



NHS

Greater Manchester
Neurorehabilitation & Integrated
Stroke Delivery Network

ANNUAL REPORT

2022-23

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Foreword



Dr Shivakumar Krishnamoorthy,

Hospital Clinical Director

It has been an exciting first 6 months as the new Hospital Clinical Director following my appointment in November. As the stroke Clinical Director at Stepping Hill Hospital, I was heavily involved with the network when the region transformed its hyper acute pathway. It has been an interesting experience to be on the other side of the fence, working closely with inpatient stroke teams in a different capacity.

It has taken time to get to grip with the network's large portfolio of projects, but I am fortunate to have two excellent Clinical Leads working with me. Louise and Jenny have been fantastic in leading projects in their respective areas of nursing and rehabilitation. The wider network team have also been supportive in my first months and continue to be expert in their management of projects.

The pandemic had a profound impact on our hospital stroke services, which is clearly reflected in our team's national stroke audit scores. However, during our recent stroke unit visits we witnessed excellent examples of how units have recovered, and despite many ongoing challenges, are seeking to return care to pre-pandemic levels and beyond. Despite the difficulties, we have witnessed many successes. We are one of the few regions in the UK that offers a 24/7 thrombectomy service, with the team at Salford Royal Hospital pulling out all the stops to make this a reality in March 2022. Our case numbers continue to grow and the pathway from our two referring units is now working well.

We have made great progress in prevention and are delighted to welcome Dr Aseem Mishra aboard as our joint lead. We aim to make improvements in Atrial Fibrillation monitoring and Transient Ischaemic Attack services as well as contributing to the region's primary prevention agenda. Our initiatives to improve inpatient rehabilitation are gathering pace as we help teams to work in different ways to increase the frequency/intensity of therapy so as to meet the new national stroke guideline recommendations.

The pathway from our two referring units is now working well and further increasing our thrombolysis and thrombectomy case numbers with advanced imaging will be a key focus for the year ahead.



Tracy Walker,

Community Clinical Director

This has been another great year for the network, with some fantastic work by our Clinical Leads and Facilitators in conjunction with our local teams. We have collaboratively updated our community neurorehabilitation model which we will be presenting in the NHS England Neurosciences Service Transformation Programme during 2023. We have also finished reviewing our stroke model in line with the

new national clinical guidance and in parallel have worked with teams to align and update our Key Performance Indicators (KPI) in community.

High quality data to demonstrate the progress in transformation and benchmarking practice against our models continues to be an important part of our work. We have supported community teams with data collection tools and training, with around half of teams submitting data following our KPI update. Our Clinical Leads are currently redesigning our performance report to help demonstrate the patient's community rehabilitation journey and highlight challenges that may need investment.

I want to congratulate our Clinical Leads as they have done a remarkable job in engaging with teams, and also a big thank you to our Facilitators who provide project management support. All our community teams have provided so much support to the network, so a huge thank you for your continued enthusiasm and engagement. Particularly well done to Trafford, South and Central Manchester teams for implementing our community models and improving access to patients in those localities - fab job!

Although we now have a community stroke and neurorehabilitation services in all of our localities, the next year is going to be focussed on how we can address the gaps in workforce and reduce waiting times for therapy. We are also looking forward to engaging with the new Integrated Care Board, sharing our work and gaining support to progress our community rehabilitation provision.



1. Gone but not forgotten



We were all deeply shocked at the sudden passing of our colleague and dear friend Lisa Chadwick in October 2022.

Lisa worked as Administrator for both networks, and her death has left a huge void in the team. We were glad to be able to remember her at our neurorehabilitation conference and named our new outstanding contribution award in her memory.

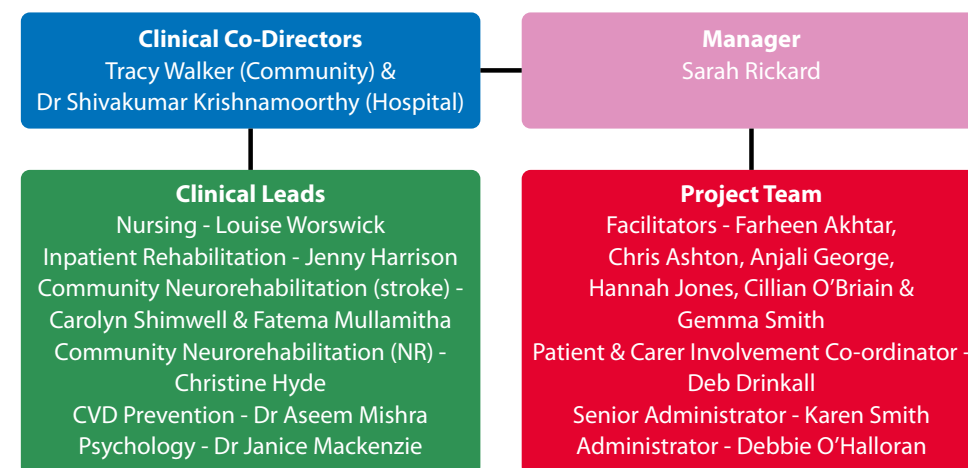
We also presented her family with a book of condolences which contained many lovely thoughts and reflections from the people she worked with.

She will be missed and never forgotten and this report is a tribute to what she helped us to achieve.

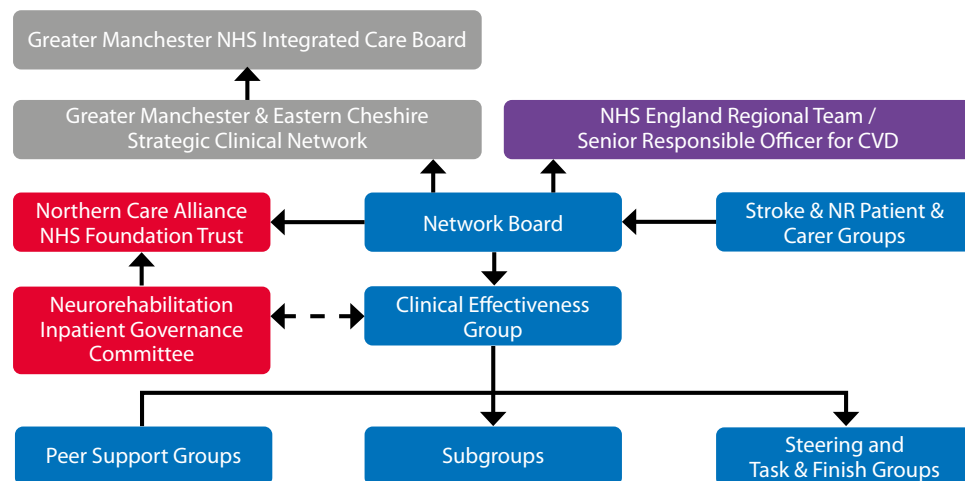
2. Our first year as one network

In late 2021, the Greater Manchester Neuro-Rehabilitation and Integrated Stroke Delivery Networks were merged into a single entity. Our first 18 months as a combined network have been highly successful and vindicated our view that “together we are stronger”. A single, larger network team has proven more efficient and effective at clinically leading and delivering our diverse programme of work across both specialties, with many projects combining both neurorehabilitation and stroke elements. Our oversight of both care pathways has allowed greater joint working and streamlining of services, and helped to ensure each specialty learns from the other.

