Wirral University Teaching Hospital NHS Foundation Trust

Peer Support Visit Report

20th April 2012

Tom Smith
Consultant Geriatrician / Stroke Physician
Clinical Lead Cheshire and Merseyside Stroke Network
St Helens and Knowsley Teaching Hospitals Trust
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background</td>
<td>3</td>
</tr>
<tr>
<td>Introduction &amp; National Sentinel Audit Results</td>
<td>5</td>
</tr>
<tr>
<td>Wirral Stroke Pathway</td>
<td>8</td>
</tr>
<tr>
<td>A&amp;E Department</td>
<td>10</td>
</tr>
<tr>
<td>TIA</td>
<td>11</td>
</tr>
<tr>
<td>Imaging</td>
<td>12</td>
</tr>
<tr>
<td>Acute Stroke Unit</td>
<td>13</td>
</tr>
<tr>
<td>Acute Therapies</td>
<td>14</td>
</tr>
<tr>
<td>Early Supported Discharge</td>
<td>15</td>
</tr>
<tr>
<td>Clatterbridge Rehabilitation Therapies</td>
<td>16</td>
</tr>
<tr>
<td>Family and Carer Support</td>
<td>17</td>
</tr>
<tr>
<td>Stroke Social Worker</td>
<td></td>
</tr>
<tr>
<td>Neuropsychology Team</td>
<td></td>
</tr>
<tr>
<td>Recommendations</td>
<td>18</td>
</tr>
<tr>
<td>Summary</td>
<td>19</td>
</tr>
<tr>
<td>Appendix 1</td>
<td>20</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>21</td>
</tr>
</tbody>
</table>
**Background**

Wirral University Teaching Hospital NHS Foundation Trust comprises Arrowe Park and Clatterbridge Hospitals, which are separated by a distance of 5 miles. The Trust serves a resident population of 335,400, which is approximately the size of the catchment area. The population served is mixed in terms of socio-economic factors and Wirral has some of the most deprived boroughs in the Network. There are approximately 57,000 people over the age of 65, one-third of who are over 75 years old.

Wirral University Teaching Hospital has a well-developed stroke service. In 2010-11, 920 stroke and TIA patients were admitted. The stroke service provides a rapid access TIA & Minor Stroke Clinic four days a week and daily TIA Rapid Assessment ward based service, with approximately 700 referrals a year. There is direct access to carotid doppler, MRI and CT Brain imaging from the clinics. The Acute Stroke Unit has 12 step down beds and there is also a 20 bedded Stroke Rehabilitation Unit at Clatterbridge Hospital. The stroke team has delivered routine stroke thrombolysis since 2006 and is an accredited Hyper-acute Stroke Centre.
Wirral Stroke service was one of the NHS Beacons for Stroke 2000 – 2002 and runner-up in the NHS Executives Golden Helix quality award in 1999. The Wirral Stroke Team won the Foundation Hospital ‘Team of the Year’ award 2007 and also 2011. The stroke physiotherapy team was runner up in the North West SHA team of the year awards in 2008.

The team is part of the North West Stroke Research Network and has been a leading recruiter for national and international stroke trials for many years.

The stroke service is staffed by 4 WTE medical consultants;
Professor James Barrett
Dr Graeme Sangster
Dr Deborah Lowe
Dr Ruth Davies

The consultants are supported by an Associate Specialist, Dr Valerie Gott, 2 Stroke Specialist Nurses, 5 Stroke Coordinators and an Advanced Nurse Practitioner, with funding for an additional consultant post.
**Introduction**

Cheshire and Merseyside Cardiac and Stroke Network have introduced a peer support visiting scheme, the purpose of which is to explore and share good practice among all the stroke units within the Network. The inaugural visit was conducted at Wirral University Teaching Hospital, on 20th April 2012.

The visiting team included medical consultants from Stroke, A&E and Radiology, Nurses, Physiotherapists, Occupational Therapists, Speech and Language Therapists, a Paramedic, a representative from The Stroke Association, Social Workers, Managers, and observers from other Networks. The day comprised an introductory meeting with members of the Executive Team and Stroke Clinical Lead, followed by visits to all component parts of the stroke service.

