A New Era for Stroke

De Vere Grand Connaught Rooms, London, 2 October 2018
We met at the De Vere Grand Connaught Rooms on 2 October for “A New Era for Stroke” - an initiative seeking to create a learning network for stroke system change.

We Discussed:
A) Opening perspectives
B) What, where, how? Examples of system change already happening
C) Priority areas for action: What can we learn from each other
D) What does effective collaboration look like?
E) Codesigning the learning network
F) Closing perspectives

This pack provides an overview of our discussions, and should be read in that spirit.
We asked attendees to share a bit about them and what they hoped to get out of the day.

The majority of participants had been interested in making new connections with the Stroke Association community and learning from successful examples of stroke care practices.

Participants brought a range of experience to the event, including working in fields relating to stroke at both local and national levels.
Juliet Bouverie, Chief Executive of the Stroke Association, opened the day outlining the need to bring organisations together to improve outcomes for stroke survivors. We then heard from Fiona Lloyd Davies (Expert by Experience), Tony Rudd (National Clinical Director for Stroke, NHS England) and Debbie Lowe (Clinical Lead, GIRFT) to share their perspectives.
B: Breakout sessions (1)

Challenges to system change

Participants had the opportunity to join two out of five discussion groups focusing on the experience of different areas across England in changing stroke care within their system.

David Hargroves, Clinical Lead for Stroke Medicine at East Kent Hospitals, led a discussion around challenges in system change.

**Key points:**
1) Clinical ownership throughout the workforce is the pivotal part of success for system change
2) Patients need to be part of the clinical workforce view

- “Clinicians need to be on board for any service redesign”
- “We need a clear pathway through the different sites, services and buy-in from all clinicians”
- “Clinical voices from out of area to help validate the case for change”
- “Keep focused on the prize: improving quality of service”
- “Need to overcome the challenge of managing different views from patients and the public”
Elaine Day, Stroke Programme Lead for North West Coast Strategic Clinical Network and Jeannie Hayhurst, Co-clinical Lead for Stroke Prevention across Lancashire and South Cumbria, spoke about their own experiences of change in stroke prevention and care.

**Key points:**
1) Stroke prevention needs to align with other prevention programmes
2) Need to consider the role of primary in stroke prevention and how to avoid overburdening this area of care. There is a need to involve other stakeholders and community partners in work around stroke prevention

“Leadership and collaboration make the difference”

“Stroke prevention work streams should link up with other prevention workstreams in the ICS”

“Need to intervene at the right levels: system vs. place vs. neighbourhood”

“Get national costings on preventing a stroke would be useful”
B: Breakout sessions (3)

Building local collaborations

Phil Clatworthy, Rehabilitation and Research Lead for the stroke service at North Bristol NHS Trust, led a breakout session focused on building local collaborations, including health integration teams, and how they help improve stroke treatment and care.

Key Points:
1) It's important to include the lived experience perspective within the learning network, and this is also needed from a commissioning perspective
2) We don’t need to ‘reinvent the wheel’ we can make use of what already exists

- “Start collaboration discussions around an issue, rather than a solution”
- “It's about leadership and taking responsibility”
- “Gaining interest from key stakeholders is key to effective collaborations”
- “Areas are trying to tackle the same challenges. We need strategic sign up for collaboration to work”
- “Use the stroke survivors voice to drive change”

Use the stroke survivors voice to drive change.
D: Breakout sessions (4)

National plan for stroke


Key points:
1) An increased focus on stroke prevention at the national level can help with an increased focus at CCG level, and help demonstrate that it is a priority area
2) More news on funding will be available after autumn budget announcements

"It would be useful to have a patient ‘health book’ so they can have an input"

“How can we involve GPs in the long term management of stroke survivors?"

“How will NHSE drive the national plan for stroke?"
Sarah Rickard, Greater Manchester Stroke Operational Delivery Network manager at Salford Royal Foundation Trust, shared her experience of transforming community rehabilitation services.

**Key points:**

1) Choosing the right leadership is key – both clinical and non-clinical

2) Being able to demonstrate your impact is important, including through outcome measures

3) Consideration needs to be given to how to involve the patient voice

“Look forward to hearing more about the rehabilitation programme pilot and its assessment measures”

“What qualitative evidence do you use in the community?”

“How can other areas learn more about transforming community rehab in Manchester?”

“Can clinicians with the Stroke Association guide patient to highlight the unmet needs in a formal way?”

Sarah Rickard, Greater Manchester Stroke Operational Delivery Network manager at Salford Royal Foundation Trust, shared her experience of transforming community rehabilitation services.
We spent time discussing priority areas for working together and solving problems to create better system change for stroke care. After working in pairs to identify key priority areas, participants voted for their top topics.

- "Data and rehab"
- "Six months and beyond"
- "Practical on vision and implementation"
- "Breadth of network working together"
- "Less variation in rehab"
- "System change over the long term"
- "6 month reviews"
- "What is an ICS?"
- "Person centred care"
- "Skills and capabilities framework"
- "Pre-hospital pathway"
- "Workforce challenges"
- "Value the Stroke Association can bring"
- "Clinical leadership"
- "Partners for prevention"
- "Engagement with system change"
- "Understanding stroke survivor priorities"
C: Priority areas (2)

What can we learn from each other?

Topics with the highest number of votes:

- Data and rehabilitation
- Six months and beyond

We’ll be hosting two webinars to share learning around these topics in November 2018. These will be interactive webinars, with the opportunity to post questions or comments. Dates to follow soon.
We heard from George Dellal (ImproveCareNow learning network) and Chris Larkin (Stroke Association) who shared case studies of effective collaboration in the US and UK respectively. They highlighted crucial components to an effective learning network.