Our vision continues to support the development of high quality and equitable stroke and community neurorehabilitation services in Greater Manchester, to achieve the best outcomes and experience for patients. Our expanded clinical leadership includes a diverse range of professions including physiotherapy, occupational therapy, nursing, psychology and medical. It has proven instrumental in ensuring our service improvement activities are clinically relevant to patients as well as evidenced based. We now have a larger project management team of experienced clinicians including a nurse, physiotherapists, occupational therapist, orthoptist and paramedic. The clinical backgrounds of the team enables us to allocate projects to areas where they have expertise, ensuring we are as clinically led as possible in the development and also delivery of our workstreams.



As part of our re-organisation, we have rationalised the groups through which we deliver our service improvement. Our Board oversees the network at a high level with our Clinical Effectiveness Group responsible for clinical governance. They are supported by subgroups, steering and task and finish groups as well as peer support forums.



We currently have the following groups supporting our work:

Subgroups – standing meetings to support specific areas

- Community Neurorehabilitation Forum
- HASU Forum
- Neurorehabilitation Inpatient & Community Forum
- Sector Forums
- Cardiovascular Disease Prevention Subgroup
- Rehabilitation Subgroup
- Training & Education Subgroup

Steering Groups – support complex, longer term but time limited pieces of work

- Functional Neurological Disorder
- Life after stroke
- Motor Neurone Disease
- Spasticity
- Vocational rehabilitation (North West)

Task and Finish Groups

- Atrial Fibrillation monitoring post stroke/TIA
- Driving post stroke
- In reach into inpatient neurorehabilitation
- Introductory stroke study day
- North Manchester Life After Stroke
- Slow stream rehabilitation
- Training needs
- Transient Ischaemic Attack

Peer Support Groups

- Advanced Clinical Practitioners
- Community Nurses
- Dietitians
- Orthoptists
- Speech and Language Therapists

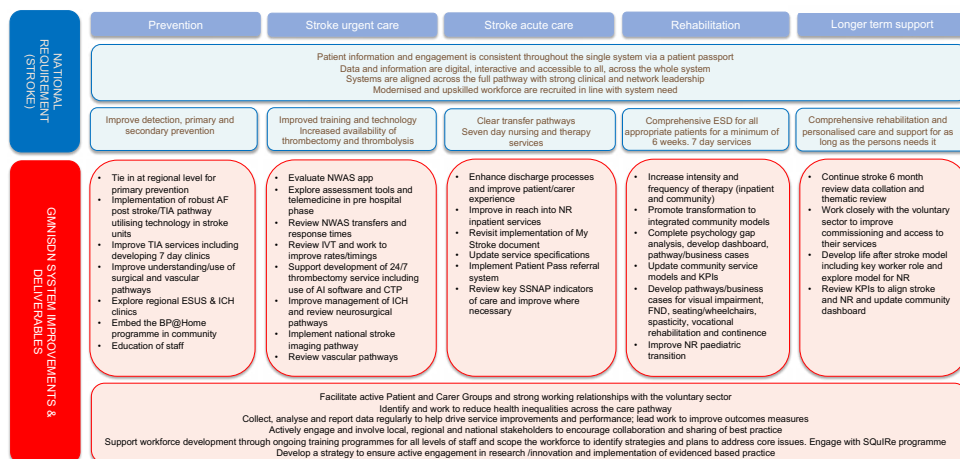


3. Our progress during 2022-23

We continue to deliver an extensive service improvement programme that spans the entire stroke care pathway as well as community and longer-term support for neurorehabilitation.

Work to transform inpatient neurorehabilitation services into a single provider model led by the Northern Care Alliance NHS Foundation Trust only resumed in early 2023. We work collaboratively with current hospital neurorehabilitation providers and our training and education and patient and care involvement initiatives are fully inclusive of this part of the care pathway.

Our two stroke and neurorehabilitation Patient and Carer Groups are actively involved in helping to prioritise our strategy, with members also contributing to individual projects.



A summary of our work programme

3.1 Stroke prevention (1 of 2)

The stark reality is that 80% of strokes could be prevented. The greatest risks of having a cardiovascular event such as a stroke or heart attack could be reduced through:

- Early detection of key conditions such as Atrial Fibrillation (A), high blood pressure (B), high cholesterol (C) and also diabetes (D)
- Effective clinical management of these conditions with medicines and via interventions that encourage sustained behavioural change leading to healthier lifestyles e.g. quitting smoking, taking more exercise, dietary improvements etc

Cardiovascular Disease (CVD) is the leading cause of premature death and health inequalities across Greater Manchester where heart and circulatory diseases will kill more than 1 in 4 people. The pandemic has exacerbated these existing health inequalities as our region is one of the most deprived in the country. Nationally, the NHS England CORE20PLUS5 initiative lists hypertension and lipid management as one of five key clinical areas for focus.

System wide prevention



In Greater Manchester, work has begun at a system level to bring together key stakeholders to co-ordinate strategies and work. We want to work together better to tackle the significant variation in CVD outcomes and also in how prevention is delivered across the region's 10 localities.

In a joint appointment with the Greater Manchester and Eastern Cheshire Strategic Clinical Network cardiac programme, Dr Aseem Mishra was appointed as our CVD Prevention Clinical Lead in April 2022. Dr Mishra is an academic GP in South Manchester who brings a wealth of experience as well as a lot of enthusiasm to this important area. A Greater Manchester group has been formed and

a strategy and programme of work have been developed, mainly addressing primary prevention of CVD.



3.1 Stroke prevention

We continue to actively contribute to regional efforts to improve the primary prevention of CVD but we also have our own programme to reduce the risks in those who have already had a stroke or a Transient Ischaemic Attack (TIA) i.e. secondary prevention.

Our main focus has been on improving Atrial Fibrillation (AF) monitoring post stroke or TIA on stroke wards and following discharge. In January 2022, Fairfield General Hyper Acute Stroke Unit (HASU) launched inpatient monitoring with this process already in place at Stepping Hill HASU. We hope to start a pilot at Salford Royal HASU using the Stroke Risk Analysis System in late 2023. We have just been awarded funding from Daiichi Sankyo to pilot using ECG patches at Fairfield General and Stepping Hill HASUs and hope to implement a similar project at Salford Royal later in the year.

We have re-commenced work to improve our TIA services, examining the quality of what stroke units currently provide, as well as exploring how we could extend clinics over weekends via a sector-based approach. We have refocused efforts on ensuring our inpatient teams are referring for surgical interventions including Patent Foramen Ovale and Left Atrial Appendage closure.



Blood pressure monitoring at home

Our successful roll out of the NHS England BP monitoring @ Home initiative continues to bear fruit.

