

Stroke-news

November 2010

Letter from the stroke clinical director, Dr Tony Rudd

We continue our excellent progress in implementing the London Stroke Model. The initial data clearly demonstrates that the model is working and providing better clinical and financial outcomes:

- Average length of stay has decreased from 15 to 11.5 days.
- Our Vital Signs data indicates that we are performing better than any Strategic Health Authority in England:
- 84% of our patients are spending 90% of their time on a dedicated stroke unit. The national average is 68%.
- 85% of our high-risk TIA patients are being treated within 24 hours. The national average is 56%.
- Five of the top six hospitals in the National Sentinel Audit for Stroke are London HASUs.
- All London HASUs are in the top quartile of performance, according to the audit.



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Of course we have encountered some teething problems. I believe that in undertaking such revolutionary changes to the way we deliver stroke services in London, hurdles are to be expected. We will continue to address these challenges as we progress.

During the course of my visits to the Stroke Units (which I expect to complete in the next few weeks), I have been wholly impressed by the enthusiasm and hard work that all of you continue to exhibit. There is no doubt in my mind that the improvements that we have made for patients with this implementation are both significant and sustainable.

Our hard work has not gone unrecognised. The London Stroke Model has been shortlisted by HSJ for its [Clinical Service Redesign award](#). We presented details of the model to the HSJ awards team earlier this month. Winners will be announced on 29th November. Even if we do not receive top prize, our patients are being rewarded with the improved care that you all are providing.

PCT chief executives and chairs have been delighted when I tell them about our progress. However, they believe that community rehabilitation is the challenge that must next be addressed.

On 9th November The Stroke Association will hold a day-long event, [Commissioning Life After Stroke Services](#), that will focus on the need for improving community services. CSL's new Life After Stroke guidance will be launched and presentation topics will include joint commissioning, Early Supported Discharge and the care pathway and social reintegration. I encourage you to attend this event if you are able.

I would be remiss if I didn't mention the concern regarding the changes that are occurring around us. It is our responsibility to make GP consortia understand the hard work that has gone into making the London Stroke Model such a success. We must continuously document that the care Londoners are receiving is demonstrably better than before. We have implemented a model with clinical and cost efficiencies that patients clearly appreciate. As long as we carry on with measuring and demonstrating these benefits, we will protect our patients' stroke care, the London Stroke Model and the dedication it took to achieve full implementation of this groundbreaking strategy.

Here's to an award-winning autumn.

National audit shows London hospitals top in stroke care

Hospitals in the capital are providing residents with world-class stroke care through the London Stroke Strategy. Five London sites have leapfrogged into positions as the best in the country, according to data released through the **National Sentinel Stroke Audit**, which measures hospital performance against national clinical guidelines and quality of care for stroke patients.

Five of the top six in the nation are London Hyper Acute Stroke Units (HASUs): St George's Healthcare NHS Trust, University College London Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust, Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust.

All eight London HASUs are ranked in the top quartile of national performance.

This is a great achievement by the organisations and supported by the London Stroke Networks, all of which worked closely with the hospitals to implement the London Stroke Strategy to prepare for the stringent assessments.

[View the online press release.](#)

'I was assessed straight away. Within an hour of admission I was given the drugs I needed and I was back to normal the following day. The care was excellent, efficient and considerate.'

— HASU patient

The Clinical audit takes place in October/November (based on patients admitted between April and June). The results are expected to be reported to Trusts at the beginning of March 2011.

Learn more about the London stroke model, the HASUs and the role of the networks online. [\(More...\)](#)



We encourage you to forward this newsletter to others who may find it useful.

Snapshots of success

Results since full implementation

Since the full implementation and go-live on 19th July, the London Stroke Model has proven its value in transforming stroke care in the capital, providing significant outcomes.



The average length of stay has fallen from approximately 15 days in 2009/10 to approximately 11.5 days in 2010/11 YTD. This represents a potential saving of approximately £3.5m over a 6-month period.



Thrombolysis rates have increased since implementation began to a rate higher than that reported for any large city elsewhere in the world.



The number of stroke patients taken by London Ambulance Service to a HASU has been increasing since implementation.



Approximately 35% of patients are discharged home from a HASU. The estimate at the beginning of the project was 20%.

Number of HASU beds in London



Outperforming the rest of the country

Performance data shows that London is performing better than all other SHAs in England.

