An evaluation has been conducted into the sustainability of Bridges and the findings will be published on their [website](#). Bridges is also being developed in New Zealand. For more information, sign-up to the [newsletter](#) or download the [latest edition](#), email bridges-stroke@sgul.kingston.ac.uk or call 020 8725 2445.

Communication through art

In Sutton and Merton an art group has been set up for people who experience feelings of isolation, low confidence and low self-esteem after a stroke. In September the group were assisted by volunteers from the Stroke Association and Shape Arts to participate in additional activities as part of the 2012 'out and about' campaign. The first activity was a free visit to Dulwich Picture Gallery which had a collection of Old Master paintings, brought to life with stories from the gallery's art educator; plus a free visit to its Andy Warhol exhibition and The Four Seasons outdoor sculptures by Philip Haas. Everyone reported having had an extraordinary experience. Following the gallery visit, group members participated in free workshops to explore art and its shape, texture and tone. Already the gallery visit has opened up new horizons with one person planning to visit with her grandchildren and another especially isolated person has made enquiries about volunteering. Another organisation, [Connect](#), also run two art workshops a month at the National Portrait Gallery and Tate Modern.

Working with people who have aphasia – new resources

- Stroke Association have produced [guidelines](#) on how to make information more understandable for people with aphasia.
 - Connect have produced a [free resource pack](#) for people who work with people that have aphasia.
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Access to culture

[Shape](#) is a disability-led arts organisation whose aims are to develop high quality practice by disabled artists, increase the number of disabled people as arts audiences, increase the number of disabled people employed in, and leading, the arts and to increase the number of disabled people participating in arts activities. Shape has worked with renowned organisations including The Royal Opera House, The Natural History Museum, The British Museum and Arts Council England. Shape trains cultural institutions to be more open to disabled people, develops opportunities for disabled artists and runs participatory arts and

development programmes. They liaise directly with theatres, galleries, museums and music venues to secure reduced price tickets and ensure access requirements are met on behalf of the individual; the Shape Diamonds programme offers regular opportunities to be involved in volunteer-supported group outings to arts, culture and entertainment events.

Gardening helps recovery and rehabilitation

Thrive is a small national charity that helps people with a disability to start or continue gardening and believes in the power of gardening to change lives. On its website there is a section on top tips and advice to help people can continue or start to enjoy working in their garden with heart disease or after stroke, including 7 ways to make your garden easier to manage. The Telegraph published a story about a man who discovered gardening after battling for 5 years with depression after his stroke. Gardening has changed his life and his garden has been nominated for the Gardening Against the Odds awards.

Public transport mentors

Transport for London (TfL) have a travel mentoring service for disabled Londoners who want to make use of mainstream accessible public transport with advice on planning a journey using an accessible route. Mentors go with their mentee for the first few journeys until confidence and independence is gained. TfL also provide assistance to people who want to use mobility scooters and other aids on London's bus services. Transport for All is a campaign for fully reliable, accessible and affordable transport for older and disabled Londoners.

Life after stroke research

Bridges News highlights two articles, one from a trial based in New Zealand which compared the impact of two interventions designed to encourage self-directed rehabilitation on 172 Maori and Pacific Islanders within three months of a first stroke; the second highlights research which shows that people are at risk of losing friends after stroke, and this is most common in people with aphasia.

Stroke nurses inspired to set-up forum

Stroke nurses from hospitals in the inner north east London sector have teamed up to establish a specialist stroke nursing forum, proud of their achievements with the implementation of the London stroke model and excited about the development of stroke nursing. The forum aims to raise the profile of stroke to nurses in north east London and to provide a high quality, consistent, seamless service to patients and families. The forum's main focus will be to lead and identify areas of development in stroke specialist nursing across the stroke care pathway and to take a lead in projects across work streams, working in collaboration with the stroke multi-disciplinary team, and also in the implementation and evaluation of projects/audit outcomes. In addition, to co-ordinate and ensure that nursing staff comply with evidence based local/national stroke clinical guidelines and to participate in nurse stroke research. For more information contact Isatu Mason.

London's stroke service "legacy"

Over the last three years, stroke services in London and Greater Manchester have undergone significant changes; with the aim of ensuring stroke patients receive high quality, evidence-based care. These reconfigurations differed in terms of the models

of care implemented, and the approaches taken in bringing about change. A [research evaluation](#) comparing the two reconfigurations is being conducted, funded by National Institute of Health Research, and brings together researchers from University College London, the University of Manchester, and King's College London. Other parts of the NHS in England are now also seeking to reconfigure their stroke services; the lessons drawn from this evaluation should help ensure these efforts are carried out in an effective and evidence-based way. The evaluation will be completed by August 2014. The aims are to:

- identify barriers and facilitators for major system reconfiguration, implementation and sustainability
- study whether the reconfigurations have delivered clinical and cost effective improvements that patients and public think are worthwhile
- identify lessons about major service reconfiguration that might be applied in other settings. 'Stroke-news' will provide updates on progress as the research continues

Prof Tony Rudd, London's clinical director for stroke, states:

"This research is of major importance, not just to evaluate what has happened so far in London and Manchester but to help us understand the best ways of reorganising care for stroke and other chronic diseases elsewhere in the country in the future. Even though reorganisation of health services can have a huge impact on outcomes (potentially both for good and bad) such formal testing is not routinely required or performed. I am delighted that this work is therefore being undertaken. It should ensure that the work done in London has long-term sustainable legacy".

For information contact [Angus Ramsay](#).

Mabel's story

A recent patient, Mabel, was the oldest person to have been given thrombolysis at St Georges, at the age of 103. She made a great recovery and went home after three days, with no need for community rehabilitation, just a review of her social care package. Mabel lives on her own in sheltered accommodation with the support of one of her daughters nearby. She has a large family, with 10 children - the oldest of whom is 84 - 28 grandchildren, 56 great grandchildren and 12 great, great grandchildren. She is planning a trip to the USA soon to see her eldest daughter. She was in good spirits when the team saw at her follow up appointment. Her secret – she told her nurse that she led a contented married life, never drank alcohol and never smoked. Her daughter added that she always ate a healthy diet containing many fruits and vegetables. An example to us all!

Training & events

Life after stroke postgraduate module: participants will critically explore the factors influencing life after stroke, through a series of interactive debates, presentations from experts in the field, and case based tutorials. For course information visit the [Kingston University website](#).

[Back to top](#).

Free acute stroke training

Free basic and advanced simulation training days in acute stroke care are being provided for health care professionals by London Deanery.

Other news/updates

Chase Farm Hospital held fundraising events across hospital sites for Stroke Awareness Week in May for staff, patients and members of the public. Andrew Daly, matron for stroke services and inpatient rehabilitation at Barnet was delighted at their success: “It was fantastic to be part of such team spirited events promoting stroke awareness”. Andrew’s team raised £1,000 and as Andrew says “what an achievement!”.

Useful news/links

- Latest Stroke Association [newsletter](#)
 - Latest [newsletter](#) from NHS Improvement Stroke
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Submit an article

Thank you to everyone who submitted their news and features for this edition of **Stroke-news**.

If you would like to write a piece for future editions or have comments about any of the content please email info@slcsn.nhs.uk.