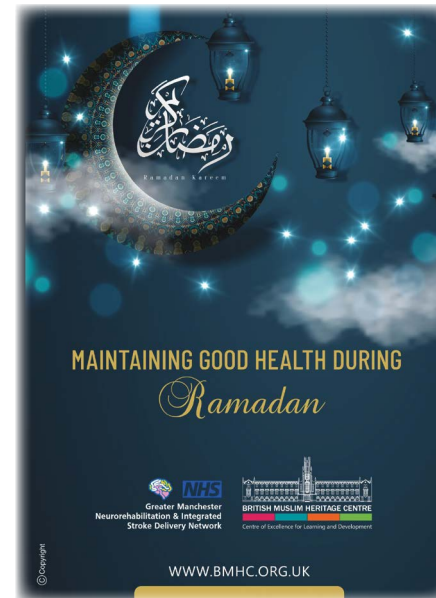
Our Greater Manchester community teams have now implemented as business as usual, with nurses leading this important prevention intervention.

Professionals can download a copy of the report summarising our approach and findings and also other supporting resources [here](#) and we recently had the results [published in the British Medical journal](#).

Working with local Muslim communities

During the past year, we have been working with [British Muslim Heritage Centre](#) (BMHC) in Trafford on a project that aims to support local Muslim communities in preventing CVD. The project builds on work pioneered by the Centre with [Diabetes UK](#) and [Greater Manchester and Eastern Cheshire Strategic Clinical Network](#) who developed a diabetes education programme delivered via local Muslim “influencers” including Imams. We replicated this train the trainer model to provide meaningful and culturally appropriate information, training and guidance to local Muslims.

We developed an education pack on types of CVD, stroke symptoms and the importance of implementing lifestyle changes. Our Facilitator Farheen attended a focus group of female influencers who shared their thoughts on what should be in our pack. We have paused roll out of the initiative whilst we consider how best to achieve this on a system wide level.



Our Ramadan leaflet was translated into multiple languages and handed out at Mosques

After listening to the Muslim community, we also identified that we needed to help raise awareness of the risks of fasting with pre-existing conditions such as CVD. In March 2023, we designed a leaflet for Ramadan supporting a campaign led by the BMHC to re-enforce the Islamic principles of maintaining one's health whilst fasting, and heeding the advice of health professionals especially when living with a CVD. The leaflet encouraged consumption of healthier food and ingredients in cooking whilst promoting exercise and importance of hydration when opening a fast. The leaflet was handed out at local Mosques and appeared on social media platforms.



3.2 Stroke urgent care (1 of 2)

Pre-hospital pathway

The network supported the stroke pathway response to the recent ambulance strikes. Stroke units were brought together prior to the first strike date to develop a procedure to manage the potential loss of Intra Facility Transfers (IFTs).

We commissioned a stroke pathway private ambulance to be on standby at Salford Royal, with our Facilitator and Paramedic Chris stationed in Silver Command ready to initiate the transport across the region if needed. Fortunately, the impact of the strikes was minimal on patient care.

In 2022, we helped launch a video triage pilot at Salford Royal funded by NHS England. When recognised by the ambulance staff as a potential stroke or TIA, the crew instigate a video call en route with the Salford Royal stroke team with the patient/carers permission.

We want to thank all NWS pre-hospital clinicians and the Salford Royal stroke team for their involvement. We look forward to the detailed evaluation of the pilot that will help demonstrate the effectiveness and scalability of the project.



The ambulance service assess and transport the majority of TIA and stroke patients to our hospitals for treatment. Ambulance clinicians can sometimes find stroke difficult to diagnose and it is important that they are able to recognise stroke symptoms correctly to take patients quickly to the right hospital first time.

In 2018/19, we designed and launched a revolutionary and award-winning local smartphone app to aid ambulance crews in following our pre-hospital stroke care protocol. The app also ensured clinicians were quickly updated of any stroke pathway changes.

Use of the app appeared to significantly reduce the number of patients taken incorrectly to their first hospital. A pre app audit showed 17% of attendances at Salford Royal by ambulance were in breach of the pre-hospital pathway, and only 4% after the app was introduced – a decrease of 13%.

The app has now been superseded by a nationwide NHS Service finder app applying the same concept for all conditions, not just stroke.

We would like to thank everyone involved in the development and roll out of our app.

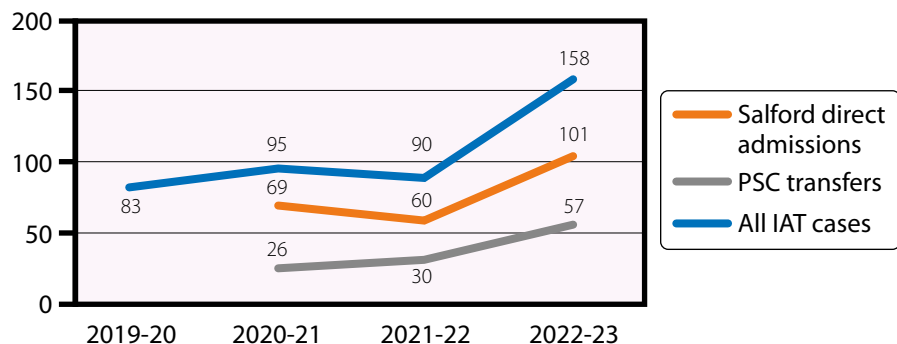


3.2 Stroke urgent care (1 of 2)

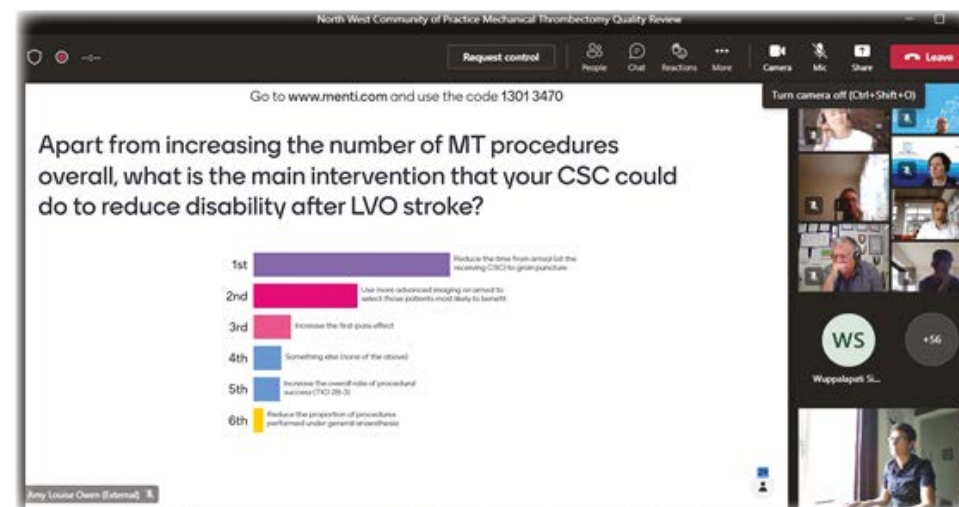
Thrombectomy and thrombolysis

Thrombectomy is a highly effective life-saving treatment where blood clots in the brain are mechanically extracted by specialist neuroradiologists at the Salford Royal neuroscience centre, supported by stroke and other clinical teams. The region has offered a service during office hours since 2017, with extended evening hours in operation for the past few years. In March 2022, Salford Royal were able to increase coverage to 24/7 and we are still one of the few regions in the country providing a round the clock service to all our residents.