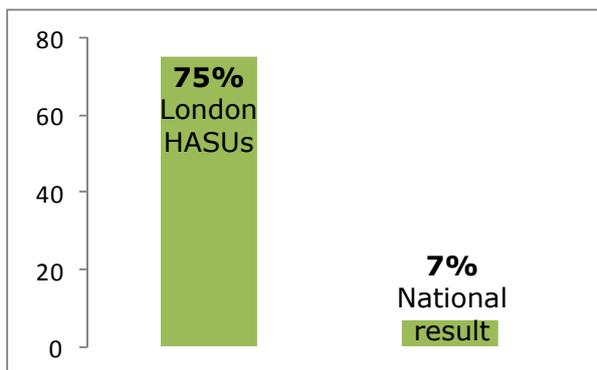
The 2010 National Sentinel Stroke Audit provided evidence of the huge improvements in London stroke care.

All London HASUs were in the top quartile of national performance.

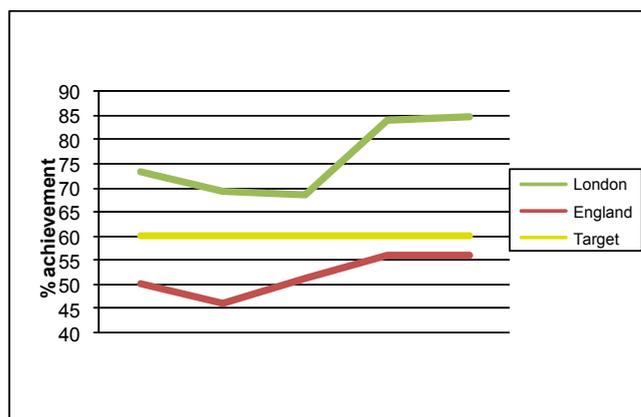
5 of the 6 top stroke services in the country were in London.

"The speed with which I was tested and then thrombolysed was amazing. After my treatment I am a great fan of HASUs."
— HASU patient

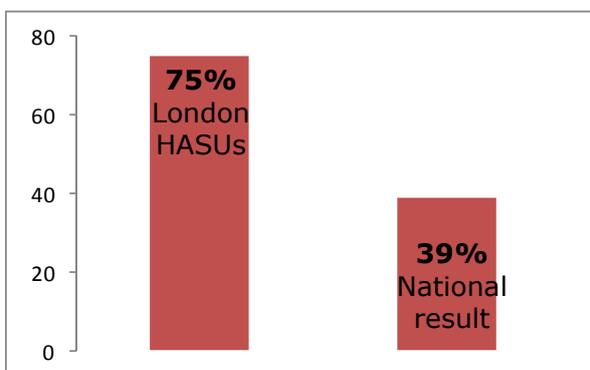
HASUs achieving all 7 standards for quality acute stroke care



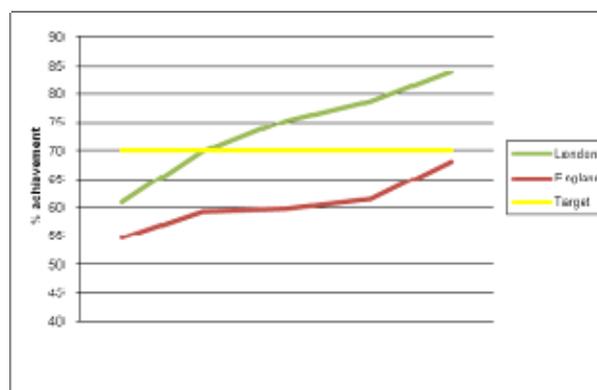
Percentage of TIA patients treatment initiated within 24 hours



Patients directly admitted to a stroke unit for pre-72 hour care



Percentage of patients spending 90% of their time on a dedicated stroke unit



Collaboration across the pathway: Teaming with patients, GPs, and stroke specialists

Patient and carer experiences

Patient and carer feedback received by the HASUs has been very positive. Comments praise the rapid access to specialist care and diagnostics, cleanliness and efficiency of the HASU environment and the positive attitude of staff.

There have been constructive comments received for consideration, particularly on patient choice following the acute stay. This relates specifically to rehabilitation, as delays in discharge and accessing specialist inpatient rehabilitation has been slower to improve in some areas.

'The care Dad has received has been excellent and the staff have been wonderful.'

— Relative of HASU patient

The London Stroke Networks continue to work with Trusts to ensure optimisation of patient flows through the new model; in particular by improving collaboration between HASU and SU staff to support timely transfer.

