

East Midlands Integrated Stroke Delivery Network



Issue 13, March 2024

Putting patients at the centre of everything we do

EAST MIDLANDS ISDN STROKE REHABILITATION CONFERENCE



We were thrilled to see so many members of our regional rehabilitation teams at the inaugural Stroke Rehabilitation Conference in Nottingham this month, more than 70 in total. Kindly opened by National Clinical Director Professor Deb Lowe, the focus of the conference looked at innovative ways of increasing the rehabilitation we are able offer our stroke patients across the region.

The morning also gave the opportunity to hear from four fabulously inspiring stroke survivors via a question and answer session kindly hosted by Jess and Stuart from the Stroke Association, reminding us all of the importance of the care our rehabilitation teams provide on a daily basis. Some of their insights and comments were certainly very thought provoking.

It was also a tremendous opportunity to showcase some of the amazing work rehab teams have been involved in through a very informative and interesting poster presentation – in total, 21 posters were on display covering a huge range of topics including developing collaborative pathways, the importance and relevance of SSNAP data, working in partnership with patients and many more. Thank you to everybody who went to the effort of producing these fantastic posters – really appreciated! We plan to make all of these posters available on our website.

The conference was only able to succeed because of the enthusiasm, commitment and dedication of those of you who were able to attend, so a huge thank you to all of our visitors. We are reviewing all of the feedback received (please do log on and complete the feedback form if you attended but have not yet managed to do so) and will use this to help us planning our next conference in 2025 – can't wait to see you there!

STROKE QUALITY IMPROVEMENT FOR REHABILITATION (SQuiRe) – CHANGES FROM APRIL 2024

SQuiRe

Stroke Quality Improvement for Rehabilitation

Midlands

The SQuiRe programme has been a beacon of collaboration and innovation, making significant strides to implementing the Integrated Community Stroke Service (ICSS) model and improving community stroke services and care for stroke survivors, their carers and families across the Midlands.

My time as the SQuiRe Lead for the Midlands (which I have been doing as a secondment) is coming to an end in March 2024.

I can't begin to tell you how much I've enjoyed working with everyone to deliver this programme and to see the changes and the impact it's been having, and I have been very proud to take this work forward.

A HUGE thank you to everyone across the region who has been involved in and supported SQuiRe.

Those leading the SQuiRe Quality Improvement (QI) and Catalyst (Transformation) projects have been incredible in making them work. The QI and Catalyst projects have already had a massive impact on those who are living well after stroke and many of the projects will continue to support people long into the future.

As SQuiRe embarks on its new chapter, let us look forward to the continued success and growth of the programme.

To support the continuation of the SQuiRe programme, there will be a change in the management and governance arrangements from April 2024. Look out for further information and updates on this in future ISDN newsletters.

From April, any queries about SQuiRe can be directed to the NHSE Midlands Long Term Conditions and Prevention (formerly CVDR) clinical network england.cvdnetwork1@nhs.net and your local ISDN.

Emily Steventon, Midlands SQuiRe Lead

RETURN TO DRIVING PATHWAY

East Midlands Integrated Stroke Delivery Network (ISDN)
Return to Driving following a Stroke

By law, you must NOT DRIVE for a MINIMUM of one month post Stroke or TIA.

Please note: Some people must stop driving for longer or will not be able to drive again after a stroke.

You need to notify DVLA if:

- You are a Group 2 driver (lorry and bus).
- You had any type of seizure.
- You had brain surgery.
- A Health or Medical Professional is concerned about your ability to drive safely.

Please note if you have a license to drive a passenger carrying vehicle e.g. Taxi you must tell your employer (e.g. local authority). In addition to this, you may also be required to inform DVLA following one month.

After one month if you have ongoing difficulties that could impact your ability to drive such as:

- Weakness of the arms or legs
- Problems with your coordination
- Changes to your vision
- Changes to your thinking skills (memory/concentration)

You must not resume driving. You must seek advice from a health professional and inform DVLA.

You may need further assessments, or you may be referred for an on-road driving assessment in a specialist driving centre.

Scan for the DVLA medical form (D14)

Driver & Vehicle Licensing Agency

If any of the above apply, it's your responsibility to inform the DVLA.

You can be fined up to £1,000 if you don't tell DVLA about a medical condition that affects your driving.

When returning to driving following a stroke you must inform your insurance company.