All members of the visiting team felt the visit had gone very well and enjoyed it immensely. We were very impressed with the team work and very obvious commitment of all the people we met, to develop and deliver the highest quality services for stroke patients. The following report is based on the meetings the team had with the various departments, and their subsequent feedback. The majority of findings were presented to the Trust on the day of the visit. We hope this report helps Wirral University Teaching Hospital to continue to develop their excellent stroke services.

**National Sentinel Audit Results**

The National Sentinel Audit is a bi-annual exercise, with all acute Trusts in the country, contributing data on their stroke services. The dataset allows for benchmarking against the standards set out in the Royal College of Physicians Stroke Management Guidelines, and against other Trusts, regionally and nationally.

The audit is in 2 parts; an audit of the organisation and an audit of process. The process audit was conducted by a retrospective review of the case notes of the first 60 consecutive admissions with stroke from April 2010.

The organisational score for Wirral in 2010 was 66.78 which placed the Trust in the middle half of the national table. This position is unchanged from the 2008 round.
## National Sentinel Audit Results

### National Results

<table>
<thead>
<tr>
<th>National Results</th>
<th>Number of cases in the audit</th>
<th>Screening for swallowing disorders within 24 hrs after admission</th>
<th>Brain scan within 24 hrs of stroke</th>
<th>Physiotherapy assessment within 2 hrs of admission</th>
<th>Occupational therapy assessment within 4 days of admission</th>
<th>Patient weighed during admission</th>
<th>Patients mood assessed during admission</th>
<th>Rehabilitation goals agreed by discharge</th>
<th>Rehabilitation goals agreed within 5 days</th>
<th>Aspirin or clopidogrel by 48 hrs after stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>11353</td>
<td>83%</td>
<td>70%</td>
<td>91%</td>
<td>83%</td>
<td>85%</td>
<td>80%</td>
<td>94%</td>
<td>78%</td>
<td>93%</td>
<td></td>
</tr>
</tbody>
</table>

### Table 1A

<table>
<thead>
<tr>
<th>Trust Name (Site Name)</th>
<th>Number of cases in the audit</th>
<th>Screening for swallowing disorders within 24 hrs after admission</th>
<th>Brain scan within 24 hrs of stroke</th>
<th>Physiotherapy assessment within 2 hrs of admission</th>
<th>Occupational therapy assessment within 4 days of admission</th>
<th>Patient weighed during admission</th>
<th>Patients mood assessed during admission</th>
<th>Rehabilitation goals agreed by discharge</th>
<th>Rehabilitation goals agreed within 5 days</th>
<th>Aspirin or clopidogrel by 48 hrs after stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aintree University Hospitals NHS Foundation Trust</td>
<td>60</td>
<td>98</td>
<td>73</td>
<td>98</td>
<td>89</td>
<td>89</td>
<td>97</td>
<td>100</td>
<td>95</td>
<td>98</td>
</tr>
<tr>
<td>Countess of Chester Hospital NHS Foundation Trust</td>
<td>60</td>
<td>80</td>
<td>81</td>
<td>94</td>
<td>95</td>
<td>96</td>
<td>98</td>
<td>94</td>
<td>74</td>
<td>92</td>
</tr>
<tr>
<td>East Cheshire NHS Trust</td>
<td>60</td>
<td>93</td>
<td>78</td>
<td>92</td>
<td>95</td>
<td>100</td>
<td>87</td>
<td>97</td>
<td>37</td>
<td>90</td>
</tr>
<tr>
<td>Mid Cheshire Hospitals NHS Trust</td>
<td>60</td>
<td>94</td>
<td>90</td>
<td>100</td>
<td>96</td>
<td>100</td>
<td>92</td>
<td>96</td>
<td>90</td>
<td>96</td>
</tr>
<tr>
<td>Warrington &amp; Halton Hospitals NHS Foundation Trust</td>
<td>60</td>
<td>83</td>
<td>78</td>
<td>96</td>
<td>96</td>
<td>94</td>
<td>98</td>
<td>100</td>
<td>93</td>
<td>100</td>
</tr>
<tr>
<td>Royal Liverpool &amp; Broadgreen University Hospitals NHS Trust</td>
<td>63</td>
<td>97</td>
<td>54</td>
<td>98</td>
<td>98</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Southport &amp; Ormskirk Hospital NHS Trust</td>
<td>60</td>
<td>82</td>
<td>59</td>
<td>98</td>
<td>100</td>
<td>87</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>87</td>
</tr>
<tr>
<td>St Helens &amp; Knowsley Hospitals NHS Trust</td>
<td>59</td>
<td>100</td>
<td>76</td>
<td>81</td>
<td>83</td>
<td>75</td>
<td>85</td>
<td>98</td>
<td>85</td>
<td>86</td>
</tr>
<tr>
<td>Wirral University Teaching Hospital NHS Foundation Trust</td>
<td>68</td>
<td>94</td>
<td>66</td>
<td>95</td>
<td>100</td>
<td>95</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>89</td>
</tr>
</tbody>
</table>
Table 1B is a continuation of Table 1A. The overall position is calculated from the total process score from each site. This is an aggregated score across all domains with the top 25% of scores represented by the ✓ symbol, the middle half designated by the ◆ diamond and the bottom 25% designated with the ✗ symbol. * a high score denotes less good patient care.
The process audit can be summarised by analysing the ‘nine key performance indicators’. In the 2010 audit, Wirral maintained its position in the upper quartile of Trusts.