Aligning with GPs



The London Stroke Networks continue to distribute information on the London stroke model and invitations for educational sessions to GPs.

These communications are distributed by the PCTs and Trusts on a bi-monthly basis on behalf of the London Stroke Networks.

A provisional calendar of announcements is available online.

Collaboration across London

Creating committed and competent nurses across London

On 16th November, the pan-London networks will hold an education event for Band 5 nurses who manage patients in the Hyper Acute Stroke Units (HASUs) and Stroke Units (SUs) across London.

In addition to providing presentations on stroke, AF and stroke care, the event will launch the pan-London HASU nursing competencies workbook. The workbook was developed to help the 400 stroke nurses who were recruited for implementation of the London Stroke Strategy. As the nurses vary in their level of stroke experience, this standard set of nine competencies establishes a foundation of stroke knowledge against which all nurses will be responsible. This will ensure top quality care in the HASUs and Stroke Units. The topics range from overall stroke knowledge to prevention, communication and neurological, respiratory and cardiovascular care.

Improving stroke care in London



Improving Stroke Care in London
London Stroke Initiative: London's Cardiac and Stroke Networks
Stroke is the second biggest killer in London and the most common cause of disability. Every year 11,000 people having a stroke are admitted to a London hospital. The first three hours after a stroke are the most crucial but many Londoners are currently not receiving fast enough access to life-saving care. However, that is all set to change with the London New Stroke Model of Care.

London Stroke Initiative: London's Cardiac and Stroke Networks

A new video, coordinated by the North West and North Central Cardiac and Stroke Networks, details how 'stroke services in

the capital are being transformed, thanks to the new London model for stroke care and the London cardiac and stroke networks...'

[Watch the video from Long Term Conditions TV.](#)

Improving communication access: Creating champions

Approximately 25 Communications Champions have been trained through a joint project between the **North East and South London Cardiac and Stroke Networks** and Connect, the communications disability network. The session provided information on how to make healthcare services accessible to those with communication disabilities, such as stroke survivors with aphasia.



Participants from a wide range of roles, including social workers, speech and language therapists, nurses, healthcare assistants, volunteers and health advocates, gathered for two days of practical training from Connect. The project serves to equip the new communications champions with the skills, techniques and resources needed to cascade their knowledge at least three times to their colleagues. Over the course of the project the champions will work with the networks to evaluate its impact.

The training opened with a discussion of communications disability and how the techniques and tools from the training could be used to improve communication access for all service users - not just stroke survivors. A triangle depicting documents, interactions and environment provides the three points that must be considered when improving communication access. Stories and videos from patients with aphasia reinforced the lessons in the training and the importance of making sure services are accessible to everyone.



The feedback from the training was extremely positive. The networks will continue to support the new champions and share the learning from this project as broadly as possible. A lessons-learned mentoring day is scheduled for January.

North West Network

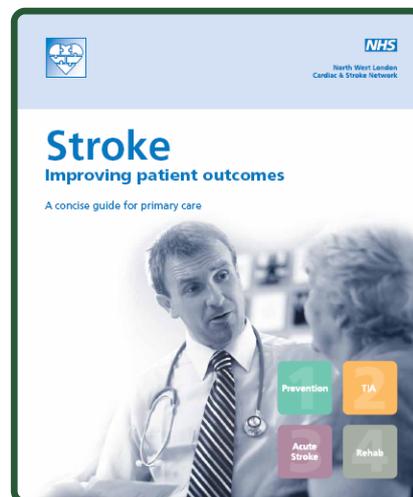
Stroke – Improving Patient Outcomes

A concise guide for primary care

The North West London Cardiac and Stroke Network is delighted to announce that a new stroke information resource has been delivered to GP practices across NW London.

The A4 folder provides primary care professionals with an overview of how the National Stroke Strategy and London stroke model have been implemented and the services available to GPs and their patients across the network. *Stroke - Improving patient outcomes, a concise guide for primary care* includes up to date information following four key themes: Prevention, Transient Ischaemic Attack (TIA), acute stroke and rehabilitation.

- **Prevention:** Outlining the role that GPs and primary care professionals can play in preventing stroke, this section covers the major risk factors, how to detect them and the action to take in monitoring and educating patients.
- **TIA:** Following the successful launch of the new TIA referral pathway and treatment protocols across NW London, this section provides further insight into TIA diagnosis and referral, along with details of all local TIA clinics.
- **Acute stroke:** This section details the treatment pathway for stroke patients across NW London, the management of stroke within HASUs and SUs, the thrombolysis protocol and a description of local SU services.
- **Rehabilitation:** Always a challenging area within the patient pathway, this section follows the patient from the SU to the community.