East Midlands Integrated Stroke Delivery Network (ISDN)
Return to Driving following a Stroke Pathway
Group 1 Drivers only (Car and Motorcycle)

Professional Pathway

Provide all Stroke patients, who drive with both:

- Stroke Association driving information leaflet (<https://www.stroke.org.uk>)
- DVLA Leaflet, (see DVLA leaflet DMP1885) (<https://www.dvla.gov.uk>)

Stroke Association leaflet: <https://www.stroke.org.uk>

DVLA leaflet: <https://www.dvla.gov.uk>

Acute Pathway

Advise on driving process to be given by Health Care Professional (HCP) or Medical Professional:

STROKE: Inform all patients NOT to DRIVE minimum of one month post stroke.

TIA: Inform all patients who have had a TIA not to drive for one month.

Inform all patients that by Law patients need to notify DVLA if any of the following apply:

- They are a Group 2 driver (lorry and bus). Inform them they must not drive a lorry/bus for 1 year but can apply to convert to Group 1 licence for domestic use following guidance below.
- Group 1 licence for domestic use following guidance below.
- They had any type of seizure.
- They had brain surgery.

If a Health or Medical Professional is concerned about their ability to drive safely:

Please note if they need to come to drive a passenger carrying vehicle e.g. Taxi you must inform them to notify their employer (e.g. local authority). In addition to this, they may also be required to inform DVLA following one month following the guidance for Group 1 licence.

Outcome on discharge:

If impairment of outcome of physical, cognitive and visual assessments determine no ongoing impairment that would impact on ability to drive, inform patients they can drive after one calendar month but advise that they need to inform their insurance company.

Ongoing impairment: If after one month the patient has residual symptoms such as physical, cognitive and/or visual you must advise them they must not drive, inform patients that they need to seek further assessments, inform patients that they can be fined up to £1,000 and prosecuted, and if they attempt to drive or have been advised not to drive and do not tell the DVLA about their medical condition, (<https://www.dvla.gov.uk>), (<https://www.dvla.gov.uk>), (<https://www.dvla.gov.uk>).

On discharge:

If the stroke patient has physical deficits on discharge and would like to return to driving, they will need to be referred to the return to driving and record on discharge summary.

If the stroke patient has cognitive deficits on discharge and would like to return to driving, they will need to be referred to the return to driving and record on discharge summary.

If the stroke patient has visual deficits on discharge and would like to return to driving, they will need to be referred to the return to driving and record on discharge summary.

Community Pathway

Physio/OT assessment of patient lower limb strength and range of movement:

- Coordination
- Balance
- Speedy
- Proprioception
- Head and neck range of movement

Provide rehabilitation to address deficits which could also include:

- Physical assessment of car handling
- Mock functional assessment of ability to use car controls such as pedals, steering wheel
- If deficits persist following rehabilitation refer for on road assessment if appropriate.

All patients that drive should have OT:

- Psychology assessment
- Standardised cognitive screen
- Trail A & B test
- Attention screen
- Functional and observational assessments
- Mock screen

Provide rehabilitation to address deficits:

- When appropriate complete drivers screen
- Revised Driving Theory
- Stroke drivers screen
- If deficits persist following rehabilitation refer for on road assessment if appropriate.

OT assessment:

- Complete full visual screen
- Visual perception screen
- Functional and observational assessment

Provide rehabilitation to address deficits:

Patients with persistent visual impairments may be eligible in exceptional cases for retraining assessment - see advice on BICOP pathway below.

The DVLA will accept visual assessments and reports from Specialists (Registered and Chartered).

Other factors to consider which could affect ability to drive include - Comorbidities - Fatigue - Psychological wellbeing - Aphasia language processing deficits

The East Midlands ISDN has been leading on a project across the East Midlands looking at creating a robust return to driving pathway for patient following a stroke.

A task and finish group was set up comprising of a large number of therapists from across the region and pathway, both acute and community, patient representative, stroke association, the local medical committee with a member who is also the lead for the British Medical Association nationally on driver licensing. We have also

worked with a driving assessment centre and this has been reviewed by the DVLA.

We have created the attached pathway which has been approved by the Midlands Stroke Delivery Board.

UPDATE ON THE SQUIRE NHS ELECT SUPPORT OFFER FROM EMILY STEVENTON, MIDLANDS SQUIRE MANAGER

SQuIRE is thrilled to announce that we have received 11 applications from teams/services across the Midlands for the 11 available 'places' to receive two days of support from NHS Elect to develop their post-discharge care in alignment with the Integrated Care Systems and Services (ICSS) model through fostering connection, collaboration, and shared learning among teams.