It was apparent during the visit that improvements had been made in areas such as direct admission, access to scanning and TIA services generally.

**Overview of Wirral University Teaching Hospital Stroke Pathway**

All patients with stroke are admitted through the A&E Department. A Stroke Coordinator is available to attend to the patient on arrival, having been alerted by forward warning from the ambulance team, or ‘fast bleep’ from A&E Triage Nurses. The co-ordinator starts the process of the stroke admission, organising urgent investigations – CT scan, and assessing suitability for thrombolysis.

This service is available 7 days per week from 07.30 hrs – 24.00hrs. From April 2012 the service is to be extended to 24/7 coverage.

The pathway aims for patients to be transported to CT scan then directly admitted to the Acute Stroke Unit, based on Ward 23.

Eligible patients are thrombolysed on the Acute Stroke Unit, which aims to keep 2 trolley beds available (male and female), for such eventualities.

Between 08.00 hrs and 18.00 hrs the patients are clerked by trainee medical staff on the ward, using a standardised proforma, with consultant / associate specialist review available. After 18.00 hrs the medical registrar clerks the patients.

Daily ward rounds are provided by consultants and the associate specialist, including weekends.

Consultants are available 24/7 to provide the thrombolysis service.

Once medically stable, suitable patients are transferred to Clatterbridge for rehabilitation.

An Early Supported Discharge Team (ESDT) is integrated into the service, to facilitate discharge. The ESDT attends multi-disciplinary team meetings and participates in linked therapy sessions prior to patient discharge, in order to ensure an integrated transition of care.
**TIA Service**

Referrals from GP’s or A&E are sent to single point of access, which is the Stroke Coordinator’s office, based on the Acute Stroke Unit.

A referral proforma is in used for standardisation and telephone triage is available for GP referrals. Consultants triage referrals 7 days per week.

**High risk** patients (ABCD2 score ≥4) are seen within 24hrs in TIARA (TIA Rapid Access), which is based on the Acute Stroke Unit. This is a 7-day service.

**Low risk** patients (ABCD2 score < 4) are seen in clinics Mon – Fri. All clinics have access to same day investigations, including MR scanning.

For eligible patients, referral to vascular surgeons occurs within 24 hrs and carotid endarterectomy is performed within 2 weeks.
A&E Department

The visiting team were:

Jane Evans – Emergency, Assessment & Critical Care Pathway Manager (Countess of Chester NHS Foundation Trust)
Cathy Maddaford – Executive Director of Nursing, Performance & Quality (NHS Cheshire, Warrington & Wirral)
Jane Hayes-Green – Programme Manager (CVD) (NHS Wirral)
Roger Jones – Advanced Paramedic, South Sector (NWAS)

All the visitors were made to feel welcome by the A&E staff and found their interaction enjoyable and informative.

The A&E Department is the single point of access for all stroke patients. As a result a strong working relationship has developed between the A&E staff and stroke team. This relationship has ensured there is good understanding and utilisation of the stroke pathway, which is further enhanced by stroke specific training packages that encompass the whole team, including A&E based cardiac nurses.