Since offering a 24/7 service, we have seen a significant increase in procedures performed. In 2021/22, 90 cases were treated which was similar to previous years, however, this grew to 158 patients for 2022/23. Salford Royal HASU see around half of the region's strokes and we have been monitoring how many patients get transferred from the other HASUs - this should be around 40-45% of procedures. Recent data shows that around 36% of all procedures involve patients from either Stepping Hill or Fairfield HASUs. Whilst there is more to do to ensure equal access we are confident that almost all eligible patients are receiving a thrombectomy from referring centres.



It has taken a huge amount of work at Salford Royal to be able to provide a 24/7 service and the pathway is now running smoothly with great engagement from the two referring stroke teams at Fairfield General and Stepping Hill Hospitals, with support from an AI system that is now well utilised. Well done everyone!



On the 23rd June 2022, the network participated, along with its Lancashire and South Cumbria and Cheshire and Merseyside counterparts, in an NHS England quality improvement review. The event was attended by over 50 people and was led by the national stroke team, supported by detailed data packs for the three sub-regional thrombectomy pathways. The morning was spent hearing from the national team, with the afternoon focused on workshops drilling down into different areas with potential for improvement. We helped facilitate workshops on effective communication and the use of imaging supported by AI software.

We continue to monitor the rates for our hyper acute interventions. Thrombolysis is the first line treatment for eligible patients, with clot busting drugs provided within 4 hours of stroke symptom onset. Nationally, the rate has fallen slightly since the pandemic and historically we always thrombolyse fewer patients than other regions. We will be holding a clinical summit in July 2023 to discuss how we can increase rates for both interventions.



3.3 Stroke acute care

During 2022/23, we conducted face to face visits at all 8 stroke units and were fortunate to meet with hospital, community and voluntary sector staff who support patients. We were extremely impressed with the energy and resilience of teams, as most had been through a very difficult time weathering the impacts of the pandemic. The visits provided some excellent examples of compassionate and high-quality care but also highlighted the varied estates of the units, with a minority lacking access to suitable rehabilitation space.

Sentinel Stroke National Audit Programme (SSNAP)

The last 12 months of data shows most stroke units are returning to pre pandemic levels of inpatient stroke care, although there remain significant challenges in areas such as admission within 4 hours and spending 90% of stay on a stroke ward due to ongoing NHS pressures.

Since 2015, the region enjoyed 'A' rated care for all residents, however, SSNAP does not now report by locality. Our three HASUs who initially treat the vast majority of patients remain mostly 'A' rated by quarter, with 3/5 of our District Stroke Centres also graded 'A' or 'B'. Wythenshawe stroke unit relocated to Trafford General during the pandemic, but they continue to be scored on SSNAP for hyper acute care due to ongoing issues with direct admissions at the site which we are working to address.

	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019	Jan-Mar 2020	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sep 2021	Oct-Dec 2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sep 2022	Oct-Dec 2022	Jan-Mar 2023
Salford	A	A	A	A	A	A	A	B	A	B	B	A	A	A	A	A
Fairfield	A	A	A	A	A	A	A	A	A	A	A	B	A	A	B	B
Stepping Hill	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
Bolton	A	A	B	B	B	B	C	C	B	D	C	D	D	C	C	C
MRI	B	D	B	B	B	B	C	D	B	C	D	C	D	D	C	B
Tameside	B	C	B	C	C	C	C	C	C	D	D	C	B	C	A	A
Trafford	B	A	A	A	B	B	B	A	A	B	A	B	B	B	B	B
Wigan	B	B	B	B	X	C	X	D	C	D	C	D	C	D	D	D
Wythenshawe	B	B	B	B	D	E	Too few to report	Too few to report	D	E	D	D	Too few to report	D	Too few to report	D

Team performance

We continue to analyse how patients access hospital stroke care and have seen trends in the last 12 months that require further investigation. There has been a decrease in the number of patients admitted initially at one of our HASUs as well as a rise in patients self-presenting; likely to be related to poor ambulance response times and recent strikes. Work is underway to identify the causes for the changes in patients flowing through our care pathway so we can take action if necessary.



Our visit to Manchester Royal Infirmary was well attended by professionals

Update of inpatient service specifications

The current service specifications for stroke units (including TIA) have been reviewed and updated in line with the NHS England model for stroke and the latest national clinical guideline. The main changes to the specifications were to update staffing levels for wards, KPIs and requirements for thrombectomy. Benchmarking of the new national guideline will be undertaken for key areas like staffing levels in July 2023 and a full audit conducted for all stroke teams in May 2024. All documents are available from our website.



3.4 Inpatient neurorehabilitation

The pandemic paused transformation of inpatient services, although discussions resumed in early 2023. The network continues to drive forward improvements in community services that are an integral part of the longer-term plan to move to a single provider model.

The Intermediate Neurorehabilitation Units (INRU) work closely with the network and are part of many of our workstreams such as spasticity. The teams also implement their own quality improvement projects with Trafford INRU trialling music therapy in 2022. The pilot was funded by the Trust and run by [Chiltern Music Therapy](#) in partnership with MusAbility. The team presented their findings at our annual neurorehabilitation conference in October, highlighting the promising feedback from patients and staff including improvement in mood ratings, with all attendees indicating they would participate again. Everyone in the INRU team agreed that the therapy is beneficial to the patient's mood, cognitive skills, speech, physical function and emotional expression. It also opens up new techniques to support rehabilitation, new ways to engage patients and provide assessments using creative approaches.



The Trafford INRU team enthusiastically celebrated "Hats for Headway" in May 2022

3.5 Rehabilitation (1 of 5)

Our wide ranging improvement programme includes inpatient and community services, working closely with inpatient neurorehabilitation teams where there is overlap.

These include:

- Vocational rehabilitation
- Increasing frequency and intensity of therapy
- Functional Neurological Disorder
- Spasticity
- Seating, wheelchairs, Lycra and orthotics
- Bladder and bowel
- Emotional wellbeing and psychological support
- Visual impairment
- Facial rehabilitation

Increasingly intensity and frequency of therapy

Money remains tight in the NHS and so we have been looking beyond increasing staffing levels to consider how services could work smarter/differently and make use of technology to increase the amount of therapy provided in hospital and the community. The new [stroke guideline](#) will require a step change in the amount of therapy provided, and we have been exploring how we can also increase the use of unqualified/support worker roles, as well as advanced practitioners. We have run several training sessions to support this work featured later in this report.



Stepping Hill stroke unit have been training staff using technology for improving gait



3.5 Rehabilitation (2 of 5)

Motor Neurone Disease collaboration



In July 2022, the network commenced a collaborative project focusing on improving Motor Neurone Diseases (MND) care pathways across Greater Manchester.

The network is working with the MND Association and the MND Care Team at Salford Royal Hospital to explore current pathways and processes in each locality, working closely with community teams and other services.



In July 2022, the charity funded network Facilitator Cillian O'Briain and also specialist Dietitian Christina Federico to lead a comprehensive programme of improvement work for the next 18 months.