The participating teams are as follows:



- Worcestershire Community Stroke Service – who will be looking at joined-up working, led by Sarah Hudson.
- Royal Wolverhampton NHS Trust Stroke Team (PT/OT/SLT) – who will be looking at engagement with ICB, led by Matthew Craven.
- Black Country Community Stroke Rehabilitation Teams/AHP workforce in collaboration with key personnel within the ICB and Black Country Provider Collaborative – who will be looking at joined-up working, led by Joanne Taylor.
- Birmingham Community Healthcare Community Stroke Team and Early Supported Discharge plus Birmingham Community Neurorehab Team (BNRT) – who will be looking at joined-up working, led by Penny Anderson.
- North Staffs ICSS – who will be looking at joined-up working, led by Margurite O'Mara.
- Heartlands ESD Stroke Therapy Team and Solihull and Neurotherapies Team – who will be looking at joined-up working, led by Jude Mansfield.
- Lincolnshire Community Stroke Service/Adult Social Care – who will be looking at joined-up working, led by Catherine Stamp.
- Leicester Community Integrated Neurology and Stroke Service (CINSS). Early Supported Discharge (ESDS) – who will be looking at engagement with ICB, led by Katherine Roland and Chrissi Grace.
- East Staffordshire and South East Staffordshire Stroke Services – who will be looking at joined-up working, led by Elizabeth Barnes and Catherine Bradley.
- East Staffordshire and South East Staffordshire Community Stroke Teams (MPFT) – who will be looking at engagement with ICB, led by Elizabeth Barnes and Catherine Bradley.
- South East Staffordshire Community Stroke Teams and East Staffordshire Stroke Service (MPFT) – who will be looking at joined-up working, led by Elizabeth Barnes, Catherine Bradley & Dominic Ellington.

Stay tuned for an update in a summer issue of the ISDN newsletter, where we will showcase insights from some of the teams on their experiences with the support received and share valuable learnings gleaned from their endeavours.

NOTTINGHAM 2-DAY NOTTINGHAMSHIRE INTEGRATED STROKE PATHWAY IMPROVEMENT SESSION

Representatives from stroke services across Nottingham and Nottinghamshire came together on 7th/8th March 2024 to complete the 2 day sprint work for the pathway improvement project.



The sessions focused on completing the Values, Persona work; Cross-functional mapping/ Journey mapping and Learning Agendas. It was a very busy and productive two days.

Following on from these days the project will

now focus on sprint teams working on the following three themes:

- TEAM EQUITABLE – How do we realistically ensure all patients receive high quality, high intensity rehab across the pathway? How do we reduce overlap and expenditure...including length of stay?
- TEAM SEAMLESS – How do we improve communication, processes and data sharing across all aspects of the pathway?
- TEAM SUSTAINABLE – How do we enable the voluntary sector to support the pathway more efficiently?/ How do we best support those recovering from stroke to live a fulfilled life?

This is where the quality improvement work will start to identify 'ideas for change'. Thank you to all those who are involved for your enthusiasm and drive to make changes to stroke services.

PRE-HOSPITAL
VIDEO TRIAGE

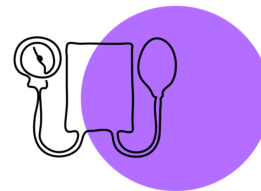


This pilot launched in January 2024 and is already showing benefits, with positive outcomes including ED avoidance via direct TIA referrals and referrals to patients' GPs, as well as confirmed acceptance of FAST+ve patients for assessment and treatment at the LRI. The pilot is being viewed with great interest by other acute stroke units keen to replicate the benefits apparently offered by the scheme.

EAST MIDLANDS
ISDN STROKE
MEETING/
TRAINING DAY:
CTA, CTP AND AI
IN ACUTE STROKE

Rearranged from February due to the impact of industrial action, we have rescheduled this for April 24th. This day will look at the opportunities presented by the use of CT Perfusion scanning in extending the thrombolysis window and understanding the challenges in delivering it. The ISDN is currently supporting acute stroke units across the East Midlands to upgrade their scanners to be able to perform these scans, in line with the National Optimal Stroke Imaging Pathway guidelines.

BP@HOME



The scheme continues to identify and treat large numbers of stroke survivors with blood pressure outside of the recommended range, reducing the risk of secondary stroke. We are pleased that a further team has now been able to join the project, with Chesterfield ESD team now also able to monitor their patients. We look forward to seeing the benefits this brings to North Derbyshire stroke survivors.

Next Issue

Viz User Feedback | Community Projects | CTP Day | Events and more!



If you would like to share the fabulous work done by your teams across East Midlands or have a story, we would love to hear from you!

Working in partnership with



If your teams don't regularly access email, please share this email. Please don't share outside of the organisation.

For more information please contact us at:
EastmidlandsISDN@nuh.nhs.uk