The multi professional and multidisciplinary team working ethos includes the North West Ambulance Service (NWAS), who pre-alert A&E of the arrival of a stroke patient, especially if a potential candidate for thrombolysis. The effectiveness of this service is regularly fed back to NWAS. However, there appear to be delays when transporting GP referred patients and this may reflect a lower priority category from NWAS.

The presence of the Stroke Co-ordinators allow for rapid initial assessment and investigation, which is facilitated by the nurses being able to request CT scans and other appropriate investigations. A CT scan designated to A&E further enhances the process. Despite this there are occasions when CT scans are delayed, particularly out of hours.

The A&E team appreciate the availability of the 24hr telephone contact to the stroke unit and the availability of consultant presence or advice. For appropriate patients there are also strong links to the vascular team. However, there is still some reliance on the medical SpR out of hours, which may reduce the efficiency of the initial assessment due to the demands of other aspects of the acute medicine service.

Availability of beds can be problematic and problems with the flow of patients out of A&E can be further exacerbated by availability of porters. Such difficulties may impact on the attainment of access targets. However, protocols are in place to deal with exceptional circumstances such as outbreaks of norovirus.

We were impressed by the appreciation of the support given by the PCT and commissioners.
**TIA Services**

**The visiting team were:**

Dr Patrick McDonald – Consultant Stroke Physician (Southport & Ormskirk Hospitals NHS Trust)
Malcolm Cunningham – Head of Strategic Performance & Health Outcomes (Sefton Clinical Commissioning Group)
Alastair Houghton – Stroke Programme Lead (Cheshire & Merseyside Clinical Network)

We were very impressed by a comprehensive gold standard service. The availability of the service 24/7 is made possible by the utilisation of the Stroke Nurses. Referrals are received through a single access point, provided by the stroke nurses’ office based on the Acute Stroke Unit. This service is highly regarded by local GPs, who also value the telephone triage system employed by the nurses and supported by the consultants. Consultant-led dedicated clinics are provided 4 days per week, with further ward based clinics available on Wednesday and at weekends. There is excellent, rapid access to imaging, including MR, with facilities to provide angiography in the forms of MRA or CTA, at weekends.

However the service may be a victim of its own success, due to increasing numbers of referrals, many of which are not TIA and the increasing expectation that comprehensive investigations will be undertaken. The increased demand will require increased outpatient and imaging capacity and additional consultant input. To capture and audit the activity of the service new data systems are evolving but are not keeping pace with the needs of the service.

Some targets e.g. time to carotid endarterectomy are under pressure.

The effective thromboprophylaxis for atrial fibrillation in stroke prevention is another challenging concern, but this is recognised as a Network-wide problem, as debate continues regarding the role of the new oral anticoagulant agents.
**Imaging**

**The visiting team were:**

Dr Jolanta Webb – Consultant Radiologist (Aintree Hospitals NHS Foundation Trust)
Dr Patrick McDonald – Consultant Stroke Physician (Southport & Ormskirk Hospitals NHS Trust)
Ruth Bridgeman – National Programme Director (National Cancer Action Team)
Anna Monaghan – Service Improvement Manager (Cheshire & Merseyside Clinical Network)

All the visitors were made to feel welcome by the Radiology staff and found their interaction enjoyable and informative.

Support from the Radiology Department is essential for the management of stroke and TIA. In addition the Department needs to be responsive to the demands imposed by the need to provide imaging for thrombolysis and complications of stroke. Also, access to imaging for comprehensive, ‘one-stop’ TIA services presents additional challenges.

The Department has state of the art equipment with 3 multi-slice CT scanners (1 adjacent and dedicated to A&E) and 2, 1.5 tesla MR scanners.

The availability of MR scanning has been enhanced by long working days, 07.15 hrs – 20.15 hrs, Mon-Fri, and availability for 10hrs on Saturday and Sunday. This enables the stroke team to enhance diagnostic accuracy for patients presenting with atypical stroke symptoms, or posterior circulation strokes. CT perfusion scanning has been tried on 3 patients, to further aid the decision regarding thrombolysis suitability.