The project's aim is to ensure that all those living with the disease receive optimal care regardless of postcode and detailed scoping of community neurorehabilitation services has been undertaken. Future plans include further developing the links between all Greater Manchester MND care providers, increasing patient and carer involvement and developing a regular MND training programme for clinicians.

Improving the patient experience on stroke wards

Our stroke units are always looking for new ways to enhance the patient experience.

Staying in hospital can be a difficult time and a comfortable and stimulating environment can aid recovery as well as boosting wellbeing.

Fairfield General have Pablo, their therapy dog, with Stepping Hill offering an enrichment room.



The Salford Royal Stroke Recovery Unit provide arts and crafts for their patients, with a room dedicated to creative activities (including an activity co-ordinator) at Trafford General.



3.5 Rehabilitation (3 of 5)

Improving community services across Greater Manchester

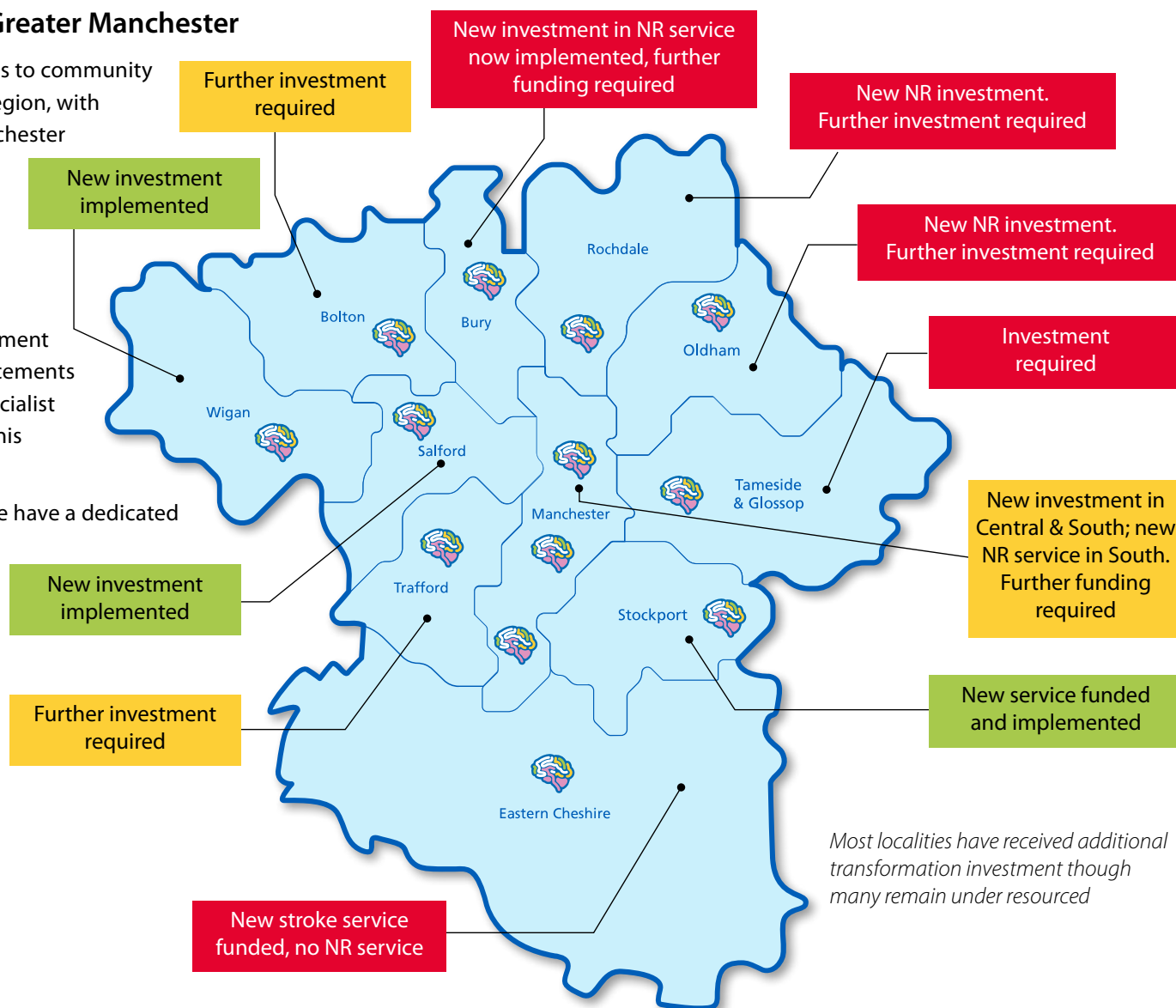
Since 2016, we have been working to improve access to community stroke and neurorehabilitation services across the region, with significant progress made in almost all Greater Manchester localities. As a result, around 70% of our stroke patients get discharged into a community stroke team, compared with 45% nationally.

In the summer of 2022, a new model of community stroke and neurorehabilitation was launched across South and Central Manchester following new investment by Manchester Local Care Organisation. The enhancements ensure patients have access to the same level of specialist care, as previously South Manchester did not offer this support for neurorehabilitation patients.

This now means all localities except Eastern Cheshire have a dedicated specialist team providing neurorehabilitation.

The investment has enabled us to expand upon our workforce capacity, so that we can respond to referrals in a timelier manner – removing the ‘patchy provision’ that was in place. No one deserves to miss out on care, so this will make a huge difference.

Tracy Walker, Community Clinical Director



3.5 Rehabilitation (4 of 5)

Other rehabilitation improvements

During 2022/23, our community clinical leadership embarked on a programme of updating our stroke and neurorehabilitation service models and associated KPI's. This was to ensure greater alignment and simplification of our local models and also to ensure they reflected national models and updates to national clinical guidance/policy. The network also conducted peer reviews of all community neurorehabilitation services to review team progression in relation to transformation. The virtual visits provided some examples of excellent practice as well as highlighting areas where there are still significant challenges and variation across the region.



South Manchester now have a neurorehabilitation team



Over the past few years, the network has been working collaboratively with Coloplast, a company whose mission is to support patients with intimate healthcare needs, to develop a neurogenic bladder and bowel pathway. A Senior Neurogenic Clinical Lead from Coloplast has been working with local clinicians as part of a task and finish group to design better care pathways. The group held a wider stakeholder event in January 2023 to share the pathways they have developed. The event was a huge success and on the back

of the collaboration, the company have now agreed to fund nurse posts to support services in Greater Manchester later in 2023.

There has been considerable work to improve discharge from inpatient stroke and neurorehabilitation services. In neurorehabilitation, a pathway for in reach has been developed to ensure patients are more seamlessly discharged from our INRUs into the community. In stroke, we revisited the implementation of the "My Stroke" document that was designed several years ago by our Patient and Carer Group. This is a key requirement in the NHS England life after stroke model but remains a challenge to put into practice. We have refocused our sector forums to concentrate on bringing key NHS and voluntary sector stakeholders together to improve processes and communication, and importantly the experience for patients and their families.