Each section is divided into summary, facts and figures, diagnosis and referral, treatment and management, pharmacy and local services. In addition, there is a resource section with useful contacts, medical glossary, references and addresses.

An accompanying website will be launched within the next few months and will provide updates to the guide which will provide a vital link to the continuing improvements in stroke and TIA diagnosis and care.

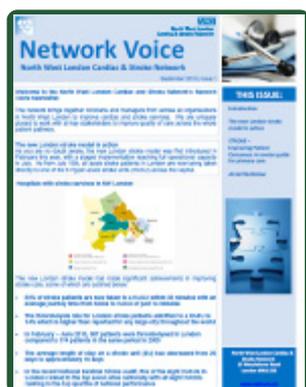
If you would like more information on the stroke guide, please contact Eleanor Jackson (eleanorjackson@nhs.net or 07931 350268).

Network Voice newsletter launched

The North West London Cardiac and Stroke Network has launched its *Network Voice* newsletter. The latest edition contains information on the London stroke model in action, plus a concise guide to improving patient outcomes in stroke in primary care and an overview of dronedarone and its effect on atrial fibrillation.

To subscribe email kathryn.wickham@nhs.net.

[\(Download the newsletter.\)](#)



North Central Network

Task group meeting looks to future solutions

The North Central London Network recently held an event for its three task groups: Urgent Care, Life After Stroke and Stroke Commissioning. The purpose was to celebrate the successes of the task groups in the last year and to look at the challenges ahead. The event was held at the Wellcome Trust and afforded a tour of the Wellcome Trust collection.

At the event, Tony Rudd, Clinical Director for Stroke, recognised the progress that had been made across London, including the impressive thrombolysis rate. He then set the scene for the year ahead, looking at issues such as future work with GP commissioning consortia.



University College London Partners (UCLP) and The King's Fund, are currently working on a project to develop a set of outcome measures along the stroke care pathway and the NCL Network is working closely with them to support this project. Delegates at the event heard about the progress of this work and were asked to contribute to the measures that were being developed.



Two of the Network-funded projects were showcased at the event:

Haringey's development of an integrated care pathway for stroke, involving local authorities (not just social services, but also areas such as libraries and leisure) and a team of eight voluntary sector partners, working closely with the PCT to develop appropriate services.

Camden's Early Supported Discharge (ESD) services pilot to undertake a post-acute review for all Camden patients. Resulting from this pilot is the decision to combine the role of reviewer and stroke navigator into one clinical role which will implement the post-acute review at six weeks, six months and 12 months and also ensure a seamless pathway for people who have had a stroke.

'Race for a Solution' was a game-like exercise in which teams were to respond to quick-fire challenges in the stroke pathway:

- How can we deliver post-discharge support in each borough given the current financial situation?
- How could ESD services be delivered more efficiently for patients discharged directly from the HASU across the five boroughs?
- How do we ensure that people being discharged directly from the HASU are receiving appropriate community input?
- How do we meet the emotional and psychological needs of patients after a stroke within the current financial situation?
- What indicators could be used to measure quality outcomes along the stroke pathway, particularly in rehabilitation?



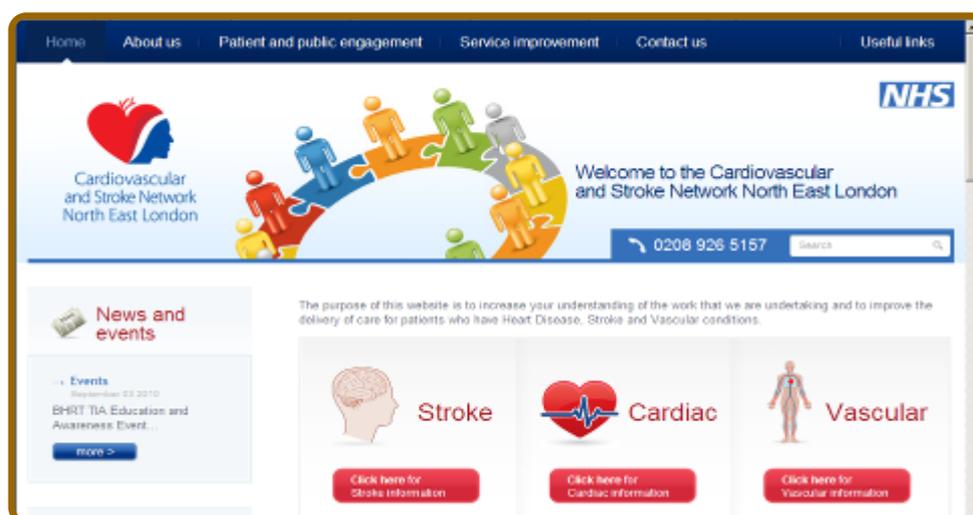
The responses will be used to develop the work plans for next year.