Instant access to images and reports is available, with each CT scanner being serviced by a named Radiologist. Out of hours the reporting service is provided by Resident Specialist Registrars. Consultant second opinion is available, from home, as all have laptops with remote viewing capability.

Despite this, there are still occasional delays in obtaining timely scans, due to need to accommodate other acutely ill patients.

The importance of the ‘one-stop’ TIA service is recognised by the Radiology staff, and attempts are made to prioritise patients. Imaging of the brain, cervical arteries and Circle of Willis, via MR is provided for 4-6 patients per clinic. However, timely reporting of outpatient MR scans can be problematic and not all reporting Radiologists have stroke imaging specific expertise.

The carotid doppler service is delivered by an external company, IVS. Scans are provided for 5 patients per clinic. Instant reporting, with recommendations for further imaging and vascular review, where appropriate, is available. Although the Doppler service is unavailable out of hours, vascular imaging via MRA or CTA is available if requested by a stroke physician.

Overall we were very impressed by the committed team and quality of the service, which is exemplified by the weekly multidisciplinary team meetings which includes representation from the stroke team, surgeons and vascular technologists.
Acute Stoke Unit

The visiting team were:

Jan Vaughan – Director of Clinical Networks (Cheshire & Merseyside Clinical Network)
Clare Roberts – Assistant Regional Manager (The Stroke Association)
Dr Tom Smith – Consultant Geriatrician/Stroke Physician (Cheshire & Merseyside Stroke Network)

The visitors were made to feel welcome by the ASU staff and found their interaction enjoyable and informative. We also had the opportunity to speak to one of the patients about the care they were receiving.

The Acute Stroke Unit is sited on Ward 23 and aims to receive all stroke patients directly from A&E/CT scan. There are predominantly 2 acute 6 bedded bays (male and female), which can house trolley beds for thrombolysis, and provide physiological monitoring of patients. The unit also houses the TIARA (TIA Rapid Access) service and accommodates the Stroke Nurse office, which acts as the single point of referral for TIAs. Due to the capacity of the ward, non stroke patients are often admitted, which can compromise the availability of beds for stroke patients and also the responsiveness of the TIARA service. Despite this, the unit provides high quality stroke care and good patient experience, with reported low rates of re-admission and discharge to institutional care. The Unit is concerned to deliver high quality palliative care for stroke, an aspect of care which is often under recognised.

Good communication is an essential ingredient for any successful unit and the utilisation of the 'white board round' together with twice weekly multidisciplinary team meetings (with the additional Radiology MDT), ensure effective working practices and maintains the focus on patient care. The development of an Advanced Nurse Practitioner to help with the day to day patient management ensures a greater degree of continuity and support for the Unit in general. Despite this there are occasional communication difficulties exacerbated by the high throughput of the unit and delays in the provision of social service input.

Training and education are vital to the provision of specialist services. Stroke training packages are provided to all members of the team, with nursing staff participating in the stroke modular course at Chester University. Education of patients and family members is also crucial to ensure a thorough understanding of stroke and its after effects. Information provided by The Stroke Association, family members being encouraged to participate in therapy sessions and help at meal times, and the provision of a direct patient contact line to the unit, are all beneficial in the provision of comprehensive stroke care.

The Unit is very aware of the wider team effort that is involved in the provision of stroke care and continues to develop strong interdepartmental working relationships. However, concern was expressed that the perception of above average staffing levels can lead to the tendency to redeploy Unit specialist staff to other areas, thereby potentially compromising stroke patient care. Although the Unit is appreciative of the support afforded them by the Trust management, issues such as increased activity, intensity of work, long term sustainability of input, especially from senior medical staff, and lack of ward administrative support, need to be proactively addressed to ensure the quality of care remains high.

Generally we were very impressed with the commitment and high standards of care displayed in a calm, relaxed atmosphere.
Acute Therapies

The visiting team were:

Fiona O’Brien – Clinical Specialist (Physiotherapy) (Mid Cheshire Hospital NHS Foundation Trust)
Geralyn Lennon – Clinical Specialist (Occupational Therapy)/Clinical Lead for Therapy (Aintree Hospitals NHS Foundation Trust)

All the visitors were made to feel welcome by the acute therapists and found their interaction enjoyable and informative. The therapists interviewed represented physiotherapy, occupational therapy, speech and language therapy and dietetics.