We continue to explore how we can improve and standardise access to both inpatient and community-based spasticity management. This work currently involves re-scoping/evaluation of all local spasticity management pathways highlighting gaps in provision, with plans to develop services and also training for teams.

Our work on Functional Neurological Disorder has also resumed after the pandemic with a business case for an improved inpatient pathway at the neuroscience centre now complete. Work continues to offer specialist community support in a greater number of our localities, with efforts also focused on improving the training of staff and information provided to patients.

We have started work on vestibular rehabilitation by initially mapping local services including other NHS services such as ENT, audiology and falls.

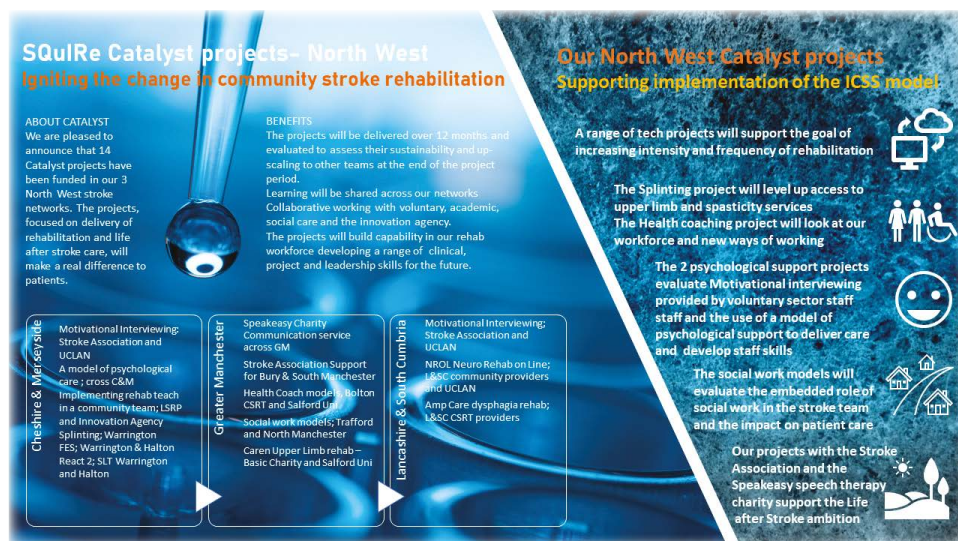


The training of staff is critical in spasticity management



3.5 Rehabilitation (5 of 5)

Stroke Quality Improvement in Rehabilitation (SQulRe)



SQulRe has been established by NHS England to support improvements in community stroke services. Our North West SQulRe lead Julie Emerson has been supporting a pump priming initiative called Catalyst, with further funding due to be awarded in mid 2023. The Greater Manchester projects that have been awarded a total of ~£350,000 of funding are:

- Stroke Association support in Bury and South Manchester – levelling up current gaps
- Social work model in North Manchester and Trafford – new ways of working
- Upper limb rehabilitation using CAREN at the BASIC charity – new service
- Greater Manchester wide Speakeasy support – enhancing existing communication services and access
- Health coaching in Bolton community stroke team – new model, implementation and evaluation

Psychology

We know we need to do better in providing psychological support in our hospital and community services. Dr Janice Mackenzie, our new Clinical Lead for Psychology, came into post in July 2022 and leads work in this important area.



She has been benchmarking services across the North West and is linked in to other networks to understand advances others are making.

She has been supporting the ongoing challenge of recruiting Clinical Psychologists including providing information for business cases for new posts.

Her work has involved mapping local Clinical Psychologists and bringing them together to gather their opinions and provide information on a number of different topics linked to the profession.

Janice has also helped to reinvigorate the North West Special Interest Group in Stroke and Neuro to provide professional development and support the retention of often scarce staff. Janice has made links to NHS Talking Therapies (previously known as IAPT) to discuss joint-working possibilities and to develop stronger links.

Upskilling of staff has been a key focus and she has delivered challenging behaviour training for community teams and is organising and delivering training in mental capacity later in the year. Janice has also led a project to provide Acceptance and Commitment Therapy (ACT) training in teams including ongoing clinical supervision/consultation, especially for teams those lacking a Clinical Psychologist. The project will be evaluated and run for 14 months from April 2023.

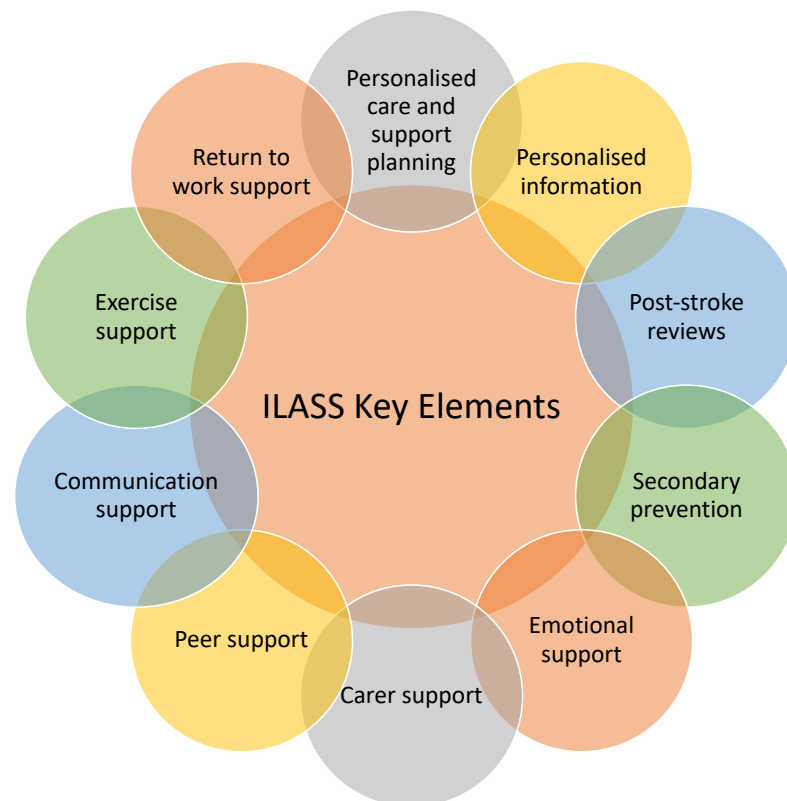
Finally, Janice has designed a performance 'dashboard' to capture the psychological assessments and interventions provided within community stroke teams based on the current guidelines and good clinical practice which will be rolled out in the summer of 2023.



3.6 Longer term support

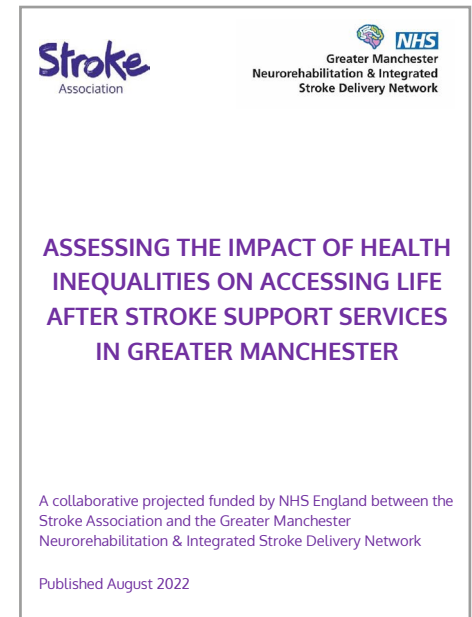
In April 2023, the [national stroke programme](#) published their Integrated Life After Stroke Service Model (ILASS) to help coordinate and provide personalised support to help rebuild lives, including secondary prevention. We are now rolling out the model across all our localities, with a pilot running in North Manchester providing a template for others, as each area has different local services/assets.