North East Network

North East London launches new website

The North East London Cardiovascular and Stroke Network has recently launched its new websites. Visit www.nelcvsn.nhs.uk, bookmark as a favourite link and learn what the network is doing to improve the delivery of care for patients who have heart disease, stroke and vascular conditions.

The NEL network welcomes your comments. Please [email](#) the team with your content suggestions.



Upcoming education events

The NEL network will host the following education sessions for North East London:

Cardiology education sessions

This series of events is aimed at GPs and will cover all seven areas of North East London. The session will focus on:

- The burden of cardiovascular disease
- Latest national guidance
- Local services
- The specifics of referrals.

The first will be held in **Waltham Forest on 18th November 2010**. The following event for **Barking and Dagenham and Redbridge** will be held on 21st January 2011.

Delivering the QIPP agenda for Atrial Fibrillation (AF) management event

This January 2011 event for GPs, public health leads, commissioners and lead commissioners will provide the strategies needed to propel North East London to excellence in AF management.

(Further news is available online.)

South London Network

Includes South East and South West

Stroke survivors advise what support is needed six months after a stroke

The South London Cardiac and Stroke Network held an extremely successful event for stroke survivors and carers. The purpose was to find out their thoughts on the support needed by stroke patients six months after a stroke, in line with Quality Marker 14 of the National Stroke Strategy.

After receiving an overview on current state of stroke services in London, participants broke into seven groups to give their input into various kinds of support that would be required: medical, physical, emotional, leisure and work and social.



All participants had strong views, which have been collated by the Network team and will be used to develop service specifications for the delivery of this review.



(Read the participation summary.)

More than 25 new people signed up to be a part of the Network's *People Bank*, a virtual group of approximately 75 patients, carers and the public that receives a newsletter with clinical information and invitations to participate in Network.

The majority of new People Bank members remarked that they wished to further work on the stroke review project. Many were also interested in the new oral anticoagulants and have volunteered their participation in future projects.



SLCSN's PPE event highlighted on SIP site

The NHS Stroke Improvement Programme (SIP) highlighted the SLCSN patient and carer stroke event and resulting participation summary on a new web page dedicated to reviews for stroke patients.

[View the new SIP site](#) and [download the Network's summary](#) of what participants deemed important at the six month review following a stroke.

Stakeholder newsletter

The SLCSN send out a stakeholder newsletter to 1,400+ individuals that have ties to the Network. The distribution list includes members from its work-streams and boards, and partner organisations plus clinicians and other healthcare professionals. The newsletter provides updates on projects and events. It is released on a quarterly basis.

Please [email](#) the Network if you would like to be included in the distribution list.

South London Network

Includes South East and South West

Extending psychological support for stroke survivors

Following their successful bidding process for the Accelerating Stroke Improvement funding, the South London Cardiac and Stroke Network is working with two sites to develop and extend psychological support to stroke survivors across the entire stroke pathway. Croydon Community Health Services and St George's Hospital are receiving project management support from the Network to achieve their ambitious aims. The joint project has been selected as a National Priority Project by the Stroke Improvement Programme.

The project aims to improve access to psychological support for stroke survivors and to support achievement of the ASI metric of 40% by April 2011. In Croydon the team will extend the existing group-based interventions aimed at enhancing emotional well-being and education of stroke survivors to every phase of the stroke pathway (acute, community rehabilitation and post-rehabilitation). The project aims to ensure that 95% of stroke survivors will receive a six month review, as per Quality Marker 14 of the National Stroke Strategy. The team at St George's will develop and evaluate an outpatient group that focuses on psychological, therapeutic and educational support.



By focusing on education and skills sharing, the projects help to ensure that psychology resources are used most efficiently. Both sites will establish a sustainability plan which includes cascaded training and promotion of the programme's impact. Success will be measured by patient satisfaction and psychological outcomes at the close of the project.