The acute therapies comprise physiotherapy, occupational therapy, speech and language therapy and dietetics. They are attached to the Acute Stroke Unit and can access patients as soon as they are medically stable. Currently, the physiotherapy service provides 7 day coverage across the acute unit, Early Supported Discharge Team and Rehabilitation Unit. The occupational therapy service provides 6 day coverage to the same areas. This is shortly to extend to 7 day cover. Speech and language therapists and dietetics provide a 5 day service due to their smaller teams. The scope for extended service provision is hampered by the inability to take lieu time.

The ward based nature of the services ‘cement’ the team ethos and allows for close multidisciplinary working. Opinions of all staff are sought and valued, which aids decision making and enhances the quality of care. Difficult clinical issues are discussed openly, but some concern was expressed regarding inconsistent decisions on naso-gastric feeding.

There was ample evidence of close interdisciplinary working and good communication, such as participation in the ‘white board rounds’, twice-weekly MDT meeting, joint documentation and family communication sheets. The MDTs produce clear goals and objectives utilising a wide range outcome measures. We were particularly impressed by family involvement in therapy sessions and the on-going information provided by face to face sessions with the therapists and the ‘day in the life of’ journal of progress.

Despite having ward based social workers there are still difficulties accessing appropriate community services and adaptations for patients with complex needs.
Early Supported Discharge Team

The visiting team were:

Dr Patrick McDonald – Consultant Stroke Physician (Southport & Ormskirk Hospitals NHS Trust)
Geralyn Lennon – Clinical Specialist (Occupational Therapy)/Clinical Lead for Therapy (Aintree Hospitals NHS Foundation Trust)
Roger Jones – Advanced Paramedic, South Sector (NWAS)
Cathy Maddaford – Executive Director of Nursing, Performance & Quality (NHS Cheshire, Warrington & Wirral)

The visitors were made welcome by the Early Supported Discharge Team and found their interaction informative and enjoyable.

The Early Supported Discharge (ESD) Team is composed of physiotherapists, occupational therapists and speech and language therapists. The ESDT is a cohesive team that works across the whole pathway, including input into care homes. There is close working with the Trust based teams and linked therapy sessions occur with patients, prior to discharge, to facilitate a seamless transition of care. Occasionally the team can facilitate rapid discharges (same day) from the Acute Stroke Unit.

Weekly MDT meetings are conducted with the stroke physicians, during which progress and goals are reviewed according to defined clinical indicators and outcome measures. Patients are provided with their own documentation so as to be able to fully participate in the rehabilitation process.

Good communication systems are in place utilising ‘hand held’ patient records for home use and by close liaison with Trust teams and other community care teams.

90% of patients have a 6 week therapy programme. However, increasing demand from the acute services at weekends, coupled with more patients with longer term needs, threaten the access to the service.

Despite good links with other community services there is still inequitable equipment provision and patients from the Neston area are unable to access any ESD service.

The team are committed to providing quality community-based care. Patient and relative feedback questionnaires are used to inform service changes. The team is keen to access nursing support to advise on health promotion and education, medication reviews and continence care.
Clatterbridge Rehabilitation Therapies

The visiting team were:

Fiona O'Brien - Clinical Specialist (Physiotherapy) (Mid Cheshire Hospital NHS Foundation Trust)
Dr Jolanta Webb – Consultant Radiologist (Aintree Hospitals NHS Foundation Trust)
Anna Monaghan – Service Improvement Manager (Cheshire & Merseyside Clinical Network)
Alastair Houghton – Stroke Programme Lead (Cheshire & Merseyside Clinical Network)

The visitors were made welcome by the Clatterbridge Team and found their interaction informative and enjoyable.

The Stroke Rehabilitation Unit is located in Clatterbridge Hospital. This is a purpose built 20-bedded unit, which is currently under redevelopment to include a 10-bedded neurorehabilitation unit. The unit has a large well equipped gym and garden area, which includes specialist seating, assistive technology and treadmill trainers, used for gait training.