We strongly feel that it shouldn't matter which neurological condition a patient has, longer term support should be available to meet their needs. We plan to use the stroke exemplar to help develop a model for other neurological conditions, with our new neurorehabilitation Patient and Carer Group heavily involved.



Addressing health inequalities in life after stroke

During 2022, we funded the Stroke Association to conduct a project to better understand health inequalities in our life after stroke pathways in the Northeast sector of our region. Stroke survivors and carers from Bury, Oldham, North Manchester and Rochdale were interviewed to hear their experiences, with a focus on learning about the barriers, especially for ethnic minorities. The findings clearly showed we need to be better at signposting and supporting people into our life after stroke services. We followed up with a stakeholder meeting where the findings were reviewed and an action plan drawn up. You can view the report [here](#).



6 month reviews

Assessments are completed by either the local community stroke team or the Stroke Association. Teams undertake reviews and enter data into the SSNAP webtool, with further information collected as part of a network project to better understand reviews and their impact at a team and regional level.

We have now collated over 2 years-worth of data on ~4,600 patients and will be publishing our findings at the UK Stroke Forum later in 2023.



4. Patient and carer involvement

Since 2015, involving stroke patients and carers has been instrumental in developing the region's stroke and neurorehabilitation care. The network now has two separate Patient and Carer groups that regularly meet to help support service improvement, chaired by two people with lived experience. The stroke group has been running continuously since 2016, and we recently convened a new neurorehabilitation forum.



Our new neurorehabilitation Patient and Carer Group now meets quarterly

Both groups have around 12 members carefully selected to ensure a diverse range of experiences including age, gender and residency etc. We have two fantastic chairs of our Groups.

Mike Carpenter, our neurorehabilitation chair says:



The main focus of the last 12 months has been getting the group established. The excellent news is that we have a solid core and are getting involved in a selection of different initiatives. Enthusiasm is high - and we're starting to build a close relationship with the network to drive the value which the clinical team relies on so much. We're also very excited to welcome Deb Drinkall into the network who can really help us drive things forward.

Nick Davies, our stroke chair says:



The Stroke Patient & Carer group are an enthusiastic and supportive group with a range of experiences.

Last year we worked collectively to tackle some long-term projects, as well as a number of shorter pieces of work - all with a friendly, considered and thoughtful approach.

For the coming year, we are keen to spread the word about our friendly and inclusive group, and forge bonds with other stroke groups and organisations across the region. At the same time, we plan to grow our membership and welcome stroke survivors with more recent lived experience of the stroke pathway, across Greater Manchester and East Cheshire.

As a group, we also must extend our heartfelt thanks to Gill Pearl, at Speakeasy, for the vital contribution she has made, and continues to make, to the Stroke Group, as well as thanks for her unending patience!

We recently appointed Deb Drinkall as our new Patient and Carer Involvement Co-ordinator. Her role will help ensure we take our work to the next level. She will do this by maximising the impact of both groups whilst also working closely with voluntary sector organisations to enhance our relationships, with a careful eye on how we can address health inequalities. Deb says:



I'm delighted to be joining the network in this new role and bring with me experience of developing and embedding co-production practice for a number of voluntary sector organisations. I also have Multiple Sclerosis - and therefore bring my own lived experience of the value and place of patient and carer involvement in service delivery and improvement.

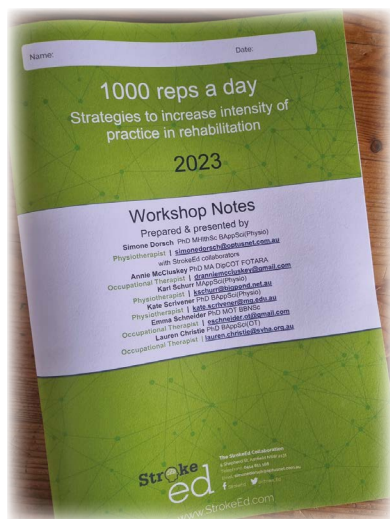


5. Training and education

Supporting workforce development remains a core function of the network and we facilitate a wide-ranging programme of events and training opportunities; both face to face and online. Our Training and Education Subgroup lead this area and you can read a more detailed summary for 2022 in a [short report](#) where the highlights include:

- **9 webinars** – available on the network's [YouTube channel](#)
- **6 face to face events** – one also broadcast as a webinar and two live streamed conferences
- **7,927 views** of our >**60** training videos on our [YouTube channel](#) and we gained an extra **171 subscribers** during the year to bring to over **350**

In late 2022, we rolled out face to face introductory training delivering a collaboratively developed programme for new starters in stroke care from across Greater Manchester. The day has now been run twice, with presenters drawn from across the region's stroke and voluntary sector services. The programme will continue to be developed and we aim to hold 4 events a year. We are also developing a foundation programme aimed at more experienced staff.



The 1000 reps course we hosted proved popular with therapists

We continue to provide a varied programme of training events, mostly in webinar format and average at least one event a month that are generally free to professionals. We have supported several training courses to help teams deliver more therapy and in January 2023 we hosted two events delivered by [Stroke Ed](#), a leading provider of evidence-based specialist neurorehabilitation training. 24 local inpatient and community clinicians attended the first workshop with 40 benefiting from the second and both were extremely well evaluated, with clinicians keen to implement the learning in their services.



We made two awards (named after Lisa Chadwick) for outstanding contribution at our neurorehabilitation conference – Dr Fayaz Morcos and Ashleigh Knowles

The network hosted two conferences during 2022, both at the AJ Bell stadium, with the new option of watching via a YouTube live stream. We held our first face neurorehabilitation annual conference for several years on the 12th October 2022, attended by around 120 people with a further 40-50 joining online – [the video](#) has now been viewed almost 500 times. We were delighted to share a packed programme of thought-provoking talks, which raised key themes around increasing the evidence base and involvement in neurorehabilitation research, as well as highlighting more innovative approaches to patient care. There was a good mix of charity and commercial stands, and our poster competition featured a record breaking 20 entries. Our stroke conference was held earlier in the year on the 22nd June attended by over 130 people, with >50 more joining us via our live stream which has been viewed almost 1,000 times.