GP stroke education events

The South London Cardiac and Stroke Network held two successful GP education events in October which provided information on stroke and atrial fibrillation (AF) in primary care. The purpose was to help GPs better understand these areas and to encourage anticoagulation prescribing.

Approximately 25 GPs and cardiologists attended the Wandsworth GP event. The event afforded the opportunity for GPs to receive information on such topics as ablation and new drugs in the treatment of AF. Dr Nicola Jones, CVD lead for NHS Wandsworth, was pleased with the dialogue and engagement at the event. Comments included how 'delightfully informative' the session was and how the 'open discussion allowed [the attendees] to ask questions in specific clinical areas.'

Approximately 35 GPs attended the 20th October Sutton and Merton education event, chaired by Vasa Gnanapragasam, CVD lead for NHS Sutton and Merton. Content for this session was similar to the Wandsworth event and the evaluations were equally as positive.



As a result of the information given at the sessions, many practices signed up to use the *Guidance on risk assessment and stroke prevention for atrial fibrillation*, or GRASP-AF, online query and risk stratification tool. GRASP-AF is available for use with all GP clinical systems in England.

The Network has since received several requests from PBC clusters to provide further education and clinical support in the management of AF.

News and events

Upcoming events

3rd November - London Health 2010 Management Conference and Exhibition - NHS London is a lead supporter of this event, where Andrew Lansley, Secretary of State for Health, will address the capital's healthcare community.

4th November - Stroke care: Next steps for policy and commissioning management conference and exhibition - Professor Roger Boyle, National Director for Heart Disease and Stroke, Department of Health will serve as the guest of honour. Dr Tony Rudd, Stroke Clinical Director, London Cardiac and Stroke Networks, will discuss stroke care in the new commissioning landscape and Lucy Grothier, Director, South London Cardiac and Stroke Network, will present on the London Stroke Model as part of a panel to address stroke care effectiveness.

9th November

Commissioning long term support services for stroke

The London Stroke Strategy delivered world class clinical services ensuring Londoners had the best chance of surviving a stroke with minimum disability. What comes next?

Commissioning Life After Stroke Services conference 9th November 2010

For survivors, commissioners, providers, clinicians, GPs, networks advisers and anyone interested in excellent commissioning.

- Launch of CSL's Life After Stroke guidance
- Return on investment and value for money
- Joint commissioning
- Early supported discharge
- Fitness, health and wellbeing
- Aphasia assessment and peer support
- Care pathway and social reintegration
- Stroke strategy update from Dr Tony Rudd

In attendance will be representatives from The Stroke Association, Commissioning Support for London, Connect – the communication network and the London Stroke Networks.



9th November
Coin Street
Neighbourhood Centre
108 Stamford Street
London SE1 9NH
[Further details online](#)

26th November - Stroke education day for ambulance personnel - Imperial College and North West London Stroke and Cardiac Network along with the pan-London Hyper-Acute Stroke Units are hosting a stroke education day for ambulance personnel.

30th November - 2nd December - UK Stroke Forum - Hosted by The Stroke Association, this event brings together stroke clinicians and researchers to meet and share ideas, promote multidisciplinary research and provide a unified voice for more statutory sector funding for research.

Visit the London Stroke Networks at the UK Stroke Forum at stand no. 81!

Contacts

Want more information?

Contact the London Stroke Networks for further details:

North West

www.nwlcn.co.uk | 020 7009 4075 | [email](#)

North Central

www.nclcn.org.uk | 020 3317 3717 |

North East

www.nelcvsn.nhs.uk | 020 8926 5157 | [email](#)

South (includes South West and South East)

www.slcsn.nhs.uk | 020 8812 5950 | [email](#)



[Charing Cross Hospital](#)

Fulham Palace Road
London W6 8RF

[The Royal London Hospital](#)

Whitechapel Road
Whitechapel E1 1BB

[King's College Hospital](#)

Denmark Hill
London SE5 9RS

[St George's Hospital](#)

Blackshaw Road
Tooting SW17 0QT

[Northwick Park Hospital](#)

Watford Road
Harrow HA1 3UJ

[St Thomas' Hospital](#) *

Westminster Bridge Road
London SE1 7EH

[Queen's Hospital](#)

Rom Valley Way
Town Centre, Romford RM7 0AE

[University College London Hospital](#)

235 Euston Road
London NW1 2BU

* Interim services are being provided by the HASU at St Thomas' Hospital until the HASU at the Princess Royal University Hospital, Orpington, is fully operational.