The multidisciplinary team of physiotherapy, occupational therapy and speech and language therapy is well established and has a strong tradition of multidisciplinary working, patient and family engagement, education and research.

Weekly MDT meetings occur with clear, concise goal setting and use of a variety of outcome measures. Physiotherapy and occupational therapy provide weekend rehabilitation but concern was expressed that staff shortages, especially speech and language therapy will compromise the integrity of the service. The staff were also apprehensive that competition from ‘any qualified provider’, as part of any new commissioning arrangements, would not only affect the quality of rehabilitation services but also reduce the potential for service development.
Family and Carer Support, Stroke Social Worker, Neuropsychology Team

The visiting team were:

Malcolm Cunningham - Head of Strategic Performance & Health Outcomes (Sefton Clinical Commissioning Group)
Clare Roberts – Assistant Regional Manager (The Stroke Association)
Ruth Bridgeman - National Programme Director (National Cancer Action Team)
Jane Evans - Emergency, Assessment & Critical Care Pathway Manager (Countess of Chester NHS Foundation Trust)
Jan Vaughan - Director of Clinical Networks (Cheshire & Merseyside Clinical Network)
Steve Tilley - Network Strategic Business Manager (Cheshire & Merseyside Clinical Network)

The visitors were made welcome and found their interaction informative and enjoyable.

The adverse psychological impact of stroke is an important aspect of stroke care, but qualified psychological support is unfortunately, generally under-provided. The availability of dedicated neuropsychological input is therefore of tremendous benefit to patients, family members and the service as a whole, which is fully appreciated by all members of the stroke team.

The service encourages families and carers to participate in all aspects of the stroke pathway. Dedicated time and participation in therapy sessions encourages the development of knowledge and improves confidence in individuals’ ability to care for stroke patients. As a result a support network has developed, which has helped to involve volunteers to assist at meal times, access communication and community support groups and encourage activities such as reading groups, all of which enhance the rehabilitation process.

The presence of a dedicated Social Worker helps co-ordinate complex discharges, but there is concern that care packages are not always ready on time and there is inequitable access to equipment.

Within community care as a whole there is lack of appropriate long-term care for young stroke patients and the poor availability of night-time care can lead to increased rates of institutional care: these are 2 areas in particular need of development.
Recommendations

1. Explore Capacity Management
   - education in primary care to improve referrals to TIA services, limit expectations regarding investigations, raise awareness of urgent ambulance transfer
   - imaging referrals, out of hours CT utilisation – appropriate utilisation of MR facilities? More CT perfusion? Concerns regarding the delays in obtaining timely CT out of hours
   - manpower – portering, out of hours medical cover, 7 day therapy services, nursing input into ESD team

2. Informatics
   - improve information and interpretation to better match necessary outcomes
   - improve coding to achieve 90% targets
   - increase administrative support

3. Access times
   - consider administering thrombolysis in CT department
   - decide on utilisation of TIARA bay
   - Stroke Nurses to control access to Acute Stroke Unit beds

4. Research
   - greater involvement in multicentre trials
   - research benefits of innovative telephone triage system for TIA referrals

5. Review social service pathways and extend ESD services to Neston
Summary

The visit to the stroke services at Wirral University Teaching Hospital, NHS Foundation Trust Hospital was the first of a series of peer support visits that are planned by the Cheshire and Merseyside Cardiac and Stroke Network.

The Stroke team are clearly well-motivated and supported in their endeavor to provide high quality stroke care, by a tremendous amount of commitment from the whole system, involving the A&E Department, Radiology, Trust management, GPs and PCT / commissioners.

The quality of stroke care is reflected in the Sentinel Audit 2010 report and Wirral has maintained its position in the top quartile of performing Trusts.

There are certainly challenges ahead due to increasing demand and expectation, staffing levels and increasing financial constraints, but the Wirral team are well placed to tackle these difficulties and ensure that services progress and high quality care is maintained.

The visiting team was very impressed with the dedication, enthusiasm and commitment of the stroke team and would like to thank all those who participated and were willing to share good practice.