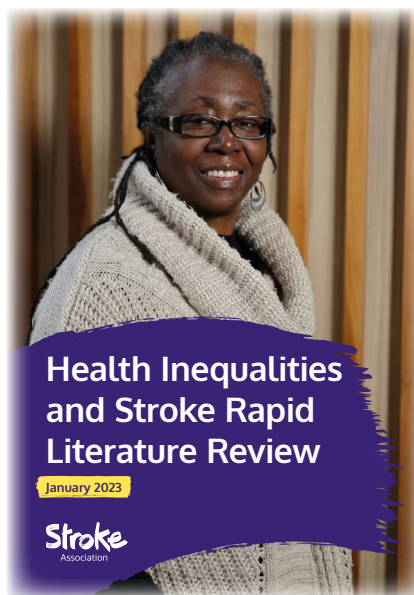
We have updated our e-learning training packages for stroke care which are now available alongside our other online training. The packages are tailored for specific professions including pre-hospital, primary care and social care staff as well as inpatient non stroke professionals (A&E etc). We also have a package aimed at stroke staff which we plan to expand and update in the coming months following work on our introductory training programme and publication of the new national stroke guideline.



6. Research and innovation

Evidence based practice underpins our efforts to improve care, and we recently reviewed our current service specifications, models and procedures with the new national clinical guidance for stroke.

We continue to collaborate closely with local and national researchers to help them develop new projects and identify teams to support the recruitment of study participants.



In 2022/23, we were involved in a literature review commissioned by the Stroke Association. It attempted to understand more about the current evidence around health inequalities and stroke and you can download the review report [here](#). The Manchester based team conducted a rapid review of the research literature as a first step to finding out what research exists on health inequalities across the stroke pathway and collated these studies.

Our Our Patient and Carer Groups are a forum for academics to engage with members who have lived experience. Our Rehabilitation Subgroup continues to showcase new innovations, technology and products that may be of benefit to patients.

We will be holding a stakeholder event in September 2023 to explore how we can enhance collaboration between the NHS and academia. The event is aimed at professionals working in local services including the voluntary sector. There will be a mixture of talks and workshops during this half day meeting that aims to act as a launchpad for further collaboration and involvement between key stakeholders in Greater Manchester.

7. What next?

This report is a testament to the huge amount of work involving a very large number of people over the past year. Our merger has proven highly successful and has allowed us to develop into a more cohesive network with expanded clinical leadership and project management capacity. Our programme of work is now more streamlined and focuses on key areas for improvement in stroke and neurorehabilitation, with our two Patient and Carer Groups at the fore front of our activities.

There has been enormous benefit in bringing the two specialties together under one umbrella, and it continues to be rewarding to work so collaboratively with local organisations and their extremely dedicated teams. Our passion for improving services remains undimmed, and we are fortunate that so many others in our region remain committed and engaged.

We have been inspired by the success of recent collaborations with organisations such as the MND Association and Coloplast. These examples of joint working highlight how important involving other stakeholders can be in developing truly integrated services. We remain committed to working hand in hand with the voluntary sector and other local organisations to ensure we make best use of existing expertise and resources.

We have had to shift our strategic focus to more cost neutral quality improvements that make better use of assets and bring stakeholders closer together to deliver more integrated care pathways whilst reducing unnecessary waste and inefficiency.

We look forward to the future as part of a new Integrated Care System in Greater Manchester and all the benefits that this will bring.

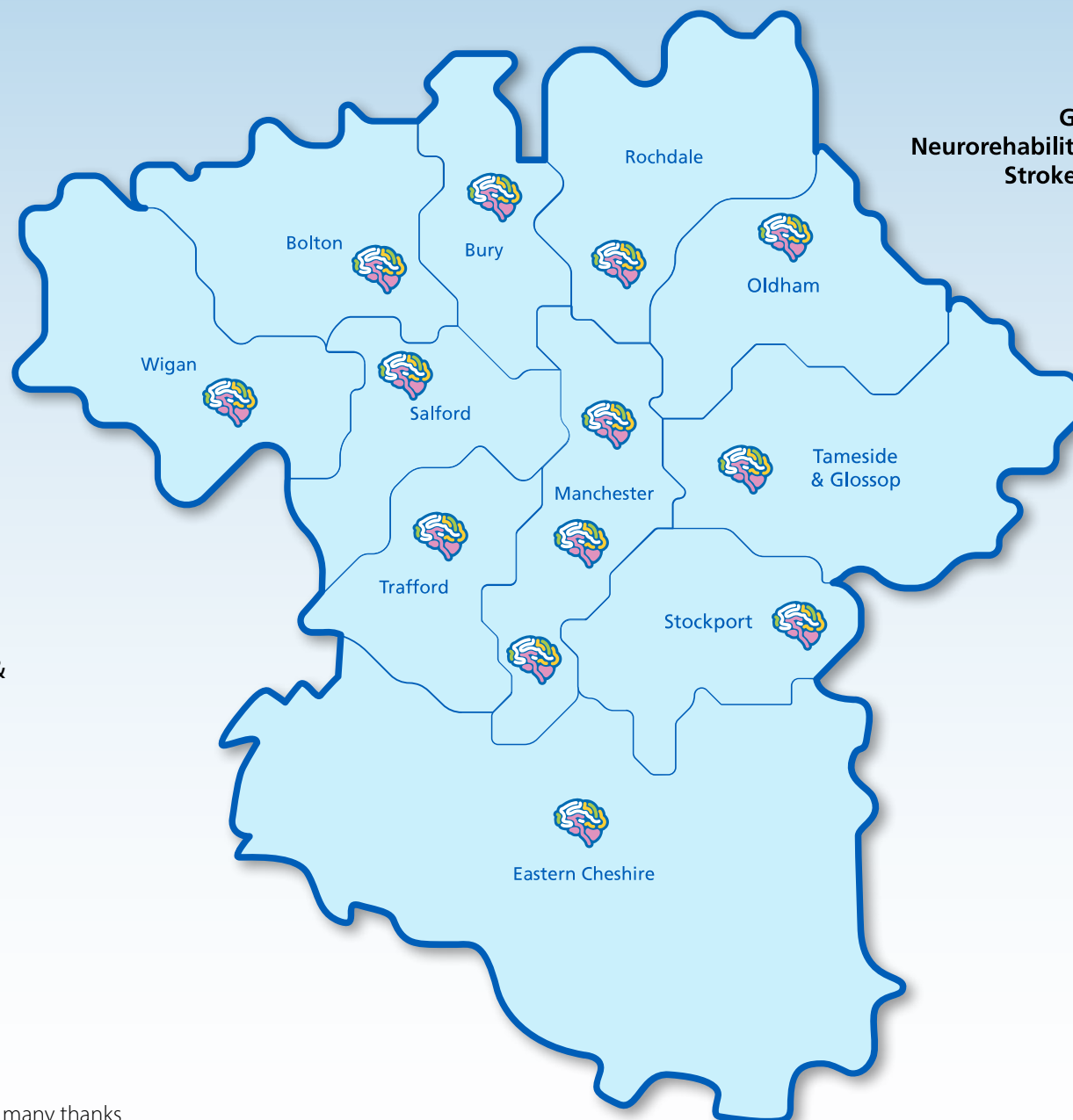
Once again, a huge thank you to everyone who works with us so enthusiastically despite some very challenging times. The network is everyone, not just the core team, and together we really are stronger!




Our region




Greater Manchester
Neurorehabilitation & Integrated
Stroke Delivery Network




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