Common purpose is key

Use your data and measures

Commons to pool resources

Build communities systematically

Common purpose is key
Next we had a session on the key drivers and pitfalls to effective learning networks using the analogy of snakes and ladders. Participants then divided into groups to focus on the five key areas for network success, and worked through what this could look like for a learning network focused on stroke system change.

<table>
<thead>
<tr>
<th>Network focus area</th>
<th>Snake</th>
<th>Ladder</th>
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<tbody>
<tr>
<td>Purpose</td>
<td>Lack of Purpose</td>
<td>Clear definition and articulation of purpose – with relentless pursuit!</td>
</tr>
<tr>
<td>Showing Value</td>
<td>Unable to demonstrate progress &amp; value</td>
<td>Theory of change, family of measures to support and monitor progress</td>
</tr>
<tr>
<td>Roles</td>
<td>Management becomes leadership</td>
<td>Clarity of roles, leadership from network members</td>
</tr>
<tr>
<td>Maintaining interest</td>
<td>Network members lose interest</td>
<td>Purpose, events and content, communication of progress</td>
</tr>
<tr>
<td>Knowing when to stop</td>
<td>Network doesn't know when to stop</td>
<td>Purposeful close down and celebration</td>
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E: Co-designing the network (2)

We asked:

What should the purpose of the network be?

- "Identifying the gaps specific to local STP/ICS"
- "Share good practice"
- "Wiki type function"
- "Offer support to those who don't know what to do"
- "Align ideas across/between areas"
- "Rebuild credibility of stroke networks"
- "Help manage expectations"
- "Aligned to the 10 year plan"

Network purpose

What should the network not try to do?

- "A lobby group"
- "Not a performance management tool"
- "Avoid duplication"
- "Not taking on too much that can't be delivered"
E: Co-designing the network (3)

Showing value

**We asked:**

- What benefits will the network produce?
  - “Sharing information”
  - “Will create one collective voice”
  - “Help to tackle workforce challenges as stroke becomes a more desired career choice”
  - “Keep momentum going”
  - “Reduce inequalities in service provision”

- How will the network produce these benefits?
  - “Mentorship”
  - “Influence other large bodies e.g. universities”
  - “Be a lynchpin for sharing between ICS/exemplars”

- How should these benefits be measured?
  - “Measure interactions and engagement”
  - “What is different as a result? Has it met its purpose?”
  - “Ensure there are practical things to take away as a clinician”
  - “Mix face-to-face and online forum for asking questions”

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E: Co-designing the network (4)

Roles within the network

We asked:

What should the role of network members be?

- "Sharing what worked well and not well"
- "Central group to facilitate change"
- "Strategic and operational focus"
- "Facilitation role"
- "Decision-making role"

What should the role of the Stroke Association be?

- "Member of the network"
- "Facilitate patient involvement"
- "Central group to facilitate change"
- "Host directory/resources and events which enable conversation"

Who else should be involved?

- "Funding research"
- "Public Health"
- "Tech support"
- "Patients & families"
- "Community pharmacists"
- "NHS clinicians and managers"
### Maintaining interest and momentum

**We asked:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>How regularly should the network meet?</td>
<td>&quot;Do we need steering group? Remit?&quot;</td>
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<tr>
<td>&quot;Sub groups – determined by purpose&quot;</td>
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<tr>
<td>&quot;Steering groups – more frequent in initial stages&quot;</td>
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<tr>
<td>&quot;Forum to have discussions and how policy ideas may work clinically&quot;</td>
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<tr>
<td>Why will members turn up at events?</td>
<td>&quot;Relevance&quot;</td>
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<tr>
<td>&quot;Improving outcomes&quot;</td>
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<tr>
<td>How should the network communicate between events?</td>
<td>&quot;Connection to National Plan&quot;</td>
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<tr>
<td>&quot;Website/portal&quot;</td>
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<tr>
<td>&quot;Face-to-face&quot;</td>
<td></td>
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<tr>
<td>&quot;Emails – to flag changes&quot;</td>
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<tr>
<td>&quot;App to make communication easier&quot;</td>
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Knowing when to stop

We asked:

**How will the network know when its work is done?**

- “Having a clear set of objectives”
- “If the network is dynamic it will evolve”
- “Evaluate if the network is still valuable regularly”
- “If no new members join”
- “Through its measures”

**How should the network celebrate its success?**

- “Award ceremony”
- “Thanks all involved”
- “Publications”
- “Continuously as it goes along”
- “Celebrate small victories”
- “Thanksing supporters”
- “Sharing stories and case studies”
- “Focus on patients”
- “Share lessons and models of best practice”

"Having a clear set of objectives"  "If the network is dynamic it will evolve"
"Evaluate if the network is still valuable regularly"  "If it stops being effective"
"If no new members join"  "Through its measures"
To close the day we heard reflections from Jacqui Cuthbert and Alexis Kolodziej from the Stroke Association. In terms of next steps, Alexis confirmed that two webinars will take place in November, with topics chosen by participants.
EVALUATION

96

% of attendees agreed or strongly agreed that they would recommend an event of this type to a friend

Average score:

4.4/5

What, where, how?
Breakout discussions

The most helpful section:

Most useful insight:

“Change is worth the effort”

“Everyone seems to be grappling with the same issues”

“Everyone was seeking engagement & some level of support”

“Reinforcing the need to learn from peers and not remain in your silo”

“We need to think broader than hyper acute stroke care”

informative

practical

interactive
Thank you again for joining us.

If you have any further comments or questions please email us hello@kaleidoscope.healthcare