We hope you find this report of benefit in the continuing development of Wirral stroke services.
# Appendix 1
Peer Support Visiting Team

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant Stroke Physician</td>
<td>Dr Tom Smith</td>
<td>St Helens &amp; Knowsley Teaching Hospitals NHS Trust</td>
</tr>
<tr>
<td>Consultant Stroke Physician</td>
<td>Dr Patrick McDonald</td>
<td>Southport &amp; Ormskirk Hospitals NHS Trust</td>
</tr>
<tr>
<td>Head of Strategic Performance &amp; Health Outcomes</td>
<td>Malcolm Cunningham</td>
<td>Sefton Clinical Commissioning Groups</td>
</tr>
<tr>
<td>Emergency, Assessment &amp; Critical Care Pathway Manager</td>
<td>Jane Evans</td>
<td>Countess of Chester NHS Foundation Trust</td>
</tr>
<tr>
<td>Consultant Radiologist</td>
<td>Dr Jolanta Webb</td>
<td>Aintree Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td>Clinical Specialist (Physiotherapy)</td>
<td>Fiona O’Brien</td>
<td>Mid Cheshire Hospital NHS Foundation Trust</td>
</tr>
<tr>
<td>Clinical Specialist OT / Clinical Lead for Therapies- Stroke, ESD, &amp; Neuro Out patients.</td>
<td>Geralyn Lennon</td>
<td>Aintree Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td>Stroke Ward Manager</td>
<td>Sandra Barclay</td>
<td>Royal Liverpool University Hospital</td>
</tr>
<tr>
<td>Programme Manager (CVD)</td>
<td>Jane Hayes-Green</td>
<td>NHS Wirral</td>
</tr>
<tr>
<td>Assistant Regional Manager</td>
<td>Clare Roberts</td>
<td>Stroke Association</td>
</tr>
<tr>
<td>Executive Director of Nursing, Performance &amp; Quality</td>
<td>Cathy Maddaford</td>
<td>NHS Cheshire, Warrington &amp; Wirral</td>
</tr>
<tr>
<td>National Programme Director Cancer Peer Review</td>
<td>Ruth Bridgeman</td>
<td>National Cancer Action Team</td>
</tr>
<tr>
<td>Advanced Paramedic</td>
<td>Roger Jones</td>
<td>North West Ambulance Service</td>
</tr>
</tbody>
</table>
## Peer Support Hosting Departments

<table>
<thead>
<tr>
<th>Hosting Departments</th>
<th>Location</th>
<th>Contact</th>
</tr>
</thead>
</table>
| **A&E** Arrowe Park Hospital | Dr Debbie Lowe – Consultant Stroke Physician & Geriatrician | Chris Oliver – Divisional Manager
|                     | Dr Ashad Hannan – A & E Consultant | Vicki Little - Stroke Co-ordinator
|                     | Tommy James – Advanced Nurse Practitioner | Chris Kennedy – Directorate Manager |
| **Imaging** Arrowe Park Hospital | Dr Dan Earnshaw – Consultant Radiographer | Gail Green – Senior I Radiographer
|                     | Julie McFarlane – Head of MRI | Tommy James – Advanced Nurse Practitioner |
| **Acute Stroke Unit** Arrowe Park Hospital | Dr Debbie Lowe – Consultant Stroke Physician & Geriatrician | Chris Kennedy – Directorate Manager |
| **Acute Therapies** Arrowe Park Hospital | Amy Phillipson – Speech & Language Therapy | Caroline Harrower - Dietetics
|                     | Kathryn Dunne - Physiotherapy | Jenny Ryan/Becky Humphries – Occupational Therapy |
| **Early Supportive Discharge** Clatterbridge Hospital | Helen Caley – Speech & Language Therapy | Richard Adams - Physiotherapy
|                     | Jenny Ryan/Becky Humphries – Occupational Therapy | Nadine Barron – Physiotherapy
| **Stroke Rehabilitation Unit** Clatterbridge Hospital | Tony Probbing – Occupational Therapy | Gill Drewary – Chief Speech & Language Therapist |
| **Neuropsychology** Clatterbridge Hospital | Beth Fisher – Service Manager, South Cheshire ABI Service | Dr Gavin Newby – Consultant Clinical Neuropsychologist |
| **Stroke Association/Family Support/Communication Support** | Felicity Lightfoot/Joanne Mason | |
| **Social Care** | Paul McLoughlin – Social Worker |